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SEEKING THE INVISIBLE

Alexis Bragg

20 Pages

Seeking The Invisible is a photography portrait series which explores the internal context of those suffering from invisible illness. This body of work examines the interior worlds of those often stigmatized as “outsiders,” and those who seek to be acknowledged beyond their illness. When one is told of another’s physical malady with no visible indicators of a problem, skepticism or outright disbelief is an unfortunately likely response. By asking my subjects “What would a portrait of your life look like?” I sought to observe the interior world of this subset and empower my subjects as something more than their illness

KEYWORDS: photography; documentary; invisible illness; fine art; photo journalism;

SEEKING THE INVISIBLE

ALEXIS BRAGG

A Thesis Supportive Statement Submitted in Partial
Fulfillment of the Requirements
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SEEKING THE INVISIBLE

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Thank you to everyone who has helped make this possible.

A. B.

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CHAPTER I: INTRODUCTION

I have suffered from anxiety for most of my life and have felt the painful disregard of the skeptics. I have been told to “pray harder,” “it’s all in your head,” and otherwise have had my emotional distress ignored. Because of this, I wanted to create a body of work that focused on invisible illness and the people who suffer from them. Originally, I wanted to bring awareness to the struggle of having an invisible illness, and I desired to examine the “normal” that these people create for themselves.

This resulting body of work examines the interior worlds of those often stigmatized as “outsiders,” and those who seek to be acknowledged beyond their illness. When one is told of another’s physical malady with no visible indicators of a problem, skepticism or outright disbelief is an unfortunately likely response. By asking my subjects “What would a portrait of your life look like?” I sought to observe the interior world of this subset and empower my subjects as something more than their illness.

CHAPTER II: SEEKING THE INVISIBLE

The human body is something that many of us take for granted. When the body works correctly, it goes practically unnoticed. A smoothly functioning heart, well-balanced brain chemistry and the absence of physical pain call no attention to themselves. The idea that such things could go wrong with our bodies -- and that they eventually will -- is something that we choose to ignore

A person is considered to have an invisible illness if they have difficulty performing certain functions, have difficulty performing activities of daily living or fulfilling certain roles due to a chronic medical condition that is not immediately apparent to others (What is an Invisible Disability?). It is estimated that 10% of the population in the U.S. have a medical condition which could be considered a type of invisible illness, and of those with chronic medical conditions, 96% of them live with an illness that is invisible (Invisible Disabilities: List & Information).

CHAPTER III: PROCESS, MATERIALS & METHODS

A Digital Single Lens Reflex Camera and a mixture of natural and artificial lighting were used to create these images. My preference was to use natural light, but when this was not possible, I used a single battery operated flash and a shoot-through umbrella as a diffuser. When lighting the portrait, my main focus was to illuminate my subjects while simultaneously revealing the environment.

I found my subjects in multiple ways. One way was through subject calls on both Facebook and Craigslist stating my need for individuals with invisible illnesses for a documentary project. Figure 1, Craig's List Post is an example of one of my first posts.

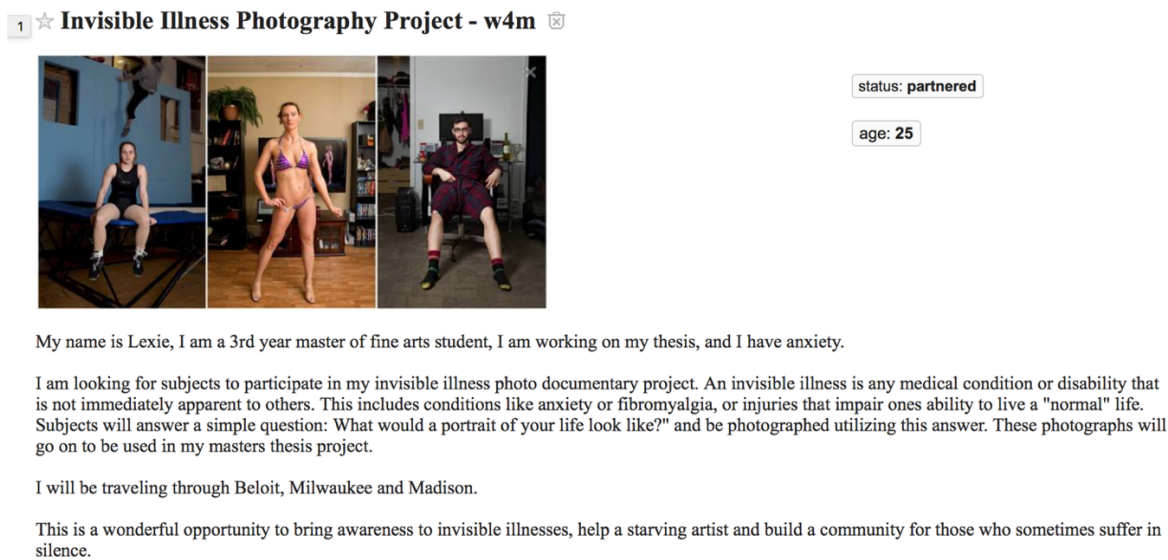


Figure 1. Craig's List post

Next, I posted flyers on the Illinois State University campus as well as throughout the Bloomington-Normal Area. Locations include local coffee shops, gaming stores, and laundromats. I chose to place flyers in diverse locations in order to draw from a diverse pool of potential subjects.

Finally, I found subjects through word of mouth. Many of my subjects were very excited

about participating in my project and went on to tell their friends and family. The majority of my subjects have been found through referrals.

After the first contact was made, we then exchanged several e-mails, text messages or phone calls. This was imperative to my work to allow me to create a relationship where my subjects felt comfortable working with me. I was able to enter these interior worlds because of our connection with hidden illness. It could be said that these portraits are self-portraits, as this group is a reflection of myself: people who have felt "othered" because of their invisible illness. It is in this way that my portraits give an intimacy which may otherwise not be visible in this work.

From here, my project will be broken down into two parts, stage one (completed Fall 2014) and stage two (completed Spring 2015 – Spring 2017). Though identical in several ways,

there are a few major differences that set the two stages apart.



Figure 2. Stage 1, *Untitled*

Within "Stage 1", I was taking two photographs of each subject; an environmental portrait seeking to see the "natural state" of my subjects (the idea which would become the basis for stage two), and a

second photo I referred to as the "glimpse" photo. These glimpse photographs were staged images showing a small view into each individual's life with illness. These images included a diabetic injecting herself with a needle, and a re-creation of a panic attack by someone who suffered from Post Traumatic Stress Disorder, as seen in Figure 2, Stage 1, *Untitled*. These images were meant to reveal the reality of living with an invisible illness.

I was also asking my subjects for a written statement. I kept the instructions for writing

the statement very broad, with no requirement to discuss mental illness; I wanted to give the subjects the opportunity to say anything they wanted. The majority of these statements discussed their illness and how they were able to overcome their obstacles. In critiques and discussions, I placed these statements separate from the photographs to demonstrate how one cannot look at an individual and know their story; however, I began to feel that these stories and glimpse photographs were in fact objectifying my subjects. By showing a dramatic re-creation and utilizing these stories of perseverance, I was ultimately setting my subjects apart, and making



Figure 3. Stage 2,
Untitled

them appear as the "Other."

“Otherness” is the state of being different from and alien to the social identity of a person and the identity of the Self (“Other”). *More important than this simple definition is the use of the word.* The term “the other” means to differentiate those who do not fit into the societal norm. Though this project focuses on a specific subset of society, and its interest is derived primarily from the contrast within

the interior worlds of these individuals, I do not believe that photographing them and categorizing them within this subset innately casts them as “the other.”

For the duration of this paper, all discussion will relate to “stage two” of this body of work. I began to focus on the environmental portraits I had been creating previously, and tightened the discussion of how to make each portrait by asking my subject a single question: What would a portrait of your life look like? By asking this simple yet open-ended question, I attempted to photograph my subjects' reality and their true state of normal from their perspective.

Upon arrival for a portrait session, I sat down to talk with the individual to be photographed. Sometimes we discussed our illness, sometimes this topic never came up. I

scheduled 45 minutes of our two-hour time for us to sit and talk before taking any steps towards setting up for our shoot. This was to cement our relationship and calm any nerves over the photography process.

For the setting, I rearranged as little as possible and allowed the individual to take the lead by asking them to pose themselves within the scene, only instructing them when they were unsure, and only directly making adjustments achieving the best lighting.

For example, in preparing to take this photograph of a man standing in the wings of a stage (figure 3, Stage 2, *Untitled*), he and I discussed what an image of his life would look like. In our discussion before our session, it was decided the location for our meeting would be a stage within the theater department of Illinois State University (ISU). Upon our meeting, we continued to discuss his decision to be photographed on stage. It was at this time that he revealed to me a peculiar ritual he had created to bring good fortune to himself and his theater productions. This specific chair, its position, and removal of his shoes were all part of his ritual. If I had not taken the time to talk in depth with this man, I would never have been allowed such personal access to his private world.

Usually, the actual portrait session took between 30 minutes and one hour, depending on light conditions, presence of house pets, and if multiple locations were used. While photographing each subject, I did not inform them that the final portraits were being taken. One's immediate reaction, when placed in front of a camera, is to smile. This mask of social expectation was something I wanted to avoid. For this reason, instead of counting down to alert my subject of the impending shutter release, I told my subjects that my photographs were merely test shots used to examine the lighting of the scene.

CHAPTER IV: HISTORICAL & CULTURAL REFERENCES

There is a vast archive of historical and contemporary photography that has greatly influenced the way that my work has formed. For 200 years, artists have been creating visual representations of those with invisible illness (though this visual history depicts mostly mental illness), and these images have not always been in the best interest of the subjects. Similarly, throughout the history of social documentary photography, the imbalance of power between photographer and subject has often been unintentionally highlighted. Though we may believe that we have successfully skirted such pitfalls, this power imbalance is still visible in the work of some contemporary artists today. My awareness of this imbalance was one of the greatest influences on this final body of work.

Photographing Mental Illness

In the 1800s, mental illness was a growing topic of discussion. It was at this time that the mentally ill began to be seen more as people than as animals; though they were still not always treated humanely. The introduction of new treatments, the growth of written literature and the idea that mental illness was something to be cured instead of just contained added to the popularity of the study of mental health (Landsdown 48).

Hugh Welch Diamond (c. 1809-86), was a doctor as well as a founding member of what is today the Royal Photographic Society. Beginning in the mid-1850s, Diamond worked at the Surrey County Lunatic Asylum. In an attempt to both “cure” and show the connection between insanity and the face, Diamond began to photograph his patients (Landsdown 51-52). This notion that one could somehow “see” insanity through facial structure was a prevailing idea at the time. In *Essays on the Anatomy of Expression in Painting* (1806) The physician Charles Bell

(1774-1842) argued one only needed to examine the face to see one's intelligence, and that the insane lacked an essential human quality.

Diamond believed that if patients were given the opportunity to "see" their symptoms by



Figure 4. Diamond, Hugh Welch, [*Seated Woman with Bird*]

viewing photographs of themselves, they would be cured. In Diamond's paper, *Application of Photography to the Physiognomy and Mental Phenomena of Insanity*, he commented on showing his photographs to the patients: 'In very many cases they are examined with much pleasure and interest' (qtd. Landsdown 52). Diamond went on to give an example of treating a woman who believed herself to be queen by showing her several photographs of other patients who also thought they were queen or of royal lineage; 'the first decided step in her gradual improvement'" Diamond concluded

(Diamond 7).

The portraits were taken on a studio backdrop using standard portrait techniques for the time (sitters would take a seated position to adjust for long exposure times). The subjects vary in gender and age. Some gaze deeply into the camera while others stare off dreamily into space as seen in Figure 4 (Diamond, Hugh Welch, [*Seated Woman with a Bird*]. C. 1855. The J. Paul Getty Museum. *Getty*. Web. 24 Apr. 2017). Each photo was taken without the subject's permission, and perhaps without their complete understanding (Landsdown 51).

By photographing these individuals without their permission and labeling them as "insane," Diamond places these individuals beyond the terminology of human and instead into the world of a specimen. In his papers *On the Physiognomy of Insanity*, published in the *Medical Times and Gazette* (1858-9) John Conolly (1794-1866) stated that there was an easily

recognizable face for every type of madness. To prove this, Conolly used lithographic renditions of Diamond's photographs in his book, even altering them to better fit his point (Landsdown 52). It is obvious that these photographs were made with no thought towards the individual, and instead used only as "evidence" to legitimize preconceived answers.

Documentary Photography

Social Documentary Photography focuses on people, society, the environment or a unique world view. Such photographs fit into a series to provide a unique glimpse into a particular world and often seek to provoke social, political or environmental change (Fehrenbach 1). One of the earliest examples of Social Documentary photography is by photographer John Thomson.

Thomson began to document the impoverished people who lived and worked on the streets of London in 1876. He focused on Chimney-sweeps, musicians, locksmiths, and nannies as well as the dirty, dank, and dangerous conditions they lived and worked in. The resulting photographs were published in a book, *Street Life in London*, originally published in 1876-7 in magazine form, accompanied by text written by journalist Adolphe Smith. Thomson and Smith's work went on to intensify interest in the impoverished in London that had just begun at the time (Wright 136). The aim of the book was stated as being 'to bring before the public some account of the present condition of the London street folk, and to supply a series of faithful pictures of the people themselves' (Collins 261). However, several elements work against this. This is best seen in this passage taken from the first chapter:

"In his savage state... man is fain to wander... in the most civilized communities the wanderers become distributors of food and of industrial products ... These people, who

neither follow a regular pursuit, nor have a permanent place of abode, form a section of urban and suburban street folks so divided and subdivided, and yet so mingled into one confused whole, as to render abortive any attempt at systematic classification.”

Categorizing the poor as a primitive "other," these opening words set the subject at a distance from the viewer who is safe within their home (Vanhaelen 192). The trend of “othering” the individuals being photographed – purposefully or not—is something that continues today.



Figure 5, Crommet, Amanda, *Suffering the Silence*

Now, there are several photographers exploring ideas of invisible illnesses, such as Thilda Jensen, Lisa Lindvay, and many more. In 2015, PBS ran a story written by Margaret Sessa-Hawkins about young artists Erica Lupinacci and Allie Cashel entitled "Photos Give Powerful Visibility to Chronic Illness." Lupinacci and Cashel are the artists behind the *Suffering The Silence*, a book seeking to bring awareness to invisible illness and the people who suffer in silence. The photographs depict teenagers, both male, and female, in what appears to be their everyday clothing, standing against a blue wall (Figure 5, Crommet, Amanda, *Suffering the Silence*. 2015 Amanda Crommet. Web. 24 Apr. 2017.). Each subject holds one hand over their mouth, their illness written upon their arm in white paint. A statement about their illnesses follows as the caption, which often includes heartfelt stories of ignorance, judgment, and perseverance.

In the article, creator Erica Lupinacci states:

“I think a lot of people, when you say you’re sick and when you tell someone your diagnosis, it can go two ways, either because it’s invisible, they assume that it’s not that big of a deal and that you’re okay — or people assume that you can’t do things. They see you as just your illness. They don’t see you as a full person with dreams and goals, that you’re just like everyone else, but with an extra challenge.” Erica Lupinacci, *Photos give powerful visibility to chronic illness*, PBS, September 2, 2015

Though any project bringing awareness to invisible illness is noble, this project is very surface level. The written word here speaks louder than any visual signifiers. With their illness written on their arm, each individual has become the face of their disease, labeled like a butterfly under glass. One does not take the time to investigate what other signifiers are within the frame - - viewers feel as if they have consumed all the pertinent information available upon reading the painted label of each illness. These parameters (stand at the blue wall, illness painted on the arm, covering mouth) work to “other” the individual through the ‘taking’ of a photograph, instead of an equitable sharing of power by ‘making’ a photograph (Nigel Speake 39). In order to allow these subjects to be seen as complete individuals, one should allow them to create their own culture and the reality they wish the world to see.

The idea of the project is to “break the silence” for those who suffer from a chronic medical condition, however, the subjects’ statements discuss their ability to overcome their illness – and nothing more. By viewing each individual as an "inspiration," we are instead looking at people as valuable because they have "overcome" their illness, not because they are human. What does this discussion say to those who have not yet “overcome” their illness?

These historical and current conversations of invisible illnesses have significantly affected how I wanted to make this work. Unlike the aforementioned photographs, I wanted my photographs to be about more than just an object to be examined from afar. I wanted to share the power I had as a photographer with my subject. For this reason, you will never see any of my subjects' illnesses listed. Whether near their portrait, or afar, the diagnoses are not important to examining these interior worlds and allowing my subjects to create a cultural context as those who suffer from invisible illness. Though these portraits are tied together through this commonality, my work does not focus on this aspect.

By creating an "opt-in" system, my project began as a sharing of power. This was further realized by asking my subjects where they wanted to be photographed, and how they wanted to look. Humanizing these individuals is what sets my work apart. There is a great deal more that needs to be explored than a simple labeling of individuals with invisible illnesses.

A photographer that I take great inspiration from is Alec Soth, specifically his series *Sleeping by The Mississippi*. Soth works in both portraiture and abandoned landscape, exploring the shifting vernacular of inland America, at the fringes of society. Soth examines how we occupy space (and how space occupies us), capturing vacant expressions of his sitters to force us to examine more than the human we are immediately drawn to (Ward 10). It is his focus on the invisible traces of events that we have missed that help us to build the context of these people's lives (Ward 3).

In one photograph, a brawny, shirtless man with a buzz cut cradles his Rottweiler gently. The man's fearsome appearance stands in direct contrast with the care he shows his companion, and even more so against the white paisley wallpaper, adorned with delicately painted plates and tea cups hung from hooks and shelves of the otherwise sparse kitchen. It would be easy to view

this man as an outsider; a strange man whose outward appearance is intimidating yet who adorns his house with feminine accents, but this is not what Soth capitalizes on. Instead of creating a flat portrait created to simply put the sitter on display, Soth's ability to be welcomed into the private world of these individuals and capture the complexities of one's context provides us with an insight to see each sitter as one of our own.

CHAPTER V: ANALYSIS

A professor once told me that, in presenting this work, I did not need to highlight invisible illnesses in my project. He explained that my work was so enticing that it did not require this extra component. At first, I was unsure how to react to this, as invisible illness was what I had based my entire project upon. Without the aspect of invisible illness in my work, I was not sure what my work would be about. Now, almost a year later, I understand his opinion, and to some extent agree.

When I look at these images today, I see a body of work that explores ideas of normalcy, acknowledgment, and the unique interior worlds of the individual. We are drawn to examine these signifiers because we are human, and as such, we crave the narrative that accompanies the lives of others.

We are not interested in these interior worlds because of their illness. We do not search the image for clues to help us unravel the mystery of what their malady is, but instead we seek to understand them as people. Showing my subjects as humans with a full and interesting life and context was always my goal for this project. Though my choices in how to illustrate the common bond of invisible illness has changed, I now believe that this body of work is at its peak.

With the examination of these interior worlds with no brazen signs of invisible illness, the audience asks more than a simple “who are these people?”, but instead asks themselves “all of these people have an invisible illness?”

In this photo (Figure 6, *Untitled*), one can see a young, heavily tattooed woman standing in her kitchen. It is obvious that the subject has put a tremendous amount of work into her surroundings, yet the faults in the interior show in stark contrast to these efforts. The unusual colored walls and ceiling are enhanced by the lack of care they were painted with, shown by the

drips and brush strokes of teal paint from ceiling on to the walls. The green and yellow plaid linoleum has been ripped apart in large sections, to the point that the subfloor is exposed. The use of skull decor in the salt and pepper shakers (on top of the stove back) and skeletal oven mitt stand in contrast to the baby pink walls, teal accessories, and whimsical baking pans.

Perhaps the most telling detail is the expression of the woman. Even standing in her world, surrounded by her possessions and in the calm of her kitchen, she stares out with a look of intimidation, as if to show her last reservation of opening her world to us. This candid moment where she has dropped her “mask,” and allowed the camera one layer deeper into her world is as close as one can hope to come to capturing the psychology of a portrait subject. With only the indexical nature that is photography, these moments of calm within these private worlds are the best “truth” that we can hope for.

So who are these people that volunteer for this project? The motives for these individuals



Figure 6. Final, *Untitled*

varied. Some were friends and family, allowing me to photograph their interior worlds that we already shared; but the majority of these individuals were strangers, people I met through friends of friends, social media and cold call advertising. These people wanted to be photographed not simply because they have an invisible illness, but because they wanted to be acknowledged beyond it.

The title “Seeking the Invisible” still works for this body of work, even though the emphasis on invisible illness in presenting this work has diminished in importance. Ideas of normalcy and the interior world of an individual are invisible themselves. Every individual has a rich history that they exhibit in

their attire, where they chose to be photographed, and their expression themselves. Details like the unshaven legs of a woman in a skirt or the words upon the back of a book all add nuanced meaning that provides a deeper glimpse into each subject's life. The most important details often go unnoticed while the portrait session is taking place, and are only revealed upon further examination.

Even though my original goal had been to somehow photograph invisible illness, that is not at all an accurate summary of the resulting work. Instead, I have captured interior worlds of those who feel they have been othered, whether due to their invisible illness or for other reasons. Each portrait functions as a map to each individual's interior world, and as viewers, we are sucked in, completely without influence from the subject's illness. I had hoped to capture a truth about each subject, and indeed I have. This truth, though, is that even in asking to photograph a portrait of a life of an individual, invisible illness isn't there. Even when photographing a woman dying of brain cancer or a man whose bones are fusing together, when picturing their own "normal," invisible illness is not in these photos. When looking at these photographs, and indeed the individual, the need to create happiness and a sense of self far outweighs any sign of invisible illness.

CHAPTER VI: EXHIBITION

The final show will take place at Transpace Gallery, located on the Illinois State University campus. There will be 11 22x33 color prints, evenly spaced throughout the gallery; each hung with silver frames and no glass. I have decided not to use glass because glass can act as a mental barrier between the viewer and the art (caused by the reflection of the glass), and I want these prints to be as open and honest as the original photographs.

I chose to print these images large too allow them to act as worlds within themselves, consuming the viewer and showcasing details that otherwise would not be visible and to create a more interactive and intimate experience.

Upon a pedestal will also be a book that includes all of the final images in this body of work. Though 11 are present on the walls, approximately 20 are held within these pages. As a purpose of this body of work is to give acknowledgment to individuals who feel ostracized, it is important to me that all who contributed be present in the show, even if not on the walls.

Finally, I will dedicate one wall to my current project, utilizing the working title of *Dream Self*. For this body of work, I find my subjects, photograph them, and learn about them in very similar manner to *Seeking The Invisible*. What has changed are my intentions and the question I ask once allowed into their home: “What would your ‘dream self’ look like?” This series is a counterbalance to *Seeking The Invisible*, by instead exploring individuals passions, hopes and dreams.

CHAPTER VII: REFLECTION

I do not see the end of my time at Illinois State University to be the end of my exploration of invisible illnesses through art. I believe that there are still dozens of ways to study this subset of the population through photography. Perhaps I will one day give a disposable camera to my subjects and ask them to document their life, or perhaps written statements from my subjects will once again become a factor in my work. Overall, this topic is far too personal to me and too important to others for this to be the end of exploring this subject matter.

Through my time at Illinois State University, I have learned many things -- about art and myself as well. At the beginning of this program, I worked in highly constructed scenes, crafting costumes, securing models and working in a very detailed and control oriented manner. By the end, I have come to work almost exclusively in a documentary style. It is this shift in personal style that is one of the most exciting outcomes of attending Illinois State University.

After graduation, it is my hope to become an art and photography teacher at the college level, a professional commercial photographer, and to continue working in fine art. Illinois State University has prepared me for these goals in several ways. Through my work in independent studies and graduate critiques, I have developed a critical eye for form and execution, and a conceptual framework with which to discuss art and how it relates to contemporary times and art history themes. I want to thank my professors, students and staff who have helped me become the artist I am today, and inspired my next steps down this road of my future.

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