Antipsychiatric activism and feminism: the use of film and text to question biomedicine

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This article examines the relationships between antipsychiatric activism and feminism, paying particular attention to the civil liberties of mental health consumers/survivors/expatients (c/s/x individuals) in relation to mental health practices. It argues that a continually rigorous exploration of the complex (and at times uneasy) relationships between antipsychiatric activism, feminism and mental health practice is necessary and useful for pursuing social justice by working toward the diminishment of mental health inequalities. The article includes an overview of the 'spectrum' of antipsychiatric stances and a review of some of the literature covering the relationship between antipsychiatry and feminism, and uses cinematic and literary examples to highlight the complexity of addressing issues like medication 'compliance' and 'non-compliance' among mental health users and consumers in biomedical contexts.

The influence of the antipsychiatry movement in the US and western Europe – especially in the UK, whence several of the founders hailed and/or worked – is due in large part to the efforts of RD Laing (1971), Thomas Szasz (1973; 1984; 1994; 2003), David Cooper (1970), and Peter Breggin (1992; 1994; 1995; 1999). (One should, of course, add the proviso that many of those associated with antipsychiatry did not or do not embrace the term antipsychiatry itself.) In the late 1960s and early to mid-1970s, these individuals argued from a variety of political and theoretical positions that psychiatry is a form of social control. Importantly, these thinkers promoted their critiques as practising psychiatrists and psychotherapists. Szasz famously maintained that mental illness is a societal 'myth' (Szasz, 1960), and indeed both he and Breggin continue to speak publicly and write works on antipsychiatry (see www.szasz.com and www.breggin.com). For these activists, psychiatric medication and mental health treatment are manipulative tools used skillfully by what Szasz (2003) calls the 'pharmacracy' of the nation state to dictate human behavior and to manage deviance.

Various monikers – among them 'liberal,' 'progressive,' 'feminist,' 'leftist,' 'Libertarian,' and 'Marxist' – are frequently tacked on to antipsychiatric stances, for a variety of purposes, and these labels are deployed by speakers and writers in ways that are sometimes coalitional and sometimes divisive. For example, on its website The Antipsychiatry Coalition employs the term 'democratic' to serve its potent politicised ends. The coalition describes itself online as a:

> '… non-profit volunteer group consisting of people who feel we have been harmed by psychiatry – and of our supporters. We created this website to warn you of the harm routinely inflicted on those who receive psychiatric 'treatment' and to promote the democratic ideal of liberty for all law-abiding people that has been abandoned in the USA, Canada, and other supposedly democratic nations.' (www.antipsychiatry.org accessed 1 July 2005)

In my view, any invocation of an antipsychiatric trend in the mid to late 20th century and since, and references to the perceived diminution, cessation, or shifts of such a trend, cannot and should not be expected to describe 'antipsychiatry' as a singular stance, because ideas and practices that may be understood to index an antipsychiatric perspective are historically, culturally, and personally situated, and include an enormous range of points of view. Put differently, what is constituted as

an antipsychiatric stance today might not have been considered an antipsychiatric stance in the past (and vice versa, since definitions can obviously change meaning over time): defining what constitutes an antipsychiatric stance is always a matter of debate. A partial summary of what I see as a 'spectrum' of contemporary antipsychiatric stances follows:

- a keen suspicion of psychiatry and medicine's efficacy to properly treat symptoms and/or cure experiences deemed to be or labeled as mental illnesses
- a disbelief in or a refuting of a biological basis or cause for mental illnesses
- an assertive quest for proof of the allegedly biological basis for mental illnesses
- a view – notably held by some medical and psychological anthropologists – that sees mental illnesses as social ills that are 'culture bound syndromes' with attendant culturally and temporally specific meanings, ranging from acceptance to stigmatization
- a statement that mental illnesses are more than merely culturally specific, or socially constructed, or not trans-historical, but are also partly or even entirely the fault of a toxic or ill society that produces these conditions among some of its members
- an argument that psychiatric medications are niche-marketed and over-prescribed, in part to support an exploitative pharmaceutical and mental health industry
- a strong opinion that individuals should not be forcibly committed, medicated, or otherwise treated against their will or without their expressed understanding and consent
- a contestation questioning the existence of mental illnesses
- a belief that mental illnesses are the inventions of a capitalist society for the purposes of state-sanctioned social control and discriminatory enactments of acceptable violence against those deemed mentally ill or otherwise deviant within that society.

This diverse set of antipsychiatric platforms has the potential to teach us a great deal about public mental health and mental health practice today. Because some antipsychiatric activists directly challenge the common presupposition that 'mental illness' is genetic or otherwise biological, taking seriously the critical value of these politicised stances – especially when espoused by psychiatric survivors speaking on their own behalf and on behalf of other consumers/survivors/expatients (c/s/x) individuals – can help advance a deep inquiry into the implications that current practices of and ideologies around biomedicine have for public mental health and for mental health practices. In other words,

by exploring the conceptual and political underpinnings of various antipsychiatric positions, it is possible to arrive at a rich understanding of the far-reaching effects that biomedical approaches to mental illness can have on both individuals and on society. It is my contention that textual and visual works provide us with particularly creative opportunities to explore both the practices and ideologies promulgated by biomedicine and the wide array of antipsychiatric responses to them. But before turning to cinematic and literary examples, it is important to consider the intricate relationships that have existed and continue to exist between antipsychiatry and feminism.

Antipsychiatry and feminism

Ussher (1991) and Showalter (1987) have discussed extensively the complicated relationship between antipsychiatry and feminism. Hubert (2002) and Caminero-Santangelo (1998) have, in turn, differently elaborated Ussher's and Showalter's analyses in their own works on 'women's madness narratives.' Hubert notes:

> 'Showalter has criticised antipsychiatry on the basis of sexual bias. For all the "feminist" promise of Laing's theories, she writes, "antipsychiatry had no coherent analysis to offer to women". Moreover, Showalter describes unethical forms of treatment. According to Showalter, David Cooper "advocates sex with patients"… [a] practice of sexual exploitation.' (Hubert, 2002)

Similarly, Ussher (1991) powerfully remarks:

> 'The antipsychiatrists and dissenters were not the knights in shining armour they have sometimes been depicted as, ready to transform the institution into a haven, by breaking down the nosological battlements and spiriting the misdiagnosed to freedom. There are many weaknesses and limitations within their analysis… one major omission in their work is the analysis of the specific problems and oppression experienced by women. Gender, patriarchy and misogyny were not high on the agenda of the so-called radicals – if on their agenda at all. To read their work one would imagine that the mad person was gender-neutral, when we know that women make up a large percentage of those who are positioned within the discourse of madness. For, since the Victorian era, madness has been synonymous with femininity, and women predominate in both the "official statistics" and popular discourse… It was the feminist critics who redressed the balance.'

Although several feminist scholars have strongly denounced antipsychiatry, it is important to recognise

that, in many ways, antipsychiatry and feminism have shared common goals. For example, Caminero-Santangelo addresses the point emphatically made by Chesler (1972) and Showalter (1987) that, for many feminists, 'electroshock [is] inherently patriarchal' (Camino-Santangelo, 1998). Caminero-Santangelo also foregrounds Showalter's acknowledgement of her ambivalent indebtedness to RD Laing's politics: Showalter appreciates much of what he did, wrote, and said, but has angry or mixed feelings about some of his and Cooper's claims and practices. For many years, members of the feminist therapy movement have criticised the problematic enactments of patriarchy that have unfortunately attended some forms of both psychiatry and antipsychiatry. Feminist therapy practitioners have paid particular attention to redressing these problems by developing and advocating for specialised feminist psychotherapeutic practices, community programmes and centres, clinics, and so on.

But feminism has not escaped criticism for some of its own formulations of mental distress and madness. In Caminero-Santangelo's aptly titled The Madwoman Can't Speak: or Why Insanity is not Subversive, she explains why she believes that some feminist theorists are no better than some psychiatrists in the ways they 'other' women who are labeled and/or who self-identify as 'mentally ill'. She finds this parallel especially troubling given the legacy of feminist critiques of psychiatry. Caminero-Santangelo cites feminist theorists who romanticise female 'madness' as potentially liberatory, and argues that these theorists thereby deny women's legitimate pain and trauma, or relegate them to a nearly mythical status. For Caminero Santangelo, certain feminist portrayals of the medicalisation and psychiatrisation of women suggest that women have little or no agency. For example, if women choose to take medication or 'comply' with other psychiatric interventions, some feminists may label them as 'sell outs' who are willfully colluding with their own domination by pharmaceutical companies, western clinical biomedicine, and patriarchy writ large (in short, women who make these choices may be seen as 'bad' women and 'bad' feminists).

There are strengths and weaknesses to all of these stances – protofeminist, feminist, antipsychiatric, or some combination of both. There are clearly multiple and at times competing ideologies at work concerning mental health treatment (including medication usage and compliance), and conceptualisations of gender and identity in relation to mental health issues. It is, I believe, important for those involved in mental health and public mental health to think critically about those multiple ideologies. My own particular focus (see Wiener, 2005a for a fuller account) has been on exploring how the discourses and debates surrounding medication compliance are depicted in female psychiatric survivors' first person representations (on the internet, in memoirs, and in autobiographical documentary film narratives), versus how those discourses and debates are presented in cinematic images and written stories about the 'mentally ill' that are often made by non-psychiatric survivors. In the remainder of this essay, I use three examples to elaborate on some of these points.

Girl, Interrupted

In the film Girl, Interrupted (1999) there are both negative and positive portrayals of medication usage, including scenes of patients 'cheeking' psychiatric medication while in an asylum. In one scene, protagonist Susanna (played by Winona Ryder) is given a drug that makes her feel sick, dizzy, and out of control. Her point of view in the film merges with the viewer's in an overtly nauseating way: the camera is used to put the viewer in her shoes, as it were, and the experience shared is a vivid and negative one. In another scene, Susanna's fellow asylum inmate and buddy Lisa (played by Angelina Jolie) teaches her to 'cheek' her medication properly, and Susanna subsequently does so. While the mental health patients in the latter scene might be judged initially by some viewers as simply 'non-compliant', the portrayals made available by Girl, Interrupted instead code the patients as exerting agency and independence by fooling their doctors and nurses and by refusing to take medications they do not want or believe they need. In my interpretation, the film – based on the real Susanna's memoir of her psychiatric institutionalisation during the 1960s (Kaysen, 1993) – offers this scene in such a way that the actors, playing characters who are based on real individuals, can be read as both antipsychiatric activists and as feminists. Later in the film, however, Susanna willingly takes medication more than once, and in these scenes the suggestion is made to viewers that her choice was a smart one to make if she wants to 'recover'.

The contours of these complicated cinematic representations of 'non-compliance' and 'compliance' highlight why it is important that themes of victimisation, agency and choice are more robustly theorised than they often have been by feminist thinkers whose work addresses the terrain of women's 'mental illness'. While most members of the Mad Pride movement are against forced treatment, some of its members have publicly noted that to blame people for choosing to take medication or to seek psychotherapeutic services (including, in some cases, hospitalisation) is unhelpful and further stigmatises already stigmatised people, many of whom are women (see Mind Freedom Online www.mindfreedom.org, accessed 1 July 2005).

The Loony-Bin Trip

Many memoirs written by feminist psychiatric survivors exist. Among the more recent is Kate Millett's The

Loony-Bin Trip (1990), an interesting entry point for considering the complex relationships between self-representation, mental health care, antipsychiatric activism, and feminism. The Loony-Bin Trip is an unapologetic narrative about institutionalisation, medicalisation, identity formation, and agency written by a woman who is a renowned feminist activist, writer (author, of course, of the groundbreaking Sexual Politics (1970)), artist, art colony facilitator, teacher and mentor. Millett has also been a longstanding and outspoken participant in the US and international patients' rights movements, and has openly identified as an ex-patient and psychiatric survivor in a variety of public contexts. In recent years, Millett has been involved in the Mind Freedom and Mad Pride movement, and has aligned herself others who criticise mental health systems and psychiatric 'care' from a human rights perspective. One of Mind Freedom's goals has been and continues to be to compel the American Psychiatric Association to provide 'actual proof' for the APA's claim that 'mental illnesses' are biological (for more information about the Mind Freedom perspective, see http:www.mindfreedom.org).

I see Millett's role as a psychiatric survivor spokesperson to be a central feature of her life as described in her memoir and within other arenas of her existence – arenas in which she does things besides being a writer, such as talking one-to-one with other activists, going to rallies, and doing public speaking. In her analysis of The Loony-Bin Trip, Hubert does mention Millett's involvement in 'organizations opposed to forced hospitalization' (2002) and discusses her role as a psychiatric survivor activist. In my estimation, however, Hubert's invocations of Millett's activist roles do not go far enough in describing these roles as Millett actually assumes them – quite deliberately and consistently – both as a writer and 'outside' of, or in addition to, her life as a writer. In numerous respects, it seems to me that Millett is trying substantially to intervene in how mental health issues are today rendered and interpreted in the public sphere.

Hubert does provide an excellent discussion of Millett's investment as a writer in arguing that psychiatric hospitalization is a form of 'social control'. With regard to Millett's memoir, Hubert notes that '[her] account of coercive treatment and forced hospitalization offers a powerful critique of commitment procedures and psychiatric practice' and that '[b]y telling of her own experiences of "mental illness" and forced hospitalization, Millett advocates new ways of thinking about the mind and its capacities'. Yet, Hubert's discussions of Millett's relationship to antipsychiatric discourse make it seem that Millett has been powerfully 'influenced' by its proponents, and Hubert does not say enough about how Millett herself is among those proponents as a leader and as a major force with whom to be reckoned.

For Caminero-Santangelo, Millett's 'The Loony-Bin Trip… is perhaps the most remarkable literary testament to the tension between experience and theory, between the urge to bear witness and the temptation not to listen'. Caminero-Santangelo notes that Millett's dual role as 'a recognized theorist of gender relations' and as a 'woman of the asylum' are each brought 'to bear on her writing about her experience. They do not seem to coexist easily, and they provide striking gaps in the text' (1998). Caminero-Santangelo overtly acknowledges that Millett is an 'antipsychiatric theoretician' in her own right, but she, like Hubert, could say more about Millett's leadership in the antipsychiatric activist world.

Dialogues with Madwomen

In addition to producing individualised stories in the form of memoirs, feminist psychiatric survivors have also been telling their stories in collective texts – in books and online – and imaging their own lives via independent media projects. I would suggest that independent cinematic, textual and online auto-ethnographic representations reflect and shape models of psychological wellness and trauma in different ways from the way mainstream films and books reflect and shape such models. They thereby have the potential to provide important and innovative understandings of the diverse impacts of mental health practices in the present and past.

In light of this, it is important to reflect upon the political implications of women – particularly female psychiatric survivors and members of other historically stigmatised groups – 'taking back' the camera and using imaginatively other representational devices. While I eschew an unrealistic obsession with seeking 'truth' or authenticity, and I believe that all representations and enactments of identity formation are at least partially discursively produced, I likewise believe that it is of crucial importance that labeled-as-crazy women, in representing themselves, are indeed 'talking back' to mainstream society when they 'take back' the camera, the pen and the keyboard. Therefore, in addition to the vast array of historical and recent mainstream media representations and written first-person narrative accounts that are currently available to a viewing and reading public, emergent forms of auto-ethnographic representation, including cinematic autobiography and family biography, internet self-representation and oral history projects, present wonderful opportunities to deepen clinical and activist work that is done 'in the field' with psychiatric survivors. Further, these resources can be used to expand curricula and to creatively train educators and mental health clinicians, thereby expanding the boundaries of public mental health and mental health practice.

A wonderful text for this type of public mental health activist work is Allie Light's award-winning documentary Dialogues with Madwomen (1993).

Dialogues presents the stories of seven female psychiatric survivors in San Francisco, including Light's narrative of her own institutionalisation. A segment of Light's own story is reprinted in Shannonhouse's Out of Her Mind (2000), and is entitled 'Thorazine Shuffle'. As some of its reviewers have noted, Dialogues breaks from conventional documentary formats and does not rely even remotely on third person accounts. Like other 'personal documentaries,' Light's work uses a combination of devices, including interview segments, illustrations, re-enactments, voiceover techniques and archival footage to draw in viewers. Light's usage of re-enactments is especially courageous, since the women who narrate their lives in the film often perform the re-enactments of their own stories, rather than having actors perform them.

Light presents a diverse set of perspectives on 'mental illness' and does not seek to conflate her narrators' experiences. The stories are presented in segments, with the women 'taking turns' sharing their ideas and feelings, and the women's explanations are drawn together by Light into sequences that are cleverly edited. Some of the women subscribe to an antipsychiatric stance (including, it seems, Light herself), while others use and accept diagnostic categories and are grateful to take medications like Lithium. For example, one narrator talks insightfully about reading Quentin Bell's biography of Virginia Woolf and experiencing a profound identification with Woolf, as described by Bell. She realised at that moment that she 'didn't want to die' as Woolf had, that her 'depression was not [her]' but had 'taken' her over, and she then decided to take Lithium – immediately – and has felt much better ever since. This narrator acknowledges that it was and is hard to give up what she refers to as her 'imaginative aspects' as she experienced them when she was 'manic', and she cries as she describes wanting someone to love who understands her and the ways she uniquely sees the world.

Many of the narrators in Dialogues describe horrendous and violent abuses that they sustained at the hands of family members and strangers, including sexual assault and physical harm of various brutal kinds. Graphic illustrations by children (as might be created during an art therapy session) and slow-motion black and white sequences are used to highlight the terror these women endured. At the beginning of the film, there is such a strong emphasis placed on these traumatic features of the women's lives that viewers might incorrectly but understandably assume that the entire film will be about surviving trauma and enduring victimisation. By the end of the film viewers realise that this is untrue.

Being or being labeled 'mentally ill' can be difficult in its embodiments, but as Girl, Interrupted, The Loony-Bin Trip and Dialogues with Madwomen each shows in a different way, 'mentally ill' can also be adopted as an identity that is strategically useful to those who choose it or otherwise accept it. There is a wide range of perspectives on what it means to be 'mentally ill' or to be labeled as such, and the perspectives as they are rendered by memoirs and other kinds of self-representational texts are clearly only one segment of a much larger range of perspectives. For some individuals who self-identify as 'mentally ill' and/or as c/s/x, creating and engaging identities that are nuanced and that possess agency may intersect with or come to represent a stance often taken within disability studies. Beresford (2000), an academic who writes 'from the perspective of a psychiatric system survivor', has powerfully demonstrated the gains to be made from coalitions between psychiatric survivors and individuals forwarding a disability studies agenda. As I remark in a recent essay (Wiener, 2005b):

> 'Among our multiple projects and varied stances, promoters of disability studies encourage individuals and groups who self-identify as disabled to self-empower. This is partly accomplished by de-linking emotional, cognitive, and corporeal identities of "difference" from explanatory models that individualize "illness" – and by moving away from the often disturbing advancements of medicalization and "patient" dependency models – to critique and deconstruct power structures and combat stigmatization.'

Disability studies, like antipsychiatry, should of course not be presumed to be singular or monolithic. I would argue that disability studies practitioners and activists who are also c/s/x individuals have, therefore, the potential to make profound and diverse contributions to our understanding of how biomedical models influence public understandings of mental health and of disability and, in addition, how we might intervene to produce alternative understandings.

Some c/s/x individuals, for example, may engage a disability studies perspective to argue, in agreement with Millett, that psychiatry is a form of social control but that, in disagreement with Millett, being 'mentally ill' can still be a productive identity formation. Others may engage a disability studies perspective as a way of refusing to view mental illness as equivalent with 'helplessness' and 'silencing'. The terms/concepts 'helplessness' and 'silencing' are not only problematic and frequently unhelpful to mental health users and consumers; they are so broad that they descriptively flatten the heterogeneity of human experience (see Weiss, 2000). Individuals who choose to adopt a disability studies perspective might thereby inhabit a complicated life in which 'mental illness' is not romanticised but plays a fraught, crucial and meaningful part (Wiener, 2005b).

In conclusion, what is needed is a strategic response

to psychiatry's frequent preoccupation with compliance and 'normality' at the expense of other perspectives and ideas, and a continued challenge to the often individualising logic of the biomedical model. As noted above, I believe that a continually rigorous and interdisciplinary exploration of the complex and at times uneasy relationships between antipsychiatric activism and feminism – especially in relation to the activist work done by psychiatric survivors and disability studies practitioners, and including the creative projects made available to us by c/s/x films and literary texts that focus on the theme of civil liberty – is necessary and useful for pursuing social justice by working towards the diminishment of mental health inequalities. ✪

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