KNOW BEFORE YOU GO

This event unpacks some of the gendered complexities of mental health, with

- Ellen Forney, a community mental-health advocate, graphic artist, and author of *Marbles: Mania, Depression, Michelangelo, and Me* and *Rock Steady: Brilliant Advice from My Bipolar Life*.
- Elyse Fox, a filmmaker and the founder of Sad Girls Club.
- Imade Nibokun, a mental-health advocate and the founder of Depressed While Black.
- Sandi Hemmerlein, a writer, photographer, and historian whose work has chronicled abandoned hospitals and sanitariums.

“HYSTERIA”

Hysteria, as a simple term, describes emotional excitability or emotional excess. Yet for thousands of years, the term was used as a catch-all diagnosis for myriad mental and physical issues experienced by women, as well as perfectly normal aspects of functioning female sexuality. “Female hysteria” was a routine diagnosis for women in Europe for hundreds of years, peaking during the Victorian era. It was used to describe a wide array of symptoms, from shortness of breath to rebelliousness, sexual desire to lack thereof.

Describing—and pathologizing—these things as “hysteria” not only obscured a search for the real causes of real health issues but also justified various mechanisms for controlling women. Hysteria suggested that physical symptoms were “all in her head” or were the result of sexual frustration. Recommended cures ranged from herbs to instructions to patients to have regular sex with their husbands. In extreme cases, a hysteria diagnosis was used to justify commitment in an insane asylum or a hysterectomy.

The idea of hysteria as a women’s disease dates back 4,000 years and runs through and past Freud, who considered it an exclusively female disease. The first descriptions, from ancient Egypt, associate the womb with a capacity to negatively impact the rest of the body and mind. Plato believed the womb was an animal that went wandering through women’s bodies, causing all manner of problems. The word “hysteria” comes from the Greek word for uterus, *hystera*.

The American Psychiatric Association used the term through 1952. The second-wave feminist movement of the 1970s critically surfaced the misogynistic, patriarchal underpinnings of the history—and some of the continuing practices—of psychology, psychiatry, and medicine. While gender disparities and gendered approaches to mental health persist, feminist critique and research has continued to reshape our understanding of mental illness and mental health.

Women are nearly twice as likely as men to be diagnosed with depression. Prevalence of anxiety diagnoses is also higher among women.

GENDER AND MENTAL ILLNESS

According to the World Health Organization, “overall rates of psychiatric disorder are almost identical for men and women but striking gender differences are found in the patterns of mental illness.”

Rates of depression, anxiety, and somatic complaints are higher in women. Rates of alcohol dependence and diagnoses of antisocial personality disorder are higher in men. It is established that gender bias affects diagnoses—doctors are more likely to diagnose a woman as depressed than a man with identical symptoms—and being female is a significant predictor of being prescribed mood-altering psychotropic drugs. At the same time, cultural stressors related to gender are risk factors for mental disorders. Consider
these factors that may increase the risk of depression in women:
- unequal power and status
- the stress of juggling work outside the home as well as caregiving work at home
- sexual violence, gender-based violence, or domestic abuse

FOR FURTHER REFLECTION
- Do you think social or cultural power dynamics shape diagnoses and treatment today?
- What would a just mental health care system be like?
- Most of the research around gender disparities and mental health still relies on a binary understanding of gender, for example comparing rates of diagnosis among men versus women. How do you think trans or non-binary people are included in or marginalized by this research?
- Disability justice advocates have pushed forward a conversation about not using words like crazy or insane to describe something negative, arguing that using these words in this way contributes to stigmatization of mental illness. Are there words you use that might be ableist or harmful? What do you really mean by these words? What words could you use instead?

IF YOU LIKED THIS EVENT, YOU MIGHT WANT TO CHECK OUT:
- Depressed While Black, depressedwhileblack.com
- Sad Girls Club, sadgirlsclub.org
- We Rise, werise.la

DISCOVER MORE AT THE USC LIBRARIES
LISA MARIE CROW of the USC Libraries selected the following resources to help you learn more about the exhibition and today's event. Those with a call number (e.g., books) are physical items which you can find in our campus libraries. Those without a call number (e.g., journal articles and databases) are electronic resources, which you can access through the search bar on the USC Libraries homepage at libraries.usc.edu.

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- Gale Women’s Studies Archive
- ProQuest PsycInfo

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