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Crafting Psychiatric Contention Through Single-Panel Cartoons

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It would be overstating things to claim that comics are inherently challenging or subversive. Nevertheless, given the genre's radical countercultural background, they are well placed to critique prevailing practices and institutions, especially medical and health care systems. As Ian Williams suggests, "There is something about the juxtaposition of drawings and handwritten text in comics that subverts the normal rules about what can be depicted, how it can be described, what one should think of that description and the subtle meanings and counter meanings that can be read into it."[1] In recent history, activists across a range of social movements have used countercultural creative practices, especially comics and cartoons, as a form of resistance.[2] As a result, there have been recent calls for a more "critical" medical humanities project, one that moves beyond its usual focus—on the illness experience and the medical encounter—to specifically engage with the countercultural creative practices of activist movements.[3]

The history of the treatment and management of "madness" is complex and fraught. Psychiatry, in particular, has emerged as a highly contested branch of medicine. Therefore, I use the term *psychiatric contention*[4] to refer to the way that dominant ideas, practices, and policies in mental health have been challenged and critiqued by psychiatric service users, survivors and their allies, supporters, and social movements, including the Mad movement. This essay specifically explores the role of cartoons in this field of contestation. It relies on the idea that social movements have different "repertoires of contention" and suggests that cartoons are an increasingly important part of the growing repertoire of the psychiatric survivor movement.[5] Therefore, I explore the role of cartoons in

contesting, critiquing, and challenging dominant medical and psychiatric framings of madness or mental illness.

This form of psychiatric contention is an important part of the emerging Mad Studies project, which explicitly decenters professional psychiatric-centered knowledge *about* madness and produces alternative forms of mad-centered knowledge—that is, knowledge formed through the individual and collective experience of the "mad."[6] For this reason, I primarily use the nonmedical term *madness* in this essay (rather than *mental illness* or *disorder*) as it is the preferred term used by social movement activists in this field. I explore how cartoons have been used to actively challenge prevailing notions of normalcy, treatments, and systems.

Single-panel cartoons are one element within the broader comic genre. In *Understanding Comics*, Scott McCloud argues that there is a long-standing relationship between comics and cartoons, but they are not the same thing.[7] Cartoons are a style, while comics are a medium that uses that approach. Comics tend to be seen as a form of sequential art where a series of panels (usually consisting of graphics and text) constitute a story (or multiple stories). The single-panel cartoon can be distinguished from the multipaneled cartoon or comic strip/story in four main ways: (1) the cartoon is contained within a single visual panel, (2) there is less ongoing character development and ongoing story, and, most importantly, (3) it captures a message and (4) communicates it to the viewer in a simple, quick, and digestible manner.[8]

In the rest of this essay, I present some examples of single-panel cartoons that have appeared in the U.K.-based magazine *Asylum*. *Asylum* is an independent, quarterly magazine that was first published in 1986 and is still produced today. It was inspired by the Italian Democratic Psychiatry movement and the emerging psychiatric survivor movement. It features critical perspectives on mental health, madness, and psychiatry by service users/survivors, their allies, and mental health professionals. It publishes material in various formats, including articles, stories, cartoons, and poems. In 2015, it produced four special issues on the theme of mental health and comics.[9]

This contribution is drawn from my research study exploring the first thirty years of *Asylum* magazine (1986–2016).[10] I have identified a selection of cartoons that articulate key themes of psychiatric contention during that period. Here I describe, contextualize, and analyze each cartoon's contribution to a specific focus of psychiatric contention—notably electroconvulsive therapy, self-harm, psychiatric diagnosis, and recovery. I suggest that they encapsulate key psychiatric critiques and communicate them in a vivid, accessible, and often humorous way. Moreover, I make the case that they are a distinctive form of what Arthur Frank has called "survivorship as craft" and tentatively suggest that they are a unique style of contestation, created by psychiatric survivors.[11]

A few brief caveats are in order. The examples I give are by no means exhaustive: either of the styles of cartoons or of the range of contested psychiatric

themes illustrated though this medium. There are many other examples I could have used—within and beyond *Asylum* magazine. I have selected these examples because they illustrate how cartooning has been a powerful means of communicating key concerns that have animated the psychiatric survivor movement during recent years. In doing this, however, I am aware of the danger of ruining the cartoons' magic by interpretation and analysis. This is not unlike the problem of analyzing jokes, which once explained, often cease to be funny. I am also aware of the sensitivity of interpreting the work of psychiatric survivors, who have often had negative experiences of psychiatric or psychological forms of interpretation and diagnosis.

For these reasons, I am cautious about using the term *PathoGraphics* as a way of framing this work. Despite the alternative meanings intended by originators of this term, it is hard to separate "patho" from "pathology," thus seeming to imply the importance of professional, medical, and pathologizing illness framings.[12] Inadvertently, this may locate this work within certain frameworks, unintended by the artists. This concern is especially important to the psychiatric survivor movement, which has actively resisted practices of pathologization, medicalization, and co-option. For these reasons, I also purposefully focus my analysis on the cartoon's sociopolitical contributions and consciously desist from any psychological interpretations of the cartoonists.

I hope this endeavor is worthwhile in the following ways: First, by including examples of psychiatric contention within the growing graphic medicine field. Second, by helping to understand the contribution of comics and graphics to mental health survivor movements. Third, by recognizing, honoring, and appreciating the distinctive craft developed by survivors as a form of resistance and critique.

Dorothy Nissen Sibley's ECT Cartoon

This first cartoon was created by Dorothy Nissen Sibley, an ex–psychiatric patient from the United States. It concerns one of the most contested forms of psychiatric treatment in the history of psychiatry: electroconvulsive therapy (ECT). This practice remains highly controversial, in part because it is still used today: mostly as a "last resort" for people with severe "treatment-resistant" depression, especially older women. Indeed *Asylum* magazine has included regular critiques—and the very occasional defense—of ECT throughout its thirty years. For example, in 2014 it included a special issue—"Electroshock (ECT): Brain Damage as Therapy"—put together by an ECT survivor who campaigns against this treatment. Sibley's cartoon was included in the second-ever issue of the magazine in 1986 (1.2:20), and it appeared again in 2010 (7.3:26) as well as in the aforementioned recent special ECT issue (2014: 23:3: 8).

Sibley's cartoon succinctly illustrates some of the key criticisms of ECT. First, that it is usually carried out on women by a male-dominated psychiatric system: in the image, the male doctor looms large over a female patient (there is little

7.1 Dorothy Nissen Sibley, "ECT," *Asylum* 1, no. 2 (1986): 20, reprinted in 2010 and 2014.

suggestion of gender ambiguity). The image clearly suggests that the male doctor has significant power over the prone and helpless-looking female patient. The second main criticism of ECT is that it is harmful and the threat of ECT is used as a way to ensure compliance with treatment regimes. In the cartoon, the patient draws attention to the paradox of using something potentially harmful as a form of treatment. The cover image for the special ECT issue of *Asylum* shows a campaigner holding a "No forced shock" placard, with the accompanying text, "brain damage as therapy." Sibley's cartoon draws attention to the paternalism often used as a justification for this practice (the Dr. says, "I'm only doing this for your own good"). Sibley's cartoon allows us to see this psychiatric critique very clearly, through the patient's dark humor (expressed as "what would you do if you were trying to hurt me?"), clearly suggesting that the treatment is ultimately experienced as harmful, not helpful.

The third main criticism of ECT is that it is often given without the patient's fully informed consent and is therefore part of the regime of psychiatric "forced treatment." This relates to a broader critique that psychiatry relies on compulsory treatment (and detention). Indeed, one of the consistent demands from the psychiatric survivor movement has been for an end to compulsion and, specifically, forced ECT. The cartoon implies that while the patient is not actively resisting the treatment, she is certainly not consenting, either. While the doctor's paternalism is voiced, through speech marks, the patient's critique is unspoken; it is confined in a thought bubble. Speech and thought bubbles are common techniques used in the comic medium to show what can be voiced and what has been silenced. It is possible to illustrate this power imbalance through written prose, but "showing" it arguably communicates this more clearly and vividly.

Historically, psychiatric patients' have often been reluctant to articulate their resistance, especially to their doctor, for fear of it being seen as further evidence of their "mental illness" or "lack of insight," as this may trigger further unwanted treatments. Therefore, a common form of patient resistance has been to fake

compliance with treatment regimens to avoid further hospitalizations and treatments that may be experienced as unnecessary or harmful.[13] Sibley's cartoon, in allowing viewers to see what is often left hidden and unspoken, potentially functions as a bridge between what James C. Scott refers to as "hidden" and more "public" acts of resistance.[14] In summary, Sibley uses simple cartooning methods to illustrate key themes of psychiatric critique *and* resistance. The power of this cartoon to express these themes is evidenced by its repeat appearances in *Asylum*.

Tamsin Walker's Self-Harm Cartoons

All four single-panel cartoons used in this section were created by Tamsin Walker, a U.K.-based illustrator who has personal experience with self-harm and is a psychiatric survivor activist.[15] They all appeared in a special issue of *Asylum* on self-harm (entitled "Minimising Harm, Maximising Hope") as stand-alone images alongside related articles on the subject (20.2 [2013]). Therefore, they all neatly encapsulate another key theme of psychiatric contention: the understanding and treatment of self-harm. As we shall see, they also, like Sibley's ECT cartoon, highlight broader themes of contention.

Walker's first cartoon[16] neatly illustrates one of the key criticisms of the treatment and management of self-harm—that it often misses the point of the value of self-harm to the person (fig. 7.2). Historically, self-harm has often been misunderstood and misinterpreted as "parasuicide," and self-harmers seen as attention-seeking and manipulative. In the late 1980s and early 1990s, an active self-harm movement began to emerge in the United Kingdom. Initiated by an alliance of feminists and psychiatric survivors, activists highlighted the way that people (usually women) who self-harmed were negatively treated by psychiatry, and they campaigned for better understanding, support, and services.[17]

In parallel, survivor activists attempted to create alternative understandings of self-harm as a "silent scream," a coping strategy, and a reasonable response

7.2 Tamsin Walker, "How Is Your Self-Harm Going?" *Asylum* 20, no. 2 (2013): 20. Courtesy of Tamsin Walker.

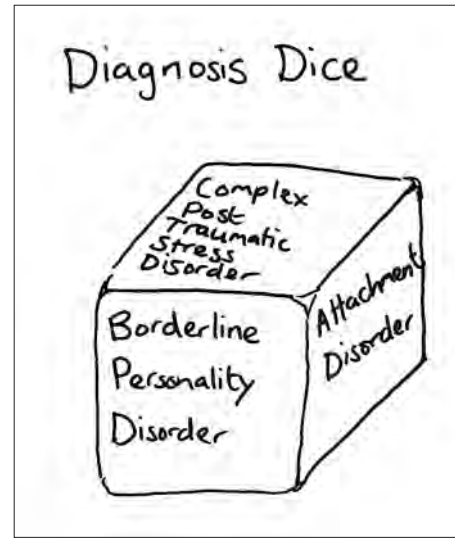
to intolerable situations (e.g., abuse and oppression). Thus while professionals might be understandably "concerned" about a person self-harming, it is often experienced as having positive meaning and functions in a person's life. Therefore, rather than trying to stop a person self-harming, the self-harm movement has focused on supporting people to understand their self-harm and, if they do continue to self-harm, to do so more safely.[18] Walker's first cartoon neatly illustrates this theme through reversal and humor.

Presumably, a more "appropriate" answer to a standard question about one's self-harming behavior ("So how is your self-harm going?") would be to say either that it is "bad" in some way or, more positively, that it has decreased or even stopped. If the former, the person would be seeking help from the mental health professional, and if the latter, the person might even credit services for helping achieve this outcome. Instead, however, the woman smiles and offers a surprising and unsettling response—"Good thanks!" As self-harm is usually seen as necessarily damaging and dangerous, this cartoon neatly reverses our expectations and subverts our perceptions by suggesting that self-harm might be a valued activity for some people.

Walker's second cartoon[19] implicitly draws on this knowledge—which is well known to self-harm activists—to turn the tables on psychiatry and mental health professionals (fig. 7.3). This cartoon cleverly questions the motivations of the mental health professional. It uses the technique of power reversal that is common to many critiques of psychiatry. Using satire, it attempts to make the case that the patient may actually be more reasonable or rational than the professional. When the person (presumably a self-harmer) says to the mental health system ("Dr."), "I'm concerned about the negative labeling you have been engaging in," they are mocking the professional who expresses "concern" about a person's *self-harming* behavior. Here, however, the problem is presented as the negative labeling engaged in by the mental health professional, not the self-harm, per se. This "labeling behavior" is seen to have a negative impact on the patient, presumably by misunderstanding and labeling them as manipulative, attention-seeking, and so on.

Here, in an unexpected twist, the professional owns up to the function of their negative behavior: it "makes me feel less anxious." The cartoon also prompts us to consider how unusual it is for professionals to do this. Indeed, one of the exercises that self-harm activists initiated was to encourage professionals to consider their emotional reactions to self-harm and the ways they may self-harm in their own lives—for example, by over-exercising or over-working—emphasizing the "continuum of self-harm.[20] Therefore, this cartoon shows it is not just self-harmers who use seemingly damaging activities to cope with their distress. Here, however, the negative activity is the labeling of other people's distress. Therefore, the cartoon makes a broader critical point about how mental health services engage in 'othering' practices—defining, categorizing, and pathologizing people's reactions to distress.

7.3 Tamsin Walker, "Negative Labelling Behaviour," *Asylum* 20, no. 2 (2013): 21. Courtesy of Tamsin Walker.



7.4 Tamsin Walker, "Diagnosis Dice," *Asylum* 20, no. 2 (2013): 27. Courtesy of Tamsin Walker.

This "negative labeling" refers to particular stigmatizing diagnoses that many self-harmers, especially women, often receive. As such, the cartoon also alludes to another key theme of psychiatric contention—the practice of psychiatric diagnosis. While diagnosis is supposedly designed to benefit the client, this cartoon suggests that it actually benefits the mental health professional, not the client, by relieving *their* anxiety. This effectively mirrors, in reverse, the experience of the survivor who uses self-harm to alleviate difficult emotions. Intriguingly, in doing so, it also opens the possibility of seeing patients and professionals sharing a similar struggle with dealing with their anxiety and thus reveals a potentially shared humanity. In addition, it also breaks down the artificial boundary between the supposedly sane professional and the mad patient. The practice of diagnosis as another theme of psychiatric contention is addressed directly in Walker's next cartoon.[21]

Psychiatric diagnosis has come under sustained criticism by survivors, mental health activists, and academics. Critics frequently challenge diagnosis as unscientific, arbitrary, stigmatizing, and unhelpful at best and damaging at worst. There have been campaigns to abolish psychiatric diagnosis in general[22] and specifically stigmatizing diagnoses such as schizophrenia and borderline personality disorder (BPD).[23] For example, another special guest-edited issue of *Asylum* was entirely devoted to critiquing BPD (the title of the issue was "BPD: Bullshit Psychiatric Diagnosis," *Asylum* 14.3 [2004]). BPD is the most common diagnosis given to women who self-harm, but they often end up with an array of psychiatric diagnoses, including complex post-traumatic stress disorder and attachment disorder (also depicted on the cartoon dice). The diagnosis of BPD has come under much criticism for being used to pathologize women's ways of coping with abuse, oppression, and adversity—which are seen as "personality" problems rather than as survival strategies. Critics have argued that psychiatric diagnoses are not evidence based but are historically, culturally, and professionally based value judgments. Moreover, psychiatric survivors often complain about the range of diagnoses they have received over the years in the mental health system, which relate as much to factors such as which psychiatrist they saw as to their underlying distress. Walker's image shows the often arbitrary nature of diagnosis—such as being dependent on a roll of the dice.

The last cartoon[24] in this section vividly links the politics of self-harm to another key theme of psychiatric contention: the underfunding of mental health support services, especially under recent austerity policies (fig. 7.5). Situated within a context of neoliberal austerity measures, on one level this message is very simple. "Stop the cuts" is a common demand of activists campaigning against reductions in support and services. But Walker's cartoon neatly and implicitly links this to the "stop self-harming" demand *from* services. As we have seen, the insistence on patients stopping self-harming, despite the range of functions it may have for them, has been a key criticism leveled at psychiatric, psychological, and therapeutic practices. For example, mental health services have been criticized for issuing "no self-harm" contracts to clients, which meant if they self-harmed they would be denied support for a certain period of time. Indeed, people who self-harm having adequate support, without an insistence that they give up their coping strategy, has been a key demand of self-harm activists, who have advocated alternative harm-minimization strategies.

Self-cutting is probably the most common form of self-harm, or at least the one that has been most well articulated as a coping strategy. In the cartoon, the self-harmer is situated as demanding "no cuts"—presumably to services—while they may continue to self-harm (suggested by visible cuts to their arm). Here, again, the focus of the problem is not the self-harmer, but neither is it the mental health professional or services—which are being defended—it is the broader political context (cuts to service provision).

7.5 Tamsin Walker, "Stop the Cuts," *Asylum* 20, no. 2 (2013): 26. Courtesy of Tamsin Walker.

Walker's images use simple but effective cartooning methods, such as abstracted figures, speech bubbles, and minimal accompanying text to convey a key message. By using reversal, subversion, and humor, they illustrate key issues in the understanding and treatment of self-harm. Walker certainly wasn't the first person to develop this style of contention in relation to self-harm. In fact, she explicitly drew on traditions developed by earlier survivor activists in the field. For example, one of the foundational texts of the growing self-harm movement, *Self-Harm: Perspectives from Personal Experience*,[25] included a series of single-panel cartoons called professional thought disorder alongside powerful written testimonies of self-harm survivors. The cartoons reverse what is usually considered the "problem," away from the self-harmer and onto the professional who is supposed to be helping, through exaggeration and irony.[26] Louise Pembroke's book is freely available online,[27] and the notion of professional thought disorder has become a common theme within the psychiatric survivor movement (e.g., it is referenced in subsequent issues of *Asylum*). As "thought disorder" is deemed a common symptom of mental illness, this idea is used to highlight the irrationality of the mental health profession, a *system* characterized as "thought disordered," not the individual psychiatric patient. Walker's cartoons implicitly draw on this notion and further illustrates it. Like Sibley's ECT cartoon, they also address broader themes of psychiatric contention (e.g., diagnosis and lack of funding for mental health support). Moreover, the cartoons, despite their seeming simplicity, convey a sophisticated, multilayered critique.

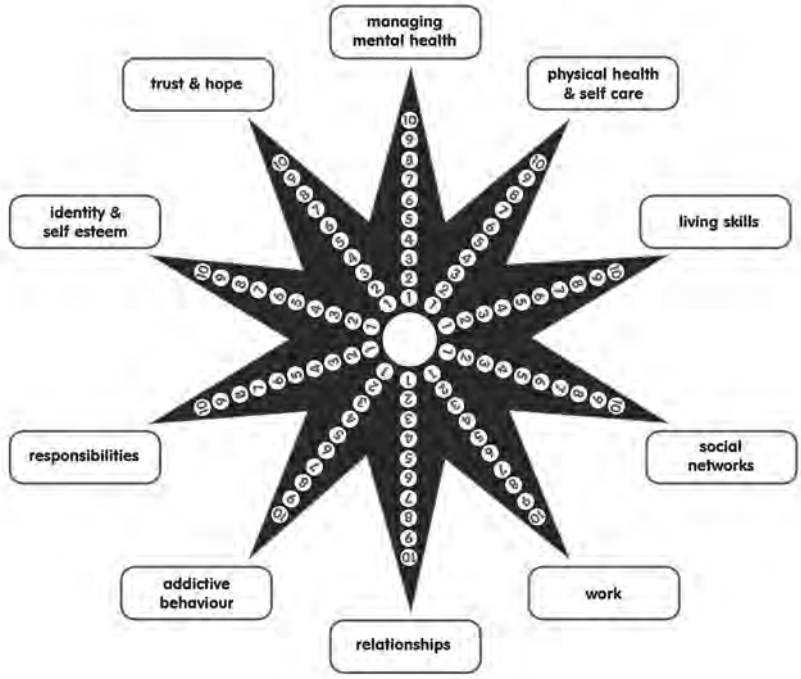
Recovery in the Bin's UnRecovery Star

The next image explored here isn't, strictly speaking, a cartoon. It lacks obvious cartoonlike qualities, such as abstracted figures and speech bubbles. However, as we shall see, it shares certain characteristics with cartoons, notably its use of subversion and mockery. I include it here because it illustrates a different "style" of contention ("spoofing"). In addition, while the other cartoons in this chapter were inspired by collectively produced survivor knowledge, each was drawn by a single, identifiable individual. In contrast, this image was *collectively* produced by a group of psychiatric survivors.[28] It was created to parody a well-known diagram used in service provision and training in the United Kingdom—the Mental Health Recovery Star. Although it is a stand-alone image, it requires specific knowledge of the image it parodies. Therefore, I include both images here.

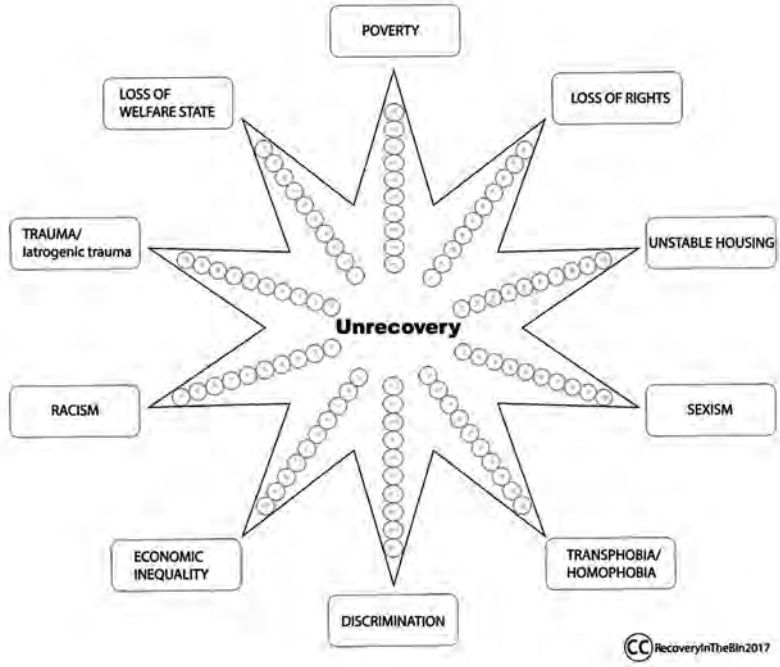
The past decade has seen the rise of "recovery"-orientated policy in relation to mental health care. This was initially viewed by many as a progressive and optimistic approach that would enable service users to live healthy, meaningful, and productive lives, regardless of their mental health diagnoses, rather than being "written off" as psychiatric cases. However, it has increasingly been criticized, partly due to the context within which it has been implemented.[29] For example, in the current context of austerity, recovery has often been used as an excuse not to provide people with disability benefits, support, or services. As a result, it has become a key contemporary theme of psychiatric contention. In the United Kingdom, a number of service users, survivors, and their allies formed a campaigning group, Recovery in the Bin (RitB), explicitly to critique the neoliberal recovery model.

Activists involved in RitB were especially critical of various recovery measures and indicators. The Recovery Star is one example commonly used in services across the United Kingdom to assess a person's progress. While its domains include employment and relationships, many of the indicators have been overly individualized, placing the responsibility for recovery onto the individuals themselves and ignoring conditions that might prevent this. For example, while employment is often seen as an indicator of successful recovery, poor employment conditions are rarely perceived as a barrier or problem. Therefore, the alternative "UnRecovery Star " was designed to redress that balance.

Unlike the previous cartoons discussed in this essay, the meaning and purpose of the UnRecovery Star has been clearly articulated by its creators, on the RitB website.[30] Therefore, rather than unpack the underlying "message" of the image myself, I will just refer to their explication. The UnRecovery Star was specifically designed as a social justice tool to highlight social inequalities and unmet needs (e.g., housing and welfare). In other words, it was developed to "highlight the reasons why we go Mad, but also what can hinder our 'recovery' and maintain our distress." Given the increasing pressure on service users to "recover" (i.e., to get back to work and not rely on disability benefits or ongoing support), the



7.6 The Recovery Star by the U.K. Mental Health Providers Forum.



7.7 "The UnRecovery Star," Recovery in the Bin, https://recoveryinthebin.org/unrecovery-star-2.

UnRecovery Star is used to suggest that "some of us will never feel 'recovered' due to the social and economic conditions we experience." More generally, it is argued that "we need social and political solutions for social problems, which the UnRecovery Star *simply and clearly identifies*" (emphasis added).

The UnRecovery Star is also interesting because it uses a technique different from those used in the cartoons examined earlier: the practice of "spoofing" (i.e., imitating something while mimicking, mocking, or exaggerating its characteristic features for comic effect). In the UnRecovery Star , spoofing is achieved by replacing the recovery outcomes in the first star with key social determinants such as poverty, sexism, racism, homophobia/transphobia, and inequality. This shifts the focus from the individual onto society and suggests that key barriers to recovery are primarily social in origin. Spoofing is a common "style" of contention used by other radical protest campaigns and social movements as a form of critique and resistance. Usually, spoofing protests have targeted media advertisements. Using practices similar to graffiti art, activists deface existing adverts, alerting viewers to their underlying message, or create new adverts, which explicitly parody existing ones. This practice was made popular by organizations such as Adbusters in the United States.[31] The UnRecovery Star shows us that psychiatric survivor activists have taken up these methods, too. Indeed, *Asylum* included a series of spoof adverts in its special *Mad in Toronto* issue.[32] These targeted government- and psychiatry-endorsed anti-stigma campaigns that are seen to privilege individualized and medicalized understandings of mental health. Therefore, these spoofing ads, like the other single-panel cartoons discussed here, function as a form of psychiatric contention. In a similar way, the UnRecovery Star uses parody and humor in its mockery of the original recovery tool.

Psychiatric Survivorship as Craft and Conviction

The previous section explored how single-panel cartoons illustrate key themes of psychiatric contestation that have animated the psychiatric survivor movement over recent years. In this final section, I tentatively suggest that psychiatric survivors have developed a distinctive "style" of resistance and critique that, in turn, forms part of a growing repertoire of psychiatric contention. I explicitly draw on Arthur Frank's notion of "survivorship," which refers to the way that some people who have experienced illness and/or medical treatment have consciously transformed their own suffering into public acts of witness and testimony.[33] In other words, they have "crafted" their experiences in a way that displays an ethical-political responsibility to self and others. When Frank initially articulated this idea, he wasn't explicitly referring to "craft" in the sense of art or graphics.[34] He referred to the ethics of survivorship as a form of craft activity because, like craftworkers, they have a self-consciousness of purpose.

I make the case that by using comic and cartooning methods, survivors have crafted a distinctive style of psychiatric contention. In the examples given

previously, the cartoons use humor, parody, and subversion to consciously communicate their "critical message" in a quick, straightforward, and direct manner. These images are crafted, at least in part, to evoke a shift in consciousness or recognition—about mental health and psychiatry. Indeed, Sheree Bradford-Lee argues that in single-panel cartoons, the "message is the star."[35] Cartoons are perhaps uniquely able to convey their message by what Scott McCloud calls "amplification through simplification."[36] Rather than "dumbing down" the message, cartoons amplify it.[37] By stripping down an image to its essentials, they not so much eliminate detail as focus on, and highlight, *specific* details.

Single-panel cartoons have been used to challenge accepted or prevailing attitudes and perspectives within psychiatric practice. Moreover, they can present alternative perspectives, outside the dominant biomedical framing of "mental illness." For example, in their own way, the cartoons used in this essay offer up alternative explanations for such things as: why people are given ECT, why professionals use diagnosis, or why individuals might not "recover." In addition, they offer alternative attributions of blame and responsibility—identifying the "problem" as not the designated mad person but the mental health professional, the mental health system, or wider society. They also subvert epistemological privilege, identifying the mad person as the source of knowledge and understanding, thus decentering the role of mental health professionals. Crucially, a cartoon can achieve this without the use of inelegant academic language. This is important in a discipline where critical ideas are often overly intellectualized and inaccessible.

A cartoon can cut through complexity and present contentious ideas in a vivid, direct, and accessible way. This makes its message visible and potentially more digestible. Therefore, it represents a form of critical pedagogy (or consciousness-raising) that assumes people learn when their experience and emotions are engaged, rather than just their intellect. By engaging other ways of knowing, cartoons can bypass our "normal" and accepted ways of thinking and help us see things in a different way. In discussing the power of graphic illness memoirs, Frank argues that graphics give prose an "emotional jolt" and helps "bear witness" to suffering.[38] Pictures provoke our imagination, and the accompanying prose helps to articulate and make sense of what the image provokes. Images "linger" in the reader's imagination. While words and phrases linger too, images "linger differently."[39]

Multipaneled cartoons and graphic memoirs can also challenge dominant knowledge and understandings about mental health. Some notable examples of this genre in the United Kingdom include cartoons by Louise Pembroke, Dolly Sen, and Rachel Rowan-Olive.[40] Some of these are made up of single-panel cartoons that have been turned into a series, often using the same key protagonist, who is usually the illustrator / mad person / survivor. It has been suggested that single-panel cartoons are more clearly able to convey their message because they are less "muddied" or "interrupted" by storyline, character, or plot development.[41]

Perhaps it is precisely because the focus of the single-panel cartoon isn't about the character's "illness story," which enables it to offer a more structural critique.

However, this strength of the single-panel cartoon may also be its weakness. "Amplification through simplification" inevitably risks erasing complexity. Of course, this is not unlike many other methods used to convey a political message, such as slogans, where messages are oversimplified to garner wider support for the cause. This tendency is especially risky in the fields of mental health, madness, and psychiatry. For all its endless controversies, the contestation of psychiatry is often rife with simplifications and polarized views. These can be distinctly unhelpful in building the alliances necessary to create positive change in mental health services.[42] For example, cartoons used to contest psychiatry may seemingly pit the patient against the professional, as if they are necessarily oppositional positions. The ECT cartoon, for example, may imply that all patients experience ECT as damaging, whereas views are divided, and some individuals report some positive benefits.[43] Moreover, the tendency to reverse the focus of "the problem" onto psychiatry and mental health systems doesn't necessarily challenge the underlying binary logic. For example, the implication is that it is "really" the professional who is mad or irrational, not the patient. This arguably keeps the pathologizing binary logic of psychiatry intact—that is, by retaining a division between the "mad" and the "sane."

Notwithstanding these potential pitfalls, I have argued that single-panel cartoons are able to convey important critical messages while also retaining a degree of complexity. Graphic memoirs can potentially and uniquely depict the complexity of illness, suffering, and treatments, as the format doesn't require an overarching written narrative. For example, Frank suggests that Allie Brosh's *Hyperbole and a Half* is one of the clearest articulations of what he calls a chaos story.[44] Chaos is perhaps more "like" the actual experience of illness, especially mental illness, than the prevailing restitution narrative that tends to be preferred by the medical profession (which assumes medical intervention is benign and ultimately helpful). If graphic memoirs can challenge this dominant narrative by vividly portraying the patient's actual experience, perhaps the single-panel cartoon is able to overtly politicize this challenge, which often remains implicit in the graphic memoir. For example, mental health recovery policy is a variant of the restitution narrative that the UnRecovery Star explicitly rejects. Moreover, Sibley's ECT cartoon illustrates that medical intervention is not necessarily benign or helpful. In addition, Walker's cartoons not only subvert dominant understandings of self-harm but also provide insight into the motivations of the mental health professional. This may promote understanding rather than merely reverse blame—for example, by highlighting how the professional may be using diagnosis to "relieve their anxiety."

This style of psychiatric survivorship is an important part of the emerging Mad Studies movement. One of the aims of this movement is to "flip the microscope" and "reverse the script" by studying the practices and discourses of normalcy

and seemingly normal/sane people rather than those deemed abnormal/insane by others.[45] One of its key tenets is challenging the privileging of rationality and reason as key arbiters of truth and understanding. Cartoons are ideally suited to this task. They can bypass rationality and reason to embrace alternative ways of viewing the world. For example, one of the key components of the cartooning style is that it presents critique without having to provide evidence, logic, or argument. Instead, it appeals to the collective experiential knowledge of the psychiatric survivor movement as well as well-rehearsed critiques of psychiatry. Instead of evidence and argument, it uses emotion, humor, and even "common sense." For example, cartoons often appeal to certain cultural stereotypes, such as the psychiatrist being "madder than their patients," concerns about psychiatry "locking people up," and sensibilities about giving people "electric shocks." Notwithstanding concerns about oversimplification and stereotyping, they can express alternative perspectives that people can relate to and even mobilize around.

Cartoons as Protest Companions

The ability of single-panel cartoons to convey a central idea is an important part of their appeal, both to individuals and—through their role in circulating challenging ideas—to a wider audience. Moreover, while reading multipaneled comics, including graphic memoirs, tends to be a solitary activity, single-panel cartoons lend themselves to a more collectivized reading. Appearing in newspapers and magazines (e.g., *Asylum*), they are more readily talked about and shared. For example, single images can be easily reproduced and shared across social media forums, which have become an increasingly important method of communication for activists. The UnRecovery Star has functioned in this way. Mental health activists have circulated and explicitly used it as a social justice tool. Therefore, single-panel cartoons can be used not only to help individuals "hold their own" in difficult encounters with professionals but might even be used as protest "companions" to social movements, similar to "companion species" or "companion stories."[46]

In this context, I want to refer to another cartoon that has functioned as a companion image in recent years. Dolly Sen, another U.K.-based psychiatric survivor and artist, created the following image in 2016 (fig. 7.8). The image was "inspired by her belief that madness comes from a broken heart rather than a broken mind, and the fear that psychiatry has about moving away from the broken brain hypothesis for explaining mental pain."[47] The image was used as the emblem for the second Mad Studies conference in the United Kingdom in 2016 and featured on the front cover of the special issue of *Asylum* magazine entitled "Mad Studies Comes of Age" (*Asylum* 23.3). In addition, because of its popularity, especially among psychiatric survivors, it was used on pin badges given to delegates at *Asylum*'s thirty-year anniversary conference in 2017. Participants at these

7.8 Dolly Sen, "Pathologise This," *Asylum* 23, no. 3 (2016): front cover. Courtesy of Dolly Sen.

events reported wearing this badge afterward, in meetings and consultations with mental health professionals. Wearing this symbol of cheeky subversion—either visibly or in a more hidden way—seemed to offer a critical companionship to survivors and workers facing challenging psychiatric situations and encounters. For example, a mental health worker trainee wrote: "I picked up a small pin badge with a heart and 'pathologise this' on it—this has become a sort of anchor for me and signifies and solidifies my way of being in the world." This quote beautifully illustrates how this image might be a "good companion" to activists. Perhaps, like Donna Haraway's companion species and Frank's companion stories, companion images have a kind of agency and coexist with humans; they shape one another, take care of one another, and enable each other to be.[48]

It is worth noting here that most of the single-panel cartoons I identified as examples of psychiatric contention during my research were created by women. In addition, the recent proliferation of zines and graphic memoirs have often been initiated within alternative countercultural communities (queer, trans, mad, autistic) and by other critical outsiders. Moreover, they often reflect issues relating to mental health, gender, sexuality, and normalcy, in both their content and style. This may be because cartoons are able to "express the thoughts that we're afraid might label us as odd or strange, and even help to validate ourselves by normalising our behaviours."[49] Perhaps cartoons are a particular style of resistance more likely to be adopted by certain marginalized, silenced, and oppressed people. Having said that, it is worth noting that the cartoons I've cited here were created by, and depict, white protagonists. Therefore, this requires further exploration.

The tendency to use cartooning as critique may be related to humor historically being used as a form of covert resistance by subordinated and oppressed

people.[50] There may be several reasons for this. For example, it enables individuals to resist in less direct, confrontational, and thereby safer ways. This is important in medical, and especially psychiatric, encounters where overt patient resistance may have severe consequences for the individual. Humor is often a way of communicating dissent: it can be hidden from those in power but expressed and shared among the oppressed.[51] Cartoons, therefore, are a potentially effective way of making these hidden critiques more public and visible. In other words, borrowing a phrase from Audre Lorde, perhaps such cartoons help make survivors "available to themselves," and this, in turn, makes their critique *available to others*. Indeed, the increasing use of this medium in recent years might be related to the reenergized women's movement, symbolized by the popular post-Trump #MeToo campaign and the growing confidence of other marginalized communities in getting their voices heard. Given that autobiographic comics sprung from the radical 1960s and 1970s counterculture, in this newly politicized era perhaps it is not surprising to see a resurgence in this medium.

In conclusion, I have made a case for single-panel cartoons as a distinctive style of critique developed by psychiatric survivors that forms part of a growing repertoire of psychiatric contention within radical mental health movements. Survivor activists are drawing on creative traditions of art, subversion, and humor to create new styles of psychiatric contention suitable for the social media age. Mindful of the role cartoons can play in satirizing contemporary politics, perhaps they are a good barometer, not only of key themes of psychiatric contention but of other key foci of resistance and critique.

Notes

1. Ian C. M. Williams, "Graphic Medicine: Comics as Medical Narrative," *Journal of Medical Humanities* 38 (2012): 25.

2. See, for example, *The Nib*, https://thenib.com.

3. W. Callard Viney and A. F. Woods, "Critical Medical Humanities: Embracing Entanglement, Taking Risks," *British Medical Journal* 41 (2015): 2–7; Sarah Atkinson et al., "'The Medical' and 'Health' in a Critical Medical Humanities," *Journal of Medical Humanities* 36 (2015): 71–81.

4. I use the term *psychiatry* as a shorthand to refer to the range of professions involved in mental health treatments and services. This may include nursing, social work, psychology, psychotherapy, and others, as well as psychiatry. While they are different (and somewhat competing) professions, psychiatry is presently the dominant way of framing statutory treatments and services. While not strictly accurate, it feels preferable to using the more cumbersome and often-used academic term *psy professions*.

5. Nick Crossley, *Contesting Psychiatry: Social Movements in Mental Health* (London: Routledge, 2006).

6. Brenda LeFrancois, R. Menzies, and Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars' Press, 2013).

7. Scott McCloud, *Understanding Comics: The Invisible Art* (New York: First Harper Perennial, 1994).

8. Sheree Bradford-Lee, "The Normalising Power of the Single Panel Cartoon," *Asylum* 22, no. 1 (2015): 18–20.

9. Available on the *Asylum* magazine website: https://asylummagazine.org.

10. The research was funded by the Wellcome Trust (Bursary Award no. 208269/Z/17/Z).:

11. Arthur Frank, "Survivorship as Craft and Conviction," *Qualitative Health Research* 13, no. 2 (2003): 247–55.

12. Arthur W. Frank, "When Bodies Need Stories in Pictures," in *The Routledge History of Disease*, ed. M. Jackson (London: Routledge, 2017), 565–80.

13. China Mills, "Sly Normality: Between Quiescence and Revolt," in *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution*, ed. B. Burstow, S. Diamond, and B. LeFrancois, 208–24 (Montreal: McGill University Press, 2014).

14. James C. Scott, *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven: Yale University Press, 1992).

15. Walker has subsequently illustrated children books, including a book for children about self-harm and a graphic memoir about surviving abuse; see Clare Shaw and Tamsin Walker, *Ottis Doesn't Scratch* (Monmouth, U.K.: PCCS Books, 2015), and T. O. Walker, *Not My Shame* (London: Singing Dragon, 2016), respectively.

16. This appeared in *Asylum* 20, no. 2 (2013): 20.

17. Mark Cresswell, "Self-Harm 'Survivors' and Psychiatry in England, 1988–1996," *Social Theory and Health* 3, no. 4 (2005): 259–85.

18. Eleanor Dace et al., *The Hurt Yourself Less Workbook* (London: National Self-Harm Network, 1998).

19. This appeared in *Asylum* 20, no. 2 (2013): 21.

20. H. Spandler, "Challenges and Opportunities for Compassionate Mental Health Care," in *The Moral Psychology of Compassion*, ed. C. Price and J. Caouette (Lanham, Md.: Rowman and Littlefield, 2018) 129–44.

21. This appeared in *Asylum* 20, no. 2 (2013): 27.

22. Sami Timimi, "No More Psychiatric Labels," *Asylum* 19, no. 1 (2011), http://asylum magazine.org/2012/05/no-more-psychiatric-labels.

23. H. Spandler, "The Problem of Psychiatric Diagnosis," in *Approved Mental Health Practice: Essential Themes for Students and Practitioners*, ed. S. Matthews, P. O'Hare, and J. Hemmington (London: Palgrave Macmillan, 2014), 66–85.

24. This appeared in Asylum 20, no. 2 (2013): 26.

25. Louise Pembroke, *Self-Harm: Perspectives from Personal Experience* (London: Survivors Speak Out, 1994).

26. Jane Kilby, "Carved in Skin: Bearing Witness to Self-Harm," in *Thinking Through the Skin*, ed. S. Ahmen and J. Stacey (London: Routledge, 2001), 124–42.

27. See http://www.studymore.org.uk/shpfpe.pdf.

28. The UnRecovery Star appeared in *Asylum* 23, no. 3 (2016): 18.

29. Lucy Costa et al., "'Recovering Our Stories': A Small Act of Resistance," *Studies in Social Justice* 6, no. 1 (2012): 85–101, and David J. Harper and E. Speed, "Uncovering Recovery: The Resistible Rise of Recovery and Resilience," *Studies in Social Justice* 6, no. 1 (2012): 9–25.

30. See https://recoveryinthebin.org/unrecovery-star-2.

31. See https://www.adbusters.org/spoof-ads.

32. *Asylum* 20, no. 4 (2013): 22–25.

33. Frank, "Survivorship as Craft and Conviction."

34. Frank has more recently explored graphic illness memoirs in "When Bodies Need Stories in Pictures."

35. Bradford-Lee, "Normalising Power."

36. McCloud, *Understanding Comics*, 30.

37. Joseph de Lappe, "'All I Needed Was to Get It Out of My System': The Early Use of Comics for Mental Health Therapy in America." *Asylum* 22, no. 1 (2015): 8–9.

38. Frank, "When Bodies Need Stories in Pictures."

39. Ibid.

40. Pembroke, *Self-Harm*; Brick (John Stuart Clark), *Depresso; or, How I Learned to Stop Worrying and Embrace Being Bonkers!* (London: Knockabout Limited, 2010); Dolly Sen, *DSM69: Dolly Sen's Manual of Psychiatric Disorder* (London: Eleusinian Press, 2017); Rachel Rowan-Olive, *Goldilocks and the Three Therapists: A Thinly Veiled Autobiography*, Shit Stick Figure Books Book 1 (2017).

41. Sheree Bradford-Lee, "Normalising Power."

42. M. McKeown, "Alliances in Action: Opportunities and Threats to Solidarity Between Workers and Service Users in Health and Social Care Disputes," *Social Theory and Health* 7 (2009): 148–69, and M. McKeown and H. Spandler, "Solidarity Across Difference: Organising for Democratic Alliances," in *Madness, Distress and the Politics of Disablement*, ed. H. Spandler, J. Anderson, and B. Sapey (Bristol: Policy Press, 2015), 271–86.

43. Diana Rose et al., "Patients' Perspectives on Electroconvulsive Therapy: Systematic Review," *British Medical Journal* 326 (2003): 1363, and Jonathan Sadowsky, *Electroconvulsive Therapy in America: The Anatomy of a Medical Controversy* (London: Routledge, 2017).

44. Allie Brosh, *Hyperbole and a Half* (London: Square Peg, 2013).

45. Lucy Costa, "Mad Studies—What It Is and Why You Should Care," Mad Studies Network, October 15, 2014, https://madstudies2014.wordpress.com/2014/10/15/mad-studies-what-it-is-and-why-you-should-care-2/#more-127.

46. Arthur W. Frank, *Letting Stories Breathe: A Socio-narratology* (Chicago: University of Chicago Press, 2010); Donna Haraway, *The Companion Species Manifesto: Dogs, People, and*

Significant Otherness (Chicago: Prickly Paradigm Press, 2003).

47. *Asylum* 23, no. 4 (2016): 4.
48. Frank, *Letting Stories Breathe*.
49. Bradford-Lee, "Normalising Power," 19.
50. It is important to acknowledge that cartoons and humor have also historically been used *against* oppressed people as well as by them.
51. Scott, *Domination and the Arts of Resistance*.

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