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# Seeing Madness in the Archives

*Content warning: This essay discusses suicide.*

I bring myself with me wherever I go.  
— Robin Mitchell<sup>1</sup>

“I have a feverishness bordering on madness about my idea to travel to Spain,” wrote Cuban intellectual and activist Pablo de la Torriente Brau on August 4, 1936. “If I don’t go, it will make me sick.”<sup>2</sup> Two days later, he declared himself to be “restless, nervous, irritable.” He tossed and turned at night: “In bed the hours pass ... one, two, three, four ... And I never sleep.”<sup>3</sup> On August 10, with his plans still unconfirmed, he complained, “I have lost four pounds this week. And if this uncertainty continues, I’ll lose until I’m just bones.”<sup>4</sup> What the Cuban was proposing to do was to leave the safety and peace of political exile in New York City to travel across the Atlantic to document a war zone: Republican Spain torn asunder by rebellious military uprising, another country’s civil war. It was an extraordinary thing to contemplate, but he was determined. “Write to me,” he commanded a friend, “but don’t give me any cowardly advice.”<sup>5</sup>

I read these comments in the autumn of 2007, when I was a first-year doctoral student. Like Torriente Brau more than seventy years prior, I was in New York City, but it felt like we had more than this in common. In his letters, I saw glimpses of myself, even though we were separated by decades, gender, and nationality. I knew sudden weight loss and dramatic insomnia. I knew restless, nervous, irritable. I knew bordering on madness. But I was a first-year doctoral student, and I also knew better than to allow myself to relate too closely to the historical actors I was studying—my supervisors would not have felt that it was appropriate. I did not mention to anyone the similarities I observed, keeping silent.

Torriente Brau did go to Spain shortly after the start of the Spanish Civil War, in August 1936. He was likely the first Cuban to make the journey across the Atlantic to take part in the conflict, but more than one thousand of his compatriots would later follow.<sup>6</sup> He worked as a war correspondent, and the frenzied energy and enthusiasm he had shown in New York carried over into his new role. Without respite, he walked the streets, took notes, and interviewed people.<sup>7</sup> With revolutionary fervor, he described taking part in shouting matches between soldiers in opposing parapets. The two sides exchanged insults in the darkness, the Nationalists calling the Republicans “reds” and the Republicans calling the Nationalists “fascists.” Torriente Brau claimed that the Nationalists would call out, “Que hable el cubano,” prompting him to make rousing speeches.<sup>8</sup> His description made him out to be triumphant, confident, and brave.

By November, Torriente Brau’s tone changed markedly. Though he had fantasized previously about encountering the “great silent whirlpool of death,” the reality of death struck him hard.<sup>9</sup> As he experienced more of the war, his rhetoric, so strident on the parapet, softened with sadness. He wrote, “I have been very close several times to places where inexpressible tragedies have occurred.” He would try to write another piece about the International Brigades, he promised a *compañero* on November 21, but, he pleaded, “understand that in these moments it is extraordinarily difficult to write in a journalistic tone.”<sup>10</sup>

At the end of November, Torriente Brau wrote about a party his regiment threw to lift the spirits of the people of Alcalá de Henares.<sup>11</sup> Then he did not write again for fifteen days. His letter of December 13 betrayed annoyance with his friends. He had not written because he did not have a spare moment, he stated, but also because he had gotten nothing in return for some time. He dismissed the craft central to his identity since childhood: “And I do not like to write for the pleasure of doing it, because this is time I could spend doing other things.” Continuing in a terse tone, he stated that he had had “formidable war experiences” during the days he had not written, and that there was general pessimism about the fight. Nevertheless, he went on to describe positive elements of the situation, such as military advances, education efforts in the regiments, improved discipline among the *milicianos*, and weddings between revolutionaries. Then he concluded, “It is absolutely

Frontis: Portrait of Cuban intellectual and activist Pablo de la Torriente Brau.

- 1 Robin Mitchell, “Bringing Ourselves Along with Us: The Realities of Historical Writing,” *Women’s History Network*, June 28, 2021, <https://womenshistorynetwork.org/bringing-ourselves-along-with-us-the-realities-of-historical-writing/>.
- 2 Pablo de la Torriente Brau to Raúl Roa, New York, August 4, 1936, in *Cartas y crónicas de España*, ed. Víctor Casaus (Havana, 1999), 49–50.
- 3 Pablo de la Torriente Brau, “Me voy a España,” in *Peleano con los milicianos* (Mexico City, 1938; repr., Havana, 1962), 10–11. This piece is also reprinted in Casaus, *Cartas y crónicas de España*, 55–57.
- 4 Pablo de la Torriente Brau to “Adolfo García,” pseudonym for Raúl Roa, New York, August 10, 1936, in Casaus, *Cartas y crónicas de España*, 61–62.
- 5 Pablo de la Torriente Brau to Gonzalo Mazas Garbayo, New York, August 2, 1936, in Casaus, *Cartas y crónicas de España*, 48.
- 6 Ariel Mae Lambe, *No Barrier Can Contain It: Cuban Antifascism and the Spanish Civil War* (Chapel Hill, NC, 2019); Denise Urcelay-Maragnès, *La leyenda roja: Los voluntarios cubanos en la guerra civil española* (León, 2011).
- 7 Zoe Torriente Brau, “Pablo,” in *Papeles de familia* (Havana, 2006), 29–30; Teté Casuso, *Cuba and Castro* (New York, 1961), 79; Pablo de la Torriente Brau to an unnamed correspondent, Madrid, September 25, 1936, in Casaus, *Cartas y crónicas de España*, 79.
- 8 Pablo de la Torriente Brau to an unnamed correspondent, Madrid, October 10, 1936, in Casaus, *Cartas y crónicas de España*, 80–81; Pablo de la Torriente Brau, “En el parapeto: Polémica con el enemigo,” Madrid, October 29, 1936, in Casaus, *Cartas y crónicas de España*, 222–37.

freezing. If I am not careful, I freeze to death. I have a sheepskin vest and also I got a very beautiful *chilaba de moro*. But it's not enough. My feet hurt. I don't know how I am going to be able to endure this winter without heat ... Regards to everyone even though no one remembers to send me anything. I haven't learned anything of the Conference of Buenos Aires or of the latest American successes. And of Cuba, political news, not one bit. Until next time. Pablo."<sup>12</sup> Though he had managed to catalog some hopeful developments, Torriente Brau sounded despondent. In just five months, then, he had descended dramatically from heights of energy, enthusiasm, and motivation "bordering on madness" to a low of discouragement, fear, and sadness resembling depression.

As far as I know, Pablo de la Torriente Brau had no diagnosed mental illness. Short of finding documentation of one, there is no way to determine the health of his mind.<sup>13</sup> The historian must use caution. In "Sex in the Archives: Homosexuality, Prostitution, and the Archives de la Préfecture de Police de Paris," Andrew Israel Ross reminds historians, "The only way ... to avoid anachronism and presentism in approaching the archive is to acknowledge at the outset the incommensurability between the sources of the archive and our own selves."<sup>14</sup> In Ross's article, for example, he finds that male homosexuals and female prostitutes were grouped together in police archives in a way that calls into question the existence of a historical category of "gay man" that would be recognizable to us today. The article wrestles with the question of what happens when a historian enters this archive looking for gay men. When we bring questions of identity—particularly our own identities—into the archive, are we discovering or creating history?<sup>15</sup> What do the identity of the historian and the identity of the historical actor(s) determine about our scholarship?

When I first saw myself, my emotional experience, in Torriente Brau's writing, I did not yet know that I had manic depression / bipolar disorder and obsessive-compulsive disorder. And yet I often feared that I was "bordering on madness." The phrase tumbled around in my mind, weighed on me. Since I was ten years old, I had lived ups and downs that followed one another with some degree of predictability, and I had been buffeted by symptoms ranging from irritating to dangerous, all of which I hid assiduously. Flash forward to the conclusion of my penultimate semester of graduate school: I had just given birth to my first child when my long-standing undiagnosed mental illness took on new urgency. Postpartum madness began with eighty sleepless hours. The first twelve were labor and delivery, but I continued not to sleep for almost three days afterward. Even as my baby slept peacefully, I remained frenetically awake. Finally, when I did sleep, it was just a few hours before I was up again. Intrusive thoughts spiraled out of control, convincing me that the hospital was trying to steal my house. I became loudly determined to walk out of the hospital, even though I was catheterized. I was insistent and argumentative. The staff sent for an obstetrician from my practice to talk me down, but they did not

9 Torriente Brau, "Me voy a España," 10.

10 Pablo de la Torriente Brau to an unnamed correspondent, Madrid, November 21, 1936, in Casaus, *Cartas y crónicas de España*, 139–41.

11 Pablo de la Torriente Brau to an unnamed correspondent, Alcalá de Henares, November 28, 1936, in Casaus, *Cartas y crónicas de España*, 147.

12 Pablo de la Torriente Brau to an unnamed correspondent, Madrid, December 13, 1936, in Casaus, *Cartas y crónicas de España*, 148–55.

13 Cornelia H. Dayton addresses the issue of diagnosis in the historical archive with great care and thoughtfulness in "'The Oddest Man That I Ever Saw': Assessing Cognitive Disability on Eighteenth-Century Cape Cod," *Journal of Social History* 49, no. 1 (2015): 77–99.

14 Andrew Israel Ross, "Sex in the Archives: Homosexuality, Prostitution, and the Archives de la Préfecture de Police de Paris," *French Historical Studies* 40, no. 2 (2017): 267–90, here 269–70.

15 Andrew Israel Ross, personal communication, August 24, 2021.

order a psychiatric evaluation. Agitated and paranoid, I did not have the wherewithal to reveal my desperate need for help. Well accustomed by then to silence, I continued to hide.

Over the following weeks and months, back home with my newborn, I plummeted to the worst, most persistent, most debilitating depression and anxiety I had ever experienced. I could not dress my baby, bathe her, cut her fingernails, or put her in her car seat. Devastating thoughts swirled. My energy drained away. I could not take care of myself at the most basic level. Eventually, it was so bad that sometimes I struggled to lift my chin from my chest. Yet I told myself I could tough it out, not willing to ask for help, thinking I could keep people from knowing. I was not writing any letters, but if I had been, I would have carefully omitted the extremes I was experiencing. No discussion of weight loss, insomnia, restlessness, nervousness, or irritability. Certainly no “bordering on madness.”

Not seeking treatment cost me my firstborn’s babyhood. One night, I dropped her six-month-old body into my lap in terror because to me she had become a giant rat in my arms. At a year, her confused toddler face and searching eyes peeked at me lying on the couch as she repeated, “Mama happy?” When she was twenty months old, the realization that her little arms were wrapped around my legs as I screamed in uncontrolled rage finally pushed me to get help. My home had fallen into disarray and filth. I had vexed and offended friends, yelled at day care teachers, and teetered on the brink of hospitalization—or worse. My refusal to seek treatment had placed an enormous burden on my husband, who struggled to do the parenting and household work of two. How it impacted my child remains to be seen.

During those same months, I completed and defended my dissertation and started my tenure-track job, the modicum of energy and sanity I possessed spent entirely on those efforts. The idea that I needed to stay silent to protect my career compounded my general adherence to stoicism.<sup>16</sup> When disability studies scholars Margaret Price, Mark S. Salzer, Amber O’Shea, and Stephanie L. Kerschbaum conducted a study of 267 faculty members who self-identified having mental disabilities, mental illnesses, or mental-health histories, 34.1 percent of the respondents reported that they had disclosed the information to no one on their campuses. When asked why, participants gave the following answers:

The largest percentage of this group selected the responses “Feeling that it’s not other peoples’ business” (61.5%, N=56) and “Feeling that it’s not relevant to my work” (50.5%, N=46). The next largest percentages of selected responses had to do with possible negative outcomes: “Possibility that people might avoid me or treat me badly” (46.2%, N=42), “Possibility that the request would affect tenure/promotion” (31.9%, N=29), and “Possibility of not having contract renewed” (26.4%, N=24). Smaller, but still significant, selections within this non-disclosing group were the options “Possibility of losing job” (16.5%, N=15)

or “Possibility that the request would affect salary or benefits” (13.2%, N=12).<sup>17</sup>

To the same study question, I respond, “All of the above.” Each reason hounded me as I suffered in silent fear of mental illness disclosure. One rationale that hovers among those previously given is that we just don’t talk about these things. Disability studies scholars David Mitchell and Sharon Snyder remind us that “disabled people continue to live in the midst of the historical wreckage that inform our public reception.”<sup>18</sup> This concept is what we mean when we talk about “stigma.” Stigma against disability, “among our species’ deepest biases,” is better and more clearly understood as “ableism,” which is defined by disability studies scholar Fiona Kumari Campbell as the idea that there is a normal, ideal, abled body and mind and “a belief that impairment or disability ... is inherently negative and should ... be ameliorated, cured or indeed eliminated.”<sup>19</sup> As sociologists Laura Mauldin and Robyn Lewis Brown write, “Many health conditions represent potent forms of social disadvantage that expose individuals to status loss, discrimination, and resulting feelings of social devaluation.”<sup>20</sup> This statement can be applied to situations at many points in history, long before the term “ableism” existed. Indeed, Campbell explores changing understandings and uses of the term “ability” from 402 BCE forward, arriving at “the ideological hypervaluation of ableness and the ways in which such norms of abled and disabled identity are given force in law, social policy, and cultural values”—in other words, ableism.<sup>21</sup> Ableism causes, and has in the past caused, non-disclosure, or silence.<sup>22</sup>

Almost two years after giving birth, I reached out to a therapist. Swiftly, urgently, she guided me into psychiatric care, where I was diagnosed. When I disclosed my diagnoses and medications to my parents, my father said, “I always suspected my mother was bipolar.” My mother said, “My mother took lithium.” I was shocked. We had never talked about either of my grandmothers in these terms. It turns out that my paternal grandmother repeatedly left her family for periods of time when my father was a child and that my maternal grandmother was diagnosed with schizophrenia and had two significant episodes of psychosis, the first when she was a single parent and my mother a school-age child.<sup>23</sup> These facts surely impacted my parents deeply, but they had never been discussed. My parents—who do not to my knowledge have any diagnosed mental illnesses themselves—had served as a barrier of silence between generations. Yet despite my living in ignorance of my grandmothers’ mental struggles—and despite my having had a stable and loving childhood—mental illness found me. What was the mechanism of transmission? Within the mental health field and the mental illness community, there is a debate regarding the cause of mental illness that may be summarized as biology versus trauma. As is the case with many either-or debates, a more complex view emerges when broad data are considered. Clinical psychologist Richard McNally states that it is

16 It certainly did not help to sit in a training on diversity in hiring and hear a senior faculty member ask, “How could anyone with a mental disability be fit to be a professor?”

17 Margaret Price, Mark S. Salzer, Amber O’Shea, and Stephanie L. Kerschbaum, “Disclosure of Mental Disability by College and University Faculty: The Negotiation of Accommodations, Supports, and Barriers,” *Disability Studies Quarterly* 37, no. 2 (2017), <https://doi.org/10.18061/dsq.v37i2.5487>. On disclosure in academia, see also Nicole Brown, “Disclosure in Academia: A Sensitive Issue,” in *Ableism in Academia: Theorising Experiences of Disabilities and Chronic Illnesses in Higher Education*, ed. Nicole Brown and Jennifer Leigh (London, 2020), 51–73; Katie Rose Guest Pryal, *Life of the Mind Interrupted: Essays on Mental Health and Disability in Higher Education* (Chapel Hill, NC, 2017); Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor, MI, 2011); and multiple pieces in Kimberly R. Myers, ed., *Illness in the Academy: A Collection of Pathologies by Academics* (West Lafayette, IN, 2007).

18 David Mitchell and Sharon Snyder, “Exploitations of Embodiment: *Born Freak* and the Academic Bally Plank,” *Disability Studies Quarterly* 25, no. 3 (2005), <https://doi.org/10.18061/dsq.v25i3.575>.

“not a battle between biological and non-biological approaches, but an increasingly nuanced and sophisticated appreciation for the multiple perspectives that can illuminate the etiology of these conditions.”<sup>24</sup> In short, no definitive and complete understanding of intergenerational transmission of mental illness yet exists, although McNally does state that some mental illnesses, such as bipolar disorder and schizophrenia, “fit the biological model in a very clear-cut sense” because of physical abnormalities that appear in imaging scans and are discovered during postmortem dissection.<sup>25</sup> Since I am not aware of having suffered any significant trauma before the age of ten, when my symptoms emerged, I tend to think of my ailments as biological, but I look forward to following new developments in our understanding of mental illness.<sup>26</sup> In any case, my parents’ silence could not shield me from my mad inheritance.

That inheritance went beyond my grandmothers. Previously, by chance through the Ancestry website, I had discovered information suggesting that my mother’s father’s father died by suicide. T. Robert Wieger, a notable Denver architect, helped design the famous Stanley Hotel in Estes Park, Colorado, among many other projects.<sup>27</sup> On March 9, 1929, a short International News Service (INS) story stated, “Police were mystified today over the death of T. Robert Wieger, 52, nationally known architect, whose body was found in the garage of his home in North Denver this morning.”<sup>28</sup> The same INS blurb ran in a few newspapers around the country. “Man Believed Gassed in Garage,” read one headline.<sup>29</sup> “Suspect Foul Play in Architect’s Death,” claimed another.<sup>30</sup> Although the coroner had declared death by monoxide gas, “conditions in the garage led police to investigate a theory of foul play.”<sup>31</sup> I verified the cause of death as suicide with a couple of family members, but these news items, which are available today in digital form, obfuscated it.

Tucked in a plastic storage bin in my parents’ house is a sturdy white cardboard box marked “Death & Funeral Notes & Clippings.” In it, under handsome funeral programs and other mementos, lie yellow-brown newspaper clippings about Wieger’s death. Here, the archive speaks more clearly. The headlines still use words like “Puzzling,” “Baffled,” and “Mysterious,” but the content of the articles produces a sharper picture. Though the deputy coroner did not immediately determine if the death was a suicide or an accident, he “discarded immediately” the possibility of foul play. Wieger had gone to the Denver Athletic Club at approximately eight o’clock Friday night. “He kissed his wife and bid her good-by before leaving the house, she said, and there was no indication that he was more depressed than usual.” This statement begs the question, How depressed was he usually? Sixteen-year-old Karl (my mother’s father) woke Saturday morning and noticed something amiss. The boy found his father lying facedown on the floor of the garage and tried to revive him. “Attempts to resuscitate him with methods learned as a Boy Scout failed, and police were notified.” What a tragic—and traumatic—scene! Although the garage doors were stuck closed,

19 Nassir Ghaemi, *A First-Rate Madness: Uncovering the Links between Leadership and Mental Illness* (New York, 2011), 256.

I thank María Elena Cepeda for suggesting this author to me. I thank Connecticut disability rights activist Kathy Flaherty for making a habit of pointing out the superiority of the concept of “ableism” over “stigma.” Fiona Kumari Campbell, *Contours of Ableism: The Production of Disability and Aabledness* (New York, 2009), 5. See also Fiona Kumari Campbell, “Inciting Legal Fictions: ‘Disability’s’ Date with Ontology and the Ableist Body of the Law,” *Griffith Law Review* 10, no. 1 (2001): 42–62, esp. 44. I thank Laura Mauldin for suggesting this author to me.

20 Laura Mauldin and Robyn Lewis Brown, “Missing Pieces: Engaging Sociology of Disability in Medical Sociology,” *Journal of Health and Social Behavior* 62, no. 4 (2021): 477–92, here 481.

21 Fiona Kumari Campbell, “Ability,” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York, 2015), 12–14. I thank María Elena Cepeda for suggesting this piece to me.

22 As a form of discrimination against a minoritized group, ableism is a “differential exercise of power.” Trouillot writes that “the differential exercise of power ... makes some narratives possible and silences others.” Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (1995; repr., Boston, 2015), 25.

23 Ghaemi notes “that manic-depressive illness, which also causes psychosis, ... was often mistaken for schizophrenia in the past.” Ghaemi, *A First-Rate Madness*, 58.

24 Richard McNally quoted in Kirsten Weir, “The Roots of Mental Illness: How Much of Mental Illness Can the Biology of the Brain Explain?,” *Monitor on Psychology* 43, no. 6 (2012): 30.

- 25 On the emerging and controversial field of epigenetics, see, for example, Anthony P. Monaco, "An Epigenetic, Transgenerational Model of Increased Mental Health Disorders in Children, Adolescents and Young Adults," *European Journal of Human Genetics* 29 (2021): 387–95; Pamela Scorza, Cristiane S. Duarte, Alison E. Hipwell, Jonathan Posner, Ana Ortin, Glorisa Canino, and Catherine Monk, "Research Review: Intergenerational Transmission of Disadvantage: Epigenetics and Parents' Childhoods as the First Exposure," *Journal of Child Psychology and Psychiatry* 60, no. 2 (2019): 119–32; Rachel Yehuda and Amy Lehrner, "Intergenerational Transmission of Trauma Effects: Putative Role of Epigenetic Mechanisms," *World Psychiatry* 17, no. 3 (2018): 243–57; and Eric J. Nestler, Catherine J. Peña, Marija Kundakovic, Amanda Mitchell, and Schahram Akbarian, "Epigenetic Basis of Mental Illness," *Neuroscientist* 22, no. 5 (2016): 447–63. Richard McNally quoted in Weir, "The Roots of Mental Illness," 30.
- 26 My first therapist really tried to find trauma in my childhood, but the best she could come up with was my living with asthma. Epigenetics suggests that intergenerational trauma might be at play.
- 27 Jerome Constant Smiley, *Semi-centennial History of the State of Colorado*, vol. 2 (Chicago, 1913), 87–88.
- 28 The INS news item was published under the following headlines: "Man Believed Gassed in Garage," *Austin Statesman*, March 9, 1929; "Famous Architect's Death Baffles Police," *Kane Republican* (Kane, PA), March 9, 1929; "Suspect Foul Play in Architect's Death," *Times Herald* (Olean, NY), March 9, 1929.
- 29 "Man Believed Gassed in Garage," *Austin Statesman*, March 9, 1929.

Wieger had not made any attempt to escape from the building. There was no suicide note, but his widow provided two evocative details. First, she said that her husband had been worried about financial difficulties. This financial explanation is the one Wieger's descendants carry, noting that his death occurred in 1929. Second, "Mrs. Wieger said her husband had attempted yesterday to tell her something but that he had been worried and she had been unable to understand just what it was he was attempting to explain."<sup>32</sup> My great-grandfather must have been in quite a state of agitation if his wife could not understand what he was saying to her.

The newspapermen addressing Wieger's death seem to have tried to come to any conclusion other than suicide. One headline declared, "Wieger Was in a Gay Mood Shortly before His Death: Friends' Account of How He Jested with Them on Leaving Club Early Saturday Is Blow at Theory That He Committed Suicide."<sup>33</sup> The article's author was apparently unaware that a suicidal person, having made a plan, can appear cheerful and happy, a state sometimes called "suicide euphoria." One suicide prevention program notes, "Friends and families of suicide victims are often confounded with a sense that this was not a suicide because of the cheerfulness of a person expressing this euphoria."<sup>34</sup> The newspaper article demonstrates precisely this tendency of denial, pushing the theory of foul play. In it, however, we find another hint. A friend commented, "Mr. Wieger was ill a year or two ago, but I had noticed in recent months that he seemed much better and was in uniformly high spirits."<sup>35</sup> What was this illness that seems to have impacted his "spirits"?

Psychology, psychiatry, public health, philosophy, and history are among the fields that have addressed the question of suicide. Perceptions of why people die by suicide have changed over time, and many complex factors are at play.<sup>36</sup> Present scientific understandings are clear, however: mental illness is strongly linked to death by suicide. For high-income countries, studies "have consistently found that at least 90% of persons who die of suicide are suffering from a mental disorder at the time of death."<sup>37</sup> I do not intend to diminish other important factors, such as socioeconomic marginalization and trauma. However, based on current scientific understandings, it is safe to say that where there is a suicide in a high-income country, there is likely mental disorder.

Was T. Robert Wieger mad? In the case of my maternal grandmother, we have a diagnosis of schizophrenia, observed episodes of psychosis, and knowledge of prescribed psychiatric medication—therefore things are clearer. Even with that evidence, however, there was silence in the family. That diagnosis and that knowledge were not discussed until I spoke about my own diagnoses and experiences. In the case of Wieger—and that of Torriente Brau—the archives are even trickier. Put simply, we cannot be sure, when there is no



specific knowledge of diagnosis, whether there is indeed madness in the archives.

That said, for the mad historian, seeing possible madness in the archives is a potent personal experience. In the case of the family archive, seeing madness informs identity and even medical treatment. In the case of the broader historical archive, it represents the importance—which is not to say unproblematic nature—of our identities to the production of our scholarship. Many diverse examples demonstrate that identity and lived experience matter in history making, but also that structural discrimination against particular identities and lived experiences can hide and silence them. The Black scholar physically excluded from the archive and therefore from the historical profession; the Palestinian scholar able from lived experience to remind us that “objectivity—in history-writing, in the archives, in museums—does not exist”; the out queer scholar and immigrant rights activist equipped to craft otherwise invisible stories of Central American asylum seekers; the scholar participants in the feminist movement who built women’s history as a research field; and the local historians producing public-facing scholarship on their own turf and of their own ethnic communities, challenging outsiders who would seek to control their narratives—all of these and countless more demonstrate the critical importance of identity and lived experience in history making as well as the forces of structural discrimination that can hide and silence diverse contributions.<sup>38</sup> Race, nationality, sexual orientation, gender identity, local place of origin, and ethnicity all profoundly shape the way scholars approach archives, as well as what archives mean to them and to their work.<sup>39</sup> Madness does too.

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In mid-December 1936, Pablo de la Torriente Brau abandoned writing and took up arms. As a good friend of his put it, it was not honorable “to fight with the pen when what was urgently needed was to have a confrontation with bullets.”<sup>40</sup> With bombs falling on Madrid, Torriente Brau wrote to his wife that he could not “stay seated before a typewriter.” He told her, “I am going to offer myself as a volunteer. I will fight beside the Spaniards. When the danger is past, I will return to my typewriter.”<sup>41</sup> On December 19, 1936, he was struck by a bullet and killed.

A narrative of heroic martyrdom in defense of the Spanish Republic is dominant in the historical treatment of Torriente Brau. A cultural center in Havana bears his name. And it seems plausible that he was indeed responding to the reality at hand out of courageous devotion to the cause. But I see an adjacent possibility. What if we consider that there may have been an element of impulsivity and risk-taking to his seemingly sudden—and fatal—decision? After all, as an internationally respected intellectual and journalist, he was doing a great deal to

30 “Suspect Foul Play in Architect’s Death,” *Times Herald*, March 9, 1929.

31 Phrase from the INS news item. A different report from several days later, accessed through the Colorado Historic Newspapers Collection, contains similar information: “Auditorium Architect Dead,” *Estes Park Trail*, March 15, 1929. The citation of the latter was discovered by my cousin Anna Wieger in a Colorado State Register of Historic Properties nomination form, accessed September 12, 2022, [https://www.historycolorado.org/sites/default/files/media/document/2020/SR\\_Larimer%20County\\_St Stanley%20House\\_web.pdf](https://www.historycolorado.org/sites/default/files/media/document/2020/SR_Larimer%20County_St Stanley%20House_web.pdf).

32 “Architect Found Dead in Garage,” unknown newspaper (Denver), March 10, 1929. This clipping was cut out such that the name of the newspaper is missing.

33 L. A. Chapin, “Wieger Was in a Gay Mood Shortly before His Death.” This clipping was cut out such that the name of the newspaper, place of publication, and date are missing.

34 “Language Describing Suicidal Behavior,” Maine Suicide Prevention Program, accessed July 19, 2021, <https://www.maine.gov/suicide/about/language.htm>.

35 Chapin, “Wieger Was in a Gay Mood Shortly before His Death.”

- 36 For comprehensive studies, see John Weaver and David Wright, eds., *Histories of Suicide: International Perspectives on Self-Destruction in the Modern World* (Toronto, 2008); Ronald M. Holmes and Stephen T. Holmes, *Suicide: Theory, Practice, and Investigation* (Thousand Oaks, CA, 2005); Kay Redfield Jamison, *Night Falls Fast: Understanding Suicide* (New York, 1999); and Howard I. Kushner, *Self-Destruction in the Promised Land: A Psychocultural Biology of American Suicide* (New Brunswick, NJ, 1989). Another excellent treatment is Paulo Drinot, "Madness, Neurasthenia, and 'Modernity': Medico-Legal and Popular Interpretations of Suicide in Early Twentieth-Century Lima," *Latin American Research Review* 39, no. 2 (2004): 89–113.
- 37 Michael R. Phillips, "Rethinking the Roll of Mental Illness in Suicide," *American Journal of Psychiatry* 167, no. 7 (2010): 731–33, here 731.
- 38 Ashley Farmer, "Archiving While Black," *Black Perspectives* (blog), African American Intellectual History Society, June 18, 2018, <https://www.aaihs.org/archiving-while-black/>; N. A. Mansour, "Because of Palestine," *Contingent*, May 28, 2021, <https://contingentmagazine.org/2021/05/28/because-of-palestine/>; Suyapa G. Portillo Villeda, "Central American Migrants: LGBTI Asylum Cases Seeking Justice and Making History," in *Queer and Trans Migrations: Dynamics of Illegalization, Detention, and Deportation*, ed. Eithne Luibhéid and Karma R. Chávez (Chicago, 2020), 67–73; Kelly O'Donnell, "The Activist Archive: Feminism, Personal-Political Papers, and Recent Women's History," *Journal of Women's History* 32, no. 4 (2020): 88–109; Romeo Guzmán, Caribbean Fragoza, Alex Sayf Cummings, and Ryan Reft, eds., introduction to *East of East: The Making of Greater El Monte* (New Brunswick, NJ, 2020).

serve the cause of the republic with his typewriter and easily could have continued to do so with much less peril. Was it something about his mind—beyond a tendency for heroism—that caused him to take that risk? Researcher M. Kathleen Holmes and colleagues state that impulsivity/risk-taking is a key diagnostic component manic depression/bipolar disorder, writing that "there is growing evidence that impulsivity is a stable trait characteristic of [bipolar disorder] and appears to represent a core feature of the illness."<sup>42</sup> Indeed, risk-taking and courageous heroism can go hand in hand. One example of manic depression/bipolar disorder in combat is that of US major general Gregg Martin, a distinguished military leader and former president of the National Defense University, who has manic depression/bipolar disorder. In a 2021 interview, Martin described the impact of his mental illness on his combat experience, mentioning that he had "a delusion that [he] was Superman" and stating that his subordinates told him that he "took excessive risks on the battlefield." Relaying what his subordinates told him, he stated, "You put yourself and your force protection guys at risk because you wanted to go everywhere, see everything on the battlefield." Nicknamed Mad Martin, the general was for a time rewarded for his courage, seen as a hero by many despite—or because of—his risk-taking, although ultimately it ended his military career.<sup>43</sup> Though in significantly different circumstances, the same can be said for Torriente Brau. Considering the possibility that Torriente Brau had an impulsive, courageous mind, I think back on an earlier episode his wife, Teté Casuso, narrated. In Cuba, husband and wife fought side by side in the struggles to end strongman governance.<sup>44</sup> Casuso remembered in her memoir an instance in which she was blockaded with other activist students inside the University of Havana and the military and police had them surrounded. The university sits atop a considerable hill, and the front entrance is famously characterized by a truly enormous flight of stairs. Casuso said of her husband, "He sprinted between two soldiers and came racing up the great stairway, over a hundred meters high, and reached us safely, gasping, 'Where is Teté?' It is a marvel that he was not shot."<sup>45</sup> It is clear that, in instances of great danger in which heroic, courageous action seemed necessary, Torriente Brau did not hesitate to take risk. This impulse ended his life at thirty-five.

What if we consider that there may even have been an element of suicidality to Torriente Brau's decision to take up arms in Spain? Holmes and colleagues note that "increased impulsivity has been linked to a more severe suicide attempt history in [bipolar disorder]."<sup>46</sup> By this point, my musing is significantly beyond what any responsible historian would consider to be within the realm of scholarship. We do not know Torriente Brau's true state of mind at the time of his death or whether he indeed had manic depression/bipolar disorder, and we have no identified motivation for suicide. Nevertheless, Torriente Brau's evident extremes of mood in the months leading up to his death, his severe melancholy earlier that month, and his sudden and seemingly impulsive

decision to enter the fighting are provocative. Suicide by cop—“law enforcement officer-assisted suicide”—is a recognized phenomenon; why not suicide by soldier?<sup>47</sup>

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What does it mean for the historian to remain in silent hiding about mental illness in her life and also to wonder whether madness is silenced or hiding in the archives? At the most basic level, it means something about ableism, past and present. When it comes to madness and suicide, ableism can in some cases inflict silences on the archives as it can, too, on the historian. Not a purging of documents by a violent repressive force—simply “We just don’t talk about these things.” Stigma. A newspaperman’s respectful obfuscation. A legacy of heroic martyrdom. Down through time, across generations. Powerful silence. The antidote is simple, but terribly difficult. The antidote is to speak. After thirty years of living with mental illness in almost complete silence, in April 2021, I disclosed my diagnoses to the chair of my department, to several colleagues, and then on social media, “to overcome fear and to be my whole authentic self visibly and joyfully.”<sup>48</sup> Much to my relief, my disclosure was met with thoughtfulness, warmth, and support. And that disclosure led me to write this essay. I have begun a process of personal “unsilencing.”<sup>49</sup>

Unsilencing is for me part of a larger process of healing. The length of the period during which I forced myself to remain in my postpartum crisis made getting better hard. For a time, I had two therapy sessions and one psychiatrist appointment every week.<sup>50</sup> I went from fearing psych meds, vowing never to let one pass my lips, to owning a pill sorter. I learned how to let intrusive thoughts pass through me without their becoming obsessions. I came to recognize and soothe various symptoms. I began to sleep reliably. I regained energy—but not too much energy. Slowly, I cleaned up my house. My hygiene improved. Rage and irritability abated. One by one, I opened up to my close friends about my diagnoses and what I had been through. As my daughter went from two to three to four, I began to tell her, “Sometimes Mama’s brain gets sick.” In 2018, when she was five and a half, her baby sister was born—and with meds and support, I sailed through pregnancy and the postpartum period almost entirely without symptoms. Mental illness will be with me for life, however, and so I must continue to strive to understand and treat it always.

What does it mean that I see madness in the archive as a result of my own identity and lived experience? For my scholarship thus far, it has meant little; I have not deliberately addressed the topic. My book that features Torriente Brau prominently does not contain any of this speculation.<sup>51</sup> For scholarship in general, however, I assert that my own identity and lived experience are vital. I acknowledge that I have a desire or tendency to identify with certain of my historical subjects based on

39 See also William Sturkey, “The Game Is Changing for Historians of Black America,” *Atlantic*, May 4, 2021.

40 Raúl Roa, “Los últimos días de Pablo de la Torriente Brau,” in *Órbita de Raúl Roa*, ed. Vivian Lechuga and Salvador Bueno (Havana, 2004), 331–48, here 336.

41 Casuso, *Cuba and Castro*, 79.

42 M. Kathleen Holmes, Carrie E. Bearden, Marcela Barguil, Manoela Fonseca, E. Serap Monkul, Fabiano G. Nery, Jair C. Soares, Jim Mintz, and David C. Glahn, “Conceptualizing Impulsivity and Risk Taking in Bipolar Disorder: Importance of History of Alcohol Abuse,” *Bipolar Disorders* 11, no. 1 (2009): 33–40, here 34.

43 Gregg Martin, “General Speaks Out about Bipolar Disorder That Ended Military Career,” interview by Lisa Mullins, WBUR Boston, May 24, 2021. On being celebrated in his military career despite his undiagnosed bipolar disorder, Martin stated, “I think it helped me until it stopped helping me. I went acutely manic, and then I was in acute depression. I should not have been in the military. I shouldn’t have been leading. I shouldn’t have had access to a clearance. I shouldn’t have had access to weapons. That would have been a danger and a liability.” It is interesting and relevant to note that Martin’s Wikipedia page makes no mention of his mental illness. “Gregg F. Martin,” Wikipedia, accessed January 19, 2022, [https://en.wikipedia.org/wiki/Gregg\\_F.\\_Martin](https://en.wikipedia.org/wiki/Gregg_F._Martin).

44 Lambe, *No Barrier Can Contain It*, esp. 32–53.

45 Casuso, *Cuba and Castro*, 71.

46 Holmes et al., “Conceptualizing Impulsivity and Risk Taking in Bipolar Disorder,” 34.

47 See, for example, Robert J. Homant and Daniel B. Kennedy, “Suicide by Police: A Proposed Typology of Law Enforcement Officer-Assisted Suicide,” *Policing* 23, no. 3 (2000): 339–55.

- 48 In my department, infinite gratitude to Mark Healey, Brendan Kane, Jason Chang, Sara Silverstein, Emma Amador, Melanie Newport, and Chris Clark for their warm support at the time of my disclosure. Ariel Mae Lambe, “Tenure Is Not Anticlimactic to Me,” Twitter, April 29, 2021, <https://twitter.com/arielmaelambe/status/1387768749386784776>.
- 49 Lilia Topouzova, “On Silence and History,” *American Historical Review* 126, no. 2 (2021): 685–99.
- 50 I am extraordinarily privileged to have excellent health insurance and to have found, after a few stumbles, a compassionate and highly effective medical team.
- 51 Lambe, *No Barrier Can Contain It*.
- 52 I thank reader 2 for suggesting this particular iteration of this idea.
- 53 There are many other considerations involved in finding madness and disability in the archives that stand outside the scope of this small essay. One excellent treatment of some of them is by essayist Anne Thériault, “Knowing Our ‘Mad’ Ancestors: Why It’s Time to Look Again at Mental Illness in History,” *Correspondent*, July 6, 2020, <https://thecorrespondent.com/570/knowning-our-mad-ancestors-why-its-time-to-look-again-at-mental-illness-in-history/75463306050-be55d541>. Another thoughtful take is by Jennifer Natalya Fink, “We Should Claim Our Disabled Ancestors With Pride,” *New York Times*, February 27, 2022, <https://www.nytimes.com/2022/02/27/opinion/disabled-ancestry-family-pride.html>.

self-recognition in the archive.<sup>52</sup> I am primed to catch specific things in the sources that a different historian would not see. I pick up on clues in the archives of Torriente Brau and my great-grandfather, hints that might otherwise be neglected or swatted away. My mad identity furnishes me with a useful lens—it is just one lens of many that I employ, but one to which not everyone has access. I discover the possibility of madness where some would neglect to find it, and therefore I am able to create a different narrative, a different kind of historical scholarship than they. Bringing the varied perspectives—including madness—of diverse historians to scholarship results in a richer, more complete and complex history. We need to see our mad ancestors in our histories, and mad scholars are poised to ensure their inclusion.<sup>53</sup>

Beyond scholarship, seeing Torriente Brau’s extremes of mood many years ago sparked a recognition in me that eventually, during the ravages of my first postpartum period, grew to illuminate the truth I had so long repressed: that I was ill and needed help. Then, seeing mental illness in my family archive suggested answers to important medical questions and further developed my sense of identity as a person with mental illness. Coming into my own in this identity, I found the courage to speak out loud, break the silence, come out of hiding, and assert my mad self.

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