

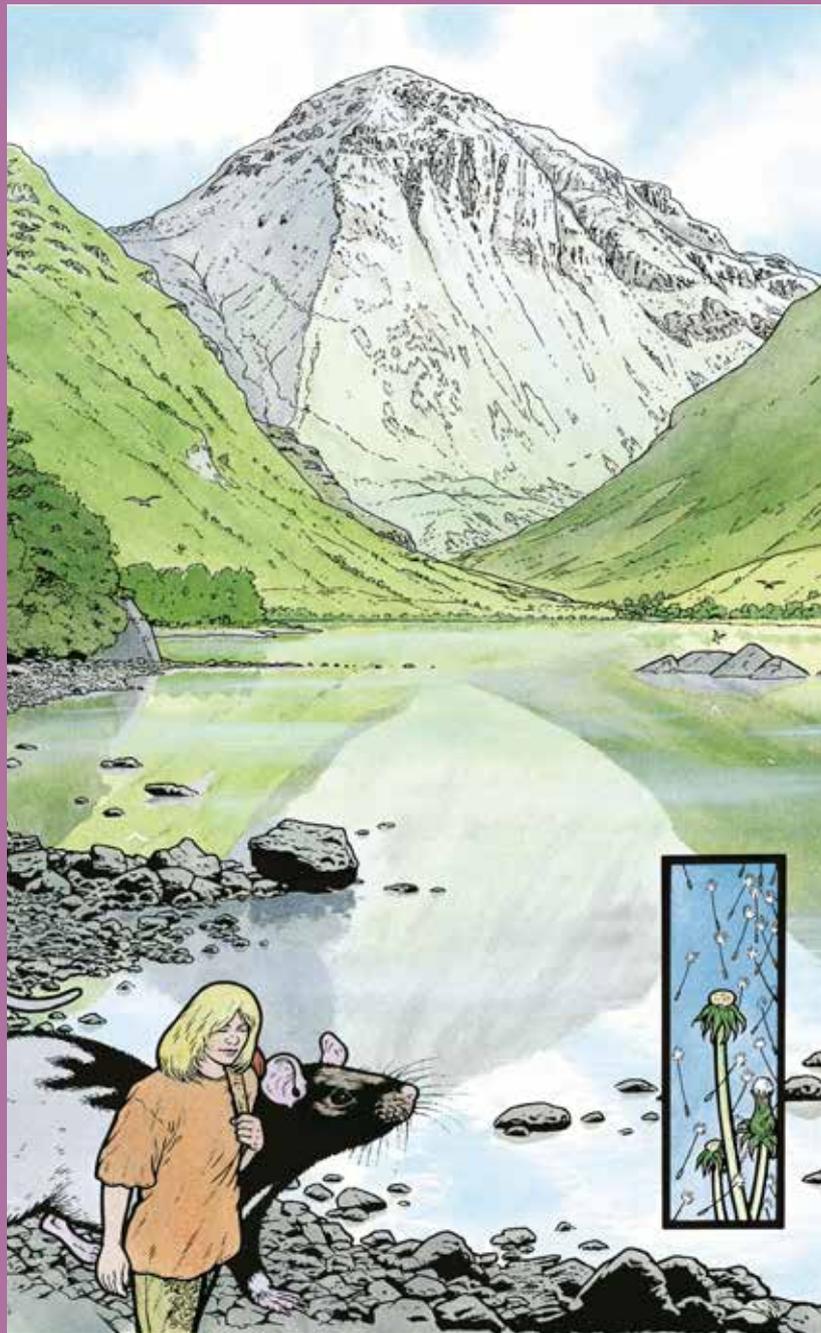
Asylum

Spring 2015
Volume 22
Number 1
£4.00

Sales and subscriptions
Tel 01600 891509
www.pccs-books.co.uk

the magazine for democratic psychiatry

Information
Asylum Collective
www.asylumonline.net



Mental Health in Comics

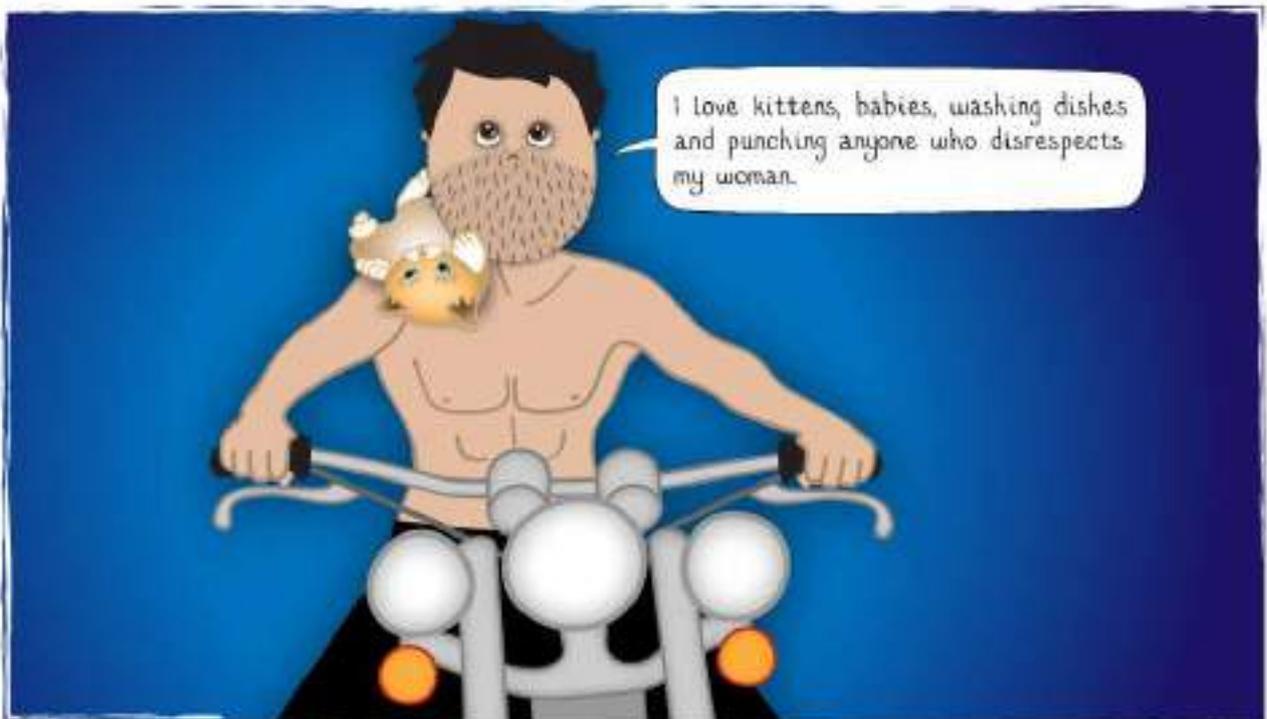
LIFE ACCORDING TO FACEBOOK...



Oh my! Someone just happened to be hanging from the ceiling with a camera while I was standing, fully made-up in my underwear and smiling at nobody.



Oh my! My husband just happened to be riding his motorbike topless whilst saving a kitten that was dying of cuteness! #nofilter.





the magazine for democratic psychiatry
Volume 22, Number 1, Spring 2015

**An international magazine for
democratic psychiatry, psychology,
and community development**

**Incorporating the
Newsletter of Psychology
Politics Resistance**

ISSN 0955 2030

Send letters, comments and submissions (including artwork, images etc) to: editors@asylumonline.net

Send creative writing and poetry submissions to: william.park@talk21.com

Co-editors in the Mental Health in Comics series
Meg John Barker, Joseph de Lappe and Caroline Walters

Executive Editor
Phil Virden: tigerpapers@btinternet.com

General Editor
Lin Bigwood

Business Manager
Peter Bullimore

Members of the Asylum Collective
Jill Anderson Jim Campbell
David Harper Tamasin Knight
China Mills William Park
Ian Parker Dina Poursanidou
Sonia Soans Helen Spandler
Pauline Whelan Lauren Wroe

Design
Raven Books

Administration & Distribution
PCCS Books, Wyastone Business Park
Wyastone Leys, Monmouth. NP25 3SR

Subscriptions (see below for rates)
www.pccs-books.co.uk sales@pccs-books.co.uk
01600 891509

Front Cover
from *The Tale of One Bad Rat* by Bryan Talbot

Back Cover
Life According to Reality by Anika Ramholdt

Asylum magazine is a forum for free debate, open to anyone with an interest in psychiatry or mental health. We especially welcome contributions from service users or ex-users (or survivors), carers, and frontline psychiatric or mental health workers (anonymously, if you wish). The magazine is not-for-profit and run by a collective of unpaid volunteers. Asylum Collective is open to anyone who wants to help produce and develop the magazine, working in a spirit of equality. Please contact us if you want to help.

The views expressed in the magazine are those of the individual contributors and not necessarily those of the Collective. Articles are accepted in good faith and every effort is made to ensure fairness and veracity.

CONTENTS

Introduction by the co-editors	4
Madness and Comic Books: When are comic books not about distress and madness? <i>William Penson</i>	5
Girl Comics Saved My Life – Well perhaps not, but they certainly helped <i>Peter Beresford</i>	7
‘All I Needed Was to Get it Out of My System’: The early use of comics for mental health therapy in America <i>Joseph de Lappe</i>	8
The Tale of One Bad Rat <i>Steve Bissette interviews Bryan Talbot</i>	10
The Social Asylum <i>Anika Ramholdt</i>	12
Excerpt from <i>Binky Brown Meets the Holy Virgin Mary</i> <i>Justin Green</i>	13
Madness in the Whedonverse: How mental illness is portrayed in the works of Joss Whedon <i>Jemma Tosh</i>	14
The Insane Asylum in Comics: A brief overview <i>Sonia Soans & Pauline Sometimes</i>	17
The Normalizing Power of the Single-Panel Cartoon <i>Sheree Bradford-Lea</i>	18
Graphic Poems <i>Simon Wharne</i>	21
<i>The Compendium of Superheroes and Alter Egos</i> <i>Liz Greenfield</i>	22
The Mad Studies Stream <i>Brigit McWade & Lucy Costa</i>	24
Book Reviews <i>Lisa Appignanesi</i>	25
News and Reports	26
Contributors	30

2015 Annual Subscription — print, incl. delivery — online at www.pccs-books.co.uk, by phone: 01600 891509 or send cheque payable to ‘PCCS Books Ltd’ to PCCS Books, Wyastone Business Park, Wyastone Leys, Monmouth. NP25 3SR

UK Individual £16.00 **Overseas Individual** £18.00
UK Organisation £90.00 **Overseas Organisation** £95.00

Bulk orders/Trade/Resale call 01600 891509 for information on discounts

Individual digital subscriptions are available for £12.00 – visit the PCCS Books website for more information

VAT payable on digital products by UK customers

Visit www.pccs-books.co.uk to sign up for hassle-free rolling subscriptions

INTRODUCTION

WELCOME to the start of a series of editions of the magazine featuring mental health issues depicted in comic strips. We kick off with a full issue devoted to this topic. This will be followed by special features in the next few issues. They will focus on specific themes: depression, anxiety and psychotic experience; bodies and gender, including eating disorders, femininity and masculinity; and critical approaches to mental health diagnosis and treatment. We will end with reflections on the series, where we consider what about mental health is included in comics, and what is so far missing.

Whenever we mentioned this project to anyone we were staggered by the positive response. People are always more than warm in their enthusiasm, often asking why nothing like it has been done before. From the initial call out, through conference presentations, to receiving submissions, the response has been amazing. In fact the overwhelming number of responses led to a change in our initial plan, from one special issue to a run of four features.

We feel that over the last decade something has happened in relation to comics and mental health, which we are now tapping into. Increasing numbers of comic artists who have experiences of mental distress have been representing them, and in increasingly diverse ways across a number of media. We hope to reflect this development.

Our motivation for the project came from a passion for comics and, over recent years, we found representations of mental health issues in comics helpful for navigating our lives. Some of us have also found creating comics a useful way of expressing and exploring our own experiences; this is something that Meg John will reflect on next time.

But we also recognise that comics have not always been positive when they portray mental health matters. As Joseph points out in this issue, for a long period in the history of comics, 'madness' was mainly linked to depicting 'bad guys' in superhero comics (such as The Joker in the *Batman* series). In the next issue, Sasha Garwood considers that illustrating mental distress through the characters of Delirium and Despair, in Neil Gaiman's *Sandman* series, is a rather mixed representation.

However, there have recently been many more autobiographical comics which draw on the authors' own experiences of distress. And while these are by no means always perfect, they represent a strong shift towards a realistic portrayal of such matters. Caroline will explore this theme more in the third feature in this series. The internet

has enabled many people to share comics about their experiences online, and webcomics have become a powerful way of expressing the diversity of such experiences, as well as building shared communities around these issues. This indicates the potential of comics, graphic novels and sequential art for vividly portraying lived experience, and in ways that really seem to connect with readers. In the fourth part of the series we explore some of the limitations of comics for representing these matters, but also the potential they offer for a critique of popular and medical understandings of mental health.

**Meg John Barker,
Joseph de Lappe
& Caroline Walters**

Co-editors of the series:
Mental Health in Comics

We begin with William Penson's reflections on just how much in their history comics have dealt with mental health issues – if not always explicitly. This is followed by Peter Beresford's account of the solace he

found by reading girl's comics, and Joseph's commentary on early comic-strip representations of mental health. We then include an interview with Bryan Talbot about his book *The Tale of One Bad Rat*, Anika Ramholdt shares her own web comic about social media, and Jemma Tosh reflects on mental health in the comic series based on *Buffy the Vampire Slayer*. When she discusses the power of the single-panel cartoon, Sheree Bradford-Lea asks whether we even need a full comic to express mental health experiences. And Sonia Soans and Pauline Sometimes discuss depictions of the asylum in comics.

Across this series we include work by Simon Warne and Liz Greenfield. Simon recently did a PhD on mental health practices, but he found the written word alone did not always communicate his experiences very well; we're really excited by a number of comics based on his research. And Liz's *Compendium of Superheroes* is a brilliant anthology by women about their experiences. In upcoming issues of the magazine, we've tried to give a good balance of comics and written pieces. We include pieces by well-known comic artists and lesser-known folk, and both academic reflections and personal explorations. (We asked the academics to write as clearly and simply as possible!)

We do hope this series encourages you to go out and read more of the wonderful material that people are creating. Please note that the *Asylum* collective is always keen to include graphics in the magazine, so if this year encourages you to make your own comics, or to read and reflect on some of the existing ones, do please submit your work for future editions. ■

MADNESS & COMIC BOOKS

When are comic books *not* about distress and madness?

William Penson

I take the position that comic books are often about madness, mental health and distress. To make this assertion, I take a very inclusive approach to these overlapping categories. This article is not meant to judge comic book representations, to arrive at a view of whether they are helpful or useful representations (although I would argue that stigma is more likely a result of factors other than the influence of comic books).

In an effort to convince the reader of my assertion, I am only going to review stories and characters from the Marvel universe. The reader can then multiply this account across the various publishers, the decades of comic book circulations, and all the tie-ins such as movies and novelisations (there are prose novels that extend the stories and characters even further). I will not speculate on the authorial and artistic influences and the possible personal contributions the lives of the creators find in their characters, but readers could usefully read Michael Chabon's fiction, *The Adventures of Kavalier and Clay* or Sean Howe's non-fiction, *Marvel Comics: The Untold Story*.

One of Marvel's best known 'melancholics' is Ben Grimm, The Thing, from the long running *Fantastic Four* title. Ben is a young Jewish sports scholar who meets Reed Richards at college, and becomes the brawn to Reed's brains. Finally he joins him as pilot on the unchartered maiden voyage of a rocket to the stars. Also on the flight are Johnny Storm (the Human Torch) and Susan Storm (Invisible Girl, later Invisible Woman). Cosmic rays bombard the poorly shielded rocket, and as it plunges to Earth each of the four undergoes a metamorphosis. But it is Ben who changes most grotesquely into an orange rocky powerhouse, and it is Ben who cannot switch this change on and off like the others, and therefore cannot pass for normal. (This is a theme picked up in the new *X-men* titles, where mutations include blue fur, fangs and pointy ears.)

If 'Grimm' wasn't already a foreshadow of his outlook, then *the Thing* captures entirely his misanthropic presence: he is loved by his fellow *Fantastic Four* compatriots, but shunned by common folk. Eventually, he has a romantic affair with Alicia Masters, a blind sculptress; presumably she is the ideal match since she is not visually horrified by him but is able to appreciate his rocky form.

Ben often hides his pessimism and melancholia with wise-cracks, and it takes a little reading to reveal his low self-esteem: in issue 45 he says to the Torch 'Don't worry about

me kid! Save Reed! He's the one who really counts! I've been nothin' but a thorn in yer side for months, anyway!' Later, 'Hey, squirt, what're you so grouchy about?? If ya had a face like mine I could understand it ...'; and when talking about the infantile monster called Dragon Man, 'I feel kinda sorry for this big galoot! In a way he reminds me of ... me! An' that ain't nothin' to envy.' When Sue Storm soothes the monster, Ben thinks 'Yeah! That's how the way Alicia must feel about me, too! It can't be love! The pity of Beauty ... for a Beast! I ain't heard from Alicia for days! Mebbe she found someone better! Better!! Wotta laugh! How could he be worse!?' In the course of just one issue, over the space of a few pages, we see plenty of evidence for Beck's classic cognitive therapy 'depression triad', before Beck had written it up.

Alongside The Thing, fellow Marvel 'depressives' have included The Silver Surfer and The Vision (*The Avengers*), again out of a sense of displacement and not belonging. Storm of the *X-men* is claustrophobic. Both Wolverine and Namor the Submariner have suffered memory loss, and particularly relating to their identities. Multiple personalities are in great supply: Typhoid Mary, The Invisible Woman, Madelyn Prior (clone of Jean Grey, the *X-men's* Phoenix), Aurora (from Canada's *Alpha Flight*) are all women who have had psychological alters, either temporarily or persistently.

There are fewer males but they have higher profiles: The Hulk (Bruce Banner's repressed rage at an abusive upbringing split off into a raging monster(s) through exposure to gamma rays), and two of Spiderman's villains, The Green Goblin and The Lizard, are alters.

Delusion, especially grandiosity, is a common trope for villains, with a perceived slight often triggering a world-shattering plan: Dr Doom, Thanos the Mad Titan, Magneto, Klaw, Dr Octopus, Maximus the Mad, and The Red Skull ... (The list goes on.) A couple have the power to manipulate emotions to their evil ends: Mr Fear and Psycho-man. In the *Ultimates* series, Thor's team members do not doubt his power, but question his sanity since he claims to be the Norse God of Thunder.

It seems that madness is most often connected with danger. This is no better demonstrated recently than through the Scarlet Witch (*The Avengers*), who, with powers to alter reality, and having found out her children were not real, utters the words 'No more mutants', before erasing most of the mutant population. The implications for this genocide

are still running politically, when mutants split even further into militant-separatist and cooperative camps.

Bear in mind that this review is so very brief as to give just a taster of how madness, distress and mental health appear in comic books, and particularly in Marvel Comics. A systematic review of the topic would be nigh on impossible to compile and cross reference. So, maybe the question is

not whether or not comic books portray madness but rather how, and to what end? Perhaps madness is indicated just to carry a character or story, or maybe it is only part of life and so, in fleshing out characters, becomes part of the Marvel milieu. Others might suggest that, like mythologies of old, comic books express our changing collective but unconscious fears, preoccupations and prognoses. ■

MAD WORLD: AN EXHIBITION ON SANE PEOPLE IN INSANE SITUATIONS

From individuals interred for their homosexuality, to women who wanted divorces; from teenagers who wanted to write for a living, to malnutrition – discover the history and explore if you can logically spot madness.

27th May - 21st June, 2015

Edinburgh Pallete
St Margaret's House
Edinburgh

Come along and contribute to an art exhibition which is to challenge the world to discover the insane. The concept of 'madness' has been a part of human society for millennia; many places, times and peoples have shaped how we perceive 'mental health'. Now, in the UK and across the western world, the dominant perspective is one which medicalises behaviour, and the medical world has become the overriding voice which gets to speak about what meanings are attributed to these phenomena, and what they represent.

This exhibition invites the world to come into the exhibition, look at what is on view and by looking at the art and exhibits try to decide who is 'sane' and who is 'crazy'. This idea reformulates psychologists David Rosenhan and Martin Seligman's famous work 'On Sane People in Insane Places': what happened when two sane people checked themselves into asylums to gain first-hand experience like the people who went through them.

Here we have brought together work from a number of artists, and woven a panorama of histories revealing perspectives around 'madness'

which are not commonly found in the rhetoric of the medical institutions.

Historiographer, Michel-Rolph Trouillot suggests that everywhere a fact is created, so too is a silence. You are warmly invited to come and peer in on the silences of the mental asylum, and discover the histories, organisations, and individuals who have dared have a perspective of their own, revealing the alternative and sometimes the uncomfortable.

This exhibition is inspired by the emerging academic field of Mad Matters, the work of Mad People's History, Oor Mad History, *Asylum Magazine*, *Advocard*, and many more organisations, alongside the countless people who have sought to have their experiences valued on their own psyche and behaviour.

Get in touch if you want to contribute or have any questions

Alex Dunedin

The Ragged Project: info@raggeduniversity.com
www.ragged-online.com

GIRL COMICS SAVED MY LIFE - perhaps not, but they certainly helped

Peter Beresford

There may not be an obvious or direct connection between reading comics and coming out of bad times of distress, but it has certainly been important for me. It enabled me to find comfort and safety in good things to do with my childhood – although, sadly, my childhood was not as safe and unambiguous as I might have hoped it could be.

Let me explain.

I used to read all the standard boys' comics when I was a child, but I never really felt comfortable with conventional understandings of maleness or masculinity. In boys' comics the diet was mainly conflict, fighting, and sport. I've learned since about the roles allocated us in life – men as breakers/women as makers – and I know which I prefer.

My sister was three years older than me, and when she'd finished with them, I used to read her *School Friend* and *Girl's Crystal* comics, and also the annuals she sometimes got as a Christmas present. I used to enjoy them. I am not really sure why – perhaps because they were the opposite of the boys' stuff, perhaps because it was something that connected the two of us. Of course the comics tended to get chucked out at the end of the week. But she kept the annuals, and I used to look at them. For some reason, perhaps an extension of the problems we experienced as children, my mother threw away all my sister's annuals when she left home and went to live in the US.

But I always remembered the comics and annuals, and the comfort they gave me. Coming out of bad times of distress, and beginning to go out again, I found a copy of one of the annuals in a junk shop, and I bought it for a pound. It was clearly one of the annuals my sister had originally had. I had a strong sense of remembering the pictures. I found them deeply evocative, just as they had seemed when I first saw them as a child. It was a bit like listening to the radio, where we conjure up our own images from the sounds. I loved the artwork. I wondered about the women who had first drawn it. Did they make a living? Were they pioneers among independent women?

And I would see so much more in the often beautifully drawn pictures than they could ever actually show. They took me into exciting and collective worlds – girls having adventures, getting embroiled in mysteries, solving crimes, or just doing things together – having exciting feasts at night in their boarding schools – things I never really knew in my own childhood world, which was often lonely. None of the violence and routine killing in the boys' comics. Instead, adventures of 'The Silent Three', and 'Terry Brent', the friendly young private detective. And, of course, everything

came right in the end. The nasty prefects were defeated! The cruel people shown for what they were, and their dastardly plots thwarted!

It was a cosy, reassuring world of friendship and fun. Perhaps I am one of those people who have had to recreate a positive childhood as part of becoming at one with their life, because they didn't originally have one. Certainly, when I revisited these comics they made me feel calm and gave me a sense of returning to the good things of childhood. They were part of my getting sorted and dealing with my distress.



I was able to buy more of the annuals, and I still enjoy looking at them – especially the comic strips, although they had written stories too.

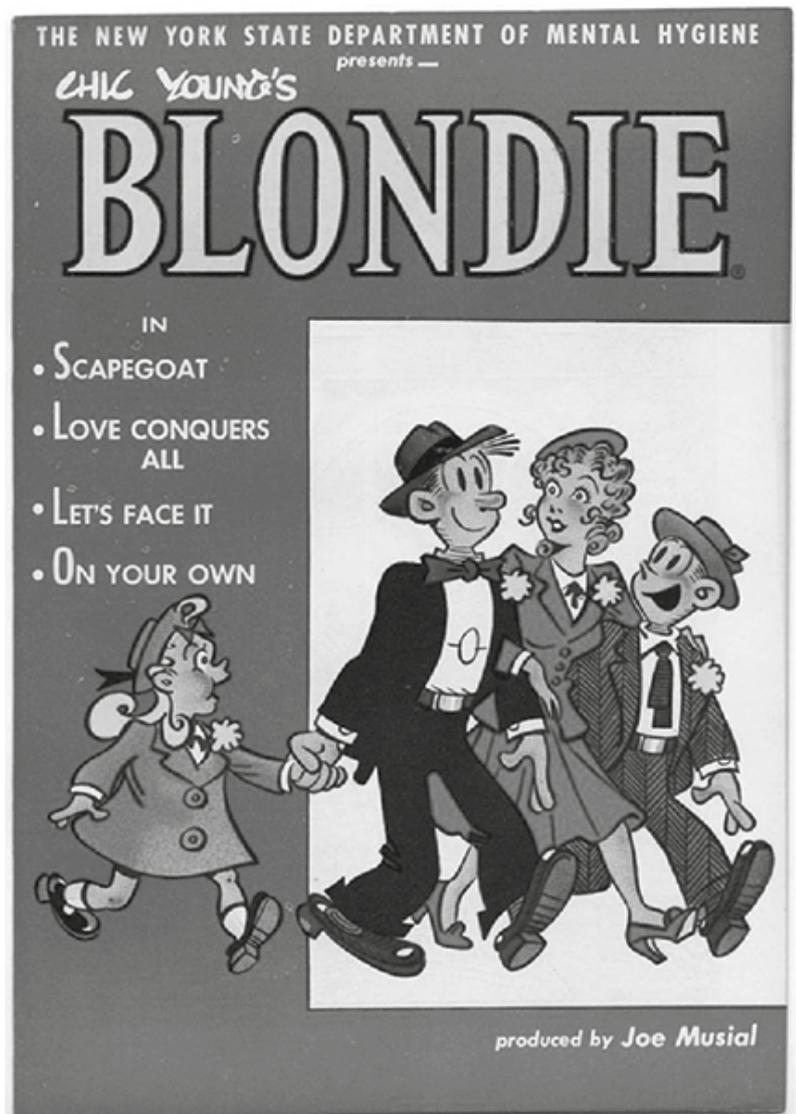
And those comics also strongly remind me of my sister. Sadly, she died before her time, in 2000. My mother sought to divide and rule us, and I think that's why my sister put as much distance between herself and my mother as she could. She had a difficult life, but she did the best she could with it, and I am still proud of her – and particularly the relationship she formed with one of our daughters who visited her when she was dying, when my fear of flying meant I couldn't get there.

I feel that those comics and annuals, from publishers now long gone, should be on prescription. Full of stories of all those happy bands of girls doing positive and exciting things – powerful, positive and reassuring, evocative, nostalgic, friendly, warm and comforting. They were strong images. I think they helped me to be critical of conventional assumptions about masculinity, and to value girls and women much more. Certainly, those cartoon strips are still a joy and reassurance. There's one open on my bed, as I write. Time to take another look! ■

‘ALL I NEEDED
WAS TO GET IT
OUT OF
MY SYSTEM’

The early use
of comics for
mental health
therapy in
America

Joseph De Lappe



Chic Young's Blondie was one of the most popular and enduring American comic strips. In the early 1950s, Newton Bigelow, then Head of the New York State Department of Mental Hygiene, began to use the characters in his therapeutic sessions. By the standards of his time, Bigelow was an innovatory therapist. For example, he was one of the first therapists in America to introduce group therapy into regular practice. The specially commissioned comic books that Bigelow and Young developed represent an extremely early example of what comics can do very well: they allowed a pioneering psychotherapist and a major comic artist to convey important ideas about mental health to audiences which at that time might otherwise not have heard of them. Why this approach would ultimately be ignored is not due to their failure, but due to the historical circumstances which I discuss below.

When Bigelow was in charge of the mental health of the city of New York, a vast gamut of concepts and approaches to the mind (and mental health) were beginning to percolate from psychology and psychiatry into the modern American consciousness, at all levels. In particular, this is the period when therapy, at least partially, begins to be democratised in America. Reading the comics specially produced for the Department of Mental Hygiene, it's clear that they were intended for a broad adult audience, many of whom may not have had a high educational level. Bigelow had begun

by using the standard strips – humorous accounts of a 'typical' newlywed American couple – but he progressed to having special comic books commissioned to deal with mental health issues.

Bigelow's use of Blondie was ground-breaking because he used comic strips to deal with adult issues, such as stress, depression and marital difficulties, at a time when comics were increasingly seen as 'lowbrow' or 'only for kids'. But what is perhaps more significant is that Bigelow commissioned the comics when there was a mounting moral panic about the effect of comics on the moral fibre and mental hygiene of America. There was special concern for the young, as exemplified by Fredric Wertham's slightly later book: *Seduction of the Innocent*. This was a poorly researched, highly selective and histrionic account of the effects of comics on juvenile delinquency. Despite this, particularly by combining homophobia and juvenile delinquency, *Seduction of the Innocent* tapped into key fears of 1950s America. It provoked a moral panic about comics, and that, in turn, had ongoing, long-lasting consequences for comic book representations of mental health.

Bigelow must have been aware of all of the corrupting dangers claimed for comics at that time. Yet, he chose to use them. Looking at an example, after nearly seventy years, it's not hard to see why. Rendered in Chic Young's

homespun style, the narrative isn't dumbed down; instead, it is amplified by the strip's simplicity.

In particular, I am struck by the third panel of the final page of 'Scapegoat'. Dagwood is stressed from his work, and has begun to take it out on his family; and so Blondie has put him to beating a rug. There is no dialogue in this panel, which forcefully indicates the relationship between stress, depression and domestic abuse. (This is not to imply that all domestic abuse is a consequence of work-related stress.) In the next panel Blondie asks: "Feel Better?" Dagwood replies: "Yes dear – I guess all I needed was to get it out of my system."

The fact that it's Blondie and Dagwood, American 'Everyones', strips away the stereotypes and stigma associated with mental health issues, in much the same way that the TV 'soaps' engage with similar issues today. This only goes to show how ground-breaking Bigelow and Young's use of Blondie was – based on this beginning, one might have imagined a positive future for the depiction of mental health issues in comics.

In reality, while revolutionary at the time, and to modern eyes contemporary, Bigelow and Young's comic books were an anomaly. Subsequent research showed that Wertham relied on second-hand hearsay and anecdote,

and never actually provided much evidence of extreme sex and violence in comics, nor of any effects on juvenile delinquency. Nevertheless, this was too late to prevent the panic, and like most moral panics, the media anxiety and subsequent censorship of American comics in the 1950s didn't just confine itself to portrayals of sex and extreme violence. Instead, anything the American authorities, institutions and parents felt uncomfortable with children (and often other adults) reading was censored. And the moral panic that reached its high point with *Seduction of the Innocent* would sweep consideration of real mental health issues from comics for decades.

The impact of the censorship on the realistic representation of subjects such as mental health was profound. However, that's not to say that the mad, as distinct from those with mental health issues, disappeared from comics. Fearful of the repercussions of the moral panic exemplified by Wertham's book, in 1954 the comic publishers agreed to set up the Comics Code Authority (CCA). The CCA was primarily established to police depictions of sex and gore, but a consequence was that the villainous, the corrupt and the wrongdoer would be increasingly associated with the mentally ill: they became a kind of shorthand for depictions of the evil, crime and wrongdoing that the comics artists were no longer allowed to portray.

For example, it's arguable that DC Comics (up to and including the Vertigo imprint), have not only not let go of the 'madness as metaphor' motif but intensified it: 'Arkham', the madhouse and its inmates, runs across many of the publications considered to be amongst their most artistically and commercially significant. The same can be said for Marvel Comics where the 'mad God', 'mad genius' and 'mad youth' are a useful shorthand in any number of stories.

Underground comix, such as *Binky Brown meets the Holy Virgin Mary*, which focused on Catholicism and OCD, had begun to mine mental health issues back in the 1970s. Marvel has recently published *Spiderman has a Secret*, in which Peter Parker discusses his experiences of childhood sexual abuse with a child going through the same trauma. This suggests that mainstream American comics are finally opening up to the positive and therapeutic potential of the representation of mental health issues.

However, I feel it's only in the last decade or so, with the emergence of the smaller imprints and the internet, that comic artists with experiences of mental health have been able to 'get it out of their system', and put it down in a medium ideally suited to its representation. While applauding contemporary comic artists, it's important not to forget pioneers like Bigelow and Young, who more than sixty years ago were attempting to begin a process of positively representing mental health in comics. ■



THE TALE OF ONE BAD RAT

The following is an excerpt from a longer interview with Bryan Talbot, author of *The Tale of One Bad Rat*, conducted by Steve Bissette. This graphic novel deals with child abuse and suicidal depression; it includes beautiful illustrations of the journey of the main character, Helen, and her relationships with a pet rat and the books of Beatrix Potter.

Content warning: briefly touches on the subjects of suicide and child abuse.



SB: Allow me to preface this next part of the conversation by noting, personally, how vital your *Tale of One Bad Rat* was for me and my family, Bryan. It hit precisely at a time when my first wife and I were dealing with her own awakening memories of having been abused as a child, so it became a very essential book for us all, including our children; you gave us a great, grand gift, and I know that's true for many other people. In comics, I can't think of another work like it, in its day or beforehand, save arguably *Binky Brown Meets the Holy Virgin Mary*, though they're quite different creatures, really.

BT: That's very touching to hear, Steve. I still do get letters and emails from people to whom *Bad* has a personal relevance. I still have the original edition of *Binky Brown*, which was a very groundbreaking book.

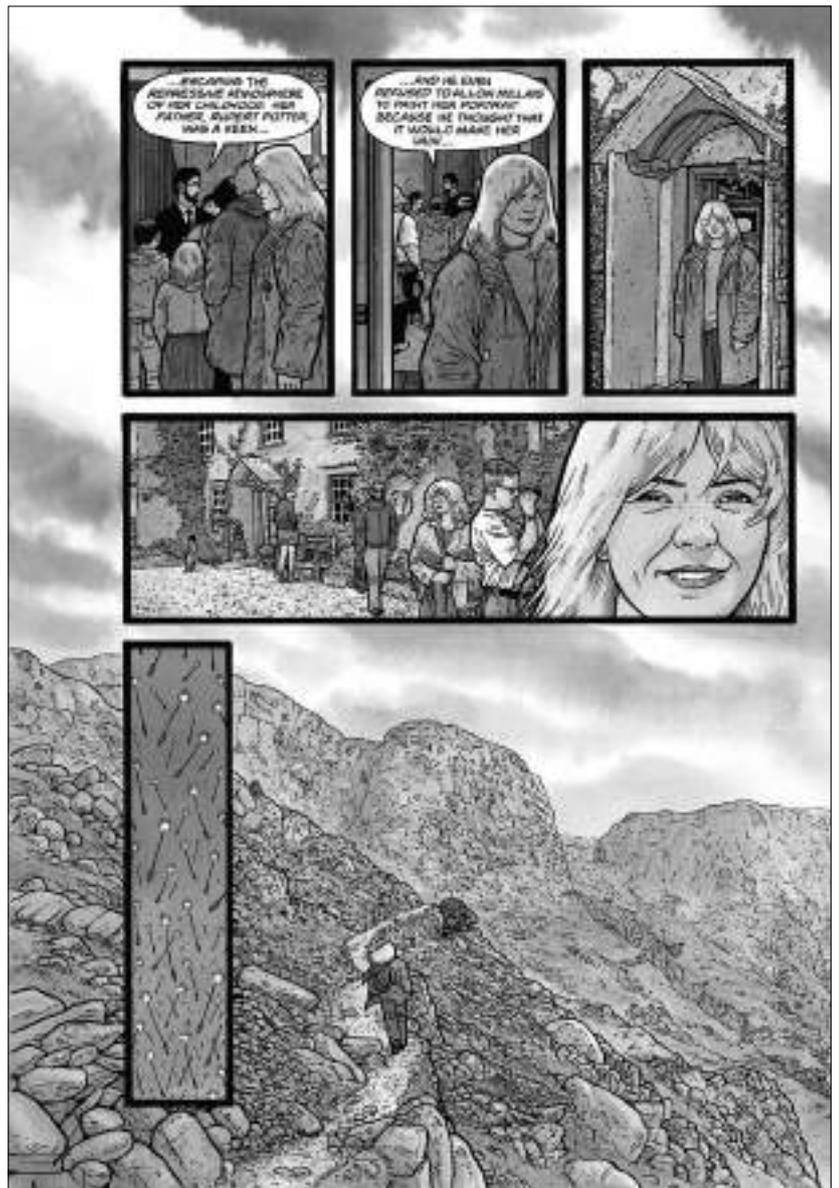
SB: ... May I ask how *One Bad Rat* came together for you, as a creator ... and how autobiographical or personalised it really was, or is?

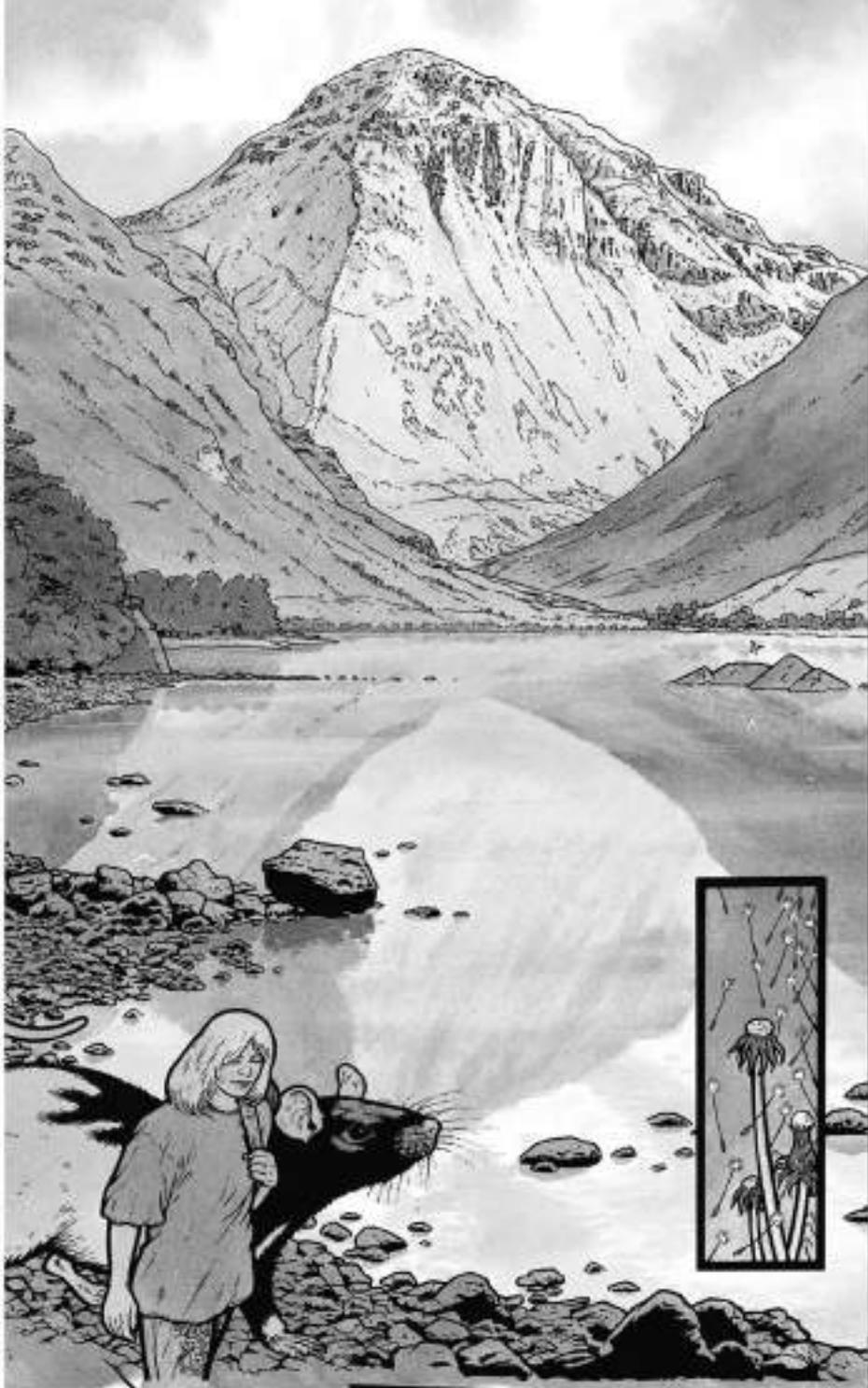
BT: The only autobiographical part, if it can be called that, is the setting of much of the story in the Winster valley, in the English Lake District. My parents had a holiday trailer there from 1964 until just last year, and I grew up being there every holiday and spare weekend we had. It's somewhere that I think of as home, rather than Wigan, where we actually lived, and I still visit the place at least once a year. The pub where Helen stays, The Herdwick Arms, is actually The Mason's Arms, and the walk that Helen does from the inn to Ravensbarrow, through the churchyard and then to Bolland Bridge, is one I've done many

times. I actually was served beer in that pub when I was 14! Then it was only frequented by local shepherds. Now it's a tourist's gastro pub. Still a great place though. They have a couple of panels from *Bad Rat* framed on the walls, and have a copy of the book on display.

That was where the book came from – a desire to do a graphic novel using the Lake District as a setting. It was in my mind for several years, and I began to read books on the area and its history. I researched the Lake District poets, such as Wordsworth and Coleridge, but a graphic novel idea never crystallised. On holiday, while I was visiting Beatrix Potter's house, Hill Top, as seen in the book, the thought struck me: Here was a woman who told stories using a mixture of words and pictures – a direct correlation with comics.

So I started to research Potter. I'd never read her books when young, and started by reading her complete oeuvre, then books about her. I must have read about thirteen before I realised that her life wouldn't make a very interesting basis for a graphic novel. If you saw the recent movie *Miss Potter*, you'll understand what I mean. They only managed to make that vaguely interesting by inventing events and simply making things up. So I'd reached another dead-end.





so I began to research it, buying books and visiting the library. What was amazing was the number of people who came forward, from friends I've known for years to people I met at conventions, to talk to me about the abuse they'd suffered, as soon as they discovered I was researching it. It quickly dawned on me that it was far too important to marginalise, to simply have as a McGuffin, a reason for her to leave home. It needed to be what the book was all about. That's how I ended up doing a graphic novel about child abuse.

SB: ... How did you tackle inhabiting or finding the gender voice, as well, of your youthful female protagonist?

BT: Helen's voice ... came very naturally. I could hear her in my mind. Much of what she says, when she's talking about her feelings or the abuse, is directly paraphrased from transcripts of abuse survivors talking about their experiences. I let them speak through Helen. It's probably not too surprising that you'll find exactly the same words, phrases and feelings being expressed by survivors, no matter what class or nationality. Again, for the purposes of clarity, I didn't use an authorial voice, as such, by doing away with text boxes, so everything in Helen's story is told using the spoken word.

SB: Helen's story ends with her on a powerful healing path at last, restored, in narrative terms, if you will; you conclude with her sitting outdoors drawing, delineating a view of Buttermere and Crummock Water. It implies, visually and symbolically, an acceptance or contemplation of divided waters, or a split mind.

Then, one day I saw a teenage girl begging on a platform in Tottenham Court Road tube station. She was being hassled by a huge, bearded Jesus freak, who was trying to persuade her to go with him to a hostel or somewhere. She looked so embarrassed. Thinking about her later, she brought to mind descriptions of Beatrix Potter who, at age sixteen, was said to be 'painfully shy'.

As you know, that became the first scene in the book, and I grew the story from there. I thought: 'What if this girl has a psychic or synchronistic connection with Beatrix Potter, and she follows Potter's footsteps to the Lake District?' As I plotted it, I asked myself why she left home. 'Because her father was abusing her', was the reply. It was as glib as that. It's a fact that many kids do run away to escape abuse, and many end up in London. Personally, I knew nothing of the subject,

BT: Helen goes through the different stages that, according to psychologists, survivors have to pass through in order to come to terms with their experiences. For dramatic purposes, in the book this takes place over a period of several months, rather than the several years it would realistically take. I never realised the last page could have been taken symbolically in that way! The view is the same as the one on the poster that fills page one, so the symbolism I had in mind was a longing for escape, and its realisation.

SB: Well, it works beautifully.

Thanks to Bryan Talbot for permission to reprint panels from *The Tale of One Bad Rat* (Dark Horse, 1995). www.bryan-talbot.com/badrat/

THE SOCIAL ASYLUM

Anika Ramholdt

I just want to go viral. I want to feel the surge of excitement when the little red notification tabs on my Facebook news feed bump into the thousands. I want to feel validated. I want to be liked. I want to be shared.

“Are you ok?” They ask. I thought the themes would connect with people, and sometimes it seems they do. More often than not, though, they seem to alienate. Surely everybody feels this way? Surely everybody has the same shameful feelings as I do? They will relate, they will see my comics and empathise. “I think you’re unhappy.” They say. This isn’t about me, this is about finding fame and fortune. “I think you should make them less about you.” They say.

I got out of bed. I logged on to Facebook. I cried. Jealousy. This can’t be right, people can’t be so happy, it’s just not realistic. My work will be catharsis from the bullshit. When they see my comics they’ll say “She speaks the truth!” and they will applaud me and send me money. All will be well.

Nobody sends me money. I just want to talk to Matthew Inman. I am his creative spawn. I’m going to have daddy issues forever if he doesn’t acknowledge my existence. Why can’t I think of something clever to say to the master of saying things cleverly? How do I even contact him? Thousands of people are trying every day. Maybe when I’m famous we’ll be friends. It could happen ...

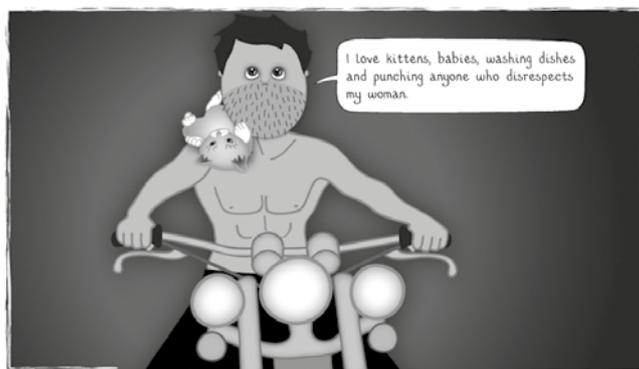
LIFE ACCORDING TO FACEBOOK...



Oh my! Someone just happened to be hanging from the ceiling with a camera while I was standing, fully made-up in my underwear and smiling at nobody.



Oh my! My husband just happened to be riding his motorbike topless whilst saving a kitten that was dying of cuteness! #nofilter



Oh my! You'll never believe what little Jack did this morning!



LIFE ACCORDING TO REALITY...



... I don't even really like comics. I'm no part of the scene. Maybe that's my problem ... an absence of spandex. I'm a mum, there's vomit on my pants, and I don't know anything about gaming culture or superheroes. I've never been able to relate to teenage boys. They've always found me scary.

I sent a fan letter to Rubyetc. I think I offended her. I'm bad at this. Am I destined to be the creepy loser who draws? I don't even draw. I can't remember the last time I handled a pencil. I have a PhD in Fine Art but I never draw. I think that makes me a fraud. A creepy fraud who doesn't even really like comics but wants to find fame and fortune as a web comic. Best not to think about it.

Everything I do has 12 hours to make an impact on social media, and then it's too late. Then it's old news. This will be the time, this one is the one, I can feel it, I know it, I'm ready to connect, and I'm ready to be heard.

Crickets. I didn't go viral. Maybe next time. Perhaps I'll Google naked photos of Jennifer Lawrence instead. There's housework to be done.

How will I cope if I do go viral? I'm not exactly good at taking criticism. I'm not even talking to my brother at the moment. I'll hire an Indian virtual assistant to filter all my messages. I'll stay positive. I'll drink margaritas in Fiji. It could happen. ■



Justin Green *Binky Brown Meets the Holy Virgin Mary* (1972/2009) San Francisco: McSweeney's Books, p. 3. Reproduced by kind permission. Visit: justingreencartoonart.blogspot.com/

MADNESS IN THE WHEDONVERSE

How mental illness is portrayed in the works of Joss Whedon

by Jemma Tosh
jemma.tosh@gmail.com



I love *Buffy the Vampire Slayer* (*BtVS*). As explained by Joss Whedon, the concept was deliberately conceived as a feminist reworking of horror films in which 'bubble-headed blondes wandered into dark alleys and got murdered by some creature'.

I'm not saying it is perfect, but I found it helpful to grow up alongside a cast of people who were socially excluded and felt like the weight of the world was on their shoulders. As a feminist, the show and the comics provided many examples of femininity and strength that had been lacking for sometime in media representations, as well as dealing with topics related to sexuality, sexual violence and domestic abuse. It continues to do so, with Season Eight and onwards being released solely as graphic novels.

Being a fan of Joss Whedon, and also a critical psychologist, I couldn't help but notice the frequent depiction of 'mental illness' in his work, and I have been keen to examine its intersections with gender for some time. Joss' work doesn't always match my own stance on feminism (how could it when feminism is so vast and diverse?), and there is much debate over the feminist content of his productions and speeches. As Bacon-Smith says, '...Whedon has layered and crossed meanings, deliberately constructing in design, by design, more questions than his narrative answers'. Nevertheless, I am curious to know if his critical perspective seeps into other areas of oppression, like sanism.

The 'Whedonverse' contains a wide range of characters from television series that became graphic novels, to graphic novels that became films. In relation to feminine characters that depict 'mental illness' in some way, notable is River Tam from the television series, film, and graphic novels connected to *Firefly* and *Serenity*. Also, in a powerful episode from *BtVS* (Season 6, episode 17: *Normal Again*), Buffy temporarily views her entire life as a hallucination, with an aim to return to 'normality', where vampires are a 'delusion'¹.

River Tam

River is introduced as an unexplained phenomenon. Her statements are contrasted with other characters: they appear irrational and nonsensical. She is also shown to be gifted, a talented dancer, well educated, and a 'weapon'. In the media, connections between mental illness and danger are well documented and extremely problematic. However, Whedon's portrayal is anything but the narrative we are used to. River's nonsensical statements are revealed as highly informed, and only appear nonsensical because she had more information than the rest of the group.

For example, in the film *Serenity*, River is reminded of a memory she acquired through her psychic ability and her presence in a government testing facility:

Simon: Show us what? Who is Miranda? Am I ...
talking to Miranda now?

She shoots him a look.

River: I'm not a multiple, dumblo.

(Whedon, 2004, para. 56)

River: (*pointing to screen*) Miranda.

It's a planet. Matches the one from her dream

INT. BRIDGE – LATER

Everyone has gathered. Wash is piloting now, as they are in atmosphere. River is by Simon. She moves restlessly, upset.

Kaylee: How can it be there's a whole planet called
Miranda and none of us knowed that?

(Whedon, 2004, para. 80)

The memory related to deaths of occupants of the planet Miranda, that the group go on to uncover, is the beginning of a huge government secret. Therefore, rather

than depicting her as ‘mentally ill’, River was framed as being misunderstood by a world that failed to keep up with her superior intelligence and gifts (including her psychic abilities). This is a similar narrative to that of Drusilla, who is introduced as a ‘mad’ vampire with psychic abilities (in *BtVS*, *Angel*² and *Spike*).

River’s violence begins as an unpredictable threat, but is carefully outlined as a consequence of government funded experimental testing. She is also repeatedly positioned as dangerous to the government, due to her having access to information that they are trying to keep hidden. The rest of the group initially viewed her as a danger as well:

The Operative: I think you’re beginning to understand how dangerous River Tam is.

Mal: She is a mite unpredictable. Mood swings, of a sort.

The Operative: It’s worse than you know.

Mal: It usually is.

The Operative: That girl will rain destruction down on you and your ship. She’s an albatross, Captain.

(Whedon, 2004, para. 67)

When her violence is brought out by a subliminal message that triggers her behavioural conditioning, it is one of the few times that her behaviour is unpredictable, dangerous and chaotic. Subsequently, her violence is shown to be strength that is used in self-defence, or in protecting others. At the end of the film, her brother Simon has been hurt and the group appear to be in a no-win situation:

Simon: I hate to ... leave ...

River: You won’t. You take care of me, Simon. You’ve always taken care of me.

She stands as the emergency lights come on, giving her face an unearthly glow as she looks down at him.

River (*continuing*): My turn.

(Whedon, 2004, para. 115)

River’s ‘my turn’ precedes her most heroic moment, where she kills enemies despite being vastly outnumbered. Her heroism and purposeful (rather than irrational) aggression only become apparent once she has escaped government containment and the remaining cast have caught up with her knowledge. Therefore, one overarching reading regarding mental illness in the *Serenity* world is this: mental distress is a consequence of social context and abuse, and it is up to those who do not understand, to learn. In relation to dangerousness, the story isn’t one of ‘mad’ violence, but of exceptional individuals being a danger to abusive regimes.

Buffy Summers

In an episode that stands out from other themes in the Buffy world, *Normal Again* began with Buffy being injected during a fight with a demon. This non-consensual intake of chemicals resulted in hallucinations and her questioning reality. Buffy’s life became split between a world with friends, loss, pain, and an ongoing fight against evil and a world where loved ones were returned to her and the fight was over, and she was safe. Buffy’s longing for safety, love and an escape from pain led her to very nearly choose the ‘reality’ of psychiatry. While ultimately she chose to stay with her friends and ‘fight the good fight’, the episode ends with an image of her alone in a padded cell, wearing a straight jacket.

This episode destabilises the reality that viewers have become accustomed to over six years:

Buffy: It stung me or something, and ... then I was like ... no. It, it wasn’t “like”. I *was* in an institution. There were, um ... doctors and ... nurses and, and other patients. They, they told me that I was sick. I guess crazy. And that, um, Sunnydale and, and all of this, it ... none of it ... was real.

Xander: Oh, come on, that’s ridiculous! What? You think this isn’t real just because of all the vampires and demons and ex-vengeance demons and the sister that used to be a big ball of universe-destroying energy? (*pauses, frowns*)

Buffy: I know how this must sound, but ... it felt so real.

(Gutierrez, 2002, Act II)

Like Geller says, ‘As viewers, we’re in the same boat as Buffy; our vantage point outside the narrative affords us no privileged insight ... For Buffy, as for the anti-realist, there is no touchstone or benchmark to which she can appeal, no “God’s-eye view” from which she can look upon both worlds and determine which is real.’ (pp. 2–3). Whedon encourages viewers to question which reality is the ‘right’ one, and thus moves away from the binary of clear-cut hallucinations compared to a ‘real’ world: the boundary is blurred.

There is also a turn away from mental illness being seen as having an internal and genetic cause, to being due to forced consumption of a chemical, perhaps a suggestion of non-consensual medical treatment. We see this again in the storyline of *Alpha and Echo* in the series *Dollhouse* and the subsequent graphic novel *Dollhouse Epitaphs*. Alpha and Echo were both shown to have mental issues that arose from ‘treatments’ performed by a large private company,

THE INSANE ASYLUM IN COMICS

A brief overview

by Sonia Soans & Pauline Sometimes

Madness and the mental asylum was a common theme in comics during the mid-20th century. Possibly some of the worst portrayals were in the EC pulp horror comics of the 1940s and 50s: No further motivation was needed for an axe-wielding killer than having escaped from an asylum, while the asylum itself was usually depicted as little better than a gothic dungeon. Doctors would use the patients for brain experiments which would invariably go wrong, the patients would turn the tables and perform crazed surgery on the doctors.

However, EC was by no means the first to figure the asylum theme in a comic. It is impossible to date the earliest references to insanity and confinement of the insane in the precursors to the modern comics. There has been an obsession with madness and confinement throughout the history of art, going back through prints series such as *The Rake's Progress* by Hogarth in the 1700s, the paintings of Dürer and Bosch in the 16th and 15th centuries, and all the way to the medieval woodcuts of the 1300s.

1974 saw the first appearance of what has possibly become the archetype of the mental institution in comics: the monstrous Elizabeth Arkham Asylum for the Criminally Insane, commonly just known as Arkham Asylum. This was an addition to the Batman mythos by writer Denny O'Neil – a place to put the worst super-villains after their capture. However, in no way did Arkham provide any kind of 'safe asylum' for its inmates. It was often shown to house its captives in squalid conditions, and they frequently had to submit to horrendous experimental treatments. While this might have provided an easy plot gimmick for the writers, it did not really help promote better understanding of the reality of mental health conditions.

Through the late-70s and early-80s, more complex storylines were introduced, and perhaps the beginnings of a better understanding, but still little of the reality of the insane asylum. There was seldom effective treatment to improve the mental health of the patients inside Arkham or any other mental health institutes that were depicted. Often the doctors could be easily convinced that a patient had quickly returned to 'sanity'; then he was simply released, only to immediately relapse or commit more atrocities. In other cases, the doctors would be depicted as more insane than the patients; for instance Dr. Harleen Quinzell, who fell quite literally madly in love with the Joker, and became the murderously violent Harley Quinn.

One notable divergence from this usual asylum trope was the four-issue *Rocket Raccoon* series published in 1984. This was set in a strange outer-space asylum which provided care for 'loonies' shown spending their time capering and laughing in idyllic surroundings. The 'loonies' were the only humans on the asylum world, and their insanity was a hereditary condition; they were tended by robots and anthropomorphised animals including Rocket. But the full extent of their treatment was to give them toys and gadgets to occupy their time. Although a welcome change from showing the mentally ill as simply psychopathic killers,

this series still did not attempt to show anything real about mental health care.

Eventually, character development combined with depicting the asylum as a place of torture to make the connection that mental illness equals violence and criminality. This is still a popular idea. However, making the mental asylum appear as a grim scene of torture and violence did reflect what survivors (and even some of those working as a part of it) have realised about it. While portraying one aspect of reality, the comics continued to use the trope of 'escaped mad villain' in a manner that is damaging to people who use mental health services: it parodies human suffering. It is a well-known fact that these institutions were grim, and that treatment was once nothing less than torture. But madness still has particular hold on the imagination: we imagine it can creep up on a person, and plays a deceptive game of villainy on the sane members of society.

The trope of the mental asylum being a place of torture and experimentation is not exclusive to comics. Films and the popular media regularly exploit this theme. How the mental asylum is portrayed in popular culture is indicative of society's understanding of what it perceives madness to be, and how it uses the theme in entertainment to further a plot line.

In comics, the late-1980s and the 90s saw the first movement towards putting survivors' narratives in perspective: the first focus on suffering, as opposed to making it a trope of entertainment. Some comics or graphic novels of that time border on being non-fictional or informative pieces, while also being made for entertainment.

Arkham Asylum was examined in greater depth in the 1989 graphic novel by Grant Morrison: *Arkham Asylum: A Serious House on Serious Earth*. Within the framework of a Batman story, the novel explored how that particular asylum was established, the history of its builder, Amadeus Arkham, and the supernatural mysteries haunting the area. Morrison's intention was to provide more of a complex psychological investigation of the asylum than is typical in an adventure comic book.

Later comics to have used themes of mental health and the role of the asylum include: *John Constantine, Hellblazer* (1988–2013), Ted McKeever's *Eddy Current* (1987–1988) and Peter Milligan's *Shade the Changing Man* (1990–96). More recently, some positive and realistic depictions of mental health care have started to appear in works such as *Depresso* by Brick (2010) and Darryl Cunningham's *Psychiatric Tales* (2011).

While there has been a change in content and things have improved, given the fact that mental illness is still stigmatised, the bulk of its representation in comics remains less than ideal. ■

Comics used as research material include:

DC Comics: *Arkham Asylum: A Serious House on Serious Earth* (1989).

DC Comics: *Batman* #258 (October 1974).

EC Comics: *Tales From The Crypt* #41: Come Back Little Linda (April 1954).

Marvel Comics: *Rocket Raccoon* #1-4 (1985).

THE NORMALIZING POWER OF THE SINGLE-PANEL CARTOON

Sheree Bradford-Lea
Cartoonist, M.A. Psychology

When it comes to normalizing behaviour, the most successful comic form is arguably the single-panel cartoon. All within a single visual panel or box, this can celebrate or explain individual and group differences, capture a precise message, and give it to the viewer to process in a quick and straightforward manner. It is distinguished from the multi-panel cartoon or comic strip/story in four main ways: the story is contained in a single panel; there's no ongoing character development; there's no ongoing story; and, most importantly, the message is the star.

In my seventeen-year career as a published freelance cartoonist, I've created thousands of single-panel cartoons and multi-panel comic strips/stories, and taken aim at many different attitudes, behaviours and social norms. My formal background in Experimental Psychology has fed my fascination for looking at these constructs from a variety of angles. What, for instance, distinguishes 'odd' behaviour from 'normal' behaviour? In many cases, it's the interpretation of the people in charge. For example:

Hoarding is a sign of mental illness?
It depends ...



Painting greenhouse glass? There could be a reasonable explanation ...



A delightful child suddenly loses her delightfulness.
Mentally ill, or growing pains?



Paranoia? Or a very real concern in this technological age?



Expert opinion or expert denial?



Signs of mental illness, or of frustration?



It's clear that these single-panel cartoons offer alternative explanations for behaviour that might otherwise be seen as questionable. Is it similarly possible for multi-panel cartoons, or comic strip/graphic novels to normalize behaviour? The answer is somewhat, but not completely, because it's more complicated: the interpretation of a multi-panel gets muddled by viewer involvement with ongoing characters. Multi-panels, such as Neil Gaiman's *The Sandman* or DC Comics' *Supergirl*, depend on building a viewer relationship

with the character(s) through a storyline, unlike single-panels. The story in a multi-panel might contain a message, but this has to be balanced against the other factors in the strip, so the message isn't necessarily the star, and might get lost altogether. To illustrate, here is a multi-panel and a single-panel, both dealing with negative attitudes towards the left-handed playing of musical instruments. The multi-panel is from *Day Camp Smiley*, my comic strip about children dealing with life in a day care.



Is insisting on the right hand as the only correct strumming hand obsessive-compulsive behaviour, or is the character just parroting outmoded thinking? It depends on what we know or find out about the character's personality.

The *Day Camp Smiley* characters and situations are familiar to some readers, but those new to the strip are able to get the gist of it. The over-arching message in this particular three-panel strip story is about the attitude a number of people still have when musical instruments are played (e.g., only bowing with the right hand on a violin, or playing ukelele right-handed). But because this is a story through the three panels, told through the continuing characters, the viewer processes this information in addition to the rest of the information being presented.

For example, the viewer might focus on the aggressiveness of Jeb Melvin, the character telling the left-handed girl, Alouista, she isn't allowed to play air guitar with the left hand. Based on Jeb's behaviour, the viewer could feel that he/she doesn't like his bullying tone, no matter what he's saying. Based on the character's behaviour, the viewer has now taken a side, which in turn affects the interpretation. But if the viewer had sympathy for Jeb Melvin, the resulting interpretation could be quite different.

This doesn't happen with a single-panel. Since it's not character-based, the viewer is free to focus on the message: either you agree with the message or you don't, you think it's funny or you don't, you think it relates to you in some way or it doesn't. The same kind of message as in the above multi-panel (having to deal with outmoded thinking about handedness when playing a musical instrument), is shown below, in single-panel form.



Here we don't focus on the angels as two-dimensional characters, they are messengers only (forgive the pun!); the viewer decides whether she/he can identify with the message or not. Because this is a single-panel, I can make the characters into unicorns or trees or anything else I want, as long as those characters help transmit the message. This cartoon gets across the point that Heaven is the only place where a left-handed person is likely to be able to play a musical instrument with his/her dominant hand and not get an argument. The message normalizes her behaviour, and the reaction of the other angel cinches this.

A final merit of the single-panel cartoon is that it has the enormous potential of making us feel good about ourselves in a quick, direct manner. It can take aim at

prevalent attitudes in society and make us think about them in other ways. Because the message is the star, the single-panel seems to be personally speaking to us, in a healthy way. And, unlike the multi-panel cartoon, the message is delivered in a clear manner, and isn't in danger of being engulfed by character or storyline. The single-panel cartoon can make us laugh, but also make our brain think and our emotions engage, and in the end can express the thoughts that we're afraid might label us as odd or strange, and even help to validate ourselves by normalizing our behaviours. Single-panel cartoons can allow us to see ourselves for the unique individuals we are – and relax. ■



All the cartoons in this article are copyright 2014 by Sheree Bradford-Lea. All rights reserved.

Pretty Happy Mom was first published in *Hip Mama* (1997); *Proven Genetic* refers to the work of C Francks, et al, 2007: article in *Molecular Psychiatry*, Dec 2007; 12(12): 1129–1057); *Glass Houses* was first published in the *2009 Herstory Day Calendar*, Coteau Books; a version of *Alice Bites* was first published in *Cahoots* magazine (2010), and then in the *2013 Herstory Day Calendar*, Coteau Books; *Museum Hoarders* (2012), *Facebook Account* (2013), *Too Little Too Late* (2013) and *Executive Material* (2013) were first published in Blacklock's Reporter, blacklocks.ca; *Proven Genetic*, *Day Camp Smiley: Air Guitar* and *Angel Music* were first published in the *2015 Life Outside The Box Cartoon Calendar for Lefties & Lefty Wannabes* (2014, SABL Cartoon Creations)



does psychotherapy make us better citizens?



For a few months after I completed my PhD a lot of thoughts were still running through my mind. I wanted to share these ideas with people who do not have the time to read a 100,000 word thesis.



I then met a PhD student at a workshop and he invited me to take part in his research. This involved exploring aspects of an intimate relationship using the format of a graphic novel. I found myself 'drawing' on my understandings.



Writing and drawing helped me set out and resolve some of my confusion so I have continued. Creating these works helps me to reflect on ideas that still trouble me and it is fun. I enjoy exploring paradoxes and questioning assumptions through the use of this medium and hope that other people will get something from them.

Graphic Poems

by Simon Wharne



<http://simonwharne.wordpress.com>

The Compendium of Superheroes and Alter Egos ...

writes Liz Greenfield

... is not exactly what it sounds like. It doesn't detail all the villains from all the parallel universes; indeed, it doesn't even have an index. Moreover, you won't have heard of any of these superheroes elsewhere, because Werhare and The Mediator and Treah ('heart misspelled backwards') are real-life people in the world as we know it.

All that connects them is that they responded to the callout by Liz Clarke to women with mental health issues who want to be part of a project which, through the medium of comics, would promote understanding and challenge stereotypes of gender and mental health.

It's a simple enough idea – a collective graphic novel on the premise that certain aspects of us are under- or mis-represented in this popular medium. So why had no one done it before? If you ask me, this type of project relies for a great part on the motivations and intentions of its leader. Enter Liz Clarke. She is a fabulous artist with extensive experience in mental health. She worked for years in drug & alcohol and women's services before founding her production company, Drastic Productions, and initiating *The Compendium*. No wonder it ran for three successful seasons and finally culminated in this unique book.

The project was funded by the Arts Council of England, so there is plenty of documentation. The first two seasons, from what I gather by skimming over the evaluation reports, were about these eclectic and highly varied female participants meeting for the first time, sharing their experiences, and apparently making bananas out of clay and jumping around in fancy dress. The workshops were not only way too much fun but they served to build trust and seemed to have incubated ambitious ideas for Season Three, when I would have the

privilege to join the gang. Did I say 'gang'? I meant 'project'. This is very serious business.

In ten years' creating comics, I had never come across another not-for-profit graphic novel project. I had been employed by some of the world's most eminent publishers, and brought many original characters to life on the page, but I had also bided my time to draw a full-length graphic novel, partly because I struggle to reconcile my ideals with the realities of the industry. The scores of artists from across the UK and abroad may have responded for the same reason as I did – an opportunity to make something radical and female-centric for the betterment of the world, as opposed to profit. The prospect of working closely with people terrified me, since I (like many comic artists) am quite socially awkward, but I applied anyway, because I didn't think this sort of opportunity would come along again. It was not until the interview stage when I first met several of the powerful women involved that I understood just how crucial this gig would potentially be to my development as an artist.

'God-delusion' is a term I've heard used by mental health professionals to describe people who are poorly, but it is taken for granted that comic creators play god over their own made-up dominions every day. During the development of *The Compendium* I came face to face with the challenge of adapting real people into characters. At first it was a struggle for all of us, but obviously it was so much more satisfying than playing



with figments of my imagination. Over the course of eight weeks, which was all the time we had to write a book, I learned to ask the right questions to learn more about each participant and how they wanted to be portrayed, only to realise that the key to every character must be not what they offered me but how they offered it and why. It was a real ding! obvious o'clock moment.

Not to sound like an obnoxious mom, but I think every comic creator should go through this labour of love. There's just no reason for us artists and writers to keep isolating ourselves and talking only to the voices in our heads. Rather than stigmatising or victimising

people with poor mental health, as a cheap plot twist, *The Compendium* goes some way to demonstrate how we inhabit all four corners of the spectrum at different moments in our life.

I will always remember this collaboration as a triumph of strength over fear of failure. If our quirks and jerks are relatable to even one reader, then it has been a success. If mainstream superhero comics teach us something, it could be that dark times are an unmissable part of any good origin story. ■

The Compendium of Superheroes and Alter Egos (2014)
Tangent Books ISBN-10: 1910089095



The Compendium of
Superheroes
& **Alter Egos**

Drastic Productions
& **Liz Greenfield**
based on the original concept by Liz Clarke

THE MAD STUDIES STREAM

at Lancaster University Disability Studies Conference, September 2014

Brigit McWade & Lucy Costa

In September 2014 the Centre for Disability Research at Lancaster University held its biennial Disability Studies Conference. For the first time the conference included a stream that focussed specifically on Mad Studies. This is an area of education, scholarship, and analysis concerning the experiences, history, culture, political organising, narratives, writings, and most importantly, the PEOPLE who identify as: mad, psychiatric survivors, consumers, service users, mentally ill, patients, neuro-diverse, inmates or disabled – to name a few of the ‘identity labels’ our community may choose to use.

Mad Studies has grown out of the long history of consumer/survivor movements, organised locally and internationally. The methods, and approaches for research are drawn from other educational fields such as women’s studies, queer studies, critical race studies, legal studies, ethnography, auto-ethnography ... (Again, just to name a few.) But Mad Studies, right here, right now, is breaking new ground. Together, we can cultivate our own theories, models, concepts, principles, hypotheses and values about how we understand ourselves, or our experiences in relation to mental health system(s), research and politics. No one person, or school, or group owns Mad Studies or defines its borders.

Mad Studies is a ‘project of inquiry, knowledge production and political action’¹. With the publication of *Mad Matters: A Critical Reader in Canadian Mad Studies*, in 2013, Mad Studies is now gaining a higher profile internationally². Mad Studies programmes have slowly been gaining momentum. For example, both York University and Ryerson University in Toronto offer courses in Mad People’s History. From there, Mad Studies has travelled to Queen Margaret University in Edinburgh, where members of Oor Mad History have organised Mad Studies themes into a six-week course for students. There is also a new programme in Mad Studies commencing this year at Northumbria University.

In an article for the journal *Disability & Society*, Peter Beresford and Jasna Russo argued that many academic conferences aim to equally include patient/user/survivor expertise. But they fail. Instead, patients/users/survivors are positioned as outsiders, objects for interpretation and research ‘add-ons’, rather than collaborators and lead investigators to work with³. The 2014 Lancaster Mad Studies stream ran counter to this practice and rhetoric. Presentations encapsulated the diversity of Mad Studies,

covering a wide range of topics from Mad Studies pedagogy, identity politics, alliance activism, representation, stigma, austerity, conceptual, theoretical and ethical concerns, and mental health legislation, policy, and practice.

The stream signifies a step forward in our history, in community organising and in hope for a more inclusive future. We need more commitment to an educational structure that supports learning, exploration and critical thinking in universities, colleges and learning centres of all kinds. Those who participated in the Lancaster Mad Studies stream devoted some time to discuss these issues. What was obvious from the discussion was that more action is needed. But we are also mindful of the pitfalls of what Lucy Costa called ‘dangerous engagements’ – be they with services, universities, or policy makers. For example, the emancipatory potential of recovery has been co-opted by mental health professionals and policy makers in the name of cost-efficiencies, and practitioners who profit directly from claiming to ‘do recovery’. We do not want Mad Studies to be appropriated in this way.

You can read the more about the stream and, more importantly, become part of the conversation and action around Mad Studies by visiting www.madstudies2014.wordpress.com/. The wordpress site acts as a hub for an international Mad Studies network which will be hosting further events focussing on how to make and preserve space for mad studies in the academy, without co-option or appropriation. The first thing we have done is write some collective principles to guide our future actions, these are:

We aim to work towards making and preserving space, within the academy and within services, for mad people’s knowledge and histories.

We aim to protect Mad Studies from co-option and appropriation as the new and fashionable thing to do, or something to profit from. This involves us not being too excited by its prospects, and taking time to consider what will be most beneficial, and for whom.

We aim to achieve parity of involvement between, and contributions from psychiatric survivors, mental health service-users, academics (noting that these might be overlapping roles), and the wider mad community.

We aim to reflect Mad Studies as an international endeavour, whilst being mindful of local specificities.

We aim to work in ways that are inclusive, accessible and non-oppressive, and as comfortable as possible for

everyone who might want to get involved, regardless of mobility and access issues, or other barriers they may face. Shaping Our Lives ground rules offer some collectively developed guidance for this. (www.shapingourlives.org.uk/groundrules)

We do not seek to impose new orthodoxies on anyone, but at the same time we support critical thinking about the medicalisation of madness and distress.

We are happy to work with any individual or organisation prepared to work with us on truly equal terms and in line with our values and principles.

Some people will inevitably criticise or feel threatened by the idea of Mad Studies, but in reality there is huge potential for trailblazing and innovative ideas. Think of what a difference feminist studies has made to the lives of women,

what queer studies has done for the LGBTQ community, or critical race studies to our understanding of how race and law intersect.

Why shouldn't we have a Mad Studies?? ■

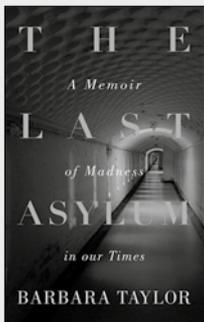
1. Brenda LaFrancois, Robert Menzies & Geoff Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*. (2013) Toronto: Canadian Scholar's Press, p. 13.

2. Mad Matters was reviewed on Dina's Blog for Asylum: www.asylumonline.net/mad-matters-an-important-canadian-publication-introduced-by-peter-beresford/

3. Jasna Russo & Peter Beresford (2014): Between exclusion and colonisation: seeking a place for mad people's knowledge in academia. *Disability & Society*.

BOOK REVIEWS

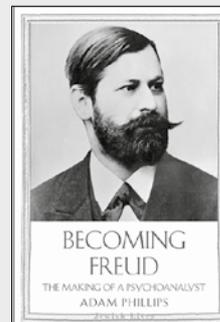
Lisa Appignanesi of *The Guardian*



Barbara Taylor *The Last Asylum* (2014)
London: Hamish Hamilton.

A bold, absorbing look backwards into her own experience of breakdown and the journey through treatments that are now not only unfashionable but almost impossible to procure: psychoanalysis plus care and confinement, in her case at Britain's largest and last asylum, Colney Hatch.

A historian, Taylor makes an eloquent plea for the benefits of care in safe havens, alongside the talking cure. In the current crisis of mental health provision, this is a book for policy makers to note.



Adam Phillips *Becoming Freud* (2014)
New Haven: Yale.

A riveting anti-biography, bristling with argument and insight ... It plumbs aspects of Freud's life to muse on the cultural and personal forces which shaped his thinking.

For Phillips, Freud's ideas about 'the unassimilable', those oppressive frustrations of the civilising process, stem from his childhood as a Jewish outsider. The Freudian child has all the characteristics of an immigrant, a relatively helpless being 'who has to find a way of living in other people's regimes'.

This Freud is an artist, a writer, a dreamer and an outsider, not the inventor of a global institution.

NEWS & REPORTS

INCREASED DEPRESSION & SUICIDES DUE TO RECESSION

Big increases in unemployment, debt and home repossessions during the last few years have taken a heavy toll. It is estimated that after the financial crash of 2007 the economic downturn resulted in 10,000 extra suicides across Europe and North America.

According to research from Oxford University, published in the *British Journal of Psychiatry*, suicide rates “rose significantly”. In the EU, rates rose by 6.5% between 2007 and 2009, and they remained at this elevated level through to 2011. This corresponds to 7,950 more suicides than would have been expected. In the same years, suicide rates in Canada and the US also rose by 4.5% and 4.8%, respectively. The few industrialised countries to escape the recession, such as New Zealand, avoided this rise.

Most suicide is by people with clinical depression. The research also revealed a marked rise in the use of antidepressants during the economic downturn. In the UK, between 2007 and 2010 prescriptions of these drugs increased by 19%.

Co-author Professor David Stuckler said: “Suicides are just the tip of the iceberg. These data reveal a looming mental health crisis in Europe and North America. In these hard economic times, this research suggests it is critical to look for ways of protecting those who are likely to be hardest hit.”

However, despite also experiencing rising unemployment during the recession, in Sweden and Finland the rate remained stable, and in Austria it actually decreased. An earlier period of increasing unemployment in the 1990s also saw suicide rates go down in both Sweden and Finland.

Another researcher, Dr Aaron Reeves, commented: “A critical question for policy and psychiatric practice is whether suicide rises are inevitable. There’s a lot of good evidence showing recessions lead to rising suicides, but what is surprising is this hasn’t happened everywhere. It shows policy potentially matters. One of the features of these countries is that they invest in schemes that help people return to work, such as training, advice and even subsidised wages. There are always hard choices to make in a recession, but for me one of the things government does is provide support and protection for vulnerable groups – these services help people who are bearing the brunt of an economic crisis.”

Gallagher, J (2014) Recession ‘led to 10,000 suicides’. *BBC News* 12 June; Great Recession linked to 10,000 suicides in Europe and North America. *The Independent* 12 June 2014.

MINISTER ADMITS MH CUTS ARE A FALSE ECONOMY

The three main political parties now say that they take mental health seriously, but in fact *most* people with a mental health problem are not in therapy, unlike those with diabetes or cancer. In 2012 the government promised ‘parity of esteem’ between mental and physical health. But since then the MH trusts have lost £250m in funding. And since 2010, nurse numbers in the service have dropped by 3,640, and doctors by 213; besides this, 1,700 beds have gone.

The first annual report from the NHS Health & Social Care Information Centre reveals that in 2013 fewer than half of those seeking help for anxiety or depression received appropriate therapy: GPs made 884,000 referrals for psychological support but only 434,000 people got any such treatment.

Meanwhile, Mind’s chief says that last year there were 50 million prescriptions for antidepressants, and that crisis care is “... pretty chaotic, with little co-operation between police, ambulance, and A&E and MH services ... Half of those who take their own lives haven’t had contact with the MH services in the previous six months ...”

The six leading MH charities warn that the cuts – which are set to continue – “will put lives at risk”. The whole system is short-sighted and blighted by short-term economising. While 50% of all adult mental health problems show themselves by the age of 14, only 6% of the total MH budget is invested in children’s services. As well as being heartless, this is a false economy since “... for every £1 spent on a child or adolescent it would cost the equivalent of £84 if that person came out with a chronic condition... Two-thirds of local authorities have incomplete or no data about incidents of child and adolescent mental health difficulties, so the trusts are commissioning in the dark.”

The Health minister, Jeremy Hunt, says that he recognises that “Economising on mental health is a false economy, it’s costing the economy £100 billion a year.” But rather than a profound rethink on organisation and the allocation of resources, he seems to think the solution is to promise a named physician for every MH patient, and “ironing out discrepancies between authorities by releasing more data.”

Thomson, A & Sylvester, R (2014) Mental health still forced to survive on the crumbs. *The Times*, 7 Oct.

BED CUTS CAUSE DEATHS & MORE SECTIONING

A survey by the Royal College of Psychiatrists polled 576 junior (trainee) doctors across the UK to find that the

increased demand due to cuts in the number of beds is making it necessary to 'section' more patients so they can get the necessary care. Critically unwell patients are also being sent home because no bed can be found for them.

The survey found that a quarter of the doctors had been told by a bed-manager that their patient would not get a bed without being sectioned. 18% of the doctors said their decision to detain (section) a patient under the Mental Health Act had been influenced by the fact that doing so would make the provision of a bed more likely, and 37% said a colleague's decision had been similarly influenced. Whilst 30% had sent a critically-ill patient home because no bed could be found, one-third had seen a patient admitted to a ward without there being a bed spare at the time. Many doctors also reported sending adult patients long distances to access care, and admitting people in to beds vacated by other patients who had been sent home on 'trial leave'. 22% had been forced to send a child more than 200 miles from the family for treatment.

Meanwhile, an investigation by Community Care and BBC News reveals that the number of psychiatric beds continues to fall: in England, more than 2,100 have been closed since April 2011. Acute admission wards are over-occupied, and there are insufficient alternatives to admission. At least eight suicides and one homicide were linked to the lack of available beds in the two years from March 2012. Apparently, in December 2013, after a patient committed suicide, both the Health Minister and NHS England were alerted by a senior coroner to the danger of delays in admissions.

For the past two years, admission wards for acutely unwell adults have run at an average monthly occupancy level of 101%, while for some months several trusts had occupancy rates of over 120%. The recommended level is 85%. When wards run at over 100% occupancy, it is usually because trusts are filling beds temporarily freed-up by patients sent home on short-term leave. But this risks no bed being available for patients on leave if they relapse and need admission.

The investigation was based on coroners' reports and data obtained from 52 of 58 mental health trusts and 181 of the 211 NHS clinical commissioning groups.

Buchanan, M (2014) Patients sectioned 'because of pressure on beds'. *BBC News* 2 June; Deaths linked to mental health beds crisis as cuts leave little slack in system. (2014) communitycare.co.uk 28 Nov.

WORK CAPABILITY ASSESSMENT: A PROGRESS REPORT

Late last year we heard that Atos is to give up carrying out the fitness-for-work interviews that have led to so many vulnerable people losing some or all of their welfare benefits. Unsurprisingly, there is no systematic Government audit of the effects on people who lost benefits by failing the test. What we do know is that about one-quarter of claimants stopped claiming disability

benefits, and that half of that number then dropped out of the system altogether – which brings down the official unemployment figures very nicely, thank you. We also know the system was under great pressure due to 40% of all the Atos decisions being taken to tribunal, and that 40% of those cases were then won by the claimant.

Of course, a good proportion of claimants are on disability benefits for mental health problems, and there is anecdotal evidence that they are disproportionately likely to fail the test (as might be expected). There is also anecdotal evidence of suicides due to benefits being cut off (and at least one man starved to death). Those who run the foodbanks reported a surge in demand as soon as the test was brought in, and they reckon that at least 50% of current use is due to people failing the Atos interview or being 'sanctioned' (fined) several weeks benefit for failing to abide strictly by jobcentre rules.

In the absence of any reliable statistical evidence there seems to have been little reporting of the matter recently. However, in a House of Commons debate on 18th January 2013, Michael Meacher described the callousness of the process as follows:

The fundamental issue is this: how can pursuing with such insensitive rigour 1.6 million claimants on incapacity benefit, at a rate of 11,000 assessments every week, be justified when it has led, according to the Government's own figures, to 1,300 persons dying after being put into the work-related activity group, 2,200 people dying before their assessment is complete, and 7,100 people dying after being put into the support group? Is it reasonable to pressurise seriously disabled persons into work so ruthlessly when there are 2.5 million unemployed, and when on average eight persons chase every vacancy, unless they are provided with the active and extensive support they obviously need to get and hold down work, which is certainly not the case currently?

To put these numbers into context, the Atos assessment death rate dwarfs that for soldiers in Afghanistan.

According to the BBC, by October, 2012, the total number of British soldiers who had died in Afghanistan since military operations began there in 2002 was 437. That's equivalent to the number of sick or disabled people who die while going through the Atos/DWP work capability assessment system (or as a result of going through it), every six weeks.

Besides this, it seems that the demonisation of the most vulnerable people as scroungers and shirkers has led to a dramatic increase in hate crime against disabled people. Disabled People Against Cuts (DPAC) relates harrowing personal stories of how attitudes have hardened towards them.

The progressive privatisation of the welfare state began years ago and outsourcing these work-

NEWS & REPORTS

... continued

assessments for profit is another step towards the US model of healthcare and welfare, where 47 million people survive on food stamps.

Meanwhile, in October 2014 it was confirmed that Atos will pass on the £500m baton to the much more compassionate American company, Maximus. Oh, that's OK, then.

Atos disability assessment death toll (2013)

www.freecriticalthinking.org/ 26 Jan.

MH DETENTIONS STILL INCREASING

In the 12 months to the end of March 2014, there were 23,531 detentions under the Mental Health Act. Of these, 18,166 people were detained in hospital on longer-term hospital orders, and 5,365 were on Community Treatment Orders (CTOs). The use of CTOs was 6% more than at the end of the previous year, and 32% greater than at the end of 2008–09, when they had just been introduced.

During the year to March 2014, The MH Act was used 53,176 times to detain patients for longer than 72 hours. This is 5% more than during the previous year, and 30% more than during 2003–04.

In 65% of the cases, detention was made on admission to hospital. But they were also made following a stay as an informal patient and/or a short term or emergency detention order had been used (14,087 cases), following a Section 136 order (2,882 cases), or following revocation of a CTO (1,401 cases).

Independent sector providers (ISPs) are increasingly being used to care for detained patients. Overall, 10% (5,162) of longer-term detentions (lasting longer than 72 hours) were in an ISP facility – twice as many as ten years ago. 82% of detentions in ISPs were on admission, compared with 64% in NHS providers.

The number of new CTOs issued was 5% less than the previous year, suggesting that uptake following their introduction may now have levelled off. The number of people subject to a CTO (5,365), as a proportion of all those subject to the MH Act, at the end of the year has increased since their introduction to 'level off' at around 23% from March 2013 onwards. This compares to 17% back in March 2010, when CTOs had only been available for a year.

In 2013–14, the number of Place of Safety Orders increased by 5% over the previous year, to a total of 23,343. Of the 23,036 Place of Safety orders made using Section 136, the proportion where the individual went to a hospital rather than to a police custody based Place of Safety increased from 64% during 2012–13 to 74% (17,008). This reflected a 21% increase in uses of hospital-based

Place of Safety Orders, and a 24% decrease in police-custody based PSOs.

Of the 23,000 detentions under the Mental Health Act during the last year, 753 were for people under the age of eighteen. In 6,000 out of the total number, the person had to be taken to a police cell instead of to a dedicated Place of Safety; and this happened to 236 children. These figures were actually an improvement on the year before, but the MH Act states that police custody should only be used 'in exceptional circumstances'.

According to the watchdog, the Care Quality Commission (CQC), many parts of the country have hardly any safe places to assess children suffering from a mental health crisis. Instead they are locked in prison or police vans for hours. Three counties have no places at all, and another six are able to accommodate just one child at a time. Local authorities and police have arrangements out of area, but these are often unavailable due to the pressure on beds.

Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England: 2013–2014 Annual figures (2014) *Health & Social Care Information Centre*, Oct 29; Jowit, J (2014) Children sent to cells because of gaps in mental health care. *The Guardian*, 10 Nov.

POSTCODE LOTTERY FOR DEPRESSED MOTHERS

Most mothers with perinatal and postnatal depression are failed by the NHS because only 3% of the relevant health organisations offer proper help. This was discovered from a survey by the National Childbirth Trust (NCT). 97% of England's clinical commissioning groups (CCGs) have *no mental health strategy for new mothers*, and 60% of them said they have no plans to put one in place. There is also uncertainty about responsibility for commissioning and providing services – when 194 CCGs were sent a freedom of information (FOI) request, 15% directed the NCT to local NHS trusts or to NHS England.

The NCT urgently calls for more staff and resources to tackle the absence of support and care provided to mothers experiencing postnatal depression. The charity's chief executive Belinda Phipps said:

"One in ten mothers experience some form of postnatal depression, but there are clearly huge gaps in the support and care being provided to them across England. While we found some areas with excellent care, too often we have found situations where there is no care, or very little care.

If there are whole areas where GPs, midwives and health visitors have no training or time to dedicate to this vital service then women will not get the help and support they need. For many parents this will result in months of misery, damaging both family relations and children's wellbeing. And, in the most extreme circumstances, it will result in tragedy and loss of life.

We need to see properly staffed and resourced services with clear lines of responsibility and clear targets for delivery. And we need to see that happening urgently."

The NCT also contacted NHS trusts to ask if they were able to provide a perinatal mental health service with trained specialists. Of 193 trusts contacted, only 26% provided a dedicated service, and only 13% had a full team in place. 54% said they did not provide mothers with the service, but 33 trusts also failed to respond to the FOI request. Only 14% of trusts currently employ one specialist perinatal mental health midwife or doctor, usually on a part-time basis.

NCT is part of the Maternal Mental Health Alliance (MMHA), a coalition of organisations committed to improving the mental health and wellbeing of women and their children in pregnancy and the first postnatal year. The MMHA now has a campaign to highlight the gaps in provision of maternal mental health services: #everyonesbusiness.

Akkoc, R (2014) Mothers with postnatal depression 'failed by the NHS'. *The Telegraph*, July 6.

POOR MH CARE FOR MOTHERS A FALSE ECONOMY

Don't expect politicians to be much concerned about the millions of citizens who every day have to pay the human costs of preventable misery, but at last, in these days of austerity, they might begin to wake up to the true financial costs of an inadequate mental health service.

Up to 20% of all women have a mental health problem in the perinatal period – that is, during pregnancy or the baby's first year. But few are well served by the NHS. According to a study of the total effects of maternal depression, anxiety and other mental disorders, in the UK inadequate mental health care for pregnant women and new mothers results in long-term costs of £8.1 billion a year.

The study was run by the London School of Economics and the Centre for Mental Health. It is the first time researchers have tried to quantify not just the direct economic impact on affected mothers, but the effect over decades on their children's prospects, both in terms of development in the womb and during the crucial early years. The study was commissioned by a group made up of dozens of campaigning and professional bodies, the Maternal Mental Health Alliance (MMHA).

The study calculated a total cost to the nation averaging £9,900 for each of the 813,000 births in the UK in 2012. Almost three-quarters of the cost is due to the future impacts on children. This was reckoned by research into the effect on the foetus of a mother's psychological distress and of impaired care in the first year of life (which is vital to a child's development). The report finds significant gaps in the detection of mental health problems in the period before and after birth: only an estimated 40% of all women with MH problems are diagnosed, and only 3% of those diagnosed experience a full recovery.

Of the £8.1bn, about 20% is borne by the public sector, with £1.2bn falling on the NHS and social services alone. Yet MMHA says the NHS would need to spend only a small amount - £337m a year - to bring maternal mental health care up to the recommended levels.

Alain Gregoire, chair of the MMHA, says that £8.1bn is a shocking figure, and it ought to prompt urgent action from politicians and healthcare commissioners. "It is in their power to do something about this issue; if perinatal mental health problems were identified and treated quickly and effectively, many of these serious and long-term human and economic costs could be avoided."

The study factors in anxiety, depression and psychosis during pregnancy and early motherhood, and the report notes that what is traditionally termed 'postnatal depression' often begins before a child is born. The calculations involved a range of costs connected to mothers, including bills for health and social care, lost earnings, and the economic effect of suicide. For the children, it covered areas such as stress-induced pre-term birth, infant death, emotional and behavioural problems, special educational needs, and the effect of leaving school with poor or no qualifications.

Because of limited data, the study did not include some other maternal MH conditions, including eating disorders and obsessive compulsive disorder. This means that £8.1bn has to be an underestimate.

The study also found alarming variations in mental health care for pregnant women and new mothers. This is partly due to a lack of strategic focus. In England, of 211 clinical commissioning groups (the regional organisations that partly replaced primary care trusts in 2013), just 3% have a formal strategy for perinatal mental health services, while a significant majority have no plans to implement one.

Even when women find treatment, services are very patchy. Many anti-depressant drugs cannot be used while pregnant or breastfeeding, so talking therapies are seen as especially useful for milder cases of perinatal depression. But in England there is currently only the capacity to treat 15% of all the women who need such services. In some areas, women can be treated in special mother-and-baby mental health units, rather than being separated from their children on standard psychiatric wards. Yet even here, twice as many facilities are needed.

With the Royal College of Psychiatrists (RCP), the MMHA also carried out a parallel audit of perinatal mental health services around the country. The clinical commissioning groups were ranked on a six-point scale ranging from no provision at all to those which met RCP standards in full. It found no specialist service at all in 40% of England and Scotland, rising to 70% in Wales and 80% in Northern Ireland. Less than 15% of the UK had proper, comprehensive provision. Even within the same regions, geographical variations were stark. In London, seven of the 32 areas had services at the highest-level, but nine provided none at all.

A Labour Party spokesperson said that "women were being let down", and called for "swift action". The junior health minister Dan Poulter said the government had ensured all new midwives will have mental health training, and that 1,700 more midwives and 2,000 health visitors had been recruited since 2010.

Walker, P (2014) Gaps in mental health care for new mothers cost UK £8bn a year – study. *The Guardian*, 20 Oct.

CONTRIBUTORS TO THIS ISSUE

DR MEG JOHN BARKER is a writer, counsellor and activist, specialising in sex and relationships. Meg John is a senior lecturer in psychology at the Open University, and has published many academic books and papers on topics including non-monogamous relationships, sadomasochism, counselling, and mindfulness, as well as co-editing the journal *Psychology & Sexuality*. They were the lead author of *The Bisexuality Report*, which has informed UK policy and practice around bisexuality. They are involved in running many public events on sexuality and relationships, including Sense about Sex, Critical Sexology, and Gender & Sexuality Talks. Meg John is also a UKCP accredited therapist working with gender and sexually diverse clients. Their book *Rewriting the Rules* (2013) is a friendly guide to love, sex and relationships, and they blog about these matters on www.rewriting-the-rules.com Twitter: @megbarkerpsych

JOSEPH DE LAPPE is a final year doctoral candidate at the Open University where he researches Asexual Activism as an emerging Sexual and Gender Social Movement. With Professor Mary Jane Kehily, he has co-authored a chapter on subcultural approaches to childhood for the forthcoming book: *Children, Sexuality and the 'Sexualisation of Culture'*. He is writing an entry on 'Asexual Activism' for Wiley-Blackwell's forthcoming *Encyclopedia of Gender and Sexuality Studies*.

DR CAROLINE WALTERS is a research associate for the UK's National Organisation for Research on Bisexuality (BiUK). She is the contributing co-editor of *Fat Sex: New Directions in Theory and Activism* (Ashgate, forthcoming 2015), and a special issue of the peer-reviewed journal *Sexualities on Theorising Fat Sexuality* (forthcoming). She has organised several conferences: Forgotten Bodies (Exeter, 2010), Public Engagement in Gender and Sexuality Studies (Newcastle, 2011), Bisexuality and Mental Health (Bradford, 2012). Her research interests include BDSM, fat studies, sexuality studies, bisexuality, mental health and qualitative methodologies. Twitter: @DrCJWalters.

PETER BERESFORD is a long-term user of mental health services. He works at Brunel University and is co-Chair of Shaping Our Lives, the user-controlled national service user organisation and network. He has a background as an activist, researcher, writer and educator, and is particularly concerned with people's participation and involvement. He is author of *A Straight Talking Guide To Being A Mental Health Service User* (PCCS Books, 2010). He owes a debt of thanks to his sister for giving him the chance to read her comics!!

SHEREE BRADFORD-LEA, (SABL), MA Psychology, is a freelance cartoonist and mixed media artist living in Ottawa, Ontario, Canada. Since 1994, her cartoons and

humorous writings have featured in various publications; her mixed media artworks are exhibited in galleries in Ottawa. Sheree also teaches classes and workshops, and gives talks in cartooning, other visual art and drama. She lives with her wonderful husband Jim, her two equally wonderful children, Zoë and Monica, and a parka. For more information please visit: www.shereebradfordlea.com

LIZ GREENFIELD is a Dutch/American writer, cartoonist, and spoken word artist based in London. Over the past decade she has worked on comics of every description, including the award-winning webcomic *Stuff Sucks* and print comics for Dark Horse and Marvel. Her most recent graphic novel with Drastic Productions, *The Compendium of Superheroes and Alter Egos*, is available now.

WILLIAM PENSON is a PhD research student at UCLAN. He is a part time academic and mental health trainer, and is interested in post-colonial critiques of psy-science. He has read comic books from an early age.

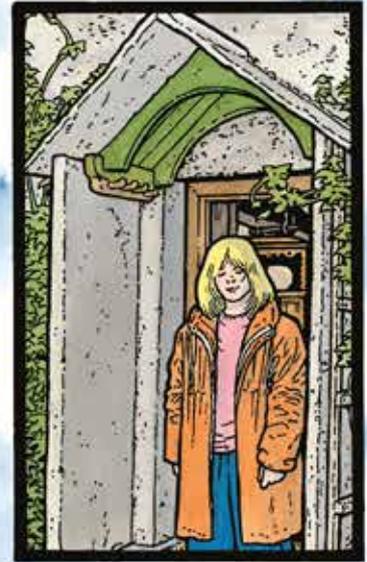
ANIKA RAMHOLDT has a PhD in Fine Art from Monash University, Australia. She lives with her partner and two young children on a small farm in New Zealand. Anika creates wry web comics that explore the difference between idealised and realistic experiences of motherhood and relationships. Her work can be viewed at anikaramholdt.com/comics

SONIA SOANS is a researcher who is critical of psychological practice and the dominance of madness in popular culture.

PAULINE SOMETIMES has collected comics for a long time, and is a rainbow-haired transgender activist.

JEMMA TOSH is a critical psychologist with an interest in gender and sexual diversity, and is the author of *Perverse Psychology: The Pathologization of Sexual Violence and Transgenderism* (Routledge, 2015).

SIMON WHARNE originally trained and worked as an illustrator. When his children went to university he started a part-time PhD. He recently completed his study, which uses a hermeneutic phenomenological approach to explore decision-making in mental healthcare. He has worked in that setting for twenty five years in different roles: volunteer, support worker, case manager and humanistic counsellor. He has managed community teams for fifteen years. He is currently Chair of the National Forum for Assertive Outreach, and has published chapters and articles related to this area of work. Simon started to draw 'graphic poems' as a means to explore ideas from his PhD thesis in a more accessible format.



Asylum

the magazine for democratic psychiatry

Spring 2015
Volume 22
Number 1
£4.00

Sales and subscriptions
Tel 01600 891509
www.pccs-books.co.uk
Information
Asylum Collective
www.asylumonline.net

