

Introduction: Are We Out of Our Minds?

'Men are the losers now': Discuss.

Manchester 2016. An email arrived out of the blue asking if I would like to take part in a debate for Women's Week.

'Why me?'

'Because you know the facts – you are an academic.'

But I'm also a psychiatrist.

'OK, so which side do you want me to speak for?'

I didn't really want to argue for the motion but knew I *could* make a case for it if I had to. A good one. For two decades we have been bombarding men across the world to try to get them to talk about their feelings before it's too late. The suicide rate for men in the UK is three times the rate for women.¹ It has always been higher for men but since the crash in 2008 and the recession that followed, it hasn't

just been young men who have been taking their own lives – the greatest rise for suicide is in middle-aged men who not only lose their self-esteem, but also sometimes their will to live when their jobs disappear and their relationships break down.² How we feel about ourselves and the way in which the world treats us has a significant impact on our mental health. It is key to our sense of wellbeing, and it can be very hard for men; but that's not the whole story. Many women are desperate too and women really *are* still losing out disproportionately, particularly in the mental health stakes.

'We have speakers for the motion', came the reply. 'We'd like you to second on the other side.'

Assuaging the slight dent to my ego at not being asked to lead with a huge dollop of relief that I wouldn't have to speak first, I agreed to do it.

Because women are still suffering with their mental health and are not being heard.

Gender plays a significant role in how we experience mental health problems. In childhood, the rates of emotional problems for boys and girls are remarkably similar but there is a rise in mental health concerns for girls in their late teens. Young girls seem to be harming themselves more often now than ever before.³ The very process of growing up as a girl seems to have risks for the mind, and there is a widening gap between the mental health of young women and young men.⁴ How much of this is to do with our biology, what we have experienced in childhood, the way we've lived our lives, or how we are treated?

During their adult years, one in five women in the UK, compared to one in eight men, experience a common mental health problem: anxiety and/or depression.⁵ If you are a woman who is poor⁶ and/or from an ethnic minority background⁷ or LGBTQ+, you are also much more likely to have experienced these problems.

When men get depressed or anxious, they tend to be slower at seeking help because, as many have been told, 'big boys don't cry'.

That reluctance to seek help is something we try to challenge because of the higher suicide rate in men. But women's suffering may be at the very hands of men. This is not to say that women can't be violent, but, on average, a woman is killed by a man every three days in the UK.⁸

Around a half of women who have mental health problems have experienced some form of abuse: physical, sexual or emotional. And over a third of women who have faced extensive physical and sexual violence in childhood and adulthood have attempted suicide. A fifth have self-harmed.⁹ Women are twice as likely to experience post-traumatic stress disorder (PTSD) than men.¹⁰ Why? Because sexual assault is a leading cause of PTSD and in Europe one in 20 women over the age of 15 has been raped.¹¹

The ancient Greeks believed that madness in women was caused by their uterus (or *hystera*), a poisonous womb wandering around their bodies affecting different organs, including the brain. In the latter part of the nineteenth century, the diagnosis was made fashionable by Charcot, the French neurologist. Charcot's 'performances',¹² with their theatrical, misogynistic displays of a man gaining control over women through hypnosis, getting them to stamp on imaginary snakes, and even kiss the hospital chaplain to the audience's delight,¹³ speak volumes to the fear that some men have always had of women's innate power and their desire to suppress it.

Society has never been kind to women who don't conform, and long before psychiatrists even existed and Charcot exhibited hypnotised hysterical performers in Paris, strange women who lived alone with cats as 'familiar' (I can put my hand up here) were likely to be thought of as witches and ostracised, or even burned at the stake. However, there is a long and well-documented feminist history of the troubled relationship between women and mental health services, and particularly with psychiatrists.¹⁴ Haven't my tribe, the 'men in white coats', spent years oppressing women? Haven't we conspired, too, in ensuring women are likely to be described as 'crazy' or 'disordered' if they don't fit in? Yes, we have. I too *have* detained women in hospital against their will. However, I'm not going

to defend psychiatry against the indefensible; and there is plenty for us to feel defensive about.

Over the centuries, many women, such as Mr Rochester's mad wife Bertha in the attic in *Jane Eyre*, and the eponymous 'Woman in White' of Wilkie Collins's novel, confined to an asylum by her husband with the connivance of doctors, have been locked away from the world. Sometimes this was for reasons of greed, because on marriage all of a wife's possessions, including her body, became the property of her husband; sometimes simply for being different, and wanting more freedom than society was prepared to allow them. You've only got to look at the records of admission to one of the old asylums to see some of the reasons given for why women were admitted, including exhaustion, overeducation, being unmarried or indulging in unconventional sexual impulses (such as masturbation) and even 'reading novels'. Asylums were clearly a useful solution for controlling 'difficult women' to get them out of the way.

But how much has really changed since then?

Like all the other women in the room that weekend in London in the mid 1980s, I had been drawn to listen to the author of *Fat is a Feminist Issue* who had inspired us to think differently about our bodies. The house was occupied by the Women's Therapy Centre, opened a decade before, by the author and psychotherapist Susie Orbach and New York social worker Luise Eichenbaum, who went on to found a sister organisation in North America. For the first day and a half the atmosphere was warm and companionable, until the moment when I revealed my profession. Then I felt the full force of a roomful of irate feminists towards doctors, and especially psychiatrists.

'What on earth are you doing here?' an angry woman shouted at me after I'd told her what I did for a living.

'We're the ones who have come to learn, to understand ...' I began, but my explanations were rebuffed. Another woman doctor who was also there to learn ways to help her female patients more effectively shared the outpouring of ire with me.

‘You shouldn’t be here,’ someone said. ‘We’ve suffered enough.’
But I stayed. Why? Because I was a woman too.

And a feminist.

What do *I* mean by feminism? Well, there has been a great deal written about the different *kinds* of feminism, but I think the definition by bell hooks is very clear: ‘Simply put, feminism is a movement to end sexism, sexist exploitation, and oppression.’¹⁵

It’s not about being anti-men. As hooks says, the problem is sexism. And the ‘patriarchy’ is institutionalised sexism.

Some feminist writers in the mental health field have argued that psychiatrists are the problem, when it comes to women’s mental health, rather than the solution. Blaming women for harm caused by men by labelling them as ‘mentally ill’. I have been told many times that giving someone a diagnosis is just a way of deflecting attention from what caused their distress and suffering in the first place, and only makes things worse, not better. I’ve been asked, ‘Don’t women just have more problems like depression and anxiety because their lives are harder, and they are oppressed by patriarchy? Wouldn’t anyone going through what they suffered behave in the same way?’

These opposite ways of looking at the problem ‘is it depression or oppression?’ ‘Is it madness or a sane reaction to an insane life?’ will keep the argument going indefinitely. I believe mental illness *and* oppression both play a part throughout women’s lives, and they aren’t mutually exclusive.

In this book I will explain how *both* are important, and *both* are neglected.

The evening of the debate, in the green and white tiled hall of the People’s Museum in Manchester, the audience were overwhelmingly white and female. That disappointed me. Women’s Week is a feminist event, but if feminism is going to mean something, it must be relevant to those to whom it matters. Not just the women who were there that night, but to *all* women, regardless of their race, religion, age, class, ability, sexuality and whether or not they identify as cis or trans

women. And some feminist writing has become increasingly opaque. No, unintelligible. I was very relieved when one of the people I interviewed early on for this book admitted to me that she, too, found some authors hard to read. I hadn't the guts to tell her that I found her own work almost as dense. The kind of stuff that, in her marvellous 'part memoir/part rant' *How to Be a Woman*, Caitlin Moran said was only discussed at 11pm on BBC4. Even though I'm an academic, trying to read it makes me want to rant too.

In a school debate, I had managed to be on the losing side when it came to the existence of God. Arguing with the fervour of a young scientist that there was no evidence for a 'higher power' up in the sky, I underestimated the power of faith in giving people hope, something which I always tried so hard to hold on to for my patients, the majority of whom were women. Trying to help them to believe that life was indeed worth living; that we could do something to make it more tolerable, even when things seemed very bleak. In some of the most deprived parts of Britain, such as South Yorkshire and latterly Salford, one in six of the entire population were prescribed antidepressants in 2017.¹⁶ I also spent time trying to reach women from ethnic minority communities with mental health problems: the British Pakistani women of Levenshulme and the strictly Orthodox Jewish wives of North Manchester.

I didn't see any of them in the room.

'I guess I've spent quite a lot of my life working with women who would never manage to make it out here this evening,' I started off, realising there was still quite a lot of work to do to convince the audience. 'There are women who are not even able to come out on their own. Women for whom the idea of coming to a debate here, tonight, on this or any other subject would be completely alien. Women who feel embarrassed about being asked to speak out about their experiences. Women who live in constant fear of their partners.'

That evening I tried to speak up on behalf of those women. To remember why I had always called myself a feminist, even during dark days when the 'F' word became so unfashionable. To remember

that there is so much more to do not only to improve the lives of women, but also to recall the tremendous enthusiasm and energy we had to improve mental health care for women, 50 years ago.

The leaders of the Women's Liberation Movement of the 1970s, the 'second wave of feminism', were fighting for equality (the first wave of feminism was about *getting the vote*). They had a great deal to say about what it was like to be growing up as a woman in a world run by men. And, as time went on, the close relationship between a woman's apparently less powerful place in the world (if she knew where she belonged, of course) and her mental health. They provided an explanation of how and why women, who across the world are subjected to pervasive sexism, harassment and violence, experience depression and anxiety at twice the rate of men. Why we are particularly susceptible to eating disorders. How from an early age our (sometimes complicated) relationships with our mothers and fathers play a part in how we feel about ourselves, the world beyond our families, and what opportunities lie ahead for us in the future. As a teenager, I didn't stop to wonder if I was a feminist. I wanted to be in control of my own life and, with a few hiccups along the way, pretty much achieved that, although sadly I failed to elude those common mental health problems (anxiety and depression) that women experience more than men.¹⁷

As I began to build my argument that night, my voice wavering with anxiety, I thought about how women are supposedly *irrational and unduly emotional*. There still seem to be some men who think it is our unfortunate possession of an 'out of control' uterus that makes us behave 'unreasonably'.

That is how we are viewed if we complain.

We are told we are 'out of our minds'.

I've been there too. For me, it can mean three different things.

Written off as merely 'crazy' anyway and wasting time. Simply driven to that point by the unfair ways in which we are treated. Or our reaction on discovering that our mental health problems are apparently less important.

Just because we are women.

Feminism was supposed to help us to challenge these kinds of attitudes in society and make life better, and happier for women. So why are so many women still struggling with their mental health?

Did feminism fail? What went wrong?

Why is *still* no one listening and how can we make them hear?

Listening to women's stories, talking with my colleagues, interviewing experts in everything from feminist geography to forensic psychiatry and drawing on my own experience as a psychiatrist, a researcher and a patient, I set about trying to answer these questions.

This book is about what I discovered.