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Liz Chenevey

James Madison University, chenevet@jmu.edu

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Recommended Citation

Chenevey, Liz, "Embodied Care: Exploring Mental Health Zines as Feminist Health Resources" (2021). *Libraries*. 211.

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EMBODIED CARE: EXPLORING MENTAL HEALTH ZINES AS FEMINIST HEALTH RESOURCES

Liz CHENEVEY

JMU Libraries

James Madison University

chenevet@jmu.edu

<https://orcid.org/0000-0003-0870-4806>

Abstract:

In the traditional health information landscape, patriarchal knowledge practices of expertise, neutrality, objectivity, and ownership are held as the standard. This paper will explore zines as feminist mental health resources that embody radical care and subvert these knowledge practices. There are many personal zines on the topic of mental health, ranging from outlining self-care strategies for overall mental wellness to deeper discussions of serious mental illness (trauma, mood disorders, personality disorders, etc). Even when not an explicitly feminist theme, I argue that these health zines are in themselves a feminist act. By utilizing attributes of feminist knowledge production, such as Personal Narrative, Embodiment, Intimacy, and Consciousness Raising, these zines disrupt the patriarchal information landscape. This disruption occurs by 1. questioning the notion of authority by (re)claiming lived experience expertise; 2. inviting readers into a conversation; and 3. (re)situating creators in an information landscape that often devalues and marginalizes their voices. Therefore, I aim to demonstrate that mental health zines represent an engaging opportunity for a feminist pedagogy in teaching health information literacy.

Keywords: zines, mental health, feminist pedagogy, ways of knowing



a mental health zine

INTRODUCTION: MY STORY

In the summer of 2019, while on a trip to Mexico I experienced a sadness like I had not felt in quite some time. I still am not sure what brought it on, but there were days when my body felt weighed down, I could not get out of bed, and crying was my only release. I was there with my husband to assist with an artist residency we had been to before. Despite being in a warm, jovial, and welcoming community, I felt ungrounded and lost, away from my usual community and home. There was work to be done, but I just could not do it, feeling useless and uninspired.

One of the only things that helped me cope was a little zine I had bought in Mexico City before these feelings arose: Yadira Lopez's *Hierbas contra la tristeza: Un manual para sanar juntas* ("Herbs for dealing with sadness: A manual to heal together") (López, 2018). In this simple memo orientation zine, bound at the top with a Japanese side stitch, López shares the indigenous knowledge of herbs passed through the women members of her family. Each herb is given its own page, with a black and white line drawing and a paragraph describing suggested use (López, 2018). Lavender, bergamot, rosemary, cedar; all herbs I was familiar with from home.

Despite being written in Spanish, a language I am competent in but by no means fluent, López's words and drawings grabbed me and rooted me to something familiar. There was a large rosemary growing in the courtyard of the house from which I found comfort. I helped select and plant herbs for a small garden, connecting me more to the place I was in. And this was enough to lift me up slightly until I could return home and see my therapist.

López's work and other mental health zines embody a feminist ethic of care. The creators share intimate parts of themselves—their struggles and their healing—to not only ensure their voice and experience

are heard but to also provide their readers with information in a way that values reflection and care.

The space these zines occupy is starkly different from the resources I generally teach about as a health and behavioral sciences librarian. These resources are empirical, objective, neutral, and written by bystander experts. The subjects dealing with mental health concerns are spoken about as opposed to speaking for themselves. These empirical studies, while important resources for making evidence-based decisions in healthcare practice, inhabit a space of western and patriarchal knowledge practices. In this tradition, there is little room for personal experience, intimacy, connection, and care, all aspects of women's ways of knowing and knowledge production (Belenky *et al.*, 1997). Zines however fully embrace these attributes. In this essay I will argue that even when not explicitly a feminist theme, mental health zines represent feminist information artifacts that disrupt the traditional health information landscape and present an engaging opportunity for the feminist behavioral health classroom.

MENTAL HEALTH: A BRIEF FEMINIST HISTORY

Mental health concerns are increasingly common with an estimated 15% of people worldwide affected by mental and substance use disorders, the majority of whom are women (Tasca *et al.*, 2012). Why there is a gendered distinction is a matter of some debate in psychology and medicine. And this debate has a history.

For centuries, women have been labeled as mad, melancholy, or hysterical. Tasca *et al.* (2012) explains that hysteria, the loose diagnosis for symptoms similar to those seen in depression and dissociative disorders today, was often tied the reproductive system, specifically the position of the uterus. This belief in the connection to reproductive systems continued into the 20th Century when Sigmund Freud determined that hysteria was a disease of women

that's cause was inherently linked to women's biology and societal role (Tasca *et al.*, 2012). Even today biomedical perspectives argue a link between hormones, specifically estrogen, and depression (Ussher, 2010).

However, Ussher (2010) disrupts this perspective, arguing that hormonal fluctuations account for a very small minority of incidences of depression in women, with a greater emphasis being placed on sociocultural attributes and the structures that shape women's role and place in society. The World Health Organization also cites social and environmental factors as contributing to the gender disparity in mental health concerns, particularly with depression and anxiety. These factors can include domestic abuse, sexual abuse, and gender bias in medicine leading to higher incidents of diagnoses among women (WHO, *Gender and Women's Mental Health*, n.d.).

Both the development of diagnostic criteria and in-practice medical bias are rooted in the same patriarchal systems that depend on traditional forms of knowledge production that reflects white, able-bodied, affluent, educated, cis-hetero men's experiences as the norm. These systems can harm women, people of color, queer people, disabled people, and many others who fall outside this norm. And the voices of these people are often excluded or devalued in the traditional health research landscape which affects the care they may then receive (Ghabrial & Ross, 2018; Huang *et al.*, 2010; Spates, 2012). This gap in research is important to recognize and examine in the behavioral health classroom and zines can be one way to do that. Zines are a powerful tool both for creators to re-situate themselves in the conversation around behavioral health with agency and for behavioral health students to value these voices and experiences in the health information landscape.

BRINGING ZINES INTO THE FEMINIST BEHAVIORAL HEALTH CLASSROOM

As a librarian whose feminism informs her pedagogy and practice, I aim to empower students to critically engage with information. Not only do I want students to find the best evidence to inform their practice, but I want them to understand the power structures inherent in the information landscape and their place within it. Information systems within which students are often researching are based on the aforementioned traditional masculine epistemology that values objectivity, empiricism, and neutrality. Library cataloging and classification systems are built on this structure and reinforce dominant paradigms of Western, Judeo-Christian, heterosexual, masculine conceptions of knowledge and organization, which can reinforce stereotypes about social identities and therefore cause harm (Drabinski, 2013).

Often when we teach information literacy skills—those skills needed for identifying, searching for, evaluating, and utilizing information for a given need—we are teaching students how to simply navigate these oppressive systems without much thought to the harm they may be perpetuating. However, critical pedagogies, such as feminist pedagogy, offer an opportunity to explicitly teach students how to examine and disrupt these dominant information and knowledge systems, and their limitations. As Shrewsbury (1987, p.6) writes:

«feminist pedagogy is engaged teaching/learning—engaged with self in a continuing reflective process; engaged actively with the material being studied; engaged with others in a struggle to get beyond our sexism and racism and classism and homophobia and other destructive hatreds and to work together to enhance our knowledge; engaged with the community, with traditional organizations, and with movements for social change.»

When we use feminist pedagogy to teach information literacy skills we *“equip students with the skills and knowledge to navigate and transform [emphasis added] the dominant culture of knowledge production”* (Accardi, 2013, p.67). Bringing alternative sources into the classroom and valuing their contribution to the scholarly conversation is one way to enact this transformation. While this disruption is important in all disciplines, as a health and behavioral sciences librarian, I find it is crucial to the development of comprehensive and compassionate health practitioners.

In recent years, the concept of “Graphic Medicine” has been gaining ground in medical schools and other health sciences curriculum. Graphic Medicine is the practice of utilizing graphic novels and comic books on medical topics to teach the softer skills of medical practice, such as compassion, empathy, and communication (Houk *et al.*, 2019). These are often personal narratives, from the patient perspective, on a given health condition or experience. Graphic novels and comics present an opportunity to not only educate health practitioners on patient experiences, but also as a way to provide health education to patients or the public, increasing their health information literacy.

Donovan (2014) applies a feminist lens to the use of graphic medicine, highlighting the importance of graphic memoir’s use of embodiment in its form. *“Along with traditional memoirs, the understanding of health and embodiment through graphic memoir presents valid empirical evidence for dealing with questions of health and disease in medical practice and research”* (p. 238). The use of these personal, graphic narratives disrupts the health information landscape and situates themselves as empirically valuable. Etengoff (2015) takes this further and advocates for the use of zines specifically as a tool for empirical inquiry in their own right. In her class, students apply theoretical concepts, like attachment theory, to the personal narratives of zines written

by gender minorities. This use of zines as supplemental material provides students not only with practical applications of theory but a space in which to question “the power dynamics involved in social science research (e.g., Who is studying and why?)” (p. 212).

Zines are an incredibly accessible medium to women and gender minorities, as they are made with simple materials that are affordably and readily available to the masses, such as paper, pens, staples, glue, tape, etc. (Piepmeyer, 2009). Beyond simply being an accessible medium within which to create, by self-publishing zinesters create an *“oppositional history and an alternative to the narrow and distorted mainstream representation of women, queer people, and transgender people”* (Zobl, 2009, p. 5). When people are left out of the mainstream conversation—such as those with marginalized identities in mental health research and scholarship—they may create their own conversation and their own communities around that conversation. These conversations are intimate and personal and the communities created around them are embodied and connected (Piepmeyer, 2009), which reflect women’s ways of knowing, as articulated by Belenky *et al.*, (1997). Therefore creating, sharing, and reading mental health zines is a feminist act, in that they represent aspects of women’s ways of knowing, making them valuable tools in a feminist pedagogy for the behavioral health classroom.

ZINES AS WOMEN’S WAYS OF KNOWING

When feminist instructors discuss utilizing feminist pedagogy in *“interrogating and disrupting ‘traditional’ conceptions of power, authority, and knowledge production and transmission”* (Iverson, 2015, p. 180), some may ask, how? Here it is important to return to Shrewsbury’s definition of feminist pedagogy as *“engaged teaching/learning”* (Shrewsbury, 1987, p. 6). We must engage students in a process of problematizing these traditional ways of knowing—neutrality, objectivity, empiricism—and to embracing and

affirming women's ways of knowing—embodiment, intimacy, personal narrative, and consciousness raising—as valid.

While many zines embody these ways of knowing, mental health zines inhabit a unique place of care in that their themes are deeply personal and sensitive. Mental health stigma is common and so these zines' reclamation of these experiences, especially given the gendered history of diagnosis, is inherently feminist. These zines then are an important tool to engage students in this process in the feminist behavioral health classroom.

EMBODIED COMMUNITIES

Zines in general invite reciprocity, asking the reader to be in conversation with the creator—either literally through mail-communications, a common feature of zine culture, or through their style and form.

«Through the participatory possibilities of DIY, an anti-mainstream positioning, intimacy and intensity, zines gain a felt value for readers through the material-discursive experiences of reading. This translates into an embodied orientation toward community-making and a way of being in the world which extends beyond (but is made to matter in, and makes meaningful) the reading experience» (Watson & Bennett, 2020, Conclusion).

Following Shrewsbury's (1987) lead, embodied communities like these are ones that feminist teachers and their students must engage with. Students learning to be behavioral practitioners are invited in to the experiences of those they may want to work with in an authentic and connected way, learning from them as opposed to solely about them. And the embodiment piece in particular is critical to include in the feminist behavioral health classroom, as Donovan (2014) explains it, "*reorient[s] the focus of health and medicine away*

from the biomedical gaze and instead provide[s] a reading of health and medicine centered on experiences, perspectives, and identities" (p. 238).

For centuries, hysteria and other mental illnesses ascribed to women were essentially blamed on the woman's body and biology. By discussing and sharing mental health concerns in an embodied medium like a zine, creators—and in a sense, readers—can reclaim their mental health experience, how it manifests in the body, and reconnect the two. As Piepmeyer (2009) articulates, "*zines reconnect us to our bodies and to other human beings"* (p. 58). This is what I experienced with reading López's zine that summer—I was in an intimate communion with both the creator and myself.

INTIMACY

Sharing one's mental illness is an intimate act; stigma makes it difficult to know who will be accepting or caring, and the gendered dimensions of diagnoses compound this. Women's health concerns are often dismissed as "women's problems", as evidenced by centuries of hysteria diagnoses. Intimacy presents risk. Jennifer Eisenhauer, whose zine *27 Days* shared her experience being hospitalized following a bipolar disorder diagnoses, reflects on risk when discussing her zine and the choice to use a pen name, "*My use of the name Dora also represented fear. I feared publishing this autobiographical zine using my given name because I was concerned about how being identified as a person with a mental illness would impact my personal and academic life"* (Eisenhauer, 2010, p. 31).

Zines about mental health are often raw and candid. Graphic descriptions or illustrations of depression, anxiety, suicidal ideation, eating disorders, and more are common. There are often content warnings, alerting the reader to the difficult content within in an act of care.

Many mental health zines share the writer's process of healing. They offer tips based on their own experiences, inviting the reader in as if the creator has been asked for advice. In Issue 4 of *Femme Filth*, a zine series, creator Karina Killjoy shouts in large pasted letters "THERE IS NO RIGHT WAY TO HEAL" and shares an "incomplete list" of things they have done to help heal (Killjoy, n.d., p. 16-17) In another zine, *Mettanoia*, creator Shea Pederson writes "The following pages are things that have helped me through tough times. I think it's important to share the ways we stay alive" (Pederson, n.d., p. 2). Another zine *One Hundred Things to Do When You Feel A Bit Shit* is a list of simple acts of self-care that the reader can do on days when they may need a bit of extra support. It ends with a brief affirmation, "I know today isn't great but I also know you're 100% able to get through it" (Porter, n.d., p. 14). These tips are not evidence based, but instead based upon creators' experiences of their own mental illness, offered to others with care. For future mental health practitioners, it can be helpful to see what strategies people have found work for them, apply theoretical concepts from class to them, and treat those experiences as evidence in their own right. The intimacy with which zinesters share their illness with readers is like whispering to a close friend, writing in a journal, or sharing with a trusted counselor. Intimacy requires reflection and trust and these zines offer that to their readers, which is an incredibly valuable learning experience to students in the behavioral health classroom, especially those who plan to work in the counseling field. Readers of these zines are trusted with the creators' deeply personal narratives and it is this intimacy that sets their narratives apart from others.

PERSONAL NARRATIVE

Mental health zines provide a space for creators to unabashedly take ownership of their experience with

illness. "Sharing one's illness narrative constructs a counter-narrative in which patients can acquire agency. Through this sharing of stories, zinesters can reclaim themselves as subjects within medical discourse" (Eisenhauer, 2010). This argument is affirmed by Donovan (2014) as a feminist reclamation of health information,

Feminist health scholars believe that personal accounts of health and embodiment put forth an interpretation of health that breaks from the authoritative discourse of health and medicine; at the same time, feminist scholars identify that personal accounts can demonstrate the nuances of health and embodiment (p. 243).

Personal narratives are a common feature of zines of all kinds, but specifically with mental health zines. As seen in the prior section, these narratives can share intimate parts of the creators' selves. Sometimes they deal with serious mental illness, as in the zine *Mindfull Collaborations* that shares stories of dissociative disorders. "These contributions express real accounts of DP/DR [depersonalization/derealization] and also serve as markers along a spectrum of mental health issues that so many of us relate to" (Nicole, Samantha & Leah, n.d., p. 5). Dissociative disorders are generally not well understood and these editors and contributors use their narratives and illustrations to represent the varied experiences of those with these diagnoses.

Other times these narratives are more broadly about the concept of self-care; recognizing that mental health encompasses wellness as well as illness. *Self Care in Uncertain Times* outlines Maribeth Helen Keane's journey in healing following the 2016 US Presidential election. "This zine is in no way a comprehensive healing guide; each of our stories are very personal. However, I do not believe we must journey into this unknown territory alone" (Keane, n.d., p.1). The weaving of narrative and self-help guidance is a common feature of mental health zines, as evidenced above when discussing intimacy. The inclusion of personal narrative allows the writer to resituate themselves in the health information landscape as an authority of their own experience. This

presents another valuable learning opportunity for students in the behavioral health classroom, to know how to hold space for those stories and experiences and to recognize and value alternative forms of authority, as opposed to solely peer-reviewed experts. Engaging with personal narrative, whether as a creator or reader, is an important part of a feminist education that connects with the feminist tradition of consciousness raising.

CONSCIOUSNESS RAISING

Consciousness raising is an important aspect of feminist practice. This is an activist practice of raising awareness of an issue that may be often ignored or marginalized. Much like reproductive health self-help zines, of which there are many, mental health zines do this through their embodied communities, inviting the reader to share in their experiences through their narratives in an effort to destigmatize mental health. Mindfull Collaborations shares the experiences of people diagnosed with a little-known disorder to raise awareness.

A local zine in my community, *Las Traumadas*, has a mission to increase the emotional intelligence of the community. They invite contributors to highlight various aspects of emotions and mental health (*Las Traumadas, n.d.*). Themes have varied from seasonal affective disorder to trauma to how to manage anxiety. The zine is distributed freely around town, left in coffee shops and community spaces, making it accessible and expanding their embodied community.

Another example of zines serving as consciousness raising resources is the LIS Mental Health zine, *Reserve and Renew*. This zine invites contributors from across the field of librarianship to discuss their experiences with mental health (LIS Mental Health – *Supporting the Mental Health of Library & Information Professionals, n.d.*). Proceeds

from the zine are donated to mental health advocacy organizations and the group also shares resources and holds Twitter chats more regularly to create community. While there is an internet presence to this community, the nature of the zine allows readers to hold the words of their colleagues in their hands, connecting them materially even if they have never met in person.

Mental health zines do often share resources to mental health organizations or readings to further support their readers. But it is through their intimate narratives—both written and visual—that these zines are able to successfully raise awareness about mental health concerns and their experiences with them. This awareness is important to the public as a means to destigmatization and it is important to students studying to be health care practitioners who aim to practice patient-centered care.

CONCLUSION

In this essay I have explored mental health zines as embodying attributes of women's ways of knowing. Embodiment, intimacy, personal narrative, and consciousness raising are all valuable modes of knowledge that subvert traditional patriarchal knowledge practices of objectivity, neutrality, and ownership. These zines exemplify these attributes and disrupt these traditional knowledge practices by 1) questioning the notion of authority by (re)claiming lived experience expertise; 2) inviting readers into a conversation; and 3) (re)situating creators in an information landscape that often devalues and marginalizes their voices. This makes mental health zines a valuable resource of a feminist behavioral health classroom in that they provide students with an alternative viewpoint of the mental health experience that highlights a radical and embodied care.

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