

Patients, Practitioners and Protestors: feminist sources and approaches in the history of psychiatry

One of the most famous images of psychiatry in action is also one of the most provocative - or useful - to feminist historians of psychiatry. In the picture, Jean-Martin Charcot (1825-1893), a French neurologist and advocate of the use of hypnosis to treat hysteria, stands close to young woman. Her white blouse slips down her exposed shoulders and décolleté; her neck and arms drape backwards; she is supported by a male attendant. Charcot's gaze is not on her – although with her exposed skin and vulnerable dress she draws the eye of the viewer – but on his male audience. To the left of the picture is a group of smartly dressed bearded men, apparently appreciatively listening to Charcot's enunciation of his expertise. Several are writing, several lean forwards in their interest. The men are fully dressed; the young female hysteric is exposed. The seated men look to the male expert; the female patient alone looks outwards towards the viewer. Her gaze does not unambiguously meet ours, though: her eyes may be closing. Two female attendants stand on the right periphery of the picture, one leaning towards the patient. The painting depicts Charcot demonstrating hysteria at the Parisian hospital, the Salpêtrière, in 1887. What it depicts to those attentive to the gendered dimensions of the history of psychiatry, however, is something else: the gendered dimensions of the location of expertise, authority and psychiatric power. The young female patient is at the mercy of the male authority figure. The men listen to the pronouncements of the male expert. Female healthcare workers are relegated to a peripheral, ancillary role.

This is, of course, an interpretation of a picture that can only show a partial snapshot of the practice of mental health care at a particular historical moment. Perhaps the young woman is not a victim of patriarchal medicine but is rather subverting hysteria, one of the limited outlets for women's distress and discontent, for her own ends. This argument, in turn, was challenged by other scholars, who pointed to hysteria's limited efficacy as a mode of revolt. Other historians have looked at how hysteria, as a gendered diagnosis, was used to uphold the exclusion of women from the political and public realm at a time of increasing political agitation and rapid social change. Others have pointed to the racial implications of hysteria in nineteenth-century; hysteria, it has been argued, was a diagnosis that was associated with white women, whose nervous 'over civilisation' was contrasted with the robust, fertile bodies of Black women. Here, white women's weakness and proclivity to hysterical symptoms was perceived to pose a danger to the survival of the white race.² Regardless of interpretative frame, the picture, like other sources feminist historians use in the history of psychiatry, raises questions of power, authority,

² For histories of hysteria and for more on these perspectives, see Andrew Scull, *Hysteria: The Disturbing History* (Oxford University Press, 2011); Laura Briggs, 'The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology,' *American Quarterly*, vol. 52, no. 2, 2000, 246–273; Asti Hustvedt, *Hysteria in Nineteenth-Century Paris* (London: Bloomsbury, 2012); Carroll Smith Rosenberg, 'The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth Century America,' *Social Research* 39 (1972); Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon, 1985); Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder* (London: Macmillan, 1996); Anne Digby, 'Women's Biological Straitjacket', in Susan Mendes and Jane Rendall (eds), *Sexuality and Subordination: Interdisciplinary Studies of Gender in the Nineteenth Century* (London and New York: Routledge, 1989), 192-20; Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations* (Princeton University Press, 1995); Mark S. Micale, 'Hysteria Male/Hysteria Female: Reflections on Comparative Gender Construction in Nineteenth-Century France and Britain', in Marina Benjamin (ed.), *Science and Sensibility: Gender and Scientific Enquiry, 1780-1945* (Oxford: Basil Blackwell, 1991), 200-39; For perspectives on masculinity and hysteria, see Mark S. Micale, 'Charcot and the Idea of Hysteria in the Male: Gender, Mental Science, and Mental Diagnosis in Late Nineteenth-Century France', *Medical History*, 34 (1990), 363-411; Mark S. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Mass., USA: Harvard University Press, 2008); Jan Goldstein, 'The Uses of Male Hysteria: Medical and Literary Discourse in Nineteenth-Century France', *Representations*, 34 (1991), 134-65; John Starrett Hughes, 'The Madness of Separate Spheres: Insanity and Masculinity in Victorian Alabama', in Mark C. Carnes and Clyde Griffen, *Meanings for Manhood: Constructions of Masculinity in Victorian America* (University of Chicago Press, 1990), 53-66.

expertise and perspective and how these have been shaped by gender in the long history of the mind sciences.

This chapter has three aims: first, it seeks to establish the types of sources that historians can use to understand women's experiences as both patients and practitioners in the history of psychiatry; second, it seeks to set how sources can be used to examine the history of psychiatry from a feminist angle; third, it seeks to chart the development of the feminist historiography of psychiatry. Feminist perspectives on the history of the psy professions are not homogenous in their approaches and goals. Sources for feminist histories of psychiatry are not restricted to materials produced by feminists, or even women. Instead, they are sources that have the potential to be used to expose how psychiatry has shaped, and been shaped by, ideas about gender and power. Feminist research might seek to draw women's contributions to the intellectual development of a set of ideas to the fore, for example, or it might focus on the mechanisms by which psychiatry has played a role in the oppression and subjugation of women, or it might examine how women have organised to dispute and challenge psychiatric orthodoxies. Put another way, the questions that feminist studies of the history of the psy professions might ask range from 'what have women contributed to the development of psychoanalytic theory?' to 'how did the diagnosis of hysteria enforce gender norms in Victorian Britain?' to 'why did the American Women's Liberation Movement contest psychiatric power?'

Feminist approaches to the history of psychiatry, then, can draw upon intellectual history, cultural history, social history, political history, and histories of activism, to name just a few. What feminist perspectives in this area generally have in common, however, is their attentiveness to the location and utilisation of power in psychiatric practice and how this acts upon gendered lines; a critical approach to how psychiatric thought has played a role in delineating male and female-associated roles and qualities – in line with the view that these qualities are cultural constructions, and are thus historically contingent; and an interest in the ways that ideas about mental health have shaped women's experiences in the world. Feminist approaches to the history of psychiatry tend to focus on women and the construction of femininity – and it is this that this chapter emphasises – but feminist ideas have played a formative role in enabling a broader gendered critique of psychiatry and how it shaped ideas about masculinity and sexuality, too.

The emphasis on how gender has acted as an important vector in the history of psychiatry does not, however, mean that feminist approaches to the history of psychiatry can or should ignore other axes of difference. In 1989 legal scholar Kimberlé Crenshaw influentially articulated the idea that structures around gender and race interact, particularly in the lives of Black women, terming such a frame 'intersectionality'.³ This intersectional position – that studies of race need to be alive to the power structures around gender, and that studies of gender need to be attentive to the effects of racial discrimination and privilege – has come to be essential to feminist work. Another mode of difference that is critical to the history of psychiatry is class. Historians have shown that certain diagnoses have been associated with social privilege (for example, neurasthenia, an illness manifesting in a diffuse set of symptoms attributed to a depletion of mental energy) while, as Louise Hide's work has shown, class shaped patients' experiences in English asylums.⁴ While this chapter focuses on British and American sources and approaches, it is important to acknowledge the rich work that explores the gendered dimensions

³ Kimberlé Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *University of Chicago Legal Forum* 1989, 139-167.

⁴ Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Palgrave Macmillan, 2014). For more on gender and class, see also Jonathan Andrews and Anne Digby, eds. *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam, New York: Rodopi Press, 2004).

of colonial psychiatry and the ways that race and psychiatry interacted in colonial and racist regimes.⁵

The history of feminist critiques of psychiatry

While doing a feminist history of psychiatry does not rely upon using sources created by feminists, women, or women activists, critiques of psychiatric power were rife during the wave of feminist activism that swelled between the 1960s and the 1980s. This period was formative in developing strands of criticism that remain influential in contemporary feminist work. It is useful, therefore, to set out the origins of the British and American Women's Liberation Movements, their trajectories, and their relationship with those who claimed psychiatric expertise.

In 1963 Betty Friedan (1921-2006), an American psychology graduate, journalist, housewife and mother, published *The Feminine Mystique*. There was a 'problem with no name', Friedan wrote, 'shared by countless women in America'. These women, Friedan claimed, felt bereft. Living in a culture that hailed the (white) suburban housewife as the apotheosis of feminine achievement, that acclaimed their responsibilities for childrearing and domesticity as the very culmination of womanhood, these women felt a quiet, low-level despair. Sometimes their feelings brought them to an analyst's couch, sometimes it manifested in somatic symptoms that brought them to their physician's offices, and other times it just brought them to tears, she said. The problem, Friedan proposed, was not the women themselves or their failure to adjust to the 'feminine role'; the problem was a culture that stultified women's professional and intellectual promise by sequestering them in unfulfilling domesticity. Friedan placed the blame for this socio-cultural phenomenon partially on Freud. Freud's theories rendered women subservient to men and dependent upon them. The oppression of women, then, did not manifest in the same way as it had in the past – for example, through denying them the vote – but had taken on a more pernicious form: the oppression of women was now manifested through psychological means and was spread through psychoanalytic ideas about healthy behaviour.⁶ The first paperback run of *The Feminine Mystique* sold 1.4 million copies. It spent six weeks on the *New York Times's* bestseller list. It was a phenomenon: 'second wave' feminism had arrived, and patriarchal values espoused by the psy sciences were in its sights.

The rise of the American Women's Liberation Movement emerged alongside and was informed by the other social movements of the 1960s, including the anti-war movement and the civil rights movement. The Women's Liberation Movement of the 1960s to 1970s aimed to transform social and cultural life as well as secure legal and political rights. Feminists took issue with women's subordination across the board: in the home, in the workplace, in healthcare settings, through sexual oppression, and in popular culture. The movement operated at the grassroots, without formal leadership, and women came together in 'consciousness-raising' groups to explore their personal experience. Feminists and activists established Women's Studies courses in universities and launched new energy into investigating women's histories. As Nancy Tomes has demonstrated, these sites enabled the development of sophisticated, diverse and extensive historiography of psychiatry and analytical work on women's place in psychological

⁵ See, for example, Waltraud Ernst, 'European Madness and Gender in Nineteenth-Century British India', *Social History of Medicine*, 9 (1996), 357-82; Sally Swartz, 'Lost Lives: Gender, History and Mental Illness in the Cape, 1891-1910', *Feminism and Psychology*, 9 (1999), 152-8; Jacqueline Leckie, 'Unsettled Minds: Gender and Settling Madness in Fiji', *Psychiatry and Empire*, ed. Sloan Mahone and Megan Vaughan (Palgrave Macmillan, 2007), 99-123; Catharine Coleborne, *Reading 'Madness': Gender and Difference in the Colonial Asylum in Victoria, Australia, 1848—1888* (API Network: Perth, 2007); Tiffany Fawn Jones, *Psychiatry, Mental Institutions, and the Mad in Apartheid South Africa* (New York: Routledge, 2012). For sources on colonialism and the history of psychiatry see the chapter in this volume.

⁶ Betty Friedan, *The Feminine Mystique* (NY: W.W. Norton, 1963); for more on feminism and psychoanalysis, see Mari Jo Buhle, *Feminism and its Discontents: a Century of Struggle with Psychoanalysis* (Cambridge Mass.: Harvard University Press, 1998).

medicines.⁹ This literature now occupies a curious position for historians: it is both a body of historiography and can also be used as a primary source. The arguments, priorities and critiques expressed by the Women's Liberation Movement tell us about the movement itself and the climate of the era. So how should they be approached, and how does the feminist critique of psychiatry fit into the broader field of activism in this period?

Feminist goals and activities were bound together by the conviction that social attitudes, cultural norms, and political legislation enforced the disempowerment of women. Psychiatry, and the psy sciences more widely, were seen by some activists to be a part of the patriarchal infrastructure that administered this. The disproportionate prescription of mood-enhancing drugs was pointed to as evidence that psychopharmacological interventions aimed to reconcile women to their individualised discontent, rather than allowing women to see their discontent as widely shared, and symptomatic of the need for social change.¹⁰ Thus Friedan was not the only American feminist who set her sights on the 'psy' professions. Naomi Weisstein wrote an influential paper in 1968 arguing that 'Psychology has nothing to say about what women are really like, what they need and what they want, especially because psychology does not know.'¹¹ Others saw the mind sciences of being part of the machinations that oppressed women.¹² This did not necessitate that the entire intellectual legacy of the 'psy' professions be jettisoned, however. Consciousness-raising groups made use of the ideas established in the mind sciences, and women activists developed alternative models of psychiatric support that embodied feminist ideas, while others argued that theories put forward by Freud could be modified. More broadly, health and women's self-knowledge became an important area for activism: the Boston Women's Health Collective was founded in 1969 and published its handbook, *Our Bodies, Ourselves* in 1971, selling 250,000 copies.¹³ The wave of activism that took place in America following the early 1960s had fallen into division during the 1980s, at which point the 'sex wars' proved to reveal foundational disagreements.

The British Women's Liberation Movement is widely seen to have begun in earnest with the inaugural national women's liberation conference at Ruskin College, Oxford in 1970. Like their American counterparts, the British Women's Liberation Movement centred its politics on the maxim that the 'personal is political' (a phrase popularised by American liberationist Carol Hanisch in 1969).¹⁴ The British Women's Liberation Movement was influenced by the student protests of the 1960s and informed by female activists' often dispiriting involvement in the socialist and New Left movements of the period. Similar to their American peers, the British movement was diffuse and organised in local groups. As with the American movement, defining an 'end' date to a diffuse social movement is a contentious issue – not least because closing this period of activism in 1978, with the final national Women's Liberation Conference in Britain,

⁹ Nancy Tomes, 'Feminist Histories of Psychiatry', *Discovering the History of Psychiatry*, Eds. Mark S. Micale and Roy Porter (Oxford University Press, 2014), 348-83. This is an excellent and useful text.

¹⁰ For example, 'Health: Victims of Valium Usually Women', *New Women's Times* 6, 8 (1980), 4; Maureen McKaen, 'Prescriptions: Legal Drug Abuse', *Pandora* 3, 18 (1973), 5.

¹¹ Naomi Weisstein, (1968). *Kinder, kuche, kirche as scientific law: Psychology constructs the female* [revised and expanded version] (Boston, MA: New England Free Press).

¹² See Kate Millett, *Sexual Politics* (New York 1970); Shulamith Firestone, *The Dialectic of Sex: The Case for Feminist Revolution* (Farrar, Straus and Giroux, 2003).

¹³ The first incarnation of *Our Bodies, Ourselves* was *Women and their Bodies: a Course*, first published in 1970. This has been digitised is available here: <https://www.ourbodiesourselves.org/cms/assets/uploads/2014/04/Women-and-Their-Bodies-1970.pdf>. The Schlesinger Library at Harvard University holds the archives of the collective: <https://guides.library.harvard.edu/c.php?g=310923&p=2081805>.

¹⁴ Carol Hanisch, 'The Personal is Political', *Notes from the Second Year: Women's Liberation Major Writings of the Radical Feminists* (USA: 1970). The full pamphlet is available through Duke University here <https://repository.duke.edu/dc/wlmpc/wlmmms01039>; a physical copy is held at the Bishopsgate Institute archive in London (as well as elsewhere).

obscures Black women's activism in the 1980s.¹⁵ It also, as I have argued elsewhere, distracts attention from the activism and institutions that continued at a local level, including around psychiatry and mental health. For example, the Women's Therapy Centre in London was established by Luise Eichenbaum and Susie Orbach in 1976, while the Bristol Women and Mental Health Network was founded in the 1980s, as was the Islington Women and Mental Health Project.¹⁶ These institutions modelled new feminist practices around psychiatry. Like these institutions, some of the key trends and schisms in the feminist historiography of psychiatry developed within the energy of the women's movements of this period; like the grassroots feminist practices, they continued to hold influence past the formal 'end' of the Women's Liberation Movement.

Members of the Women's Liberation Movement pioneered new fields of criticism, developing bodies of research into women's history and theories about the structural forces that enabled the oppression of women in Britain. Psychiatry was seen by some to be a critical part of these oppressive structural forces. Some of these ideas were shaped by the antipsychiatry theories put forward by David Cooper and R.D. Laing;¹⁷ unlike Laing and Cooper, however, women's liberationists not only saw psychiatry as a profession that enforced social norms and questioned the legitimacy of psychiatric authority, but argued that patriarchal psychiatric norms imposed particularly punitive strictures on women. Some believed that psychiatry and its attendant practices could be subverted, with women's liberation magazines providing spaces for debate: *Spare Rib*, the most prominent of the women's liberationist magazines, ran a forum on 'Therapy: Reform or Revolution' in April 1978.¹⁸ Some of these issues were discussed at the first Women and Mental Health conference, held in London in October 1977, coverage of which was published in *Spare Rib*.¹⁹

Feminist magazines, including *Spare Rib* (1972-1993), *Shrew* (1969-1974), *Trouble & Strife* (1983-2002), and *Women's Voice* (1972-1982) are increasingly digitally available and form an important resource for historians. Each of these magazines had a different editorial perspective and set of priorities. To use these most profitably, you should examine questions about their production and perspective (who edited the magazine? Where was it published? What was its circulation and readership? Was it a radical, Marxist or socialist feminist magazine?). Looking at the editorials can be useful for this sort of framing. While digitisation has fantastic advantages, including the ability to search by keyword, it is also worth looking at the context of the article that you are using. Historians can get a more holistic understanding of source material by looking at the articles it is adjacent to, and by the types of advertisement, cartoon or commentary it features alongside. Letters to the editor are a useful way of accessing how articles were received by readers – although, of course, they can only provide a fragmentary insight, as the letters published will show a tiny sample of reader responses. There is an increasingly rich historiography of 'second wave' feminist magazines, and it is worth drawing upon the work of

¹⁵ See Natalie Thomlinson, *Race, ethnicity and the women's movement in England, 1968-1993* (Basingstoke: Palgrave Macmillan, 2016).

¹⁶ See Sarah Crook (2018) 'The women's liberation movement, activism and therapy at the grassroots, 1968–1985', *Women's History Review*, 27:7, 1152-1168. Susie Orbach has discussed establishing the Women's Therapy Centre as part of the Sisterhood and After project: <https://www.bl.uk/collection-items/susie-orbach-the-womens-therapy-centre>.

¹⁷ On antipsychiatry, RD Laing and David Cooper, see Nick Crossley, 'R.D. Laing and British Anti-Psychiatry: A Socio-Cultural Historical Analysis', *Social Science and Medicine* 47 (1998), 877-898; Digby Tantam, 'The Anti-Psychiatry Movement', in Hugh Freeman and German Berrios (eds.) *150 Years of British Psychiatry, 1841-1991* (London: Gaskell, 1991), 333-347. See also R.D. Laing, *The Divided Self* (London: Penguin 1990 [1st pub. 1960]).

¹⁸ 'Therapy: Reform or Revolution', *Spare Rib* 69, 1978, 20-21.

¹⁹ Ruth Wallsgrove, 'Choosing to Fit In ... Or Not Fit In', *Spare Rib*, 65, 1977, 13.

scholars including Laurel Forster, Angela Smith and Joanne Hollows to provide context when using these sources.²⁰

Recently the British Women's Liberation Movement has seen a concerted attempt to archive its materials and record the experiences of its participants. The largest-scale oral history project was conducted by the British Library as part of its Sisterhood and After project; several of these interviews explore themes relevant to the history of psychiatry.²¹ Oral history has encouraged a particularly reflexive body of work: in keeping with this, the curators of Sisterhood and After have published useful reflective articles about the process of creating the archive.²² The Black Cultural Archives in London hold an oral history of the Black Women's Movement. Liberationist magazines are increasingly being digitised: *Spare Rib*, *Trouble & Strife*, and *Red Rag* (1972-1980) are available online, while *Shrew* is held by the British Library.²³ Feminist ephemera, including newsletters, magazines and pamphlets, is held by archives across Britain, not least by the Women's Library, the Feminist Library, the Bishopsgate Institute (all in London), Feminist Archive North (Leeds), Feminist Archive South (Bristol), Glasgow Women's Library, and Women's Archive Wales. There has also been an expansion of historiographical interest in feminist approaches to psychiatry: as well as monographs and articles exploring class, race and geography, historians have studied consciousness-raising, attitudes to selfhood and therapy, and the establishment of grassroots feminist mental health organisations.²⁴

Sources from the American Women's Liberation Movement are also being made digitally available. There are too many to comprehensively cover here, but a few that are readily accessible, and particularly noteworthy, are worth flagging. *Notes from the Second Year* published Kathie Sarachild's article on consciousness raising, first presented at the first national women's liberation conference in November 1968. This set out some of the key ideas that underpinned consciousness raising, a practice that provided the opportunity for women to politicise what had previously been relegated to the private, emotional realm. Consciousness raising, often

²⁰ See Laurel Forster (2016) 'Spreading the Word: feminist print cultures and the Women's Liberation Movement', *Women's History Review*, 25:5, 812-831, DOI: [10.1080/09612025.2015.1132878](https://doi.org/10.1080/09612025.2015.1132878); Laurel Forster, *Magazine Movements: Women's Culture, Feminisms and Media Form* (London: Bloomsbury, 2015); Joanne Hollows (2013) 'Spare Rib, Second-Wave Feminism and the Politics of Consumption', *Feminist Media Studies*, 13:2, 268-287, DOI: [10.1080/14680777.2012.708508](https://doi.org/10.1080/14680777.2012.708508); Angela Smith (ed.), *Re-reading Spare Rib* (Basingstoke: Palgrave Macmillan, 2017).

²¹ Clips are available online and the full collection is held by the BL.

²² Margaretta Jolly, 'Recognising Place, Space and Nation in Researching Women's Movements: Sisterhood and After', *Women's Studies International Forum* 35.3 (2012), 144-46; Polly Russell, 'Using Biographical Narrative and Life Story Methods to Research Women's Movements: Sisterhood and after', *Women's Studies International Forum* 35.3 (2012), 132-34; Rachel Beth Cohen, 'Researching Difference and Diversity within Women's Movements: Sisterhood and after', *Women's Studies International Forum* 35.3 (2012), 138-40; Margaretta Jolly, 'Assessing the Impact of Women's Movements: Sisterhood and after', *Women's Studies International Forum* 35.3 (2012), 150-52.

²³ *Shrew*, BL General Reference Collection P.2000/1413; *Spare Rib*, <https://www.bl.uk/spare-rib>, *Trouble & Strife*, <https://www.troubleandstrife.org/>; *Red Rag*, http://banmarchive.org.uk/collections/redrag/index_frame.htm.

²⁴ See Crook, 'The women's liberation movement, activism and therapy'; Mathew Thomson, *Psychological Subjects: identity, culture, and health in twentieth-century Britain* (Oxford: Oxford University Press, 2006); Sue Bruley (2013) 'Consciousness Raising in Clapham: women's liberation as "lived experience" in south London in the 1970s', *Women's History Review*, 22(5), 717-738; Kate Mahoney, 'The Political, the Emotional and the Therapeutic: Narratives of Consciousness-Raising and Authenticity in the English Women's Liberation Movement', *The Politics of Authenticity: Countercultures and Radical Movements across the Iron Curtain, 1968-1989* (Berghahn Books, 2018), 65-88; Kate Mahoney, 'Finding our own solutions': the women's movement and mental health activism in late twentieth-century England', unpublished PhD thesis, 2017; George Stephenson, *The Women's Liberation Movement and the Politics of Class in Britain* (London and New York: Bloomsbury Academic, 2019), Thomlinson, *Race, ethnicity and the women's movement*; Sarah Browne, *The Women's Liberation Movement in Scotland* (Manchester: Manchester University Press, 2014).

conducted in women's homes, and always in small groups, allowed women to speak about their personal experiences and to derive theory and political action from them. 'In our groups, let's share our feelings and pool them', Sarachild wrote, 'Let's let ourselves go and see where our feelings lead us. Our feelings will lead us to ideas and to actions.'²⁵

Newsletters provided a mechanism through which ideas could be shared amongst feminist activists. *Off Our Backs* was first published in Washington DC in February 1970 as 'a paper for all women who are fighting for the liberation of their lives'.²⁶ The paper occasionally covered conferences and issues around psychiatry and psychosurgery.²⁷ A selection of pamphlets have been digitised on the Redstockings website, including an edition of *The Radical Therapist's* special edition on women from August 1970. Written and edited exclusively by women, this edition of the journal argued that 'Women's oppression is an objective condition in women's lives which a wholesided therapeutic approach must recognise as *the* central cause of female "impairment." Blaming women for their suffering and trying to teach them to blame themselves and each other has been a prime practice of therapy.' Moreover 'Psychology took over where the church left off in fostering self-blame rather than collective struggle.'²⁸ The second edition of *Woman's World*, published in New York between April 1971 and September 1972, ran an article by Carol Hanisch arguing that the language of psychology around sex roles continued to oppress women.²⁹

Feminist and institutional repositories, for example at Duke, Barnard, and Harvard universities, hold material archival materials that can be used to explore feminist writings on psychiatry. The establishment of Women's Studies and women's history within universities also enabled a body of sources that can be used by historians. Scholarly journals that were established as part of the influx of feminist thought into the academy can be used to explore feminist academic thinking about the mind sciences. See, for example, *Feminist Review* (established 1979), *Feminist Studies* (established 1972), and *Signs* (established 1975). These scholarly journals can be used to examine the development of ideas and to assess the influence of particular concepts: who do articles cite in their footnotes? Who do articles agree and disagree with? Who do authors thank in their acknowledgements? Are there themed special editions that show that there was a particular interest in an area at a distinct moment? As with feminist magazines, it is also worth looking at the context of the journal's production. To this end, it can be helpful to examine what the editorial statement – usually made in the first edition of the journal – says about the journal's aims and scope.

Doing a feminist critique of the history of psychiatry

Feminist critiques of the history of psychiatry can be undertaken in a variety of ways. The first choice is perhaps between focussing on women as patients or practitioners. The first would prompt questions about treatment, diagnosis, and representation; the latter might prompt questions around how women have developed ideas within the psy disciplines. This second approach might also encourage investigations into the interventions of reformers. For example, Dorothea Dix (1802-1887), an American who provoked reforms in the treatment of the mentally ill. Or this approach might facilitate investigations into the contributions of female psychoanalysts, including Anna Freud (1895-1982), Karen Horney (1885-1952), or Melanie Klein (1882-1960); it might also look at how women's research has shaped political and social change. Here we might consider the work of Mamie Phipps Clark (1917-1983), a Black woman whose

²⁵ Kathie Sarachild, 'A Program for Feminist "Consciousness Raising"', *Notes from the Second Year: Women's Liberation: Major Writings of the Radical Feminists* (New York, 1970), 78-10, 78. See also Kathie Sarachild (c.1968) 'Consciousness-Raising: a radical weapon', *Feminist Revolution* (New York: Random House), 144-150.

²⁶ 'Editorial', *Off Our Backs*, 1: 1, 1970, 2-2.

²⁷ See 'Mind Control', *Off Our Backs*, 3: 5, 1973, 2-3.

²⁸ Judith Brown, 'Editorial', *The Radical Therapist*, August 1970, 2.

²⁹ Carol Hanisch, 'Male Psychology: a Myth to Keep Women in their Place', *Woman's World*, 1:2, July-August 1971, 2.

work was cited by the Supreme Court in the *Brown v. Board of Education* decision that outlawed the racial segregation of public schools in 1954, or Inez Beverly Prosser (1895-1934) the first African-American woman to complete a doctorate in Psychology in the United States.³⁰ Further, this lens animates investigations into grassroots alternative psychiatric and psychological support established by feminists, opening up avenues of research into the theories, ideas and practices that underpin such enterprises. Such historical studies make new understandings of psychiatry's past possible and facilitate an analysis of feminist ideas about what constitutes psychological health for women. However, it is the first approach – that which examines the history of women as the patients and subjects of psychiatric practice – that has ignited some of the most productive and fiercely argued debates in the feminist historiography of psychiatry.

One debate is whether mental illness is a social construct that polices women's behaviours in differentiated ways or if women's mental illness as a result of their oppression in a patriarchal society. As Joan Busfield frames it, in the latter 'the emphasis... is less on mental illness as a social construct than on mental illness as a social product.'³¹ The former was most famously put forward by Phyllis Chesler. In *Women and Madness* (1972) Chesler suggests that 'women who fully act out the conditioned female role are clinically viewed as 'neurotic' or 'psychotic'... women who reject or are more ambivalent about the female role frighten both themselves and society... such women are assured of a psychiatric label and, if they are hospitalized, it is for less 'female' behaviours, such as 'schizophrenia', 'lesbianism,' or 'promiscuity'.³² She pointed to evidence that women were not only more liable to psychiatric diagnosis but were also more likely to be prescribed psychopharmaceuticals and were vulnerable to being sexually abused by their psychiatrists. Chesler argues that women's sex role is socially constructed in such a way as to make it pathological in the eyes of psychiatry. A landmark text when it was published, *Women and Madness* was widely reviewed and sold prolifically.³³ These reviews can be used to examine the book's significance and reception. It is now an example of a text that established ways of critiquing the history of psychiatry but can also be used as a historical text in and of itself. Put another way, we can both use its ideas to look at the history of psychiatry and use it as a text that tells us about the historical moment – nearly 50 years ago – in which it was created. Moreover, in her introduction to the 2005 edition Chesler discusses areas in which her understanding has changed, reminding historians that while texts stand as products of their moment of creation, the minds that produce them are subject to change.³⁶

The arguments put forward in a feminist text were rarely accepted without broader discussion or debate. The content of this debate now provides a critical toolkit for historians and can also be used to construct a genealogy of feminist debates in the history of psychiatry. Again: discussions that put forward divergent views of psychiatry can be both primary and secondary sources. For example, the social product approach – put forward by Friedan in the early 1960s - explains women's mental illness as arising from the toxic environment of a patriarchal culture. 'From this perspective it is the sexism of society rather than of psychiatry that is fundamental to any understanding of women's mental disturbance', Busfield suggests, and the role of psychiatry

³⁰ An oral history with Mamie Phipps Clark is available here:

https://oralhistoryportal.library.columbia.edu/document.php?id=ldpd_4074144

And <http://www.columbia.edu/cu/lweb/digital/collections/nyu/clarkm/introduction.html>; some primary sources on Inez Beverly Prosser are held by <https://www.uakron.edu/chp/>, while Benjamin, L. T., Henry, K. D., & McMahon, L. R. (2005). 'Inez Beverly Prosser and the education of African Americans', *Journal of the History of the Behavioral Sciences*, 41(1), 43-62. A useful website for women psychologists of the past is <http://www.feministvoices.com/inez-beverly-prosser/>.

³¹ Joan Busfield, 'Sexism and Psychiatry', *Sociology*, 23:3, 1989, 343–364, 344.

³² Phyllis Chesler, *Women and Madness* (New York, Doubleday, 1972), 56. For discussion of Chesler's argument, see Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder* (London: Palgrave, 1996), 98-118. Chesler's papers are held by Duke University <https://library.duke.edu/rubenstein/findingaids/chesler/>

³³ See, for example, Adrienne Rich, 'Women and Madness', *New York Times*, 31 December 1972, 1.

³⁶ Phyllis Chesler, *Women and Madness* (Chicago: Lawrence Hill Books, 2005), 2, 40.

is 'to ameliorate the suffering that is brought about by the inequities and discrimination faced by women in their daily lives.'³⁷ This approach gained ascendancy in the later 1970s and 1980s – a trend Busfield attributes to the decline of anti-psychiatry and labelling theory, to this mode of critique's general acceptability to psychiatrists, its convergence with feminists' critique of domesticity, and its apparent recognition of the reality of women's psychological suffering.³⁸ Both constructivist and social product perspectives are useful for taking an intersectional approach: both normative behaviours and the psychologically unhealthy environment created by oppression are exacerbated and differentiated by racism.

The basis of these arguments – that women have been disproportionately affected by the definition, diagnosis and treatment of mental illness in the past – has also been subject to debate. In 1985 Elaine Showalter published *The Female Malady: Women, Madness and English Culture, 1830-1980*, arguing that women were not only preponderant in the statistics around psychiatric illness in Britain, but that madness was itself represented as a female complaint in literary and visual cultures.³⁹ This argument was criticised by Busfield, who argued that 'Rather than being *a* or *the* female malady, madness took on many forms, some of which were strongly linked to women and femininity, others far less so... some were linked to men and masculinity, and it is the complex interrelation of *gender* and madness, not just of women and madness in isolation, that needs to be examined.'⁴⁰

Feminist historians of the mind sciences have also been attentive to the particular ways that psychiatric thought has shaped ideas about the life course. For example, we might consider the ways that psychoanalysis has shaped ideas about women's sexuality. Freud's proposals about the importance of penis envy and femininity were fiercely disavowed by some feminists – not least because Freud's treatment of some of his female patients, for example Dora, was highly problematic. Nonetheless, the case of Dora has proved productive for feminist arguments about sexuality.⁴¹ Psychiatry has also shaped sexuality by establishing behavioural norms and using coercive, and often violent, approaches to policing them. For example, homosexuality was classified as a mental disorder within the first edition of the 'bible' of American psychiatry, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I), issued in 1952 and was only removed as a disorder in 1973.⁴²

Motherhood is another area that has attracted interest from the psy sciences and from feminist historians of psychiatry. This interest has a long history: in 1858 Louis Victor Marcé (1828-1864) published a treatise on puerperal mental illness.⁴³ Historians have used parenting guides, medical textbooks, diagnostic criteria and psychiatric articles to explore how motherhood was constructed over time, and to look at how reactions to mothering that were considered to be psychiatrically aberrant were described and treated by the medical professions.⁴⁴ These types of sources tell us more about how disordered motherhood was perceived and represented than how it was experienced. However, they can also be used as sources to understand the climate in which women mothered and about how ideas about the family circulated through society. These types of sources have informed recent work by Hilary Marland, who has explored puerperal

³⁷ Busfield, 'Sexism and Psychiatry', 345.

³⁸ *Ibid.*, 345-346.

³⁹ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987).

⁴⁰ Joan Busfield, 'The Female Malady? Men, Women and Madness in Nineteenth Century Britain', *Sociology*, 28: 1, 1994, 259–277.

⁴¹ See, for example, Toril Moi, 'Representation of Patriarchy: Sexuality and Epistemology in Freud's 'Dora'', *Feminist Review*, 9, 1981, 60–74, 73.

⁴² See 'The APA Ruling on Homosexuality', *New York Times*, 23 December 1973, 109 for press coverage.

⁴³ For discussion, see Katharina Trede et al. 'Treatise on insanity in pregnant, postpartum, and lactating women (1858) by Louis-Victor Marcé: a commentary', *Harv Rev Psychiatry* 2009 17(2), 157-165.

⁴⁴ See Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (New York: Anchor Books, 1979); Julia Grant, *Raising Baby By the Book: the Education of American Mothers* (New Haven & London: Yale University Press, 1998).

insanity in Victorian Britain, and Nancy Theriot, who has argued that puerperal insanity offended nineteenth century physicians' sensibilities about appropriate maternal behaviour in America.⁴⁶ Feminist writers have done much to complicate the often sanitised images of mothering that have circulated in the public sphere: their writings form a source for the study of how women themselves have articulated experiences of mothering and its social context.⁴⁷ For example, sociologist Ann Oakley has written about her own experience of mothering and postnatal depression, while also pioneering fields of academic study around mothering.⁴⁸

A third area that has proved particularly rich for feminist analysis has been women's relationships with their bodies and food. Perhaps the most important source for this is *Fat is a Feminist Issue* (1978) by Susie Orbach. 'Fat is a social disease, and fat is a feminist issue', Orbach wrote. 'Fat is *not* about a lack of self-control or lack of will power. Fat *is* about protection, sex, nurturance, strength, boundaries, mothering, substance, assertion and rage. It is a response to the inequality of the sexes.'⁵⁰ Other feminist texts, published by feminist publishing houses, also turned their attention to the issue.⁵¹ Historians have recently established how bookshops and publishing houses, including Virago, founded 1973, The Women's Press, founded 1978, Sheba Feminist Press, founded 1980, and Onlywomen Press, founded 1974, disseminated ideas within the Women's Liberation Movement.⁵² It is therefore not only the book itself that is important: students should also be mindful of the context of production. This might entail looking at who the author was and if it was published by a feminist publishing house.

Cultural sources for the feminist history of psychiatry

The sources that historians have used to conduct these analyses are diverse and reflective of the heterogeneous approaches to feminist history that have flourished across recent decades. The digitization of historical sources has made them increasingly accessible to scholars and to students in the field. This is particularly true of projects that are open access: here, the Wellcome Library is a particularly useful resource. For historians interested in visual sources including portraits, paintings, and sketches the materials the Wellcome library have made available online are invaluable, although their physical archives (based in Euston, London) offer an abundance of materials that span medical history. Medical journals, asylum records, and medical textbooks all form sources that can be used to explore the gendered history of psychiatry.

Useful sources for the study of psychiatry from a feminist perspective are not, however, restricted to those formally labelled as part of the 'history of medicine'. Films, for example, offer insights into the ways that the psyche, its experts, and patients were represented in the past – and such a resource can hardly escape a gendered analysis. The film *Gaslight*, made in Britain in 1940 (and remade in America in 1944), shows a wife being manipulated into thinking that she is losing

⁴⁶ Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (Hampshire: Palgrave Macmillan, 2004); Nancy Theriot, 'Diagnosing Unnatural Motherhood: Nineteenth-Century Physicians and Puerperal Insanity', *American Studies*, 26 (1990), 69-88.

⁴⁷ Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* (New York and London: W.W. Norton & Company, 1986 [1st pub. 1976]); Stephanie Dowrick & Sibyl Grundberg, *Why Children?* (London: Women's Press, 1980); Nancy Chodorow, *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (Los Angeles & London: University of California Press, 1979); Elisabeth Badinter, *Mother Love: Myth and Reality, Motherhood in Modern History* (New York: Macmillan, 1981).

⁴⁸ Ann Oakley, *Taking it Like a Woman* (London: Jonathan Cape, 1984); see also Ann Oakley, *Becoming a Mother* (Schocken Books, 1980)

⁵⁰ Susie Orbach, *Fat is a Feminist Issue* (London: Hamlyn, 1978), 18.

⁵¹ See Marilyn Lawrence (ed), 'Introduction', *Fed Up and Hungry: Women, Oppression & Food* (London: Women's Press, 1987), 8-14.

⁵² See Lucy Delap, 'Feminist Bookshops, Reading Cultures and the Women's Liberation Movement in Great Britain, c. 1974–2000', *History Workshop Journal*, 81, 2016, 171-196; Catherine Riley, *The Virago Story: Assessing the Impact of a Feminist Publishing Phenomenon* (London: Berghahn, 2018).

her mind by her husband (and has entered the popular vernacular with the term ‘gaslighting’). The film *Snakepit* (1948) depicts a woman – played by Olivia de Havilland – receiving treatment in an asylum. Such a film might be compared to 1999’s *Girl, Interrupted*, in which 18-year-old Susanna Kaysen is consigned to a psychiatric hospital. The use of films to construct a cultural history of psychiatry offers rich potential but you should have some critical questions in mind: who wrote the film’s script or story, and what was their background? What was the climate of film production at the time? How was the film received, and how can we know what audiences thought of it? This final question can be particularly tricky: it can be difficult for historians to gauge reactions to films, but film reviews in newspapers and magazines can provide some idea as to their critical reception.

Women’s writing about mental illness provides another source base for historians interested in the representation and experience of distress. *Girl, Interrupted* was initially published as a memoir in 1993 and attained widespread acclaim: it was on the *New York Times* bestseller list as a hardback for eleven weeks and twenty-three weeks in paperback. It was followed a year later by the similarly successful *Prozac Nation: Young and Depressed in America* by Elizabeth Wurtzel. These were not the first memoirs of mental illness by women, however: in 1990 Kate Millett, author of *Sexual Politics*, published *The Looney Bin Trip* about her experience of manic depression and prescription of lithium. Women’s writings on their experiences of mental illness go still yet deeper: some of the best-known books are Sylvia Plath’s *The Bell Jar* (1963), Janet Frame’s *Faces in the Water* (1961), and Penelope Mortimer’s *The Pumpkin Eater* (1962), while *The Yellow Wallpaper* (1892) by Charlotte Perkins Gilman is still in print. These are just a few of the memoirs and novels written by women. Historians should be wary of using these sources to extrapolate too far about women’s distress, or to draw universalising conclusions from them. For example, when approaching these sources you should ask questions about the positionality of the author: might their class or race have shaped their access to and experience of psychiatric expertise? How might the form that the source takes – for example, the difference between a memoir and a work of fiction – shape the way that illness is represented? As with films, book reviews in newspapers and magazines can be used to examine critical reception. Male authors and playwrights have also mobilised the image of the distressed woman; perhaps the most iconic of these – represented thousands of times on stage and in art – is Shakespeare’s Ophelia, although his Lady Macbeth offers another famous vision of women’s mental illness. Shifting trends in how these characters were represented can tell us about cultural attitudes to women’s distress.

Conclusion

Since the 1960s feminist critiques of psychiatry have flourished and feminist analyses of the history of the mind sciences have thrived. These feminist critiques have done more than merely establish a new body of scholarly work: they have fundamentally reshaped the lens through which historians consider the practice of psychiatry in the past. This chapter has aimed to set out some of the critical areas and themes that shape feminist research into the history of psychiatry. It has established that sources do not need to have been written by feminists to be subjected to a feminist critique; that sources can be used to construct a feminist cultural, social, intellectual or political history of psychiatry; and that feminist studies should be alive to intersectional oppression. I have also set out how critiques of psychiatry that were developed by the Women’s Liberation Movement now have a dual use: they both provide an explanatory model of psychiatry’s past and are also now historical artefacts in themselves. As such, they should be seen as products of the debates, anxieties and preoccupations of their time, much like contemporary historians’ work on the history of psychiatry will come to be seen as products of ours.

Sarah Crook