

# Asylum

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## Comics & Mental Health Part 4

~  
& More

**Do you  
want to  
know  
what it  
feels like?**

Well it's hard.

It's hard to say.

And to show you?

To show you how it feels to have a mental illness.

It would take a thousand blank pages.

Then a million filled with colour.

If mental illness was a comic each panel would be a different style.

The perspective would change.

The speech balloon would get st.....

....uck

The thought balloon would be too big for the page.

And the character?

The character would just want...

...to fade away.

**Because everyone is different.**



**the magazine for democratic psychiatry**  
Volume 22, Number 4, Winter 2015

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and community development

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**Front Cover:** Excerpt from 'They're Talking About Me'  
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**Inside Front Cover:** 'Do you want to know what it feels like?'  
by Steven Fraser

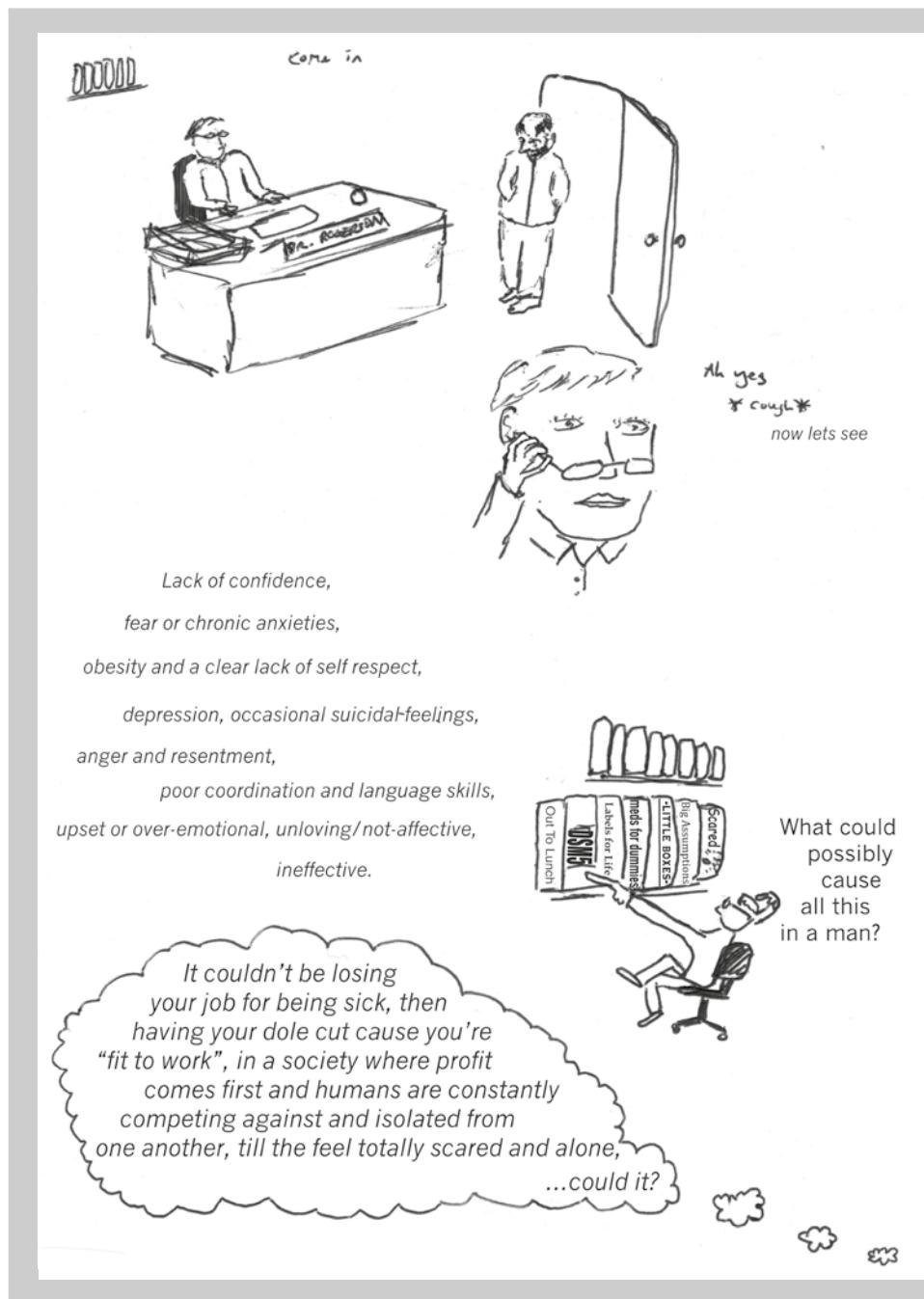
**Back Cover:** Excerpt from 'The Compendium of Superheroes and Alter Egos' by Liz Greenfield

# INTRODUCTION

By guest editors Meg John Barker, Joseph de Lappe and Caroline Walters

This final special feature in our series focuses on critical approaches to mental health in comics. We begin with a comic from Liam Geary Baulch about being caught in the system, and then there are some personal reflections from Andrew Voyce about sequential art and mental health. This is followed by a challenging reflection on trauma from Nicolas Verstappen, and a practice-based article by Valentino Zullo, about how therapists might consider

superhero origin stories as a useful model. Next we have Heinz Insu Fenkl's graphic novel, *Dr. Zauze's Xylophone*, followed by Steven Fraser's article and a comic which together challenge us to consider whether comics really are an appropriate medium for exploring mental health issues. Finally, we present a couple more pieces in colour from Liz Greenfield and Simon Warne. ▀



## The Causes of Mental Health Problems

by Liam Geary Baulch

**Liam Geary Baulch**  
is studying Fine Art at Goldsmiths,  
University of London.  
Interested in thinking better about  
humans, and seeing mental health as  
more than a personal issue. Writing  
about mental health and activism.

# SEQUENTIAL ART, PERSONAL NARRATIVE, MENTAL HEALTH & ME

**Andrew Voyce**

Is art and narrative in mental health an intrusion into personal worlds that can lead to exploitative relationships which reinforce unfair power relations? Let me answer that with the proposition that experience and reality take place not so much in acts of creation but in the contacts that follow from the creative process. We can trust personal narrative only in the places where these post-structural transactions occur. That may involve unfairness, or it may not – encouragement may be given.

As a creator of sequential art in mental health and related areas, the value of putting down my experience is in the links I make with other people in general. Equally,



From sequence featuring homelessness

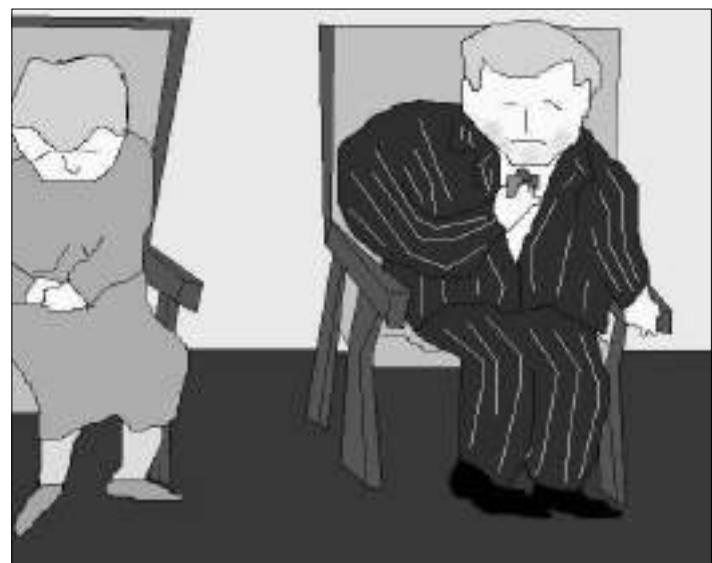
value the links I make and the feeling of common identity I have with other authors and cartoonists. When I read a narrative or graphic book by a service-user, I will invariably identify with aspects of the work that are most helpful to me. The point of making a personal narrative as a text or in the form of a digital cartoon is the therapy and catharsis I gain from the endeavour. I am able to leave aside the concerns of ordinary life, with all its challenges, and immerse myself in the effort of making something. The result is cathartic, cleansing in the sense that I have been able to evaluate some very difficult and challenging times, incorporate them without shame into my everyday dialogue and, as they say, move on. I can recommend storytelling to anyone, and especially to those with wellbeing and mental health challenges.

Over and above the purifying effect of telling your story in your own words, you will have a tangible asset that you can share. Sharing may be with family, friends, caregivers and professionals who you may wish to read your book or cartoons so as to appreciate your point of view. By making narrative artworks, I have been able to reconstruct relationships with those I was alienated from for many years, in a way that I can have a stake in.

With mental health issues, there is the crucial factor that this is the individual's own story – it's *his or her* perception of things rather than the medical, clinical version of who he or she is and what he or she has done. You can say: 'No, *this* is me, not what you tell me I am.'

My sequential art is online: search for *Andrews AsylumLife*. By mid-2014 I had more than 50 digital cartoons at that site, with a total of 25,000 views. Allowing for crawler views (whatever they are), I could count on at least 2,500 human views.

I spent twenty years in an out of the old mental hospitals, and I depict scenes of patient life. When I first began to make these images, I was told they amount to a historical record of asylum life. My record is different from the official version of patient numbers, diagnoses and treatments given. How strange to think that I was rescued from that pernicious waste of time by Mrs Thatcher, for it was she who closed those places and allowed me a free



From sequence featuring residential care

life! What an unexpected person to thank for an act of social justice. But she made the difference. Teaches you that you need to keep an open mind.

I realise that a lot of my work on asylum life is now ancient history. So I am moving on with a strand called 'Modern Life', where I bring my history up to date with depictions of community care since 1990. This work ranges from user-involvement in the early days to the peer support, early intervention, choice and control of 2014.

*Side Effects* is a paper version of some of my digital graphic work (available from [SideEffectsBook@yahoo.co.uk](mailto:SideEffectsBook@yahoo.co.uk)). I am also very pleased to be involved in helping others in the mental health system to make graphic books.

Of course there are power relations involved in my story. Making cartoons has permitted me to publish depictions of injections in the backside, the distressing side-effects from psychiatric medications, menial and meaningless industrial therapy, paranoia and irrationality, brushes with the criminal justice system, exploitation in private sector care, and the summary brutality and bullying in the old asylum system. I am glad that the process of constructing narratives has been a way of coming to terms with those difficulties, and that today I can use the back of my brain to detail and shine a light on aspects of mental health. ▀



From sequence featuring depot injection in asylum

*Andrew Voyce, BA (Open), MA (Brighton) is 63, and has a history of paranoid schizophrenia. His first 20 years were spent as a hard-working schoolboy. There then followed 20 years in and out of asylums, and since then he has been a service-user 'in the community'. Despite gaining two degrees, Andrew is only partly independent, which he puts down to prejudice.*

From graphic book *Side Effects*, and displayed at book launch at Together HQ.



# MUTED & MUTATED

Animal-headed characters in autobiographic trauma-related comic books

Nicolas Verstappen

Remembering his parents' murder, a young and committed Bruce Wayne decides 'I shall become a bat!' (Kane & Finger)

For the past 75 years, it might have seemed odd to choose to wear a Batman costume in order to render justice. Yet, as French comic book artist Joann Sfar states, 'One takes the form of an animal when he's deprived of his right to speak as a human being, when he isn't heard or considered as one.' (My translation) This observation applies to the superhero figure but also to more recent underground and autobiographical comic books in which animal-headed figures remain. 'Transformed' into vermin by Nazi propaganda, in Art Spiegelman's famous graphic memoir, *Maus*, Jews are depicted as mouse-headed humans; this graphic approach is expanded to other groups by depicting Germans with cats' heads and Poles with pigs' heads. However, in *Maus* only the Jews (and a character with the head of a gypsy moth) seem to lack mouths. Hidden under a pointy nose, muted by fascism, trauma and the weight of history, their mouths only appear when they utter primal screams of pain or horror.

Characters having an animal mask or who appear to have an animal's face have been defined as 'composite therianthropic' figures. This term, used mostly by Parietal Art scholars (Tymula), refers to a figure composed of a human body with an animal attribute – in most cases an animal's head. Usually associated with hunting camouflage, shamanism (Clottes & Lewis-Williams) or mythological characters,

therianthropic figures are human-shaped but able to transform themselves temporarily into animals. In trauma-related comic books, this shape-shifting is depicted in various ways, from symbolic substitutions to more complex and evocative physical mutations.

For example, in her thoughts a young girl addresses a bird-shaped cookie jar: 'Thank you, Mr. Owlman, you're my only friend in the whole world.' (See fig. 1) Stuffed with biscuits, Lily can't 'taste daddy's ucky junk' anymore. In a moment of sheer horror, crudely depicted in the opening chapter of Debbie Drechsler's comic book *Daddy's Girl*, her father had forced oral sex on her just moments before. (Drechsler, 1996) This chapter was first published as an individual and apparently autobiographical short



Fig. 1 Debbie Drechsler (1996) *Daddy's Girl*, p. 4 (excerpt). Copyright ©1995 Debbie Drechsler & Fantagraphics Books.

Fig. 2 Debbie Drechsler (1996) *Daddy's Girl*, back cover.  
Copyright ©1995 Debbie Drechsler & Fantagraphics Books.

Fig. 3 Julie Delporte (2013) *Je suis un raton laveur*, cover.  
Copyright ©2013 Julie Delporte & La Courte Echelle.



story entitled 'Visitors in the Night' (Drechsler, 1993) that would be fictionalized in later collections; the little girl's name was changed to Lily. This sets up the first of several close relationships that the young victim has with animals. Unfortunately, in an attempt to protect its young owner from sexual abuse, her beloved dog Marvin is brutally killed by her father. A pet cat also plays its part in this tragic tale, and most notably on the covers of two different editions of the book. On the front covers of the 1996 American edition and the 1999 French edition, the cat is shown napping on the young girl's bed as Lily's father enters the room with a leering look on his face. The back cover of the American edition shows the pet cast aside in the corridor (see fig. 2), while the back cover of the French edition shows it fleeing the scene of horror. In both cases, its eyes express a state of distress.

The importance given to animals in *Daddy's Girl* reflects the essential role our 'four-legged friends' play during childhood. The particular way children identify themselves with animals was noted by Sigmund Freud. In *Totem and Taboo* he writes: 'The child does not yet show any trace of the pride which afterwards moves the adult civilized man to set a sharp dividing line between his own nature and that of all other animals. The child unhesitatingly attributes full equality to animals; he probably feels himself more closely related to the animal than to the undoubtedly mysterious adult, in the freedom with which he acknowledges his needs.' (Freud, p. 905) In addition to this observation, we could also note the vulnerability that children share with animals: Lily, her dog and her cat are each absolutely powerless before the omnipotent adult. Most importantly, each is forced to be mute, either by nature or by coercion. For the child, this constraint isn't solely due to the threat of the abuser but also due to feelings of shame and the nature of the trauma. Psychiatrist Louis Crocq writes: 'In such cases of sexual assault, the traumatic scene causes a double disorganization of the references acquired so far: an undermining of the internal world – particularly in its instinctual dimension – and a breakdown of the certainties of protection and trust invested in the images of adults ... From the psychodynamic perspective, the abused child is shattered by the sudden injection of human violence into his existence.' (Crocq p. 88, my translation)

Psychiatrist François Lebigot describes the breakthrough of this raw reality into the psyche as 'the moment of the fright, without thoughts, without ideas, without words.' (Lebigot p. 22, my translation) The victim feels abandoned by language and, in extenso, by humanity. Lebigot notes that many victims subsequently 'refer to [themselves] as an animal.' In which case, the cat isolated on the back covers of *Daddy's Girl* might be seen as a symbolic representation of Lily being 'cast out' or alienated from both speech and humanity.

Besides this allegoric substitution, the child might also be seen as being reduced physically to the status of a 'dumb animal'. In the mainly autobiographic comic book, *Peau de Lapin* (Rabbit-skin), Gauthier tells the story of a child victim of domestic violence who always wears a rabbit-eared cap. Her character shares: 'The time of fear ... at the top of 7pm. When my dad was coming home, I



Fig. 4 Julie Delporte (2011) *My Desire Will Resist to Winter* (collage).  
Copyright © 2011 Julie Delporte

was the rabbit and he was the hunter, hiding myself in the forest our home had become.' (My translation) Briefly committed to a psychiatric clinic, the child interacts with nurses who are shown in human form, but with patients depicted as 'composite therianthropic' figures.

In a frame of his short story *Barnyard Animals*, Craig Thompson depicts his graphic alter ego as a naked owl-headed man who hides his genitalia with his hands. In this form, he pronounces his only speech balloon in the six-page story concerning his relationship with a childhood friend who was the victim of sexual abuse. Thompson had already evoked the childhood sexual abuse he himself suffered, in his graphic novel *Blankets*. In *Barnyard Animals* he emphasizes the 'tacit complicity' between animals and abused children. Yet, by hiding the genitalia of his naked body and, on another page, by using the motif of 'the Tree of Knowledge of Good and Evil', the artist also reveals a crucial difference between them. On this topic, Jacques Derrida writes: 'The property unique to animals, and what in the final analysis distinguishes them from man, is their being naked without knowing it.' (Quoted in Chaney, p. 57) Unlike the animals with which they share muteness and powerlessness, children who are victims of sexual abuse are forced to realize their own nudity in the most debasing manner. Suffering from feelings of degradation, guilt and shame, the child will then be caught between his or her human and his or her animalized nature; he or she is in a state of 'lost innocence', symbolized by the composite therianthropic figure.

The same motifs can be found in the works of French comic book artist Julie Delporte. As a six-year-old victim of abuse, which she evokes in her booklet *Encore Ça* (Talking about that again), Delporte draws a frightened and powerless cat. Later, in the anthology *Comics as Poetry*, she depicts a comforting koala. And then again, a racoon 'washes the sadness' of a little girl, in her children's book *Je suis un raton-laveur*. (I am a raccoon; see fig. 3) On a page of her web journal, Delporte uses also a composite therianthropic figure to picture her partner, who might be seen as a kindred spirit. Lying naked together, they 'will experience the border between sacred and profane', between two opposing states of nature. (See fig. 4)

In his *Suckle-Crumple-Ripple* trilogy, among other themes, Canadian artist Dave Cooper explores that of the sacred and the profane. In his fourth graphic novel, he recounts the sexual harassment he suffered as a teenager. Introduced on its front cover as a 'surreal mixture of dreams and memories', *Dan and Larry in Don't Do That!* has on its back cover a look-alike 'Tree of Knowledge of Good and Evil'. The novel indicates a bird-shaped alter ego: Dan is a teenage anthropomorphized duck who is harassed by his older pal Larry; he is torn between his emerging desires, his enforced silence, feelings of shame, and the menace of being 'infected' by Larry's 'distinct

pattern of behaviour'. (p. 88) The fear of entering 'a cycle of abuse' is also at the heart of Dean Trippe's autobiographic webcomic *Something Terrible*. This story evokes the rape he suffered as a child, and Trippe reveals how he found comfort in one of the most famous comic book therianthropic figures: Batman.

Torn between their forced 'animalization' and an imposed, debasing sexualization, these child victims of abuse seem to have been made prisoners of muted and mutated bodies. Comics art, through its graphic immediacy, reveals the various forms of this alienating state – whether confiding in pets or being symbolically transformed in a 'composite therianthropic figure'. As a 'mute' and 'composite' artform by its own nature, acting as a mirror to silenced and shattered minds, comic book art is an opportunity to visually enunciate the unutterable. ▀

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# THE ORIGINS OF OUR STORIES

## Superheroes and mental health practice

Valentino Zullo

It is a truth universally acknowledged that a superhero must have an origin story. Although little might be known about the hero upon first acquaintance with the reader, origin stories serve to illuminate the histories of these characters, and simultaneously uncover the driving force behind their missions. One has only to think of Superman and his intention to protect Metropolis – and in turn the world – after suffering the traumatic loss of his home planet. Batman is driven to protect Gotham after painfully witnessing his parents' death. Spiderman is compelled by his guilt, which he carries with him after the death of his uncle. After dishonorable discharge from the army, Batwoman aims to serve and protect Gotham in a way that she no longer can for her country. These are perhaps some of the best-known origin stories, but the list could go on.

You might ask: What do superheroes and their origin stories have to do with mental health? The idea is quite simple: the superhero narrative, with its emphasis on an origin story, asks a question that offers a powerful alternative to the suffocating, demanding query offered by the diagnostic model which informs so much modern mental health practice. The diagnostic model does not consider origins. Instead, when it asks, 'What are you?' it occupies itself only with the symptom – the superpower – of the individual. In opposition to this, the superhero story proposes that the superpower is a physical manifestation of the origin, and while it does provide insight into the individual, it does not define the character. The superhero story asks: 'Where have you been?' Mental health practitioners might learn from this insight, and recognize the need to look beyond the proverbial '*bams!*' and '*pows!*' of our clients' lives. We must not simply be preoccupied with symptoms. It is not the flashy fights that have driven the popularity of superhero stories, and that spectacular kind of 'action' should not be the sole focus of clinical practice.

An origin story is integral to any superhero narrative: we have to appreciate the history of the individual in order to understand his or her current emotional and mental condition. Indeed, the origin story is retold so often because all the other stories depend on our familiarity with the personal narrative of the characters involved. This valuing of stories – each unique to the individual concerned – brings us back to the psychoanalytic realm of mental

health practice, where origin stories take precedence over diagnoses. In the opinion of psychoanalyst and literary scholar Vera Camden, 'Psychoanalysis and the narrative that it unfolds construct a life testimony.' (Camden, p. 102) What is uncovered in analysis is the origin story of an individual. And just like in the superhero comics, when a therapist works with a patient he or she has to bear witness to the different incarnations of the individual, and to every time the hero saves the city, the world, the universe he or she is protecting.

And so I suggest that psychoanalysis and superhero comics share a curious common feature, one which the current incarnation of mental health practice might learn from: they both share a devout investment in the unique origin story of each human being. Camden precisely captures the mutual interest shared by the superhero narrative and psychoanalysis: 'A psychoanalysis ... like a work of literature, is unique. It is not typical; it is not in that sense "repeatable".' (Camden, p. 100) Much like an analysis, a superhero's origin story is also not repeatable. It is always unique. A superpower – the tangible manifestation of the origin – might be repeatable, as seen by the fact that many heroes have the same powers, but the origin story itself is not. An origin is unique and particular; our knowledge of it illuminates the patient's actions, and, in turn, allows us to help him or her. While it is very easy to be distracted by symptoms, we must look beyond the tip of the iceberg, and delve into the origin. Mental health practice should not simply be about identification – as is proposed by the diagnostic model – but rather about exploring the history of the individual.

In fact, Superman is unique and exciting not because he can leap tall buildings in a single bound, or because he is faster than a speeding bullet. Rather, what entices readers and fans to return is the origin story: learning about the traumatic events which motivate his mission. Superman's ability to sublimate his traumatic origins by means of heroic acts is what has kept readers returning for more than seventy-five years. And although Superman could perhaps take over the world with his powers, instead, because of his central purpose, he chooses to use his powers for good. The same is true of Batman, Spiderman and Batwoman. In recent years we have also seen a rise in the interest of female origin stories, and an increasing desire to understand not only the origins

of female psychology but also female trauma.<sup>1</sup> It is no surprise that some of the best selling comics of all time are retellings of origin stories, including *Batman: Year One*; *The Killing Joke*; *Superman: Birthright*; and *Ultimate Spider-Man*. Readers of superhero comics return to the origin stories so as to (re)experience those characters' unique narratives, and to understand how their histories sustain their purposes.

What a superhero narrative – and an analysis – ultimately offers is a refuge in our modern world of diagnosis. Mental health practitioners must not simply be distracted by superpowers or symptoms. We must not fixate on the superpowers, as the citizens of Metropolis did in that famous line, 'Look! Up in the Sky! It's a Bird ... It's a Plane ... It's Superman!' We must see that Superman's history is what drives him and makes him who – not what – he is today. Then we will be able to see our clients as individuals with a history, not items simply to be categorized. ■

**Valentino Zullo** has an MA in English & Women's Studies from Bowling Green State University. He is currently a student at the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University. He is also training at the Cleveland Psychoanalytic Center.

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### Endnote

1. I have written about this at greater length when I explored the *Batwoman* series recently published by DC Comics. See: Zullo, V (2014) JH Williams III's *Batwoman* and the depth of the surface: Visualizing a new definition of identity as embedded in the skin. *Journal of Graphic Novels & Comics* 5:2 137–53.

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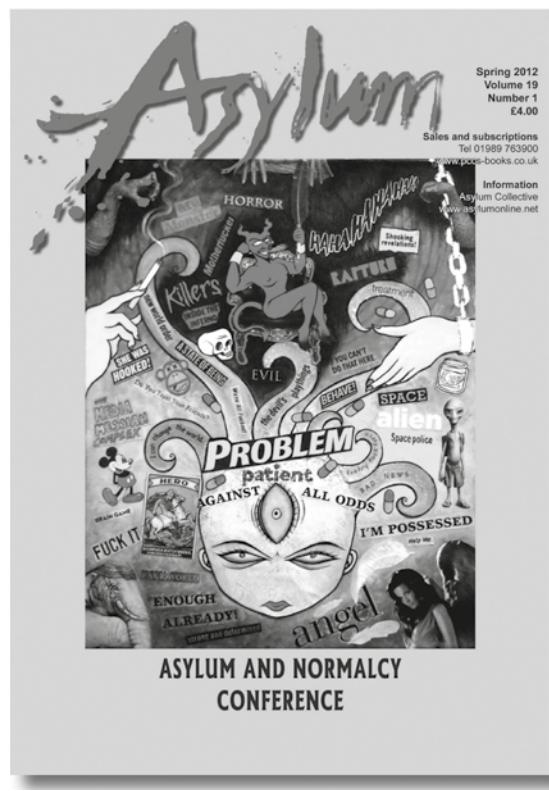
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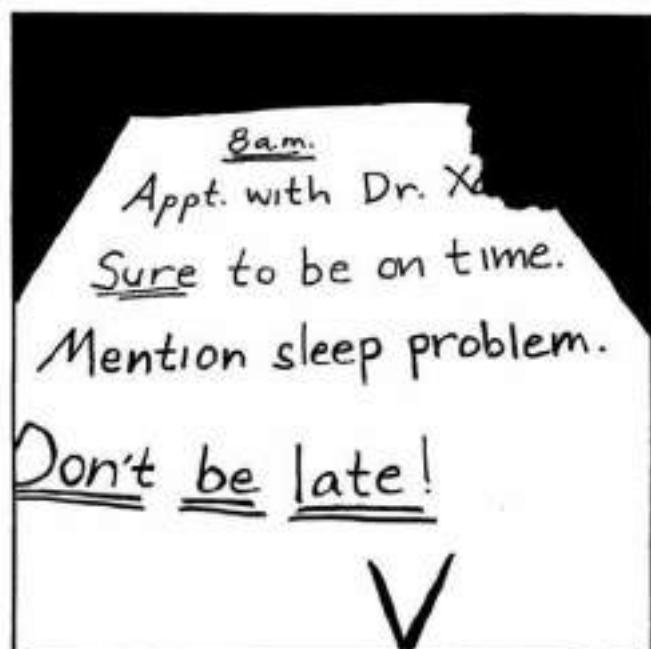
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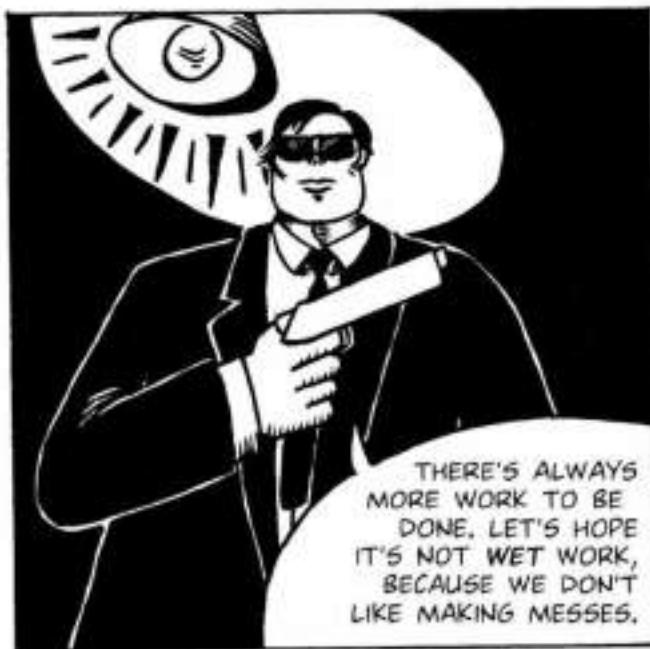
**Heinz Insu Fenkl** is a writer, editor, translator and folklorist. His first novel, *Memories of My Ghost Brother*, was a Barnes and Noble 'Great New Writer' selection and a PEN/Hemingway finalist. He is on the editorial board of AZALEA: the Journal of Korean Literature & Culture (published by the Korea Institute, Harvard), and is a consulting editor to the internet translation journal Words without Borders. He is best known for his deconstruction of the Starbucks logo and his translations of North Korean comics. At the State University of New York, New Paltz, he teaches a comics course 'Visual/Verbal Storytelling', and another on 'Great Books of Asia', which focusses on religious texts. In 2010, after receiving a koan, he began translating the poetry of Korean Zen Master Cho Oh-hyun (including his Oxherding poems). His most recent prose translation, Yi Mun-yol's short story, 'An Anonymous Island', was published in *The New Yorker* (12 Sept., 2011), he also had his own short story 'Five Arrows' published in *The New Yorker* (3 August, 2015).

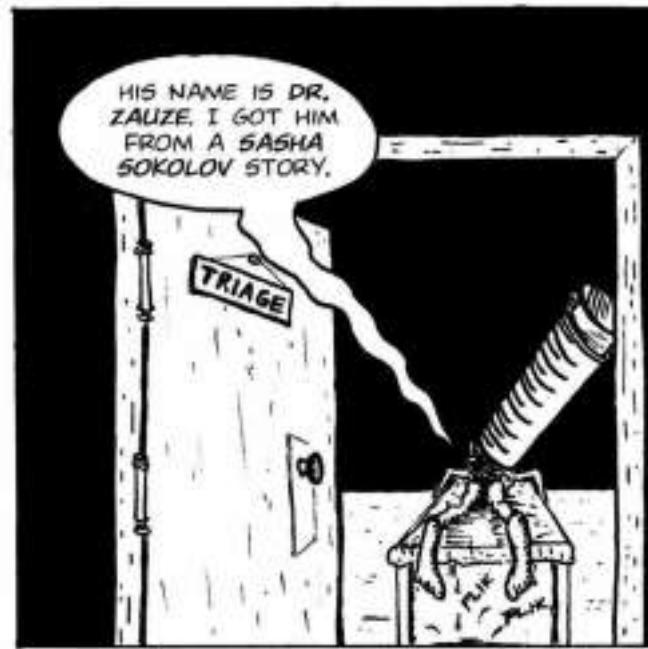
















SOME PANELS FROM THIS PIECE – THE ONES WITH THE MEN IN BLACK – ARE BASED ON A STORY BY MY FRIEND CARLOS KASTRO WHO, LAST I HEARD, WAS LIVING NEAR PARIS.



I'VE GOT TO WAKE UP SOMEHOW.

CARLOS IS BEST KNOWN FOR HIS COMIC BOOK ADAPTATION OF THE NIGHT OF THE LIVING DEAD.

I STUDIED RUSSIAN LITERATURE AND PSYCHOANALYTIC CRITICISM IN GRADUATE SCHOOL WITH DANIEL RANCOUR-LAFERRIERE, AUTHOR OF THE CLASSIC WORKS SIGNS OF THE FLESH AND OUT FROM UNDER GOGOL'S OVERCOAT.

MAYBE THAT'S WHY MY DREAMS ARE SO OFTEN LAUGHABLY FREUDIAN.

AND BY COINCIDENCE, THERE IS ANOTHER CARLOS RELEVANT TO THIS STORY – CARLOS CASTANEDA, WHOSE COLLECTED WORKS I STUDIED IN A SEMINAR ON COGNITIVE PSYCHOLOGY TAUGHT BY CHARLES TARTT, WHO CONTINUES TO RESEARCH PARANORMAL PHENOMENA FROM A SCIENTIFIC PERSPECTIVE.

I INDEXED ALL OF CASTENADA'S WRITINGS ON DREAMS FOR THAT SEMINAR, BUT NO AMOUNT OF READING ABOUT THE SEMI-FICTIONAL DON JUAN COULD HAVE PREPARED ME FOR WHAT I EXPERIENCED DIRECTLY IN THE DREAMING.

IT IS A POTENTIALLY DANGEROUS PLACE – WHERE THE LANDSCAPE IS ONE'S OWN MIND INHABITED BY THE PERSONIFICATION OF ONE'S DEEPEST SECRETS AND FEARS.

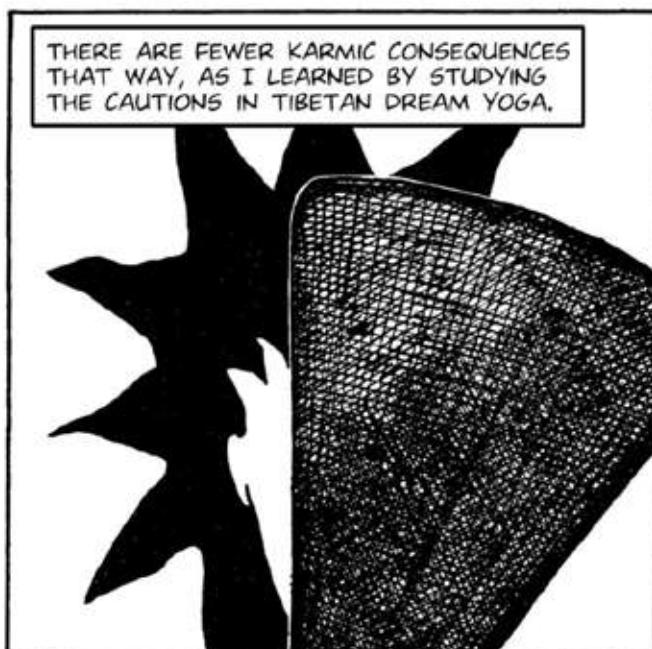
GO AWAY!  
I DON'T WANT  
TO BE HERE ANY-  
MORE. AGH....

I HAVE AN IRRATIONAL FEAR OF LEAVING DOORS PARTIALLY AJAR WHEN I SLEEP BECAUSE THE DREAM WORLD ITSELF IS AN OPEN DOOR – AN INVITATION.

I KNOW THERE IS NO BOOGIE MAN...

...BUT IN DREAMS HE MIGHT BE ANYWHERE OR ANYTHING.

ANYWHERE...



# Mental Health and Comic Books

Steven Fraser

Receiving a diagnosis of mental illness is arduous. Psychiatrists and specialists ask you probing questions. You are required to look into your past and remember seemingly insignificant events and occurrences. The sorts of events that circled round the periphery of your life and never seemed to matter. What you did you do Tuesday afternoons at school? What television shows did you watch as a child? Did you attend a badminton after-school club?

Why should you recount these things? It is these throwaway events that make up the fabric of our lives. They act as a blueprint for our future – or at least that is what I am led to believe.

This assumes that what someone had for breakfast as a child has a bearing on their apathy towards others. Maybe the fact that someone struggled in gym class is why they find it difficult to communicate effectively in their daily life. My problem is that I can't talk. I spend hours upon hours in silence. I am always in my own company. I avoid people. I avoid communication. I struggle, and I try. But I also make comic books, illustrations and poetry. I tell stories, consume stories and hope that others will enjoy the stories I create. Mental Health and Comic Books. They work together don't they? Comics can tell stories and mental health seems like an interesting subject area.

In my experience, a psychiatrist won't tell you everything. They leave gaps in the information they bestow. They give you chunks of facts but leave massive gaps in the narrative. They allow you to make assumptions, such as those that I made in the previous paragraph. This seems very similar to the make-up of a comic book. Scott McCloud's *Understanding Comics* (1993) describes how action happens in the gutters between the panels: the white space between the sequential images is where readers weave together the story; that's where they think, reflect and connect. Just like the fragments of my memories that the psychiatrist made me recount, the comic book panels make up the story. Just as the combination of the panels

present the page, the combination of my memories gives an insight into my mental state. Therefore comic books and mental health go together, don't they?

Well not exactly. Comic books very rarely show you how an emotion feels. They tell you about emotion and they interpret feelings, but they never fully express the emotion. The sensations are too abstract.

For example: my main feeling is frustration. A comic depicting my true emotion would be 110,000 pages long, and the first third would be blank. The middle would be a series of abstract images, and the final third would be a burst of brilliant colours – such as an unmade jigsaw puzzle, a piece of Burroughs and Gysin cut-up writing, or what a Jackson Pollock painting would look like if he didn't care. Would this be an engaging story that would grip the reader with evocative images, personal dialogue and a visceral melody between words and images? No. It would be a mess. The gaps between the gutter and the gaps in memory are two different things, and the diagnosis is the easy part. Living with it, making sense of it – that is the hard part. That's the story, and that's what needs to be shown, gaps included.

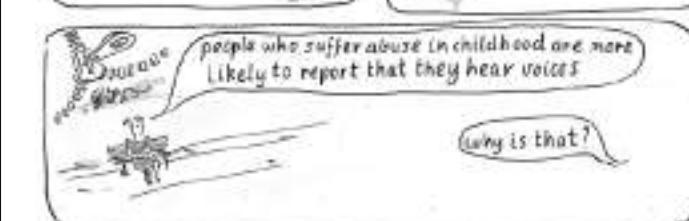
There is potential for a true depiction of the numbness, boredom, frustration and joy behind mental illness. However, there is another aspect that needs to be presented here. Comics are a tangible medium. You can hold them, touch them, turn the pages, read them at your leisure and at your own pace. In my experience, mental health exists in its own space. It works in its own time and it never asks for permission. You can't hold this illness, you can't touch it. You can feel it as it bites your brain, as it pours concrete into your skull and stifles your thoughts. What's left is a shell of a body. What is left is a brain that ticks and ticks and ticks and wants to stop. A comic book makes sense in space and time. Mental health does not.

It is obvious that comic books tell stories. Mental health is not a story. It is difficult to discern the beginning. Sometimes it is impossible to see the end, and the middle is the most trying part. With this affliction, living your life is hard. Comic books make it easier as a form of entertainment and a way to make you think. They can plant the seed of thought and get you thinking about mental illness and how it affects people. Art, literature and storytelling can do this. They can send you on a journey with an unknown destination. Comics can show you the troubles, but when they reflect it the mirror is dirty. ▀

**Steven Fraser** is a writer and artist who likes to work in different media. His background is in multimedia art, illustration, animation and comic books. He likes to experiment with poetry and art, and is the creator of the webcomic/blog Comic Book Poems ([www.comicbookpoems.com](http://www.comicbookpoems.com)).

# Hearing Voices by Simon Wharne

asylum winter 2015 page 23



# Pinky's Heroes

Will Aindow

*Pinky and the Brain* is a popular cartoon which ran in the mid-90s as its own show following a successful segment on *Animaniacs*. The two characters live in a cage in The Acme Research Laboratory. They had been subjected to electro-chemical experimentation, which gave them unusual characteristics. The title sequence to the show introduces the premise for every show with the dialogue:

Pinky: "Gee, Brain, what do you want to do tonight?"  
The Brain: "The same thing we do every night, Pinky – try to take over the world!"

At the outset, Pinky and the Brain are defined: 'One is a genius, the other is insane'. When they combine, all kinds of mayhem ensue. Brain's ability to produce detailed mathematical/scientific formulas, complicated schemes, plans and projects to conquer the world, his intellectual arrogance, coupled with his huge frontal lobe, all seem to suggest that he is the genius. This is in stark contrast to the bungling silliness and childlike, seemingly 'bonkers' antics of Pinky, which cast him as the insane one.

However, to apply this kind of reasoning does a disservice to both characters and to the subtlety of the show. In Jane Austen's *Sense and Sensibility*, to suggest that Elinor Dashwood was the embodiment of good sense while her romantically-inclined sister Marianne was governed solely by her delicate emotional sensibilities would be to deny the complexity of their characters and their relationship with each other. Labelling and interpreting Pinky and Brain in a similar binary way creates an artificial split that is unhelpful and, as Brain remarks, 'Aren't we rodents stigmatised enough already?' Both characters display a wide variety of behaviours and have a relationship that performs a mad dance over the entire spectrum, while creating maximum disorder.

The ambiguity concerning the mental health status of the two mice is reinforced by the conceit behind the show itself. Almost every episode includes a botched attempt to take over the world. This echoes Albert Einstein's definition of insanity: Doing the same thing over and over again and expecting different results.

It is clear that Brain has a Napoleon complex. His pathological and relentless megalomania are a caricature of many fictional villains. 'World Domination. The same old dream. Our asylums are full of people who think they're

Napoleon or God'. (James Bond/Sean Connery in *Dr. No*, 1962). In 'Napoleon Brainaparte' (Season 1, Episode 7), Brain does get mistaken for the Emperor. Shedding light on his mistaken identity, Brain remarks, 'They're expecting a tiny little megalomaniac who is bent on ruling the world. Instead they have me.'

Brain's mad logic becomes clear in his motivation to save the world in 'Snowball' (Season 1, episode 9). For it is only by saving the world that he will have the opportunity to conquer it the following evening. Trapped in a Groundhog Day of his own grandiose making, Brain occasionally shows insight into his dilemma. This may be by attending Megalomaniacs Anonymous for an episode, or by repeatedly bashing his head against a wall. Possibly this is an expression of the futility of his endeavours that repeatedly amount to nought, whilst also introducing a younger audience to acts of self-harm. At the same time, Brain's anti-hero resilience, his persistence and his ability to put the pieces back together and start again is thoroughly admirable. Perhaps this is only equalled by Paul Newman as Cool Hand Luke, who captures this defiant spirit cinematically: 'Oh Luke, you wild, beautiful thing. You crazy handful of nothin' (*Dragline*, in *Cool Hand Luke*, 1967). But, as Luke reminds *Dragline*, 'Sometimes nothing can be a real cool hand.'

Pinky, on the other hand, has a carefree attitude towards life, and his ludic joyfulness acts as a comic foil to Brain's sardonic and droll adult put-downs. It is possible that Pinky has Tourette's syndrome. He also has a savant-like ability with anagrams, a penchant for women's make-up, a delight in cross-dressing, certain paranormal powers, a love of ballet and an in-depth knowledge of low-brow trivia. Whatever Pinky's mental health status, either he does not receive treatment or he is non-compliant with medication. Brain cruelly observes, 'The fact that your mind is not clouded by medication only fills me with pity.'

Pinky is consistently ridiculed, insulted and frequently physically assaulted by Brain. That Pinky often responds with laughter makes these incidents no less uncomfortable to witness. Even in a show that contains a great deal of slapstick and gratuitous 'cartoon violence' there is something disconcerting and 'Punch and Judy' about this. Being consistently demeaned, humiliated and let down, Pinky has every reason to hate his cage-mate. Instead, he responds with 'Narf', kind-heartedness, empathy, compassion, loyalty, understanding and selflessness. In a show that relies on anthropomorphism, it is these qualities that distinguish Pinky as 'a real human being and a real hero' (*Real Hero*, College + Electric Youth, *Drive*, 2011). This is demonstrated in Pinky's undelivered letter to Santa, in 'A Pinky and The Brain Christmas' (Season 1, Episode 8).

I wish to tell you about my dear friend the Brain. He is honest and very hard working and only wants the best for the world but he gets no reward. He is only greeted with defeat. He never gives up but I know it must be very hard. So please take anything you have for me and give it to my best friend in the whole world – The Brain. Love, Pinky.

P.S. By any chance do you have in that big old bag of yours the world?"

Pinky acts as a constant reminder that we belong in this world together regardless of whether your best friend and/or alter ego has a pathological need to conquer it. We all have friends like this – everybody wants to rule the world. It

is with this in mind that I nominate The Brain for the position of Ambassador for Neurodiversity (If the big hat/apronym fits ...). Any cause worth its salt needs a Tyler Durden, a talismanic figurehead, however flawed, to inspire and to lead, with a global vision and an unshakable conviction to 'blow it all sky high' (*Sky High*, Jigsaw, 1975). ▀

# New computer game will allow players to experience what it's really like to suffer from mental illness

Created by a former psych ward patient, it aims to take players deep into the mind of someone with a serious psychological condition.

You see grimy, blood-spattered furniture and a dark, dim room. As you turn your head there is a broken and jagged window with bloody letters written across it in an eerie fashion. This is what most games with scenes set in a mental institution look like. The patients are usually presented as either brutal killers or babbling nonsense.

This simply isn't an accurate representation of mental illness. *Becoming* is a new game being developed. It seeks to provide a far more realistic view of what it's like to be in a psych ward. It is being created by former psychiatric patient Isaac Benjamin, and it promises to give an insight into the group therapy sessions held in these institutions, the thought processes of the central character, and the events that led to his illness.

This game will be a truly immersive experience, rooted in realism but driven by a compelling, believable plot. It will depict the dreams and memories of a patient, and allow players to participate in therapeutic activities and interact with the other inhabitants of the ward. Professional voice actors will play the roles of different characters, and there will be a strong emphasis on storytelling. Isaac hopes to support current ground-breaking research in mental

health, which indicates that computer simulations are beneficial for both patients and mental health clinicians. For patients, they provide insight into their experiences, and for clinicians the simulations provide experience through the eyes of their patients.

*Becoming* marks a new chapter in computer games, in which the mentally ill will be viewed as multifaceted human beings rather than incoherent idiots or homicidal zombies. *Becoming* has the potential to alter stereotypes about mental institutions, whilst at the same time allowing for a truly enjoyable, thought-provoking gaming experience.

Isaac also has included a development diary. If you would like to learn more about the development of this amazing project, please follow the link to a video:

<http://bit.ly/1OY4pic>

Savannah, USA, July 6 2015.

## Press Contact

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## Invisible Wheelchair

Can you see my wheelchair?  
Why I can't get through the door?  
The obstacles that block me  
From doing that much more?  
How some things are so difficult  
While I'm stuck in this thing  
Yet I know you can't see it  
I need understanding.  
Sometimes there is access  
To where I want to go  
But only I can find it  
Only I can know  
My wheelchair is all in my head  
Not obvious to you  
But terror, fear, anxiety  
Keep forcing me, anew  
To stay in here and battle  
Do mental physio  
To work my cerebral muscles  
So I can stand and go  
Wherever I would like to  
No fears to stumble on  
I long to stand and walk again  
My mental wheelchair gone.

Irene Flack

## Reflections

I stare at the mirror and what do I see?  
Who is that staring back at me?  
  
A girl whose face I do not know,  
a girl who lost some time ago?  
  
I step a bit closer and what do I see?  
I look a bit harder, that isn't me.  
  
A girl whose eyes are full of pain,  
a girl who lives a life of shame.  
  
I wipe my tears and what do I see?  
The girl is doing the same as me.  
  
She holds out her hand, she looks up at me,  
She smiles and says "you can be free".  
  
For this is the girl that I once knew,  
this is the girl that didn't know what to do.  
  
This is the girl whose name is mine,  
this is the girl who will one day shine.

Caroline Wilhelmsen

## BOOK REVIEW



*The Man Who  
Closed the Asylums:  
Franco Basaglia and  
the revolution in  
mental health care*

by John Foot  
(London: Verso, 2015)  
pp. 424; £20

John Foot's pedigree for investigative journalism shines through this history of the Italian anti-asylum movement. As many readers might know, it is a history which helped to inspire *Asylum* magazine. Our strapline recognises this: Psichiatria Democratica was the organisation set up by Basaglia and his colleagues in the early-1970s. More a historian of modern Italy than of psychiatry, Foot has no axe to grind about the politics of mental health, and he doesn't try to force this complex history into any pre-formed ideology. His interest is in a 'warts and all' account, and this makes for a refreshing and riveting read. Yet Foot is keenly aware that history is never neutral and he's clearly sympathetic to the plight of Basaglia and his co-workers.

However, privileging Franco Basaglia as 'The Man' (who closed the asylums) is potentially problematic. Like many histories, the title appears to reduce social reforms to the actions only of 'great men', and especially the radical psychiatrists, of the time. Foot shows that Basaglia was wary of this tendency – although he was frequently trapped by it. Despite the misleading title, Foot consistently illustrates that Basaglia was embedded within a much broader *polycentric* movement for social change, one which was not just confined to places where he had direct influence. There are, for example, fascinating chapters on developments in Perugia and Parma.

Packed with historical detail – the highs as well as the lows of the movement – *The Man Who Closed the Asylums* is an indispensable resource, especially for a UK readership. We have had to rely on third-hand accounts which were usually either 'Basaglia-centric' or anti-Basaglia. For example, the collectively written *L'istituzione Negata* (The Institution Negated) became a key text of the movement, but it hasn't been available in English. In addition, most of our knowledge has tended to centre on Trieste, where the culmination of the reforms was most visible. This is partly because Trieste was most often visited by mental health workers, academics and activists from around the

world. In this way, it was not unlike the Kingsley Hall project in the UK. But the Italian developments were far bigger in scope and wider in impact.

Foot concentrates mostly on the earlier stages, where some of the ideas and practices were initially developed – at Gorizia, in particular, where Basaglia started his psychiatric tenure in 1961. There he started to dismantle the asylum, and introduced democratic practices adapted from therapeutic communities in the UK – such as mass assemblies, community meetings, patient committees, etc. Basaglia was less interested in these developments as therapeutic, *per se*. He was focused on changing wider social structures and institutions, and viewed therapeutic community as another cage, albeit gilded.

In the 1960s, radical psychiatrists in the UK tried to develop alternative types of asylums, as places of genuine refuge, sanctuary and healing. In Italy, their peers were more single-minded about abolishing the whole system, and were wary of anything that might mimic it. In large part this is because the Italian asylum system was historically bound-up with fascism. For example, asylums had been used to suppress political dissent and silence problematic individuals, and they remained some of the most repressive institutions in Western Europe. Perhaps most strikingly, then, this book illustrates the close links between Italian anti-fascism and the anti-asylum movement.

Like any good historian, Foot details a number of inconvenient truths, which helps prevent an oversimplification of the history in the service of a particular radical ideology. For example, he points out that one of the first protagonists to draw explicit parallels between asylums and the concentration camps was Ugo Cerletti, who was famous (or infamous) for inventing electroshock treatment. (In 1938. Incidentally, there are conflicting accounts about the use of ECT during the reforms.)

Foot is acutely aware of the crucial role played by Basaglia's long-term partner, Franca Ontario. He details her essential contributions to 'Basaglian' ideas, and following Basaglia's death in 1980, her painstaking work to ensure the eventual implementation of the so-called 'Basaglia law' to close down all the asylums. The complexities and compromises involved in getting this legislation passed are described. Unfortunately, many of Foot's insights into the gender dynamics in the movement are tantalisingly relegated to the occasional footnote. As well as a more integrated gendered analysis, I would have liked to hear more about resistance to change encountered from *within* the asylum system.

Foot isn't really in a position to examine the question of how the Italian reforms may have differed from those in the UK. But his book is a useful resource for others to reflect on this question. It is very much a story of the role of radical psychiatrists in initiating change, sometimes with support received from local politicians. Foot does make

it clear that patients had a role in local developments, albeit often as isolated individuals – people such as Mario Furlan, Carla Nardini and Remo Bonelli – rather than through their own organisations. Unlike much of Europe and North America, the lack of patients' organisations in Italy is intriguing. There is surely more of this history to tell – both from patients actively involved in the reforms, as well as from those who may have opposed them. In the UK, the emphasis on (anti-)psychiatrists as reformers has been challenged by the Survivors History Group who have prioritised patients' accounts. I hope a similar organisation will emerge in Italy to tell these stories. If so, they could start by retrieving lost copies of *Il Picchio*, a magazine produced by patients (and edited by Basaglia).

Whilst Trieste became famous as 'the first city in the world to close its asylum', and Italy for 'closing the mental hospitals', this is inevitably a complex story. Although the asylums were eventually closed, emergency centres were still placed inside general hospitals, a situation not that dissimilar to elsewhere in Europe where asylum systems have also been dismantled. And it is worth noting that Basaglia and some of his associates disagreed with that policy.

Perhaps one of the unique features of the movement was that rather than just closing the asylums, they were often subverted and opened up for alternative use. For example, at Arezzo the asylum became a centre for political agitation in the city, with all kinds of debates and cultural activities. In Trieste the hospital grounds were transformed into an experimental space, hosting a range of creative projects and exhibitions. Another unique feature of the Italian experience was the development of patient-worker co-operatives, a development we haven't really seen in the UK.

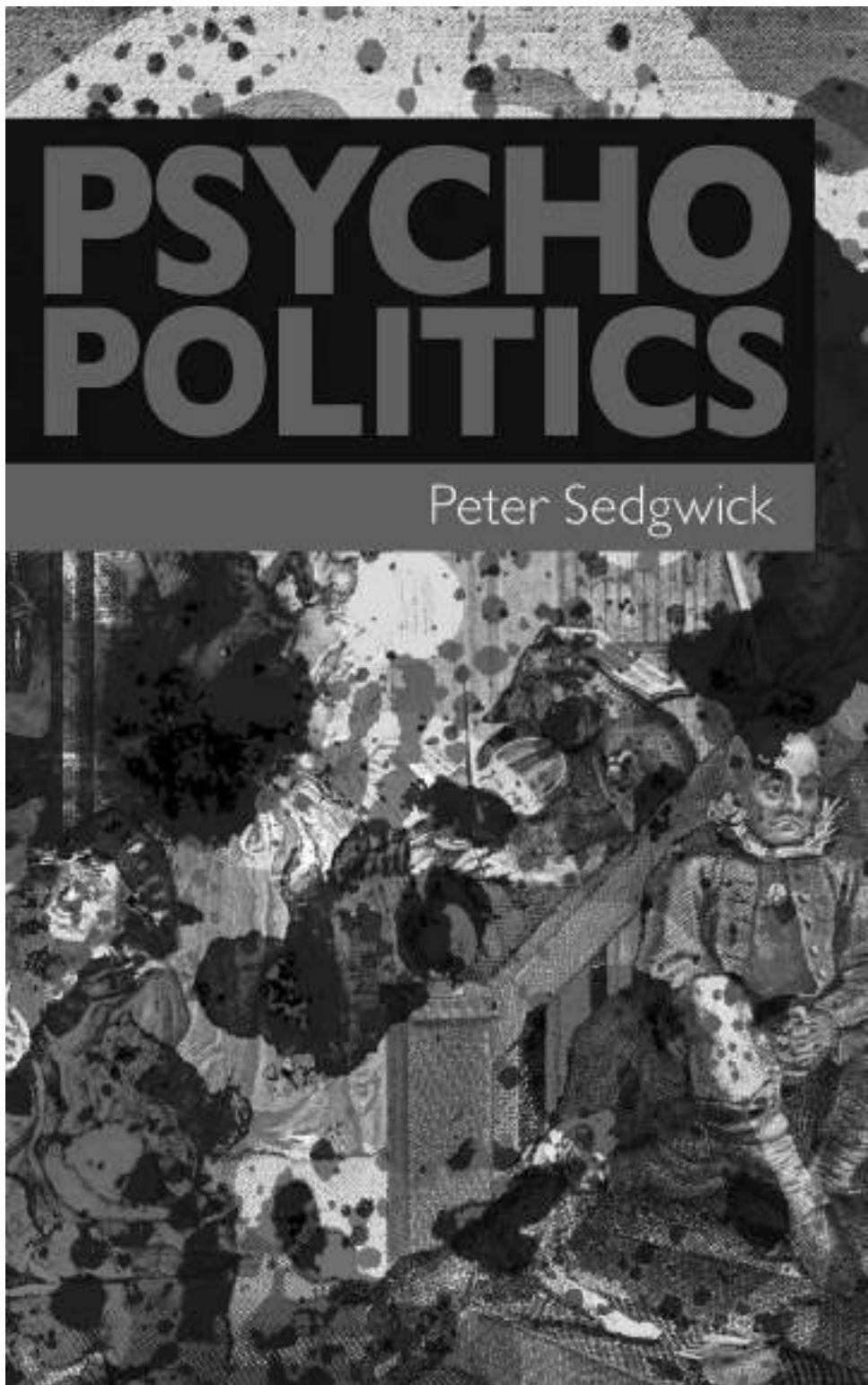
I whole-heartedly recommend this book. Both as an example of the interweaving cultural, social and political conditions in the emergence of a social movement in general, as well as for highlighting the achievements and disappointments, splits, disagreements and compromises involved in a specific movement – within and against the asylum. The book offers a vivid example of what John Holloway refers to as 'the centrality of negation in political activism'. In this case, saying 'No' to the asylum. While politics may be about 'the art of the possible', social movements are often about demanding the seemingly impossible.

Those who know something about the Italian experience will find much to enrich, and perhaps challenge, their perceptions. Those who know little will find it illuminating and informative. As Foot points out, this movement, and especially Trieste, has been more cited than studied and more celebrated than understood. This book goes a long way to rectify this situation. ■

Helen Spandler

# PSYCHO POLITICS

by PETER SEDGWICK  
Unkant Publishing, 2015



First published in 1982, but long out of print, *Psychopolitics* is a classic in the field of mental health. It is one of the few credible critiques of the anti-psychiatry movement which is still significant today.

*Psychopolitics* includes scholarly appraisals of Goffman, Laing, Szasz and Foucault, along with proposals for a politics of mental health which neither separates mind and body, nor abdicates responsibility for the alleviation of suffering. Included in this edition, and published for the first time, is the text of Sedgwick's 1983 address to the Royal College of Psychiatrists: The Fate of Psychiatry in the New Populism.

This edition also has a new foreword by Helen Spandler (Reader in Mental Health, University of Central Lancashire), Rob Dellar (founder-member of Mad Pride) and Alastair Kemp (Mental Health Survivor activist). Their comments serve to situate Sedgwick's work in the current economic and political conditions, where the ruling elites of every country agree that the best way to cure a sick capitalism is, for the foreseeable future, to impose a rigorous and divisive austerity on those sections of the population who are both the least to blame for the economic crisis and the least able to look out for themselves.

Sedgwick argues that mental health movements have over-emphasised individual civil liberty at the expense of developing collective responsibility for mental health care. His argument has wide-ranging implications for political activism, social movements, and the future of mental health care. In the present climate of privatisation, individualisation, cuts and worsening neglect, what he has to say is more urgent than ever.

*Psychopolitics* was launched in the autumn, at a party in London co-organised with the Association of Musical Marxists and Mental Health Resistance Network.

For more information, go to:  
[ammarxists.org/kant-publishing](http://ammarxists.org/kant-publishing)

**LETTER****Searching for a British 'totally anti' scene**

Dear Editors,

It's quite upsetting to only now suddenly discover your existence, thirty-two years after my teenage patient experience in a so-called 'young people's unit'. I have followed Mind Freedom for a long time, then the new campaign Psychiatric Rights Scotland, without coming across you. Is it because I was never in an adult hospital?

You don't come up in searches for anti-psychiatry because you use other terms. I would never have thought of searching 'democratic psychiatry'. I heard your co-founder's recorded talk, mentioning the tension between anti-psychiatry and patients actually favouring some types of intervention. This is why I never joined Survivors Speak Out, in the 90s. When I heard of it and phoned them, in 1992, they had a big event coming up and I asked them, 'Is it totally anti?' I did not feel safe to go to that event because it wasn't totally anti.

More recently I have experienced the scene of local 'collective advocacy' and 'users' forums'. I got into doing some volunteering for that scene, quite safely after my aspie diagnosis, as another step in searching for a British 'totally anti' scene. But local forums like that also seem robbed of the potential to satisfy anyone who is totally anti, by mostly having compromising views that basically accept the treatment system. The one that used to exist in Edinburgh, its core members were folks periodically drugged and considering themselves to need it, only with the decisions made more accountable. I saw that group lose someone who came to it after the trauma of a forced hospitalisation, just for making a remark taken to imply a suicidal tendency. And she was searching for the totally anti scene. I told her about Mind Freedom, but I had no British link to give her.

This was at a council-funded group, and when the advocacy service contracts changed I saw how the corruptibility of such forums eventually brings them to an end. That's what happens to council-supported users' forums. Its folks had considered themselves part of what they called 'the user movement'. But it was proved they are not – they are a manipulated, fake user movement. So it is no wonder I never heard of any part of the real movement through that experience.

**Maurice Frank**

**NEWS & FINDINGS****90 A MONTH DIE AFTER BEING DECLARED 'FIT FOR WORK'**

Ian Duncan Smith's DWP has been forced by the Information Commissioner's Office to release statistics revealing that between 2011 and 2014, 2,380 people died within two weeks of being found 'fit for work' by a work capability assessment (WCA). This averaged 90 people a month.

WCA is outsourced and was run by Atos. (It is now run by Maximus.) WCA has been widely criticised as error-prone and mechanistic, and too often harming the sick and disabled claimants obliged to undergo it. It was always dogged by administrative delays which often left thousands of claimants stressed and penniless. There have also been hundreds of thousands of appeals against decisions, and about 40% have been successful.

These new figures relate to people on or applying for employment and support allowance (ESA), which is paid to anyone unable to work. Claimants found to be 'fit for work' are either put on to jobseeker's allowance – and paid a lower rate – or they vanish off benefits altogether. Between December 2011 and February 2014, 50,580 people on ESA died; of this number, 2,380 (4.7%) had been told they were fit for work. Many of these people would have appealed the decision, a process that can take months. During this period, another 7,200 claimants died after being awarded ESA but placed in a separate work-related activity group identifying claimants unfit to work but who may be able to return to work in the future.

WCAs were introduced by the last Labour Government. Labour leadership candidate Andy Burnham described it as 'a punishing regime', and said the party would stand 'for a humane approach to benefits'; Jeremy Corbyn voted against WCA eight years ago, and calls for it to be scrapped. He says it has caused 'immense distress and suffering for thousands of disabled claimants'.

Tom Pollard of Mind said it was hard to comment on the statistics as they only revealed the number of people who have died while on ESA, not the circumstances or details of the deaths. 'Nevertheless, we do have serious concerns about the benefit system, particularly for those with mental health problems currently being supported by ESA. We desperately need to see an overhaul of the system, with more tailored specialised support for people with mental health problems and less focus on pressuring people into work and stopping their benefits.' TUC general secretary, Frances O'Grady, said: 'We urgently need an inquiry into the government's back-to-work regime. These disturbing findings cannot be swept under the carpet. We need a welfare system that supports people to find decent jobs, not one that causes stress and ill health.'

A consultant physician currently off work with depression wrote to *The Guardian* saying: 'I have just

had my ESA withdrawn following a work capability assessment. I have a job, I'm just not well enough at the moment to do it. If I can't decide which biscuits to buy, would you want me making decisions about how much morphine to give your mother? In medical diagnostic tests we talk about sensitivity – the ability of the test to give a true positive result – and specificity – the ability to give a true negative result. If four out of ten ESA claimants have their benefits reinstated on appeal, then the WCA has an abysmal specificity. Imagine the scandal if a test for cancer subsequently showed that 40% of people previously given the all-clear were found to have the disease. I will be appealing on principle, as well as to enable us to eat and pay our mortgage.'

Butler, P., Thousands have died after being found fit for work, DWP figures show. *The Guardian*. 27 Aug. (2015).

## HIGH RATE OF PHYSICAL HEALTH EMERGENCIES FOR MH PATIENTS

According to a comprehensive study by the Nuffield Trust and Health Foundation, people in England who have had mental health problems are five times as likely to be admitted to hospital as an emergency as those without such problems. In 2013–14, for every 1,000 people with mental health problems there were 628 emergency admissions, compared with 129 among those without. But most of the admissions were for physical ailments. Overall, just 20% of admissions were explicitly linked to mental health, suggesting that too often the NHS treats mental health conditions in isolation. Visits to A&E units were also three times higher, with more than 1,300 attendances for every 1,000 patients with mental health problems.

The researchers considered that many of these cases could have been prevented with better care.

Triggle, N., Physical health of mentally ill people 'ignored'. *BBC News*. 14 Oct. (2015).

## MANY CHILDREN WITH MH PROBLEMS IGNORED BY NHS

The NSPCC reports that more than 20% of all children referred for treatment are currently turned away from mental health services. Figures from thirty-five mental health trusts in England show that 186,453 cases were referred to them by family doctors and other professionals, and 39,652 received no help.

Children and young people (and their families) can be referred to the Child and Adolescent Mental Health Service (CAMHS) if they find it hard to cope with family life, school or the wider world. CAMHS offers help with a variety of problems including violent behaviour, depression, eating difficulties, anxiety, obsessions, self-harming and the effects of abuse or traumatic events; they also treat serious mental health problems such as bipolar disorder and schizophrenia.

The NSPCC found that abused and neglected children were often denied treatment because their cases did not

meet the 'high clinical threshold' required by CAMHS. Those with problems associated with abuse or neglect were automatically referred to CAMHS, but one in six cases were rejected.

Last year the NSPCC reported that the number of sexual offences against children recorded by police in England and Wales was up by more than one third in 2013–14. The charity warns that 'the emotional and psychological fallout of abuse can snowball and get more severe in years to come,' and that there could be a 'time bomb' of serious mental health conditions due to this failure to meet children's needs. In 2014, nearly 100 calls a week were made to the NSPCC's ChildLine service from children who suffered mentally because of abuse.

The chief executive said: 'If children don't receive the right kind of help and support following a disclosure, the damage can last a lifetime and include post-traumatic stress disorder, depression or suicidal thoughts in adulthood.'

A spokesman for NHS England said: 'We do need, as a country, to better understand the underlying causes of why it is that children and adolescents' mental health problems seem to be on the rise, including eating disorders. In the meantime, the NHS is expanding its services to respond, supported in part by an extra £1.25bn pledged for mental health in the March budget.' Children turned away by mental health services. *BBC News*. 12 Oct. (2015); Children 'not getting' mental health help they need, NSPCC warns. *The Shields Gazette*. 15 Oct. (2015).

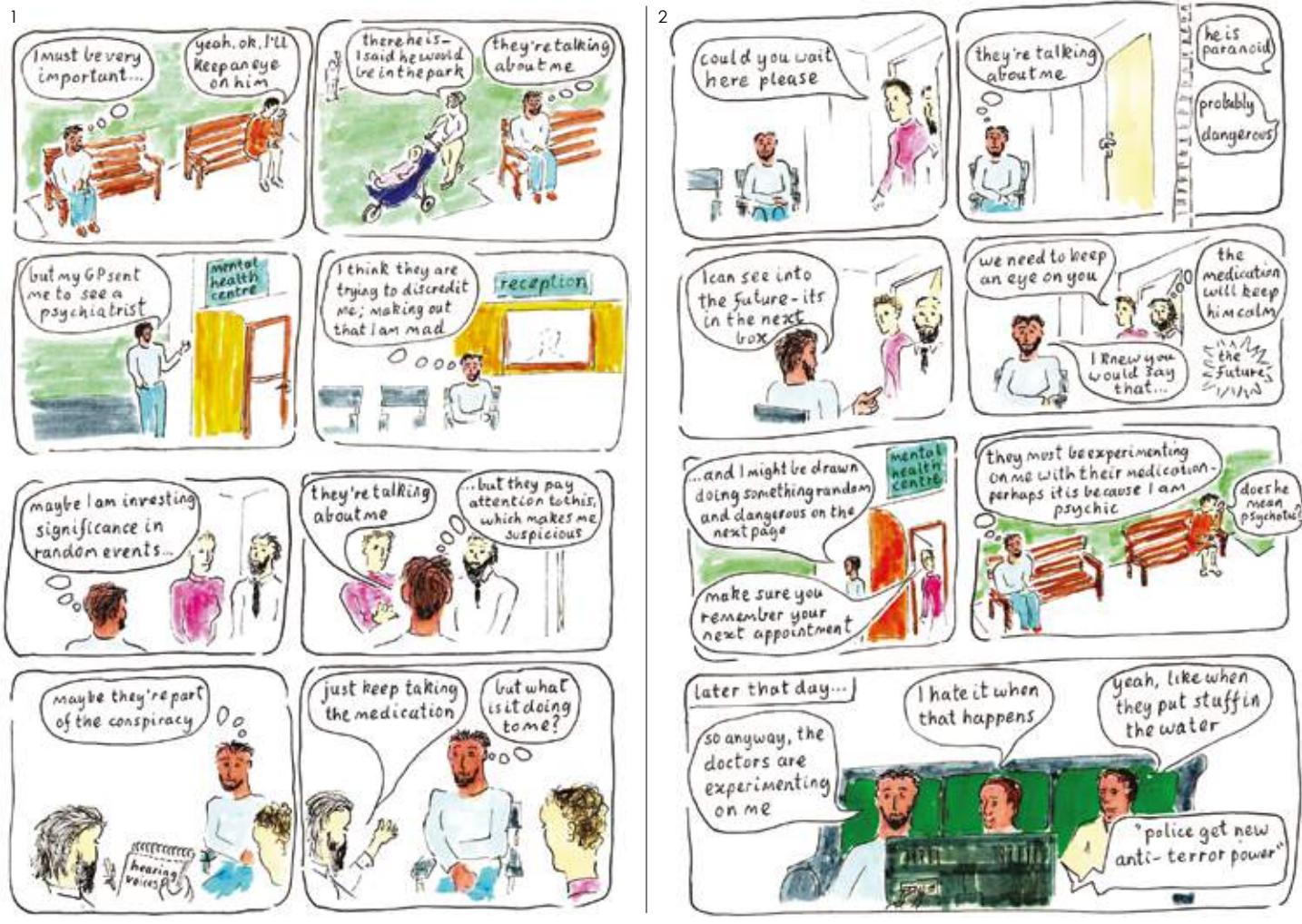
If mental  
illness was a  
comic each  
panel would  
be a different  
style.



Extract from 'Do you want to know what it feels like?'  
By Steven Fraser

# 'They're talking about me'

by Simon Wharne



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