PERSONAL NARRATIVES OF MADNESS

Single Narratives, Autobiographies

This book covers a critical period in the history of British psychiatry: the impending end of the asylum era, the increasing claims of scientificity, especially in relation to “schizophrenia,” by biological psychiatrists and the rise of the anti-psychiatry movement. Mary Barnes was an active participant in R.D. Laing’s exploration at Kingsley Hall in London of “psychosis” as a healing experience which, if allowed to be fully experienced, would bring about its own resolution. The initial parts of the book describes Barnes’ childhood, family, career as a nurse, and encounters with state psychiatry after a diagnosis of “schizophrenia.” Having read Laing’s The Divided Self, Barnes voluntarily joined the therapeutic community at Kingsley Hall in 1965 and became an avid advocate of his methods, experiencing them herself in sessions supported by her therapist Joseph Berke. The book is interesting in that Barnes’ account of her madness is interspersed with the interpretations of her madness by Berke, thus allowing the reader, as Elaine Showalter writes in The Female Malady, to “understand exactly what is left out when the mad woman’s story is mediated through the male voice.” (JK)

A Fight to Be is a vivid account of the identity crisis and the search for self that the author experienced in the mid 1960s in the US, just at the beginning of his adulthood. This was followed by two major psychiatric interventions in the form of several months of hospitalizations, heavy medication, being kept in seclusion, and receiving forty insulin coma treatments.

This book is a profound testimony of how the psychiatric system operates and also of personal struggles to leave patienthood behind and reach much more than survival in life. It is a powerful critique of the medical model of “mental illness” and of the damaging consequences of psychiatric treatment. At the same time it is also an inspiring story about re-constructing identity, unlearning fear, allowing personal growth, taking on risks, challenges, and, ultimately, the responsibility for one’s own life. It opens up a completely different understanding of madness and argues for the necessity to value it as a full human experience, which is to be approached with due respect and genuine interest in the person going through it.

In his therapeutic work, Bassman considers the personhood of the psychotherapist in the relationship with the client to be of central importance for positive outcome: “My model psychotherapy relationship would aspire to maximize: integrity, equality, warmth, rapport, courage to risk, trust, respect, openness, genuineness, positive regard, empathy, unconditional
love, authenticity and an abiding belief that the mystery of life contains the seeds of the miraculous” (p. 235). (JR)


A leader of the American Mental Hygiene Movement and the founder, in 1909, of the National Committee for Mental Hygiene, Clifford Whittingham Beers tells the story of his own madness and confinements in this book. The primary concern in the book is the inhuman conditions and abusive treatment within early twentieth-century mental asylums in the US and the need to change this and create environments where “the insane” could be looked after.

Beers writes: “‘Uncle Tom’s Cabin’ had a very decided effect on the question of slavery of the negro race. Why cannot a book be written which will free the helpless slaves of all creeds and colors confined to-day in the asylums and sanitariums throughout the world?” Beers’ reference to Harriet Beecher Stowe’s work is apt as the reformative efforts of the Mental Hygiene Movement remained largely paternalistic and continued to view “the insane” as unfortunate beings; and Beers himself remained an “Uncle Tom,” accepting unquestioningly the theories of Eugenics and mental hygiene. Nevertheless, his narrative remains an important landmark in the history of public mental health. (JK)


Born in 1928, Betty Berzon is well known as a pioneering psychotherapist and activist of the gay rights movement. A leader of the human potential movement and a trained psychotherapist, Berzon offered group therapy to gay and lesbian people in the 1960s; the tape recordings of these sessions became famous as “Encountertapes.” In 1971, she set up the Los Angeles Gay and Lesbian Community Services. Berzon set up a group for gay and lesbian people within the American Psychiatric Association and is credited as one of those influential in declassifying homosexuality as a psychiatric illness.

However, it was not until her 40s that Berzon came out as a lesbian. In her early years, she spent a number of years in psychiatric hospitals and in therapy following bouts of depression and suicide attempts. “Throughout the more than twenty years,” Berzon writes, “I spent as a young adult in therapy with psychoanalytically oriented psychiatrists I was always assured by them that I was not really homosexual. The pronouncement resonated deep within me and set up the condition for a conflicted identity that plagued me for years to come” (p. 200). *Surviving Madness* is the story of how she resolved this identity conflict and the years that followed as a political activist working for the rights of gay and lesbian people. The book remains one of the few political narratives about the sexual politics of psychiatry and identity formation in the context of psychiatric determinism. (JK)


“You’ve heard descriptions of depression before: A black hole; an enveloping darkness; a dismal existence through which no light shines; the black dog; darkness, and more darkness.
But what does darkness mean to me, a woman who has spent her life surrounded by it? The blackness of my skin; the darkness of my friends and family. I have never been afraid of darkness. It poses no harm to me. What is the color of my depression?” (p. 22). Danquah poses this negative metaphor of blackness associated with depression against the persisting descriptions of the black woman as strong and nurturing, an enduring stereotype that can be equally debilitating. The story of her experience of depression is not just an exploration of a psychological “condition” but of what it means to be a migrant black woman, a Ghanaian living in the US, and the inevitable quest for identity and self that particular subjectivity engenders.

_Willow Weep for Me_ remains one of the few books that explores the specific experiences of black women’s psychological journeys and attempts to debunk stereotypes of race, gender, and normality. (JK)

Originally published in three volumes (To the Is-land, 1982; An Angel at My Table, 1984; and The Envoy from Mirror City, 1985), this autobiography of writer Janet Frame recalls a life permanently ruptured by experiences of psychiatric diagnosis and treatment. Frame grew up in socially conservative New Zealand in the 1930s and 1940s; her childhood was blighted by the drowning of two of her sisters. As an adolescent, she was made painfully aware she was a misfit: a woman who was not appropriately sociable or feminine and whose desires—for a life of writing over marriage and motherhood—were untenable. Eventually, she was diagnosed “schizophrenic” and persuaded to enter the mental hospital where she remained for the next eight years, receiving over two hundred applications of unmodified electroshock.

Frame’s description of this psychiatric treatment suggests an ongoing effort to reform her personality, or as she later put it, to “have myself changed … by a physical operation into a more acceptable, amenable, normal person” (p. 224). Having no place in society, she writes, she also had no credible voice: “When I began to say what I really felt, using a simile or metaphor, an image, I saw the embarrassment in my listener’s eyes—here was the mad person speaking” (p. 215).

This account is haunted by our knowledge of how close it came to never being written, and how many similar personal stories cannot be told. Frame notes that her memory has been shredded by electroshock. Ultimately she was saved from the lobotomy to which her family had consented because she won a literary award. However, she writes that other inmates were not spared this operation—a “convenience treatment” of the pre-drug era (p. 222) whose inventor received the 1949 Nobel Prize. (DS)

Charlotte Perkins Gilman’s views on women’s madness are arguably best examined in her story, _The Yellow Wallpaper_. Published posthumously, her autobiography provides the wider context within which her views about women’s rights, motherhood, marriage, and mental distress developed. Of particular interest to the history of madness and attempts to classify and control it are the descriptions of periods of depression that she began to experience after
the birth of her daughter and her encounters with Dr Silas Weir Mitchell, the proponent of the “rest cure.” Dr Mitchell’s prescription for women diagnosed with “neurasthenia” was enforced domesticity and a ban on intellectual activity. Gilman writes that he exhorted her to “never touch pen, brush, or pencil as long as you live” (p. 96) and that, having followed his advice, she came near to complete mental ruin. Gilman’s experiences of psychological distress, explored both in her fiction and autobiography, paved the way for feminist social and historical re-readings of women’s madness. (JK)


Often described as the first autobiography in the English language, *The Book of Marjory Kempe* is not a book about madness or “mental health” as we understand it today. The book is included in this list because it gives us a rare insight into a medieval spiritual journey: of a woman who was considered to be possessed by spirits and was chained in a store room for six months, and her subsequent veneration within the church. Critiques of psychiatry have argued that experiences often understood in the contexts of mysticism and spirituality are increasingly being pathologized as “psychosis” and “schizophrenia.” Kempe’s conversations with Jesus and her visions gave her a platform for challenging social and religious orthodoxies and constructing an alternative morality of social life. *The Book* is thought to have been narrated to two scribes (one of whom has signed “Salthows” in the final page of the manuscript) and completed in 1438. (JK)

**Maddock, Mary and Jim Maddock (2006) Soul Survivor: A Personal Encounter with Psychiatry. Stockport: Asylum**

This biographical account is jointly written by Mary Maddock and her husband, Jim. It describes the beginning of their relationship and marriage, followed by Mary’s several hospitalizations in Ireland from 1976 to the early 1980s. Mary received various diagnoses, series of electroconvulsive therapy and heavy dosages of psychiatric medication on which she stayed for about 20 years. This is a detailed account of the ways in which psychiatric treatment affects family life. It also documents a slow, step-by-step journey of emancipation from psychiatric “religion” that the couple has jointly undertaken.

The book highlights the decisive role of discovering the political and theoretical work about psychiatric oppression. The final step in the long journey of rebuilding a life after the years of damaging treatment is the couple’s joining the international user/survivor movement in the roles of human rights advocates and activists. (JR)


Author and artist Dolly Sen survived years of childhood abuse, distress, and declarations from professionals that she would never amount to anything. In this memoir, she recalls growing up in South London, the first-born child of an Indian father and Scottish mother. The family had little money, and Sen and her siblings were for years the targets of the cruelty and violence of their alcoholic father and the local community’s racism. Increasingly isolated and desperate as a teenager, she began to hear persecuting voices. She was hospitalized, labeled schizophrenic and manic depressive. The experience did not give her any sense of hope or worth as a human being.
Sen writes with biting wit of a treatment regimen that would otherwise be tragic: the diet of heavy neuroleptics that zombified her (“[they] got rid of my psychotic symptoms—and my life too,” p. 128), the racism that filled her case notes, and the insistence of multiple professionals that she was bound for a special facility, suicide, or, at best, a dead-end job.

The memoir is sharp on the difficulties of life after institutionalization and the struggle to survive in a society that floods her with messages of her worthlessness as a queer black woman, a psychiatric patient, a welfare recipient. A prominent disability arts campaigner today, she has written that she would not be around if she did not have the chance to re-author her story, rejecting the scripts written for her. She was mocked when she told a professional that she wanted to be a writer. (DS)

**Shingler, Aidan (2008) One in a Hundred. Derbyshire: Thorntree Press**

*One in a Hundred* explores the creative and artistic potential of the experiences often diagnosed as schizophrenia and critiques how the psychiatric system treats those who are labeled “schizophrenic.” Having found himself, at the age of 19, to be “one in a hundred”—the oft-quoted statistics on the prevalence of schizophrenia—Shingler went on to experience thirteen further episodes. While he does not deny the experiences themselves, he sees them as representing “a psychic opening” that allow him to comprehend himself better, and considers himself “psyche-sensitive”: “The ether of the planet is heavily charged with humanity’s negativity. Psyche-sensitives tune in to this ethereal energy and are profoundly affected by it. Our darker thoughts and emotions are often simply a painfully acute empathic response to the ills of the world” (p. 80). The book does not undertake an autobiographical narrative in the traditional sense, but is a collection of thoughts, personal anecdotes, poetry, images, and art work. (JK)

**Stewart Williams, Yvonne (2010) Altered Perceptions: An 18 Month Diary, One Day at a Time, in the Life of a Mental Health Service User. Essex: Chipmunkapublishing**

In the description of the book, Yvonne Stewart Williams says that, in writing this book, the main issue for her was not so much whether mental illness can be cured, but “what one does in life in between each acute psychiatric episode. A kind of walking between the raindrops, until you get wet experience.” Indeed, Williams does not present a critique of the diagnosis she was given—schizo-affective disorder—or the role of psychopharmacology, but presents in detail the minutiae of everyday living. Williams is a black lesbian single mother whose son has been taken into care. She is recovering from addiction and her diary details her engagements with the social and psychiatric services, the various well-being and political activities that she is engaged in, thoughts on being black, lesbian, and a mental health service user, and her role as a mother, friend, and woman. Along the way, she describes her several admissions into psychiatric hospitals and her stint in the women’s prison at Holloway. The diary provides a unique view into a part of life—indeed the main part of life—that professional engagement with people’s lives rarely attempts to understand, and the difficult negotiations this life engages in on an everyday basis. (JK)

**Woodson, Marion M/Inmate of Ward 8 (1932, reprinted 1994) Behind the Door of Delusion. Macmillan Co.**

Identified only as “Inmate, Ward 8” at the time of publication, the author of this 1932 book was Marion Marle Woodson, an Oklahoma newspaper reporter from a prominent family. By
his own account, he struggled with “dipsomania,” and after an alcohol-related collapse, he agreed to his confinement in Eastern State Hospital in Oklahoma. On the ward, he had privileged status and access to a typewriter that he used to write this account of hospital life later published by the Macmillan Publishing Company. The book reveals his growing awareness of the true cost of his decision to let himself be declared insane.

This account is especially significant as the chronicle of a new state law authorizing the sterilization of inmates at the discretion of institution superintendents. The law targeted “patients afflicted with hereditary forms of insanity, which are recurrent—idiocy, imbecility, feeblemindedness or epilepsy” (p. 233). The US was the first country in the world to pass eugenics-based sterilization laws, and over 64,000 people were forcibly sterilized under this legislation between 1907 and 1963. [Paul Lombardo, Eugenic Sterilization Laws.] There are, however, few extant accounts of these laws from the point of view of the people against whom they were directed. Woodson writes of the rising panic among psychiatric inmates, and the meaninglessness of the “safeguards” in the new legislation. (DS)
Anthologies, Edited Collections


This is one of the very few books of survivor stories that address the personal experience of people from minority ethnic communities in the Western world, especially from those hailing from African and Caribbean heritage. As Robert Jones, a black survivor, describes in the foreword, these are stories by survivors, not only of an “illness,” but “of a mental health system that is only now beginning to tackle its treatment of Black people, and survivors of a community where mental illness is often hidden, a ‘closely guarded secret’ as described by Autherine in the book.”

Sections in the book address not only what the authors see as the causes and experiences of mental distress and its treatment, but also the struggles of living in the UK as members of communities for whom the experience of intolerance, racism, and discrimination are everyday realities. In that sense, the book is a sociopolitical analysis of contemporary life in the UK. The way the narratives were prepared, through learning to tell stories as a group, the style of writing, and the presentation of the book challenge conventional views on what a personal narrative should be and how it should be put together. By clubbing together the experiences of authors under narrative headings rather than presenting each narrative as a whole, the book makes a statement about the collective nature of personal experiences which differs from an individualistic understanding of personhood. (JK)


This anthology comprises ten individual narratives of people who have undergone psychiatric treatment; one of the editors shares this same background. The authors come from Australia (2), UK (4), and US (4). Each of the accounts is preceded by a separate editorial, which summarizes its content and highlights the specific contribution. Two of the authors work in the provision of mental health services and are open about their personal psychiatric histories. Using the personal story as a main framework of reference, all narratives reach beyond mere description of individual histories and open up broader concepts of madness and distress. The authors do not perceive their extreme experiences as separate from the rest of their lives and identities, nor do they promote any specific coping strategies. Each story de-pathologizes madness and distress and highlights the sense these experiences make as well as their crucial role in personal growth and finding a life of their own. (JR)


This book starts with the premise that personal narratives have a critical role in the knowledge base on mental health and recovery, that “stories of people’s experiences of mental health problems, survival, discovery and recovery are imperative to mental health research and practice” (p. 5). Containing chapters from service user/survivor writers, many of whom also work in the mental health field, the book presents a series of views on madness, recovery, self-management, and strategies for living. No one explanation is given more
importance than the other; the effort is to present the diversity within understandings, explanations, coping strategies, and lives, and views range from the medical to the social, spiritual, political, and cultural. Many of the chapters discuss service delivery within the mental health sector in the UK. “Recovery” is a main focus, providing several counterpoints to the unhelpful articulation of it as a policy-driven, often coercive, approach, and this is achieved by the repeated assertion of personal agency, self-determination, peer support, and self-help.

Several of the authors are well-known figures in the UK survivor movement and bring with them a diversity of experiences and backgrounds. The editors, by their own admission, have not experienced inpatient psychiatric care, but make it clear in the introduction that the point of the book is to present narratives from “experts by experience,” which they see as different but of equal importance to “experts by education and training,” thereby interrogating the idea of expert knowledge in mental health care. The book also contains poetry from survivors, pointing to a different way of “story telling.” (JK)

**Burstow, Bonnie and Don Weitz, eds. (1998) Shrink Resistant.** Vancouver: New Start Books

“This is no ‘normal’ anthology. This is the living testimony of psychiatrized Canadians” (p. 19). So begins this historic Canadian collection comprising the personal narratives, journal entries, interviews, poetry, and art of over forty psychiatric survivors. *Shrink Resistant* was the first anthology by Canadian survivors with an explicitly anti-psychiatric orientation. Its editors, a psychiatric survivor activist and a feminist therapist, collected contributions from people who “had the misfortune of being branded ‘crazy’ and imprisoned in Canadian psychiatric institutions over the last three decades” (p. 19). In the tradition of the speak-outs and consciousness-raising activities of feminist campaigners and other oppressed peoples, the testimonies here aim to inform the public about the truth about psychiatry, as known by the real experts, the people who have suffered its effects first-hand: “We know and deserve to be believed because we bear witness to and have survived oppression” (p. 32). For many, resistance begins with the rejection of psychiatric control of language, refusing diagnostic labels and terms like “mental illness” and “patient” and taking back their “human right to name the world” (p. 22).

The volume hosts diverse voices, including a woman psychiatrized for being lesbian, several indigenous men, former forensic prisoners, an inmate of psychogeriatric wards, and the survivors of a CIA-funded psychiatric experiment in Montreal in the 1960s. There are calls for united political action. It closes with an anti-psychiatry bibliography, a glossary, a bill of rights for psychiatric inmates in Canada and a worldwide directory of groups opposed to psychiatric abuse. (DS)

**Chapadjiev, Sabrina, ed. (2008) Live Through This: On Creativity and Self-Destruction.** New York: Seven Stories Press

“Self-destructive women” fascinate the culture, argues editor Sabrina Chapadjiev in the preface to this US anthology. They are glamorized, or they are assigned pathologies. “This, combined with the fear and shame built around [the topic],” she says, “has made understanding self-destructive behaviours impossible” (p. 11). This volume tries to add to
that understanding “from the inside” based on the personal reflections of nineteen prominent women artists and activists.

These contributors call on their experiences of self-harm, addiction, eating distress, suicidal despair, madness, and other intense states. There is no unifying conclusion to be drawn about the experiences, and Chapadjiev admits she has had to abandon an initial theory about women’s self-destruction and creativity. The contributors’ perspectives are as various as the forms in which they respond, including essays, scripts, poems, artwork, graphic, and photographs.

To give meaning to their experience, some sketch out a context of child abuse, grief, sexual violence, racism, homophobia, and oppressive gender roles. Several refer to a psychiatric diagnosis and medication while others are not interested in this approach. One writer highlights the damage caused by unwanted psychiatric interventions which seek to suppress madness at times of crisis, breakdown, and trauma. Contrary to some psychiatric views, the book suggests that “self-destruction” is an important human experience often tied to personal breakthrough. Chapadjiev writes: “Over and over it is these moments of self-reckoning that have been significant in developing these women’s distinctive voices. For some they have served as a stepping stone to discovering their strengths… [T]he self-destructive actions these women have dealt with … have served as an important place in discovering their power as thinkers and artists” (p. 12). (DS)

Published at a time when the British Mental Health Act was being amended to include, among other things, the Supervised Community Treatment Order, despite widespread protest from mental health, human rights, race equality and other activists, the voluntary sector, academics, and some professionals, this book sets out to celebrate “the first great civil liberties movement of the new millennium,” the Mad Pride movement. What it celebrates is defiance, direct action, the refusal of the “victim” status, and an assertion of the rights of those deemed “mad” by reclaiming and re-articulating that experience. Many of the writers see Mad Pride as part of a wider class struggle, and the points of views expressed are influenced by overt socialist and Marxist philosophy. The book contains essays, diary excerpts, and autobiographical writings dealing with the experience of madness within and outside institutional spaces. (JK)

This collection encompasses contributions from 30 different authors from the UK, some of whom are being published for the first time. The majority of the narratives come from service users/survivors but there are also few contributions from carers and nurses. The primary audience are students who would become future mental health workers; the aim is to provide a “classroom textbook.” All three editors have contributed their own personal accounts of their encounters with psychiatric systems; two of them as patients. The contributions contain descriptions of concrete life events that preceded psychiatric diagnosis and treatment. These life experiences include sexual and physical abuse, drugs and alcohol consumption, encounters with the criminal justice system, etc. Nevertheless, the majority of the authors do
not question the notion of “mental illness” and accept their psychiatric diagnoses as a matter of fact. (JR)

This book comprises accounts of thirty-six authors from fourteen different countries (Australia, Austria, Belgium, Denmark, England, Germany, Hungary, Japan, the Netherlands, New Zealand, Serbia, Sweden, Switzerland, and the US). Twenty-eight authors identify as mental health service users/survivors of psychiatry. Their contributions focus on personal experiences of withdrawal from prescribed psychiatric drugs such as neuroleptics, antidepressants, and tranquilizers. At the same time the contributions provide broader descriptions of authors’ life circumstances and psychiatric experiences. Whatever the individual manifestation of madness and distress, the authors value the experience itself, see it as part of themselves, and want to learn from it. Many find their most difficult experiences necessary for their personal growth. They write about their crises, their decisions to come off medication, the difficulties and struggles, the role of supporters, and all together create a powerful testimony that people with psychiatric diagnoses can use medication in a self-determined way and also achieve drug-free lives.

The book also contains eight contributions from professionals supporting withdrawal from psychiatric drugs in their practical work with clients. The notion of “professional helper” extends to people with personal experience of withdrawal such as a worker from the early years of the Runaway House in Berlin or a person working with natural remedies. (JR)

The Icarus Project is a network of people living with and/or affected by experiences that are often diagnosed and labeled as psychiatric conditions. In 2003, the Project’s US-based co-founders, Ashley McNamara and Sascha Altman DuBrul assembled this reader “out of our community-based website (http://www.theicarusproject.net) which has been helping a brilliant and disparate group of folks find ways to talk about “bipolar disorder” and related madness that make sense to us, the people struggling with our own mental health.”

The zine-like publication collates personal narratives, essays, artwork, self-help, and activist resources. Both McNamara and Altman DuBrul give their own trajectories through madness and into the psychiatric system. The stories take forms that are often strikingly unique, incorporating lyrical language and experimental visual elements such as collage, drawing, and changing typography. Common to them is an acute sense of the crudeness and inadequacy of the psychiatric labels and concepts imposed on their experience: “We have to create a reasonable language to talk about ‘madness.’ Those of us who do talk about it end up with all of these sterile and clinical words in our mouths that feel uncomfortable, never get to the heart of things and very often skirt around the important issues.” The effort is, as they say on the back cover, to present understandings of their experiences as a “dangerous gift,” or as extraordinary human potential that needs to be cultivated and taken care of rather than as a mental disease or disorder to be cured or suppressed.
This Reader is conceived as “an atlas of alternative maps” for others whose experiences get labeled as “bipolar disorder” and “mental illnesses.” It includes “dialogues” or community narratives collected from individual posts on the Project’s web forum postings on topics such as self-care, supporting others in crisis, dealing with the existing mental health system, spirituality, and developing alternative languages for madness. The fifth edition features a post-script from McNamara which updates her personal story and reflects on the weaknesses of the original publication, including its “lack of attention to … race, class, and privilege” (p.79). (DS)

Minkowitz, Tina and Amita Dhanda, eds. (2006) First Person Stories on Forced Interventions and Being Deprived of Legal Capacity, Pune: WNUSP and BAPU Trust
All around the world, millions of people are detained and treated by force on the basis that they are “mentally ill.” They are legal non-persons, denied the right to decide about their own lives like other citizens. This volume brings together the accounts of individuals from India, Japan, Peru, the US, New Zealand, Australia, Lithuania, Ireland, and Italy who have had this experience. The World Network of Users and Survivors of Psychiatry (WNUSP) and Bapu Trust (India), two grassroots user/survivor organizations, published this collection in 2006 with the aim of influencing the content of a human rights treaty, the Convention on the Rights of Persons with Disabilities, then under negotiation at the United Nations.

The volume’s editors, psychiatric survivor Tina Minkowitz (US) and movement ally Amita Dhanda (India), both human rights lawyers, call for attention to the voices of people long dismissed as incapable and untrustworthy: “Through these real life narratives, we want people to know the reality of what our lives are like. At every stage of these experiences, we are conscious, we know what is being done to us and we suffer from it. We are struggling against something that is both irrational and absolute.”

Some of the contributors have been incarcerated for years on account of their political and spiritual views, or at the behest of relatives. They have been clamped to beds, forcibly electroshocked, and injected with drugs that have debilitating physical and cognitive effects. There is a social stigma attached to psychiatric assault and speaking out. Even so, many of these writers do so in the hope that, as Italian survivor Tristano Jonathan Ajmone puts it, “one day someone will enforce justice in this country” (p. 42). (DS)

Self-harm has long been considered a criterion for diagnosing several psychiatric illnesses based on the idea that it is an “inappropriate” behavior. This book is one of the first to openly challenge that notion, arguing that it is an entirely “appropriate” response to some life events. What is “inappropriate” are responses to it from the psychiatric profession, as described by the seven narratives in the book: “For those who work with self-harm there is great reluctance to face it beyond the stereotype. What remains is a huge gulf which is allowing thousands of people to be abused and humiliated by the medical and psychiatric services” (p. 5).

The narratives deal with emotional and psychological trauma, including experiences of abuse that push people to take back control through self-harm. The book also contains a series of
cartoons by the editor. Titled “professional thought disorder,” these cartoons address the inadequacy and ignorance of the phenomenon that continue to exist in professional responses. One of the most important points made by this hard-hitting book is the need “to see the person behind the scars” (p. 7). The book presents suggestions for psychiatric/counseling services and accident and emergency staff on how to work better with people who self-harm and a resource list of organizations and support forums.

Although the main focus of the book is self-harm and responses to it, the book is a powerful critique of the overall approaches in psychiatry, in particular of psychiatric diagnoses. (JK)


In September 1991, the UK psychiatric survivor activist group Survivors Speak Out held a national conference on eating distress, organized by people who had been labeled as eating disordered. This was a landmark event, allowing survivors to share their experiences and analyses of orthodox theories and treatments. This volume gathers the speeches of five individuals at this conference—four women and one man—with personal experience of eating distress and psychiatric treatment.

Anthology editor and contributor Louise Pembroke coined the term “eating distress” to challenge the hegemony of medical accounts of her experience: “The so-called eating disorder label is an inadequate explanation of the very complex reactions and feelings I experience. Indeed for me it is a damaging simplification” (p.28).

Contributors describe being the objects of dominant theories of biological fault and sexual repression. They have experienced cruel and degrading “cures,” like forced feeding, forced drugging, hormones, electroconvulsive therapy, and behavior modification regimes that reward compliance with bathing and toilet “privileges.” They also sketch out theories about the real causes of their eating distress, among them, economic, political, and social reasons which psychiatry cannot fathom. (DS)


The twenty-three contributors in this publication all demonstrate, as the editorial puts it, that “it is possible to be the central agent in your own care and wellbeing, taking control of the previously uncontrollable” (p. 6). The publication came out of the program, Strategies for Living, hosted by the Mental Health Foundation and one of the first user-led programs in the UK to systematically collect, document, and disseminate people’s strategies for living with mental distress. The narratives in the book present several systemic and personal strategies, including self-help and self-management, crisis cards and advance directives, natural flower essences and herbal medicine, personal development programs, harm reduction training, social justice and human rights campaigning, and so on. Each narrative also presents a personal philosophy of understanding mental distress and what “survival” means. (JK)

This anthology was one of the first European collections of writings of people who have experienced mental distress which was not self-published and distributed by a user/survivor organization but published by a commercial publisher. The majority of its fifty-four contributors come from the UK but there are single contributions from New Zealand, Slovenia, and the US. Part of the texts has been reproduced from other sources and part has been written specifically for this anthology. Not all the authors have received psychiatric diagnoses and treatment but they have all personally experienced madness and distress, including the two editors. The contributions describe the causes of emotional crisis, undergoing psychiatric treatment (with the variety of methods including electroconvulsive therapy); they provide insight into life in psychiatric institutions and also in struggles to stay out of such places; experiences of therapy and self-help as well as accounts of user/survivor joint work for change. Covering all these different topics this anthology is one of the first major documents to reveal the potential of distinctive user/survivor knowledge. (JR)


The premise of this book is that the experience of hearing voices is best explained by social models that take into account life traumas rather than a medical model that sees voices as symptoms of psychiatric illness. The book is divided into two sections. The first section contains a chapter written by two of the editors, Marius Romme, a professor of social psychiatry, and Sandra Escher, a science journalist, and lays out the philosophy of the Hearing Voices Movement. The second section contains the fifty narratives of people who hear voices and these put forth the idea that accepting and making sense of the voices they hear is the best way to overcome the distress caused by them. (JK)


Shannonhouse is an editor and health journalist. Her interest in women’s madness, as the introduction to the book shows, is political, historical, and literary. The introduction discusses the gendered nature of women’s madness and poses—but does not answer—these questions: “[W]hat is madness? When is it mental illness? Or when is it the circumstances of a woman’s life driving her ‘out of her mind’?” (p. xii). The collection contains excerpts from both autobiographical and fictional writings by women who have experienced mental distress. Some, like Sylvia Plath and Zelda Fitzgerald, are well known; others less so. The oldest excerpt is from the fifteenth century, followed by several from the nineteenth and twentieth century, ending with the 2001 short story by Maud Casey. The collection represents the interest in the latter part of the twentieth century in women’s writings on madness, especially in relation to the social criticism implicit in them. (JK)


As the writer states in her introduction, this book is about “people who have stopped being mental patients”. Besides Shimrat’s own story of psychiatrization and liberation it includes the accounts of other activists of the Canadian mad movement whom she interviewed in 1994–96. What makes this book a unique and powerful manuscript is the way the author’s personal narrative intersperses with other narratives. The individual chapters by activists speaking in first person are connected by Shimrat’s accounts of their joint advocacy work and main actions undertaken such as publishing the magazine *Phoenix Rising: The Voice of the*
Psychiatrised and founding the Ontario Psychiatric Survivors’ Alliance (OPSA) in 1990. One chapter is comprised of contributions from five women who describe their activism within the survivor movement. The book also contains quotations from recorded group discussions and builds up a distinctive, multi-voiced account of the history of Canadian psychiatric survivor movement. (JR)


Part personal narratives, part theoretical and practical handbook, this anthology is grounded in the knowledge and experience of mental health service users, survivors, and their allies from around the world. The editors, a psychiatric survivor and a psychiatrist, note the book has been put together in line with the growing call from users and survivors internationally for a mental health system which respects human rights and a range of humane help for people in emotional distress.

Many of the first-person survivor stories in this volume are powerful indictments of the harm done by mainstream psychiatry, which is seen to invalidate people's experiences and actually prevent recovery. Nowhere is this more palpable than in the account of then 90-year-old German survivor Dorothea Buck-Zerchin, who endured 70 years of psychiatric coercion, from her forced sterilization to present-day practices of involuntary drugging and restraint.

Other user/survivor contributors speak to the questions “What helps me if I go mad?” and “What alternatives exist to psychiatry?” In rare and detailed personal statements, individuals from the UK, New Zealand, Australia, India, and Germany, describe how they cope with life, especially at times of crisis, while avoiding unwanted psychiatric treatment. Among the supports cited are nutritional and sleep balance, physical exercise, gardening, contact with animals, creative expression, political activism, personal assistance, and self-help and peer support groups. Some of these writers describe how their experiences of alternatives led them to get involved in developing alternative systems of support. The volume presents examples from the UK, Germany, Sweden, and North America, among others. (DS)
This literature review is based on publications identified using standard literature searches of databases of peer reviewed journals. Consequently, the authors found a ‘scarcity of service users’ interpretations of their experiences’ and the review is based on what scholars from a range of different disciplines have written about service users’ interpretations of their mental health problems as well as to documents from service users’ movements. Focusing on the issues of how people make sense of their experiences and also what sense they make, the authors stress the importance of context in the meaning making process. Rather than occurring in isolation, the meaning making of experiences takes place in the context of culture, gender, race, and ethnicity but also within the biomedical context and its “power of psychiatric meta-narrative.” The distinctive value of this paper is the exposure of the phenomena of over-interpreting people’s experiences and the risk that narrative analysis can perpetuate power structures such as the “expert–patient” relationship. One further contribution is moving the focus of interest from “story-telling” to “story-sharing” and the powerful plea for establishing the role of the hearer as a fundamental part of nursing profession. (JR)

First published in 1972, Chesler’s book has become a classic in feminist understandings of women’s madness. It was the first book to critically analyze women’s “careers as psychiatric patients” and how these careers were made within the patriarchal structures of institutional psychiatry. In the introduction to the 2005 edition, Chesler recalls how, in her training as a psychologist in the 1960s and 70s, “we were taught to view the normal female (and human) response to sexual violence, including incest, as a psychiatric illness” (p. 1). The book, based on extensive interviews with a range of women, analyses women’s experiences of madness including asylum experiences, sex between patient and therapist, lesbians, women from developing countries, feminists, and female psychology. The 2005 edition also takes stock of the progress since the 1970s, and Chesler writes that the clinical biases of that period still exist: “Many clinical judgments remain clouded by classism, racism, anti-Semitism, homophobia, ageism, sexism and by cultural and anti-immigrant biases as well” (p. 15). The enduring strength of the book is that the personal experiences of the women Chesler interviewed are placed within the context of a wider historico-political analysis of madness and psychiatry itself. (JK)

Emerging from one of the rare studies conducted by a survivor researcher this paper reports findings from the interviews and survey with psychiatric survivors or ex-patients that the author conducted in 2001 while working on the MindFreedom International Oral History Project. The large majority of thirty-six participants were white Americans, aged over 40, with higher education and diagnosed with schizophrenia. Their stories are published under the real names on the MindFreedom website. This article focuses on the process of recovery, which is understood both as recovery from intense emotional distress as well as recovery from human rights’ violations within the psychiatric system. The findings show the variety of
personal methods which worked for individuals and clearly state that there is no “magic bullet” for the recovery process. The key to this process seems to be the decision to stand up for oneself and take the life responsibility in one’s own hands. (JR)


The authors, members of a Canadian collective of mostly psychiatric survivors, are greatly concerned by the growing appetite among mental health service providers and academics for the “psychiatric patient personal story.” The group observes that over the last decade, the very institutions which for centuries “deliberately and systemically erased the experiences of psychiatric survivors”, have come to pursue and use survivor testimonies aggressively (p. 90). They are relying on highly intimate personal stories, often sanitizing the content, in order to advance their own agenda.

This important paper offers a warning to those who seek to take back ownership of the facts of their lives after psychiatric treatment: the mere telling of one’s story may not be a liberating or restoring act. Of critical concern are the contexts in which personal narratives are authored and received. The group describe its efforts to raise consciousness about the dangers of self-disclosure, “equip[ping] those … being paid, cajoled, and/or manipulated into storytelling with some basic tools … to question and/or resist the practice” (p. 89).

Controversially, however, there is also a strong emphasis in this paper on the “original purpose of storytelling to work towards radical change” (p. 87). The authors seem to suggest at times that some kinds of survivor stories—those “with a social justice agenda”—are more worthwhile and more political than others (p. 87). Thus, they query how stories “can be reclaimed not as personal recovery narratives” (which, in their opinion, reinforce the biomedical model) “but rather as a tool for socio-political change” (p. 85). They also exhort those who tell their stories “to consider doing so in a way that is politically accountable and focused on social justice change” (p. 99). For all the strengths of the paper, this hint of prescriptivism is troubling; it should not be forgotten that for many survivors breaking the silence about their histories, in a form of their choosing, is itself an intensely political act. (DS)


Cresswell, a UK sociologist and historian of the survivor movement, argues here for the importance of personal storytelling by survivors as a way of building knowledge and effecting change. His focus is survivor “testimony,” personal narratives which make a kind of “truth-claim” because they bear witness to one’s own lived-through experience. Other psychiatric survivors have referred to this as “speaking true words.”

established a survivor knowledge base about a human problem (self-harm) traditionally seen as the exclusive property of official psychiatry only. This survivor knowledge exposed the poverty of official psychiatric theories of “non-fatal self-injury.” It also opened up questions about the role of psychiatric “treatment” in generating self-harm. This was a radical challenge to the power of psychiatry.

This essay is especially valuable as an academic appraisal of the philosophical and political significance of the personal stories in *Self-Harm*. Cresswell is aware that survivor personal narratives are a disparaged genre. Elsewhere he laments the continued dismissal of this work as “merely subjective.” He argues that these survivor testimonies transformed human understanding and they should be shaping laws and policies. (DS)


“Context is everything, and that is a poorly understood principle in the history of psychiatric treatment”, writes Jackson. This report, published only as a web document, is part of a project to discover, recover and celebrate psychiatric consumer/survivor history by the Center for Mental Health and the Substance Abuse Mental Health Services Administration in the US. The stories of African American people included here were collected using oral history techniques and thus is different from conventional understandings of what constitutes personal narratives, where stories put together with the “intervention” of a collector/interviewer are seen as somehow less authentic. The choice of an oral history methodology is a political one as explained by Jackson: “The telling of stories has been an integral part of the history of people of African descent. From the griots of ancient Africa to the sometimes painful lyrics of hip-hop artists, people of African descent have known that our lives and our stories must be spoken, over and over again, so that the people will know our truth” (p 2). The attempt is also to address the continuing invisibility of the stories of African Americans within the dominant histories of madness, including those from within the survivor movement.

The report presents a brief history of the treatment of African Americans within the mental health system and psychiatry, before focusing on the oral histories themselves. This is followed by some guidelines on using history projects as tools for personal and community healing and social change. (JK)


This paper describes the outcomes of the dimensional analysis performed on thirty published narratives of recovery from mental illness. The theory which underpins the approach taken in this research is known as symbolic interactionalism. Firstly, the author analyses four central dimensions in narratives: the self, others, the system, and the problem. In the second step, she has identified six explanatory models of recovery: biological; abuse or trauma; combination of biological and environmental; spiritual or philosophical; political; and spirit-breaking. The author is aware of the danger of simplification which is contradictory to the uniqueness of the recovery process and argues for the individualized and subjective outcome measures of mental health services. (JR)
This article is based on a very detailed analysis of two personal accounts of living and coping with bipolar disorder, and their comparison. The distinctive value of the paper lays in its sound consideration of the ethics of work with publicly available narratives and their further processing in research. The author provides a thorough explanation of the difference between the private and the public life of the text: “In the private life of the text, the story and its telling are a function of the identity processes of the teller. In its public life, the participation of the story in cultural discourses becomes “decoupled” from the person as such” (p. 298). Untypically for this kind of narrative research Jones seeks the informed consent from the authors. After failing to trace one of them she abandons the analysis of the third story. (JR)

This is one of the rare studies focusing on black women’s (African, African Caribbean, and South Asian) experiences in England. Another aspect that makes it rare is the fact that the author and the researchers share this same personal background. The study advances survivor research and participatory methodologies through further equalizing of roles in research: the six researchers were also interviewed and contributed their personal narratives. The report is based on twenty-seven interviews conducted in London with women who have experienced mental distress. One of the unique contributions of the research is that the participants were given freedom to put their own meaning into the concept of recovery through also being asked the usually omitted question—what do they think they were recovering from? The most important message from this study is that the participants made sense of their distress in a variety of contexts and that their understandings of their recovery were intrinsically linked to these meaning making processes. These interconnected contexts of meaning making include the sociocultural (such as racism, sexism and other discrimination); the familial and personal (expectations of women roles, physical and sexual abuse, loss and bereavement); and the biomedical (the controversial process of accepting psychiatric diagnosis and treatment). Clearly written and rich in longer excerpts from the interviews this is a powerful account of black women’s perspectives and the ways these should be given due attention in developing systems of support. (JR)

Being a part of the US consumer/survivor/ex-patient (c/s/x) movement herself, Morrison critically observes how psychiatric establishment increasingly takes notice of this movement at the same time attempting to “take control of its representation”. She holds that narratives have fundamental role in the c/s/x movement and characterizes psychiatric writings about them as a “form of colonization.” The paper is based on a comparison of what she calls “the heroic survivor narrative” with findings from twelve interviews that she conducted with c/s/x advocacy grassroots activists. The analysis of the author’s selection of what she considers the most important published narratives of resistance to psychiatrization (Chamberlin, 1978; Millet 1990; Shimrat, 1997; Funk, 1998) reveals the following “five-part framework of experience”: entry into the system, disregard by the system, resistant response, solidarity, and politicization. Subsequently, the author finds out that the experiences reported by her interview partners fully correspond to this same framework and highlights the centrality of the “survivor narrative” for the movement as a whole. An additional value of this paper is the
discussion of the terms “consumers” and “survivors” which are perceived as another form of labeling. The findings from the interviews suggest that these identities are not separate as they appear to be but rather form a part of a continuum. (JR)

Reaume, a Canadian psychiatric survivor and historian, is the creator and teacher of the ground-breaking university course “Mad People’s History.” The course aims to give serious weight to the perspectives of people labeled mad throughout history. In this article, he traces the origins of his work on this curriculum to his time as graduate history student, aghast at the failure of official histories of psychiatry to include “the views of the very core group of people without whom this history would not exist” (p.171).

The course responds to this silence by analyzing the history of psychiatry from the points of view of people on the receiving end of stigmatizing diagnoses, physical and chemical restraints, and invasive “treatments.” There is no attempt here at “objectivity” or “even-handedness.” Reaume writes that “the course deliberately privileges the views of these mad people over the views of doctors and policy makers who so often oppressed them” (p. 171). It should offer a rare, safe academic space where psychiatric consumers and survivors can explore historical issues that significantly affect their lives today.

The article charts Reaume’s ongoing struggle to gain respect in the academy for a curriculum based on mad people’s knowledge, as well as teaching experiences around the course. His achievements are important: getting recognition that survivor knowledge is valid remains an uphill battle, and there are few, if any, university programs of this kind anywhere in the world. The article features a sample syllabus. (DS)

This paper emphasizes the potential of personal narrative to “re-author” or “re-story” a life-project from moving the focus from pathology to personal strengths. It is based on the comparative analyses of four women’s narratives (Deegan, Leete, Lovejoy, and Unzicker) published in peer-reviewed journals between 1982 and 1989. The common themes identified in these narratives include: reawakening of hope; achieving understanding and acceptance; active participation in life; coping; reclaiming a positive sense of self; gaining sense of meaning and purpose; a non-linear journey of recovery; and the role of support and partnership. The author draws implications for research, policy, and practice arguing for the urgent inclusion of narratives as “counter plot” which challenges the dominant discourse of “life-long disability.” (JR)

The author criticizes the increased claims for evidence base in mental health and argues for the value and importance of personal stories. In order to support this argument he refers to post-modernism, to the role of narratives in therapy as well as in understanding psychopathology, highlighting, too, some of the consequences of losing a narrative perspective. However, personal narratives remain situated as complementary to scientific
knowledge, rather than as competitive. In conclusion, the author suggests balanced inclusion of both perspectives in clinical judgments or as he puts it “reconciling probabilistic P-values with personalistic ’P-values’” (p. 440). (JR)

Given the major differences in the nature of data collected in traditional, “variable-centered” and narrative research, the authors argue that the latter requires much more scrutinized approach to the ethics. This requirement has to do with the fact that in comparison to the outcomes of various psychometric tests, the information collected in narrative research holds far more personal investment and value to the participants. A further specific of people’s stories is the multitude of their meanings and possibilities for interpretation. The key contribution of this article lies in raising the questions of ownership and control over individual narratives as well as in discussing potential harm that may be caused by re-interpretation and categorization of personal experiences. (JR)

Tenney identifies herself as a scholar who has “survived psychiatric treatment throughout childhood and escaped its bonds in early adulthood.” In this article, she reflects on her first encounter with the archive of The Opal (1851–1860), a ten-volume, monthly journal that was written, edited, and printed by the inmates of the Utica State Lunatic Asylum. The archive comprises 3000 pages, including “essays, poems, politics of the day, questioning of lunacy and insanity theories and hints of a lunatics liberation movement.” Tenney introduces the participatory action project which she has initiated around this material.

The project aims to bring other psychiatric survivors and activists for human rights in mental health into dialogue around The Opal. This paper highlights the marginal place of the writings of people deemed mad in nineteenth-century America and psychiatric survivors today. Tenney is interested in exploring these groups’ common concerns and the “evidence of a liberation movement dating back to the middle of the 19th century.” At the project’s core is an emancipatory goal: to explore the potential of The Opal to inspire psychiatric survivors today. (DS)

The key contribution of this paper is its strong argument that incoherent and non-linear narratives of madness make sense and should not be devalued on the ground that “they are difficult to hear”. The author applies Bakhtin’s concept of chronotope in her analysis of Mary Barne’s narrative jointly published with Joseph Berke in 1971. She criticizes some academic’s categorizations of mad people’s narratives and medical understanding of recovery “as a template that can be attached to the experience.” The article is all together a strong plea for listening and engaging with people stories and searching for personal meaning, including the meaning behind the “chaos narratives.” (JR)