

Department of Social Work and Social Policy

Living with a label

**An action oriented feminist inquiry into
women's mental health**

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declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university. To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made.

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abstract

Dorothy Smith (1987) says investigations often begin with ‘a feeling of uneasiness’. Smith’s insistence of the importance of starting with women’s standpoint, to redress the way in which women’s lives have been negated or neglected in research, informs the methodological premise of this inquiry. The unease that prompted this project emerged in conversations I had with women diagnosed with a psychiatric disorder whilst working as a practitioner at a women’s health centre. The frequency with which the discourses of biomedicine figured in these women’s narrated experiences engendered a collective commitment to make problematic ‘living with a label’. Loosely connected as mental health service recipients, the women I researched with are often positioned as ‘subject’ to an objective medical gaze. Disrupting dichotomies that these women are accustomed to in clinical settings, and destabilising notions of neutral and detached research, our investigations were contingent, reflexive and relational. Recognising that all were intrinsic to the knowledge production processes, this project was cast in the feminist ‘with’, rather than the ‘on’. Together we explored how women read and respond to a psychiatric diagnosis in their daily lives, to generate understandings that can be used by the women who joined this project. This included close consideration of social relations shaping the lived actualities these women described, and their agency in sustaining *and* unsettling these. Acknowledging these women’s capacity to have expertise not only as reporters, but as theorists too, experience and analysis were conflated in our explorations of ‘living with a label’. Congruent with feminist philosophy, our methodology had a praxis orientation as well, ‘to produce different knowledge and to produce knowledge differently’ as Patti Lather (2001) suggests. The attendant opportunities to research the process of researching and contemplate how we might participate in change-oriented activities were thus integral to this project. Our experience of researching together, and allowing the ‘researched’ room to know and act, produced possibilities, and also created conundrums, perhaps less frequently encountered in more conventional research – all of which gave rise to celebration!

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PRELUDE

herstoricising women's 'madness'

The newly born woman must transcend the heresies of history and the history of hysteria (Clément, in Davies 1990, p. 501).

More than thirty years ago, amidst controversy and debate, Phyllis Chesler (1972) asserted that the overrepresentation of women in psychiatric systems was due to sex role stereotyping and could not be attributed to 'nature'. In her now famous text, *Women and Madness*, Chesler interweaves theoretical perspectives, clinical notes, mythological stories, autobiographical accounts/personal testimonies, and photographic images to remind us that the construal of madness in women has an extensive history. She revisits the legend of Joan of Arc to personify the costs for women whose performances are not consistent with stereotypical feminine behaviour. In spite of being initially applauded for her military victories, Joan of Arc was ultimately persecuted for heresy and sorcery. Chesler maintains that the 'virgin warrior's' childlessness, and spiritual and physical strength, represented a refusal of culturally condoned expectations of women that led to her execution at the age of nineteen. Chesler concludes that a double standard of mental health exists which leads, 'to perceiving the distressed (or any) female as "sick" whether she accepts or rejects crucial aspects of the female role' (p. 118). Chesler's thesis, like other feminist interrogations, has troubled some traditional thinking about the occurrence of mental illness in women.

* * * * *

In most psychiatric diagnoses and treatment categories the incidence is generally greater among women than men. Profiles of psychiatric patients in Australian studies shows that little has changed in more than a decade: women more frequently report having experienced anxiety related, affective and depressive illnesses than men, are more likely to be prescribed psychotropic medication, and represent nearly two thirds of mental health clients (Australian Institute of Health and Welfare 2005; Burdekin 1993). Documented global trends spanning this time reveal a similar story. That is, women worldwide are at greater risk of living with a diagnosed mental health disorder (Pugliesi 1992; World Health Organization 2000). Also consistent across different societies and cultures, symptoms of depression, anxiety and

affective disorders are more prevalent among women (Prior 1999; Wood Wetzel 1998; World Health Organization 2000).¹

Women's disproportionate representation in psychiatric systems is reflected in the comparatively higher rates of attention women receive in mental health research and literature. Feminist theorising in particular has deliberated women's preponderance to 'madness'² diversely and deeply, and the search for explanations regarding gender differences has invoked wide-ranging discussions. Many feminist commentators agree with Chesler's contention that differential diagnostic rates attest that cultural assumptions about what constitutes 'normal' behaviour for women and men generate associations between femininity and insanity. Further to understanding madness as a peculiarly female pathology within a male dominated medical discourse, feminists have also pointed to the circumstances of women's lives, surmising that the frequency of women's mental health problems speaks volumes about the relatively higher incidence of disadvantage women experience according to socio-economic indicators.

Feminist re-visions of the female psychiatric patient have succeeded in unsettling taken-for-granted psychiatric practices that hold women, diagnosed with a mental illness, in socially marginalised and devalued positions, and expanded the ways in which women's mental health has been read and responded to. In this section women's mental health is contemplated through influential bodies of work that consider, variously, the contexts of women's lives as well as systems of mental health diagnosis and treatment. This review of the literature follows an approximate chronology of the gendered asymmetry in constructions and symbolic representations, connecting women and madness, over several centuries.

¹ If substance abuse, and even violent acts, were included under the canon of mental health disorders, then the gendered incidence becomes much closer (for discussion see Busfield 1996; Prior 1999).

² Quotation marks are used throughout this text to signal the use of possibly ambiguous or problematic terminology, and highlight these as sites for further questions. Derrida (1995, p. 9) likens quotation marks to 'hooks that unhook...like cranes, that grab in order to loosen the grasp' (see also Butler 1992).

an institutionalised association

In *The Female Malady* Elaine Showalter (1985) proposes that the institutionalised relationship between women and madness began during the eighteenth century when inscriptions of insanity were changed. In this era madness came to be equated with deviance from socially acceptable modes of conduct, and no longer loss of reason. Showalter cites the reconfiguration of expressions of madness, from brutish lunatic to sick human being, as the genesis of the 'domestication of insanity' since this new framing was more suited to women than men. Jane Ussher (1991) agrees a distinctly feminised version of madness transpired out of these modified psychiatric practices. In her text, *Women's Madness: Misogyny or Mental Illness*, Ussher maintains that women in the Victorian period were regarded as the 'dangerous sex', and manifestations of madness in women were seen as inseparable from a female constitution. With this conceptual shift was an attendant swing in clinical focus from mainly male to mainly female presentations of insanity. Along the lines of Chesler's argument, Showalter (1985, p. 3) writes that madness was regarded 'at once one of the wrongs of being female and an essential feminine trait.' Accepted into cultural vernacular the notion that to be insane is to be a woman gained momentum, Showalter insists, from this time.

Freed from a morality ethic, methods to treat madness were 'revolutionised'. Special care and classification systems, with an emphasis on individual symptomatology, replaced harsh management and physical restraint. The production of the individual subject as the place for prescription accompanied this transition from moral and religious to secular and modern psychiatric practice frameworks, now reliant on medical expertise (Bondi and Burman 2001, p. 6). As mentioned above, the female body came under closer scrutiny with this change in ideology, and the task of surveilling the inpatient population fell to the incarcerated women themselves. Self discipline and self control were at the fore of treatment strategies. Through an enforced lack of privacy and aware that they were being watched, these women were persuaded to monitor and correct themselves (Showalter 1985; see also Foucault 1978, 1980, 1984).

Showalter (1985) argues that the rapid growth of Victorian public lunatic asylums, which replaced madhouses and large prisons in Western Europe in the earlier decades of the nineteenth century, facilitated 'medical men's' control over women's mental health. She holds that the physical design and routines within the asylums

were further evidence of a peculiarly feminine orientation evolved in psychiatry during this time: sedate, homely and highly structured environments, they were planned to subdue women's deviant behaviours through the replication of women's domestic worlds.

In a comparative cross continent examination of the identification and care of so-called lunatics, Cathy Coleborne (1997) observes that the collapse of differences between 'mad' and 'criminal' in nineteenth century Australia mirrored trends in Western Europe. Where community fear of the 'violent' and the 'unpredictable' permeated the first Australian legislation pertaining to the control of alleged lunatics in 1843, the distinction between insanity and criminality was blurred just twenty years later as the legislation entered a medico-judicial space. The ascent of the medical profession to prominence within the legislative and therapeutic management of mental health was thus swift during this time. Like its European counterparts the lunatic asylum in nineteenth century Australia was organised along gender lines, and women were expected to conform to female stereotypes inside.

Nineteenth century psychiatric discourse was couched in a conviction that female instability and vulnerability was connected to the female nervous and reproductive systems, and women 'naturally' constituted the majority of public asylum inpatients (Drinka 1984; Ehrenreich and English 1979; Millett 1977; Ussher 1991). Although men's mental health problems were contemporaneously recognised, the male practitioner's tendency to define and apply treatments about female 'dysfunction' that directly related to women's physiology did not transmute. That is, assessments of men's mental health were not connected to male genitalia (Anderson and Holder 1989). Showalter elucidates that the assumption that women's reproductive cycles, and by association female sexuality, was at the root of women's susceptibility to mental ill health, became enmeshed with justifications for excluding women from professional and political lives.

In a society that not only perceived women as childlike, irrational, and sexually unstable, but also rendered them legally powerless and economically marginal, it is not surprising that they should have formed the greater part of the residual categories of deviance from which doctors drew a lucrative practice and the asylums much of their population (Showalter 1985, p. 73).

* * * * *

Psychoanalysis emerged to reinvigorate psychiatry when it was realised that the resolutions to insanity the lunatic asylums promised would not eventuate – medical explanations of mental health moved from physiological to predominantly psychological theories (Drinka 1984). Premised in positivist philosophy and objectivist assumptions, these psychological approaches to healing were established as ‘applied science’ (Ussher 1992). Barbara Ehrenreich and Deirdre English (1979) hold that women’s bodies, positioned as ‘primitive and pathological’ in late nineteenth century patriarchal ideology, posed a ‘problem’ best solved through the use of scientific knowledge. Healing became a marketable commodity tailor-made for upper class men wishing to pursue a more elite career. The general presumptions that guided these emerging medical practices extended the belief that women’s sickness was intrinsic to their femaleness; that women were the more dependent sex, more prone to emotional weakness, irrationality and disease, and physically less resilient than men (Ehrenreich and English 1979; Showalter 1985). Activities other than those undertaken in the home were deemed likely to adversely affect a woman’s mental health. The ‘rest cure’ treatments for female ‘nervousness’ were telling of this philosophy. They included forgoing intellectual work, admonitions to avoid straining the brain, and to pursue a domestic life (Anderson and Holder 1989, p. 382). The affluent wife was presumed to be particularly prone to sicknesses of the mind – morbidity became a way of life for the leisured, middle and upper class woman who was largely confined and inactive, defined by her anatomy and restricted to providing sexual services and producing offspring, her sickness was rooted in an idle (read meaningless) way of life.

Ehrenreich and English (1979) maintain that late nineteenth century diagnostic categories were specifically created to penalise psychiatric presentations alleged to be uniquely female. Women’s inactivity and a supposed innate ill health went hand in hand to trigger an escalation in the incidence of the now mostly debunked diagnosis of hysteria (hysteria is derived from the Greek word meaning uterus). First thought to be the consequence of uterine wanderings (Drinka 1984), the range of symptoms used to indicate hysteria was broad and this label was loosely deployed to describe a variety of bodily dysfunctions or dissociated states of consciousness where no other organic pathology was identifiable (Lewis 1981). A diagnosis of hysteria also served to signal a woman incapable of intellectual work and unsuited for physically demanding activities.

Although hysteria, as a documented psychiatric disorder, existed prior to the nineteenth century,³ the prevalence of hysteria increased dramatically and peaked during this period when the discourses of biomedicine were rapidly progressed. In the early years of the twentieth century working class women became 'eligible' for a diagnosis of hysteria as well, and there were documented outbreaks of this 'disease' in so-called workhouses. Catherine Clément (in Wolf 1990, pp. 224) explains that hysteria, as a condition, was tolerated within dominant systems of health care because 'it had no power to effect cultural change.' Clément elaborates that it was 'much safer for the patriarchal order to encourage and allow discontented women to express their wrongs through psychosomatic illness rather than agitating for economic and legal rights.' Reinterpreting articulations of dissent to justify psychiatric diagnosis and treatment operates to perpetuate the oppression of women within these institutions.

Because the indicators of a 'hysterical personality' were framed in distinctively feminine terms, diagnoses of hysteria amongst men were generally understood as somewhat of a clinical anomaly, and thus infrequently applied (Lerner 1981).⁴ Male presentations of hysterical symptoms did succeed, however, in shifting understandings of the causes of this disease away from the uterus to the nervous system. In the late 19th century Jean-Martin Charcot famously used the identification of hysteria in men to argue persistently against understanding hysteria as an entirely organic illness, and from this advocated studying the person in which the illness was diagnosed, rather than only the illness (Drinka 1984).

The ascension of hysteria corresponded with Sigmund Freud's considerable theorising about the origins of this almost exclusively female condition. Building on Joseph Breuer's work, Freud (1974 [1955], pp. 339-40) concluded that, 'in so far as one can speak of determining causes which lead to the *acquisition* of neuroses, their

³ Hysteria warranted only minimal psychiatric attention before the nineteenth century. People, mostly women, who showed 'hysterical' symptoms were regarded as possessed by the devil, accused of being witches by the learned and those in authority, mostly men (Lewis 1981).

⁴ Interestingly a rise in gastric disorders in men coincided with the hysteria epidemic in the late nineteenth, early twentieth centuries, which, unlike his 'hysterical' female counterparts, did not incapacitate the sufferer and restrict him from his daily activities (a condition therefore much more suited to masculine than feminine ways of being). An exception to this diagnostic trend occurred during and immediately after World War 1 when more men than women occupied psychiatric hospitals. Showalter (1985) surmises that the trauma of conflict and powerlessness led to this exceptional increase in the incidence of what was then termed hysteria, experiences she says women encountered everyday.

aetiology is to be looked for in *sexual* factors' (with original emphasis). Freud's exegesis about the psychology of women was located in what he imagined was a physical disadvantage, the lack of a penis. According to Freud the ways in which a girl internalised and coped with her 'penis envy' was indicative of her probable mental health in adult life, indeed, the crux of what was 'wrong' with women (Ehrenreich and English 1979). Freud supposed that repression of a woman's sexuality was couched in a sense of inferiority, and that hysteria was a consequence of an over-reliance on this as a defensive coping strategy (Lerner 1981).

In her critique of Freud's biologically determined and driven explanation of women's mental health, Kate Millett (1977) argues that his 'highly unlikely hypothesis' of penis envy reflects his own masculine subjectivity. Because Freud's models were based on anatomically inferred male supremacy historical and social specificities were deemed irrelevant. 'The problem is that he fails', agrees Luce Irigaray (1985, p. 70), 'to investigate the historical factors governing the data he is dealing with'. Millett contends that an exploration of the ways in which masculinity is portrayed as socially superior to femininity, would have produced more relevant theories than Freud's essentialist equation where anatomy is likened to social status, and females, on the back foot from birth, are fundamentally flawed. Despite Freud's own admission of his lack of understanding about hysteria ('I...have but slightly advanced our knowledge of the disease which still remains as great a puzzle as ever' [in Drinka 1984, p. 337]), his psychosexual theories were, however, built on an especially pervasive ontological understanding that lingers today.

During the swift spread of biomedicine Ehrenreich and English (1979) suggest that science swayed even those with feminist inclinations because this expert discourse was triumphed as an objective body of knowledge, underpinned by notions of freedom and independence. In the so-called modern world that emerged in the nineteenth century, medical practitioners were believed to possess the power and authority necessary to unravel insanity, their esoteric knowledge judged as miraculous, and something patients should surrender to (Foucault 1988 [1965]). Ehrenreich and English (p. 4) explain, 'The experts wooed their female constituency, promising the "right" and scientific way to live'. Religion, which had hitherto been regarded the source of ultimate answers, was supplanted by science (Drinka 1984). And hysteria, in particular, became the tough nut that science was going to crack, claims that we now know did not eventuate.

similar themes in subsequent times

By the post World War I period the version of medical psychiatry that we are more familiar with was firmly embedded in western⁵ culture. And whilst the discourses and discursive mechanisms that determined women as being more susceptible to madness changed, the outcomes for women appear to have remained consistent. Feminist understandings developed to account for women's overrepresentation in the nineteenth century circulate, and still have currency, in present times.

Stereotypical assumptions about gendered behaviours, thoughts and emotions, continue to figure in clinical research, diagnoses and treatments. The propensity of health practitioners to classify and treat women as mentally ill more frequently than men was famously demonstrated in Inge Broverman et al's (1970) study. Broverman and associates asked a group of psychiatrists, psychologists and social workers to profile a mentally healthy woman, man, and adult (sex unspecified). Their investigation uncovered an inclination amongst these clinicians to conceptualise a mentally healthy adult, regardless of sex, with traits they associated with masculinity. Women whose presentations matched with an adult were considered 'unfeminine', and yet women considered 'feminine' were assessed as less healthy than an adult, sex unspecified. This since oft cited research thus revealed that characteristics seen as appropriate for a mentally healthy woman were not supposed as synonymous with those attributed to a healthy adult. Along the lines of Chesler's thesis, Broverman et al concluded that a double standard existed – women, whether they act out the devalued female role or, paradoxically, deviate from this gendered stereotype, are more likely to be thought mentally unwell. Selina Redman et al's (1991) subsequent Australian study, that also sought to ascertain whether gender was a significant factor influencing psychiatric assessments in clinical practice, similarly surmised that the tendency of health practitioners to overestimate the frequency of psychological disturbance in female patients compared to male patients is a generalisable occurrence here as well.

Jill Julius Matthews (1984) constructs an 'alternative' social history of Australian women's twentieth century experiences in psychiatric institutions through an examination of clinical assessments in medical case notes. The title of her book, *Good and Mad Women*, points to a binary logic that Matthews argues serves to

⁵ Like Schaffer and Smith's (2004) use of the concept, in this thesis the west is used to indicate webs of power relations associated with English speaking countries that also share (post) colonial histories and Enlightenment traditions.

disseminate understandings of mental health that disable women. Matthews insists that since attempts to 'cure' deviation and restore normality within psychiatric systems were based on sex role stereotypes, women's subordinate position in the gender hierarchy was sustained. She writes, 'Because femininity is an idealised and illusory quality, and because it is composed of inconsistent and contradictory parts, its pursuit is doomed to failure' (p. 8). Matthews sums up that male dominated psychiatry is thus strongly implicated in a 'complex web of systemic oppression' that discriminates against women. Mental health disturbances amongst children, attributed to inadequate or 'schizophrenogenic' mothering in the 1950's and sixties, epitomises this inequity in emphasis, and resultant blame, on women's, not men's/fathers, positions in relation to their children's care (see, for example, Anderson and Holder 1989).

The anti-psychiatry movement that surfaced also in the 1960's troubled the application of positivist philosophy to mental health practices, and succeeded in politicising madness (Ussher 1992). R. D. Laing, generally considered spokesperson for the anti-psychiatry movement, challenged the use of medical procedures such as electro convulsive therapy, proposing instead that social supports and a nurturing environment could successfully guide a person through the acute stages of a 'schizophrenic journey' (Parker et al 1995). The subjects whose experiences informed this epistemology were almost all female, yet gender was not factored into treatments. Simone de Beauvoir retorts that, contrary to its claims, 'At the bottom anti-psychiatry is still psychiatry. And it doesn't really address itself to women's problems' (in Showalter 1985, p. 246). Showalter agrees that this approach, which paradoxically emerged alongside a growing women's rights movement and body of feminist literature, disappointingly failed to make good its promises to liberate women's position. Anti-psychiatry, she laments, encoded sexist clinical practices and represented, 'a male adventure of exploration and conquest.'

Concerning himself with developing substitute treatments, Laing encouraged others to offer explanations about medicine's stronghold in Western societies (Parker et al 1995). He organised, for example, the British publication of Michel Foucault's (1988 [1965]) *Madness and Civilization*. In this text Foucault reviews and reconstructs a now legendary account of the history of insanity. At its core is a contention that oppositional psychiatric discourse produces the ideal of sane via the exclusion of 'other'. Like Laing, however, Foucault frequently fails to make distinctions between the ways in which psychiatry has conceptualised and responded to women and

men's mental health. There are some exceptions to this lapse and, along the lines of many feminist commentators, Foucault (1978) has argued that women's bodies have been subject to a process of 'hysterization' since the advent of modern science at beginning of the eighteenth century. Foucault proposes that the production of 'nervous' women occurred via a threefold process rooted in biologic determinism,

whereby the feminine body was analysed – qualified and disqualified – as being thoroughly saturated with sexuality; whereby it was integrated into the sphere of medical practices, by reason of a pathology intrinsic to it; whereby, finally, it was placed in organic communication with the social body (whose regulated fecundity it was supposed to ensure), the family space (of which it had to be a substantial and functional element), and the life of the children (which it produced and had to guarantee by virtue of a biologico-moral responsibility lasting through the entire period of the children's education: the mother, with her negative image of 'nervous woman', constituted the most visible form of this hysterization (Foucault 1978, p. 104).

Foucault's otherwise general omission of gender does not seem to have curtailed the extensive appropriation of his work, evident in a wide range of texts including feminist ones. His theories, particularly his intellectually impressive exposition regarding the regulatory ideologies informing psychiatric care, and his assertion that these discourses produce disciplined bodies dependent on the therapist, have formed the basis for much post structural feminist theorising. His thesis, for instance, is apparent in Mary Elene Wood's (1994) argument that whilst methods of restricting women in sites of psychiatric practice have been reconfigured from incarceration to diagnostic categories and drug therapy, delivered via the psychiatrist, the effect is the same. In other words, the confining walls of the asylum have been superseded by the psychiatrist's pen. Wood's thesis echoes Ehrenreich and English's (1979) inference that the experiences of trapped Valium dependent housewives in the 1950s and sixties is not dissimilar from the lives of the idle affluent women at the end of the nineteenth century. Ussher (1991) uses more recent case studies to develop an argument similar to Chesler and Matthews before her, while also referencing Foucault's work. 'Madness', Ussher concludes, is 'an inevitable outcome' for women positioned within misogynistic medical discourses. She explains, 'distress and suffering are...a result of institutional and individual oppression, not some individual pathology within the woman' (p. 20).

Women's restrictions within psychiatric classification systems are a culmination of discursive mechanisms not entirely propelled by the structures of male domination (Wearing 1996). Through self surveillance that Panoptican architecture⁶ has come to metaphorically symbolise, Janice Wood Wetzel (1998, p. 208) reckons, 'Women remain in shackles long after the shackles are removed.' In a revised forward to introduce her re-published text twenty years on Chesler (1994) returns to her original thesis with an estimation that little has changed since, despite a 'vibrant and visionary' feminist movement. In this work Chesler recognises that the female patient is not a passive body upon which the discourses of biomedicine are inscribed, but an active participant in practices that make women more susceptible to 'madness' (an interpretation that takes up some of the themes in literary criticism and social theory since *Women and Madness* was first written). Denial of liberty and social exclusion, achieved via prolonged hospitalisation, were traditional means through which women with continuing psychiatric symptomatology have been rendered powerless (Perkins 1991). In an era of rapid deinstitutionalisation of systems of health care Liz Bondi and Erica Burman (2001) argue that images of the mentally ill, incarcerated in long-stay care arrangements, are readily invoked to both threaten and ensure compliance with community care arrangements. These texts support Showalter's (1985) earlier view that although the way in which women have been defined and confined as mad has been reinvented over the past few centuries, the outcomes remain consistent. Control has become more discreet and the 'locked doors' are now inside the patient.

* * * * *

Feminist scholars have also proposed that women's overrepresentation in psychiatric diagnostic and treatment rates reflects the disadvantaged status of women. Women's vulnerability to mental health problems has been attributed to women's work and roles in society, and to the suffering that the oppressive conditions in which they are more likely to live produces (see, for example, Busfield 1996; Corob 1987; Puckett 1993; Wenegrat 1995). Situational causes rather than constitutional factors have dominated contextualised studies of the incidence of depression that show impoverished women, and women whose everyday work is mundane, to be more likely to experience feelings of hopelessness (see, for example, Brown and Harris 1978; Oakley 1972).

⁶ Technologies of self, often explained from a Foucauldian perspective through use of Panoptican structure, are discussed at length in Chapter 2.

World wide comparisons reveal that men's income is on average twice what women receive, men have ten times more access to political power than women, men have greater control of corporate wealth, and men dominate in the organisation and delivery of institutionalised means of hostility such as the armed forces (Connell 1996). Violent assault in intimate adult relationships is extremely gendered with domestic violence featuring in almost fifty per cent of women's deaths by homicide, and only three per cent of men's deaths by homicide (Broom 1998). For some women life itself may be depressing.

Feminist accounts about the higher incidence of mental health morbidity in women relative to men connect across epistemological variations. Within academia there is a now well-established debate centring the interrelationship between personal experiences of mental health disturbances, cultural constructs of mental health, and the regulation of these through psychiatric discourse (Prior 1999; Pugliesi 1992). This view is not new. Chesler's (1989 [1972]) seminal work, for example, does not rely exclusively on sex role stereotyping to explain the preponderance of women in psychiatric systems. Chesler (pp. 118-19) holds that women's outnumbering is also indicative of 'the very real oppression of women – which leads to real distress and unhappiness.'

Bondi and Burman (2001) point to the way in which women's mental health meshes with other axes of disadvantage, and how these combinations serve to suppress rather than address women's distress. 'Women's oppression within mental health systems, as elsewhere,' they argue, 'intersects with other marginalised positions of disadvantage, in particular those clustered around structures of racialisation and class' (p. 8). Multiple factorial analyses of women in mental health systems shows that women of colour are more likely to be compelled to enter in-patient care, and less likely to be offered psychotherapy rather than, or with, pharmacological treatments (p. 9). So, Bondi and Burman conclude, the bias of making so called talking therapies more generally available to affluent white women today, as in Freud's time, means women are variously trapped by systems of psychiatric care, counselled and/or medicated, and regardless of cultural heritage and socio-economic status. And female agency is negated in these positivistic explanations and approaches, whether these regimes take a pharmacological or psychotherapeutic form (Bondi and Burman 2001).

gender blind practices

The transition from the ostracising to the moralising and medicalising of madness began in the late seventeenth century, and women have been over represented in mental (ill)health statistics since this time. From this review of mostly feminist thinking about women's mental health it appears that, for several centuries, normative conceptualisations of gender have underpinned the supposedly neutral scientific principles used to position women's mental health as fundamentally imperfect. Despite the widespread support these theories have gathered, and the impressive volume of quantitative research confirming differential psychiatric diagnoses and treatments according to sex, a gendered analysis of mental health has not been incorporated into dominant psychiatric discourse (Bainbridge 1999). Notwithstanding some acknowledgement that social conditions figure in experiences of mental health, biologic causes and scientifically developed treatments are favoured in most psychiatric practices. Wood Wetzel writes,

The world mental health scene has been dominated by Western logic and values that emphasise cure and the problems within a 'patient', ignoring prevention and the impact of destructive attitudes towards women in the environments in which they live and work (Wood Wetzel 1998, p. 209).

The significant body of work produced through feminist scholarship has not received much more than token recognition in mainstream academia (echoing the ignored 'hysteric', perhaps?). Ussher (2000), for instance, observes that since the publication of her text, *Misogyny or Madness* (1992), very little has changed in conventional research and clinical practice. Ussher cites the denial of discursive, social and historical contexts, in dominant and uni-linear psychiatric diagnoses and treatments, as propelling a systemic rigidity that fails to adequately accommodate women. Despite scrutiny and criticism, and calls for greater reflexivity in mental health systems, Ussher insists that, an ongoing concentration on diagnostic categories and classification taxonomies, tells that an unquestioned adherence to positivism prevails. Subsequent to *Women and Madness* Chesler (1994) similarly proposes that her reading of women's comparatively high involvement with psychiatry has been disregarded or treated as sensationalist by those with authority in mental health institutions, because she was seen as 'wrong'. Chesler (p. 300) says that although so-called radical feminists may be influential, popular, or even 'right', the segregation of feminist thought from epistemologies informing tertiary courses

in the helping professions remains because most feminist commentators tend not to be in positions of power, relative to men, within the academy or mental health services.

Reviewing the politics of the development of theory Catherine Lutz (1995) explains that feminist scholars are regarded as occupying *only* a 'middlebrow' space in the 'business' of knowledge production. Lutz (p. 259) argues, 'To the extent that women are seen as less intelligent, their writing will be seen as less theoretical, no matter how they write...Women's discourse equals description (or complaint); male discourse equals theory, the covering law.' Nancy Miller (1991) likewise contends that this reflects discriminations made between women's writing and canonised academic thought, or men's writing. In other words, feminist criticism is not perceived as *theory*. 'The 'hard/soft' dichotomy used to distinguish between science which is good, and that which is not, has masculine (if not phallic) undertones,' agrees Ussher (1992, p. 53). It is used to classify that which is considered worthwhile and that which is not significant enough to take into account. These arguments regarding the gendering of theory (women as fact gatherers, men as theoreticians) brings to the centre stage the exclusory tactics that circumvent the possibility of writers such as Chesler and Ussher, amongst others, receiving more widespread attention. 'Patriarchal notions of women's inherent nature and consequent social role,' writes Sidonie Smith (1987, p. 7), 'have denied or severely proscribed her access to the public space; and male distrust and consequent repression of female speech have either condemned her to public silence or profoundly contaminated her relationship to the pen as an instrument of power.' The masculine advantage that positions feminist thought on the margins of the production of theory mirrors gendered divisions elsewhere.

* * * * *

Wood Wetzel (1998) insists that because the stigma of mental illness is arguably universal, women, more likely to be living with a psychiatric diagnosis, bear the dishonour and constraint associated with such labels more frequently than men. Consequently, she says, 'Diagnostic categories common to the world's women have served to isolate them locally and globally, causing each woman to believe she is alone in the world' (p. 209). Adrienne Rich's (1976) reminder is still relevant today. She says that in the last instance, and despite the presence and treatments of psychiatry, the onus to repair one's mental health lies with the woman, 'insane

expectations', she says, in a society that labels institutionalised oppression as psychopathological (pp. 263-64). Showalter (1985) maintains that despite cycles of therapeutic optimism, new remedies and deinstitutionalisation, the cultural image of women as mentally ill, mediated through phallogocentric conditions and discourses, remains largely unchanged. Dorothy Smith (1975, p. 3) agrees that women are the complements to psychiatric enterprise, in which men stand at the centre. Showalter concedes that this trend will continue until women recognise the consequences of such attitudes, and have opportunities to self determine. She explains,

Throughout the history of psychiatry, there have been many male liberators...who claimed to free mad women from the chains of their confinement to obtuse and misogynistic medical practice. Yet when women are spoken for but do not speak for themselves, such dramas of liberation become only the opening scenes of the next drama of confinement. Until women break them for themselves, the chains that make madness a female malady...will simply forge themselves anew (Showalter 1985, p. 250).

dissident and disruptive voices ⁷

The omission of gender from mental health has not gone unchecked. Although chances for women to story their experiences have been hindered through the dominance of certain cultural scripts (Smith 2003) and surveillance of women's voices (Behar 1995), the existence of 'alternative' expressions attest that women are not passive recipients of social arrangements. In spite of enormous ideological and institutional barriers, there are stories that tell of women's contestations to discursively produced and organised psychiatric presentations. 'Psychiatrically disordered' women's biographies and autobiographies have become, in particular, emblematic performances of resilience and resistance.

Through an examination of incarcerated women's accounts Wood (1994) understands narratives, penned by women deemed mad and expressly forbidden to write, as sites of struggle for control against the backdrop of a medical profession whose knowledge had been generated through the objectification of women. In *The Writing on the Wall: Women's Autobiography and the Asylum* Wood says that prose importantly allowed enslaved women to construct stories that challenged labels of insanity. According to Wood (p. 12) the use of autobiography was especially significant because it created crucial space for women to talk back to those regulatory practices that defined and confined them; 'a moment when women (chose) to rupture the dominant narratives that deny their ability to speak from an "I".'

Charlotte Perkin Gilman's (1998) fictional story *The yellow wallpaper*, originally published in 1892, and subsequent paper *Why I wrote the yellow wallpaper?* (1913), reveals oppressive and paternalistic attitudes of male physicians from the perspective of a female character considered mentally unstable. Centred on Gilman's own experiences of a 'rest cure' (which is, as mentioned before, complete abandonment of work to resolve psychological distress), she says the incumbent patient's unease grows with prolonged concession to this treatment regime. Gilman (1913, p. 20) recalls her own doctor's advice, 'Live as domestic a life as far as possible...have but two hours' intellectual life a day...(and) never to touch pen, brush, or pencil again', and the cost of obeying this directive for three months; '...(I) came so near the borderline of utter mental ruin that I could see over'. Through her

⁷ The title of this section references Michelle Fine's (1992) text, *Disruptive Voices: The Possibilities of Feminist Research*

fictional character Gilman highlights the paradox of women's predicament when she declares, 'these nervous troubles are dreadfully depressing.' Gilman understands her decision to counter specialist medical advice and 'return to the normal life of every human being', where she was able to reclaim some degree of autonomy, as being a 'narrow escape'.⁸

Writers such as Sylvia Plath (*The Bell Jar*, 1971), Janet Frame (*An Angel at My Table*, 1984), and Kate Millett (*The Loony Bin Trip*, 1991) have reiterated themes of despair and hopelessness through moving testimonies of first hand experiences of psychiatric institutions, alongside accounts of personal efforts to negotiate alternatives to institutionalised systems of classification and control. These writings, inspired by lived experience, are important in that they also make visible an association between women's mostly 'schizophrenic' experiences and women's limited access to social and political spaces beyond the domestic. Such autobiographical interludes have unsettled linearly progressed scientific postulations of women's mental health produced overwhelmingly by men, where women's contributions conventionally beget a thundering silence.

* * * * *

Women's implicit struggles within systems of mental health care and treatment have also been constructed retrospectively through feminist re-visions of women defined as mad. Hysteria in particular has attracted widespread attention. Showalter (1985), for instance, understands hysteria as *the* classic female malady; an 'unconscious form of feminist protest.' Dora's 'hysterical' performances are often cited as embodying this challenge. Freud hypothesised that Dora's hysteria, epitomised through her speechlessness, was a consequence of Dora's unspoken sexual desires to have intimate relations with her father and her father's colleague, the latter known to have made sexually inappropriate gestures towards her. Unable to reconcile with Freud's analysis of her, Dora eventually terminated their therapeutic relationship (Drinka 1984). Distanced from Freud's assessments, contemporary feminist readings understand Dora's acquittal of attempts to define her through a psychoanalytical taxonomy as demonstrative of dissent. Dora, Showalter (1985, p. 5) says, represented 'champions of a defiant womanhood, whose opposition, expressed in physical symptoms and coded speech, subverted the logic of male science.' Showalter's argument builds on the works of Hélène Cixous (1981, 1997) who also

⁸ Virginia Woolf was similarly told to give up thinking and writing (Virginia Woolf Society of Great Britain n.d.).

interprets Dora's refusal of Freud's estimations as extreme rebellion against patriarchal rationality. She explains:

Silence: silence is the mark of hysteria. The great hysterics have lost speech, they are aphonic, and at times have lost more than speech: they are pushed to the point of choking, nothing gets through. They are decapitated, their tongues are cut off and what talks isn't heard because it is the body that talks, and man doesn't hear the body. In the end, the woman pushed to hysteria is the woman who disturbs and is nothing but disturbance (Cixous 1981, p. 53).⁹

'Anna O.', or Bertha Pappenheim, Freud and Breuer's patient who preceded Dora, requires acknowledgement as well. Like Dora, it was Anna O.'s loss of words that initially prompted therapeutic engagement with Freud and Breuer.¹⁰ Although Anna O., hasn't come to symbolise the protesting woman that Dora has, her contributions, as a feminist activist, subsequent to her relationship with Freud and Breuer are regarded as substantial (Showalter 1985). Pappenheim translated Mary Wollstonecraft's *Vindication of the Rights of Woman* (1792) almost one hundred years after its publication. Wollstonecraft's text, widely applauded as one of the first great feminist literary efforts, proposed that women were encouraged to regard themselves as helpless, and urged women to reject such culturally constructed feminine attributes (Spender 1997).

Feminist texts constructed to critique and counter the discourses that define and treat women as 'mad' more often than men, have not invoked significant change within the institutional organisation of psychiatric practices. Notwithstanding this lack of visible impact evidenced out 'there', the effect of these published understandings of women's mental health, read through personal responses, suggests that some considerable shifts in meaning making have been experienced and enacted. Chesler (1994), for instance, comments that since *Women and Madness* she routinely receives requests for support from individuals and groups to attend meetings, sign petitions, talk to the media, and so on. Chesler's work has contributed to a body of knowledge that women, individually and collectively,

⁹ It is worth noting here not all feminist commentators concede that women's madness constitutes a political protest. Chesler (1989 [1972]), for example, explains that she does not intend to confer any romanticism with madness in her seminal text. Contrary to some other feminist versions Chesler does not see women's madness as a form of dispute. Instead she understands presentations of mental ill health as a cry for help, arguing that this mode of expression is an inherent aspect of female conditioning and women's roles.

¹⁰ During her work with these men Anna O. contributed to the creation of the 'talking cure' widely associated with psychoanalysis.

engage, and from this perspective she *has* made a difference. Wood (1994) similarly approximates replies from women, who read her text about autobiographical writings in nineteenth century asylums and connect across time with the stories she uses, as evidence of localised change. Chesler and Wood's re-visioned interpretations of women and madness interrupt categorical understandings that the discourses of biomedicine propel. Because their work publicly highlights the difficulties women condemned as mad experience, and makes apparent the exclusion of such narratives from systems of psychiatric classification and treatment, space was/is created for others to voice their particular stories.

Autobiographical accounts are also a symbolic departure from hierarchically organised and validated discourses that privilege the technical-rational-scientific (Miller 1991), and thus central to women's efforts to disrupt and go beyond 'consolidated forms of masculine dominance of intellectual, political, cultural, and domestic life' (Smith 2005, p. 124). Women's responses to the admonitions of medical men, from hesitations to overt oppositions, reveal critique, questioning and challenge that are rarely accounted for in dominant accounts of mental health care, other than to affirm clinical assessments of madness in the first instance. Because speaking subjects are generally regarded as male, however, women's autobiographies, like theoretical feminist commentaries, have been devalued, fated 'as anomalies: sometimes interesting, sometimes even skilfully written, but more often than not flawed, insignificant, idiosyncratic, irrelevant, or just plain tedious' (S. Smith 1987, p. 16). Because these dissident and disruptive voices tell a different story from usual explanations of mental illness, previously obscured possibilities are, however, illuminated.

The proliferation of community-based women's health centres intimates that, despite tendencies for women's stories to be disregarded within dominant accounts of mental health, the sharing of these has not been in vain. Unlike mainstream health services, these sorts of supports for women are generally informed by gendered understandings of wellbeing, and grounded in a social model of health (Mental Health Community Outreach Project 1996). Such alternative systems of health care remain, nevertheless, connected to dominant models, because they are funded by, and answerable to, government departments. The parallel between recent developments in health care services for women and trends in the management of symptoms aligned with psychiatric disorders is easy. Whilst dominant

determinations of women's health have become less blatant, links to the discourses of biomedicine continue.

prefacing our inquiry

Women's mental health (and illness) has been widely contested in the literature, research, and sites of practice, as this prelude has alluded to. Herstory and history of women's 'madness' can be read as divergent *and* coexisting narratives, where the former serves as a dominant framing and the latter as symbolic disruptor of a chronology of cause and effect. This review and presentation of literature is not intended to minimise the reality of emotional or psychological distress, only to illuminate the narrow scripts or systems of classification culturally available through which to understand these experiences, and to show that whilst the structures of meaning used to understand 'madness' have changed, the impact of these amendments in the lives of women diagnosed with a psychiatric disorder has been largely superficial. Women's mental health continues to be interpreted, and treatments delivered, through a predominantly male view and scientific approach.

Also, whilst the purpose of this prelude is to alert readers to the discourses-in-practice that permit only restricted interpretations of women's mental health, it is not intended to dismiss men's mental health, likewise organised by social institutions and relations beyond the local experience. There are many versions of oppression. Although the regulatory consequences of the discourses of biomedicine are not confined to women, the tendency to label men's distress or 'disturbance' as emotive is less. The consequence of a predominant focus, over several centuries, on women as more likely to be 'mad' than men, is that men's mental health has been relatively ignored (although this is changing), more commonly interpreted as 'bad' (Ussher 1992).¹¹

Because the emphasis is on medical expertise, women's private knowledges are routinely minimised, or inaudible in discourses of biomedicine developed beyond individual experiences. Discursively constructed in an oppositional framework that largely precludes personal narratives, labels figure as the primary way through which meanings about mental health are made and disseminated. Space for

¹¹ Recent Australian research, which shows that men are more likely to be diagnosed with psychotic disorders and substance abuse issues, and women depressive disorders and neurosis, attests to these gendered distinctions (Australian Institute of Health and Welfare 2005).

women's stories is uncommon within this framework. This is not new. On treatments delivered to the 'hysterical' woman more than one hundred years ago, Ehrenreich and English (1979, p. 4) clarify, 'It was never an equal relationship for the experts' authority rested on the denial or destruction of women's autonomous sources of knowledge.' Wood (1994) contends that in this era of de-institutionalised responses to health, where community based treatments have been granted ascendancy over incarceration, there is still little room for women to give voice to their experiences. She advocates, 'As women we need to listen to each other's stories of mental illness, institutionalisation, recovery, fear – stories that can help us gain control of the decisions about how to remedy our troubles without losing our voices or denying the voices of others' (p. 170). In previous research (Gray 1997) I likewise surmised that women's own understandings of their experiences are frequently minimised or disqualified by conventional medical approaches and concluded in arguing that we need to turn to women for an understanding of the actuality of their experiences.

Whilst the literature shows a plethora of demonstrable understandings of the social constructions and conditions contributing to the experience of women diagnosed as mentally ill, there is little uniting the lived experience of these women with sociological understandings from their points of view. How do women, diagnosed with a psychiatric disorder, read and negotiate living with a label in their everyday everynight worlds?¹² This prelude establishes the socio-cultural backdrop for investigating women's experiences of 'living with a label', from women's points of view.

Our journey of inquiry begins from here.

¹² 'Everyday everynight' is a phrase used intermittently throughout this text, and refers to women's lived actualities. It is borrowed from Dorothy Smith (1987).

CHAPTER ONE

beginnings...

This research began with ‘we’, in conversations, long before an official thesis start date. It is grounded in my experiences as social work practitioner at a women’s health centre in Perth, Western Australia. In 1998, six months after graduating from a Bachelor of Social Work course, I was offered the position of Project Officer within the Mental Health Community Outreach Project (MHCOP). It was at this inner city agency that I had recently undertaken an Honours research project whilst concurrently completing my final social work student placement. The effective relationships I had established with the group of women I worked with during this four months period were cited as the rationale behind the job offer. Here I was employed to work with ‘women with a psychosis or depressive illness, who have dependent children and reside in the inner city or lower northern metropolitan region.’

The practice framework and methods developed to support the project’s target group are oriented differently from the usual psychiatric services available to mothers diagnosed with a mental health disorder. (As recipients of national and international awards, the MHCOP was recognised for comparative innovations in service delivery). Initiatives like this, and other so-called pilot projects, were the outcome of recommendations detailed in the national Burdekin (1993) report into the human rights of people with mental illness, and funding for the MHCOP was first made available via the National Mental Health Strategy Plan in 1995. Situated, administered and managed under the umbrella of Women’s Health Care Association (WHCA), the MHCOP was regarded as a stand-alone project within a community-based agency for women’s health. Although there are other similar women’s health organisations in both the Perth metropolitan area and regional centres in Western Australia, the MHCOP model was not replicated at any of these. Cast within a feminist philosophy and premised on the social model of health, the emphasis in much of our practice was on understanding the context of women’s experiences, and from women’s perspectives. Because creating space for dialogue featured in program planning, the sharing of lived experiences was central to many of the project’s core activities. In other words, an ongoing consideration of the dailiness of these women’s lives was integral to this local site of social work.

locating the ‘problematic’

Dorothy Smith (1987), whose institutional ethnography informs the ‘method of inquiry’ in this research project, says investigations often begin with ‘a feeling of uneasiness or problem.’ As I have already intimated, the unease that motivated this inquiry resides with a group of conversing women. These women, diagnosed with a psychiatric disorder, storied, from their respective standpoints, the discomfort and difficulties they had encountered since being positioned as mentally ill. Seated around an oiled jarrah table in a cottage garden courtyard, with coffee pot and other auxiliaries to complement our talking, I joined these women, even though I have not been diagnosed with a psychiatric disorder. Specific issues these women identified were investigated further, and more formally, in research groups established to gain insight into mental health service delivery (Gray 1997) and, in a sense, our unease was confirmed.

Many of these women described actualities organised around a psychiatric disorder, saying that ‘it’, the mental illness, affected many aspects of their everyday lives. These women explained that the genesis of their reluctance to disclose their diagnosis was located in difficulties previously experienced after revealing their mental health status to others. Sometimes, they said, it seemed that psychiatric diagnoses had a metaphorical life of their own, with the weight of stereotypical assumptions and expectations perpetuating an unwanted presence in these women’s lives that they had little control over. They reflected that the consequence of a psychiatric label could linger even after the psychological distress that precipitated a diagnosis had diminished or disappeared. One of the women who joined this research project, Lysabel, said to me,

it probably will stick
it probably will be part of
who I think I am
or who I think I could be
whether or not I feel
depressed or anxious
I still feel that part of me
is going to have it

intentions of this inquiry

The frequency with which psychiatric diagnoses figured in these women's narrated experiences became the focus of our inquiry, prompting the phrase 'living with a label'. This focus emerged out of a collective commitment to make problematic¹³ membership to this category – women diagnosed with a psychiatric disorder. Through a process of exploration and discovery the project was designed to generate understandings that could be useful to the women who participated in this project. Equally important was a related intention to consider ways of producing transformative knowledge. In sum, this social inquiry sought to investigate, from the perspective of women diagnosed with a mental health disorder, whether the explication of social relations and organisations inscribed and subscribed in women's everyday lives can be translated into social change oriented actions. Specific objectives guiding this inquiry included:

- Explore the narratives that women have developed to describe and give meaning to their day-to-day experiences of living with a psychiatric diagnosis.
- Identify the social relations and discursive practices that produce and organise the everyday everynight experiences these women describe.
- Embellish understandings about women's everyday lives from women's points of view.
- Investigate ways of translating emerging knowledges into collective actions.
- Deliberate the usefulness of these understandings to other sites.

confluent/fluid and change oriented researching

Before becoming involved with this project many of the women I researched with had expressed a desire to take part in such an explication and re presentation of their lived experiences, and encouraged me to organise this research. Their wishes were predicated in a frequently articulated anticipation that their participation now might positively influence the yet-to-occur actualities of someone else 'living with a label', as well as their own. Liz Stanley (1996) says that research is often instigated out of a felt necessity, and this research endeavour is embedded in such an affect – connecting with these women's struggles was the impetus to undertake action

¹³ Smith (1987) proposes that rendering and interrogating some aspect of experienced actualities as problematic will inform the investigative directions of a social inquiry (see also Harding 1987).

research. This inquiry was thus a steadfastly political endeavour, motivated by a sense of responsibility to those whose experiences are being studied, which Smith (1997, 2005) says characterises most social research. It is my/our political passion that inspired this investigation; the hope for something better, for better accounts of the social world, for better understandings about the configurations of lived experience, and for change.

Psychiatric diagnoses are determined and delivered predominantly through the discourses of biomedicine, constructed according to rules of difference. The women I researched with, loosely connected as mental health service recipients, have often been positioned as 'subject' to an objective biomedical gaze. Disrupting the object/subject, knower/known dichotomy that these women customarily find in clinical settings was critical to this research. In practice this meant foregrounding women's experiential knowing in constructions of understandings about 'living with a label' from the project's outset.

Not only is there a gap in the mental health knowledge continuum, but the need for such insights are made doubly pertinent at the beginning of the twenty first century as diagnostic trends suggest that morbidity rates will continue to increase. An Australia wide trend (mirroring trends in most of the western world) from institutionalised to community care (Prior 1999), suggests further reasons to re think predominant systems of classification and treatment. Reductions in state provided health services have accompanied the transfer of treatments for those classed as mentally ill to a largely female base, as community carers (both paid and voluntary workers) and non government human service providers (Bondi and Burman 2001, pp. 12-13). Mental health care in the community, then, has dual implications for women, who are more likely to occupy the role of service recipient *and* support person, than men. As a social work practitioner these developments in service delivery have direct bearing on my own future work in the field. Stanley (1996, p. 48) also understands that researchers often embark on inquiring journeys because it engages their interests, is intellectually meaningful, and offers an opportunity to broaden their existing skills and knowledges. Building on my own experiences, this investigation aimed to consider implications for the feminist practitioner, as well as the feminist researcher.

This project was not confined to an investigation of these women's experiences, and consideration of how these might relate to my practice experiences: it included a

complementary, and necessary, questioning of the process of researching itself, 'to produce different knowledge and to produce knowledge differently' as Patti Lather (2001) recommends. This broad inquiry focus reflects the inseparability of the purposes of research and analysis from the origins of research problems (Harding 1987). Being guided by this philosophical premise meant that all of us contributed to the research agenda, methods and interpretation, as well as thinking about activities and sites for change. Since the way in which this research proceeded was dependent upon the women's experiences that anchored our explorations, the way that we researched was contingent and reflexive. Undertaken collaboratively, this research combined theory and practice, action and reflection to produce understandings about women's mental health developed in unison. Reconfiguring whose knowledge is worth knowing, particularly for those whose personal perspectives are routinely discounted, and creating opportunities for proactive involvement in the process of researching, has liberatory promise.

a feminist framing, necessarily

Feminist research in its many variants...centres and makes problematic women's diverse situations as well as the institutions that frame those situations (Olesen 2000, p. 216).

This project has, at its core, a feminist framing of the social world. In this widely conceptualised 'third wave' era of feminism, where feminist theorising has engaged most notably with postmodernism (Heywood and Drake 1997; Lather 1994), the existence of *a* feminist doctrine has been dissolved. In its place are found the many, the various and the multiple. Lorraine Code (1995, p. 169) writes, 'There is no linear story to tell of feminist interrogations of "the epistemological project", no single, unbroken narrative line with a beginning, middle, and end.' Feminist thought, now attentive and respectful of diversity and difference, present as a conglomerate of alliances but not always commonalities. Notwithstanding this heterogeneity across and between versions of feminism there appear to be some shared principles, or 'overlapping consensus' (Jagger 2000), to which feminist researchers and commentators assent.

Most forms of feminist theory understand the influence of gender as pivotal in shaping the way we come to experience life as we do (see, for example, Acker et al 1996; Gottfried 1996; Lather 1988; Harding 1987; Smith 1987, 1987b, 2005;

Sutherland 1986). The positioning of women's experiences as central to feminist research extends this distinct foregrounding of gender. As Sandra Harding (1987, p. 7) says, feminist research 'generates its problematics from the perspectives of women's experiences.' Shulamit Reinharz (1992, p. 220) explains that feminist inquiries are grounded because beginning from the position of those being studied enables 'women to discuss and understand their experiences from their viewpoints.' Harding calls this process of investigating women's experiences from their particular perspective, 'studying up'.

Related to this focus is another fundamental principle of feminist research, that knowledges produced be pertinent and available to those women whose expressed experiences inform any research endeavour. To counter the propensity of intellectual feminist pursuits developed exclusively in the academy to alienate 'other' women, the tenet of producing accessible knowledge has gained momentum in recent times (see, for example, Fine et al 2000; Harding 1987; Mies 1988; Reinharz 1992; Smith 1996). Increasing women's knowledges of women's experiences is, however, generally regarded as an insufficient intention of feminist research. Because feminism has tended to concern itself with the production of change oriented social theories, feminist research is considered primary to political movements and struggles for women's emancipation (Fine 1992; Friedman 1995; Lather 1991). Reminders that the feminist project is *always* an ethical endeavour that aims to challenge and redress oppressive relations echo throughout feminist literature. Donna Haraway (1988, p. 579), for example, argues that it is not enough to show modes of construction and historical contingency. She maintains, 'feminists have to insist on a better account of the world.' Joan Acker, Kate Barry and Joke Esseveld (1996, p. 61) likewise advocate for 'a commitment to a social science that can help change the world as well as describe it.' From feminist perspectives, unpacking the material, historical and cultural contingencies of women's experienced social worlds are necessary precursors to transformation.

Just as feminist research seeks to make apparent women's experiences in certain configurations of conditions and circumstances, feminist thought has rendered the production of knowledge a highly contextual activity. Inquiring feminists, critical of the positivist research frameworks that site neutrality and 'truth' at their core, have contested the notion that research can and should be objective. Rejecting this notion of truth, feminist theory, in most its versions, have challenged 'the god-trick of seeing everything from nowhere,' as Haraway (1991, p. 189) has famously dubbed it

(see also Benhabib 1992, 1994; Code, 1995; Davies 1990; Irigaray 2002; Richardson 1997). One of the first to enunciate that seeing and speaking is split along gender lines was Simone de Beauvoir in her influential feminist text, *The Second Sex*. She says,

A man never begins by presenting himself as an individual of a certain sex; it goes without saying that he is a man...In actuality the relation of the two sexes is not quite like that of two electrical poles, for man represents both the positive and the neutral, as is indicated by the common use of man to designate human beings in general; whereas woman represents only the negative (Beauvoir 1961, p. xv).

The voice that has universal knowledge claims is detached, unlocatable, and carries with it assumptions of being most 'correct' (Benhabib 1992). As Beauvoir insists, this disembodied and unmediated privilege is paradoxically not named as an advantage, instead understood as natural, obvious, and general, especially by those whose abstracted position is so widely encoded as belonging to everyone, and yet whose knowing defines and divides the 'other'.

Feminist research has accordingly tended to be inclusive of methodological strategies that facilitate recognition of the researcher's social position and subjectivities, plus the researcher's intrinsic contributions to the way in which the research proceeds and the knowledge produced (see, for example, Fine 1992, 1994; Gluck and Patai 1991; Kirby and McKenna 1989; Lather 1994, 2001; Mies 1983; Oakley 1981; Reinharz 1983; Ribbens and Edwards 1998; Smith 1987, 2005; Stanley and Wise 1983; Stacey 1991). This extraordinary mindfulness to how issues of power and representation play out in research relationships and texts (extraordinary because this is often overlooked in traditional knowledge production processes), distinguishes feminist epistemologies and methodologies from conventional ways of researching. The importance of mutual trust, respect and collaboration are hence highlighted in feminist approaches to research.

'taking sides'

Understanding that objective sociological research is an impossible project, Smith (1987) insists that researcher's 'take sides'. She argues that such partiality is permissible given that 'we must begin from some position in the world' (p. 177). Marie Campbell (1998) elaborates that 'taking sides' emerges out of the process of learning about the experiences from the standpoint of those being ruled. As indicated earlier, I was familiar with most of the women who chose to participate in this project, we had a shared history together before this research was begun. During my work at the MHCOP, and also through my involvement in related committees, community based groups, and so on, we were also known to each other as colleagues, activists, and friends. There were, as well, several discrete projects that preceded the research endeavour presented here. Together we produced a video, *painting faces: women on mental illness*, and published a book of poetry and prose, *welcome to my world: women write*. These were launched during Mental Health Weeks 1997 and 1999 respectively, and both have been widely distributed to mental health service recipients, human service providers, and community members and organisations since. Working collaboratively with these women as a social work practitioner has greatly shaped my understandings about women's mental health. I am not neutral in either my knowing or my positioning. And as sometimes ally, advocate and even confidante, my side was and is apparent to all.

The 'relational ontology' (Mauthner & Doucet 1998) of being female that I shared with the women meant that some of the stories they told resonated, and comparisons between our individual autobiographies were at times inevitable. A sense of semblance across lived actualities was not, of course, sustained. Specific and varied versions of experienced social worlds combine to make the chance of sameness, on the basis of shared gendered, a highly unlikely proposition. That we were connected was, nevertheless, a theme that was apparent throughout our researching together. Smith (1987, p. 176) explains, 'The explication of institutional relations brings to light not only common bases of experience but also bases of experience that are not in common but are grounded in the same set of social relations.' So alongside contemplations of sameness between us were moments of difference.

Because I have never been diagnosed with a psychiatric disorder, and given that this was the focus of our research, it was obvious that our lived actualities would be, and

were, often quite disparate. In my experiences thus far there have been no significant interruptions like those a psychiatric diagnosis would pose. My own life journey has been, in contrast, comparatively uncomplicated. I have followed a well worn path of tertiary study after high school, two years of European based travel, more work and study upon my return to Australia, and the starting of my own family. As I learnt more about these women's lives I began to appreciate my own luck at having escaped a psychiatric diagnosis. That the experiences these women described could be an inherent aspect of people's everyday everynight lives had not, in my ignorance, occurred to me before I was fortunate enough to meet them. Furthermore, many of these women's accounts offered a contrasting view to the one I had acquired as a consumer of images carried in the popular mediums, and even to those I had been taught as a university student. We were perhaps at times 'other' to each other.

With this realisation came another – that my aim to collaboratively investigate what maintains the troublesome experiences these women described was from a platform outside of this immediate experiential base. So whilst eager to listen and learn, I did not ontologically know 'living with a label'. I imagine that these feelings are not dissimilar to the 'bifurcated consciousness' that Smith (1987) uses to describe the shifts, dissonances, and connections she experienced as she straddled and negotiated her varied positions as researcher, practitioner and participant in the social inquiry she undertook with single mothers (she was also a single mother). Contrasting subjectivities does not, however, negate the possibility, and inevitability of taking sides in social research.

Building on our previous work undertaken together, our taking sides told of a cooperative research partnership. Destabilising notions of neutrality and researcher detachment, the ideology of taking sides illuminates as unlikely an assumption that research can and should be indifferent and independent. Ours was personal, not impersonal, research. Working the hyphen between self and other, and exploring what is, and is not, 'happening between' (Fine 1994) figured in this realisation. Our 'sides', the perspectives we brought to this research, were also a significant departure from the more usual lens through which women's experiences are read, the viewpoint of men.

working the thesis and thesis workings

All research beyond the banal begins in uncertainty, where action is unanticipated and anticipations unrequited. We enter slippery, uncertain ground. Paths grow faint, the footing unsound. In real beginnings, we nearly always stumble, are misunderstood, and lose our confidence or our way some of the time. This awkwardness seems unsightly and unprofessional, so we rarely tell beginning tales. Beginnings are reconstructed at the end (Charmaz and Mitchell 1997, p. 209).

Like this passage suggests, it is only in hindsight that penning a preamble that talks to, and about, our researching together seemed possible. Our beginnings were not as clear as this introductory section might imply. Finding a way to frame this text that captured the nuanced ways in which we researched together was a conundrum that also characterised the rest of this text's construction. Wanting to be faithful to our processes contributed to the decision to digress from more standardised linear thesis presentation formats. Encouraged and inspired by the folding backward and forward in Lather and Chris Smithies' (1997) book, *Troubling the Angels*, the narrative flow in this thesis attempts to emulate the movements we experienced whilst we researched: an ongoing cycle of reflection, modification, adaptation and action gave this project a progressive and sometimes unpredictable momentum. Because neither reviewing the literature, collecting and analysing 'data', developing action strategies, etcetera, was privileged or ordered it was important that this text convey an exploratory journey not determined by definitive and unrelated investigative stages. So, instead of constructing a chronological and straightforward story, I have tried to create an account that resembles the emergent and dialogic way we researched together. Although this makes reading about our research potentially less easy, it positions the audience 'as thinker(s), willing to trouble the easily understood and the taken-for-granted' (Lather and Smithies 1997, p. xvi).

I chose to begin this thesis with a prelude because a prelude is not an introduction as such, but more a preliminary hint of work to follow. The review of the literature in this section seemed an apt way to start because, like the women's storied accounts of their own mental health, the mostly feminist commentators presented here have also significantly shaped my own stance in relation to research topic. In other words, the influence of this scholarship before me meant that I was oriented to hear the problematics the women described in a certain way. The positioning of myself, as researcher, in relation to the literature is, like taking sides, central to institutional ethnographies (Campbell and Gregor 2004; Smith 1987, 1990). This review also

reveals how the problematic in these women's lives is historically located in a larger problematic. That is, an examination of the themes about and around women's mental health in times less close to ours enhances cognition about the effects of earlier influences on current experiences. Situated as a prelude it is, however, separated from the rest of our investigation, a symbolic gesture of a research problematic located in the everyday, not more abstract literature. Notwithstanding this discrete literature review, reminders of the historicity of the discourses of biomedicine are subsequently interwoven throughout our investigations. Like Adrienne Rich's (1979, p. 35) concept of 're-vision', which she describes as 'the act of looking back, of seeing with fresh eyes, of entering an old text from a new critical direction,' ways of reading, negotiating and speaking back to past and present systems of classification and treatment figured throughout our inquiring conversations, as did deliberations about preferred practices. As indicated at the end of the literature review, this feminist conceptualisation of the organisation of aspects of women's health by ruling relations, points to opportunities to connect women's own everyday experiences with these, from women's points of view.

Although the remainder of this thesis has been divided into chapters none is mutually exclusive or independent of another. Again this reflects that there was no clear-cut progression through research stages in our cooperative inquiry. The first of several chapters that foregrounds the expressed actualities of the women I researched with follow this 'Beginnings' section. The discursive mechanisms that constrain these women in their everyday everynight are examined in 'Psychiatric discourse and a problematic telling of self'. As the name of this chapter suggests for most of these women the influence a psychiatric diagnosis has in their lived actualities is a *problem*. In the next but one chapter, 'Negotiating movements within and beyond psychiatric categories', the strategies that these women have developed to question and contest such obstacles are centred. Whilst at the outset it may seem that what distinguishes these two sections is the positioning of the subject as passive in the first and agentic in the second, this would be a mistake. In the former the extent of the challenges these women encounter is emphasised, and in the latter ways these trials are creatively and constructively managed. Alongside these sections sit chapters that traverse the theories couching the conceptualisation of this research, as well as the way in which this research proceeded. Here I am referring to the epistemological perspectives and methodological framings that significantly shaped the thinking and doing of this research.

Notwithstanding the ‘theoretical reflexivity’ (Fook 1996, 2002) that characterised our explorations, and that produced a bending back effect, there was some sequence to our journey. The (sort of) end of this research culminated in a workshop to consider more closely the implications and possibilities, of ‘voice’ as a social change strategy. The chapter that recounts this experience is the second last of this thesis. I conclude this text with contemplations about my experience, from both research and practice perspectives, of researching with knowledgeable and active subjects in the present.

The inclusion of the women’s narratives throughout most of the thesis, rather than confining them to a ‘findings’ chapter, tells of their agentic involvement in all aspects of this research, and importantly illuminates the intellectual legitimacy of private knowledges. Thus the re presentation of these women’s perspectives is not confined to experiential narratives, but consists of a collective consideration about our exploratory processes. Like others before me I understand the convention of separating and privileging analysis over actualities, and vice versa, as unhelpful (see, for example, Alcoff and Gray 1993, p. 284; Fine 1994; Lather 1997, 2001). Conflating and conversing, to-ing and fro-ing, between these again signifies the messy ways in which researching the social is experienced, and marries the academic production of feminist theories and the activist origins of feminist research. The ongoing and frequent presence of these women’s words also subverts a tradition in doctoral works where the voice is singularly the researcher’s in the main.

Interwoven together these stories produce an ‘intersubjective heteroglossic account’ (Eicher-Catt 2004) of the experience of ‘living with a label’, as well as the experience of researching together. The fifteen women who joined this project become ‘known’ to the reader as s/he pieces together the specificities of each woman’s narratives. Space is made throughout this thesis for these women’s narratives to stand-alone, sit together, and to speak to each other. Shifts in storylines means that each woman’s identity is not delivered neatly, making estimations about their possible ‘real’ being elusive. Resisting revealing each woman’s ‘whole’ story was a deliberate methodological strategy, since this was only ever partially shared anyway.¹⁴

¹⁴ This approach also echoes the reproduction of women’s experiences in Lather and Smithies’ (1997) text, ‘where the reader comes to know through discontinuous bits and multiples of the women’s stories (Lather 2001, p. 214).

Although the understandings developed in this research reflect a synthesis of perspectives, it was me who wove them together. As author, in the final instance, my influence in shaping the gist of the women's described actualities, interpretations, observations and so forth, is unavoidable: the excerpts of narrativised lived experience I have chosen to use, the commentary I have constructed to surround them, as well as their particular placement in the text all point to my consistent presence alongside theirs. As mentioned earlier, making apparent one's own consciousness in knowledge production processes is an imperative of feminist research (see, for example, Fine 1992; Stanley 1996; Stanley and Wise 1993).

This research journey (and text) belongs to an historical and social space and place that is partial, particular and fluid. The understandings and actions evolved and progressed in this thesis are grounded in the lived actualities these women expounded. They are not generalisable, but specific to the conditions, circumstances and perspectives that locate this inquiry. This research remains accountable to these women, and it is my sincere hope that this thesis does justice to their experiences, and respects their involvement with and commitment to this project.

CHAPTER TWO

psychiatric discourse, and a problematic telling of self

Against a scientific backdrop, and historically and culturally nurtured confidence in the medical profession, the discourses of biomedicine perform as an objective and exact body of knowledge in the west. Psychiatry (used in this thesis to indicate the philosophies, texts, institutions, and practices organising mental health diagnoses, treatments and care), has attained the privileged status of primary provider of solutions to ‘diseases’ of the mind, and persists as a persuasive way of determining reality in these societies. As Dorothy Smith (1975, p. 2) comments, psychiatry has been accorded the ‘accent of reality’ – it plays a major part determining what can be known. Reflecting traditional thinking of identities as unified and unmoving, Foucault (1988 [1965]) holds that the production of subject positions within this framing is conceived in oppositional terms, sane or mad.

The manyfold ways in which the discourses of biomedicine impact on the storied lives of women diagnosed with a psychiatric disorder, and who joined this project, are considered in this section. These women reflect that perceiving and portraying self is complicated when in receipt of a psychiatric diagnosis. Alongside having subjectivities cast within a discourse that relies on socially devalued and fixed categories, ways in which these women’s stories (sometimes inadvertently) sustain medico-scientific narratives are recounted as well. These expressed actualities reveal that the prominence of psychiatry operates to limit ‘other’ ways of reading, and responding to, emotional distress, and diminishes the likelihood that any storying of self that sits outside this framework will be regarded as legitimate.

Given the long-standing association purported to exist between women and madness, subjectivities shaped by psychiatry are further confounded for women – women diagnosed with a psychiatric disorder have to navigate the problematics of being mad *and* female. This exploration of the significant local and extra local obstacles to storying self in this chapter concludes that the presence of a psychiatric label, imbued with the authority with which science still speaks, can consequently directly shape a future to come. In other words, the existence of such storylines limit who these women can be to another, *and* themselves.

‘people without knowledge’¹⁵

Science is...viewed as the lynchpin of psychiatric practice; it is science that permits the boundary to be drawn between the normal and the pathological; it is science that creates the possibility of accurate identification of the mentally ill; it is science that provides effective methods of cure (Busfield, in Ussher 1992, p. 43).

As the above quote suggests, science is used to maintain the eminence of the medical profession and, by association, the practitioner’s status within (see also, Grosz 1990, 1994; Leonard 1997; Madigan 1999; Parker et al 1995). Foucault explains that society’s acquiescence to the scientific premise of certainty, begun in the 18th century, works to confirm and continue the psychiatrist’s position of absolute authority.

As positivism imposes itself upon medicine and psychiatry...the psychiatrist’s power (becomes) more and more miraculous...the authority he (sic) has borrowed from order, morality, and the family now seems to derive from himself; it is because he is a doctor that he is believed to possess these powers...and it was thought, and by the patient first of all, that it was in the esotericism of his knowledge that the doctor had found the power to unravel insanity; and increasingly the patient would accept this self-surrender to a doctor both divine and satanic (Foucault 1988 [1965], p. 275).

Stephen Madigan (1999) contends that science’s privileged place rests upon an understanding of the body as a passive tablet on which disorders are inscribed, transparent and comprehensible *only* to the qualified specialist. Elizabeth Grosz (1994) also argues that the ‘modern body’ is regarded as a ‘vehicle of expression’ by the natural sciences, a medium through which what is essentially private is rendered visible, communicable and public. From a biologic point of view the body’s functioning is approached as a complex organism within a physical entity, a series of interrelated parts reducible to physiological aetiology and treatment (Grosz 1994; Ussher 1991). ‘If the medical personage could isolate madness,’ writes Foucault (1984, p. 160), ‘it was not because he (sic) knew it, but because he (sic) mastered it.’

Alongside being individualistically read by expert practitioners, recipients of mental health services are discursively regarded and managed as ‘people without knowledge’ (Madigan 1999), already discredited, even before entering a relationship with a psychiatrist (Smith 1975). Patients of psychiatric institutions have been

¹⁵ The title of this section is taken from a concept developed in an essay by Madigan (1999).

considered unable to understand such specialised conceptualisations of their bodies. Any private knowledge they do have is placed in marked contrast to the speaking authority granted to the professional, and thus necessarily 'wrong'. Madigan proposes that personal perspectives are furthermore often interpreted as symptomatic of, or contributing to, a diagnosed psychiatric condition. Janette's story of having her understandings discounted, turned into a source of ridicule or presumed provided with intent to manipulate prescriptions, is telling of a tendency in some clinical settings to discount the contributions of psychiatric patient in any assessments.

It's almost like they want to
immediately come at you as if
yes, they are the ones
that know everything.
Their position,
whatever it may be,
is the infallible working point
at which I have to meet them.
I'm the one
that has to do the work
to meet them.

Jacqui, May 2002

I have to go and see a doctor who has a good awareness of mental health things and drug abuse, 'cos when I'm manic I abuse drugs...and I went to see my regular doctor and he wasn't there, I had to see another doctor instead. I'd been manic for about two weeks and wasn't sleeping. So by this stage I was incredibly tired, sort of falling asleep on my feet. And I sat down and I described some of the things that had been happening to me, and I think I may have used about three words that the average patient doesn't know, because I had been trying to empower myself by looking up the Mims Manual (annually published text that lists all prescribed medications, with their dosages, side effects and contra indications), finding out about each of the drugs I was taking and see how they interact. Because I used those words he assumed, I think, that I was a hypochondriac. He sat down and said, just as a matter of interest, did you diagnose yourself with bipolar affective disorder? I said, no I did not. I've actually been diagnosed by two hospitals. And he said, because from where I am sitting you don't look like a manic person, you look intoxicated. I was relatively calm at this stage but he made me so cross that I actually started running around and shaking. Everything that I had been trying to struggle with came back in an instant because I was made to feel as though I was making it up. I think that happens a lot if you try and empower yourself with information, and

the whole purpose of that is so that when you go in there you can have a conversation. I think that he thought that I was trying to get sleepers, sedatives or something.

I am accustomed to being talked to in clinical terms and it doesn't make me feel good in the end.

Jo, May 2003

Peter Leonard (1997) points to the differential positioning between patient and doctor accounts, in mental health systems. He says, "The two stories about "what is wrong" are not given equal weight: the narrative of self-disclosure is viewed as the raw data of perceptions, desires,

distortions and defence, to be fed into the classificatory schemata in order that the professional expert is able to render a judgement' (p. 58). 'Identity, within the context of the institution of psychology and psychiatry,' Madigan (1999, p. 150) concurs, 'might be conceived as being *who* you say you are, through what *they* say you can be' (with original emphasis). Thus the interplay between the psychiatrist's diagnoses, assumed representative of an expert perspective, and the psychiatric patient's, contemporaneously supposed ignorant responses, determines the subject position. Foucault describes how this dynamic functions during the routine of clinical assessments.

The examination combines the techniques of an observing hierarchy and those of a normalising judgement. It is a normalising gaze, a surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them. That is why, in all the mechanisms of discipline, the examination is highly ritualised. In it are combined the ceremony of power and the form of experiment, the deployment of force and the establishment of truth (Foucault 1977, p. 184).

'Mechanisms of discipline', mediated through client/practitioner relations, were frequent themes in conversations I had with the women who joined this project. Colleen understands that unquestioning and silent replies reinforces health workers' prerogative to diagnoses. *They just label people, and then you have to live with it. When a professional person says it, well you sort of think, if a professional person says it that it must be true.* Along these lines Lysabel also commented, *When you go and ask for help you feel like you should take the advice of the worker because they are trained, especially if you have this label that people know you have. You feel*

inferior, not on the same level. In a small group discussion with myself, Colleen and Sharon considered the medical practitioner's habitual occupation of the 'knowing' position as well.

S I'm sick of being told what I know...and what they know.

C Its funny isn't it, because it's almost like, I'm the doctor of psychiatry and I know but you don't have to know...

J ...what do think it would be like if you asked?

S They don't know half the time...or they can be very rude and not answer.

C I was just lumped in (X) hospital, forgotten about, stayed there for ages. Nothing was explained to me, no one hardly talked to me.

An imbalance in the relative worth of knowledge preserves the status of an 'expert' profession, thereby justifying its monopolistic existence. 'Knowledge, power and control,' observes Jane Ussher (1992, p. 47), 'cannot be held by the lay person, and most certainly not by the "patient".' With specific reference to the female psychiatric patient, Smith (1975, p. 13) says 'Psychiatry...relies upon women's lack of authority to speak; it relies upon their subservience to the abstracted modes of social control; it relies upon not knowing them and upon not listening to what they might have to say.' Pauline recalled a time when this belief was made unequivocal.

I was at this consumer forum and the chief psychiatrist from a hospital came, and he sat there and he actually said that a consumer came up to him at the hospital and said how he was feeling, and what was going on for him inside, and the chief psychiatrist said, people with mental health problems don't have insight. Well, I was just absolutely horrified...when they ask a diabetic and the person says they feel such and such...they take that as gospel. We are treated as if we don't know anything...what's the difference between diabetes and mental health problems.

The medical practitioner's merit is also supported through the manoeuvring of patients as dependent and compliant. Expectations of submissive and accommodating patients are more congruent with feminine than masculine patient profiles. *Being* obedient is praised and rewarded, as Margaret's story illustrates.

If you're a bit quiet (like I was)... 'cos they used to say to me at (X) hospital, you're our best patient...they used to say this to me...you're our best patient...They would say that they were shifting me to nicer wards because

you're our best patient...If they only knew what was going on inside...that I really wanted to trash the whole place. I wanted to scream, I wanted to snap, and I was holding it in to be this good little child, who wasn't going to complain about anything. That's exactly what I grew up with, what my marriage was all about. The only thing I was doing there was being drugged up. And it must be written in my notes somewhere there that I isolate myself...and it wasn't a case of isolating myself, it was the case of protecting myself.

Patricia Hill Collins (1991, p. 5) asserts that, 'suppressing the knowledge produced by any oppressed group makes it easier for dominant groups to rule because the seeming absence of an independent consciousness in the oppressed can be taken to mean that subordinate groups willingly collaborate in their own victimisation.'

Identity formulation from above can overwhelm construction of identities

from the margins, which remain peripheral and largely unheard for women whose lives are connected to psychiatric discourse. To borrow Smith's (1987) phrase, for these women the everyday everynight is problematic, because opportunities to negotiate and contribute to the creation of self(ves) has been extraordinarily restricted.

It's a funny thing
that I've never thought
of asking them.
I guess that up until now
I'd never felt
on top of things
to really ask them.

Colleen, December 2001

constraint and incongruence within 'proven' categorical classifications

Mental health 'presentations' are judged according to the diagnostic categories available. Deciphering inscriptions of 'madness' occurs through texts that Foucault (1989, p. 46) refers to as 'grids of specification', or 'the systems according to which the different "kinds of madness" are divided, contrasted, related, classified, derived from one another as objects of psychiatric discourse.' In present times the frequently referenced American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM), currently in use in its fourth (1994) version, and the World Health Organisation's *International Classification of Mental and Behavioural Disorders* (ICD), now in its tenth edition (1992), are the primary means

used to construct and measure mental health (both of these texts are scheduled to be republished, in their fifth and eleventh editions respectively, in 2011). As linguistic devices they structure ways in which madness is spoken into existence, and concomitantly tell us ways that madness cannot be spoken about. The authority of these classificatory texts is activated through the interconnecting of relations and systems between institutions and social processes (Smith 2005) that make estimations, and facilitate acceptance, about who is 'mad'. The extensive use of these taxonomies attests that their respective contents are widely held as accurate and impartial.

The label didn't fit
with how I felt.

Both times

I was hospitalised

it was a different label.

Eve, December 2001

Because of the dominance of the discourses of biomedicine, being diagnosed with a psychiatric disorder is a position that is rigidly codified: behaviours are read, and symptomatology is aligned, through nomenclature that is pre-set. Liz Stanley and Sue Wise write (1993, p. 204), 'The category acts as a grand theory as well as a grand narrative, and life's events are treated as a series of hypotheses which need to be checked and indeed measured against theory.' The women I spoke with often theorised that the description of the psychiatric disorder, deemed the best match for their specific symptomatology (in clinical settings), offered an inadequate account of their experiences. Katie said that whilst the derivation of a diagnosis contributed in part to her interpretation of her experiences, *It only explained it in black and white, in cold language, whereas I feel more than that.* Jo recalled her surprise at learning about the connotations of her diagnosis, and the difficulty she experienced reckoning this against her lived actuality.

When she said its bipolar affective disorder, it was just quite airy fairy, she didn't explain it to me...It wasn't until after I'd left hospital that I realised that bipolar is manic depression. I went to the library afterwards and made the link myself, manic depression...I'd never thought of it as being a literal condition...it's a bit too cruel to be real. It's almost like ridicule. It's so outside your usual realm of functioning that this could be used to describe you.

Given that diagnoses are determined and delivered through them, linguistic devices like the DSM and ICD are also central to any understanding about who is granted, and who is denied, speaking rights. Interpretation of 'grids of specification' is exclusive terrain, requiring a particular expertise and analytical acumen. The summarised version of the DSM-IV, the *Quick Reference to the Diagnostic Criteria from DSM-IV* (American Psychiatric Association 1994), is introduced with a 'cautionary statement' demarcating the profile of legitimate consumers of this text. In this passage it says, 'The proper use of these criteria requires specialised clinical training that provides both a body of knowledge and clinical skills.' To progress consistent definitions and consensus between clinicians the Association advocates for universal deployment of their documented diagnostic categories as well. This raises the questions: who does this desire for agreement among specialist mental health practitioners serve? And who decided that this would be beneficial?

This morning I looked up
in the dictionary
two words,
mental and ill.
Mental is to do with the mind
and intellectual attitude.
And ill is bad or evil
in any respect unwell
sick, wicked, faulty, disastrous
misfortune, misery, pain
not well
and not rightly.

Lysabel, November 2002

Kenneth Gergen (1994) argues that the language of mental disease and deficit generated by the discourses of biomedicine is purposefully circulated for public use, since it furthers the need for the very profession that produces it. And, as the profession is further consulted and remunerated, it continues to grow and prosper, which in turn maintains the dissemination of deficit terminology, and so on. Gergen (p. 68) concludes, 'In effect, we are witnessing a spiralling growth of terms that enfeeble the population.' Margaret's use of psychiatric labels attests to the limited language available to describe experiences in anything other than the terminology developed by the discourses of biomedicine.

I actually feel I've got chronic post traumatic stress disorder, followed by a depression or a mania – some of this post traumatic stress stuff can send me into a depression or a mania, a hyper mania, which you determine as bipolar disorder when it lasts for so many months.

I was going wild, wayward.
What do you call this,
when you reach such heights of joy
almost like ecstasy, and then
within seconds so depressed
that I wanted to throw myself
under the bus?

I don't know what this is
but it is supposed to be bipolar.

Barbara, February 2002

Taxonomical schemas are problematic because they provide a means through which to control or reduce someone into a category that is already known (Davies 1990, p. 502). Janette explained how subsequent to enduring scientific appraisals to ascertain the 'correct' diagnosis, she was compelled to use this terminology to describe herself because no other shared vernacular existed that would allow her to do this.

*I don't have the big crashes that you usually do...but I've been diagnosed with it (bipolar). They kept me in hospital for two weeks to make sure that I was manic long enough to fit their criteria for that label...I told them that I had already been diagnosed with it. They made me wear this monitor on my body all the time to measure my heart rate, to make sure that the **right** diagnosis could be made...Every time I go back it seems that they have to check that I'm **manic** for the right amount of time...Then **you** are often forced to give yourself this label to explain your situation to others!*

Described experiences, at odds with 'proven' categories, like those carried in medical texts, have been regarded as somehow incorrectly or incompletely conveyed. Furthermore, any deviation is assumed to reflect an error in the conception and communication, rather than with the framing scientifically coded as 'correct' (Stanley and Wise 1990; 1993). As a consequence, presentations and observations dismissed as erroneous or an extraordinary exception within these discourses can go misnamed or un-narrated. Where experiences are not congruent with established classifications, alternatives may not be easily accessible. Hélène Cixous (in Parker et al, 1995, p. 75) says that the ability of linguistic mechanisms to fix identities makes it 'impossible to think or even imagine an "elsewhere".' Liv's ruminations about being diagnosed with depression reify this impossibility of being 'elsewhere'.

I think, for me, it (depression) does impact a lot on my view of myself because of the sort of person that I am, and because of the way that

depression affects you...Depression is almost like a self-fulfilling prophecy. You get the depression, which leads to this behaviour, which leads to that behaviour, which leads to this, which leads to that, and it is almost like you are expected to go the full gamut of everything, and once you get labelled as someone who is depressed there is an expectation that, well, that's pretty much the course you are going to follow and this is what is going to happen.

The failure of diagnostic categories to accommodate the diversity of human experiences of distress has been extensively critiqued, including from feminist perspectives. Marjorie DeVault (1990, p. 102), for instance, observes that because 'language itself reflects male experiences, and its categories are often incongruent with women's lives', women's experiences are 'inadequately coded in standard vocabulary.' This mismatch, she says, becomes an 'obstacle to expression', as women struggle to find the language, word combinations, that makes possible descriptions of experiences more comparable with lived actualities. Smith (1987) terms the expectation that women reconfigure described experiences to fit narratives, made predominantly by men, the 'line of fault'. And, she says, it is invariably women who are charged with the responsibility of adapting lived narratives into a format intelligible from the perspective of the dominant language systems. Luce Irigaray (2002, p. 229) agrees that women might have something different to say, 'not as complement or supplement to what has already been said, but as a different articulation.' Smith (1975, p. 5) sums up, 'Psychiatry inhibits the possibility of thinking these matters through to an alternative version. It deprives women of an opportunity of developing a language in which they can talk without shame.'

When I first went to hospital
I had no language
to describe how I felt inside.
Jacqui, November 2002

The sane/mad dichotomy that dominates Western constructions of health (and ill health) has left limited spaces for women diagnosed with a psychiatric disorder to read, negotiate and create understandings about self that reflect their lived experience. Because experiences and events that depart from scripts assumed true and universal are eliminated, 'other' is thereby disallowed. 'The language of psychiatry, which is a monologue of reason about madness,' Foucault (1988 [1965], p. xi) concludes, 'has been established...on the basis of that silence.'

it's like you're
mentally ill
or not

Jo, Feb 2002

It is difficult for women to consider contesting global and unitary knowledges because the language practices that constitute them include built-in injunctions against questions that might be raised about their socio/political/historical contexts

(White 1992, p. 143). Smith (1987, p. 36) says as women, 'We have learned to live inside a discourse that is not ours and that expresses and describes a landscape in which we are alienated and that preserves that alienation as integral to its practice.' With 'no "voice," no vocabulary and no place in the biomedical discourses' (Epston 1999, p. 137), women's own accounts are downplayed when they diverge from dominant determinations. And the practice of reducing complex realities to finite and discrete categories tends to bear little resemblance and relevance to women's lived experience.

shifting and deferred diagnoses

Whilst definitions of mental health are portrayed as precise on one hand, on the other what is considered 'normal' or acceptable mental health is shrouded in uncertainty and conjecture (Bondi and Burman 2001, p. 6). That is, despite psychiatric disorders being presented as 'a pure form of pathology' in the aforementioned manuals, practitioners are often confronted with 'messy and ambiguous' experiences that defy science (Parker et al 1995, p. 38). The inability of diagnostic categories to hold and name the complexity of people's symptomatology is imbued in the not uncommon practice of psychiatric patients receiving multiple or consecutive different diagnoses. Most of the women who joined this research were able to list several psychiatric disorders that had been used to classify their presentations in clinical settings, indicating that these were often apt to change with changing medical practitioners. Amber, for example, remarked, *When I first got there they labelled me bipolar, then it changed. Like my records are schizophrenic, borderline personality disorder, manic depression, drug induced psychosis...I've got everything, the lot according to the doctors.*

For many of these women learning about the diagnoses that had been used to define them in psychiatric terminology, and inform treatment strategies, was acquired retrospectively. Sometimes this discovery was accidental and other times obtained

subsequent to a specific request. Pauline recalled coming across her diagnoses. *They told me that I'd got bloody androgynous depression...that was according to my notes, which I saw years after. They didn't actually tell me that at the time, they don't tell you **anything**.* I also asked Janette about when she became aware of the diagnosis/diagnoses she had been given.

Ja As an outpatient. That was when I found out I was diagnosed with bipolar.

Je That's what they told you?

Ja Actually, I don't think they did. I think I had to wait until I got some kind of information, like a discharge letter, and then I read that I had been diagnosed with it.

Je And that was the first time, when you were an outpatient, that you read bipolar on your discharge sheet?

Ja They had to actually get the paperwork from (X) hospital when I went into (Y) hospital to find out the diagnosis. I had no idea. I wasn't really told much about it at all, or I don't remember it because I was ill, but I remember that they had to contact them to get the paperwork off them.

Je And did anyone tell you what that meant?

Ja I usually end up looking things up myself, or I apply for these summaries [reads out aloud], 'final diagnosis, bipolar affective disorder'. It's interesting that they don't like you knowing your diagnosis, in case you sort of become hypochondriac, or use it, for what?

Like Pauline and Janette, Margaret described a critical incident where a particular psychiatric disorder, that had been used to account for her experiences, was unintentionally revealed to her.

These doctors give you all these different ones, because they come up with something else 'cos they are training. One time one of these trainee doctors put borderline personality disorder or something as one of my labels, as well as bipolar, post traumatic, anorexia, all of them. This doctor was ringing up to get me booked into hospital, 'cos I was really unwell at the time, and it was like I wasn't even in the room 'cos she was talking down the phone saying all these different labels. She came up with this borderline personality thing that I didn't even know they'd dumped on me...I was pretty unwell but well enough to understand, and I was like, where did you get that one from, I haven't been told about that. And she said, oh, doctor so and so.

If you go into the public system
you'll get psychosis
you'll get bipolar
you'll get schizophrenia.
They push you around the diagnoses
sort of like a bunch of marbles,
from one label to another.
I think that that is almost positive
that the diagnosis shifts so much
without rhyme or reason.
It seems its irrelevancy
is proved.

Jacqui, July 2002

These stories illustrate that none of these women were party to the determination of their respective diagnoses, nor privy to the processes deployed to arrive at such decisions. Margaret was subsequently able to ask 'doctor so and so' why she had been diagnosed with borderline personality disorder. She was astounded at the doctor's response. *I couldn't believe (what he said to me). He said, oh well, you know it's because of your childhood.' Because of your childhood, and that's the explanation!*

The symptomatic expectations listed for 'Personality Disorder' (PD) in the DSM-IV diagnostic criteria, show a relatively broad and ambiguous range of presentations. These are worth repeating at length to make the breadth of symptomatology that this diagnosis can accommodate apparent. A diagnosis of PD is indicated, according to this text, when the person being assessed shows some or all of the following signs.

- A. An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
 - (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
 - (2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
 - (3) interpersonal functioning
 - (4) impulse control
- B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
- C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.

- E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.¹⁶
- F. The enduring pattern is not due to the direct physiological effects of substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma), (pp. 275-276)

Sharon and Colleen considered, in conversation with me, the inference of PD as they remembered a time when Sharon had seen ‘personality disorder’ next to her name on a report prepared by a psychiatrist for a child custody court hearing.

- S** I've been diagnosed wrong all my life. They've never known what to do with me. They've come up with these terrible personality disorders...ah, that's what I've got. As you know, it's written on the reports for the courts. Actually what is a personality disorder?
- C** What is a normal personality?
- J** Have they told you what a personality disorder is?
- S** No, no.
- C** What is the order of personality to be disordered?
- J** I like that, that's great, fantastic (all laugh).

PD is a general condition within psychiatric taxonomies, further specified when coupled with a prefix. Of these adjuncts, like ‘schizoid’ and ‘paranoid’, it is ‘borderline’ that many of the women I researched with were most familiar. According to the DSM-IV, and in addition to the symptomatology listed above, borderline personality disorder is denoted by a ‘pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity.’

Like most psychiatric categories, more women than men are diagnosed with borderline personality disorder (BPD), a diagnosis specifically produced to accommodate female presentations according to Janet Wirth-Canchon (2000). Wirth-Canchon (p. 142) writes, ‘The psychiatric construction of the female borderline patient is highly gendered, and draws upon and reproduces cultural assumptions about women’s selfhood and subjectivity.’ Building on Elaine Showalter’s observation that, ‘women’s social or cultural marginality seems to place them on the borderline of the symbolic order,’ Wirth-Chancon (p. 144) makes an analogous connection between this peripheral positioning and women’s

¹⁶ This clause in particular suggests that PD caters for ‘left-over’ presentations, or those not associated with other classifications.

comparatively higher representation in the diagnostic category of BPD. She advocates that so-called 'borderline' symptomatology in women is better conceptualised as a meaningful response to the contradictions of feminine subjecthood, a struggle for self survival. Considering what constitutes BPD, and along the lines of Cixous' (1981) reading of the 'mute hysteric', this diagnosis could also be understood as a means through which protests are labelled as pathology.

A relative new comer to the DSM catalogues, BPD was not officially recognised until the third edition in 1980. Translated into clinical practice, 'casual sex', 'shoplifting' and 'reckless driving' all belong to borderline personality disorder diagnoses (Parker, et al 1995, p. 38). Anecdotally regarded as difficult and unaccommodating, referring the BPD diagnosed patient elsewhere is often justified through an understanding in psychiatry that these symptoms are outside the realm of clinical practice, and 'simple' enough to be treated by a general medical practitioner. Jacqui mused that this practice serves to limit support options for the person diagnosed with BPD. She said, *In certain services having borderline personality disorder isn't considered a serious mental illness, where you can't qualify for this or that service.* 'Naturally' then, BPD can become chronic in its untreatableness. Smith (2005, p. 109) contends that the text's reader, which in this case is often also the recipient or target of the text, becomes the text's agent, 'set(ting) up something like instructions for...what follows.' Subsequent to learning that BPD had been assigned to her, and because no one had explained this diagnosis to her, Margaret researched BPD diagnostic criteria herself. Understanding that it was a very disparaging disorder served to reinforce her sense of inadequacy and culpability.

I started to cry, like, really bad, reading about these poor people. I've got bipolar, post traumatic and now I've got this. I wonder what people are thinking of me, if they think that I've got that. Fancy giving someone who has experienced child sexual abuse a label like this. It's cruel, adding another layer of shame and guilt to yourself. What happens to me is, if I have not responded to how they think or feel I should have responded, I feel really guilty. I don't feel it quite as much as I used to, but I still get that shame, and I start to feel a bit guilty that I'm not matching up to what I should really be like for them, and I get another layer of shame and guilt upon the many layers of shame and guilt you've got dumped on you over the years.

Parker et al (1995) propose that psychiatric patients are further pathologised when their 'presentations' do not correspond with available diagnoses. In scenarios where 'messy and ambiguous' experiences seem unamendable to psychiatric taxonomies, these symptoms are nevertheless moulded to match leading classificatory systems. BPD is a diagnosis that can facilitate this process. BPD can also resemble a punishment as Margaret reflected. Delivered in succession, a series of diagnoses reads like a seamless problem saturated story (White 1988/9) for the recipient/subject within. Jacqui surmised her own advantage at never being explicitly diagnosed.

I guess I was very lucky right from the beginning because the psychiatrist I worked with for the first seven years never ever, ever told me what my label was, or never even mentioned labels. So when I went into having mental health problems and into hospital there wasn't really any focus on it at all and it was only really when I started applying for public sector services that I met people who asked, what's your diagnosis, and it's like I got the feeling that they were in a hurry, they didn't want to look at you as a person, they just wanted to be able to put you in a box.

Accepting that symptomatic presentations used to determine diagnosis can eschew a singular classification highlights the limitations of clinical categories. Varying interpretations, regarding most appropriate diagnoses, also points to the subjective nature of clinical assessments (even when the assessment tool is consistent), as well as psychiatry's persistent efforts at attempting to continue naming people's realities. Returning to questions raised earlier regarding who stands to benefit from the use of diagnostic categories, it would seem that one of their primary purposes is administrative (Parker et al 1995). Fritjof Capra (1983, p. 143) concludes that, 'A great deal of effort has been wasted in trying to arrive at a precise, organically based diagnostic system of mental disorders, without the realisation that the search for accurate, objective diagnosis will ultimately be futile for most psychiatric cases.'

it is just for the
ease of doctors
to have it written down
what you've got

Janette, May 2002

pharmaceuticalisation of women's lives

The medical model, on which psychiatric clinical practice relies, assumes that the genesis of illness generally belongs to organic or internal psychological processes. Understanding mental health in constitutional terms equates to placing the 'problem' with the person (Matthews 1984). An individualised approach to diagnosis means that an individualised approach to treatment is integral to the taxonomy of disorders listed within the DSM and ICD manuals. Ian Parker et al (1995, p. 101) explain that since 'the category "psychotic patient" is constructed through diagnosis...the answer to the problems has to be sought in the diagnostic criteria.' Thus the act of labelling women 'mad' influences the way in which treatment proceeds. And, because ways in which mental health problems are identified and classified informs their resolution (Watson and Wilcox 2000, p. 58), taking a biological or genetic position on madness leads predictably to the position that physical treatments are most suitable (Ussher 1991, p. 106). Strategies for dealing with symptomatology associated with emotional and psychological distress is consequently dominated by psychotropic medication, or 'symptom-relieving pills' (Bainbridge 1999), as these women's stories tell. Eve said, *They are so quick to prescribe medication without giving you any other alternative, and then the medication isn't monitored.* Liv likewise conceded,

The experience of being medicated culminated in a total loss of my personality, and ability to interact with the world around me. It was the most degrading time of my life.

Amber, May 2002

It's treated really medically, and I know that it is a medical thing...If you've got a broken leg you go and get it fixed, but I think that people who suffer from depression are made up a little bit differently, so if you really medicalise the treatment for depression...it makes you even sicker because you are playing along with the whole pathology.

Because the consumption of these drugs is closely aligned with diagnosis, the women who joined this project often conflated the taking of psychotropic medication with a troubled identity, as Liv's story suggests. Eve also connected taking these medicines with a subject position that she would prefer to distance herself from.

When you put a label on it, it puts you in a different box, and I don't like to be in a box. It makes it more difficult for me to deal with the feelings and the emotions and the strategies to fix them because I'm in a different box...And there's the medication and other things that supposedly fit into that box. And I don't want to be in that box with them. I want to use other strategies, ones that are much more positive, that have long reaching benefits.

Thus the stigma of mental illness was magnified for these women when the treatment was pharmaceutically focussed. Jo and Eve talked about the consequence of complying with prescribed medications. Subsequent to her second 'episode' Jo said, *I was really hesitant to go back on the anti depressants...The pill popping thing, that was really really against the grain. I didn't want to take them. It didn't fit my self-image.* Eve jokingly agreed, *Well I certainly wouldn't be telling people that I've been given antipsychotic drugs.*

Under the cloak of scientific respectability the presupposition that madness is biologically determined serves to sustain sex role stereotypes. Ussher (2000, p. 210) clarifies, 'The focus on diagnostic categories reifies notions of madness as discrete, consistent, and homogenous clinical entities...(and) acts to deny the social and discursive contexts of women's lives as well as the gendered nature of science, which defines how women's bodies and lives are studied' (see also Achimovich 1991).¹⁷

The women I researched with cited a range of different factors that they attributed to influencing their mental health. These interpretations of wellbeing were invariably couched in the social, cultural, economic and political. Some of these women made specific links between violent relationships they had survived and their subsequent health status. Although the link between histories of abuse and 'psychopathology' is now acknowledged – child sexual assault, rape, and domestic violence have been identified as important predisposing factors to mental illness among women (see, for example, Buist 1995; Burdekin 1993; Moore 1992)¹⁸ – these women said that past trauma was rarely addressed by health professionals in ways that they found helpful. Janette's experience illustrates that even though childhood trauma was

¹⁷ It is not only gender that goes undeliberated in the taxonomy of disorders represented within the DSM and ICD manuals, but also cultural heritage, class, sexuality and so on (Parker et al 1995, p. 37; see also Wood 1994).

¹⁸ It is important to qualify here that none of these are automatic precursors to a mental illness.

identified as adversely affecting her mental health, this was still reduced to diagnostic category. Besides making apparent the limited repertoire of responses, it also meant that other aspects of her life were downplayed. *They just completely ignored other things that were going on in my life that were very stressful...They decided that I was ill because of the sexual abuse...(and) they didn't ask about anything else in my life.*

to get over engaged
in a chemical process
is to avoid
the human side of it

Jacqui, July 2002

The medical model, and by association psychiatry, have been extensively criticised for perpetuating a reductionist and deterministic approach to mental health. Investigations have shown that details gathered to inform diagnosis often fail to take into account the circumstances

of women's lives (Achimovich 1991; Tachmindjis 2000). Despite much research that has demonstrated the existence of a social – mental health link (which is in sharp contrast to the inconclusive findings suggesting organic origins), psychiatry's emphasis on aspects of patient's symptomatology that corresponds to biologic interpretations of mental illness persists (see, for example, Bainbridge 1999; Burdekin 1993; Redman et al 1991). Lysabel's experience shows how psychiatric treatment is enmeshed with, and dependent upon, approaches that deal with the physiological functioning of her body.

At one point the psychiatrist wouldn't even let me see him unless I had been consistently taking my tablets. He said he wouldn't see me next time unless I was taking my medication. Maybe he did it as a way to try and remind me to do it. I'd be bawling my eyes out and he got up and walked out a couple of times. He left me in his office. He came back when I was in the waiting room and I burst into tears again, and he walked out again...He reckoned I was like that because I hadn't taken my tablets.

Hypothesising that treatments might flounder without a label to direct specific prescriptions shifts attention to those institutions generating pharmaceutical products. In other words, accepting that a relationship between diagnoses and treatments exists illuminates drug company's investments in the maintenance of current classificatory systems. Parker et al (1995) reckon that the propulsion of

diagnostic categories, and their attendant psychopharmacological treatments, is ultimately motivated by profit. Although precise figures are often hard to ascertain the very visible presence of drug manufacturers in arenas like the examination room (think patented paraphernalia on the doctor's table), as well as in medical journals, health science conferences, and mental health research, attests to aggressive marketing campaigns, and suggests that the influence of the symptom management agenda championed by pharmaceutical companies on health care is unequivocal. Jacqui referred to the command of these institutions. *Drug companies are the major benefactors of this style of 'treatment'...They (doctors) have really just become tools for the pharmaceutical companies...Like their relationship is about not biting the hand that feeds you.*

The structure of the treatment of depression makes it seem more like an addiction.

Liv, June 2002

With expert narratives separating the 'natural' and the 'social' (Fee 2000) the context of lived actualities is disregarded and mental illness becomes an individual problem with a biological base that prescribed medications purport to resolve.

Congruent with a positivist philosophy and legitimated through the discourses of biomedicine, the objective scientific (male) gaze redirects attention away from the impact of environmental and social issues affecting women's health, and instead understands emotional distress as inherently personal (Achimovich 1991; Ussher 1992). Notwithstanding insufficient or contradictory evidence to substantiate scientific claims that psychiatric disorders are predominantly constitutional in origin, diagnoses are deployed and circulate with limited reference to the contexts that produced them. So, although there is some attention given to psychosocial factors in clinical settings, women's bodily functions are treated as distinct from women's embodied experiences. Sandra Harding (1986, p. 9) sums up the consequences of this approach: 'Despite the deeply ingrained Western cultural belief in science's intrinsic progressiveness, science today serves primarily regressive social tendencies.' Pauline Prior (1999, p. 177) concurs, 'An approach that overmedicalised women's lives has not restored a great many of these women to full mental health.'

being inscribed

Within our culture, the inscription of bodies occurs both *violently* – in prisons, juvenile homes, hospitals, psychiatric institutions – keeping the body confined, constrained, supervised and regimented, marked by ‘body-writing implements’, such as handcuffs...shock therapy, the straightjacket, the regimen of drug habituation, chronologically regimented time-and-labour divisions, cellular and solitary confinement, the deprivation of mobility, the bruising of bodies in police interrogations, etc.: and by *less openly aggressive* but no less coercive means, through cultural and personal values, norms and commitments (Grosz 1990, p. 65, with original emphasis).

The mechanisms that serve to hold recipients of psychiatric discourses-in-practice in place are varied and range from the explicit to the covert, as Grosz’s passage above suggests. Storying of self is not only made difficult through physical confinement within an institution, but further confounded by the relative placement within that organisation. In two of the major public hospitals in Perth the ‘psych ward’ is located in the basement (bowels) of the building. In another single storied public hospital the psychiatric ward’s capacity to be locked at admission is clearly evident. Entry and exit to these sections of the building are controlled, explicitly through the aforementioned barriers and implicitly through protocols and location within the institution itself. Membership to these wards is corporeally inscribed, inseparable from diagnoses, and effectively renders the patients within unseeable and inaudible.

You know
how scary it is
to go
to a hospital!

Sharon, November 2001

In a group conversation several women reflected on the symbolism of the actual site of psychiatric patients in hospitals, and also that the general state of disrepair of these wards, compared to other departments, was further proof of the relative worth of different categories of hospital patients. Pauline declared, *You go into the foyer and it looks like a plush hotel, then you go downstairs and see the psych ward, dark, dingy with peeling paint. It’s a bloody disgrace.* Referring to another psychiatric department Margaret said,

The environment that that place has got is in dilapidation, chipped and cracked walls, crappy furniture, three or four decades ago type stuff. The interview rooms have got no windows and you feel like you are in a cage. And there's no privacy...It makes you feel worse, like you're a criminal. I'm so scared of being in that environment. Even the food is served up like you're on an airplane. And they give you fucking medication while you are eating lunch. The way that it is isolated from the mainstream part of the hospital is stigmatising us. It's alienating and abusive. I'd never go back to one of those hospitals. I'd rather die.

The removal of personal belongings and assistance with routine tasks like bathing serves to confirm the displaced status of the psychiatric inpatient (Smith 1975). Meaningful and engaged interaction within these institutions is further curtailed through the use of workers acting as representatives of, filters and message bearers for the medical practitioners who determine diagnoses and treatment regimes. The women I researched with frequently deemed that the response from administrative and allied staff was far from helpful. Sharon said, *Even at the psych clinics, not all of them, but some of them...the receptionist blocks you...they can be very judgemental.* Margaret also recalled obstacles she has experienced navigating front-line workers.

I even find it too traumatic to go and get my script...I've got to walk through the doors there and go up to the desk and get the script. Now they would obviously know that I'm not too crash hot. I feel too ashamed because I've gone down the gurgler a little bit.

Echoing the culture of being conceived as 'people without knowledge', Colleen described a scenario that explicitly highlighted the gatekeeping function of ancillary personnel. Her story shows that instructions, or lack of them, works to impede the inpatient's opportunities to participate as an active agent.

Nothing was explained to me, no one hardly talked to me. The nurses ignored you. The nurses sat in their station talking to each other. The nurses were really really cold and like don't annoy me. The nurse's station is covered over like a bank...in the fish bowl, as we call it, and they just ignore you...and you're too frightened to ask the nurse sometimes because you don't know what kind of reaction you are going to get and most of the time you get a bad one.

Nothing makes you feel
more powerless
than being
hospitalised.

You're not in control
of your life.

You're not in control of
anything at that stage.

Katie, December 2001

Power becomes more forceful when hidden in bureaucracies, and much more effective in producing 'docile bodies' (Foucault 1977). In *The Castle* Franz Kafka illustrates the slipperiness of a specific source of 'power', and ironically the inescapability of it. Summoned to the castle for an apparent wrongdoing, the main character in this book is unable to locate anyone 'in charge', and yet is unable to extricate himself from

'the system'. He was eventually executed for a crime he was never made aware of (as discussed in Danaher, Schirato and Webb 2000, p. 67). Reading this analogously with psychiatric systems tells of powerful institutions that operate regardless of the individual intentions of those with authority within, even if these workers openly exercise their influence or not (Miller and Rose, in Parker et al 1995, p. 16). The moral of these stories is that the subject is at the mercy of vast bureaucracies without any possibility of redress, as Smith observes.

She has been placed in a situation which is organised for her as an environment – fully external to her. She is an inmate and not a member. Her acts do not contribute to or become part of the work process in the hospital. She is its object, or rather its occasion (Smith 1975, p. 12; see also Grosz 1994).

Patient notes perform as a 'less openly aggressive' script that casts characters in particular positions through networks of literal inscriptions, because they symbolise a narrative organised around 'problem saturated' account (White 1988/89) of a person's life. Foucault (1977, p. 189) writes, 'The examination that places individuals in a field of surveillance also situates them in a network of writing; it engages them in a whole mass of documents that capture and fix them.' The legitimacy of case notes is granted via a process of referencing, and being subsumed by higher order texts like the DSM-IV (Smith 2003).

Patient notes have come to concurrently represent something of an enigma and burden to those that these texts describe and analyse. The information amassed and organised within can only story the patient's actualities according to pre-established

parameters. This means that the portrayal of the 'subject' will be confined to already known, 'formalised and highly restricted representations' (Smith 2005, p. 186). In other words, case notes construct accounts about patients within taxonomies of psychiatric disorders, 'fitted categorically within memorised moments of psychological history, read through the archives of certain expert others' (Madigan 1999, p. 151). These texts discursively reproduce the knowing/not knowing positions that separate client from doctor, and divide symbolically and pragmatically opportunities for the subject to contribute to this wad of specialised knowledge that shapes how they are defined and managed. Janette showed me her notes, doctor's reports and discharge letters, that she requested after being discharged from hospital. Going through these together she was able to identify what things had been omitted from the 'inpatient summary', saying that these 'represented only part of her story'. Sharon remembered that she was denied the opportunity to view her notes other than those excerpts selected for inclusion in the report prepared for a child custody court case mentioned earlier. Taken out of context, and with no recourse to respond to this expert testimony, Sharon was astounded to discover that the psychiatrist who had assessed and ascertained a diagnosis of personality disorder had elaborated further and described her as having an 'anxious personality'. She angrily asserted, *If he had been beaten to a pulp, strangled and raped, he would be anxious too!*

Despite legislation (*Freedom of Information Act*) passed to permit individuals access to inscriptions written about self, case notes can remain exclusively with the specialist who has the authority to adjudicate whether the notes should stay beyond reach of those they are constructed to explain. In Western Australia, the relatively recently proclaimed *Mental Health Act 1996* (s. 160) states that access to personal records is permitted if the documents are deemed 'relevant', but does not apply,

if the person having possession or control of a relevant document is of the opinion that disclosure of the information in the document to the patient or former patient would...have a substantial adverse effect on the health or safety of the patient, the former patient or any other person;...(or) reveal information of a confidential nature obtained in confidence (*Mental Health Act 1996*, s. 161, p. 85).

There are limited opportunities to contest meanings made by others if these meanings are mostly unknown, couched and protected by rules administered by the practitioner within the health institution that holds these notes. Patient notes can follow and materialise in unexpected, and unprepared for, locations. Margaret told

me she was horrified when she realised that her notes had accompanied her to an appointment with an eye specialist within a hospital department where she had previously been admitted as a psychiatric patient.

I saw these notes on the side of this thing and I was like, gee, I said to the women who was going to do it (eye test), Is that for everybody, those files? And she looked at me and said, they're yours. And I said, Oh, how come I've got so many, I've only been here twice. Oh, she said, they're from the psychiatric ward.

The volume of Margaret's notes was not only a reminder that she had been a mental health service recipient for twenty years, but the weight of them also served to communicate this history to others. She surmised, *It was quite a bad place to put these notes, 'cos...you don't know who could be walking through, coming in and out, because nobody is wearing white coats. You could just walk in and out, and my notes were just sitting there.* Margaret's burden of a heavy file, that shadows her, makes clinical interpretations that vary from those contained within less likely, because they are discursively produced and read through a framework that is assumed objective and correct. In other words, future readings of these texts are likely to be viewed through a similar lens to those that constructed them initially – within an institutional context that seeks to confirm already made assessments.

Throughout our conversations, and based mostly on suppositions regarding the actual contents of respective case notes, many of the women who joined this project expressed a fear of learning what has been written about them, and the consequent potential of the contents to re-traumatise the main character. Margaret cited the selective construction of her notes as the reason behind her reluctance to request copies of them. *It would be good to see your notes, although I've never bothered to ask. Most of the time they rip what they don't want you to see out of them anyway.* Sometimes a sufficient passing of time enabled these women to equip themselves with the resources necessary to 'survive' reading their notes, as Pauline's story illustrates.

By the time I got my notes it was about ten years down the track so I had developed an understanding of myself, so it didn't phase me out. I just thought, oh fuck...(and) it annoyed me, the fact that those notes are carried, they're like a tattoo basically, and in order for that tattoo to go, it's going to

cost a lot of money, a lot of time. I'm a public patient and I haven't got a lot of power in that sense. I'm an individual without power because it is the institution that has the power so it would take a lot of fight to get rid of that stuff and I'm not prepared to waste my energy at the moment. And the reason I'm not prepared to waste my energy is because I don't believe what they say and I've got a high self esteem. But it would be nice to think that they could review those notes and look back and be able to wipe that out with the knowledge that they've got and maybe they could reassess me. I don't think we should be labelled for the rest of our lives because...nothing is permanent, there is change.

Whilst case notes can be conceptualised as texts-in-progress, because they are continually revisited and added to, they can conversely represent an inert and unalterable text. Once any description or analysis is committed to case notes it rigidly remains, with laws existing to make removal or even amendments very difficult. Pauline's recognition of such barriers to the future modification of her case notes reminded me of a story I heard from a psychiatrist who had to 'fight for years' to have the diagnosis of schizophrenia removed from one of her client's old hospital files (Achimovich 2001, pers. comm., December 4). The near impossibility of changing case notes is also telling of the power of diagnoses to inform subject profiles in the longer term.

'Social narratives create their "characters" and "plots" through the tracing of the body's biological contours and organics outlines by writing tools,' says Grosz (1990, p. 66). Janette's experience of being 'marked' (through medications and visible adornments prescribed and supplied by the hospital) makes real the metaphor of the body as a textualised subject upon which messages are emblazoned. A very specific combination of psychotropic medicines was organised for Janette, on a methadone treatment program and 'manic'. Her dual diagnosis was further extolled on her body through the use of particular procedures and specialised hospital symbols. *I had to wear identifying tags around my arms and my legs, rubber gloved every time anyone had to give me a needle or anything.* Grosz (p. 62) holds that, "The "message" or "texts" produced by such procedures construct bodies as networks of social signification, meaningful and functional "subjects" within assemblages composed with other subjects.' Sidonie Smith and Julia Watson (2001) agree that the body performs as a site of autobiographical knowledge: the narrating body is an embodied textual surface upon which stories of self are inscribed that reveals its

location. (The side effects of some anti-psychotic drugs, like lethargy, slower cognitive and physical reflexes, and weight gain, are an always-present psychiatric practice that simultaneously write on the body *and* render it more docile).

Foucault (1978) calls the mechanisms designed to regulate populations that transpired with the advent of ‘modern’ nations, ‘biopower’. These ‘technologies of power’ replaced an order of absolute sovereignty in the eighteenth century. According to Foucault control in contemporary systems is concealed, operating as a dynamic non-centralised force rather than being the possession of a particular person. He explains, ‘The network of power relations ends by forming a dense web that passes through apparatuses and institutions, without being exactly localised in them’ (p. 96). Using Foucault’s thesis, the perpetuation of the relative powerlessness of another or others within institutions is the culmination of multifaceted and layered technologies of power. For the women who joined this project the possibility of identifying any one person responsible for their physical placement, monitoring their movements, adjudicating their stories, authoring their case notes, or marking them bodily is elusive. The inescapable confinement these women experience within institutions is a coordinated process of inscription involving many players.

surveying and surveyed¹⁹

Since subject identities are located in the social, women, like men, make sense of their experiences through the situating of lived actualities alongside others: a pool of collectively produced cultural meanings permits this understanding (Davies and Harré 1990; Stanley and Wise 1993). Smith (1999, p. 128) explains that shared meanings mediates the social because ‘the dialogic of knowing creates the virtual space of a world recognised as known in common.’ ‘People think through category terms,’ Stanley and Wise (1993, p. 204) write, ‘using typifications of the social world as a means of comparing and contrasting “similar” experiences.’ The women I researched with are cognisant of the very negative social stereotypes that surround mental illness, and consequently the way in which they have been relatively positioned in our culture.

Returning to Foucault’s thesis that power is everywhere, decentred and not reducible to the tangible possession of individuals and groups, the circulation of

¹⁹ The title of this section is taken from a phrase written by John Berger (1972), ‘the surveyor and the surveyed’.

power as a regulative force is sustained through subject surveillance and self correcting mechanisms. Foucault's argument contrasts with earlier conceptualisations of power as top down. He says the technologies of biopower produce a disciplined population that serves prevailing relations of dominance and subordination. This subtle coercion, Foucault (1977, p. 136) proposes, creates 'docile' bodies 'manipulated, shaped, trained, which obeys, responds...(a docile body) may be subjected, used, transformed and improved.' Because of cultural cognisance with the implications of a psychiatric disorder, the assigning of a diagnosis facilitates this monitoring process. Lysabel described a time when, despite assurances that it was not *her* mental health that was being discussed, she felt scrutinised anyway.

Somebody I saw mentioned the word schizophrenia and apparently she was talking about someone else, but I took it on board for myself...I think that labels are so powerful. Just even having a hint that somebody might see you as schizophrenic has a very bad affect on me. I had to prove that I wasn't schizophrenic even though she said she wasn't talking about me. I felt like she was saying it in a round about way.

Liv also recalled a time when she felt she was subject to extraordinary examinations. She presumed that her employer's rigorous supervision was because she had been diagnosed with a psychiatric disorder, something she subsequently regretted revealing to her employer. To escape this pressure, and avoid her health being adversely affected, she eventually resigned. *The whole time I worked there she would always check up on me – you arrived at eleven minutes past eight yesterday – and I just no way wanted to go back there cos I think that that would have contributed to my depression in a major way.* Colleen revisited a moment where she was made aware that her history had been investigated by an acquaintance, and that his estimations of her past were being freely shared.

*Every week I find that new stigma comes up...To give you an example, I got told by this guy that I met that he met someone who knows me...When this guy said to him that he'd met a nice girl and went for coffee with her, this other guy tells him about my mental illness...Like, **beware** when you are going out with her, **beware** of her mental illness...He insisted on saying to him that he thought I'd been to hospital and to be careful of me...I don't know how to explain it but it felt like he was putting me in a category of being a criminal almost, and I'm going to have this for the rest of my life.*

‘Perhaps the most powerful reflecting surfaces that provide self recognition are other people,’ comments Barbara Myerhoff (1992, p. 290), ‘we see ourselves in others’ eyes.’ Mikhail Bakhtin likewise reminds us that we consider our own acts in anticipation of the responses of real, imagined, historical and generalised others (in Madigan 1999, p. 154). Bakhtin continues that the responses we have learned to invoke include characters from our own past as well as from those carried in cultural narratives. Such anticipated responses can be accommodated in individual narratives. Amy Allen (1996) says that culturally encoded discourses generated by the ruling relations are often internalised by those who are their subjects. She explains, ‘Internalisation involves the process, either conscious or unconscious, by which a dominated individual comes to accept meanings and adopt practices that reflect and reinforce the power of the dominant’ (p. 269). Read through the lenses of self doubt and criticism, it is easy for women diagnosed with a psychiatric disorder, to be captured by the same ideas of the master narratives that have defined them. Self assessed positions, that reference certain themes in the dominant discourses, means also that the ease with which these women ‘become’ their label is enhanced. Liv described this eventuality.

It's almost like, a bit self indulgent, you haven't got the balls to deal with life, so rather than deal with it you get depression...It does impact on my view of myself. I would foremost think of myself as a depressed person, although I am still sometimes surprised when I admit it.

It's not just to do
with your sense of identity,
but how other people
identify you.

Jo, February 2003

‘To embrace an identification,’ Karen Healy (2000 p. 53) maintains, ‘is...to constitute oneself through the very terms that make surveillance and disciplining possible.’ Foucault (1977) understood Bentham’s architectural Panopticon design, a circular cage system organised around a centralised

high tower, as a symbol of political technology. He proposed that this supervising apparatus, where those at the top are able to observe and monitor behaviours below, represented a ‘laboratory of power’. According to Foucault the disciplinary function connected with this design permits a shift in perspective. No longer exercised by those located in the tower of the Panopticon, who act on behalf of the institution, the

organising of a disciplined society is achieved through the individual, who assumes this surveillance and acts as if they are always being observed. Foucault says the production of self regulating bodies is the most intimate and powerful form of control. He contends,

There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorising to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself (Foucault 1977, p. 155).

Foucault (p. 206) elaborates that the Panopticon design ‘arranges things in such a way that the exercise of power is not added on from the outside, like a rigid heavy constraint, to the functions it invests, but is so subtly present in them as to increase their efficiency itself increasing its own points of contact.’ Colleen’s self deprecating thoughts subsequent to her first hospital admission had the effect of maintaining her compliance within the institution. *I was filled with negative thoughts...everything you have done in your life has been wrong, you've caused this upon yourself, you are the worst person in the world.*

Recollections of individually imposed checks and restraints were prominent in the narratives these women used to describe their struggles to control aspects of self they connected with their psychiatric disorder. Pauline summed up this perpetually present concern. *Is this my mental illness or is this normal?* She said, *Once you get diagnosed with a mental illness you get scared to show your emotions...This self monitoring becomes so time consuming. You start to not know what your real emotions are.* Colleen’s comment echoed Pauline’s. *You begin to question, is this what everyone else is thinking. You are always judging yourself, is this normal?* Margaret also reflected on how her ongoing self inspection affected her outlook.

I am always value judging myself due to the label I've got. Am I seeing things from the point of view of my mental illness, or is this a normal view point. This is my struggle. And I always tend to sway on the side on mental illness.

Being ‘normal’ was a related and resounding theme in the standards these women used to gauge self. Using a Foucauldian perspective, Simon Danaher, Tony Shirato and Jen Webb (2000) say that once ‘docile’, people continually examine themselves

to ensure that their behaviour does not extend beyond what is culturally acceptable, all the time looking for signs of 'unhealthy' and 'abnormal' tendencies. Jo said that she has had unending doubts about her emotional state and capacity to cope since being diagnosed.

When you go, oh my mind is stuffed, it's not like a broken leg. It will never get better. I can never rely on myself again. I will always have to ask, is this real, or am I somewhere else, is there a threat, or am I just stressed, or over tired, or underfed. Is it real, can I be OK with feeling good and not wonder if I'm feeling too good.

Liv also supposed that her experience of constantly analysing herself was inseparable from being named as mentally ill.

It's like I'm always going to be depressed, it's just going to be at different sorts of levels. I could be totally normal, I shouldn't even say normal, but I have to be careful because I know that I don't have the coping mechanisms. So if I have five bad days in a row, where things are going wrong, I could find myself slipping down into depression again, whereas someone else will just go, oh yeah, and keep going. I think that that sort of ties back into the label thing as well.

Subject surveillance is facilitated through cultural frameworks that inform what, in particular, should be most scrutinised. John Berger argues that this process is highly gendered.

A woman must continually watch herself. She is almost continually accompanied by her own image of herself...From earliest childhood she has been taught and persuaded to survey herself continually...And so she comes to consider the *surveyor* and the *surveyed* within her as the two constituent yet always distinct elements of her identity as a woman (Berger 1972, pp. 46-47).

Thomas Szasz coined the adage 'dread of happiness', to describe stereotypical feminine presentations in psychiatric settings. Szasz read these symptoms as an indication of 'slave psychology'. He explains, 'the open acknowledgement of satisfaction is feared only in situations of relative oppression...experiences of satisfaction (joy, contentment) are inhibited lest they lead to an augmentation of

one's burden (in Chesler, 1994 [1972], p. 40). Chesler (p. 41) concedes that although 'woman' and 'slave' is not a perfect analogy, 'women's work' and psychological identity are interconnected, and together tell of signs and symptoms of slavery. Along these lines Catherine Lutz (2002, p. 202) elucidates, 'Learning, rather than being born to feel as they do, women most often do so in ways that support existing social arrangements.' Jo suggested that her relationship with her husband was symbolic of the way in which she had actively scripted herself into another's narrative to suppress her own storying.

My history
of being hospitalised
has definitely become
a part of my identity.
It's on my mind quite a lot
especially because
I'm always wondering
about my behaviour,
being worried about being
too happy, too excitable.

Eve, March 2002

I ended up with someone who is very reticent to discuss intimacy, so in a way that gives you permission not to go there as well, because it's not being expected. He won't talk about anything that is confronting to him so there is no need to talk about anything confronting to me. I think it's to do with seeing myself as a person with a mental illness because I'm pretty sure that my ideal relationship would have been a lot different before knowing that I had a mental illness...I might not have settled for a relationship with the limitations that this one seems to have.

Foucault (1984), like others, uses the mirror as a metaphor for critical measurement of self, so that 'madness would see itself,' and 'be made to observe itself' ceaselessly judged from within *and* without. In other words, individual surveillance ensures that those deemed insane are recognisable to themselves and also via others. Katie makes evident the far-reaching influence of a label in her account of the interplay between different monitoring and control mechanisms.

It determines a lot of your life...Everyday you have to live your life so as to keep your mental illness under control. You have to take tablets, you have to make sure that you do enough to keep it at bay. If you want to be in bed all day you have to force yourself to do things, then you have to be careful that you don't do too much because that can lead to problems as well. It's about

managing all the things that you do in your day-to-day life so that it doesn't upset your mental illness, because there are defined boundaries within which you can function. It taints your world...it actually determines how you think, how you feel... and everything that you see, everything that you do.

Because the subject is disciplined through social supervision and self surveillance, in sum a more compliant populus is produced.

to tell or pass?

The knowledge we have of ourselves, and ways in which others know us, is shaped interactively and inter-relationally through social practices and processes in everyday moments. 'Identity exists in a constant flux of interpreting self's interactions with others in sociohistorical contexts' (Spry, in Gatson 2003 p. 25). The women who participated in this research identified that their label precedes them on many occasions. Thus, these women estimated that having a psychiatric diagnosis has the potential to alter the way in which an audience(s) make sense of some expressions and behaviours. Being mindful that the way they 'are' can be easily misconstrued, and credited to being mad, is something that these women consequently factor into their telling of self to others.

I'm not ashamed
of having bipolar.
But the other side of it is,
why do I have to tell people
if they are going to judge me.
I don't need to give them
any weaponry
that they might use against me.
And people can be cruel
and nasty,
and I don't think I need
to put myself in that situation.

Colleen, February 2002

Socially generated and circulated stories about the constitution of those identified as 'holders' of a psychiatric condition effect and propel widespread stigma. Eve's merging of social dishonour with her initial diagnosis reflects stereotypical assumptions connected with mental illness *When I was first hospitalised they gave me the label of having a temporary psychosis, which was brought on by stress and*

lack of sleep, and that label was quite scary for me with the psycho and the psychotic.

Alongside portrayals of 'psycho' and 'schizo' is a cultural cognisance that those burdened with a troubled mind are probably manipulative and dangerous, intellectually inferior, and that the disability they carry is innate and could be contagious. Against a backdrop of the arbitrariness of the process whereby psychiatric conditions are determined Lysabel also points to the stigma, and thus hindrance, of the psychiatric diagnosis she has been labelled with.

Because I have been given this name of someone who is mentally ill I feel that I have been put into the same category as people like axe murderers and serial killers, 'psycho' behaviours! I would like to see graduations in mental illness instead of having one name to describe all. It doesn't paint a very nice picture. I don't believe that I've ever done anything that makes me bad or evil...To me when you hear mentally ill it means that you are unpredictable, and potentially dangerous. That's my gut reaction towards those words...There is no conclusive diagnosis test, as far as I know, to prove any diagnosis of 'mental illness'.

Because, unlike other illnesses, these women are not corporeally inscribed with their 'disease', they are not immediately identifiable as having been diagnosed with a psychiatric disorder. Recognising that a label represents social deviance, and signifies them as 'other', most of the women I researched with indicated that they omit this information in their everyday exchanges. In other words, since the anticipated ramifications of disclosing a psychiatric diagnosis are invariably great, these women often opt to 'pass'²⁰ instead. Sharon, for example, declared, *You never tell anybody!* Eve's comment was similar.

It's not something that I discuss with anybody because I would feel vulnerable that they would see me in a different light, that they would judge me. I can't comfortably talk to other people about what my experience is because I've got this label attached to it...By disclosing my history they might jump to conclusions, just as I would. Because of a lack of knowledge people jump to conclusions a lot quicker...We have no control of the

²⁰ This reference to passing is taken from Stanley and Wise's (1993) observation of a strategy deployed by lesbian women who would prefer not to reveal their sexual preferences.

responses from other people so I would need to feel safe before I could do that.

Reluctance to reveal their psychiatric status reflects the very real discriminations these women have already experienced. Jo agreed with Eve.

You're very selective about who you can let know about the totality of your experience, and who you just let know little bits, because you feel vulnerable. It's a secret thing you bend over to keep. It's a secret you just have to keep. I was used to being a really open and unhindered in a way, and to sort of know in myself now, ten years down the track, it's sort of like you're not really your true self anymore. You just don't talk to your friends about yourself. You can't open up.

Much effort is invested in the safer, and more socially acceptable, position of presenting as sane. Creating an exterior that conceals an-other inner self, known only to them, usually involves care and control over their symptomatic presentations. Liv's account of the strategies she uses, to ensure she is being read as 'normal', points to the significant energy she must expend to maintain this position.

*Because none of my close friends have got kids I always want to come across as the very together young mum, who can still go out and have a good time with her single, childless friends, and always have these beautifully turned out children, and still manage to be cool and trendy, but also come home and bake and do this really cool stuff. So I always have to make more of an effort. You've always got to be **on**, never totally let your guard down. For me it's always about looking the part. It does take a lot of energy. Not just mental energy but physical energy, because you want everything to look perfect, that you're coping, fabulous. I guess you spin a story in a way, so your reality is different from what these people are seeing. At times I've found myself almost being caught out, because I've said something that doesn't go with my perfect image of how I'm going, then I have to get my way back through...But I think, no matter where I got to I would never be able to do that, because I would still have these ideas of people judging me because I had **had** depression...I don't know if I will ever really talk to anyone about it.*

Janette said that she finds the process of having to decide whether to disclose or not very difficult. Caught in a damned-if-I-do, damned-if-I-don't conundrum, she recognises the reasons for silence, and consequences in that silence, and that these costs are borne by the one who has the label.

I feel deceitful and that I'm hiding something – the fact that I am manic depressive. When I go for jobs that have a clause like do you have any condition that might interfere with your ability to work, I'm either lying or, when I do disclose that I've got a mental illness, people think that that means you are a dribbling imbecile.

Because those supposed mad are denied full status in our culture, it is not surprising that these women keep checks on who knows about their mental health diagnosis, to avoid any social exclusion that this revelation may prompt. As Janette noted above, however, navigating the telling of half-truths can complicate participation in a range of identity forming activities. Katie spoke of these obstacles as well.

I hide my mental illness wherever possible to avoid being labelled. I prefer to isolate myself in my home rather than run the risk of being found out. For me, living with a psychiatric label is a life of isolation, loneliness and fear...Fear provides a barrier to social interaction and life development. For example, when I went back to study I was quite ill. I was so fearful that I actually attended the lectures and the labs in tears, and I was shaking, and when I did my laboratories I just needed to stop myself breaking the glassware. I got better as the time went on but I was just so fearful and stressed out, just by life and having to venture out from home to try and finish my degree that it virtually made it impossible for me. I did do it, but it was very difficult. So I suppose for me, living with a label, I spend most of my time trying to hide that I've got problems, so that I don't get labelled.

Whilst selective storying to uphold being sane, not insane, is a self preservation strategy, this tactic also serves to reinforce the secretiveness of their culturally devalued position, which in turn perpetuates the privileging of some voices/bodies over some silenced/unseeable 'others'. Kate Redfield Jamison (1995), a professor of psychiatry, made astounding revelations in her autobiography, *An Unquiet Mind*, about her own experience of bipolar affective disorder. These were startling

admissions because the scenario that a practising psychiatrist could, concurrently, be undergoing treatment for a psychiatric disorder, is a highly unlikely proposition. Contemplating the implications of Jamison's decision to make her own mental health publicly known, Ruth Behar (1996) says that this disclosure illuminates the paradoxes inherent in the claims of biomedicine. The anxiety Jamison experienced subsequent to her testimony suggests that the appropriation of scientific methods to successfully manage illnesses of the mind is not always assured.

the consequences of confessing

Foucault (1978) has highlighted discourses-in-practice in the west that invite, encourage and make possible the telling of hitherto unspeakable stories of self. According to Foucault Western societies now rely on confessions, 'variously compelled, as central to the production of 'truth'. Foucault (p. 59) says that, intertwined with self scrutinising examinations, confessions are 'inscribed at the heart of procedures of individualisation by power.' Our culture expects a telling of truth because, as Foucault notes, 'Truth shares an original affinity with freedom.' He explains that the obligation to confess is,

The main problem
that I had
was telling people
too much
information
when it wasn't
actually required.

Janette, May 2002

now relayed through so many different points, is so deeply ingrained in us, that we no longer perceive it as the effect of a power that constrains us; on the contrary, it seems to us that truth, lodged in our most secret nature, 'demands' only to surface; that if it fails to do so, this is because a constraint holds it in place, the violence of a power weighs it down, and it can finally be articulated only at the price of a kind of liberation (Foucault 1978, p. 60).

Confessions have become an established cultural practice as well. Appropriated into public discourse through the use of personal testimonies as witness to sites of suffering, individual narratives of shame and trauma have become both speakable and consumable (S Smith 2003). Alan Bleakley (2000, pp. 17-18) reckons that the considerable amount of time the media devotes to previously unheard

stories/unseen lives suggests that the confession is now regarded as a staple ingredient for informing and entertaining audiences. Bleakley qualifies that, based on gendered stereotypes, the confessional format is considered particularly suited to women, who are assumed 'more emotionally labile than men.'

Indeed, the women I researched with frequently described situations that demonstrated ways in which confessions have become customary. Some of these women said that, despite being aware of the possible repercussions of intimate admissions, the compulsion they felt to inform others about their involvement with systems of psychiatric care was often overwhelming. Colleen commented, *I always end up telling people I've been at (hospital) and then wishing I hadn't. It always seems to come out.* Lysabel also recalled the regret she often experienced in retrospect, after sharing her psychiatric history with others.

Since being diagnosed the first time, I think that I've been stupidly telling most people. But now, for about the first time in my life, I'm getting to the stage of thinking that maybe it's smarter not to tell (laughs). It's taken me a long time to get to that conclusion, but I believe that it is normal for people not to tell, and then eventually tell, but for some reason it's been the other way around for me.

The operations of discipline and confession combine to position the medical profession as a necessity that binds recipients to it (Parker 1999). An expectation that clients of psychiatry reveal their diagnosis anew to consecutive audiences is evident not only in the urges Colleen and Lysabel describe, but also through explicit directives from health personnel. Janette told me, *It is common place advice from medical practitioners that you should inform people of your diagnosis and treatment, for your best interests, in case anything happens.* Foucault (1978) contends that the requirement that the psychiatric patient continually recant, or confess, is premised in an understanding that purgatory declarations will facilitate the resolution of an individual's psychological distress. In other words, confessions have come to represent a therapeutic strategy necessary for healing. Parker et al (1995) explain that because psychiatric and psychoanalytical practices understand 'abnormality' as intrinsic, the onus on the person seeking a 'cure' is to give expression to this experience. Foucault clarifies that the ritual of confession relies on the existence of an addressee with the mandate to receive and assess it.

One does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile; a ritual in which the truth is corroborated by the obstacles and resistances it has had to surmount in order to be formulated (Foucault 1978, pp. 61-62).

Foucault surmises that, therefore, the veracity of the confessional narrative, 'thoroughly imbued with relations of power,' is not determined in the telling, but in the receiving – the one who listens to the declaration is the ultimate arbitrator of its truth status. 'Although confessional modes of discourse may appear to grant survivors an empowering "permission to speak",' Linda Alcoff and Sue Gray (1993, p. 271) similarly recognise, 'they give the expert mediator the power to determine the legitimacy of survivor discourse.' Since the validity of intimate disclosures is dependent upon another's estimation of them, the paradox of the supposedly liberatory potential of the confession is revealed. The stories of the women I researched with unsettle this conviction, that it is best to freely share the 'truth' of their circumstances. The confess/judge dynamic generates a no-win situation for women in particular (Parker 1999), as Janette's experience shows.

*Obviously when I'm ill you can't see that anything's wrong with me, so I feel obliged to tell people that I've got a mental illness, and I've noticed that sometimes it doesn't go down very well...because of the nature of it, being episodic, I think of myself as perfectly normal most of the time, until it begins again. Even for my partner to get time off to stay home he has to disclose that information as well. So **everyone** at his work knows that I've got a mental illness.*

Because they are repeated, the delivery of confessions requires a sustained performance (Gilmore 1994), just as the maintenance of denial does. Ways in which personal details of one's life are confessed vary, from overt declarations to subtle clues, and accumulated can be understood to constitute a persistent admission of being mentally ill. Colleen's reluctance to attend the launch of Mental Health Week, in the event that her presence might be read as an admission of her own mental health diagnosis, is demonstrative of the dilemmas a culture of confession and discipline produces. *I had a little bit of a fear, fear of going to a place where I might be seen to be with people who have a mental illness. And that's sad really. I should be over that.* Margaret, Pauline and I discussed the implications of consumer advocacy work, which is akin to confessing one's psychiatric history for the person

who chooses to 'out' themselves when they assume such a role. They said that the purpose of consumer representation is often defeated because the contributions from mental health service recipients seem only perfunctorily acknowledged, which results in a belittling experience for the participant.

M You walk in and you sit there, and they all know it because you are a consumer rep. I mean they are just as bad as the general public.

J Yeah I've heard that, how you are stereotyped even as a consumer activist and you are still patronised in those situations.

P You are patronised all right!

M I was in a board meeting the other day where we wanted a consumer to be a project officer for the consumer association, and when we were looking at the amount of money that was going to be paid, we were like, a project officer gets more than that...and then somebody said, well it *is* going to be a consumer.

J So do you think that they were implying that it was OK that the wage wasn't that high because it was a consumer?

M Yes, and also it was like, do you think that a consumer is going to be able to do this. Of course they bloody well are. You've got government ministers who are consumers.

J So on this basis you could say that maybe in some instances consumer representation is tokenistic?

P Oh god yes.

J In the committees that I've sat on I have been told that this policy is supposed to be empowering.

M It's supposed to be, but the experience is that sometimes it is **very** tokenistic. Sometimes when you are a consumer rep you feel like it is a very risky thing to do.

P You know what it is, when you're a consumer rep, it's the fear of if you speak up about something and they are going to misinterpret it as mental health.

Lysabel and Janette both identified institutionalised processes whereby their confessions were deferred, and the consequences of their disclosures transferred to their children. Assessments about their respective children's behaviour appeared based in a presumption that the children, like their mothers, were exhibiting symptoms that indicated mental illness. Janette recalled,

You do need people to know what's going on, so that they don't make assumptions and generalisations, which is what happens down at the school. It caused a lot of panic. As soon as I said that there is mental illness in the family, off for bloody brain scans, thinking we better check out this

kid just because he is staring vacantly out the window. Before they knew anything about me he was seen as a normal kid. It turns out that he is so bright that he was bored shitless.

Lysabel regretted her decision to reveal that a relative may have had schizophrenia on a 'History of Family Health' form she was required to complete for her child's school records. Initially hesitant about disclosing this, as a diagnosis was never confirmed, she eventually included it because she thought it would be dishonest to do otherwise, and it might even prove helpful. Because this became a public document, whose subsequent distribution she had no control over, in actuality her revelation succeeded in creating a bigger stigma that now included her children.

My son went for a test and in the report it said that, because they asked me if there was any history of mental illness in the family and I said that there could have possibly been schizophrenia, although no one had ever diagnosed it, and they wrote possible schizophrenia. That report has been sent out to different people, different supports, child welfare, and I feel like that is something I shouldn't have said...I wish I hadn't said anything, because I don't even know it for sure.

The perpetuation of dominant accounts is facilitated both through these women's reluctance to disclose the totality of their experience, and their concomitant compulsion to tell. Recruited into, and reproducing, societal discourse, confession becomes an act that carries the confessor's own subjugation (White 1988/89, p. 25). The tendency to confess certain stories, even when the estimated result is one of detriment for the narrator, also points to the lack of alternative scripts through which to narrate mental health experiences.

acquiescing to a depressing diagnosis

For some of these women a psychiatric diagnosis provided respite from a roller coaster of self blame. The process of having their distress formally named intimates that theirs are tangible experiences, shared by others. This in turn contributes to expanded sense making in individual story lines. A diagnosis allowed Jo to connect her lived actuality with others. *You get a label and you go oh, so it happens to other people as well.* Some women said that, besides validating the experience of

emotional suffering, a correct psychiatric diagnosis could point to the treatments necessary to resolve this. Although acknowledging it was an ill fitting diagnosis in terms of her experiences, Katie was relieved to be classified with a particular mental health disorder after years of ‘not knowing’ why she felt the way she did.

I found it a great relief to be diagnosed, because I'd been self medicating for postnatal depression, and I'd had depression all through my teenage years. To finally find out that there was some reason why I was feeling the way I was feeling, even though I'm diagnosed a manic depressive I don't really get manic, I just get depressed, but the treatment for manic depression seems to work.

It went through many
many years:
depression was the diagnosis.
It wasn't properly diagnosed,
because the truth was
I was really manic.
Colleen, November 2001

Dwight Fee (2000) contends that when experiences are spoken through dominant language systems they acquire a currency that serves to confirm the authority of the narrative(s). He explains, “The only way that mental illnesses can be recognised as “real”...is when they are anchored in the language of bio-physiology or possibly some other

deep-seated individual factor’ (p. 1). For Sharon, like Katie, an appropriate diagnosis and attendant modification in medication was a positive change in her life.

All these years I have been on the wrong medication, two tablets a day, which is quite strong. But you know what they did to me the whole time, they made me faster and higher, I couldn't keep still. All my life, being fast in the head, not being able to study at school and hurting myself a lot more than the average kid. I've got ADHD (Attention Deficit Hyperactivity Disorder), and I've been diagnosed with it. Since I've been put on this (medicine) it's magic, my whole life has changed...I'm a wonderful person now.

Posttraumatic Stress Disorder (PTSD), used to indicate distressing recollections of a traumatic experiences or exposure to traumatic events, was the diagnosis that

resonated with many of these women.²¹ In conversation Lysabel, for example, recounted how the symptomatic expectations of PTSD matched with the meanings she had made around her experiences. She said because the focus of fault was removed from her it appeared a more generous psychiatric classification.

L I've had anxiety and depression, and then social phobia for a short time, and then posttraumatic stress just in the last year. There were two people who said posttraumatic stress around about the same time. The first was a psychologist...She straightaway said posttraumatic stress...The other counsellor said posttraumatic stress straightaway too. I didn't really take that in that diagnosis until now, until after two of them have said posttraumatic stress. When the psychologist first wrote it down I said, thankyou, that's very kind of you. I thought she was being kind, doing me a favour...When the other counsellor first said it I thought, how could she possibly know because she has only seen me a few times. I thought it was just a coincidence that she said the same thing as the other one.

J So does posttraumatic stress make more sense for you than anxiety and depression and social phobia?

L Yeah, but it's only been lately that I have thought like that.

J When you said that you thought the psychologist was being kind, what did you mean by that?

L I thought it might not be true, that she was just being kind, because it sounds a lot nicer than the other ones. Because this counsellor does talk about it all the time I am becoming more convinced, I believe it more, and it sort of ties it all together, makes my experiences make more sense.

J I can see how that would make much more sense then of your experiences than say depression because just the name, posttraumatic stress, suggests that there is a reason why you feel the way that you do.

L Yeah, it sounds nicer because it blames someone else. But I also see it as a shortcoming within myself that doesn't allow me to cope as well as some other people, so not blaming something else.

J Yeah, maybe not blaming, but explaining.

L Yeah, that it is due to something external to you.

In addition to a psychiatric diagnosis performing validating, explanatory and remedial functions, the certification of a psychiatric condition through known discourses can have the effect of engendering a sympathetic response from others.

²¹ There have been feminist critiques of the 'trauma paradigm' since it can have the effect of rendering trauma 'an individual psychological response that is ultimately constructed and diagnosed as psychopathology' (Gilfus in Naples 2003, p. 170).

Janette used her partner's reaction to her diagnosis to illustrate 'one of the useful points of having a label.'

He believed I was being self obsessed...when really I had chronic depression and whatever else. And a year or so later when I finally got the diagnosis he acknowledged that I was actually ill, that it wasn't just self obsession. But until I had that label, he thought it was all my own doing. He needed proof. He needed to have a doctor say, she is ill.

Like the propensity to confess, the acceptance of a diagnosis is also sustained through lack of more promising constructions. As Smith (1975, p. 7) says, psychiatry works to sanction the disjunction between how women actually feel about a situation, and how they think they are supposed to feel, and incorporate this incongruence as a permanent practice in their lives. Katie cited inadequate alternatives as a factor motivating her faith in dominant systems of mental health classification and care.

I suppose that you do clutch at the reasons and the hope that the treatment will make it go away. That's the only sort of hope that you've got when you're in the midst of a depressive episode. But it's hard to keep hold of that, that it will go away.

At first I thought, oh great
there is a name to this.
And yet it made me
quite depressed
because there was nothing about
well, what do I do with this now,
now that you've given this to me.
It's like a sentence.

Eve, December 2001

As Katie's comment shows, despite this pause, where a psychiatric diagnosis is thought useful because it can facilitate understanding, many of the women I spoke with also reflected that once delivered, a psychiatric label can be life long. These women recognised that conversely, whilst respite from psychological distress that prompts a diagnosis is possible, having a psychiatric label adjourned is much more difficult.

Because psychiatric diagnoses are delivered through practices rooted in an oppositional epistemology, the likelihood of becoming 'fixed' in a position is

exacerbated for people whose health status is determined by these dominant mechanisms (Pease and Fook 1999; Ussher 2000). Indeed, the presumed longevity of a psychiatric label was a recurring lament in these women's stories. I asked Sharon if she thought 'living with a label' was an apt way to describe her experiences. She replied, *I think crushed by a label. Its like you've got it for your whole life, you'll never be able to change it.* Lysabel agreed, *It seems that once you get a label you are stuck with it for the rest of time. Like even after you die it is carried on through the next generations. It doesn't just go away.*

Some women reflected that medical advice often supported the conjecture that once diagnosed one could expect to 'have' a mental illness for the rest of their lives. Jo recalled the unfavourable way in which her prognosis was presented. *The book at the medical library said 75 to 80% chance of recurrence and I thought, oh great, that's not very good...They could have been less negative and said 25% chance of it not recurring.* Janette recalled professional advice she received along these lines. *One doctor said to me, unfortunately, if you have this as an adult it is most likely that your episodes will come closer together and be more severe.* She postulated the ramifications of this framing.

I have to live with that label throughout the good periods as well as the bad...It just makes you totally lose confidence in yourself, which can be a pretty good stress factor in causing the illness. If you've got no self esteem you start getting paranoid socially. You start hiding at home. All of these things then contribute to me getting ill.

Recognising the potential permanence, and allied negative connotations, of a psychiatric diagnosis, Liv was also frustrated that she had been positioned so. She said, *I hate the fact that you do get labelled. It's disabling. Like, the depression itself affects your life, but I think that the **label** of the depression affects it more.* Jo considered that her 'depression' was, in actuality, a mask for the sense of injustice she felt subsequent to being told she has a mental illness. *I was just really angry, but it didn't come out as anger, it came out as being sad. I probably felt so sad hearing the actual diagnosis, bipolar affective disorder.* Amber similarly, and ironically, attributed her experience of prolonged depression to the psychiatric hospital's treatment regime.

When I was discharged from hospital I was a shell of my former self. Traumatized by the experience of being psychotic and doubly so by the four month incarceration. Drugged out of my brain, I left the hospital a zombie, shaking from the side effects of the medication, unable to articulate my thoughts and subsequently I spent the next eight months in a deep clinical depression.

Margaret guessed that whilst the phenomenon of secondary depression is widely acknowledged amongst consumers of mental health services, it does not seem to be recognised or addressed with the same frequency in systems of mental health care.

It could be that someone has secondary depression, that they are depressed because they've got schizophrenia, they've lost their university degree, they've lost their family, so they've got double depression. Talk about dual diagnosis, dual depressions, there's two sorts. Secondary depression is when they are depressed because of their circumstances, because of all the issues that have been raised, and because of the loss and grief. So you've got depression on depression, double layered, and you have got to do something about both of them.

living out the operations of labelling²²

These women's stories suggest that what starts as a scientifically derived category becomes blurred soon enough. That is, psychiatric diagnoses make an easy transition into a cultural classificatory schema, to become social tags. Many of the women I researched with described realities organised around their psychiatric disorder – suggesting that the consequences of it have infiltrated many aspects of their everyday everynight lives. 'It is particularly common for membership of a specific category,' write Tom Shakespeare and Mark Erikson (2001, p. 201), 'to overwhelm all other characteristics.' Jo's account of how being diagnosed as mentally ill can produce a prolepsis, where the future is considered a fait accompli, illustrates this 'identity spread'.

Maybe that's the point. Maybe the point is that once you know that you have a mental illness you give up on trying some things that really are

²² The title of this section is taken from an idea developed in Patti Lather and Chris Smithies' (1997) text about the experiences of women who have been diagnosed HIV positive.

important to you. You think you have to rationalise, you think you have to reduce your spread. You have to somehow consolidate so that you stay on the straight and narrow. You have to sort of take a more conservative stance so that things don't go wrong. You actually end up giving up things so that you don't get out of control.

Once assigned a label, these women understood that they are much more vulnerable to surveillance than the not-mad portion of the population, and that their relationships with others are more precarious as a result. Aware of the socially unacceptable position that they are regarded as occupying, many recognised that their opportunities to participate in various arenas are compromised as well. Jo said, *It's a barrier to intimacy*. Eve agreed that missed chances to develop meaningful relationships featured largely in these losses.

All the time
I have found that
you've got
to prove
yourself
because people are
so judgemental
and so scared.
Maybe they think
they might
catch it.

Sharon, February 2002

It is a block to being involved in different areas. It really affects my self esteem and I don't know what came first, the chicken or the egg, but I'm not confident around new people...My close friends know everything, but to make new friends, to really cross that barrier it's really hard...Part of me thinks that a lot of people would be extremely understanding and its probably the stigma I attach to the label that's been given to me...that stops me from being more open about it, so its not just the stigma that society has about it, its what I feel about it.

Foucault (1976, p. 78) maintains that the language of psychiatry divides up 'the social space according to the lines of valuation and exclusion.' Commenting on the findings of an Australian investigation into the human rights of people with a mental illness, Brian Burdekin (1994, p. 1) likewise concludes, 'The stigma and suspicion directed at Australians affected by mental illness are major barriers to their enjoyment of life, creating fear and isolation when people are most in need of

tolerance and understanding.’ Some women explained that the onus lay with them alone to demonstrate that the stereotype was unfounded. Building on our conversation about her tendency to be guarded about what she said to others, Amber later wrote to me:

My experiencing in attempting to regain the trust and respect of family, friends and work colleagues was essentially a conscious repression of my ‘normal’ vocal self. You over compensate in all social situations by attempting to present a rational, reasonable and sane person to the world. And it seems this picture is constantly being distorted by an invisible veil, a barrier that is the label of being ‘mentally ill’. How do you destroy a shroud you cannot see or touch? An intangible shroud that becomes a sacred icon society utilises to deal with its own inherent fears of this illness labelled insanity.

There's this thing that
mental illness has
got something
to do with your personality,
and so therefore
they think that you've
all got the same
personality.

Colleen, February 2002

How one views themselves is influenced by discursively produced scripts that effect a cultural or common knowing. Traditional beliefs that ‘deviancy by any female is a sign of a much deeper pathology than deviancy by a male’ (Russell 1986, p. 25), means that stigma is compounded for women diagnosed with a mental illness. Pauline described her experience of this dynamic.

I'm carrying that label around with me for the rest of my life...no, sorry, I don't carry it around for the rest of my life, but society carries it around with me and I have to be very aware of it every time I'm dealing with people.

Mental health labels and treatments both reflect and reinforce the disadvantages experienced by those who have been labelled, by those who haven't. Distress that prompts involvement with the ‘system’ is potentially confounded for the woman who

subsequently has to navigate barriers to participation, and factor attendant losses from non-inclusion into stories of self(ves). Katie said, *Trying to get through the quagmire of the world when you're not even sure who you are, let alone who you are with a label, makes life extremely difficult.* Colleen's reply to being diagnosed with a mental illness also personifies the magnitude of the experience of being labelled with a psychiatric disorder.

I don't want to be here, I don't want to have a mental illness. My label made me want to do away with myself – which sounds awful – I don't even like saying that, but when you have to accept that you are going to have to live with this label you think, well do I want to live. You really question if you want to live. It is actually very condemning. It condemns you to a life of mental illness when you don't have to be condemned.

The discrimination people diagnosed with a mental illness experience from all stakeholders to their health, including the general community, is significant and varied. 'Madness,' Foucault (1984, p. 158) writes, 'for a long time to come, and until our own day at least, is imprisoned in a moral world.' In a similar vein Patti Lather (1997, pp. 33-34) equates the experience of being assigned a label with being 'nomads amidst a politics of fear and containment that has evolved into a paternalistic "politics of care" in which we are all accomplices.'

Resistance is problematic when women, diagnosed with a mental illness, are captured by the same ideology that holds them in culturally devalued spaces. The strategy of choosing to present as 'sane' can be seen as concessions to the discourses that define and confine them. In other words, the cost of a label is potentially perpetuated through these women's reluctance to reveal their health status to others: recruited into dominant narratives that then operate to exclude them from full participation, and continue their own subjugation. Conversely, the consequences of surrendering to invitations to disclose the totality of their experiences are profound, as these women's admissions travel, persisting in unexpected and unprepared for locations. Adrienne Chambon's statement about the mad/sane dichotomy aptly sums up the gist of these paradoxes.

These divisions expand into elaborate classification systems with internal graduation. They locate individuals within series and assign them a relational

rank...They establish the multiple processes of affirmation and reward, surveillance and exclusion (Chambon 1999, p. 67).

Society doesn't let
you forget –
not that we need
any reminding.

Katie, December 2001

Thoroughly inscribed in these women's past and present lives, a psychiatric label also acts to name a future to come. A vicious circle, the propulsion of a fixed and expert master narrative, in conjunction with mechanisms of truth practices, obscures, and frustrates, the

possibility of 'other' narratives. Subjectively scripted modes of restriction serves to further complicate any endeavours to story self outside of this framework. Many of the women I researched with thus experience loss on an unremitting basis as they anticipate more of the same sort of scenarios to follow.

CHAPTER THREE

thinking about theory

Engagement in an emergent and dialogic research project does not circumvent the influence of theory since thought is already, and inescapably, theoretical in some way or another. Because theory is developed from an array of perspectives different theories can potentially provide very different explanations for the same set of circumstances. A subject's outlook and understandings will thus reflect the ontology and epistemologies that that person has taken up to make meanings in their lives. (I use ontology here to refer to the knowledges that shape our understandings of the social and corporeal, and epistemology as the knowledge production process itself). Because there is a symbiotic relationship between ontology and epistemology it is difficult to consider them singularly (Harding 1987; Naples 2003; Smith 1990; Stanley and Wise 1994). Combined they point to the ways we come to know what and how we do.

With that said there are, of course, particular theories that have shaped my seeing, thinking, and doing this research. These are ontological and epistemological frameworks that I have connected with through my lived and educational experiences as they echo and embellish my ongoing sense about social worlds. In this chapter I will trace the broad tenets of the theoretical perspectives that this inquiry is couched in, and make their relevance to this study apparent. The philosophies influencing the way in which this project was conceived as well as the way in which it proceeded are not static, and I have shifted my attention with the tensions and resonances this inquiring journey has produced. In other words, my awareness has developed along the way.

This explication is not mine alone. Also important in directing this project were the theoretical deliberations of the women I researched with, similarly evolving during our collaborative investigation. This process situates and makes transparent my/our subjectivities in relation to this research. Our experiences of enacting these theories as research methodology and methods are considered in a subsequent chapter.

unsettling the traditional theoretical terrain

The propulsion of the meta-narratives, embedded in a modernist philosophy that proposes and permits unity, objectivity and ‘truth’, have been significantly challenged in recent decades by the development of social theories that offer alternate views. These newer theories, where multiplicity and specificity have shifted to the fore, contest a method of reasoning first championed by ‘enlightened’ (read Eurocentred, usually Christian, affluent, educated and white) men in the eighteenth century (Code 1995). Modernist thinking, which centres science capable of explaining both the social and natural worlds, replaced a symbolic order and knowledge systems founded in religion (see, for example, Capra 1983; Lyotard 1994 [1984]; May 1996).

Epistemologies borne in the so-called Enlightenment period were based in assumptions that the determinations and directions of the social world were constant and independent forces. It was supposed that the application of logical reasoning and justice would lead, eventually and inevitably, to a utopian society. Because reality was understood to be a detached entity, autonomous human activities were considered unable to affect a predestined and progressive history. Geopolitical catastrophes, like global conflicts, widespread famine in so-called third world countries, pervasive pandemic diseases and so on, served to disrupt the optimism rooted in this earlier era of western moral order. The advent of political/social movements disputing essentialist conceptualisations of identity, subjectivity and agency, also contributed to the undoing of modernist philosophy (Hartman 1992; Lather 1994; Miller 1991). Women’s, gay and lesbian, civil rights and mental health consumer groups, demanding the right to speak from positions of ‘other’, are examples of collectives that contested dominant perspectives purporting objectivity and ‘truth’. Michel Foucault (1994 [1977], p. 40) reckons that in the latter parts of the twentieth century, ‘A certain fragility has been discovered in the very bedrock of existence – even and perhaps above all, in those aspects of it that are most familiar, most solid and most intimately related to our bodies and to our everyday behaviour.’ As we now know many theoretical expositions, to account for the disjunctions that these significant challenges to the established social and political terrain generated, have since transpired.

In 1966 Jacques Derrida announced the beginning of poststructuralist theory. He argued that a decentring of theory, to mirror the decentring of the social world, was

needed to make the exploration and affirmation of differences possible (as discussed in Lemert 1999). Originally developed to describe trends in architecture and the arts (Weedon 1997),²³ Jean-Francois Lyotard (1994 [1984]) is often cited as one of the first social theorists to use postmodernism to signify a growing loss of faith in the western grand narratives of liberalism and science. ‘The narrative function,’ Lyotard (p. 27) declared, ‘is losing its functors, its great hero, its great dangers, its great voyages, its great goal.’ According to Lyotard (1984, p. 73), the emergence of postmodernism and attendant ‘incredulity toward metanarratives’ compelled a critical re-examination of the modern project, specifically ‘the idea of a unitary end of history and of a subject.’ Like Lyotard, Patti Lather (1994) proposes that postmodernism is the ‘code-name for the crisis of confidence in western conceptual systems.’ She explains, ‘postmodernism is borne out of the uprising of the marginalised, the revolution in communication technology, the fissures of a global multinational hyper-capitalism, and our sense of limits of Enlightenment rationality, all creating a conjunction that shifts our sense of who we are and what is possible’ (p. 102). The production and circulation of social theories that point to the contingency of knowledge claims, claims shaped by historical, cultural and linguistic contexts, has changed ways in which the social world is understood (for further discussions on this theoretical shift see also, Davies 1990; Haraway 1988; Richardson 1997). Increasingly seen as a hindrance, totalitarian theories have been thrown into disarray and formerly privileged canons of truth, rendered relative, have lost their potency.

Although the theories propelled by Lyotard, Derrida and Foucault are now widely known as postmodernism (Lemert 1999), not all concede to this general classification. Indeed, attempts to accommodate these epistemologies under a singular moniker are contrary to the philosophy of disturbing the logical and scientific reasoning that legitimated the modernist or meta-narratives. Lacking a unitary vision this prevailing intellectual movement eschews a name of its own, and has been variously called the interpretive or linguistic turn, social constructionism, postcolonialism, post-positivism, postmodernism, poststructuralism and so on. Frequently defined by what it comes after, rather than what it is (Richardson 1997), Lyotard (1984) clarifies that postmodernism is not reducible to that which succeeds modernism – instead its unfolding depends upon an ongoing revision of the

²³ See, for example, Robert Venturi (1966) whose influential text, *Complexity and Contradiction in Architecture*, is often cited as one of the first to question the premise of modernism and honour diversity in architectural designs. John Berger’s (1972) *Ways of Seeing*, is an early example of a postmodern commentary of the arts.

conditions of modernism, in a burgeoning and developing dialogue. Although postmodernism has contributed, in the late twentieth century, to an understanding about the ways in which cultural meanings and identity are in a continual state of flux (Weedon 1997), this theoretical perspective has been variously appropriated, and not everyone talks to the same version. Judith Butler (1992), for example, says that although Lyotard initially used the term, his work cannot be held as an exemplary illustration of postmodernist thinking. Postmodernism has now come to represent both a cultural form *and* a way of reading cultural experiences (Felski 2000).

Poststructuralist theories are often subsumed under the name of postmodernism, which Chris Weedon (1997) concedes is potentially an unhelpful conflation given that the breadth of postmodernism can invoke more polarised responses than poststructuralist theorising. Like postmodernism, poststructuralist perspectives have drawn attention to the mutually constituting relationships between place, space and subjectivity, but emphasise the determining influence of discourse in shaping these relations (Davies and Harré 1990). Weedon (p. 25) explains how discourses connect with textuality and linguistic constructions. 'Language, in the form of a historically specific range of ways of giving meaning to social reality, offers us various discursive positions...through which we can consciously live our lives.' Thus from a poststructuralist perspective people are made subjects through the discourses they have available to them (Davies 1993, p. 14).

No longer indifferent to context, what also unites these perspectives is a commitment to critique western rationality from hitherto mostly unrepresented marginal points of view, and deliberate the resultant fissures in the edifice of traditional knowledge production. Some have argued, however, that whilst both postmodernism and poststructuralist perspectives intend to trouble hegemonic ideology, the inclusion of strategies in struggles for change is where the latter significantly departs from the former. Butler and Joan Scott (1992, p. xiv) clarify that poststructuralism, 'is not strictly speaking a *position*, but rather a critical interrogation of the exclusionary operations by which "positions" are established' (with original emphasis). Bronwyn Davies (1993) elaborates that such explications of discourses-in-practice also point to something that can be acted upon and therefore changed. 'Poststructuralism,' she writes, 'seeks to understand the processes through which the person is subjected to, and constrained by, structure and discourse, and

how these constraints can be turned against themselves' (p. 13). Poststructuralist theorising thus locates agency with the human subject.

Sometimes used interchangeably and sometimes set apart (Healy 2000; Visweswaran 1996), in this text I will borrow Nancy Miller's (1991) conceptualisation of postmodernism and poststructuralism as different but necessarily complementary and overlapping theoretical positions.²⁴ She advocates the use of contestations generated by poststructuralist project in postmodern moments (p. 20). Together these canons of thought have made apparent the tensions between the particular and the general and made space for social change oriented actions. Like Lather (1991) says, this 'post-paradigmatic diaspora' has politically liberating potential.

diverse and particular social agents

Within modernism's logocentric tradition only rigid conceptualisations of identity are permissible. The subject is constructed according to contrasts and opposites in the dominant discourses, like medicine, justice, and sexuality (Foucault 1978, 1980; Irigaray 2002). Sidonie Smith and Julie Watson (2001, p. 33) explain by example: one is a 'man' only in relation to a 'woman', 'abled' only in relation to someone seen as 'disabled', and so on. Derrida (1976) proposes that these asymmetrical associations are governed by the principle of logical exclusion. That is, because it is only possible to be placed on one side *or* the other of this hierarchically structured dynamic, one is granted ascendancy at the expense of 'other' (see also Weedon 1997, p. 159; Gutting 2001). Derrida qualifies that because dualisms are relationally defined, dichotomous pairs are necessarily reliant on their opposite for their ontological validity. The advancement of certain 'truths', and dismissal of others, in the modernist project also means that the interdependence that binds duopolies, and enhances the prominence of the leading term, is rarely acknowledged. Derrida has notably dubbed the tendency to place women on the negative side of such relationships 'phallogocentrism' (because Derrida views phallogocentrism as an extension of logocentrism). The determination of women's positions via membership to a subordinated group invites a biological explanation that then serves to legitimate oppression according to gender as 'natural' (Collins 1991; Scott 1988; Stanley and Wise 1990).

²⁴ This is notwithstanding discussions regarding the shift in ontological and epistemological directions, where postmodernism is more generally used to indicate the breadth of changes.

Poststructuralist thinking holds that the normalising claims sustaining such disparities are determined through discursive formulations that obscure diversity and serve hegemonic interests (Healy 2000, p. 128). Foucault (1980) understands that the codes reifying these 'procedures of normalisation' are institutional, not judicial, in origin, and reflect 'societies of discourse' in western contexts (see also Foucault 1981; 1989). Foucault cites disciplines, renewed and reinforced by language systems and discursive practices, as bearers of discourse. Weedon (1997) explains what discourses represent from a Foucauldian perspective.

Discourses...are ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern. Neither the body nor thoughts and feelings have meaning outside of their discursive articulation, but the ways in which discourses constitute the minds and bodies of individuals is always part of a wider network of power relations, often with institutional bases (Weedon 1997, p. 105).

Foucault's (1980, 1981) theories about the effects of discourse and power are anchored in historical specificity. That is, because Foucault sees language as inextricably linked with social structures characteristic of a certain time and place, the space in which identity is constituted is limited to what available discourses make possible. 'The positions of the subject,' Foucault (1981, p. 56) surmises, 'are...defined by the situation that it is possible for him (sic) to occupy.' Foucault recognises that it is problematic to think beyond our subjectivities. He says, 'it is not easy to say something new; it is not enough for us to open our eyes, to pay attention, or to be aware' (1989 [1972], p. 49). Foucault and Derrida are oftentimes connected on this exegesis. Derrida understands that any reading of a text will necessarily be limited by 'the lines of force operating in discourse' (in Parker 1999, p. 2). 'Derrida's conviction,' writes Gutting (2001, p. 299) also, is that 'despite the intrinsic limitations of the standard dichotomies...we have no thinking apart from them. There is no standpoint from which we can overlook and master them.' This theme has been developed elsewhere in the literature. Hélène Cixous argues that because language makes the subject, social structures cannot be changed without first changing the linguistic systems that order them (in Conley 1991, p. 4). Cixous continues that whilst speech enables experiences to be traversed, experience does not exist before 'its enunciation in and through language.' "Experience", Dorothy

Smith (1999, p. 101) likewise reminds us, 'cannot provide a direct and uncontaminated access to reality since it is already discursively determined.'

Alongside recognitions of the constitutive force of discourse in poststructuralist theorising are acknowledgements of a subject's capacity to exercise choice in relation to discourses. Foucault (1980) holds that since subjects are simultaneously regulated by, conduits and exercisers of power, resistance in this interplay is possible. He says, 'The individual is an effect of power, and at the same time, or precisely to the extent to which it is that effect, it is the element of its articulation. The individual which power has constituted is at the same time its vehicle' (p. 98). Thus Foucault appreciates power as fluid and negotiable, not reducible to singular sources, and not something that can be possessed. 'Power,' he says, 'is neither given, nor exchanged, nor recovered, but rather exercised, and...it only exists in action...it is above all a relation of force' (p. 89). From this perspective power is not an exclusively prohibitive force, and Foucault includes the possibilities of power in contemplations of its effects.

If power were never anything but repressive, if it never did anything but to say no, do you really think that one would be brought to obey it? What makes power hold good, what makes it accepted, is simply the fact that it doesn't weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than a negative instance whose function is repression (Foucault 1980, p. 119).

Although Foucault, and others, recognise that it is difficult to think other than we do, through a process of problematicising that which we understand to be 'true', liberatory possibilities still exist within this limitation. For Foucault (1989 [1972]) freedom refers to an ability to transgress a particular set of power relations, inscribed in each and everyone of us. He suggests a 'politics of refusal', 'new forms of subjectivity', and devising 'a field of strategic possibilities' are actions that allow the subject to reject practices imposed on them. Thus contests and compliance can both happen in any discursive navigation of subject positions. Butler (1992, p. 10) agrees, 'Subjects who institute actions are themselves instituted effects of prior actions, and...there is a constitutive possibility of our very capacity to act, not merely or exclusively as an exterior field or theatre of operations.' Butler continues that the subject is not rendered passive in any particular configuration of circumstantial conditions, because conditions of potential always exist too.

To claim that the subject is constituted is not to claim that it is determined; on the contrary, the constituted character of the subject is the very precondition of its agency. For what is it that enables a purposive and significant reconfiguration of cultural and political relations, if not a relation that can be turned against itself, reworked, resisted (Butler 1992, pp. 12-13).

Foucault's writings about the discursive determinations of subjectivity through the interconnectedness of power in language, social institutions and individual consciousness have reinvigorated conceptions of identity. Foucault (1989 [1972]) proposes that since the language systems that produce identities are inconsistent, subjectivities will necessarily be experienced as fractured and in flux also. Davies similarly considers that subjectivities will splinter and shift according to the discourse through which one is spoken into existence.

Subjectivity is constituted through those discourses in which the person is being positioned at any one point in time, both through their own and others' acts of speaking/writing. One discourse that contradicts another does not undo one's constitution in terms of the original discourse. One's subjectivity is therefore necessarily contradictory...Fragmentation, contradiction and discontinuity, rather than continuity of identity, are the focus (Davies 1991, p. 43; see also Healy 2000).

Derrida (1976, 1978) also collapses dichotomised subject positions and reconfigures 'identity' to allow less certain readings of self to surface, and the claims of previously restricted agents to be progressed. In particular he uses the notion of 'différance' to trouble the traditions of identity construction. Différance is not akin to difference because, according to Derrida, the latter infers dialectic relations. It is intentionally misspelt to accommodate more than difference, 'to evoke the instability of the binary oppositions fundamental to logical systems' (Gutting, 2001, p. 298). Because meaning cannot be conceived of in standard movement and cause terms, différance is an active process of deferring meaning. 'It is not a question of constituted difference,' Derrida (1976, p. 62) says, 'but rather, before all determination of the content, of the pure movement which produces difference.' Différance, from this perspective, intimates that meaning, including identity, can never be fixed.

Identity, central to modernist ideology, is 'necessarily *under erasure* in poststructuralist writing,' says Davies (1993, p. 8, with original emphasis). Davies

understands Derrida's strategy of 'writing under erasure' as a symbolic gesture. She regards that a word scribed, with a line drawn through it, acts as a caution against use of the term without careful critique. In the translator's preface to *Of Grammatology* Gayatri Chakravorty Spivak (1976) explains the philosophy of Derrida's sign. She says to write a word, and delete it with a single cross, points to the ways in which 'our language is very twisted and bent even as it guides us' (p. xiv).

Derrida (1978) urges us to textually interrogate what is protected and what is excluded in the logocentric discourses, through a process of 'deconstruction'. The intention of deconstruction is to dissolve dichotomies to produce *different* insights. Because Derrida sees deconstruction as defying definition or prescription, this method is far from straightforward. He says that, 'Deconstruction as such is reducible to neither a method nor an analysis (the reduction to simple elements): it goes beyond critical decision itself' (p. 83). 'The project of deconstruction,' interprets Mary Poovey (1998, p. 52), 'is not to reverse binary oppositions but to problematise the very idea of opposition and the notion of identity upon which it depends.' Because texts can convince audiences to take certain ideologies for granted, and privilege certain ways of being over others, deconstruction acts as a form of questioning, Karen Healy (2000, p. 41) says, 'to apprehend the processes through which truth claims are made.' Thus deconstruction intends to displace what has been imagined as opposites, illuminate how eminence is reliant upon dominance, and recover what has been obscured or excluded. Derrida's insistence on unravelling the ways in which texts, as systems of meaning, operate is not unlike Foucault's (1989 [1972]) invitation to critique determining discourses-in-practice. Foucault (p. 29) explains, 'Dissipating their apparent familiarity, makes it possible to construct a theory of them.' Thus, he concludes, 'In analysing discourses themselves, one sees a loosening of the embrace' (p. 54).

Both Derrida and Foucault's theses have been incorporated in poststructuralist literature in particular. And this canon has contributed to an insight into the contingency and instability of meaning. Michelle Fine warns, 'if poststructuralism has taught us anything, it is to beware the frozen identities...to suspect the binary, to worry the clear distinction' (in Healy 2000, p. 65). Poststructuralist thinking points to fluctuating and flowing subjectivities, created in ongoing cycles of construction and deconstruction. From this perspective Nancy Fraser understands that social identities are thus exceptionally complicated. She says,

They are knit from a plurality of different descriptions arising from a plurality of different signifying practices...Moreover, since everyone acts in a plurality of social contexts, the different descriptions comprising any individual's social identity fade in and out of focus...it is not the case that people's identities are constructed once and for all and definitively fixed. Rather they alter over time, shifting with shifts in agents' practices and affiliations...In short, social identities are discursively constructed in historically specific social contexts; they are complex and plural; and they shift over time (Fraser 1991, p. 99).

Collapsing subject divisions makes possible a myriad of readings of self that the modernist project does not allow. This framing also creates space for contradictions, heterogeneity and validations of the less known. Lather (1991, p. xvi) writes, 'We live in both/and worlds of paradox and uncertainty where close inspection turns unities into multiplicities, clarities into ambiguities, univocal simplicities into polyvocal complexities.' Poststructuralist theorising holds that subjective human experiences are valuable and worthy conduits of knowledge and, importantly, recognises that the individual is agentic in discursive negotiations of self(ves).

...together with some feminist critiques and cautions

Traditional feminist theory has, in hindsight, been remiss to the complex and interlocking systems of oppression that shape women's experiences. Black and so-called third world feminists, amongst others, have pointed to the ways in which conventional feminist identity politics reproduces the exclusions it seeks to remedy when gender is privileged above other indicators of disadvantage (see, for example, Collins 1990; hooks 1984; Trinh 1988, 1989). Daphne Patai (1991, p. 144) argues, 'In a world divided by race, ethnicity, and class, the purported solidarity of female identity is in many ways a fraud.' Poovey (1988) also understands that the false consolidation of women into a singular category has been an unhelpful generalisation, obscuring the mechanisms that divide as much as unite women's interests. Such critiques have been incorporated into more recent feminist scholarship, and the limitations of the totalising gestures of previous versions of feminism are frequently identified in the literature. Fraser and Linda Nicholson describe the genesis of these revisions in feminist thought.

The practice of feminist politics in the 1980's generated a new set of pressures which have worked against metanarratives. In recent years, poor and working-class women, women of colour, and lesbians have finally won a wider hearing for their

objections to feminist theories which fail to illuminate their lives and address their problems. They have exposed the earlier quasi-metanarratives, with their assumptions of universal female dependence and confinement to the domestic sphere, as false extrapolations from the experience of white, middle-class heterosexual women who dominated the beginnings of the second wave...It has become clear that the quasi-metanarratives hamper rather than promote sisterhood, since they elide differences among women and among the forms of sexism to which different women are differentially subject (Fraser and Nicholson 1990, p. 33).

The process of displacing earlier presumptions that white middle class woman's experiences were representative of *all* women's experiences has generated new insights into relationships between subject and politics within feminism. Some feminist scholars identify postmodernism and poststructuralist perspectives as theoretical frameworks able to join with feminisms to undo the hierarchical rationale imbued in the traditions of western philosophy, and provide space for a political project. Scott (1988, p. 34), for example, advocates 'Poststructuralism and contemporary feminism are late twentieth century movements that share a certain self-conscious critical relationship to established philosophical and political traditions.'

The shift towards feminist accounts of postmodernism and poststructuralist theorising in the mid eighties was influenced by French philosophy, particularly the writings of Foucault, Lyotard and Derrida (Fraser and Nicholson 1990). Not all feminist writers, however, have embraced these newer accounts in social theorising. Just as there has been an array of readings of these ontological and epistemological movements, the ways in which these theories have been considered alongside, and conflated with, feminist thought is also varied, and a source of robust debates.

Some have pointed to the 'malestream' origins and orientations of these philosophies as reason to proceed with critique and caution. Audre Lorde (1984) was one of the first to pose this paradox in her metaphorically titled essay, 'The master's tools will never dismantle the masters house'. Trinh T. Minh-ha (1989) is another who deliberates this dilemma for feminism. She revisits Lorde's thesis and agrees that appropriation of these theories will not be enough to sustain genuine change. She explains, 'The more one depends on the master's house for support, the less one hears what one doesn't want to hear. Difference is not difference to some ears, but awkwardness or incompleteness. Aphasia' (p. 80; see also Hekman 1996, who adopts a similar stance).

Many feminist accounts propose that the repercussions of malestream theorising are especially evident in a peculiarly postmodernist insistence on a constructed subjectivity. According to some writers the deconstruction of a stable subject, central to Foucault and Derrida's writing,²⁵ has troubling implications for feminist politics. That is, if 'woman' is undone and deemed inconsequential, the viability of a political agenda, integral to the feminist project, is undermined. Poovey (1988) concedes that taking deconstruction to 'its logical conclusion', where 'woman' is understood as a social construct only, calls into question women's experiences and the experiential basis of many of feminism's political projects. Susan Stanford Friedman (1998, p. 237) also warns that, whilst Derrida's 'différance' is a useful concept to deconstruct representations of identity, alone it has little to offer those whose reclamation of their experiences as 'real' depends upon language. In other words, the rendering of experiences as linguistic creations has been interpreted as effectively negating lives thoroughly inscribed with sexual and symbolic difference, as well as failing to acknowledge the difficulty of thinking beyond dichotomised gendered categories. Ann Oakley (2000) contends that if reality is understood as entirely contextual, personal and subjective, the existence of 'real' problems is dismissed. Smith (1999, p. 127) agrees, 'Holding that the subject-object relation is constituted wholly within discourse undoes the very possibility of...making reference to what is beyond discourse.'

Feminist commentators have relatedly argued that to produce knowledge to effect change women's understandings of their experiences, grounded in women's social locations are vital. Liz Stanley and Sue Wise (1993, p. 199) maintain that the 'linguistic turn' by itself is inadequate because fundamental change needs to extend beyond linguistics and encompass the realities of women's lives. Seyla Benhabib (1994) likewise surmises that because semantic strategies fail to accommodate the actuality of lived experience, any potential for solidarity is thereby troubled (see also Benhabib 1992; Devereaux 1994; Smith 1987, 1999, 2005).

²⁵ Extensive use of deconstruction as a methodology is not confined to these male philosophers. Julia Kristeva's (1997) 'subject' is an example of a feminist reading of an especially strong version of poststructuralism and deconstruction. Disbanding the existence of 'woman' her proclaimed anti-essentialist approach challenges the notion of any identity, proposing instead, 'that having started with the idea of difference, feminism will be able to break free of its belief in Woman...to bring out the singularity of each woman, and beyond that her multiplicities' (p. 214).

Some have viewed these newer theoretical movements as conspiring, in particular, against marginalised groups who have only recently been granted speaking positions. Benhabib (1994) reckons that much has been lost in the replacing of macro narratives of subordination with micro narratives. ‘Feminist theory is in danger,’ she declares, ‘of losing the forest for the trees, and of not being able to develop a voice vis à vis the difficult issues of conflicting identity claims’ (p. 3). There is a groundswell of feminist scholars arguing that the loss of the female subject is premature because it is too early to disregard opportunities for telling stories of self for those whose legitimacy to narrate self(ves) has been long denied. Nancy Hartsock, for instance, asks,

Why is it that just at that moment when so many of us who have been silenced begin to demand the right to name ourselves, to act as subjects rather than objects of history, that just then the concept of subjecthood becomes so problematic...Just when we are forming our own theories of the world, uncertainty emerges about whether the world can be theorised. Just when we were talking about the changes we want, ideas of progress and the possibility of systematically and rationally organising human society become dubious and suspect’ (Hartsock 1990, pp. 163–64, see also Davies 1992; Friedman 1998; Miller 1991).

Many feminist theorists advocate that gender categories must be retained because gender is at the centre of feminist ontology and a necessary political and ethical reminder of the sex-based inequalities still to be redressed (Deveraux 1994; Stanley and Wise 1993). To abandon gendered positions could leave the consequences of binary constructions unresolved. ‘We are far from working out all the ways in which our speaking and acting-as-usual result from and give rise to the male/female dualism,’ writes Davies (1992, p. 54). And, she says, ‘rational attention to the contradiction is not sufficient to undo it’ (1990, p. 501). Along these lines Smith (1987b) insists that this bias will not be remedied by supplementing what has been left out: changes adopted without a thorough interrogation of the premise of gendered distinctions (and women’s disadvantage) will succeed in perpetuating existing white male authority. From these perspectives to do otherwise would contradict the feminist ethos.

There has been considerable conjecture that postmodernism is politically impotent – if ‘woman’ is dissolved, so too is a rallying point for political action. bell hooks understands that ‘postmodernism disempowers subordinate populations at the very point at which they need to demand emancipation in the name of universalistic

notions of justice and equality' (in Leonard 1997, p. 72; see also Oakley 2000; Olesen 2000). Benhabib (1995) similarly assesses that feminist theory and postmodernist positions are an incompatible alliance, because the core emancipatory ideals of the women's movement are cast into doubt. Fraser (1991) regards negation of identity as 'postfeminism', and of no use to a feminist project because a collective politic is no longer deemed legitimate. Lyotard's 'incredulity toward metanarratives' fails to offer that which feminists view as indispensable, namely social criticism (Fraser and Nicholson 1990, p. 34). The possibility that women's oppression can *theoretically* go unchecked is also inherited in this premise.

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Although feminist theorising has been integral in developing challenges to the principles of modernist thought, this seems to have been of little relevance to many of those writers producing texts that generally fall into the poststructuralist genre (Friedman 1995; Weedon 1997). A number of feminist scholars propose that Foucault's silence on the female body perpetuates sexism through the reproduction of a dichotomy where 'woman' is placed on the negative side (echoing the phallogocentric dynamic that Derrida proposed). Elizabeth Grosz (1994), for example, points out that the experiencing body in Foucault's work is often an abstract, sexually indifferent and gender-neutral body, and that when his explorations of the body are more intimate, there is invariably little space made for the inclusion of female accounts. Susan Barkty considers that Foucault's predominant focus on the male experience is ironic given that women's bodies are more often at the centre of disciplining mechanisms than men's.

Where [in Foucault's work] is the account of the disciplinary practices that engender the "docile bodies" of women, bodies more docile than the bodies of men? Women, like men, are subject to many of the same disciplinary practices Foucault describes. But he is blind to those disciplines that produce a modality of embodiment that is peculiarly feminine (in Allen 1996, p. 275).

Other scholars have argued that theoretical deliberations in feminist literature, around social construction, subjectivity and agency, pre-date the ideas that poststructuralist perspectives are usually credited with. Susan Bordo (1993) claims that in discussions of the body as a focal point for power struggles, the contributions scholars like Foucault have made are overstated relative to feminist offerings. Bordo also contends that women writers producing theories from feminist positions began

developing these ideas long before the arrival of poststructuralist thought. Many have cited Simone de Beauvoir's (1961) now well known distinction between sex and gender imbued in her claim, 'One is not born, but rather becomes, a woman,' as demonstrative of an early understanding that identity is constitutive of linguistic constructions.²⁶ Butler (1998, p. 31) says that the use of the verb 'become' suggests that gender is acquired through an active process: 'To become a woman is a purposive and appropriative set of acts...When "become" is taken to mean purposefully assume or embody, it seems that Simone de Beauvoir is appealing to a voluntaristic account of gender' (with original emphasis). Butler grants that, although this interpretation of gender implies that oppression is experienced to the degree that women take it up, gender is a deeply embedded cultural practice that is difficult to elude. She qualifies, 'The incorporation of the cultural world is a task performed incessantly and actively, a project enacted so easily and constantly it seems a natural fact' (p. 41). From this point of view the body also 'becomes' a site of possibilities.

Alongside debates generated by feminist commentators around the prospective use of theoretical perspectives developed beyond feminism, and with no reference to it, Lather (1994), with others, stresses that postmodernism is 'unavoidable for feminists.' She responds to the why-should-we-use-them-if-they-don't-use-us conundrum with an observation that, 'Whatever one does with the elision of both power and agency and the kind of "white boy angst" that mark much of postmodern theory, postmodernism's "dilemmas of difference" challenge all totalities as reductive fictions, including those at work across the various feminisms' (p. 102). Feminists have been drawn to social critiques not reliant on traditional philosophical theoretical expositions, away from the grand social theories 'by the demands of political practice,' agree Fraser and Nicholson (1990, p. 26).

²⁶ Beauvoir's text has also been subject to criticisms that she extends the Enlightenment discourse that she purports to critique (Evans 1998).

feminist replies accounting for the particular *and* the general

The claim that “women” is a constructed category with varying histories and embodiments has not heralded the end of feminism or of the subject’s agency; rather, it has adumbrated the end of “women” as the previously totalising name of our identities (Gilmore 1994, p. 23).

Weedon (1997) holds that if particular theoretical perspectives are not congruent with feminist projects, the usefulness of these ontologies and epistemologies should not be summarily dismissed. Weedon explains through example. She says, ‘If Foucault’s theory of discourse and power can produce in feminist hands an analysis of patriarchal power relations which enables the development of active strategies for change, then it is of little importance whether his own historical analyses falls short of this’ (p. 13). Amy Allen (1996) likewise concludes that there is no compulsion for feminist thinking to incorporate the entirety of any one theorist’s work. Allen, also by example, advocates that joining Foucault’s study of power with a feminist critique of the ‘deep structures of domination’ can enhance feminist cognisance of power relations and patterns of oppression. Weedon and Allen’s propositions are apparent in feminist literature, as the ideas developed by French philosophers such as Foucault and Derrida have been selectively interwoven with feminist theorising. The resultant texts have illuminated the transformative potential of poststructuralist theory in particular (Davies 1990, 1991; Weedon 1997).

Some feminist commentators have used these explications of the operations of power and knowledge to illuminate contradictions in women’s lives. Davies (1990), for instance, marries poststructuralist theory with feminist perspectives to account for women’s participation in practices that produce and reproduce their subordination. Weedon (1997) also acknowledges that, from a feminist point of view, the principles of poststructuralism can generate richer understandings about women’s tolerance of oppressive situations. Susan Hekman (1996) translates greater awareness about the varied and multiple disadvantages women experience into an appreciation that different women require specific strategies for change relevant for their unique situations. Scott (1988) similarly uses this thesis to caution against the design of simplistic solutions to complex social relations. And Bordo (1993) credits poststructuralist feminist thinking with contributing to a realisation that all women have ongoing opportunities to oppose, disrupt or evade dominant social hierarchies.

Bordo (1993) aligns the varied appropriations of Foucauldian concepts in feminist thought with the consecutive ‘waves’ of feminism. She distinguishes between the so-called first wave of feminism that took up Foucault’s notions of the docile body, surveillance and social conditioning to illuminate the oppressiveness of femininity. With a greater emphasis on contestation and subversion Bordo says that the second and third, more ‘postmodern’, generations of feminist theorising build on Foucault’s suggestion that resistance is ubiquitous. These conceptual shifts in feminist thinking approximate Foucault’s own evolving epistemological focus. Bordo regards the diverse deployment of Foucault’s work in feminism as necessary companions. She says, ‘Both perspectives...are essential to a fully adequate *theoretical* understanding of power and the body’ (p. 194, with original emphasis).²⁷

Because Foucault’s neglect of gender differences is at odds with the intentions of feminism, feminist uses of Foucault’s ideas have moved beyond his androcentrism. As an earlier discussion showed, numerous accounts of feminism point to a strategic need for identity politics. Many feminist commentators inspired by the recent shifts in social theories contend that they have not tried to erase ‘woman’, but instead have destabilised and confused the category that engenders women’s subordination. Poovey (1998), for example, calls into question essentialist assumptions that have historically underwritten women’s oppression. She says, ‘We must recognise that what (most) women now share is a positional similarity that masquerades as a natural likeness’ (p. 59). Poovey uses deconstructive strategies to explain the limitations of ‘woman’ cast within dominant ideology, whilst still reminding us that these determinants nevertheless figure in women’s real experiences.

On the one hand we need to recognise that “woman” *is* currently both a position within a dominant, binary symbolic order *and* that that position is arbitrarily (and falsely) unified. On the other hand we need to remember that there *are* concrete historical women whose differences reveal the inadequacy of this unified category in the present and the past. The multiple positions real women occupy – the positions dictated by race, for example, or by class and sexual preference – should alert us to the inadequacy of binary logic and unitary selves without making us forget that this logic *has* dictated (and still does) some aspects of women’s social treatment (Poovey 1998, p. 62, with original emphasis).

²⁷ Foucault himself recognised the chronology of his writing as complementary components of a larger thesis (Lloyd 1996).

Butler (1992) similarly holds that deconstruction of the stable subject, combined with feminist theory, is not to censure the use of gendered categories, but to facilitate multiple usage of identity positions. Spivak considers that the philosophy of deconstruction is helpful for feminist projects as well.

Deconstruction does not say that there is no subject, there is no truth, there is no history. It simply questions the privileging of identity so that someone is believed to have the truth. It is not the exposure of error. It is constantly and persistently looking into how truths are produced (Spivak 1996, p. 27).

Understanding gender 'as discursively produced, necessary but always contingent and strategic' (Weedon 1997, p. 176) allows for the continuation of women's projects. Butler (1992) insists that her discursive focus and deconstructive methods is not intended to undermine the materiality or lived actuality of women's experiences, but unsettle traditional ontological certainties and create conditions for change. She says, 'I am not doing away with the category, but trying to relieve the category of its foundationalist weight in order to render it a site of permanent political contest' (p. 8). As Butler's comment suggests, accepting that a peculiarly feminine essence is a fabrication does not preclude the possibility of alliances being established amongst different women.

Within the 'post' theories difference was initially conceived as a challenge to the binary fundamentals of Cartesian ontology, and recognition of diversity in non-oppositional terms (Stanley and Wise 1993). Some feminist scholars, like Rita Felski (2000, 2000b), however, lament that making commonality amongst subjects obsolete left no room for collaborations built around similarities – if we are all different, she says, then we are the same, but with no ground left to unite us. Reflecting this critique, difference has been reconfigured from feminist perspectives. Iris Marion Young (1997, p. 68) writes that 'different social positions encounter one another with the awareness of their difference,' and that this 'does not mean that we believe we have no similarities; difference is not total otherness.' Felski (2000) agrees that affirming difference does not mean negating shared values, and shared understanding does not imply mutual identities. She considers it more productive to think about sameness within difference and difference within sameness, because 'Identity and otherness, universality and particularity always bleed into each other' (p. 131).

Along these lines Friedman (1998) proposes a feminism that moves away from theorising difference, to theorising the liminal spaces in between difference. Revisiting the border metaphor, she imagines possibilities in interactions and exchanges between permeable binary constructions. She recommends that it is necessary to go “beyond” both fundamentalist identity politics and absolutist poststructuralist theories as they pose essentialist notions of identity on the one hand and refuse all cultural traffic with identity on the other’ (p. 4). Friedman champions a return to *feminism* from feminisms, only if feminism ‘assumes a locational epistemology based not upon static or abstract definition but rather upon the assumption of changing historical and geographical specificities that produce different feminist theories, agendas and political practices’ (p. 5). Although no longer indicated as a plural, in paying attention to context and with a fluidity that permits difference and connectedness, Friedman’s feminism still accounts for the local and the multiple.

Building on these conceptions of difference, feminist methodologies become aptly placed to use difference as a resource to mobilise women from diverse subject positions to develop and sustain politically viable alliances. Poovey (1988) suggests that a history of the various contradictions across institutional definitions of woman concomitantly shows how incongruence and inconsistencies have made reforms for women possible. Jana Sawicki (1991, p. 218) reads difference as ‘the source of fragmentation and disunity, as well as a creative source of resistance and change.’ Butler (1992) also understands that social action may become possible through the unfixing and reworking of identity categories. She holds, ‘To authorise or safeguard the category of women as a site of possible resignifications is to expand the possibilities of what it means to be a woman and in this sense to condition and enable an enhanced sense of agency’ (p. 16). Moya Lloyd (1996), like Butler, rejects the notion that identity is pivotal to any form of joint political action. She maintains that political collaborations are dependent upon the destabilisation of identity, and (finite) grouping around an issue. Lloyd (p. 245) also considers that there are many productive opportunities in altering the politics-subject relationship, and that even the very process of question and contestation ‘can itself lead to the (temporary) formation of a community of action.’ Recognising the constructedness of women’s subject positions, these writers point to the always-contingent basis of collectives organised around gender. Sawicki (1991, p. 224) writes, ‘Depending on where one is and in what role...one’s allegiances and interests will shift. There are no privileged or fundamental coalitions in history, but rather a series of unstable and shifting ones’

(see also Hopkins 2002, 2002b). From this premise feminist politics, and politicising gender, must be based on context bound partnerships, and not sex-based attributes.

Feminism's negotiation of ontologies and epistemologies relevant to the intentions of feminist philosophy is ever evolving. Acknowledging the problematics of putting gender as *the* determining factor in women's lives, poststructuralist feminism is self reflexive about the totalising gestures of earlier feminisms. Alongside mindfulness to the mistakes of developing a universalising discourse is, however, an awareness of the probable hazards for women in inaction, and attendant need to continue using 'woman' as a site to mobilise strategic alliances for political struggles. Thus this perspective concedes that women's subject positions are necessarily both different and, because women share social worlds, potentially similar. Promoting gendered identities as complex *and* amenable to collective actions, Fraser (1995, p. 71) urges that 'Feminists need both deconstruction *and* reconstruction, destabilisation of meaning *and* projection of utopian hope' (with original emphasis). Lather (1991; 1994) calls this a 'resistance postmodernism'. She qualifies that this sort of feminism is 'one that refuses to abandon the project of emancipation and, indeed, positions feminism as much of the impetus for the articulation of a postmodernism that both problematises and advances emancipatory work' (1994, p. 102). Feminist thought in its many variants, but most notably through feminism's relationship to poststructuralist theorising, is the ground on which this thesis has been constructed.

turning to the narrative and storied positionality

Because stories are the most often used medium for communicating the sense we make of our experiences, the process of narrativising experiences acts as a discursive anchor for lived actualities. 'Stories make audible the multiplicity of voices of which knowledge and epistemologies are made,' writes Lorraine Code (1995, p. 160). People communicate and explain details of their lives through the invocation of different narratives. 'Stories are the means', says Davies (1991, p. 43), 'by which events are interpreted, made tellable, or even liveable.' Since it is impossible that all details of one's existence will fit neatly into an evolving life story, not all experiences, or even everything of significance, will be represented in the same autobiographical account (Richardson 2001). Instead lives are usually conveyed through a series of shorter stories, organised around 'a fragment of autobiography' (Davies and Harré 1990, p. 48) rather than a singular and lengthy narrative.

The so-called narrative approach rests on the metaphor of story telling, on this understanding that peoples' lives are shaped by 'stories' constructed to give meaning to experiences. Developed most notably by researchers/practitioners Michael White and David Epston (1990; see also White 1988/89), this framework progresses some of the themes developed by Foucault (1977, 1980), particularly Foucault's investigation of the assimilation of knowledges with socially devised normalising practices, and also Derrida's (1976, 1992) concept of deconstruction.

Proponents of the narrative approach hold that identities are shaped and expressed through an interweaving of individual and cultural stories, and that since these are situated in the social, they are mutually defined and organised. 'Our culturally available and appropriate stories about personhood and about relationship have been historically constructed and negotiated in communities of persons, and within the context of social structures and institutions,' says White (1992, p. 124). Thus, the narratives that speak the subject into being are relative to each other and the story line in which they are located. 'Any narrative that we collaboratively unfold with other people...draws on a knowledge of social structures and roles that are recognisably allocated to people within those structures,' write Davies and Rom Harré (1990, p. 52). 'These stories are not individually written,' agrees Vanessa Swan (1999, p. 104), 'but are the consequence of societal discourses that influence our everyday relationships with others and which become themes of our own individual narratives.' Lyotard (1984) calls the most culturally visible discourses that obscure and even smother those less known discourses, metanarratives. Derrida (1992) similarly supposes that these very powerful codes can reduce to silence everything that does not conform to them. Smith and Watson (2001 p. 176) explain that not only do people use available cultural scripts to tell stories of their lives, but that they are 'governed by cultural strictures about self-presentation in public' as well. Laurel Richardson contends that subject involvement in such practices is unavoidable.

Participation in a culture includes participation in the narratives of that culture, a general understanding of the stock of meanings and their relationships to each other...Cultural stories provide exemplars of lives, heroes, villains, and fools as they are embedded in larger cultural and social frameworks, as well as stories about home, community, society and humankind. Morality and cautionary tales instruct the young and control the adult. Stories of one's 'people' – as chosen or enslaved, conquerors or victims – as well as stories about one's nation, social class, gender, race, or occupation affect morale, aspirations and personal life chances. These are

not simply 'stories' but are narratives that have very real consequences for the fates of individuals, communities and nations (Richardson 1997, p. 32).

This notion that stories of self are sustained within, and reflect existing societal discourses, is integral to the narrative approach. Incorporated into practice, the narrative approach can reveal how some cultural stories act to fashion certain meanings around experiences, and how this process can perpetuate particular power relations. Thus narrative therapists begin working with and deconstructing 'problems' as narrative constructions (see, for example, Parker et al 1995; Swan 1995; White 1992; White and Epston 1990). Fraser and Nicholson (1990) point out that despite the privilege of dominant discourses, they are, nevertheless, one discourse among others. Smith and Watson (2001) maintain that people speak back to cultural narratives that have created and constrained subjecthood, and stories of self sometimes interrupt and contradict dominant identity scripts.²⁸ In other words, although the strength of metanarratives can render resistance difficult, subjectivities can include stories that depart from these culturally prominent ones. Spivak surmises that participation in narrative processes can produce infinite possibilities. She says, 'when a narrative is constructed, something is left out. When an end is defined, other ends are rejected, and one might not know what those ends are' (in Weedon 1997, p. 177). Stories through which self(ves) is spoken into being are hence always diverse and incomplete.

Like the narrative approach the concept of positionality, introduced in the preceding chapter, is based on an understanding that social locations are produced and reproduced through discourses. Butler (1992), for instance, understands that subject positions are constituted and authorised through the linguistic systems in which social arrangements are embedded. Previously conceptualised in much of the literature as 'roles', the distinction between role and position is important from a feminist poststructuralist perspective: where roles suggest fixed and universal categories, positions allow for a more fluid notion of identities, especially in relation to gender (Davies 1992). Trinh (1988) connects rigid conceptions of roles with an earlier belief that an essentialised and authentic core produced an individual's identity. Trinh reckons that casting subjects within these codes makes taking up

²⁸ Smith and Watson (2001), amongst others, also caution against conceiving the use of diverse narratives as evidence that people are free to choose which stories, or aspects of stories, to adopt as their own, because stories of self are told through available discourses. Articulation of some stories may be further complicated if those experiences defy existing language systems.

places beyond assigned roles difficult. In other words, activism is problematic in subject locations conveyed via roles since performances are expected to fit within pre-determined scripts. Davies and Harré (1990) argue that positionality further overcomes the limitations of identity devised according to roles because central to positionality is an agentic subject.

Configuring positions through narrative means is a joint activity that makes reference to, and reflects, not only available discourses, but also the engaged and dynamic contributions from those speakers and hearers involved in negotiating subject locations (Davies and Harré 1990, p. 62). With an emphasis on interactional and relational constructions and contingencies of identity, positionality overlaps with poststructuralist perspectives that similarly acknowledge discursive determinations of subjects and subjectivities. 'Problematisations of linguistic mediation and positionality,' Friedman (1998, p. 211) concludes, 'are often mutually reinforcing'. Davies also unites these epistemologies.

One...moves through multiple positionings in any one day or even in any one conversation. Positions are discursively and interactively constituted and so are open to shifts and changes as the discourse shifts or as one's positioning within, or in relation to, discourse shifts. Who I am potentially shifts with each speaking, each moment of being positioned within this or that discourse within this or that way (Davies 1991, p. 57).

The narrative approach joined with the concept of positionality illuminates ways in which agents traverse the intersection of subjectivity and structure, and consider other social locations possible for them to occupy as well. The poststructuralist perspective and attendant emphasis on the significance of language, that these epistemologies rely on, promote conditions where difference, diversity and multiple identities can emerge and co-exist. And although there is a relationship between subject locations, the effects of positions is not additive, but constructed anew each time self(ves) is expressed (Healy 2000; Smith and Watson 2001, p. 36). Attention to culturally and historically specific subject locations unsettles the belief of a homogenous narrator, and creates more locations to tell and read stories of self. Narrating subjects also make visible positions in discourses-in-practice that are embodied and particular.

The currency of subjective stories/storying subjects is gaining momentum in an era where the reign of the metanarratives is receding. Lyotard (1994 [1984], p. 32)

claims, 'We no longer have recourse to the grand narratives...the little narrative [*petit recit*] remains the quintessential form of imaginative invention' (with original emphasis; see also Miller 1991). The cultural obligation to confess, central to western societies production of 'truth' (Foucault 1978), coupled with ever expanding markets for life stories, serves to increasingly impel people to broadcast their experiences (Schaffer and Smith 2004). The proliferation of personal stories in the public domain, through avenues such as television talk shows, documentaries, magazines, auto/biographical texts and so on, are testimony to the ways in which the Lyotard's 'little narrative' has become part of our everyday lives in western worlds (see also Behar 1996; Gubrium and Holstein 2001; Holstein and Gubrium 2000; Lather 1996; Smith and Watson 2001). Ruth Behar (1996, p. 9) understands that the 'spread of the discourse of individualised subjectivity' permits more and more personal contributions to cultural accounts. 'We've become a self-articulating society', agree James Holstein and Jaber Gubrium (2000, p. 220), 'collectively author(is)ing particular selves.'

Now highly commodified, the anecdotal narratives have newly gained authority in public arenas. Smith and Watson (2001, p. 13) propose that the intimate stories characteristic of autobiographical texts lies beyond 'a logical or juridical model of truth and falsehood.' That is, they are not regarded as merely myth or make-believe. Because 'narrate' is derived from the Latin phrase *narrare*, meaning to know (Kvale 1996), the possibility that any phenomena, fact or fiction, is amendable to being communicated via story format is suggested (Bleakley 2000). Like Spivak insists, 'We cannot but not narrate' (in Weedon 1997, p. 177).

Opportunities to tell stories are significant from a feminist perspective because narratives expressed from women's points of view are integral to any revisionary endeavour. Felski (2000b) says that the potential of stories to help shape and shift public opinion is two-fold. She explains, 'Story telling is linked to the demand for recognition, but it can also gesture towards transformation and redistribution' (p. 228). Beverley Skeggs (1994) imagines that whilst a feminist ontology needs to allow that women's differential access to subject positions will inevitably produce different accounts, since some experiences are located in similar discourses, narratives in common are also possible. In other words stories can be unique *and* shared. The joining of multiple narratives to create a collective (polyphonic) account for social change efforts is also pivotal to re-storying processes within a feminist framework (Cixous 1991; Friedman 1998; Haraway 1988; Smith and Watson 2001).

**situated and subjugated knowledges,²⁹
and theory with a small 't'**

Never abandon subjective experience as an element of knowledge...The truth is always produced by someone (Irigaray 1994, p. 30).

Theory is often presented as able to offer explanations for a wide range of situations. Although often devoid of authorial presence, the production and articulation of theory is generally regarded a predominantly male endeavour (see, for example, Bordo 1993; Lutz 2001; Miller 1991; Smith 1987). Indeed this belief reflects a reality – women have by and large been historically removed from the making of theory (Smith 1987; Weedon 1997). Weedon explains that although this bias has prompted some hostile responses from feminist commentators contesting the phallogocentric premise of theory production (removed from women's lived experiences), it nevertheless remains essential to the feminist project.

The problems of the relationship between experience and theory, access to knowledge and the patriarchal structure and content of knowledge are of central importance to feminism. To dismiss all theory as an elitist attempt to tell women what their experience really means is not helpful, but it does serve as a reminder of the importance of making theory accessible and of the political importance of transforming the material conditions of knowledge production and women's access to knowledge...rather than turning our backs on theory and taking refuge in experience alone, we should think in terms of transforming both the social relations of knowledge production and the type of knowledge produced. To do so requires that we tackle the fundamental questions of how and where knowledge is produced and by whom, and of what counts as knowledge (Weedon 1997, p. 7).

Recognitions that the generation of knowledge is specific to the conditions of its production, and the position of its producer, have come with the shifts in social theorising. Marie Campbell (1998, pp. 58-9) writes, 'Where one stands determines what one experiences, shaping to an important extent what one can know.' In other words, cognisance of the social world is necessarily influenced by the positions available to any subject from which to perceive it. Davies and Harré (1990, p. 46) elaborate, 'Once having taken up a particular position as one's own, a person inevitably sees the world from the vantage point of that position and in terms of the

²⁹ The title of this section transpired from various sources in the literature, but in particular Haraway's (1988) use 'situated', and Foucault (1980) and Collins' (1990) use of 'subjugated'.

particular images, metaphors, story lines and concepts which are made relevant within the particular discursive practice in which they are positioned.’ Accepting that people’s perspectives are mediated by institutional codes configuring their subject positions means also that any outlook is partial and peculiar. Bordo (1990, p. 140) thus concludes, ‘We always “see” from points of view that are invested with our social, political and personal interests, inescapably “centric” in one way or another.’ The thesis that perception and knowing are socially organised departs from an earlier contention propelled by scientific discourse that it is feasible to be an objective observer and generate universal knowledge claims (for discussion see, for example, Benhabib 1992, 1994; Davies 1990; Irigaray 2002; Haraway 1988, 1991; Harding 1987).

Although the significance of one’s location(s) in shaping what one can know is now widely acknowledged, there is not an automatic correlation between the two: particular positions do not necessarily tally with specific points of view (Stoetzler and Yuval-Davis 2002, p. 316). Healy (2000, p. 54) argues that this understanding serves to trouble a belief that ‘the marginal status of identities confers a more total understanding of the “truth”.’ Donna Haraway (1988) likewise qualifies that subjugation should not be regarded as conferring a privileged view. She says, ‘The positionings of the subjugated are not exempt from critical re-examination, decoding and deconstruction. “Subjugation” is not grounds for an ontology...there is no immediate vision from the standpoints of the subjugated.’ (p. 584). In other words, perspectives from the margin are not necessarily more complex or insightful than the view from a dominant centre, just different.

Subjugation has been widely appropriated in the literature to refer to the experiences those groups whose (dis)positions and points of view are subordinated to dominant ones. As a consequence the ‘subjugated’ tend to go largely unseen and unheard. In his investigation of normalising practices that rank and assimilate knowledges Foucault (1980) was one of the first to identify subjugated knowledges as those canons outside and ineligible to bodies of unitary theory. Foucault clarifies that despite this obscurity subjugated knowledges are nevertheless always present. They are, he explains,

a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges located low down on the hierarchy, beneath the required level of cognition or scientificity...(they are) a particular, local,

regional knowledge, a differential knowledge incapable of unanimity and which owes its force only to the harshness with which it is opposed by everything surrounding it (Foucault 1980, p. 82).

Patricia Hill Collins (1990) modifies Foucault's notion of subjugated knowledges for a feminist account. Whilst she concedes that subjugated knowledges are 'particular, local, regional knowledge,' unlike Foucault she does not consider these naïve (p. 82). Collins (p. 18) elucidates that they may appear unsophisticated only from the perspective of 'those controlling knowledge validation procedures.' Instead Collins takes the existence of subjugated knowledges to signal that some groups are not as equal in making their standpoints known as others. Collins proposition is reminiscent of Spivak's (1988, 1996) now oft cited and debated opinion that 'The subaltern cannot speak'. Distinguishing between acts of speaking and hearing Spivak clarifies that this is not because members of a subaltern group are incapable of utterances, but because the subaltern's voice is not registering. She says, 'By "speaking" I was obviously talking about a transaction between the speaker and the listener' (1996, p. 289). Thus, 'even when the subaltern makes an effort to the death to speak, she is not able to be heard' (p. 292).

Foucault (1994 [1977]) observes that dominant systems of knowledge production have historically shunned debate with those points of view that present contrarily to 'facts' regarded as universally applicable. He ponders that this non-reply may be because the 'enemy' has not been sufficiently alarmed by such epistemological challenges, or conversely as indicative of a fear these knowledges have invoked. Foucault (p. 45) urges us to proceed regardless of an unresponsive opposition: 'The silence, or rather the prudence, with which the unitary theories avoid the subjugated knowledges might therefore be a good reason to pursue it.' Along these lines Chesler (1994, p. 300) asserts, 'Matters may never improve, or they may improve slightly, but only if feminists continue to oppose the status quo that silences our voices.' Foucault (1980) cautions against attempts to develop global theories aimed at uniting dispersed knowledge claims, but instead asks us to begin with the local specificity of power dynamics, and to gradually build strategic knowledge from this position.

Instead of investigating how it eventuates that some groups direct the production of knowledge, Foucault (1980, 1994 [1977]) suggests a shift in focus. Inviting closer inspection of the processes that constitute subjects at the level of subjugation, he

recommends genealogical explorations as a method to reveal the mechanisms that have shaped what we come to know as true. This strategy is based on Friedrich Nietzsche's notion of genealogy, 'a practice that exposes the particular, interested origins of particular views when they first emerge, origins that we subsequently forget are views only and begin to regard as facts' (in Irving 1999, p. 36). To interrogate knowledge claims legitimated by a unitary body of theory, and that contemporaneously act to filter, hierarchise and order 'other' claims according to some arbitrary idea about what constitutes true knowledge, Foucault (1980) says that we need to suspend that what we believe to be correct. He considers that this process of illuminating 'truths' in specific historical contexts is an 'un-science'. In contrast to archaeology, which begins with the past to demonstrate progressions to the current-day, genealogical investigations aim to uncover the specificity of local arrangements, through a descent in time to construct a 'history of the present' (Foucault 1980, p. 82). Adrienne Chambon articulates this research strategy.

This slow and careful work starts from the surface and works down through sedimented layers of accumulated knowledge and practice. It is fragmentary work. As each fragment is detached from the whole, it encloses a part-configuration of that whole. Rearranging disparate elements makes visible what we could not see before, which was there but hidden – half covered up, half shining (Chambon 1999, p. 54).

Foucault (1994 [1977], p. 82) joins the concepts of subjugated knowledges and genealogy to propose that the task is to 'expose and specify the issue at stake in this opposition, this struggle, this insurrection of knowledges against the institutions and against the effects of the knowledge and power that invests scientific discourse.' Foucault contends that criticism of the dominant discourses will follow the re-appearance of local and hitherto disqualified knowledges. To foster the production of potentially transformative knowledges Nancy Harstock (1990) insists that space for subjugated perspectives, as valid points of view, must be created. She explains that to do this we need to

build an account of the world as seen from the margins, an account that can expose the falseness of the view from the top and can transform the margins as well as the centre. The point is to develop an account of the world which treat our perspectives not as subjugated or disruptive knowledges, but as primary and constitutive of a different world (Harstock 1990, p. 171).

Catherine Lutz (1995, p. 258) aligns feminism with the production of contextualised and contingent knowledge claims, because feminist deliberations, she says, have shown ‘a long commitment to the notion of the intimate connection between the personal and the political, the local and the abstract, and a questioning of the universal voice behind the birds-eye view of theory’ (see also Stanley and Wise 1990). The catch cry of the seventies feminist movement, that the personal *is* political, transmutes easily into an understanding that the personal *is* theoretical. Richardson (1997) maintains that feminisms metaphoric use of ‘voice’, to denote speaking that breaks a long-standing silence about women’s private lives, has contributed to a re-vision of what constitutes ‘social theory’ as well. The personal, Richardson (p. 121) surmises, ‘is the “level” at which social theory must be constructed.’ Richardson is not alone in her thinking. Many other feminist commentators, both before and since Richardson, have similarly urged dispensing with the exclusivity traditionally associated with theory production, in favour of knowledge emerging from local and situated experiences. bell hooks (1996) asks for a ‘politics of location’, since the places and spaces from which any theorising emanates necessarily require naming. Haraway (1988) also encourages an ‘epistemology of location’. She says, ‘partiality and not universality is the condition of being heard to make rational knowledge claims’ (p. 589). Thus, as Haraway (p. 590) famously concludes, ‘The only way to find a larger vision is to be somewhere in particular.’

Pursuing the production of locally relevant knowledge is not analogous to a refusal of theory. Heidi Gottfried (1996, p. 14) explains, ‘to reject a universalising and totalising voice...does not necessitate a displacement or negation of theory.’ Instead it calls into question an assumption that a singular theoretical stance exists. ‘A knowledge that could acknowledge its genealogy in corporeality would,’ elucidates Grosz (1994, p. 128), ‘also necessarily acknowledge its perspectivism, its incapacity to grasp all, or anything in its totality.’ Being attuned to changes and contrasts, and the temporality and specificity of any claims, is emphasised in theory emerging from an epistemology that accepts knowing and knowledge as positioned, and thus manifestly incomplete and particular. Fraser and Nicholson (1990) consider what a theory that takes context and complexities into account would resemble. They say, ‘In short, this theory would look more like a tapestry composed of many different hues than one woven in a single colour’ (p. 35). The making of knowledge from the ground and not an abstract height also points to the need for methodology that

foregrounds the embodied experiences of the 'researched' as the starting point from which theory, with a small 't', is developed.

a feminist 'method of inquiry'

Institutional ethnography is a feminist 'method of inquiry' conceived by Smith (1987, 1987b, 1996, 2005) to map the influence of 'ruling relations' in women's lived experiences from women's perspectives. The aim of this research philosophy is to explicate extra local forces not immediately apparent in women's daily activities, yet significant in shaping the organisation of local worlds. An institutional ethnography, Smith (2005) says, is not simply a methodology, but an ontology that provides an account of how the social is present in the actualities of people's lives. It is an investigative strategy that aims to consider *how does it happen to us the way that it does?* Thus Smith does not deploy either institutional or ethnography in their conventional sense. In her texts institutional is used to signify 'relations of ruling' apparatus arranged around an activity, and ethnography to denote an exploration, description and analysis of such ruling relations, from the point of view of those whose everyday world is shaped by these relations (Smith 1987, p. 160). Smith (1996, p. 46) uses 'ruling relations' to indicate, 'that complex of extra locally organised relations that are specialised *as* forms of organising, regulating, communicating, and so forth' (with original emphasis). Ruling relations coordinating people's work, Smith (2005, p. 165) elaborates, are 'so deeply embedded in our time and our lives that we are hardly aware of it.'

Smith (1987) contends that it not possible to articulate the specific character of the 'everyday problematic' prior to exploration of everyday experiences. Because it is individual stories that pose a problematic, and direct inquiry to a set of social organisations and relations, women's experiences are the entry point into an explication of institutional regulation of daily life. Institutional ethnography begins from 'women's "standpoint", writes Smith (p. 154). 'It is,' she continues, 'the individual's working knowledge of her everyday world that provides the beginning of the inquiry.'

She begins from her own original but tacit knowledge and from within the acts by which she brings it into her grasp in making it observable and in understanding how it works. She aims not at a reiteration of what she already (tacitly) knows, but at an

exploration through that of what passes beyond it and is deeply implicated in how it is (Smith 1987b, p. 92).

Since Smith's framework explores how women's lives are bound up in relations of ruling from women's points of view, any analysis remains accountable to these lived actualities (Campbell 1998). Thus an institutional ethnography arises out of, and is anchored to, women's expressed experiences, and experiences are the reference point from which knowledge is constructed.³⁰ This method of inquiry aims to explain to people, from their standpoints, social forces contributing to the coordination of individual and collective experiences and activities. Given that developing psychosocial theories to explain people's behaviour to public audiences is the more usual sociological procedure, institutional ethnography is, comparatively, a method of working backwards: the consideration of sociocultural and political contexts follows *after* lived experiences. (In this way institutional ethnography resembles genealogical investigations). Institutional ethnography, Smith (2005, p. 29) explains, facilitates the re-organisation of '*the social relations of knowledge of the social*' so that people can take that knowledge up as an extension of our ordinary knowledge of the local actualities of our lives' (with original emphasis). The generation of knowledge grounded in experience ensures the preservation of women's speaking voices as well.

This approach to researching is predicated in an assumption that, because the world is socially constituted prior to our entering it, we share a world in common. Smith accordingly proposes that there will be congruence between different women's experiences, whose everyday experiences have been shaped by the similar macrosocial forces.³¹ Smith (1996, p. 46) maintains women can find like experiences between one another because invisible determinations of everyday worlds 'generalise and are generalisable.' Using 'traditional' women's activities as a metaphor to describe this actuality, Smith (1987, p. 154) reflects that social relations organising the everyday world 'knit...local lives and local settings to national and international social, economic and political processes.'

³⁰ As a research framework institutional ethnography has not been limited to investigating exclusively women's experiences, but has been used widely as a method of inquiry to study the phenomena of ruling relations in many different everyday contexts (see, for example, De Montigny 1995; O'Neill 1998).

³¹ Also important to institutional ethnography is an understanding that because each person is unique, people's perspectives and experiences will necessarily be different (Smith 2005, p.61-62).

As already intimated, Smith's institutional ethnography has its roots in sociology known generally as standpoint. Standpoint sociology sits outside, and studies social relations and organisations from beyond, relations of ruling. Sandra Kirby and Kate McKenna (1989, p. 25), who also advocate this epistemology, explain that 'research must begin to reflect the experience and concerns of people who have traditionally been marginalised by the research process and by what gets counted as knowledge.' Marie Campbell and Frances Gregor (2004) likewise encourage the construction of knowledge 'from a non-ruling place.' By repositing voices marginalised or omitted via earlier research methods standpoint strategies redress a longstanding imbalance in whose perspectives are represented in research. It is, Smith (2005) sums up, a situated sociology *for* people.

Countering the ways in which women's stories have been negated and neglected in sociological discourses written predominantly from the viewpoint of men, standpoint sociology was developed, and taken up, for primarily feminist means (Collins 1990; Naples 1997, 2003; Smith 1987, 1996, 2005; Stanley and Wise 1990). Nancy Naples (2003, p. 20), for example, reckons that the emphasis on experience in feminist theorising, and the connection between this and feminism's consciousness raising and political actions, are the most salient themes that characterise standpoint sociology. Stanley and Wise (1990, p. 39) similarly insist this sociology is a feminist imperative because, malestream research 'almost certainly cannot "see" the social world from women's standpoint.'

With a diverse group of feminist scholars now attributed as theorising from this philosophical premise, standpoint has created considerable debate in the research literature. Postmodern interrogations of standpoint have criticised this approach for its alleged reliance on essentialist and therefore reductive constructions of identity (see, for example, Clough 1994; Crosby 1992). Some supporters of standpoint, on the other hand, have replied that this methodology does not presuppose ontology as the basis for vision (see, for example, DeVault 1999; Harding 1987; Naples 1997, 2003; Smith 1996, 1999, 2005; Stanley and Wise 1990, 1993). Smith (1999, p. 341) explains that she uses standpoint 'as a site of inquiry rather than the property of individual "knowers".' She clarifies that the starting point for a feminist inquiry is a woman's perspective on the specific configuration of material, ethnic, gendered, and so forth, conditions that her knowledge is socially situated in. She says, 'Women's standpoint means beginning in the actualities of people's lives as they experience them' (1999, p. 96). To shift knowledge claims from ontological origins to

standpoints as embodied, Naples (1997, 2003) similarly promotes a politics of positioning in research. She says, 'The differences among positions, and the different positions any one person must assume...(are) the conditions of any knowledge' (1997, p. 139).

These versions of standpoint recognise the uniqueness of individual subject locations alongside an acknowledgement that social forces can create collective and multiple standpoints as well. Working across and through various positioned perspectives makes possible the construction of richer and more nuanced understandings of the determinants shaping lived experience, than when only one vantage point is investigated. Conceptualising standpoint as standpoints also recognises the agency of women as they traverse and speak from a range of positions. (To overcome the questions that the many interpretations of standpoint have generated, and as per Naples [2003] suggestion, in this thesis I tend to use positionality to envisage subjectivities and subject knowledge as the starting place for investigations rather than standpoints).

Smith's account of standpoint, and related research philosophies and methods, allow for the activist intentions of a feminist project. That is, institutional ethnography's irrevocable political orientation is evident in its strategic attempts to unsettle knowledge production embedded in dominant and regulative social structures. Fine (1992) observes that, despite the risk of being accused as biased or disallowed, feminist inquirers often acknowledge that politics saturates all research. Friedman (1995), for instance, insists that any research endeavour is both political and change oriented. She asks, 'Why political? Because what we know of the past shapes what becomes possible in the future' (p. 14). Besides the explication of extra-local forces shaping women's local experiences, explorations of women's contributions that disrupt this dynamic are also integral to institutional ethnography. Thus, women are recognised as agentic, active in the production of knowledge and the ongoing actualities of the world (Smith 1999, 2005). Marjorie DeVault expands on ways in which participation in institutional ethnography can illuminate *and* facilitate actions and change.

Such investigations are meant to point toward social transformation, but not through analysing alone. The account produced is not a proclamation of injustice or a call to arms; instead it is organised to serve as a useful resource for groups engaged in efforts at change...Explication is not a matter of exposing a grand structure of

oppression, but of making visible the dailiness of practice within that structure, and people's various attempts to navigate through regimes of control (DeVault 1999, p. 51- 52).

Theorising from particular political standpoints/positions means that emerging understandings and actions will have a pragmatic and particular, not totalising or abstract, orientation. Institutional ethnographies, Smith (2005, p. 51) explains, 'are designed to enable people to relate the locus of their experience to where they want to go.'

* * * * *

The theoretical perspectives guiding this research project are interrelated. With an emphasis on the significance of subjectivity, subject positions and speaking subjects, the feminist poststructuralist framing that this research broadly relies on, offers important revisions on earlier conceptions of 'identity'. Variants of poststructuralist feminist thought attend to gender as both a discursive construction, sustained by linguistic systems premised in a binary logocentrism, and as a deeply inscribed social category that affects the actualities of women's lives. In other words poststructuralist feminisms centre the multiple ways in which assemblages of women's identities are discursively configured as well as experienced in reality. Self is understood as complex and contradictory, and able and apt to shift. And whilst the socially constructed 'nature' of gender is acknowledged, many of these commentators advocate for the retention of gender as grounds for feminist research/political projects.

Also influential in this inquiry, and closely aligned with feminist poststructuralist thinking, is the narrative approach and notion of positionality. Combined these epistemologies, simply speaking, point to ways in which we story ourselves into discursively produced positions through narrative means. Although limited to available discourses, this approach accepts that the subject is active in deciding which narratives they choose to tell, and which they choose to omit when storying self(ves) into being. As per feminist cautions about the impossibility of reducing knowledge to its social base, and thus the unlikelihood of a general standpoint of women, in the midst of infinite configurations of social narratives, stories are, however, experienced in common. In this shared space the formation of strategic coalitions becomes a possibility.

The philosophy of standpoint sociology, as it connects with the concept of positionality and as a 'methodological device' (Smith 2005), informs the gist of this research as well: namely using women's (subjugated) stories as the beginning place of inquiry since these have been historically under-recognised. Haraway says as feminist researchers,

we are bound to seek perspective from those points of view, which can never be known in advance, that promise something quite extraordinary, that is, knowledge potent for constructing worlds less organised by the axes of domination.

We seek those ruled by partial sight and limited voice – not partiality for its own sake but, rather, for the sake of the connections and unexpected openings situated knowledges makes possible (Haraway 1988, p. 585 & 590).

The principles of Smith's institutional ethnography effectively marry and ground these ontological and epistemological views into a 'method of inquiry' appropriate for an investigation about how women's everyday experiences are entangled with dominant psychiatric discourses. Like a central tenet of poststructuralist theorising, institutional ethnography connects the local with the global. Understanding that knowledge is specific to the conditions that produce it, institutional ethnography reconstructs experience in relation to cultural, economic and political systems that situate and shape lived actualities. Asserting the significance of subjectivities in the generation of theory, knowledge about social relations moulding the dailiness of people's experiences is always constructed from the point of view of those whose lives are being studied.

This inquiry begins with an in-depth consideration of the narratives that women 'living with a label' have developed and use to make meanings of their mental health, including those that question and challenge their positions within the discourses of biomedicine. Related to this aim of producing gendered understandings of women's mental health from women's perspectives, is an equally important intention – to create space for women to voice stories invariably obscured or inaudible in systems of mental health practices and treatments. Making room for women to discuss and progress cognisance of their experiences from their viewpoints, together with an appreciation of the existence of multiple and partial positioned perspectives, make likely both richer and more relevant knowledge and greater possibilities. Institutional ethnography is an open-ended investigative process and a variety and combination of research methods can be used with this framework (Smith 2005). A

more specific account of methods, connecting the thinking and doing of this research, will be described in subsequent sections.

CHAPTER FOUR

negotiating movements within and beyond psychiatric categories

As the discussions in an earlier section showed, the implications of being diagnosed with a psychiatric disorder, in terms of the culturally constituted positions inscribed subjects are permitted to occupy and attendant codes they are expected to live by, are irrefutably immense. Whilst barriers to challenging discursive forces that propel oppositional ontologies about sanity and madness are significant, however, these do not necessarily prevent the design of alternative accounts. Patti Lather (1997, p. xviii) writes, 'Given enabling conditions, every woman has something important to say about the disjunctures in her own life and the means necessary for change.' Against a backdrop of articulating the demands that arise from 'being' mentally disordered, the women I researched with recounted less known storylines about who they are and who they can be(come). Their stories brought into play an array of subject positions not always congruent with dominant frames of reference.

Building on the theoretical framings presented in the previous section, and relying particularly on feminist poststructuralist thinking and the epistemological premises of the narrative approach, some of the intricacies and contradictions in these women's storied lives, as they strive for self-definition across time, place and space, beyond either/or understandings, will be considered in this chapter. (Although 'beyond', as a proposition, is generally held to indicate something far away, and possibly even unattainable, in this instance I follow Moya Lloyd's [2003] use of beyond. So, in the title of this section, beyond signals a dialogic link, one that connects current and past contexts, in assessing potential futures).

Revealing the complexity of their relationships with the subject positions available to them to narrate from, and making rich otherwise simplistic understandings of polarised identity categories, these women spoke stories vulnerable to *and* critical of institutions regulating their particular experiences. Naming occasions of compliance, tolerance, resilience and opposition to physically and spatially prescribed locations these women's experiences also tell that any apparent collusion with the discourses of biomedicine is, in actuality, carefully contemplated.

These women conflated and built sense across fragmented and sometimes seemingly disparate stories of self. The lucid interweaving and mapping of diverse narratives allowed these women to develop ‘a less definite, yet more connected, identity,’ as Sarah Gatson (2003, p. 21) describes. The amplification of specific subjectivities in the fashioning of more cohesive and satisfactory accounts of self(ves) brings into focus stories relatively unnoticed within the meta-medical narratives. In the process of traversing ways that these women have taken up preferred narratives for local sets of circumstances, the myriad of means whereby embodied knowing disrupts dominant discourses is emphasised. Participation and creativity in negotiations and struggles for meaning also points to respective contributions in the construction and re-construction of social practices shaping experiences.

inside and beside: women *with* knowledge

The only way of knowing a socially constructed world is knowing it from within. We can never stand outside it (Smith 1987b, p. 92).

Stories of self tell of the relationships that a narrator has with discourse. Since individual stories are part of a greater 'discursive panorama', 'subjectivity is always interlaced with the discourses that define us,' writes Paula Saukko (2000, p. 304). Referencing her membership to a marginalised group Patricia Hill Collins (1990) proposes that contradictions characterise stories arising from peripheral, and lesser known, subject positions. She explains, 'the struggle of living two lives, one for them and one for ourselves, creates a peculiar tension to extract the definition of one's true self from the treatment afforded the denigrated categories in which all Black women are placed' (p. 94). Women, diagnosed with a psychiatric disorder, cite similar inconsistencies across the storylines that they identify with. Reflecting that clinical spaces can effectively curtail her involvement in diagnostic and treatment decisions and procedures, Margaret described the dissonance she experienced between being a recipient of mental health services and vocal consumer representative. Margaret also acknowledged that her subservience in these spaces is at odds with her responses to psychiatric practice in other arenas, and that her inaction sustains her dependent status in such systems.

I can be a consumer advocate and sit at a table talking in committee meetings and say, so these consumers have got posttraumatic stress, what are you telling them, how are you helping them with it. I could sit there doing that, but when I walk into a doctor's office I feel like a disempowered consumer again because of the way that they treat me. You feel all weak and passive, you can't speak up for yourself, and you go back to those positions. Like I can be an advocate about a particular issue, and then go back into a service that is dishing out the very issue that I was advocating for, for consumers, and I can't speak. I'm too gagged to even speak up about it for myself. You feel gagged. You feel like you can't say anything.

Bronwyn Davies (1993, p. 11) offers that, since 'the discourses and practices through which we are constituted are also often in tension, one with another,' the human subject is inscribed with multiple layers of contradictory meanings. Using Foucault's work Ian Parker (1999) also highlights the paralysing 'double binds' of incongruent

discursive practices. 'Contradiction,' he urges, warrants attention, 'as people struggle with and rework their problems...through the patterns they make in their accounts using discourses that try and make us see the world in different ways at one and the same time' (p. 3). Katie noted the covert ways in which self surveillance operates and that, contrary to a parent's usual desires, children's observation and mimicking of these tendencies serves to uphold the shame of mental illness.

We can reinforce the secrecy of mental illness without even realising that we are doing it. Sometimes we isolate ourselves and don't tell people about our mental health because even a hint of it, like saying you've been a bit stressed, will make most people look at you sideways. So we have to be a bit careful about who we tell, and our kids know this. It's a catch 22 situation because we want our children to learn that it's not a stigma, but we act like there's stigma ourselves.

Kathryn Church (1995, p. 107) proposes that consumer/survivor's allegiance to the rules of the 'game', which binds them to professional authority, 'is both a feature of their survival and one of the deepest roots of their constraints.' Amber recalled the peculiar quandary that being an official visitor in a mental health institution, where she had previously been hospitalised, produced. She said that this unease was nevertheless important in developing understandings about her present positions.

When I came out of one of the locked ward areas, and I went out the side gate, there was a woman inside, a patient, and she was begging me to let her out of this door. And it was really obvious that she was unwell and that she needed to be there, but it made me physically sick to the stomach to close a door and turn a key and leave her behind a gate. I hope that I never become desensitised to it. I don't want to. It makes me appreciate what I have now.

These women's awareness of the consequences of their position within dominant discourse is demonstrative of the intimate understandings they have of these. Recognising that theirs is a distinctive perspective, that tells of their particular set of circumstances, these women qualified that health practitioners sometimes did not have this insight. Jo found it disconcerting when a doctor's inability to understand her perspective was made very apparent.

I can just remember the resident, this look of confusion of his face on a couple of occasions when he was trying to deal with where I was coming from. He was trying to take me on a regular level, but obviously I wasn't all there in the sense that I was accepting things that weren't real as being real. It did bother me a bit...this look of confusion, god, what do I do now, sort of expression...like, he's learning from me, so what's he going to offer me.

Jacqui reckoned that the discord in knowledge between clinician and consumer is invariably to the latter's detriment. *I think that so many decisions are made by people who have never had the experiences that we've had and they make it from their own base of experience, and they miss all the time, sort of like firing over our heads.*

The reason that I am sitting here is because I have got insight into mental health problems. I haven't been into hospital for many years **because** of my own insight.

Pauline, May 2002

Black feminist writers in particular have argued that peripherally placed women are afforded a unique vista of regulative forces, not visible or knowable from the top or centre. This specialised view arises for subjects 'outside-within', whose positions are determined by dominant discourse, but whose production they are excluded from participating in (see, for example, Collins, 1990, 1991, 1998; hooks, 1984).³² Using a poststructuralist framing, the concept of central and marginal standpoints as separate sites of knowledge has been reworked by other feminist commentators. Nancy Naples (1997, 2003), for instance, unsettles this dichotomy with her questions about what can be known by whom, and insistence that insiderness and outsidership are not fixed or static positions, but ever-shifting, permeable and connected. In a similar vein Michelle Fine (1992) proposes a continuum, rather than division, of knowing across subject positions (see also Davies 1993).

Diane Elam and Robyn Weigman (1995) build on the outsider/within and insider/outsider idea in their analogously titled text, *Feminism Beside Itself*. They explain that this heading is intended to capture the reflexive critique characteristic

³² From this perspective the privileging of 'other' points of view in the reconstruction of knowledge is thus justified since women located on the margins are thought to have insights that differently positioned subjects will not be privy to (Collins 1991, 1998; Harstock 1990).

of feminism, which, they suggest, is ‘neither purely inside itself nor outside itself, but more properly beside itself’ (p. 3). Feminism’s consciousness, Elam and Weigman continue, is also neither wholly of the past or present, and never stands alone: it is always standing with something else and contingent. Interlocking layers of awareness is an apt way of conceptualising the knowledge the women I researched with had of their circumstances, and the means necessary to change it, as well.

I have to tell everybody
that I'm bipolar,
because of the information
I am trying to access.
But it's not a term
I would use
to describe my condition.

Janette, May 2002

In their discussions of lived actualities these women recounted experiences and understandings of the effects of discourse at one and the same time. Reflecting the impossibility of stepping outside of discourse, as Foucault (1978, 1981, 1989 [1972]) and others have argued, these women’s stories were always articulated in relation to discourse, inside and beside. Sometimes this was expressed in concurrent terms, one

encoding the values generated through societal discourse, and one informed by her personal experiences and private knowledges. The insertion of a ‘but’ was a narrative device that allowed these women to simultaneously take up *and* refuse certain storylines; to reconfigure dominant codes into local accounts and hold inconsistencies across these disparate scripts, both ‘doing it’ and ‘troubling it’ as Lather (2001) describes. Lysabel attended a spiritual healing session where the instructor informed participants that, because there are certain advantages to being classified as mentally ill, people diagnosed with a psychiatric disorder had probably been instrumental in securing this label and therefore needed to examine their own motivations in this process. Lysabel joked that she was unable to name any benefit in being diagnosed mentally ill herself, but that this person’s interpretation had prompted a review of the stories she used to make meanings of her experiences. *Maybe I am looking for something to blame so I can avoid responsibility...but I don't feel I do that. I feel that I do take responsibility.*

Besides creating space for smaller stories to be adjacent to dominant ones, the use of ‘but’ tells of these women’s simultaneous cognisance and contestations of dominant codes defining them. Pauline, for example, remarked, *They think that our **intellect***

goes with our mental health problems, but it doesn't. Davies (1992) considers that any 'reading against the grain' is indicative of a comprehensive knowledge of the grain itself. Like Pauline, Margaret understood perspectives about her position from different social locations. *Being a consumer rep is supposed to be empowering, but the experience is that sometimes it is **very** tokenistic.*

Tacking between the 'me' and the 'we' (Gatson 2003), 'but' bridges necessarily interrelated narratives, the personal and the political, the individual and the social, without reducing one to the other. Parker (1999, p. 4) explains, 'The threads are knotted together in the picture we have of the problem...such that they only take the tangled shape they do because they exist *together*, around each other' (with original emphasis). The use of 'but' is analogous with palimpsest texts, where successive scripts are written over not fully eliminated old ones.

One writing interrupts the other, momentarily overriding, intermingling with the other; the old writing influences the interpretation of the imposed new writing and the new influences the interpretation of the old. But both still stand, albeit partially erased and interrupted. New discourses do not simply replace the old as on a clean sheet. They generally interrupt one another, though they may also exist in parallel, remaining separate, undermining each other perhaps (Davies 1993, p. 11).

Davies (1992 p. 74) elaborates elsewhere that the understandings emerging from layered and multiple discourses can also point to areas for change: 'Who we have taken ourselves to be in the past and in much of the present are known precisely in terms of that which we are trying to undo.' Knowledgeableness about the effects of ruling relations does not necessarily negate their influence, but can call into question the authority with which these dominant discourses speak. 'But' was sometimes also used by the women I researched with to indicate dissent from what is known, and a mechanism to offer an/other option. Barbara recognised the validity of her own vernacular alongside the languages used by medicine. *I don't have the language that they have to describe my experiences, but I have my own words.* Inside/beside consciousness is also revealed in Jacqui's similar comments about the consequences of exclusive language systems.

I think I've really got
an inside bit of info
that other people
may not have.

Eve, March 2002

I can't compete with medicos on their language base that they have developed. It may be, at one level, a more precise way of communicating with colleagues about what's important to them, but when it gets to the point that the people who are dependent on them for their services can no longer understand their jargon, it becomes a way of inoculating the professional from ever knowing if they're ever doing anything wrong.

Gayatri Spivak (1996, p. 211) reckons that reading against the grain is likely only where incongruence in the text points the way. These 'moments of transgression', she says, illuminate local sites of subjective performances and imaginary shaping identity constructions. Foucault agrees: if we know how notions about human nature are made, they can be unmade (in Bordo 1993, p. 180). Thus, whilst the resolution of discursive contradictions experienced in everyday lives can seem an impossible project, this clash of meanings can also become the place where alternate subjectivities are embellished. In other words, knowing the constitutive force and consequences of competing discourses can prove fertile ground for departures from these.

resistant responses

At the extremes feminist commentators have conceived agency as being synonymous with freedom and independence, and conversely that, since discourse dictates the range of responses, emancipation is an elusive ideal and no subject is 'free' (for discussion of this debate see McNay 2003). Although subjects located on the negative side of hierarchically organised relationships, like women, 'are rarely positioned as one with agency' (Davies 1991, p. 52, see also Collins 1991), notions of power, control and oppression have been unsettled with more recent theories regarding subjectivities. Jacques Derrida (1995 [1974-1994], p. 389), for instance, complicates the idea of a subject completely void of the capacity to act in his observation that, carried to its conclusion, 'the absolute victim is a victim who cannot even protest.' In his now famous proposition Foucault (1978) insists that attempts to produce and hold conforming or 'docile' bodies is often met with resistance, since these forces mesh in a symbiotic relationship. 'Where there is power there is resistance, and yet, or rather consequently this resistance is never in a position of exteriority in relation to power' (p. 95, see also, Foucault 1977, 1980). Foucault calls those practices that enable individuals to generate replies to discursive forces 'technologies of the self'. Given that these are derived only from

that which is available to the subject, Foucault qualifies that such strategies have the potential to both reproduce *and* transform the symbolic order organised by certain discourses.

With emphasis on a subject capable of self determined movements, despite restrictions on these, the concept of agency has been refashioned through feminist appropriations of theorists like Foucault and Derrida. A poststructuralist approach makes apparent the subject's relationships to discourses-in-practice locating and shaping their experiences. 'Agency is never freedom from the discursive constitution of self but the capacity to recognise that constitution and to resist, subvert, and change the discourses themselves through which one is being constituted,' concludes Davies (1991, p. 51). Davies qualifies that agency is the freedom, however, 'to recognise multiple readings such that no discursive practice, or positioning within it by powerful others, can capture and control one's identity.' Along these lines Chris Weedon explains how these insights have contributed to an understanding that a subject's compliance with established social codes is not assured.

As individuals we are not mere objects of language but the sites of discursive struggle, a struggle which takes place in the consciousness of the individual. In the battle for subjectivity, and for the supremacy of particular versions of meaning, which is part of that battle, the individual is not merely the passive site of discursive struggle...Knowledge of more than one discourse and the recognition that meaning is plural allows for a measure of choice on the part of the individual, and even where choice is not available, resistance is still possible (Weedon 1997, p. 102).

Reading agency from these feminist poststructuralist perspectives leads to a position whereby a particular kind of agency may be possible: one where there are options, but not infinite ones. Accepting power as mobile and dependent on alliances and deliberations, the effects of 'power' on agentic subjects can be various, and different from what was intended.³³ Weedon (1997, p. 109) writes, 'Where there is a space between the position of subject offered by a discourse and individual interest, a resistance to that subject position is produced.' In other words, because the effects of power are productive as well as prohibitive, and rely on negotiations, power can create something other than 'docile bodies' in the agent.

³³ To reiterate on discussions in previous sections of this thesis, Foucault (1980, 1989 [1972]) conceives of power as something fluid, circulating among individuals and institutions, and so forth, rather than something that is possessed.

Jane Ussher (2000, p. 211) proposes that women, seeking treatment for mental health problems, engage in 'a process of active reflexive negotiation with symptomatology, current life events and life-style, and cultural, medical or psychological ideas about madness.' Some of the women I researched with were reluctant to abide by psychotropic medication regimes since these drugs are often aligned with diagnosis, which, combined with being managed through predominantly biologic means, was at odds with their view of self. Jo said,

The pill popping thing, that was really really against the grain. Just to get better with medication...here's your prescription and off you go...it was huge, cos they said I wouldn't have to go back to hospital if I just start taking medication, and I'd rather not take them. I'll go and stand in front of a bus before I start taking medication!

Since the individual is assumed responsible for assisting medicine's 'cure' through acceptance of expert diagnosis and remedy (Parker et al 1995), any challenge to these highlights the complex ways in which psychiatric discourses-in-practice are inscribed, subscribed, navigated and opposed. The intricacies of the mechanisms of power are evident in Lysabel's determination to wean herself from psychotropic medication, contrary to her clinicians' opinions. Her concomitant assessment of herself as 'naughty' and 'defiant' tell of the authority with which the practices she is disputing speak.

- L The psychiatrist who diagnosed me with depression and anxiety told me that I would have to take antidepressants for the rest of my life, but I stopped taking them two years ago. I've been OK since, not perfect but I've coped.
- J When you did take antidepressants was it perfect?
- L No, not at all. It was so hard to tell if they worked at all, apart from not crying, and seeming to have blunted feelings...
- J That must have been pretty shocking when he told you that you would have to take it for the rest of your life...
- L Yeah...I wasn't too happy when he said it. I guess that made me determined not to be on them forever. And then that made me feel like a naughty little kid, when I weaned myself off them, because the psychiatrist and the GP said to keep taking them, and I was going against both their advice.
- J And what happened, were you able to tell them that you had weaned yourself off them?

- L After some time had passed. I think the first few times I tried it didn't really work. I just ended up crying lots, but the third time it worked. I stopped seeing the psychiatrist for about six months, and I told the GP about two months after I had stopped. He asked me if I needed another prescription and I said no, because I wasn't taking them anymore. He said, oh no, you had better start taking them again.
- J Even though you had been off them for a couple of months?
- L Yeah, better keep taking them, here's another script, otherwise you'll go back to how you were before.
- J So he didn't congratulate you?
- L Oh no, not at all. I felt like I was being naughty, because I refused to do what he told me...The psychiatrist that said I had to take anti-depressants for the rest of my life also said that I would have to take anti-anxiety medication every day too. Back then I was a single mum with a toddler, and because there would have been no way that I could function on them I refused to do that. I feel like I'm really defiant...
- J ...but you said that you listened to their advice?
- L Yeah, I did. I took the anti-depressants for six years. I tried to take them every day, but sometimes I'm quite forgetful. But as far as the anti-anxiety tablets went I chopped them up into little bits because I used to take an eighth of a tablet at a time. On the same day that I got the jar I had half a tablet and that wiped me out for the rest of the day. There's probably ten tablets gone out of one hundred since then. I still have the bottle now. The psychiatrist told me that I should take a whole one each day, and I just thought, no way, persevere and get through it, because they are addictive and I would probably need more and more.

...normally I'm very gentle
and complacent and easy going,
suddenly I get confident,
suddenly I get bold.
I sort of keep it all inside of me
and then suddenly I explode,
suddenly I get fed up with
being pushed around
...it's a release.

Colleen, February 2002

Elizabeth Grosz (1990, 1994) understands that the body is a neither a neutral or passive 'page' upon which meanings are inscribed, but active and capable of contesting such impositions. She says, 'As well as being the site for knowledge-power, the body is thus also a site of resistance, for it exerts a recalcitrance, and always entails the possibility of a counter strategic reinscription, for it is capable of being self-marked, self-represented in alternative ways'

(1990, p. 64). The body was a crucial site for struggle of meaning in Janette's experience. Janette attributed various health practitioners' unwillingness to

thoroughly investigate her physical health concerns to her psychiatric history – she was positioned ‘without knowledge’. Determined to be ‘taken seriously’, Janette persisted as an active, knowledgeable subject, until her condition was resolved.

*A whole lot of assumptions were made (about my health) and they **stopped** looking...bipolar, we know what to do, follow the textbook...For two years I was walking around with this horrendous cyst, begging to get a repair job for my prolapse. I went through eight different gynaecologists who all looked at that word (bipolar) and didn't fucking bother examining me. Not one ultrasound. And just one would have shown them...that I had this huge horrible uncomfortable thing. It...made me feel bloody awful for two years, and in the end I had to really push and say...I want it repaired, it feels bad...So I could have been one of those women with a watermelon sized cyst [laughs] because no one bothered listening to me...Mine is an example of how once people have got a neat little tag they stop looking, they become negligent.*

Using the case of the relationship between penitents and guards Foucault (1978) illustrates the interplay of ‘local centres’ of power-knowledge. He says various techniques mould this relationship: the interview, self examination, and admissions become vehicles of ‘a kind of incessant back-and-forth movement of forms of subjugation and schemas of knowledge’ (p. 98). Foucault adds that the ‘distributions of power’ in the power-knowledge relationship are not inert or homogenous but subject to modifications and continual shifts. Such movements are apparent in Margaret’s ongoing negotiations, regarding her position in relation to psychiatric discourse, with other players. Reflecting on her instances of inaction in clinical spaces, Margaret recalled a particular occasion where, to counter this dynamic, she drew attention to practices she considered unhelpful, and asked for changes to the ambit of what they had previously discussed during appointments. She explained that her feedback and requests were variously motivated.

She said something to me and I went away feeling really bad...I got so angry, and I thought, right, I'm going to tell her...I was at a stage where I was able to turn around and say, look, I don't want to talk about that right now because...it felt uncomfortable and I thought, shit, I'm not going there. I wasn't avoiding it, and I did say that to her, that I wasn't ready, because I need to make sure that that I'm going to be comfortable with her and that

she will hopefully know how to handle things, if anything does get out of hand, as it has before...and I can't go down that path again...And do you know to this day she thanked me very much for telling her something that she'd learnt something from me. She said she hadn't understood, until that time, the impact of what she'd said. So I told her exactly how it had made me feel, and she was very pleased with that. I wasn't horrible or cross with her, but I think this doctor needs to be made aware of the consequences of what happens for me when she says certain things. We've got to do that as an advocate. And not only that, I don't want to be treated like that anyway.

Querying and challenging conditions that perpetuate oppressive experiences can be as much a preservation strategy as conforming to these systems (Cook and Fonow 1986). Barbara said that her self care strategies reflected her 'disillusionment' with standard assessment and treatment plans. *When I've gone to psychiatrists, psychologists, whatever, everybody uses a format. But you see, it doesn't apply to me, so therefore they cannot understand me...so I've learnt how to manage it.* Janette's active gathering of details regarding her relatively unusual combination of medications was more than to remain informed. It was a move she deemed essential to reduce the incidence of errors.

*It seems that I'm the only person in Western Australia who is taking methadone and carbamazepine (mood stabiliser)...When I get ill my methadone has to automatically be doubled, because the drugs in combination decreases the effect of the methadone, and it takes me about a year to constantly reduce down to get off it. So it's a really vicious circle...Nobody **knew** about this fact. **Nobody** knows? It's amazing! I usually end up looking up everything that I'm taking myself...because people keep making mistakes.*

These women's deliberations within psychiatric discourse can unsettle the authority of scientific knowledge, performing an 'internal erosion' that Jean-Francois Lyotard (1994 [1984]) argues has been apparent for some time. Lloyd (1996, p. 250) adds, self fashioning, when allied with critique, can also 'produce contestation...over the ways in which certain practices are mobilised.' The tension that competing discourses creates was diminished when Margaret realised the potential of her efforts to contribute to change.

We were asked to go and talk to third year psychs (students)...When I got to the seminar room, my god, my doctor was there – cos you see I've had so many doctors that I never really tell them anything at all, just everyday feelings like, how are you going. I thought, he's going to know a lot about me by the time I've finished, and I thought well, I've got to think that ...this is for all of us, not just for me... I'm doing it for the consumers. And I did it. I just did it. I had to. I went back to see him when I had my next appointment a couple of weeks later and I actually felt like this (hunches) when I walked through the door. What are you going to think of me now I said to him? That's how I felt. And he said he had learnt from what I'd said, like it was really going to help him with his job. He said that I'd given him the most valuable hour that he'd ever had in his...learning all about this...If you can get to a few of them like that, they might teach others.

Derrida (n.d.) clarifies that, as a tool, deconstruction is not an external method applied from the outside. Instead he says that deconstruction is a reflexive exploration of the variations, frictions and openings from the inside. Judith Butler (1992, p. 15) agrees, 'To deconstruct is not to negate or to dismiss, but to call into question and perhaps, most importantly, to open up a term, like the subject, to a reusage or redeployment that previously has not been authorised.' In a similar vein Foucault (1978, 1989 [1972]) considers that, turned against themselves, powerful discourses become more vulnerable, and the point from which an/other discourse can emerge. He holds that the incongruent intentions that exist within discourse can motivate the production of an alternative. He explains, 'What one finds are rather various strategic possibilities that permit the activation of incompatible themes, or...the establishment of the same theme in different groups of statements' (1989 [1972], p. 41). Foucault (1978) uses the 'perversity' of homosexuality to demonstrate. He argues that mainstream responses to same sex relationships 'made possible the formation of a "reverse" discourse: homosexuality began to speak in its own behalf...using the same categories by which it was medically disqualified' (p. 101). Weedon (1997) elaborates that 'reverse discourses' facilitates the production of 'resistant discourses'. She says, 'Reverse discourse enables the subjected subject of a discourse to speak in her own right' (p. 106, see also Bordo 1993; Butler 1992; Chambon 1999; Derrida 1992).

Using this logic, opportunities for deviation, innovation and transformation are contained in prevailing systems of language often understood as wholly oppressive.

Smith (2005, p. 127) writes, 'Words can be made to serve what they have not been established to do; new words or ways of combining them can be invented, are invented all the time; language can be changed.' Discourses conventionally associated with ruling relations may take on new meanings when expressed by 'other' social agents. Luce Irigaray (2002, p. 231) calls this 'contra-diction', when a speaking woman 'show(s)...man that his discourse and his language are the field and techniques of *man*' (with original emphasis). Through the appropriation of psychiatric vernacular, Amber gave an authoritative account of her mental health. Because Amber's description includes a range of diagnostic categories, however, her use of medical terminology is subversive, a contra-diction, since it works to highlight the inability of the psychiatric discourse to adequately capture the range and depth of human experience. Making explicit reference to the significance of social contexts in her symptomatology, plus the vicious-circle consequences of being diagnosed with a mental illness, further undermines the force of psychiatric practices primarily reliant upon scientific explanations.

A drug induced psychosis encapsulates symptoms from four of the most commonly diagnosed mental illnesses, schizophrenia, bipolar affective disorder, or manic depression, depression, and personality disorders. These include hallucinations, grandiose delusions, thought disorders, mania, impulsive behaviour and rapid and intense fluctuations of mood. It's difficult to diagnose because of this cocktail of symptoms. My delusions related to a personal crisis...with the discovery that a long time friend was interfering with the children of a mutual friend. It was the one thing that really broke me, just prior to my first committal, witnessing an incident that led me to be fully convinced that this guy I knew really well was a paedophile. The denial of this abuse led me to question my own judgement...I went to the authorities but nobody would believe me. Who is going to believe a "crazy woman"? Catch 22.

Making a diagnosis audible/visible facilitates the ease with which it can be scrutinised and spoken back to. As we have seen in an earlier section, some of the women I researched with used a diagnosis, legitimised via its inclusion in psychiatric texts, to position themselves as not 'crazy', but experiencing a 'normal' response to a set of very adverse conditions. Sharon points to the simultaneous obviousness and ineffectualness of using a label to categorise the aftermath of trauma. *My psychiatrist...says I have an anxious personality, but if he had been beaten to a*

pulp, strangled and raped, he would be anxious too! The potential of psychiatric discourse to, paradoxically, be rendered a hindrance for those who propel its expert exclusivity, is thus highlighted. As bell hooks (1996, p. 52) observes, whilst the counter-language of resistance ‘may resemble the coloniser’s tongue, it has undergone a transformation, it has been irrevocably changed,’ through its emanation from the margins.

* * * * *

Foucault’s (1978) encourages extensions to what is customarily considered to constitute resistance. He writes, ‘there is a plurality of resistances, each of them a special case: resistances that are possible, necessary, improbable; others that are spontaneous, savage, solitary, concerted, rampant, or violent; still others that are quick to compromise, interested or sacrificial’ (p. 96). Relatedly, Foucault considers that instances of resistance are irregularly distributed, ‘spread over time and space at varying densities.’ Helen Stratford (2002) concurs that the nature of resistance is not always radical, and that incremental and discrete confrontations, in the midst of a plurality of resistances, are nonetheless still strategies of resistance. Thus, in addition to verbal and interactional responses women utilise a range of less recognised resources in order to ‘fight back’ (for further discussion see Stanley and Wise 1990).

Although stories shared for public consumption are determined through already available ‘tellable’ scripts (Foote and Frank 1999; S Smith 2003), and the taboo of mental illness effectively precludes experiential narratives from this range, Foucault (1978) proposes that non-disclosure is never simply subscription to a dominant discourse that renders madness unspeakable. He says, whilst ‘silence and secrecy are a shelter for power, anchoring its prohibitions...they also loosen its hold’ (p. 101). Pointing to the power of what remains untold, Foucault (1989, pp. 27-28) argues that a “not-said” (is) an incorporeal discourse...a hollow that undermines from within all that is said.’

The cultural expectation of female silence (Steinem 1983) compounds the stealth that surrounds mental illness for women diagnosed with a psychiatric disorder. Reminding us of ‘those wonderful hysterics, who subjected Freud...with their inaudible thundering denunciations,’ Hélène Cixous (1997, p. 101), however, honours ‘mad’ women’s silence as an emblem of defiance to the social roles

associated with women. Cixous explains that since silence is understood as a practice of femininity, to signal women's place in a symbolic order regulated by the phallus, *being* silent has empowering potential. Subverting the silence/speech dualism Trinh T. Minh-ha (1988) agrees that women's silence 'has many faces.' She says, 'If the act of unveiling has a liberating potential, so does the act of veiling' (p. 73). From these perspectives women's intentional non-verbalisation of stories of self can constitute a symbolic challenge to dominant discourses.

I think that
a lot more
of the humanity
is conveyed
in the silences.

Jaqui, May 2003

Being quiet tells of a woman resisting 'technologies of domination' that operate to compel confessions, and complicates the to-tell-or-pass conundrum considered previously in this thesis. *Being* quiet, whether reflecting a will not to say, or silence as a strategy to undo what has been said, tells of an agentic subject. Amber's explanation about why she now delays sharing aspects of her psychiatric history to new acquaintances shows the part she plays in influencing the terms of any relationships she establishes.

*I've been to a psych hospital, and I joke about it and it freaks the shit out of some people...I talked to a friend about this whole disclosure thing and he said, don't tell anyone fucking anything. And to me that was really dishonest but I thought, hang on, I'm going to go with what you are saying...Now I prefer to let people get to know me and like me, 'cos I'm a very likeable, and **then** I'll disclose. If they're going to react to it they have to contradict the image they suddenly form of this lunatic who's been locked up, with the woman they just met.*

Foucault (1978) insists that since speech performances are a site where oppression can be both played out and contested, speakers' deliberations about whether to disclose personal experiences or not are strategic and 'clever'. Calculated silence, then, could be regarded as an epistemic resource, especially for women, simultaneously expected to be un-heard, yet also confess experiences. Deliberately not revealing aspects self(ves) is a means that women can, to some extent, manage the readings others might make of their lives. Like Amber, Eve's decision, not to

share details about her health to peers at a tertiary institution, was an identity preservation strategy.

I don't want to bring this other side into it because I want to be seen as this. And also for myself I need to build this other identity so that I feel quite strong with it before I bring this one in. I'll bring this one in when I feel strong enough to resist any negative stuff.

Because the women I researched with were aware that aspects of their stories might be silenced subsequent to their enunciation, or subsumed to confirm their 'madness', the purposeful withholding of such stories operates as a political gesture, amongst other things. Defiance against those discourses that are always heard, and whose shadow can silence others, is intimated in Margaret's decision not to repeat her story.

Labels were handed down to me like a death sentence, and I learned not to ask for help because, in the mental health system I could be seen as highly dependent, attention seeking, treatment resistant, personality disordered...attaching more labels to my already fragmented self. Eventually I got fed up with telling my story, so I actually don't tell it anymore because you just don't want to do it.

As Margaret's commentary attests, silence speaks. Centring the unsaid in narratives makes different readings more likely (Grosz 1989; Lather 1994). And by association, dichotomies become less certain in the space that such omissions create.

* * * * *

He said to me, you have been
my most challenging patient –
and it was challenging
because I questioned him,
I made him look
at himself.

Amber, May 2002

Accepting that cultures contain elements that foster both compliance and resistance, Collins (1990, 1991) regards oppression as a multifaceted force. She argues that there are few victims or oppressors in the matrix of domination, and that acknowledgment of the circumstances where so-called victims resist is

understated or neglected in theories where power is conceived as top-down. Oppression, Liz Stanley and Sue Wise (1990,p. 22) similarly conclude, should be understood as ‘an extraordinarily complex process in which women are only rarely and *in extremis* totally powerless’ (with original emphasis). Thus, whilst we may participate in practices that reify ‘truths’ positioned as ‘natural’, we are not passive in this process, and are capable of interrogating and moving beyond these. Lloyd (1996, p. 244) holds that the act of destabilising what has historically been understood as ‘normal’ anchors the politics of refusal. In other words, the function of critical thought is political. ‘Thinking with attitude,’ Lloyd continues, ‘...generates the conditions of possibility necessary for subjects to challenge their identities.’ And ‘As soon as one can no longer think things as one formerly thought them, transformation becomes both very urgent, very difficult, and quite possible’ (Foucault, in Lloyd 1996, p. 244). The disparity between Pauline’s version of her experience, and that imposed on her, signifies her refusal to be reduced to victim.

My experience probably doesn't fit the textbook definition but I don't give a shit about textbooks, I know how I feel. I can feel depressed but my self esteem is still there and that's why I don't stay depressed for very long, probably. But if I did believe everything that they are telling me, from a textbook, about how I should be feeling, I would have been in and out of hospital and I would have been on loads of medication...crap.

Smith (1992, p. 121) understands that patients confronting and calling into account professional expertise are an ontological threat to health workers, and therefore usually ignored by those constituted by the regime. Consumer participation elicits anger and silence from mental health clinicians, agrees Church (1995, p. 95), because disruptions to practitioner knowledge endangers the considerable investment professionals have in retaining those positions. Since taking account of consumer knowledges and actions has such serious implications for the mental health practitioner, it is not surprising that resistant/political activity tends to go unnoticed in mental health arenas (Bondi and Burman 2001).

To reiterate on an earlier discussion, Foucault (1994 [1977]) argues that the tendency of proponents of unitary systems of knowledge to overlook contestations should not be taken to indicate that social change is an impossible project. He urges us to continue mounting challenges despite the likelihood that most disputations will go unacknowledged. Like Smith (1990, p. 203) says, ‘we can have nowhere else

to come from so long as we remain on the reading side of the text.' Foucault qualifies that whilst resistance can inflame and rally a collective response to produce radical ruptures, mobile and transitory contests are more often the source of modifications and fissures to dominant discourses (see also Foucault 1978). Stratford (2002) again agrees that blockages and subversions rely upon subtle and liminal moves rather than a formal and overt strategy of opposition. In other words if power manifests and is played out locally, then it makes sense that subjectivity is where resistance is effectively begun, no matter how small.

Women's personal rejection of external definitions of themselves, as objectified 'other', is a form of activism since it contributes to the construction of alternatives to either/or subject categories (Collins 1991). Ways in which women use and have been used by diverse discourses tells of their embodied involvement in the production *and* reproduction of social spheres. Because the women I researched with, as social agents, mobilised existing discourses for enabling gains, their movements constituted more than just a reaction to the imposition of oppressive forces. Grosz (1994, p. xiii) says that bodies function interactively and productively, and inscriptions on them are 'capable of being lived and represented in quite different terms' (see also Cixous in Davies 1991; Irigaray 1985).

The women who joined this project developed a range of resistant responses, from the articulation of lived actualities that depart from known versions, to persistent questioning, to adamant opposition, to silence, to indifference and so on, in their negotiations with discourses-in-practice that can both hold them captive and also invoke action. Read together these women's counter stories show that the effects of dominant discourses on respective subjects are different, and inscriptions do not generate the same response. That is, since the varying levels of choice and constraint which women face play out in particular ways (Gatson 2003, p. 40), the ways in which the influence of ruling relations were reworked reflected each woman's specific circumstances. And, as these women's changing and contingent stories also show, since subjectivities are not static, but sites of ongoing review, resistance also moves, refashioned to address shifting conditions and contexts that are its ground (Lather 1991; Weedon 1997). Lois McNay's (2003, p. 140) call for a varied account of agency, to accommodate nuances and difference within and across subjects' perspectives, motivations, struggles and practices in acts of appropriating and transforming cultural meaning and resources, thus seems necessary.

embellishing stories of self with ‘other’ cultural accounts

A historically produced cultural imperative exists that creates a need for narrative to resist or subvert the stories told by the dominant culture...To themselves, people made peripheral by the dominant society are not ‘marginal’, ‘other’. But to counter the narratives of their alterity produced by the dominant society, they must tell other stories that chart their exclusions, affirm their agency (however complicit and circumscribed), and continually (re) construct their identities (Friedman 1998, p. 230).

The sense a storying subject makes of her experiences will reflect the cultural narratives she espouses to underpin her accounts. Since the individual is discursively constituted through a number of collectives, like the collective is itself (Davies 1991, p. 43), there exists a myriad of subject positions and groups that differently located agents will be cognisant with, even if these discourses do not directly tell their actual story. This means that the storying subject is not limited to the discourses regulating her lived actualities, but can borrow from culturally available narratives as they echo and enhance her own. Indeed, citing ‘others’ narratives was a significant aspect of the storying process for the women who joined this project, to ‘chart their exclusions (and) affirm their agency,’ as Susan Stanford Friedman suggests.

The stories that women have to choose from, to augment their own, are limited. Women’s experiences tend to be narrowly presented in social discourses, confined mostly to unrealistic portrayals in fashion and gossip magazines, romantic novels and soap operas (Smith 1987), and texts intended to elicit the emotional sympathies of women (Schaffer and Smith 2004). Barbara’s recollection tells, however, that even within these parameters there is still significant value in finding narrative themes that validate one’s own.

In Les Miserable I related to the child Cossette whose mother had died. She was abandoned, sent away and treated really badly. This character you will find anywhere...and different characters there would ring a bell. I would just disappear into this magical world of someone else, but I was always looking for me in these characters, to understand...about my situation.

Conflated with their own, biographical accounts where the central character triumphs in spite of mental illness in particular provide an alternate framing through which to understand and express experiences. Many of the conversations I had with the women who participated in this project coincided with the release of *A Beautiful Mind*. In this celluloid story of real life Nobel prize winner John Nash, the portrayal of a person struggling with schizophrenic symptoms is interwoven with the story of a mathematical genius. Jo said, *People think that somehow your intellectual capacity is not going to be fully functional if you've got a psychiatric condition and A Beautiful Mind was good because it kind of talked about that*. Eve likewise reckoned that this was a very important film for her in terms of her own actualities, and also because of the potential it had to unsettle stereotypes.

I found it a very powerful movie. I was depressed and disturbed by it in parts because it just reminded me so much of the terror, of the terror of the delusions, and also how frightening it is, and so I cried so much during the movie. And yet it was so powerful. Afterwards I felt like I really wanted to go and talk to other people about my experiences. Seeing A Beautiful Mind made me look at the stigma I attach to my mental illness. It made me realise that people are scared to associate themselves with people who have a mental illness because they're frightened of it. It makes them feel safer if they can push that person away, have distance between themselves and this huge mental illness. I found that interesting because I certainly do that myself. There's misinformation about what it means to experience mental illness, and that creates a distance as well. I thought it was a great movie, a really great movie, because it showed a totally different side of it, how it was totally outside of his control, how awful it was for him, and how he wasn't a dangerous person. He had no malicious intent in him at all. It showed mental illness in a much more positive light and it showed this person's ability to control or manage the situation.

Marjorie DeVault (1999) says that although reading audiences are likely to understand any text in terms of their own circumstances more than the circumstances of others, subjects will also look to stories for information about the lives of those different from themselves because these narratives can facilitate the development of new and different insights. In their search for meaningful scripts to align with theirs, the women I researched with often referenced narratives beyond those generally available to psychiatrically 'disordered' women, that nevertheless

still resonated.³⁴ These women sometimes drew parallels between their experiences of belonging to a subordinated social category with those of members of other variously marginalised communities. Thus many expressed empathy towards groups that they identified as also oppressed within the symbolic social order. Jo, for instance, described an affinity with Aboriginal Australians in particular.

I do identify with Aborigines...it's the way...if you say, oh, I've been diagnosed with bipolar – I've been diagnosed as manic depressive – you know that you would get the same kind of reaction as when a Black person comes along driving a fancy car. People just look and go, mmm, something not quite right there. And that's what you're hiding from. You're hiding from that reaction. I don't have any Aboriginal friends, but...that's the group I most identify with.

Growing up in South Africa, and belonging to a category known as 'coloureds' in that country, Barbara reflected that Indigenous Australian's experiences were especially reminiscent with her own. Explaining that South Africa's populus was organised and ranked along racial lines, she said, *I was at the very lowest in South African...I had no identity*. Barbara cites this position in her place of birth, also subject to colonial rule, combined with her psychiatric history as an adult, as compounding her marginality and contributing to an overwhelming connection she feels with the actualities of Aboriginal people. *There are so many similarities it's just astounding!* She surmised that the overarching dynamic that links her with 'others' is the dominant group's ignorance of less visible peoples' experiences.

Friedman (1998, p. 9) considers that cultural narratives tell of strategic interactions and resistances as individuals and groups negotiate with and against hegemonic scripts and histories. The stories of others who have demanded recognition and redress in response to discrimination is an appealing narrative for these women who would also like the difficulties that they have endured, acknowledged. Some of the women aligned their experiences with communities that visibly promote the interests and welfare of members also joined through identification via the subjugated side of a duopoly. Because the gay and lesbian movement has been particularly successful in developing a 'reverse discourse' (Foucault 1978), to counter

³⁴ Ways in which these researching women linked with one another, as similarly located subjects, during the investigative process is explored in the next chapter.

the stigma associated with same sex relationships, Colleen said she wished that being diagnosed would eventually become as tolerated as identifying as homosexual is. *Some people say they're gay now and it's really liberating...it's almost hip to be gay, acceptable...so hopefully one day it might be hip to be bipolar...I'm still deciding whether to come out of the closet!!*

I don't want to draw
too many parallels
but I can see that
your sexual identity,
if it's not the norm,
can be just as big an issue
as mental illness.

Eve, December 2002

Collins (1990, p. 202) proposes that re-telling another's story alongside their own is a means for subordinated groups to create independent self definitions and self evaluations. Kay Schaffer and Sidonie Smith agree that the subject's stories can become tellable in alternate ways when relevant and significant aspects of another's experiences are named and interwoven amongst their own.

For readers who identify with collective movements, whether they are in them or not, narratives coming out of a shared experience offer new avenues for activism and self-understanding, new models of remembering. Such narratives can enable access to and potential recognition of the incommensurable differences between the teller's experience and that of the reader, making possible circuits of connection across differences, and circuits of difference across connection (Schaffer and Smith 2004, p. 13).

Focussing on similarities does not have to equate with sameness or universality, as Derrida (n.d.) explains. He says that once difference is taken into account, then 'you pay attention to the other and you understand that fighting for your own identity is not exclusive of another identity, it is open to the identity of the other and it prevents totalitarianism, nationalism, ethnocentrism and so on and so forth' (pp. 3-4). Colleen surmised that the connections she made with others, who have struggled and even overcome adverse circumstances, created a sense of unity across. Although not indigenous herself, Colleen assisted in the organisation of a fundraiser for the *National Sorry Day Committee*,³⁵ because it is a 'really wonderful cause'. She

³⁵ In Australia 'Sorry Day' ceremonies are organised to commemorate the tabling of a report in Federal Parliament, *Bringing them Home 1997*, which detailed evidence of the traumatic removal of Aboriginal and Torres Strait Islander children from their families.

explained, *You know how minority groups stick together...I really do think that I have got much more support through just being with people who have been through what I've been through.* Colleen's comments suggest that it is a social justice ethic that prompts the coupling of her fate with others. Alison Assiter calls this intersection of different axes of oppression 'epistemic communities' (in Stoetzler and Yuval-Davis 2002, p. 320). Thus, in these shared spaces political values, rather than the actual determinants of differently shaped experiences of oppression, motivate the convergence of narratives and creation of extra-ordinary communities. Judith Herman writes that the placement of different experiences alongside one another, borne from knowing about and comparing others' lives with their own, also gives the subject a changed perspective on theirs in particular.

Commonality with other people carries with it all the meanings of the word *common*. It means belonging to a society, having a public role, being part of that which is universal. It means having a feeling of familiarity, of being known, of communion. It means taking part in the customary, the commonplace, the ordinary, and the everyday. It also carries with it a feeling of smallness, of insignificance, a sense that one's troubles are "as a drop of rain in the sea" (Herman 1992, p. 236).

Recognising themes that link narratives, and aligning their own accounts with others' resilience, resistance and even transformation, can assist in a revision of the there's-something-wrong-with-me story that women, diagnosed with a psychiatric disorder, are conventionally accustomed to.

* * * * *

It is not only stories of lived actualities that form the stock of narratives that the subject can choose from to appropriate alongside their own. DeVault (1999, p. 110) understands that because fictional characters are often symbolic of the social relations unique to the cultural context they are produced in, such texts become meaningful for people, and carried into their interactions with others.³⁶ Speaking about a classic children's book, *The Velveteen Rabbit*, Margaret identified that the central message, 'about the power of love,' kept this text especially relevant to her.

³⁶ Ways in which different audience member's interpretation of the same textual depiction of lived experience will differ, shaped and dependent upon on the various experiences they bring to that reading, is discussed in subsequent chapters.

She read an excerpt of a conversation between the toy rabbit and horse from the book to illustrate.

'What is real,' asked the rabbit.

*'Real isn't how you are made,' said the skin horse, 'it's how things happen to you. When a child loves you for a long time, long time, not just to play with, but **really** loves you, then you become real.'*

'Does it hurt?' asked the rabbit.

'Sometimes', said the skin horse, because he was always truthful. 'When you are real you don't mind being hurt.'

'Does it happen all at once, or bit by bit?'

'It doesn't happen all at once,' said the skin horse. 'It takes a long time. That's why it doesn't often happen to people who break easily, or who have sharp edges, or who have to be carefully kept. Generally by the time you are real most of your hair has been rubbed off and your eyes drop out and you get loose in your jaw. But these things don't matter at all because once you are real you can't be ugly except to people who don't understand.'

I think reading really
gave me a sense
of what was possible.

Barbara, February 2002

Marcel Stoetzler and Nira Yuval-Davis (2002) propose extending situated knowledge to include situated imagination since imagination also gives our experiences their particular meanings. Imagination, they insist, is 'fundamental to *why, whether* and

what we are ready to experience, perceive and know' (p. 325, with original emphasis). Davies (1992, p. 69) also regards imagined stories are an important resource because 'they may hold the key to disrupting and decentring old discourses and narratives – to unstitching and fraying the patterns of desire that are held within them.' Barbara showed me a photograph of the fictional and iconic female heroine, *Wonder Woman*. She explained that she used this confident character, with special golden armbands to 'protect' her, to progress her sense of self. *This is me, or who I pretend to be. Sometimes when I walk down the street I'm pretending to be Wonder Woman.*

The women I researched with put different narratives to different use in cycles of constructing, reviewing and modifying the sense that they attached to theirs and

others' experiences. Knowing and imagining were complementary and necessary components in these making meaning endeavours. Donna Haraway (1988, p. 586) says, 'the split and contradictory self is...the one who can construct and join rational conversations and fantastic imaginings that change history.' A reconsideration of what is possible and hopes for a less disjointed future were conveyed in the confluence of different life narratives, actual and imagined, that these women shared. 'A sense of oneself can go beyond the given meanings in any one discourse, and forge something new, through a combination of previously unrelated discourses, through the invention of words and concepts which capture a shift in consciousness that is beginning to occur, or through imagining not what *is*, but what might be,' writes Davies (1991, p. 51). In seeking out and emphasising diverse stories that confound and unsettle dominant accounts, these women's own resilience and resistance was also made more apparent.

building storylines with and/both

As we have seen these women's narratives were rarely told straightforwardly from any one point of view. The intricacies in their accounts tell that the storying of self is much more complex than either/or discursive dichotomies allow. In considering their various subject positions, these narrating women inflected *and* troubled identity categories that endeavour, through social mechanisms, to fix them in certain places and spaces. Janette, like many of the women who participated in this project, lamented the limitations of rigid subject positions imposed on her.

*You get trained to...define yourself with ill fitting labels, and there is always going to be innumerable shades of grey in between, but we are forced to identify within black and white terms, so it is **easier** for people to write these discharge letters, so it's easier to prescribe medicines – it's making it easier for everyone else, and harder for us...I **don't** like being put in any particular place, because it damages my idea of myself. Why do I have to be one or the other? Why can't I be **both**?*

Segueing the discourses available to them through which to make sense of their actualities, these women tended not to locate episodes of psychological distress they had experienced in either biomedical or social frameworks exclusively. Thus, most of the women who joined this project never absolutely conceded or refuted their diagnosis, never wholly complied with or challenged treatment regimes, and so

forth. An opinion of Posttraumatic Stress Disorder (PTSD), for example and as already mentioned, was sometimes welcomed since it both validated these women's affect, and allowed them to position self beyond a pathological illness. Jacqui explained that anchoring her 'madness' in the social instead of her individual psyche also generated a sense of optimism about her recovery.

I think if it had been my fault, so to speak, it would have been a lot harder to bear it, to bear the phenomena that comes out of it, you know, the fear and the terror and stuff. If it continues to appear to come from nowhere then I would be fairly easily convinced that I was mad...The minute you can name something for what it is, if you can name it as an event and not an illness, then you immediately have the capacity to deal with your feelings about this event. It's not a phenomenon arising from nowhere, a chemical imbalance that you can't do anything about. It gives you a lot more power about it being resolvable. If it's genetic and it comes out of nowhere then you have got no power over it.

I don't want to go back.

I cope quite well.

All I've learnt is strength.

Sharon, February 2002

Cixous (1981) understands that because of their otherness to masculinity, women are better placed than men to deconstruct and move beyond the constraints of dualisms. Davies (1991) agrees and adds that women's use of perspectives that

masculinity has tended to disregard as 'irrational' tells of an awareness of the inconsistencies inherent in subjectivities. Wendy Hollway elaborates on the promise of a series of oppositions.

Consciousness-changing is not accomplished by new discourses replacing old ones. It is accomplished as a result of the contradictions in our positionings, desires and practices – and thus in our subjectivities – which result from the coexistence of the old and the new. Every relation and every practice to some extent articulates some contradictions and therefore is a site of potential change as much as it is a site of reproduction (in Davies 1992, p. 74).

As thinking, feeling agents, capable of developing innovative replies to the clash between incongruous subject positions and practices, the women I researched with considered the naming of contradictions in subjectivities liberating as well, and even

symbolising a chance for change. Liv's insight into the disjuncture in her subject (dis)position, as mother with a mental illness, made another framing possible, identification of likely benefits her particular experiences might offer.

Depression...is definitely like a huge part of my life, massive, and I have a lot of regrets about having depression...But, having said that, both my kids know that they are loved and I wouldn't be able to be the kind of parent I am if I hadn't suffered depression because it has made me more aware of how emotional stuff is.

As Liv's reflection shows, knowledge about the influential social forces shaping experience, including discrepancies and tensions produced across subjectivities, can be cast as something other than a hindrance. Jo also cited possibilities arising out of her histories.

There's opportunity in any of these potentially disastrous situations. You have the opportunity to become more yourself, to find out more about who you are. You can turn to it to an advantage, and I guess I'm ready to see that now...One of the fortunate things is developing an adaptive kind of approach to life.

Reworking antitheses in storylines, so that they no longer take their meaning in contrast to each other but become necessary elements of each person's subjectivity, makes alternative narratives viable (Davies 1992). In other words reconstituting binary storylines, and weaving them together as and/both, can produce new positions to speak from, as Amber's experience tells. Revealing the interconnectedness between subject locations, her account shows her ongoing negotiations with psychiatric discourse.

I think
you can be all of
those things.
You don't just
have to be one.
If we are caught
up in thinking
we have to be one,
or the other,
that would be
disastrous.

Pauline, June 2003

Although I have not accessed a mental health service for more than seven years I am comfortable with the label 'mentally ill' because my path of recovery from 'mental illness' has made me reassess my own prejudices, and I feel that denying it is only adding to the stigmatisation of people who currently live with an active mental illness.

Narrating from different positions meant that these women's mode of resistance also shifted. As well as being compliant, they were, variously, querying, challenging, nonplussed, and so forth. 'The speaking/writing subject can move within and between discourses,' writes Davies (1991, p. 46), 'can see precisely how they subject her, can use the terms of one discourse to counteract, modify, refuse or go beyond the other, both in terms of her own experienced subjectivity and in the way in which she chooses to speak in relation to the subjectivities of others.' Irigaray explains that this flux of repositioning may appear fragmented and nonsensical from a more distant point of view.

Hers are contradictory words, somewhat mad from the standpoint of reason, inaudible for whoever listens to them with ready-made grids, with a fully elaborated code in hand. One would have to listen with another ear, as if hearing an 'other meaning' always in the process of weaving itself, of embracing itself with words, but also of getting rid of words in order not to become fixed, congealed in them (Irigaray 1985, p. 29).

The accommodation of contra-dictions in storylines relies on a narratively dexterous subject. These women's navigations along, around and beyond the discourses that shape their social positions were not abrupt, but flowed, merged, overlapped and departed from one another. Since their commentary of everyday experiences was lived out in practice these women's co-mingled narratives were coherent from their perspective: the fluidity in their described experiences reflects embodied, not polarised, actualities. Irigaray (1985, p. 31) advocates that 'woman always remains several, but she is kept from dispersion because the other is already within her.' Gatson (2003) uses the notion of amorphous identity to understand women's travel between categories that she, and others, place her in. Gatson (p. 21) says that her movements in the world are a conscious, not ambiguous, activity, 'an engaged process of confronting cultural options that uses cultural resources...finding a core of the self while at the same time realising that this "solid" core is filled with a variety of cultural images, choices, experiences, and not only those I chose.' Trinh refers to this as 'the to and fro movements of life.'

The moment the insider steps out from the inside she's no longer a mere insider. She necessarily looks in from the outside while also looking out from the inside. Not quite the same, not quite the other, she stands in that undetermined threshold place where she constantly drifts in and out. Undercutting the inside/outside opposition, her intervention is necessarily that of both not-quite an insider and not-quite an outsider (Trinh 1988, p. 76).

Transferring between narrative perspectives can produce insights into, and affirm, the subject's role in the storying process. Foucault (1980) proposes that developing a 'historical ontology of ourselves,' through identifying the discursive constraints of selfhood, allows us to recognise ourselves as agents. Recollections of the past featured in Pauline's survival stories.

I must write one day about the positives, how I actually got through all this. You don't just go from one point to another point without something happening, whether it is negative or positive. You know, in order to still be here with all the negative stuff, there must have been something within me, there must have been...something that I've learnt, that's given me resilience.

'Small' stories that sit alongside bigger and better known accounts, tell of an/other narrative. As Lyotard (1994 [1984]) reminds us, the 'little narrative' can transform a dominant definition into a more relevant and preferred local one. 'We find answers to who we are in the extraordinary minutiae of our everyday going concerns,' agree James Holstein and Jaber Gubrium (2000, p. 223). After years of abstaining from violin playing, fearful that such 'indulgence' would further jeopardise her mental health, Jo returned to one of her favourite pastimes. The sound she was able to produce was also symbolic of changes in her 'everyday going concerns.'

I remember going to the cupboard, opening the violin and seeing it was in an unplayable state, without money to get it fixed. And now here I am playing the violin again. And it's like that step took however many months it took, even though the idea was in my mind – it's so hard to take that step, even though it's something you really want to do. I can see that it would be sad to have not got back to it now because music is something that is so important to me...I was thrilled to find that even my vibrato has come back, which gives a richer sound and adds extra colour to everything I play.

Maybe something
in between,
something that will
come and go.
I hope I can
prove them wrong;
that it won't be
life long.

Lysabel, March 2003

Although the venues that these women are granted entry into, as social agents, are limited, they do exist. And although a psychiatric diagnosis welds these women to the social locations produced beyond them, these identities are ascribed on moving subjects whose capacity to critique and resist is part of their repertoire. These women's 'small' stories highlight that no set of social relations is static or absolute, and that all practices that position individuals in

places and spaces they wish to move away from are open to review, debate and variations. Lloyd explains that opportunities to restory self(ves) emerge at the nexus of numerous narratives.

One significant effect of problematicisation is the possibility of generating alternative practices of the self, an aesthetics of existence. What lends force to this creative dimension is the fact that subjects are always constituted across a range of discourses and practices; the self is the site of multiple practices (some working in harmony, others in tension). There are, therefore, always interstitial possibilities for self-production. This is what furnishes the conditions of possibility for aesthetic formation (Lloyd 1996, p. 247).

Because the dissenting and assenting storied and storying subject is active in deciding which narratives to invoke, the development of more satisfying accounts, even within the constraints of existing discourses, is possible. The discussion in this chapter has shown how some of these women's narratives were integral to their strength, struggles and movements away from problem-saturated scripts in which they had been cast. Navigations through, around, between and beyond discursive constructions revealed a narrative fluidity and dexterity that tells of women skilled in knowing and negotiating their own lives. They showed adeptness at taking up opportunities for renarrativising, for pursuing lesser known readings and shoring up preferred stories of self. Margaret, for example, concluded,

It's a build up of believing in yourself and believing what you have to say is worthwhile. It's your story, you own it and you know what it is. If somebody else interprets it in another way you've got to be able to say to yourself that that is OK, that is their way, and not blame them for not seeing it like you. You've got to not be scared that when you say something it's going to be taken out of context, that somebody will skew it. It's OK for people to skew it, or whatever.

Using and/both narratives the women who joined this project located possibilities for being an/other in the liminal places and spaces amidst different subject positions. The reflexivity that arose out of positioning themselves in relation to and beside psychiatric discourse facilitated movements beyond this dominant framework's grasp: a beyond where 'the future is recast as a site of reinvention, a time of new developments, an aperture through which to discern opportunities for becoming-other,' to quote Lloyd (2003, p. 343). The experiences they narrated made visible the horizons for assessing who they are and who they could be(come). Like palimpsest prose Homi Bhabha's conception of beyond, as neither a new horizon, nor a leaving behind of the past, but a disturbance of direction, 'an exploratory, restless movement caught so well in the French rendition of the words *au/dela* – here and there, on all sides, *fort/da*, hither and thither, back and forth' (in Friedman 1998, p. 10), also seems apt. These researching women's nuanced accounts of actualities highlight how subjectivities, located in diverse stories told, constantly shift, constructed anew from different speaking positions. In a continuous flux of becoming beyond conventional codes, and reminiscent of Trinh's (1989) subject-in-the-making, these women's future is not certainly and already determined. As Friedman (1998, p. 232) says, 'There are always new stories to spin, tell and become.' The complex interplay of stories re presented here attests to these women's capacity to be agentic in the production of narratives that disrupt stereotypical expectations of passive subjects without knowledge. Repositioned as people *with* knowledge, their storytelling concomitantly unsettles the (dis)position of 'mad' woman.

CHAPTER FIVE

doing theory

Dorothy Smith's methodological argument, introduced in an earlier chapter, was developed to redress the annulment of women's lives in traditional social research practices. Her insistence on the importance of developing sociology *for* and *with* women, rather than *on* women, is located within a broader feminist response to standard research theories and techniques. Judith Stacey (1991) explains that the abstractions and detachments of positivism, and attendant hierarchically organised dualisms, produced widespread disenchantment with conventional ways of conducting social inquiry amongst feminist scholars. Feminist research has been mindful to remedying the epistemic consequences of investigations legitimised through the principles of neutrality and objectivity. Patti Lather (1991b, p. 18) holds that, in 'the search for pattern and meaning rather than prediction and control,' feminist research has replied with innovations in methodology. In particular feminist commentators have advocated for integrative and interactive approaches to knowledge production, where theory reflects the realms of women's everyday lives. So, just as Smith's proposition is situated within a larger canon of feminist thought, this project is also more broadly couched within a feminist research framework: our investigation of the institutional determinants regulating the experiences of women, diagnosed with a psychiatric disorder, both as they are felt and as they are obscured, expressed and enacted, was informed by and embodies the general philosophies of feminist researcher (see chapter 1).

As per much feminist research epistemology our methodology had a praxis orientation. This was a situated, engaged, and action oriented social inquiry, dependent upon the actualities and analysis that anchored our explorations. Reflecting an evolving and dialogic process, and in the vein of most institutional ethnographies, methodology and methods were fluid and negotiable (Campbell and Gregor 2004). I have borrowed from Barbara Myerhoff (1992) the analogy of 'unfolding' to describe the path this research took. She says, it is 'not how things finally end, but how they unfold' (p. 277). Sandra Kirby and Kate McKenna (1989, p. 170) offer that because emergent research is 'continually unfolding' the researcher(s) contributes to how the methods progress. Not

confined to an exploration of these women's everyday experiences, this inquiry included a complementary, and necessary, investigation of the process of researching itself, 'to produce different knowledge and to produce knowledge differently' as Lather (2001, p. 200) suggests. From this concurrent inquiry focus the actual methodologies and methods used to facilitate the generation of knowledge were examined. Such an approach, Liz Stanley (1996, p. 47) says, 'positions an experiencing and comprehending subject whose ontologically-based reasoning provide the grounds for knowledge-claims and thus for all epistemological endeavour.' Richa Nagar (2003) agrees that critical opportunities to examine theoretical perspectives are lost when research partnerships are framed in obligatory terms independent of the production of knowledges.

Discussion of the ways in which we researched in this section is again considered amidst the musings of the women who joined this project. This text based dialogue draws attention to the interrelationships between how it was done and how it was interpreted. Although often discussed independently, method, methodology and epistemology are inextricably linked (Cook and Fonow 1986; Harding 1987; Naples 2003; Skeggs 1994). Because each necessarily refers to the other, presentation of phases of research as consecutive and distinct is problematic given this does not resemble the act of researching itself. This chapter can be conceptualised as a continuation of the discussion of the ontological and epistemological perspectives informing this research, (hence the title 'doing' theory), but ought not be read in any linear sense.

Deliberations regarding the ethics of our researching are interwoven throughout this section as well. Recent shifts in social theorising have highlighted the inseparability of ethics and methods in research. Feminist researchers have taken up this realisation by enhancing the level of 'care' in their methods (for discussion of this see Jagger 2000) – and the literature is full of critical conversations amongst feminist writers struggling with the nuanced operations and effects of power, notions of equality and collaboration, ways of knowing and working with 'other', tensions between silence and engagement, and the importance of searching for moments of social justice. The length of this chapter reflects this mindfulness about the ethical dilemmas of researching with women. It also takes into account calls from feminist practitioners for greater rigour and reflexivity in research.

the ethics of (our) researching relationships

I don't like to tell people that I am involved in research projects, because to me it has connotations of being involved in a science experiment.

Lysabel, May 2003

Positivist research, premised in nineteenth century endeavours to appropriate scientific methods to investigations of the social world (Lather 1991b), is based on an assumption that the 'truth' is possible to uncover, and concomitantly that 'truth' can transcend opinion and personal bias (Code 1995; Denzin and Lincoln 2000; Smith 2005). Ways of researching posed from the positivist

paradigm, with an emphasis on 'validity', 'reliability' and 'representativeness', and thus what is constitutive of a 'proper' investigation, have been countered through interpretive, or postpositivist approaches to research. The interpretive turn in social theory has illuminated that *all* knowledge production is socially constructed and contingent (Haraway 1988). The notion that research is inherently culture-bound, and that the researcher and researched are intertwined in a dynamic relationship has unravelled the certainties of research informed by positivist philosophy, and highlighted previously peripheral methodological concerns.

In traditional research theories and practices the participant is considered passive, the 'object' of the investigation and devoid of any active presence or specific location. As Ann Oakley (1981) observes, 'respondent' is a telling name, implying a singularly directed exchange in social inquiries. Janette reflected on similarly suggestive research vernacular.

I suppose that the term 'participant' does sound a little bit sterile. I think anyone who has been involved in research can feel like a guinea pig. Even if you are doing qualitative research you are still reduced to an anonymous number or figure in the end...The need to keep individuals in mind is very often forgotten in lots of people's work, not just research.

Prevailing social science discourses have heightened the rational and emotional dualisms in their contentions that good research requires dispassionate practitioners. In western societies the cultural construal of emotion as ‘an unfortunate block to rational thought’ (Lutz 2002, p. 196) is apparent in conventional research methodologies. Within these ‘spectator’ approaches to inquiry (Lather 1991b), a detached researcher is presumed able to minimise the possibility of bias through removing the interviewer’s personal views and values in a clearly hierarchical research relationship. Information collected in interviews where personal engagement has been permitted is understood as compromised, the ‘results’ rendered vulnerable to possible manipulation. Smith suggests that this pretence of separation is propelled when the researcher is positioned as an abstract entity, deemed beyond the influence of research contexts (in Acker et al 1996). Within this paradigm bias is also assumed to occur if there are disparities between the way interviews are conducted, making it impossible to distinguish ‘clean’ from ‘contaminated’ data in any decisive way (Oakley 1981). Thus only standardised methods of ‘data’ collection are considered capable of eliminating untrue recollections of experience.

Having people distance themselves from you, wanting to look at you analytically, is quite a dehumanising experience and can be very frightening. I think that the most important thing is how we treat each other. And yet I doubt that there is a research technique that would adequately capture that.

Jacqui, May 2003

Attending to relationships, as previously mentioned, is regarded principal to the process of investigating in feminist research (see, for example, Behar 1996; Lutz 2002; Rose 1997; Wise 1990). From these perspectives personal relationships are the vessel that ‘moves us into learning and understanding more about others, ourselves, and our world’ (Busier et al, in Harrison et al 2001, p. 342). Janette’s reminder of the practitioner’s ethical responsibilities in human services relationships echoes this foundation of feminist research.

Rather than just being a paper work situation I think no matter how short, it is an intimate relationship that you strike with that person, and you have certain obligations to that person who has agreed to assist you. So I think you need to be continually aware of the human nature of that interaction, that you are not totally separate from that person.

The silence that characterises unidirectional dialogic exchanges, and that tell of detachment, are an 'othering' practice which Michelle Fine (1994) urges us to resist through interrogating the traditions of social science that sustain this void. Instead of endeavouring to achieve supposedly objective and independent research, through use of certain methodological devices intended to dissociate knowledge from its source of production, it seems what distinguishes feminist inquiries (and other forms of postpositivist research) from these earlier investigative traditions is an attention to the research relationships, to the process of researching. Feminist scholarship has disrupted notions of neutrality and apolitical-ness, of 'dis-stance' from 'discarded others' (Fine 1992). Feminist research rejects the separation of the researcher and the researched, understanding the researcher to be an intrinsic part of the inquiring process (see, for example, Acker et al 1983/1996; Harding 1987; Kirby and McKenna 1989; Mies 1983; Oakley 1981, 2000; Patai 1991; Stanley and Wise 1993). 'The researcher appears to us not as an invisible, anonymous voice,' says Sandra Harding (1987, p. 9), 'but as a real, historical individual with concrete, specific desires and interests.' Neither masked nor regarded as inconsequential, the researcher's subjectivity, location and relationship to participant is known. In other words, the ways in which the researcher shapes the body of knowledge is made apparent. As Stanley and Sue Wise (1990, p. 39) argue, any knowledge claim 'irrevocably bears the marks of its origins in the minds and intellectual practices of those lay and professional theorists and researchers who give voice to it': 'truth' is dependent upon who gives voice to it and the conditions of its production.

* * * * *

We enacted this inquiry over a period of four years, although as indicated previously, our investigations began less formally several years prior to my enrolment in a postgraduate programme at Curtin University. Our queries started in 1997 during my student social work placement at an inner Perth city women's health care centre, and

continued the following year when I became an agency employee. Considerations of women's day-to-day experiences of living with a psychiatric diagnosis, and related collective social action oriented activities, were integral to the working relationships developed here. It was my (un)planned departure, on maternity leave, that prompted involvement with a tertiary institution, and a more official commencement of our collaborative research. It felt too early to leave this journey, but the impending arrival of a baby meant a greater degree of flexibility was needed in my working life. Also, and significantly, the women I was working with at this agency encouraged me to undertake this project, as a way of keeping going the shared exploration, taking action and reflecting on the processes we were engaged in.

Because this research sought to understand social relations shaping women's experiences in a particular time, place and space, non-probability purposive sampling was used. This method is relevant when specialised insight based on a personal experience about a given problematic is wanted (Yegidis and Weinbach 1991). Invitations to join this research were spread across the metropolitan area, communicated through agency newsletters, in flyer and letter format (see Appendices 1 & 2), and importantly, through word-of-mouth. Fifteen women, loosely defined as mental health service recipients, participated in this research project.³⁷ I talked with each woman at length before obtaining her consent to join this project (Appendix 3). In these discussions we considered the process of participating, including the possible benefits and risks of joining such a project, and I invited the women to think about how they would like to contribute if they decided to do so.

The numerous ways in which conversations for the purposes of this research were organised reflected each woman's preferences. Not standardised, our meetings included one-on-one discussions, in pairs, and in groups, and for an array of purposes. And our conversations were conducted in a variety of venues – we talked in coffee shops, their house, my house, meeting rooms within agencies, in parks, and so forth. Jo spoke about her and Eve's choice to begin the research conversations together, and later individually, emphasising the significance of the location where we met as well.

³⁷ It is difficult to offer a collective identity profile that extends beyond this, with the women's positionings on other socio-demographic indicators diverse.

I found doing that first interview in pairs good. In some sense you feel responsible as the interviewee to get some information out there that might be useful, and when there's a second person there you are thinking about what they are saying, and thinking about what you might say, and that little lapse of time gives you some space to really feel like you are answering the question. After being interviewed in pairs doing a one-to-one follow up interview was fine, we could go into things a little bit more...Where we chose to talk was already a comfortable environment for me to be in, and I felt protected, in that caring and supportive environment. So that was important for me, the actual physical setting.

Although not all of the women who volunteered to participate in this inquiry were connected to the agency where I had just finished working, all of the women involved in this research knew me in a range of capacities beyond being a postgraduate university student. Related committee work and action groups, and inter-agency projects are examples of arenas where we first became acquainted. Ours were complex and varied relationships: we were never straightforwardly researcher and participant. Ruth Behar (1996) proposes that the typical distinctions in research relationships are no longer so easily drawn. Blurring between researcher and participant, combined with being scholar, feminist, friend, etcetera, however, rarely felt problematic, and movements between the positions from which we related usually reflected the context in which we met.

Also, like the feminist ethic of care where the emphasis is on 'personal connection, context, and affective responses' (Hamington 2001, p. 107; see also Collins 1990), our relationships frequently went beyond the parameters of the area of inquiry indicated by the research questions to encompass more explicitly shared experiences. This included exchanges about parenting, studying, shopping, and occasions where I acted as a counsellor or advocate. My availability outside of our collaborative investigations was symbolic of my concern for the dignity and welfare of these women, plus a feminist driven desire to disrupt a convention of detachment in research. Jo and Eve's contemplations attest to the familiarity and confidence that transpired between us, before, during and beyond our researching together. Jo began, *We had, or I can say for myself, a really good relationship with Jennie before she asked me to participate. In*

our discussions...I felt more like I was talking to a friend than giving information for a research project. Eve agreed, We had a very trusting relationship...we built a good rapport.

As Jo and Eve indicate trust was obviously important, and possibly even a precursor to participation. (Since the experiences that these women anticipated sharing were personal, it is understandable that they wanted the recipient of such stories to be someone that they have faith in). Highlighting the subjective nature of researching relationships Janette advocated the need for researchers to value people as worthy.

I think no matter how short, it is an intimate relationship that you strike with that person, and you have certain obligations to that person who has agreed to assist you. So I think you need to be continually aware of the human nature of that interaction, that you are not totally separate from that person.

Participation in itself, however, can constitute an 'othering' practice since, as Beverley Skeggs (1994) notes, an agreement that the investigator can access the respondent's life is central to consent to join research. Daphne Patai (1991, p. 149) explains, '*others* are always the subject of *our* research, almost never the reverse' (with original emphasis). Fine (1994) suggests that perhaps it is always 'their' lives that get investigated, because 'ours' are falsely understood as naturally revealing. Obvious in its absence from our 'contract' was a reciprocal arrangement that my lived actualities would also be open to review. Mindful of this imbalance I invited the women to question aspects of my life also, and shared details of particular experiences as they dovetailed into our conversations.

Where non-hierarchical relations between researcher and researched was promoted in earlier feminist research, it is now more widely acknowledged amongst feminist scholars that to presuppose equity in research relationships is a utopian ideal and naïve in its simplicity (Skeggs 1994). Joan Acker, Kate Barry and Joke Esseveld (1996) argue that because the researcher's intention is to collect information, friendships can be used to achieve this end, and supposedly liberating feminist research methodologies can become another vehicle for oppression. They argue, 'attempting to create a more equal relationship can paradoxically become exploitation and use' (p. 69). Sherry Gorelick

(1996, p. 32) agrees that the ideology of equality between researcher and researched obscures the power complexities in this relationship. Acker et al qualify that resolution is not achieved through a pretence that no relationships have developed between all participants in a research project either.

The shrinking distance between researcher and researched leads, says Virginia Olesen (2000), to arguments for 'strongly reflexive' accounts about the researcher's own position in the research. Fine (1994) invites researchers to examine the self/other relationship, and to braid these struggles into our texts. 'Working the hyphen,' Fine (p. 72) writes, 'means creating occasions for researchers and informants to discuss what is, and is not, "happening between", within the negotiated relations of whose story is being told, why, to whom, with what interpretation, and whose story is being shadowed, why, for whom, and with what consequence.' Countering an emphasis on securing distance, protecting privilege and disguising contradictions, I/we always considered ways in which we related to each other, and how this dynamic was shaping our thinking and doing, including how my own position(s) in our interactions influenced this process. Such a self consciousness entails being aware of and naming differences. Accepting variation, and inequity, between researcher and 'other' as inevitable, means also honouring attendant tensions and possibilities that such disparities will produce. In this intersubjective flux, however, opportunities for momentary mutual-ness are equally likely. To reiterate on an argument developed in the introductory chapter of this thesis, highlighting relationships in the knowledge production process is akin to 'taking sides'.

Nancy Hartsock (1996) maintains that impartiality does not equate to lack of rigour in knowledge production processes. She says that when articulated, 'these knowledges can help us recognise how the doctrines of neutrality and reason have been used to distort, deny, and erase realities other than that of the dominant group' (p. 52). Sandra Harding (1987) similarly insists that attention to the mechanisms shaping knowledge production actually enhances the objectivity of any research endeavour. These observations present contrarily to earlier researching presuppositions, and rather than traits to be eliminated, the researcher's position can be viewed as a set of resources (Olesen 2000). Oakley (1981, p. 58) reminds us that personal involvement is more than dangerous bias – it is the condition, she says, under which people come to know each other and admit them into their lives.

'give and take'

Jane Harrison, Lesley MacGibbon and Missy Morton (2001) hold that 'the give and take of a reciprocal relationship,' integral to feminist politics, is also a unique characteristic of feminist research methodologies. Jennifer Scanlon (1993) similarly advocates that 'a take-and-give methodology' is requisite to redress an assumption in traditional research that participation is a privilege, and sufficient compensation for information shared by those who constitute the studied. Feminist scholars have argued that allowing research participants to 'talk-back' recognises the agency of research participants, and subverts the dichotomy between subject and object, knower and known (Cook and Fonow 1986; DeVault 1990; Oakley 1981; Skeggs 1994).

Questioning the ends-over-means dynamic, feminist researching encourages an exploration of motives as well as methods (Scanlon 1993). Interrogation of the expectations, benefits and risks of research was a significant aspect of our 'talk back' in this project. Although still relevant, conventional ethical concerns warranting attention, like informed consent and right to confidentiality, seemed quite simplistic in relation to some of the issues we considered.³⁸ Whilst this project's ethics application to the relevant university committee provided the initial reference point from which to construct a framework pertinent to our inquiries, we developed a more complex map of the ethical responsibilities of the researcher beyond those determined by the university.

Our dialogue began easily with an examination of how these women did *not* want to be treated. This encompassed identification of actual and imagined scenarios where participation did/may prove contentious. Lysabel, for example, recalled past experiences as a research respondent to emphasise the importance of feedback. *I've taken part in a research project in the past, and there was no follow up. It was just dropped. I wondered what had happened, and I just felt really abandoned.* Jacqui's caution was typical of the women's commonly expressed doubt of professionals' and practitioners' intentions.

³⁸ See Andrea Fontana and James Frey (2000) for a discussion about the limits of traditional ethical concerns. In a similar vein Patai (1991) draws attention to the relative ambiguity of the widely accepted 'do no harm' ethic, because, she argues, researchers are unable to ever know the possible future consequences of their investigations in advance (see also Rose 1997).

It is often very personal information...And it sort of becomes yet another hit and run. You're asked to put out all this information, and you do, and feeling like that's not respected can be a very damaging experience...I think you need to be aware that you can do a lot of damage when you go into people's lives and start asking them questions.

Like Jacqui's comment, Janette's reflections also served as a reminder about the importance of trust and respect.

I think one of the most horrible things is feeling a need to rush a story that may be filled with emotion, where you really need time to choose your words. It's often a very awkward situation. So I think that trust is definitely necessary, and if it is a stranger you have to be made to feel that they are going to treat your words with care and not make it another abusive situation where your trust is ruined.

Jo stressed that the potentially taxing task being requested of research participants be appreciated, and that the context of the person's life be accommodated.

I want to underline the fact that it is a very emotionally demanding thing to ask, and in some cases that can turn out to be negative if the person hasn't got support. So even if you think that you have done your best, it can still be a negative experience for that person, because it is emotionally draining, especially if there are other things in their life that are emotionally draining at the time.

Jacqui elaborated that it was imperative that the practicalities involved for those who share their personal experiences for research and educational purposes be duly recognised as well.

It needs to be of benefit to the interviewee as well. You need to think, what are they going to get out of it. How can I make it a win win situation all round. Just things like running a car, photocopying, printing. Having a taxi bought for you means that I don't have to stress out about my car. Having a coffee

bought...All these things make it worthwhile, and make you feel like you are valued.

Most of the women who joined this project cited some form of reciprocity as a factor contributing to generally positive experiences. The benefits that they attributed to participation were mostly not tangible. Laurel Richardson (1997, p. 185) explains that the research interview is ‘an opportunity for “witnessing” another’s life, for hearing testimony.’ Janette reflected that having a chance to share mostly untold experiences was significant recompense.

Having an opportunity to tell your story can be therapeutic. It’s an opportunity that people don’t often give you, the time and space to tell your story. A lot of people who have had emotional situations in their lives have a real need to divulge information, and often people around you...aren’t willing to listen. So I guess that story telling is a bonus too.

I’m really pleased
I’ve been involved
in this process.
I’ve found it to be
a really peaceful experience,
where I’ve been
an equal partner,
not like being spied on
or forced to say things.

Pauline, July 2002

Patai (1991) cautions that undivided attention in an interview ought not be regarded as sufficient exchange in return for participation. More than an interested researcher, who could confirm these women’s favoured and largely unrecorded accounts, I was active in the process of their articulation. Fascinated in learning these women’s perspectives, my queries told of this curiosity. Iris Marion Young (1997) highlights the role of

questions in communicative acts. ‘Questions,’ she says, ‘can express a distinctive form of respect for the other, that of showing an interest in their expression and acknowledging that the questioner does not know what the issue looks like for them’ (p. 55). And answers, Young continues, can be conceptualised as like gifts. Shulimat Reinharz suggests that ‘doing research with people rather than on them...in ways that empower people...are ways in which a giving-back can occur’ (in Scanlon 1993, pp. 639-640)

Lysabel's comment echoes this sentiment. *There is a big difference between being researched on and researched with...(You) researched with me, and it felt more like I was a person than an object.*

Encouraging the articulation of infrequently spoken stories, and appreciating and honouring the value of experiential insights, signifies the importance of these narratives. The actual documentation of these further confirms their worth. For Liv participating in this research represented an opportunity to express what had remained by and large inaudible in her life.

I mean for me, right from the word go when I heard about the research that you are doing, I just really wanted to take part, because I wanted to be able to actually say to someone that it is really, really, difficult hard to live with this label of being depressed.

Lather (1991) contends that reciprocity in research relationships is a good place and space from which to begin developing more useful theory. Many of these women identified that their recorded experiences could possibly become part of a wider body of knowledge. Pauline said, *It makes me feel like I'm making a difference to what's going to happen...maybe not to me, but to other people.* Ways in which we joined narratives and began to construct a collective voice are discussed later.

exploring women's everyday everynight experiences

Contrary to its historical claims, positivist research has failed to objectively re-present individual experiences (Kirby and Mckenna 1989). Marjorie DeVault (1999 p. 162) concludes, 'Too often, men have presented accounts of male experience as accounts that are gender-neutral. Texts about women's experiences – when they exist – have been read as minor revisions, works that merely add small pieces to the overall picture.' The exclusion of women from dominant sources of knowledge production has 'naturally' skewed theoretical considerations. Feminist commentators have warned that 'adding women' is, in itself, an inadequate way of countering this imbalance (Harding 1987; Smith 1987). Susan Stanford Friedman (1998) proposes that writing women's history

necessarily begins with an intention to make visible previously obscured and unheard perspectives of women's experiences.

Feminist scholars have pointed to the inability of research methods attributed to the positivist paradigm to allow for the complexity of narratives women use to frame their experiences (Lather 1986; Mies 1983; Smith 2005). Descriptions of the social research interview are commonly cast in quantifiable terms (how many, how long, question format, and so on) in textbook approaches to interviewing (Oakley 1981). Janette and Jacqui were familiar with this interview template. Janette reflected, *You know when their job is to make the answers fit into a certain sized space in a certain time frame.* Jacqui elaborated, *I think that there is nothing worse than feeling like you are being constructed to fit someone's career advancement or research funding, and there is no point to it anyway.*

Feminism has brought centre stage an understanding that questions asked are constitutive of what can be known. Catherine Lutz (2002, p. 198), for example, notes that queries posed point to how problems are perceived from certain social locations, as well as the answers that are expected. The wrong questions asked in the wrong language, designed to generate responses that will correspond with preset categories, leave little room for expressions of experience that depart from these guides. With a narrow interpretive lens, that has characterised much conventional research and practice, many questions consequently don't get asked.

Oakley (1981) advocates that the feminist researcher use interview styles that depart from traditional methods because feminist research is dependent upon mutuality, not the scientific principles of observation and verification. 'Accounts of a "real" world do not...depend on a logic of "discovery", elaborates Donna Haraway (1988, p. 593), 'but on a power-charged social relation of "conversation".' Conversation is a Latin derivative meaning, 'wandering together with' (Kvale 1996). Conversations are more than the information gathering tool the interview has conventionally been conceived as. Richard Rorty (in Kvale 1996, p. 124) argues that postmodernism has enabled a realisation that a conversation is 'the ultimate context within which knowledge is understood.' Bronwyn Davies and Rom Harré (1990, p. 45) explain that 'a conversation unfolds through the joint action of all participants as they make (or attempt to make) their own and each

other's actions socially determinate.' Conceptually this suggests that knowledge emerging from conversations is neither finite nor immune to the myriad of factors that shape how and what was discussed at any particular time, place and space.

a nice low key
conversation is much
more relaxing
Eve, March 2002

Since our explorations were reciprocal, inclusive of more than one point of view, and meanings were jointly negotiated and reviewed, the framing of these as conversations, not interviews, seemed an apt way of couching and describing our method. Pauline

explicitly identified this dynamic. She said, *It was like having a conversation rather than answering a series of questions.* Our exchanges were also dissimilar from the hierarchical relation that exists in the orthodox interview where, because one person typically asks and the other typically answers, the interviewee usually occupies the subordinate position (Fontana and Frey 2000; Reinharz and Chase 2001). Semi structured conversations made possible a more organic exploration that was not without direction but able to shift and accommodate the telling of each women's unique story, allowing, as Reinharz (1992) suggests, optimum room for 'discovery and description.' The aim of this approach was to make room for richer and uninterrupted experiential accounts, where the women's own sense making was foregrounded. Jo reflected on the potential for revelation in semi structured conversations.

Because you spend most of your time not thinking about it, denying that you've got a mental illness, pretending that it's gone away...And so when someone invites you to talk about it, you've got permission to explore your own thoughts...that's when you find out, when you discover, where you are at then.

Women were invited to narrativise experiences they deemed important to tell. 'By speaking in ways that open the boundaries of standard topics, we can create space for respondents to provide accounts rooted in the realities of their lives,' says DeVault (1999, p. 99). The conversations flowed, organised around times and events that woven together created a larger cohesive, but rarely chronological narrative. The recounting of experiences inevitably moved back and forth in time, referring to and picking up the

threads of storylines already told and those waiting to be told. Like Smith (2005, p. 128) says, 'Uttering what becomes experience in the telling is full of hesitations and revisions. It is taking shape as the narrator is telling it to the interviewer.'

The questions guiding our conversations were asked by all of us. In other words everyone, variously, contributed to the setting, leading, revisiting and revision of the research agenda. The women's feedback attests the value of having the chance to contribute to setting the directions and content of our conversations. Eve said, *It was very versatile, flexible...You were very much in control of what you discussed and what you didn't want to discuss, and it really flowed. There was some structure, but it really was very relaxed.* Margaret similarly commented, *One thing that I found was really important was that you kind of gave us the lead, but at the same time there was that support there...it felt like you were worthwhile.*

When you start asking people about their experiences, you don't know what you are going to uncover. You may start probing into areas that they have never spoken about before. You may start probing into areas that they don't actually have a language or words for.

Jacqui, May 2003

The focus was on listening to accounts of experiences in the words the women used. Sometimes language to convey meaning is not available, because prevailing vocabulary is insufficient or even unknown. DeVault (1990) calls the lack of fit between women's lives and the terminology available for self-expression 'linguistic incongruence'. 'If words do not fit,' she says, 'then women who want to talk of their experiences must "translate", either saying things that are not quite right, or working at using language in non-standard ways' (p. 97). In a similar vein Luce Irigaray

(1985) posits that a woman cannot be taken to represent exactly what she means. Instead, she says, it is contiguous, close. So, concludes Irigaray (p. 29), 'It is useless...to trap women in exact definition of what they mean, to make them repeat so that it will be clear.' Lysabel spoke retrospectively about her apprehension that she would be unable to describe her experiences in a comprehensible way.

Sometimes my thinking seems to cease up. So for me that was a big risk, not being able to explain things, not being able to tell the whole story, not having a balanced view of the story. And also being judged for the way I speak. Sometimes my speech might play up, and I might be misunderstood.

‘If the language is “man-made”,’ DeVault (1990, p. 111) elaborates, ‘it is not likely to provide ready-made, the words that feminist researchers need to tell what they learn from other women.’ So, she says, ‘Researchers must develop methods for listening around and beyond words’ (p. 101; see also Spender 1998). In trying to find words that are good enough DeVault observes that some experiences may be left out. Thus the construction of a narrated self(ves) rests not only with what is said, and the choice of words, intonations, body language, to describe that, but also what is not said. The conflation of experiences told and omitted reflects the specificity and circumstances of particular conversations. Janette acknowledged the contingency of her responses.

Being involved in research with these kind of questions makes it a fairly unique experience, because any other research that I have been involved in I have basically wanted to get it over with as quickly as possible, and having all these other considerations in mind has probably altered what I would have said.

This weave of telling and not telling also signals the narrator’s assessment of what she regarded as worthwhile experiences to recount for the purposes of this research, and possibly even what she presupposed I wanted to hear. In other words, stories may have been tailored to suit this. In some instances, particularly in the beginning of our conversations, many of the women, expectant of a more traditional interview format, looked to me for the lead. This meant that in the early stages of this project not all our conversations embodied the ‘participant led’ method I had hoped for. In some discussions, no matter how often I endeavoured to share this responsibility, I was the one who did the asking, and therefore the one who set the parameters of the storying process.

Again, my presence in the women’s narratives, beyond the queries I posed, is evident. Besides responding to questions women put to me, I shared experiences, observations

and interpretations that seemed relevant. Rather than adopting an ad hoc approach to self disclosure, my personal involvement depended on the content of each unfolding conversation. Not deployed to facilitate a more in depth sharing of participants' experiences (Reinharz and Chase 2001), in our discussions dialogic reciprocity seemed important to reassure these women about the significance of the stories they told, and to lessen the isolation sometimes described. For example, in deliberation with Eve and Jo about cultural stereotypes of people diagnosed with a psychiatric disorder I shared statistics that presented contrarily to popular beliefs: that people diagnosed with a mental illness were more likely to be victims than perpetrators of crime. Months later Eve told me that this information had enabled her to read media portrayals of criminal 'psychopaths' with a greater critical perspective. Thus, as Deborah Eicher-Catt (2004, p. 106) notes, transformative potential resides in the everyday events of speaking and listening in which the contents of discourse and culture play out. Although my contributions were well intentioned on occasions I did, however, find myself concentrating on my responses at the expense of paying close attention to the evolution of our conversations, like silently constructing replies that I gauged were preferred. This reflected perhaps not only my desire to maintain rapport between us, but also a felt need to have these women like and trust me.

Studies regarding patterns of communication according to gender have concluded that women devote more energy to listening than men, are more likely to actively engage with the speaker in discussion, give a larger range of expressions to their emotions, have a greater propensity to discuss human relationships, and are more attentive to the question of place (see, for example, Irigaray 1994; Spender 1998; Steinem 1983). DeVault (1999) proposes that woman-to-woman interactions can be facilitated, although never simply, by an often unspoken background knowledge. Our conversations were couched not only within some similarities between and across experiences, but also through some commonality in experiences of relating and interacting. These connections are a generalisation only and shared ground was not automatically assured, or easily reached (see Reinharz and Chase 2001, who warn against a romanticised ideal of women-to-women interviews).

All stories have an affect dimension that invite replies. The sharing of personal accounts meant that our conversations were often intimate and even intense. On several

occasions some of the women became distressed during our discussions. One woman's storytelling prompted recollections of traumatic experiences in childhood, and another woman was reminded of similar abuses several weeks after our meeting, when she read her transcript. Lengthy consideration of ethical guidelines, like 'do no harm', preparatory negotiations and planning, and a firm undertaking that each woman would set the topics to talk about, were not enough to safeguard against anguish. These incidences raised other quandaries. What did these women stand to gain from narrating at times painful experiences? And, more specifically, would their telling improve their situations? There are no immediate or simple responses to such dilemmas.

Although working with affect is at odds with more usual expectations of researching, many feminist commentators have pointed to the significance of emotions in any communication. Patricia Hill Collins (1990, p. 215), for instance, proposes that the presence of emotion in a story indicates the speaker's conviction in what they are saying. Indeed, crying and other demonstrations of feelings during our conversations were not always experienced negatively. Some women surmised that although emotional, this was also cathartic. Debriefing with the women about the content and process of each conversation was integral to the winding down of all meetings. Colleen's thoughts were typical of many of the women I spoke with. *I feel OK because each time I tell that story it is a little bit less painful.* Given her admission that she had been reluctant to share her experiences before this time, Liv's similar assessment was particularly significant. She said, *It makes you feel a bit better actually.* These upbeat endings signalled that these women were not passive recipients to this process, but active subjects whose struggles were made apparent.

Each meeting also concluded with space to plan follow up. Besides organising the delivery of respective conversation transcripts, this included considering the resources available to the women should they need support after, and in relation to, our discussions. I invited the women to contact me at any time subsequent to and between our meetings. I also organised for workers at Women's Health Care House to be available for this purpose, in the event that any of the women would wish to talk with someone outside of the project. Several women indicated that they were sufficiently satisfied with the gist of our first conversation and did not feel it necessary to contribute further to this research. Another woman's decision to participate on a singular occasion

was driven by extenuating circumstances. Her husband had a cancerous growth detected shortly after our first meeting, and although desiring to continue, she was unable to because of changes in her daily timetable. An ongoing dialogue with most of the women was, however, maintained.

* * * * *

This exploration of women's everyday everynight experiences, informed by the principles of an institutional ethnography and more generally feminist philosophy, lends itself to a narrative framing. To reiterate on earlier discussions, the narrative approach is premised in an understanding that people talk about their lives through stories developed to give meaning to experiences, and that cultural values and ideologies are necessarily interwoven with these subjective accounts (Davies and Harré 1990; Friedman 1998; Smith and Watson 2001; Sween 1999; White 1988/89, 1992; White and David Epston 1990). Strategies developed in narrative practice include identifying ways in which the compelling influence of dominant discourses can obscure or negate lesser known stories, and making space for narratives that counter distortions produced by such regulatory scripts in people's lives (White 1988/89; White 1992). Vanessa Swan (1999) considers that the narrative approach is consistent with the intentions of feminism since the teller of the story is regarded as having expert local knowledge and personal agency, and an adjunct to the local contestation of cultural discourses is that dominant knowledges are unsettled. Appropriated to feminist qualitative research, the narrative approach directs the positioning of 'thick descriptions' and 'subjugated knowledges' in individual accounts towards an exploration of the effects of social structures and institutions organising experience, and concomitant identification of preferred storylines. Also important from a feminist perspective is that women's own voices are celebrated in these re-storying endeavours.

In this project the narrative approach was used to guide the process of distancing women from an implicit and pathological association with their psychiatric diagnosis. As you have seen, this necessitated unpacking widely privileged forms of knowledge, or moving 'the spotlight from the individual to the system of concepts that holds them in their distress,' as Ian Parker et al (1995, p. 108) describe. In our conversations we examined commonly told stories, stories steeped in certainties that perform to 'fix'

women in specific positions. Named and questioned, some of the powerful themes evident in narrations of personal experience lost their intensity. Jo, for instance, indicated that her anxiety about mental illness diminished between our conversations.

I can see that my views have shifted since the last time I really thought about it and we talked...I guess in talking about it...even in that limited way...in that hour or whatever it was...you develop your own thoughts going into it and you think, well that was me then and now maybe I've evolved just one more step along...When I was in the interview, I was thinking about the fear thing. The fear was a really big thing, and then that little evolving step means it is not as scary now. I'm just maybe at that stage where if it happened again, it wouldn't be nice, but it doesn't kill you, it won't kill me. And it's OK to just allow yourself from time to time to have that little moment to linger on an image that comes and not have to quickly try and shove it away. It doesn't have the power it used to. So through being open about it, airing it, letting it out, it's lost some of its potency...and you just wouldn't have thought that that would have been possible. You would have always just thought that that was too much to think about, and now it's OK.

Narrativised subject positions are formed through the assimilation and articulation of storylines that necessarily shift according to where we are, who we are with, and what knowledge is available to us (Shakespeare and Erikson 2001, p. 202). The stories the women who joined this project shared thus told of the specificities of their experience of negotiating available narratives. Conceding the impossibility of moving beyond discourse, opportunities to totally rewrite stories through inventing new narratives was not a viable project: instead the task was to explore which narratives were available, and how these might manifest into more favourable accounts for women who decide to deploy them. Swan (1999, p. 105) explains, 'By specifically looking in detail at how this happens, opportunities for change, many of which have already been taken up by the person but often without their conscious awareness, can be highlighted and thereby made available to them to use in the future.' Using poststructuralist theories of consciousness and language Gayatri Spivak (1987, p. 212) similarly suggests that spoken or written enunciation assists 'distancing from self so that meaning can arise – not only meaning for others but also the meaning of the self to the self.' In other words, another

aspect of self can emerge through the very act of telling one's experiences. Richardson (1997, p. 29) elaborates that narrative assists the joining of storied experiences across time, not as 'a linear linking of points in space, but as extended awareness of the past and the future within the present.' Indeed, the journey metaphor is used widely in the narrative approach to signal movements away from taken-for-granted 'problem saturated' stories towards favoured ones (White 1988/ 1992). This analogy also signals a shift in focus from personal deficiencies to deliberations about the institutional and sociohistorical context in which the identified problem is located. Narrative therapy's mantra, 'the person is not the problem, the problem is the problem,' encapsulates much of the philosophy guiding this practice.

I noticed the issue
of disempowerment,
not being able to say anything.
I hadn't worked
that out before.

Margaret, July 2002

New story lines emerge when previously privileged assumptions and prescribed ways of being are contested. It was in the unfolding of these women's narratives that preferred stories of self became apparent *and* enacted. Pauline surmised that participation in this project had afforded her a chance to contemplate her experiences from a longitudinal perspective.

Well, I thought it was really good. I enjoyed being interviewed, and I can see that I'm a bit more further on down the track now...you know I've had mental health problems for twenty odd years...and it was really interesting because it was like a bit of reflection for me...to think about where I've come from.

Friedman (1995) proposes that the act of assigning meaning to the past will shape present and future narrative constructions. Speaking from a range of positions these women's stories often told of subjectivities cast in codes resistant to dominant scientific determinations. Putting space between herself and an ascribed label, and drawing attention instead to a medical practitioner's almost exclusive biological focus afforded Margaret some separation from the notion of self blame. She recalled her words during the occasion when she challenged her doctor.

'I'm not happy with the way I'm being treated by you, cos when I've rung up and said certain things or I've been in here talking to you I feel I haven't been heard, cos of the response I had from you when I was talking about stuff that was currently going on in my life.' She was just interested in my case notes, cos she knew I have got a pretty long history, and what medication I was taking.

As Margaret's story shows, reworking problem saturated narratives to ones that provide more affirming framings of lived actualities was an important aspect of our explorations of women's everyday everynight experiences. Revisiting earlier identity scripts afforded these women opportunities to speak back to culturally construed subject positions and to re-invent aspects of self(ves) in the process. Richardson (1997) regards storying of the self as organic and ongoing. She says, 'The experience of (re) narrativising, like the experience of biographical time itself, is open ended and polysemous, allowing different meanings and systems of meaning to emerge' (pp. 30-31). The continuously changing ways in which subjects read and tell lived experiences also attests to the active role played in the construction and reconstruction of self. This became the ground on which our collective theorising about the regulative forces shaping subject positions was built.

explicating extralocal influences

If research is to make a difference in people's lives, then involvement in the act of researching itself is a way to enhance the likelihood that more pertinent ways of knowing will transpire. Rather than the manufacture of more general and abstract social theory, for the making of relevant knowledge theorising must begin locally, as many feminist commentators have argued. Richardson (1997, p. 123), for example, advocates that people, cognisant of their particular social context, are best placed 'to tie personal experiences to historically situated circumstances...to construct social/personal theory.' Lather (2001, p. 215) similarly recommends, 'Avoiding the position of grand theorist and master interpreter, we grant weight to the lived experience and practical consciousness by situating both researcher and researched as bearers of knowledge.' The use of methodologies that allow peripherally located subjects/groups opportunities to participate in knowledge production and dissemination practices are congruent with feminist scholarship's code, 'research by, for and with'. Young (1997, p. 17) qualifies that 'pragmatic theorising', is not necessarily any

less complex or sophisticated, but rather is 'driven by some problem that has ultimate practical importance and is not concerned to give an account of a whole.'

With emphasis on their expertise with regard to their own lives, the women I researched with contributed experiential *and* analytical insights. These are inseparable, as Alcoff and Gray (1993, p. 284) point out: an 'ontology of experience and theory requires us to relinquish the idea that in reporting our experiences we are merely reporting internal events without interpretation.' This does not mean, however, that analysis stops here. Joan Scott (1992, p. 37) explains, 'Experience is at once always already an interpretation *and* in need of an interpretation' (with original emphasis). In a vein similar to what Smith (2005) proposes we wanted to continue building understandings meaningful and accessible to the women whose actualities centred this inquiry. Smith (p. 160) suggests that the social organisation of everyday experiences becomes more apparent through the process of 'assembling work knowledges and finding out how they articulate to and coordinate with one another.'

After having at least one conversation with most of the women who joined this project I constructed a map depicting diagrammatically some of the themes that were apparent across our discussions, including where there were overlaps in experiences and where there were departures. Because these were, in the first instance, my (tentative) interpretations of their experiences, I invited the women to assess whether these readings of their actualities were acceptable to them. Specifically we checked the appropriateness of my choice of words and concepts to frame their narratives, as this conversation with Eve shows.

E The resistance...what did you mean?

J It's kind of academic language and I probably could have thought of a better way to say that.

E Oh no, that's OK, I know what resistance means but...

J ...examples that you and other women have given where you have actually challenged the label...someone else's interpretation of you, done something that shows you to be quite different from your stereotyped self...[give specific examples]...they're all, in a kind of academic language, acts of resistance.

E That I haven't taken that label on board in a big way?

- J** Yeah. And that you're not just this, you're also this and this and this...[give specific examples]...So in a way everything that you have described to me is about challenging and querying.
- E** I've also resisted the medication...and after my second hospitalisation I really went out to have a good look at what this label meant, and I didn't really think it fitted.
- J** Yeah, that's also what I meant by resistance.

One of the reasons I've enjoyed doing this research is because I've learnt something, because you do it with me. Its like you come on an exploratory journey with me, and I've learnt something about myself – or about how I and my experiences fit into the world – every single time I've done it.

Jacqui, May 2003

Aware that my use of unfamiliar terminology could be potentially alienating raised other ethical dilemmas. Patai (1991, p. 148) for instance, asserts 'turning...interviews with other women into opportunities for imposing our own politically correct analyses requires an arrogance incompatible with a genuine respect for others.' DeVault (1990, p. 110) thus recommends, 'A feminist strategy in sociology...must extend to the language of our texts; we must choose words carefully and creatively, with attention to the consequences of naming experience.' The process of verifying my

interpretations of described experiences with the women themselves, and adjusting them accordingly, was important to minimising the odds of misnaming them.

Hartsock (1990, p. 158) reminds us that we should not treat the perspectives from subjects whose opportunity to narrate has been historically limited 'as subjugated or disruptive knowledges, but as primary and constitutive of a different world.' Working to construct joint meanings through an examination of different perspectives made the uncovering of blind spots, problems and possibilities more likely. David Carey (2003) describes the potential of symbiotic research. He says, 'We will be enriched by responding to and incorporating indigenous interpretations precisely because they differ from our own' (p. 109). Ours were interactive dialogues whereby researchers 'make each other' (Rose 1997). An excerpt from a conversation with Liv illustrates how

the synthesis of our insights and critiques created the conditions for more composite knowledge to emerge. Here I checked my sense that some of the women's efforts to present as 'sane' were along the lines of those proposed by Stanley and Wise (1993), in relation to women in lesbian relationships who opted to 'pass' as heterosexual.

J I was reading this literature...about lesbian couples...because what you were saying reminded me of the analogy that they used. This book was saying that sometimes women attracted to other women choose to pass, because...and I guess this is where it is like mental illness...they don't have to disclose because there was no external manifestation of them being a lesbian. So I linked that women who have told me that they don't disclose their mental health to other people and that they choose to pass, in inverted commas, because it's easier than the consequences of disclosing...but that it takes energy to do it, which sort of sounds a bit like what you were just saying?

L Yes, it's exactly like that...you've always got to be **on**, never totally let your guard down.

Kirby and McKenna (1989, p. 23) surmise that the act of analyses in research is not confined to a finite moment but occurs, indeed underlies, the entire research process. Because meaning making was ongoing in this research, interpretations were never considered complete or fixed. So instead of the information gathering and analysis-of-data stages that characterise more conventional research methodologies, our joint deliberations were interwoven throughout, and inclusive of all aspects of our exploration. Often our cumulative process of clarification was progressed in hindsight, as Shoshana Felman suggests.

The significance of discovery appears only in retrospect, because insight is never purely cognitive; it is to some extent always performative (incorporated in an act, a doing) and to that extent precisely it is not transparent to itself...And since there can never be a simultaneous, full coincidence between practice and awareness, what one understands in doing and through doing appears in retrospect (Felman in Marris 1994, p. 48).

Conceiving how things come to be through a reverse construction of knowledge making resembles Foucault's (1980) genealogy where 'a history of the present' is examined through re tracing the discourses contributing to the experience of current conditions. Uncovering, but not erasing, previous narratives, also echoes the palimpsest analogy appropriated in some feminist theorising (see, for example, Davies 1993; Lather 2001). Also like genealogical or palimpsest philosophies, this explicative process cannot censor

what went before it, but it can augment conceptual and contextual understandings of the origins of our present knowledge(s).

* * * * *

Just as our explorations were not confined to singular sessions, our discussions were not limited to one-on-one meetings and we often discussed emerging themes in groups. Because broader social and institutional determinants affecting experience are alluded to in personal narratives, lived textualities can capture and be captured by stories others tell. Indeed, it was apparent from the onset of this project that most of the women I researched with were seeking to make connections with others whose experiences they guessed were comparable. Stories of self will more likely be validated in groups where people have experiences in common, particularly where speaking those experiences have been rendered culturally taboo. The encounter with others who have undergone similar trials can dissolve feelings of isolation, shame and stigma, says Judith Herman (1992, p. 215). Thus a mutually encoded identity can ease the burden of feeling alone. Katie and Claire were reassured through sharing their lived realities with each other.

- K** It has been quite good hearing Claire saying those things that she is feeling because you think its just you, and you feel very isolated. And you start to feel less isolated, to know that someone else is going through the same sort of feelings. So much is the same. They (our stories) are so similar.
- C** Yeah, I agree with what Katie said. Knowing...all those little things make me feel that I'm not the only one too, that's like that, that there are other people who go through the same experiences as you, and it is as bad for other people as it is for you. Cos...that's what makes you feel so isolated.

Overlaps and intersections amidst described experiences in groups can also assist identification of the influence of relations of ruling in individual narratives (Davies 1990; Gorelick 1996). Learning about how our lives are tangled in ruling relations is potentially liberating because frustration about things outside of our control is reduced (Campbell 1998). Richardson (1997) says that the 'collective story' facilitates the building of shared consciousness as well. In unison we pursued naming, amongst other things, the technologies of self in which they/I/we are immersed, and that succeed in perpetuating unsatisfactory situations, times where these have been resisted or

challenged, and so on. Reading across for resonance and inspiration rather than resolution (Epston 1999), previously obscured strands of identities can acquire a new sort of salience and centrality. Jo said that semblance between narratives was empowering for her.

To get a sense of sameness and a sense of, well she can manage it, so I can manage it. It's hard to put into words, what a big shift it is: an insecurity about whether you are ever going to get on with your life and be 'normal'. So talking together made me feel that maybe I could.

Nancy Fraser (1991, p. 100) concludes that connecting with others who have been positioned by comparable configurations of circumstances can prompt shifts in the subject's relationship to discourse(s). Privy to like discourses-in-practice, women in groups can interpret others' experiences within a framing that includes their own, and vice versa, allowing 'collective subject positions' (Haraway 1988) to develop. As we've already seen, chances for these women to contemplate a range of readings for similarly located experiences made evident the diversity and depth of stories available through which to consider one's own actualities. Richardson (1997, p. 6) explains that 'the story of a life is...more than the life, the contours and meanings allegorically extending to others, others seeing themselves, knowing themselves through another's life story, re-visioning their own.' DeVault (1999, p. 138) agrees that this 'shared canon' may lead individuals to 'consider what their own interpretations are missing and that developing meaning must always be a collective endeavour.' Jacqui attributed these sort of advantages to group conversations.

I think that some interviews come out better in a one-to-one situation, and some come out better when in a small group. And I know I've found it really useful sometimes sitting in a small group, where I've really been enriched listening to other people's responses, and it's made me think of things that I wouldn't have mentioned in a one-to-one.

Like the palimpsest analogy, participation in this project added to our knowing. Older accounts were still evident in emerging narratives, as they informed, intermingled and interrupted, these newer scripts. Women's stories both overlapped and departed from

each other. Working towards shared meaning was not a definitive or certain process, as we discovered working and researching together, because a residual of dissonant knowing always exists. Donna Haraway's words aptly encapsulate this.

The knowing self is partial in all its guises, never finished, whole, simply there and original; it is always constructed and stitched together imperfectly, and *therefore* able to join with another, to see together without claiming to be another (Haraway 1988, p. 586, with original emphasis)

We worked towards creating explanatory frameworks able to sufficiently hold our varied understandings and co-generated knowledge. Reinharz (1983, p. 183) calls these 'adequate interpretations,' which she says 'do not give definitive answers but keeps the dialogue going.' Seyla Benhabib's (1992) distinction between 'consensus' and 'reaching an agreement' also seems useful. Where the former implies unanimity, the latter intimates reciprocation and negotiation with those with whom some concurrence must be reached, and this more closely resembled our experiences. Nancy Naples (1996, p. 175) explains, 'A dialogic process provides a context in which conflicts in interpretation are made evident and, more importantly, can be renegotiated in a more egalitarian fashion than is found in traditional social science methodology.' Alison Jagger (2000) refers to this as 'overlapping consensus'. Incongruous readings, where they emerged, were usually identified and explored. Reinharz and Susan Chase (2001) regard disjuncture between opinions as differences in outlook that require respect, rather than symbolic of failure.

On occasions, however, different points of view did go unacknowledged. Mindful of the partialness of any perspective I was sometimes reluctant to express dissent when our views diverged and I considered the finding of middle ground unlikely. Also, more regular and lengthier explorations did happen with those women whose frames of reference were most like mine, particularly those who were familiar with comparable philosophies. Whilst this is reasonable given that the evolution and development of shared meaning is facilitated through use of similar interpretive outlooks and language systems (Acker et al, 1996, p. 70), such predisposition is tantamount to bias, which necessarily needs recognition.

And in the same way not all of the women's stories were jointly organised or the groups cohesive in perspective. As different themes were reviewed or negotiated, the group identity was frequently unsettled: just as discursive forces were invoked to connect group members, the influence of others served to fragment a sense of unity. Since membership to being diagnosed with a psychiatric disorder is involuntary, links to such a social category were, for example, understandably often refuted. Janette explains why she finds this shared profile problematic.

I feel the weight of the labelling more when I identify with a group of people who all have a similar, although very different, illness...I feel that by identifying with that group through the periods of wellbeing does something bad to my self esteem...because it somehow takes something away from me.

Liv reveals, with irony, how she deploys the same culturally produced typifications that she resents when applied against her to judge fellow group members.

*I've even noticed myself...making assumptions about what people with the different sorts of mental illness...would actually be like. I was surprised to find out that some of the girls have got bipolar, and that sort of stuff, and I was surprised because, well, I actually don't know if I'd known anyone previously who's had bipolar. I found myself surprised because they were just people, and I know that that's the same thing that I get peed off when people do that to me...and I think if I'm **aware** of it and I do it, my god, how must other people who aren't aware see it.*

The ease with which 'othering' can happen, combined with the myriad of ways in which the group identity transmuted, shifted and reconfigured, meant that a collective identity was always in flux. Alliances organised within and beyond our groups were likewise subject to ongoing revisions. Appreciating that different interpretations circulate to make sense of the same situation, can moderate demands between competing perspectives and allow for 'knowledge-in-the-making' (Epston 1999).

Joint knowledge production does not have to be a 'call to arms' to redress an injustice, but instead a resource through which to pursue social change efforts (DeVault 1999).

Smith (2005, p. 220) considers that 'knowledge of just how...forms of (social) domination are being put together can make resistance and progressive change more within our reach.' Relating ways in which 'living with a label' is read, performed, critiqued, disregarded, contested, and so on, in the dailiness of these women's lives, generated individual and collective insight into the subject positions occupied and that could be occupied. In other words, critically reflecting on the ruling relations shaping lived experiences not only indicated how such forces are maintained and perpetuated, but also pointed to possible locales for transformation. Ways in which change oriented activities were conceptualised and enacted will be presented in the next chapter.

from talk to re presentations-in-text

Most of our conversations were taped, preserving 'a living exchange' (Anderson and Jack 1991), transcribed word-for-word and sent to the women respectively. The verbatim representation of our conversations often seemed, however, incongruous with the memory of what we actually talked about. Because we speak in flowing and haphazard ways, without grammatical conventions and formal sentence structures, spoken words do not make an easy transition to a written format (Denzin 1995; Opie 1992). Transcripts of everyday talk can read as untidy and unintelligible communication. After recording, transcribing and reading numerous conversations I became somewhat acclimatised to this disparity, but nevertheless felt it necessary to prepare the women for reviewing a document of their speech. The awkwardness of transcribed dialogue is paradoxically demonstrated in my explanation of this.

...you can ummm withdraw at any time, so after you get the transcript you can say actually I've changed my mind...you know what I mean? But you know that you've got those options, nothing you say is set in stone and no one else will ever listen to this tape except me, and once I've ummm got this tape I'll transcribe it and ummm ----- and I'll send you a copy and we can take it from there, cos I've found, just in the interviews that I've transcribed, how you talk is often very different from how you write, and sometimes it is a bit like [lengthy silent pause] ----- oh what was I trying to say?

The revisiting of previous discussions through transcripts made apparent the inability of word-for-word records to adequately capture the complexity of articulated actualities.

Sudden movements in emphasis, emotion and changes of direction are often explained through the use of inaudible cues. That is, body language and voice modulation shape the way in which the 'talk' is interpreted. 'Conversation speech is marked by redundancy, repetitiveness and incompleteness,' writes Ann Opie (1992, p. 61), 'and depends extensively on the listener's ability to interpret a range of nonverbal communicative features.' Denzin similarly comments,

Seeing my words, it was ok:
some of the things
I was happy with,
but it felt like
I hadn't said enough –
like there was so
much more to be said
that is really hard
to articulate.

Eve, March 2002

The unsaid, the assumed, the silences in any discourse provide the flesh and the backdrop against which meaning is established. Intonation is the bridge between the speaker, the word, and the listener. The way a word or utterance is inflected and given bodily or facial expression...is critical. Intonation creates the double-voicedness of talk. It mediates and connects a speaker's meanings with the text of his or her talk. (Denzin 1995, p. 4).

While we developed a key of symbols to denote those communication cues unaccounted for in standardised written language practices, the use of these in our transcripts could not compensate or recreate the depth of our conversations. Dialogue relies on taken-for-granted assumptions and shared knowledge that is unique to the time and place of the interaction (Denzin 1995). Our familiarity with one another furthered the potential for gaps between our talk and the transcripts. That is, because experiences were being recounted to a known audience, there was some mutual understanding that existed prior to our conversations organised for the purpose of this research project. Since these were sometimes not verbalised, acknowledgement of shared historical moments were apt to be absent from the record of our exchange. Candace West's (1996 p. 346) analogously explains, 'Just as the score for a symphony does not fully represent a performance of that music, the transcript of a course of interaction does not fully

represent the interaction itself.' 'Hearing' the hesitancies, confidence, passion, tears, defiance, regret, happiness, and so on, in transcripts is difficult. Jacqui's reflections sum up some the dilemmas we identified with these records.

*The first time I read the transcript I laughed, because it is so funny seeing how you speak written and it **stunned** me...Unbelievable, because they didn't look like my words, I didn't recognise them. And when I read them a lot of the meaning that comes across in general conversation, through eye contact, intonation, pauses, I tend to put a few 'you knows' in there, they needed to be spelled out in the written form...Verbal recordings are a great way to get the initial information down, but if they are going to be transcribed into written words, it's a translation.*

There is a great deal of
difference between
a transcript
and the feeling
and memory
of stories that you are
sharing with someone.

Janette, May 2003

Although often regarded a mechanical task (DeVault 1990), West's (1996) contention, that it is inappropriate to equate the task of transcribing to a clerical job carried out by a person without researching skills, resonated. I did debate the use of an external person to transcribe the interviews but eventually decided against this. Because I had been 'in' the conversation I felt I would be better positioned to be able to

convey some of the non-verbal meanings, inferred through intonations and gestures, and that an independent transcriber had not been privy to. Transcribing also offered me an opportunity to listen very closely to our conversation: slowed down I was able to hear what I hadn't heard in the first instance. Re reading the transcripts I could recall the ways in which the now-typed words were given expression as well. The women likewise appreciated an opportunity to review our conversations through the transcripts. Lysabel said, *Reading the transcript is therapeutic. To be reminded of the things we've talked about, it makes things seem clearer to see what I've said in black and white.* Eve considered that the transcript was tangible verification of being heard.

It's good to have a look at what you said, it's cathartic...I find that it's lovely to read word-for-word what you have said because it means that someone has listened...It felt very respectful to know that I had been listened to. It was very human, it had the ums and ahs, the I don't knows, and the dot dot dot to show that I hadn't quite finished...Giving the transcript back to someone to read, and allowing them the opportunity of responding to it, is also respectful.

In a similar vein Sharon and Colleen, talking together, determined the existence of a document of their spoken experiences to be restorative.

- C** I think at the time we'd bought up a lot of pain we both needed to talk to calm down but we also both really felt stronger.
- S** It is very therapeutic. It's like acknowledging something by writing it.
- C** Yeah...As you are talking you are remembering things and, then you get it written down, and once you write it it's easier to move on.

Although several women indicated that, after checking the transcript, no changes were warranted, most asked for some alterations. Time in consecutive meetings was often spent revising transcripts of previous conversations. In the context of being misconstrued in the past Lysabel was particularly appreciative of this chance. *I've been misinterpreted often in my life so it's been good to get the transcript back, to be able to clarify things I said.* Like Lysabel, Jacqui deemed it important to be able to return to her original manuscript because the gist of her stories was not sufficiently apparent in the first version.

For me it was meaning, getting my intent, getting what I meant to say across...There are certain things that I felt I just needed to clarify because there's some misunderstandings when you talk to a tape...[and] you need to make some changes to make it clear what I was talking about, change some of the sentence structure to get the true meaning of what I intended at the time.

These were not uncommon responses. During the review of transcripts many women reflected that their initial accounts appeared disorganised and difficult to comprehend on paper, and often requested that their words be 'tidied up' before re presentation in this thesis. After reading her record one woman asked for an opportunity to totally re-write it. She did so, leaving my comments and questions intact, and altering all of hers. She explained that her intention to instil hope in the recovery process could be undermined by her jumbled words, because they presently read like she was 'mad'. Apart from this transcript changes were mostly small and grammatical, our conversations edited minimally to enhance the flow of them. West (1996) calls these non-normalised transcripts of talk, where the speaker's utterances have been standardised in textualised versions of speech.

This practice is at odds with much feminist literature that enjoins us to use verbatim speech in our research, to preserve and illuminate the distinctive way in which women express experiences, and because the way we talk ought to be included as method (for discussions of this see, for example, DeVault 1999; Lather 1997; Opie 1992; Patai 1988; Standing 1998; West 1996). The women's desire to be re presented in a manner more congruent with a subject capable of lucid speech is, nonetheless, understandable. The juxtaposition of exact everyday talk alongside structured and often complex academic writing can serve to reinforce hierarchies of knowledge and power (Standing 1998). DeVault (1990, p. 107) suggests that besides being useful to clarify meaning, minimal editing can widen the potential audience base to include those who may have been less receptive to the original format, and, importantly, encourage a more respectful reading of recounted experiences. Because the women tended to charge me with the responsibility of editing there was, however, a risk that their words would end up sounding more like mine. Whilst never completely resolvable, most re presentations of our talk are 'cleaner' than their original articulation, with dialogue between us to

determine what changes were necessary to achieve a portrayal of self, satisfactory to each speaking woman.

In addition to considering the investigative agenda collaboratively developed in relation to 'living with a label', we also met to organise conference participation, deliver presentations, develop workshops, and even watch films. It became apparent that the content of conversations in venues beyond those that we had designated to talk specifically about the research questions was also significant. In these exchanges, including during catch up telephone calls, I heard stories that enriched already shared experiences. Also, and converse to presuppositions that tape recorders enable researchers to attend more to the interactive dynamics (West 1996), on many occasions I observed that we talked more freely and deeply when the tape recorder was switched off (perhaps we were less self conscious?). Where relevant and appropriate, and with the permission of respective women, I often scribed the content and specific quotes from chats not captured by an audio machine, and read my notes back at the end of our conversations for verification of my shorthand. Accepting that *all* these women's narratives are valid, not just the ones gathered in methodologically 'hygienic' circumstances, some of these are included here.

* * * * *

The conventions that govern sociological presentations of lived experience have been typically narrow, with printed texts mostly conforming to a particular set of traditional codes (O'Neill et al 2002, p. 70; see also Opie 1992). A customary assumption that experiences should be offered in detached prose format is characteristic of an academic culture dominated by scientific discourse (Miller 1991; Patai 1988; Richardson 1992). Oakley (2000) explains that dispassionate presentations of reality premised in patriarchal strictures reflect a belief that only objective accounts constitute 'real' knowledge. Behar (1996) agrees that scholars are unaccustomed to the insertion of the personal stories in texts because impersonal social facts have long been regarded as the norm. Writing emotion *and* women is contrary to a faith in the abstract authority of academia (Miller 1991, see also Naples 1998; Ribbens and Edwards 1998).

In feminist pursuits for more powerful means of presenting voice, poetry has been loosely, and variously, positioned as a strategy for subverting and transforming normative social scientific writing (Cixous, in Conley 1991; Friedman 1998; Hopkins 2002b; Richardson 1992, 1997, 2001). Enacting poststructuralist epistemology and making extensive use of Derrida's theorising in particular, Richardson has written at length about the possibilities of sociopoetics to counter the failure of sociological prose to recreate personified speech. Richardson advocates poetry as a method to redress the tone deaf and emotionless consequences of depicting lived experience in 'straight' writing styles and reporting standards.

Poetry, built as it is on speech as an *embodied* activity, touches both the cognitive and the sensory in the speaker and the listener. Lived experience is lived in a body, and poetic representation can touch us where we live, in our bodies. Thus, poetry gives us a greater chance of vicariously experiencing the self-reflexive and transformational process of self-creation than do standard transcriptions (Richardson 1997, p. 143, with original emphasis).

The poetry presented in this thesis was, in most instances, initially my construction. Playing with rhythm, lyric and structure I changed excerpts from prose transcripts to a poetic layout. Each woman's poeticised transcript was flagged with her, before further experimentation with this narrative form. Jo, at first in disbelief that the expressions in the poem were hers until I referred back to the original transcript, was delighted with the inference of her reconfigured narrative.

I really like it. I really appreciate it. It's almost like what I would have liked to of done, if I had time...I think you've probably done it better than I could of, even though it's verbatim, not even paraphrased. If I had time I would like to be able to sit down and write something concise and...poetic. Very complementary. I actually felt like...the meaning came through more clearly in the poeticised form than in the transcript, even though you hadn't changed words as such, the impact of my words was more.

Jo's exclamation is telling of the relative restrictions placed on groups excluded from institutional opportunities to indulge in textual experimentation (Skeggs 1994, p. 87). Like Jo most of the women determined that the poeticised transcript conveyed more

depth and detail than their dialogue re presented in prose format did. Lysabel commented, *It's better to read. The transcript is more heavy, cumbersome. It's like it's speaking to you, where it's like you observe the transcript.* Poems have the potential, Richardson (2001, p. 887) maintains, to reduce the distance between the 'writing-I' and the 'experiencing-I', thus making possible a closer representation of the interactive and reflexive relationship between thinking, saying and doing. Lekkie Hopkins (2002b, p. 4) agrees that the combination of lyric and linear modes of narration in poems, 'gives life to a story and story to a life.'

Oral historian Dennis Tedlock claims that conversational talk approximates poetry more closely than it does sociological prose (in Richardson 1997, p. 142). Along these lines, Richardson (2001) also contends that a series of short poems better resembles the way in which we construct stories of self around meaningful events. Indeed, in our experience it became evident that some speech lends itself to a poetic conversion, as awkward transcripts appeared liberated when altered to a poem. The removal of most punctuation and other symbols of non standardised speech created space around the women's words. Jacqui remarked that grammatical devices cannot always accommodate or capture the essence of spoken narratives, and can even hinder the flow of the narrator's utterances.

Reading the straight transcript reminded me that punctuation does detract from the emotional truth of something...commas and full stops and quotation marks are signposts on the page to send you on your way in a hurry...Where there aren't those you can pause and reflect, and I think that a lot more of the humanity is conveyed in the silences.

As a methodological strategy, the space in poetic text can add, rather than detract, from expressions of lived experience. The aesthetic, the sentiment and the cognitive are interwoven in poems. Richardson (2001) explains that sociopoetics is 'affecting and affective', because it facilitates hearing the feeling absent from the typed text but always present in the spoken word. Eve echoed Richardson's observations. *It felt like there was a lot more emotion in it than text.* Richardson (1992, p. 126) surmises, 'poetry commends itself to multiple and open readings in ways conventional sociological prose

does not.’ In other words, a poeticised text offers another way in which emphasis and intent can be communicated to a reading, not listening, audience.

Not all the women, however, embraced the poeticised transcripts with unreserved enthusiasm, citing ambiguity and distance in this methodological attempt to partially restore some of the non-verbal aspects of our exchange. Lysabel, for instance, commented that although she preferred the poeticised version of her transcript, it was more detached from the actuality of her experience. She said, *It’s easier to look at, lighter, a more attractive thing to read, but more removed, less real*. Janette emphasised that the problematics associated with prose transcripts were not resolved through their conversion to poems, and that the potential for her talk to be misinterpreted remained.

I’m sort of in two minds about this. I don’t think that the transcript would be terribly useful in getting across real meaning, however it is a very good way, especially the pausing, things that you miss when you re read someone’s words. There’s obviously a lot lost, facial gestures, imagery which people may use to tell their story, is lost. But similarly I don’t think that re injecting emotion and doing things like poeticising words can be more faithful to the personality of the individual. It may be more faithful to the meaning derived from their transcript, however, it is another person’s interpretation on top of somebody’s meaning, so does that further confound it or does it give it more?

The re presentations of experience through poeticised transcripts in this thesis is not intended to undermine the more usual prose based depictions of experience. As argued already in this thesis, from a feminist perspective negation of prose narratives is premature, given the importance of narrative as testimony to the witnessing and agency of our own experience (see, for example, Felski 2000b; Friedman 1998; Smith and Watson 2001). The ‘turn’ in sociocultural theorising has unsettled conventional reporting methods and motivated greater experimentations in textual re presentations (Denzin and Lincoln 2000; O’Neill et al 2002). The purpose of using different strategies through which to communicate expressed experience, including non-normalised transcripts of talk and poeticised transcripts, was to play with process, mode and form

to produce variations between and across re presentation of stories of self, whilst recognising that there are limitations with any of these.

staying responsive and responsible

Shifts in social theorising have troubled earlier conjecture that written accounts of research both should and could depict lived experience, and that the qualitative researcher can thus make representational knowledge claims. Since the 1980s sociologists have become increasingly aware that writing is not a transparent medium to convey 'truths' discovered in the field, but a practice that inscribes and bestows meaning and promulgates values (DeVault 1990). Reflexive social research commentary now draws attention to the capacity of researchers to mediate or even manipulate 'data' purported to 'speak for itself', when their interpretive contributions go unnamed. Stanley (1996, p. 47) conflates claims to 'accurately represent' with 'disguised presentation of the knowledge-production processes researchers engage in.' Fine (1992, 1994) likewise contends that, when the researcher's position is understated or denied, qualitative research reproduces the colonising discourse of 'Other'. She explains that the researcher who professes to let voices speak for themselves, minus elucidation of the textual location of the speaker's narratives, is akin to a subtle form of ventriloquism because theory is camouflaged amidst 'raw' speech (see also Fontana and Frey 2000). The appearance of another's point of view is always done from a position that reflects the various and particular subjectivities that the researcher brings to the inquiry.

In this thesis it is my understanding of these women's expressed experiences that an audience will encounter. To claim anything less, whilst I am author, would be fraudulent. My writing symbolises the 'conduit' through which these women's stories have been channelled. And it is not only the words that I chose to frame told experiences that shapes their intent, but the way I wove our different narratives together as well. The quotes I selected to emphasise, and those I opted to omit, combine to tell a story-in-particular. Although I endeavoured to be 'fair' it is quite probable that I (sub)consciously reduced the incidence of those stories that were in contrast to mine, whilst highlighting those that most closely resembled my views. Perhaps I even disallowed narratives that would have complicated our joint telling. Some women's stories get more attention, through more frequent representation, than others. Although

not equitable, this reflects the length and nature of the different relationships we had, as well as the different things we tended to talk about. Space constraints meant also that only a small portion of what the women and I talked about could be included here. Some of the complexity and depth of the stories shared was lost through the use of excerpts from longer quotes. Out of context and sequence, and partial, these women's words can have connotations disparate from their original articulation. This text tells of my researching journey with these women: I have, in effect, set the parameters within which these women's narratives can be conceptualised.

Opie (1992) sums up the dilemma of feminist analyses. She says, 'at one point they are liberatory because they open to inspection what has been previously hidden, they are also restrictive in the sense that they can appropriate the data to the researcher's interests, so that other significant experiential elements which challenge or partially disrupt that interpretation may also be silenced' (p. 52). That is, 'others' experiences can be collected, interpreted and used as evidence of the researcher's own ideological position. Jane Ribbens and Rosalind Edwards (1998, pp. 15-16) concede that whilst there has been considerable feminist space given to deliberate ethical issues around accessing the research participant's voice, there has been far less attention to the process underlying the retention of those voices in the phases of data interpretation and writing up. The transferral in control over narrative once the research interview is over points to the power imbalances in research relationships (Gluck and Patai 1991). Like Lather (1997) astutely asks, 'Are we talking *about* these women? *for* them? *with* them?' (with original emphasis).

To signal that these women's words have been cast within my writing and editing decisions I have used re present, rather than present or represent. Fine et al (2000) reckon that re present shifts the focus away from the participants to the researcher, no longer invisible or neutral (see also Cole & Phillips 1996; Harrison, MacGibbon and Morton 2001; O'Neill et al 2002). The act of re presenting draws attention to an actuality that these described experiences have been filtered, not simply presented: the stand-alone prefix 're' signals this mediation. And likewise, the women's experiences are not represented in this text either, because this also implies preservation of something as it really happened. My position in the process of shifting stories from teller to text thus becomes apparent.

Adapting descriptions of private lives into styles acceptable to academia poses further dilemmas for the feminist researcher (Ribbens and Edwards 1998; Smith 1987, 2005; Standing 1998). How do we appease an academic audience yet remain faithful to those women whose experiences anchor a social inquiry? Acker et al (1996, p. 64) maintain that the feminist researcher must ultimately translate the experiences of the researched into more abstract and objective terms, 'if an analysis that links the individual to processes outside her immediate social world is to be achieved.' Since the insinuation that these women's accounts can be summed up in common vernacular detracts from the uniqueness of each woman's experiences, I struggled with the inevitability of having to re present some of the women's experiences within a more generalisable framework. However, as Ribbens and Edwards (1998, p. 13) write, 'without some collective representation private knowledges are likely to be ever more vulnerable and difficult to sustain.' The obligation to speak simultaneously 'to issues of the common and the specific, without diluting either' (Fine, et al 2000, p. 111) complicates a feminist researching ethic, and resolution of this tension can prove complex.

Like our interpretive process I have endeavoured to speak *with* rather than *for* these women, to make room for them to speak as active and knowing subjects. In her co-created text, *Troubling the Angels*, Lather (2001, p. 215) promotes a practice 'where authors both get in and out of the way in an effort to honour the voices of the women while not eliding the inevitable power researchers yield as interpreters and writers.' I deliberated with strategies-in-text to develop space for the women's expressions of their experiences, where they were distinct and not obscured by mine. Opie (1992, p. 58) recommends that 'the writer should consciously attempt to move away from a uniform textual surface, which represents only the researcher's voice, to the creation of a report that is more fissured' (see also Acker et al 1996; Oakley 2000; Ribbens and Edwards 1998). In this text an uneven plane was achieved through variations in style, syntax and page layout. The use of boxed poeticised transcript and different fonts was a strategy to attract attention to the women's words on each page first, to make them louder than mine. In other words, because the boxed poeticised transcript appears to 'lift' the text within, the women's accounts are amplified in the foreground. My own remarks sit alongside the women's speaking voices, in conversation dialogically informing and referencing each other. Re presentation of transcript excerpts of our conversations are

more immediate illustrations of the ways in which our voices are entangled. Together these methods highlight the presence of multiple authors and make apparent that a single story does not exist. Margaret sums up the effect of reading her narratives in a layered text format.

The way it's couched and the way it's done, particularly the boxes, it's not an us and them thing. It's like we're human beings, and we're recognised as being equal partners. It reads like you've been walking on an exploratory journey with us.

As Margaret suggests, the inference of these textual practices is that there is relative equality and dialogue between our subjective accounts. Patai (1988) offers that movements from one mode of telling to another will yield a wider story. Along these lines Saukko (2000, pp. 302-303) considers a patchwork quilt a more apt analogy than the usual traditional quilt metaphor because rather than a regular pattern, the former has no centre, but instead uses multiple motifs to create a rich and textured piece.

So, I tried to construct a narrative faithful to the context and circumstances in which this social inquiry was produced, and one that the women who joined this project were happy to have their accounts placed within. Denzin (1986) reminds us that information shared in research needs to be treated with respect. He says, 'It must be remembered that we do not own the lives and stories we tell. They are lent to us, given provisionally...They remain, always, and irrevocably the lives and stories of those who have told them to us' (p. 17). To recompense my authorial privilege I continually checked back with the women, and asked them to assess my re presentations of their commentary. Janette spoke about the importance of being invited to review the position of her narratives in this text.

It becomes very important that you have some control over your story, over your information...I've been involved in a fair bit of research and I don't think I've ever once been offered the opportunity to read the outcome, or the published version of any document that I have personally contributed to, and I find that a very strange situation. This is the first time I've been offered the chance to revisit my words before they are published, to prepare and perhaps

make changes...Information has a horrible way of coming back and biting you in the bum later on if you are not offered control of that information, or at least what etiquette would ask of you.

The distribution and checking back of draft chapters with the women was, nonetheless, undertaken with some trepidation. What if I had failed to give sufficient attention to the narratives they thought paramount? Would they feel inadequately represented? Would the women consider my writing too dense? Would my words render their experiences unrecognisable? Would this exacerbate their ‘otherness’? Feedback from the women who read earlier versions of this thesis was, fortunately, generally affirming.³⁹ Lysabel told me that she had stayed up until the early hours of the morning reading one draft chapter in particular. She said, *I was intrigued. I was drawn in. It was great.* Margaret wrote me a thank you note after reading a rough copy.

I have read the draft and it is great. It tells it like it is. I had a few laughs and a few tears as this is really how it still is, and is it ever going to change even with us telling it like it is. It is sad to think that women in this day and age still have to put up with being classed in such a derogatory way, even when they have experienced such trauma and abuse in their lives by a system that is supposed to help them...you have done a brilliant job on this. Thanks for your dedication.

Because a central concern during the construction of this thesis was that it remain accessible to the women I researched with, it was necessary that some commonality in our ways of explaining were found. In particular I always invited opinions about my distinctly academic style of writing, to which I had varying replies. In one section Barbara suggested some changes since my initial version was ‘too wordy’. She light heartedly added that she understood what I wrote in spite of my ‘office lingo’. In another section Jacqui reassured me that whilst she was not familiar with the vernacular I had used, *Don’t underestimate the value of giving people new language which describes their experiences.* Karen McCarthy Brown holds that ‘more extended, intimate, and committed contact between researcher and subject can undercut the

³⁹ Although I offered all the women who joined this project an opportunity to review draft chapters, not all did: some cited limited time or inclination, others said that they trusted me, and several women did not reply to this invitation at all.

colonial of much academic writing' (in Scanlon 1993, p. 644). It was only in collaboration that we found acceptable forms.

Although the re presentation of lived actualities in this social inquiry is accountable to the women who expressed them, beyond our sphere of influence is the ways in which they will be read by future audiences. Poststructuralist perspectives have prompted a shift in focus from writer to reader as the producer of any text. Roland Barthes (1981, p. 31) regards texts as conjointly formed in 'the space of the relations between the reader and the written.' Sidonie Smith agrees, (1987, p. 6). 'Since words in the autobiography point to more than their referential meaning, which can never be recovered anyway, readers become the actual creators of the text, bringing their own cultural codes to a confrontation with the author's.' Thus, just as straightforward representation of reality is an impossible project, there are no assurances that audiences will share authorial intent: subsequent interpretations are contingent on the various sociohistorical locations and background knowledges audience members bring to that reading (see, for example, Conley 1991; Derrida 1992; DeVault 1999; Hertz 1997).⁴⁰ The possibility that her narratives might be misconstrued in the future made Eve feel uneasy. She said,

...not knowing where the information is going...and being concerned that people might make assumptions about what hasn't been said, or what has been said....Information that's been received a couple of years down the track is not who I am now, so that's a bit scary too.

The need to 'protect' the identity of those who participate in qualitative inquiries is a general expectation of social researchers. In the academy scholars are taught to conceal identities through the disguise or removal of personal details from 'thick' descriptions. For some women this was an imperative. After reviewing a transcript of an earlier conversation Lysabel concluded that the distance a pseudonym offered made her less anxious about reading her narratives. She said, *It was good. I prefer to be detached from it. I don't know what I'm so scared of, but I prefer it.* Eve also reiterated the significance of having her identity obscured.

⁴⁰ Ways in which interpretations are understood to rest with consumers, rather than authors, of texts are discussed more the next chapter.

It's definitely a concern that in the finished product I am recognisable, like things that I said at the time but maybe didn't think about, and later realised, yes, I am easily identifiable. So I rely on that stuff being taken out, which it has.

The adoption of a policy of absolute confidentiality is, however, not without some conundrums. Firstly, it tells of a presupposition that research participant's are in need of protection. Whilst some of the women that I researched with wanted their narratives rigorously de-identified, others were just as adamant in their refusal of confidentiality. Pauline, for instance, declared,

If I'm not putting my name behind my words then I am doing myself a disservice. I'm hiding again and I'm not prepared to do that anymore. If I can't put my name to something I've spoken about – things in the past that were built on fear – and I'm talking about them in the present, then I'm going down the same path. I'm not fearful anymore. Being honest is all about ownership. I'm not silenced anymore. Not putting your name to something is silencing. It makes me feel very uncomfortable because it's taking power away from me.

As Pauline's decision not to have a pseudonym inheres, being distanced from her actualities can have the effect of rendering her inaudible. Disguising context and assigning experiences to a fictitious name can also diminish or negate the impact and validity of the subject's experiences. Opportunities for collective change oriented movements are potentially undermined if experiences-in-particular are restricted from joining public discourse. Myerhoff (1992) advocates that 'there are circumstances when ethics call for identification rather than disguise.' Crawford (1994, p. 108) similarly proposes that confidentiality can prohibit social action because the broadcasting of private troubles is silenced.

We deliberated this quandary over confidentiality, and what might be gained from anonymity and what might be lost, on an ongoing basis, and each woman's decision regarding this reflects her preference. (It is, of course, in most instances impossible for the reader to distinguish between who have opted to use their name, and those who have chosen another). After reviewing their respective transcripts and draft chapters two women who initially wanted their names attached to their narratives asked to have

some identifying details removed. One of these women opted for a pseudonym, rather than delete bits of her narrative, so that her stories could remain intact. And other women, as this excerpt from a conversation with Barbara shows, were nonplussed whether their experiences were documented under a disguised name or their own.

J All identifying details will be removed from the transcripts. There is no way that anyone will be able to tell...

B ...it doesn't worry me, do you know what I mean?

J Yes, most women it doesn't worry, but it is actually a requirement, for me for the ethics application.

B Yes, I imagine so, but I have no worries.

* * * * *

Whilst feminist researching and writing is borne out of a desire to make space for women whose stories have gone mostly unheard, the 'crisis of representation' has invoked a considerable rethinking of what can be re told, how and by whom, and why? As researchers we need to be ever mindful of the tale we are weaving, when the stories aren't ours. Behar (1996, p. 9) says that since interactions in the research field are unique, and can never be exactly recreated, the researcher's hardest task is 'to bring the ethnographic moment back, to resurrect it, to communicate the distance, which too quickly starts to feel like an abyss, between what we saw and heard and our inability finally, to do justice to it in our representations.' The distinction between gathering 'data' from the field, and analyses and writing work, between work 'out there' and work 'here', also has troubling implications for the feminist scholar (Lutz 2000; Ribbens and Edwards 1998; Richardson 1997). So how can we remain faithful to the stories we heard in research conversations, and how can we create texts that do justice to the multiplicity and peculiarities of lived experience in ways that are simultaneously inclusive and accountable?

Whilst this project relied upon reflexive dialogues with the women I researched with, the interpretive weight a feminist researcher carries in telling other people's stories is not eliminated through negotiation with 'informants' (Lather 1997, 2001; Stacey 1991). There are no easy remedies to the real and complex ethical and epistemological challenges feminist scholars have identified in relation to researching with and

representing women. But neither is abandoning inquiries in the name of postmodern sensibilities an acceptable response to these dilemmas either (Acker et al, 1996; Sen 2000; Stacey 1991; Stanley 1996; Stanley and Wise 1993). Stacey (1991) maintains that, compared to the alternative of vetoing feminist investigations, the risks of such research are worth it. 'Before we, as feminists, proceed any further in our thinking about whether or not one woman can write about another,' Krishna Sen (2000, p. 116) similarly poses, 'we need to consider what, in each instance, is the consequence of not speaking/writing.'

Rather than attempting to solve these crises, a 'feminist poststructural problematic of accountability' (Lather 1997, p. 286) troubles assumptions to represent in the first instance, and asks that these are surrendered in favour of making visible the conditions through which knowledge claims are produced instead. This necessitates being 'rigorously self aware and therefore humble about the partiality of its ethnographic vision and its capacity to represent self and other,' writes Stacey (1991, p. 117; see also Acker et al 1996; Alcoff and Gray 1993; Lather 2001; Stanley and Wise 1993). Skeggs (1994, p. 89) sums up that whilst narratives constructed in collaboration are more accountable than those developed in a vacuum, 'accountability is best regarded as something which is to be worked towards rather than fully achieved.'

CHAPTER SIX

(re) considering voice

The turn in social theorising has unsettled conventional suppositions that research precedes change, and that these are mutually exclusive spheres of activity (Gorelick 1996). Feminist commentators have consistently named the impossibility of separating the processes involved in the generation of knowledges for research and those contributing to social change: research in feminist fields tends not to be disconnected from its application, and knowing through thinking and knowing through doing are held as mutually constitutive. Thus joining theory with practice to produce transformative knowledge is generally regarded a central tenet of feminist epistemology and methodologies (see, for example, Acker, Barry and Esseveld 1996; Cook and Fonow 1986; Fine 1992; Mies 1983, 1991; Lather 1986, 1991; Naples 1998; Reinharz 1992).

Responding to calls to, 'press, provoke, and unbalance social inequities that choreograph relations of gender, race, class, disability, and sexuality' (Fine 1992, p. vii), this social inquiry aimed to create and theorise places and spaces for social change oriented actions. In this chapter our collaboratively developed and enacted activist strategies will be considered, against a feminist informed backdrop of 'voice'. Feminism's longstanding interest in the concept of voice reflects a range of related epistemological concerns. These include the historical silencing of women's stories through male-stream practices, and feminism's own previous totalising gestures, where some purported to speak for all women. Voice has also been used to deliberate women's participation in feminist research projects, including identification of methodological mechanisms that may serve to distort their stories, as per the discussion in the preceding section.

To counter the relative under/non-representation of their specifically gendered experiences of mental health in public arenas, some of the women I researched with joined to speak as a group. These 'giving voice' activities, organised as complement to our collective investigations, are recounted in an order that approximates the chronology of our actions. Although this section is presented in a relatively linear fashion, and thus is possibly at odds with the poststructuralist ideas guiding the general

structuring of this thesis, the arrangement in this chapter can be understood as an unfolding narrative.

Buoyed by the triumphs of our initial experiences of speaking out, we committed to explore the possibilities of voice further in a workshop setting, and develop a video resource of this process so that others may share in our learning. As our close considerations of speaking together shows, this was not as straightforward as envisaged. Because the circumstances that produce experiences of oppression are rarely simple, social change efforts to ameliorate these inequities will necessarily need to be nuanced. And also since voice is grounded in social contexts, the effects of its articulation, course and reception are intricate and infinite. Thus the title of this chapter refers to the complexity around aims of giving voice. Feminist practitioners' lessons around voice are interwoven throughout this chapter as they relate to our experiences of speaking out.

In an attempt to both-show-and-tell 'the action found and the experiences in finding it' (Charmaz and Mitchell 1997, p. 209) there are often two concurrent narratives running through this section. Reflecting on our voice related activities the women's accounts, alongside the more academic description I develop, are used to make apparent the co constructed nature of the understandings that emerged. This dialogue offers a commentary on both the content and the process of our thinking and doing. Sometimes these coexisting narrative streams talk directly to each other, and sometimes their co-relevance is less apparent. Individual speakers in the conversational stream are not distinguished because these were cumulative dialogues, fluid and reciprocal, that built on each other during a series of exchanges. This collective story has been created from individual and group discussions, and ongoing correspondence (via phone, post and email) that occurred amongst us around, during and retrospective to our occasions of speaking out.

audibility, as an antecedent and adjunct to change?

Feminism, in many of its variants, has shown us that women's exclusion from public discourses and the personal and political oppression of women go hand-in-hand (Sutherland 1986; Tong 1989). Creating spaces for women's voices, historically 'disallowed and disavowed by the patriarchal order' (Spender 1998, p. 137), has consequently been a perennial feminist activity. This political orientation is regarded as integral to feminism's social change efforts, quite simply because, if women's experiences of subjugation are not known in the first instance transformation is not possible.

Feminism's distinctive use of speech metaphors was developed to counter the obstacles in 'hearing' women's words, filtered and muted by dominant discourse. The emphasis on voice is a deliberate strategy to offset the preferencing and propulsion of the visual descriptors in relation to portrayals of subjects. Donna Haraway (2000) cites, for example, 'spectacle', 'spectacular', and 'speculating' as symbolic of the privileges granted to particularly modernist and masculine perspectives. Feminist scholars have responded to this accent on an ocular epistemology with special attention to the oral and tactile,⁴¹ as Hélène Cixous' observations illustrates.

Woman has always functioned 'within' man's discourse...now it is time to displace this 'within',

For me, right from the word go when I heard about the research that you are doing, I just really wanted to take part, because I wanted to be able to actually say to someone that it is really, really, difficult to live with this label of being depressed...it's really tough. And although it's just my interpretation, if this goes into research then people might realise that it isn't a case of, oh yeah, they've got depression, but be more understanding about how hard it really is.

It might help to make up for all the times I've been silent in my life, which has been most of the time...not wanting to appear unduly anxious or trying to elicit sympathy.

I thought it might form part of the healing process by being able to tell parts of my story, and I also thought it might be

⁴¹ Haraway (2000) points out that feminist orientations towards the aural ought not be read as a dismissal of visual conceptualisations of research, but a necessary supplement.

⁴² The proliferation and sanction of 'little' people's 'small' stories as newsworthy, via mass media like talk shows, tells that each subject is regarded as unique with a unique tale to tell (Schaffer and Smith 2004).

explode it, overturn it, grab it, make it hers...And you will see how easily she will well up, from this 'within' where she was hidden and dormant, to the lips where her foams will overflow...launching forth and effusion without return. Exclamation, cry, breathlessness, yell, cough, vomit, music...throws a voice – forward, into the void (Cixous 1997, pp. 101 & 99).

In contrast to earlier expectations of silent and detached authorship in research endeavours, feminists have urged a naming of the space and place that speech emanates from, and voice has thus been foreground in feminist interrogations of supposedly neutral and objective investigations purporting to generate universal knowledge claims (see, for example, Benhabib 1992, 1994; Haraway 1988, 1991; Richardson 1997). Feminist researchers have used the concept of 're-vision' (originally coined by Adrienne Rich 1979) to describe the process of looking back with a different or critical perspective, reworking the story, and deliberating different future possibilities (see, for example, Callaway 1981; Felski 2000). Jane Ribbens and Rosalind Edwards explain that the development of methodological strategies to make apparent previously obscured women's perspectives on social realities is indispensable to feminist emancipatory theory building aims.

We need to produce for ourselves our own social and collective forms of self-representation, in order to transform and modify dominant patriarchal forms of representation, and to make visible a different, alternative, social and cultural order within which to define our identity and subjectivity (Ribbens and Edwards 1998, p. 13).

helpful to someone at some stage.

I got involved in it because so much of what's offered and so much of where the health budget is spent is so wrong, and I just felt that by putting my name on the list, and my experiences, would change the way that some services are oriented and delivered, to better suit the needs of people who are the recipients of them.

I felt quite strongly a need to be involved, to contribute my experiences.

The experiences that you go through in life you don't always choose, and when things happen to you that are beyond your control you have to depend on other people who are often complete strangers. And when you find that your treatment is perhaps not as good as it could be, if they had more information, more knowledge, you realise that research so that they could be better trained is going to be of benefit to other people and maybe yourself. That's what

Rita Felski (2000) holds that since stories can demand the attention of others (showing what matters, and how and why it matters) they have cultural suasion and can create re-visions of older narratives and new visions.⁴² Linda Alcoff and Laura Gray (1993, p. 261) use 'breaking the silence' in domestic and sexual violence campaigns as metaphor to show consciousness raising possibilities.

Speaking out serves to educate the society at large about the dimensions of sexual violence and misogyny, to reposition the problem from the individual psyche to the social sphere where it rightfully belongs, and to empower victims to act constructively on our own behalf and thus make the transition from passive victim to active survivor (Alcoff and Gray 1993, pp 261-262)

In feminist pursuits to give voice to women's unique experiences, vis-à-vis those usually publicly presented, voice is positioned as precursor, accompaniment and even outcome of change. Because feminism's attention to voice affirms the importance of women's subjectivities and agency, and demands recognition of the unheard stories of women's experiences, audibility has become a necessary conjoint to visibility within feminist theorising (see also Cook and Fonow 1986; DeVault 1990, 1991; Lather 2001; Naples 2003; Smith 1987, 1999, 2005; Stacey 1991).

Although there were variations in why the women who joined this project opted to do so, much of their motivation echoed feminist thinking. These women often pointed to procedures in systems where they are defined and managed through the psychiatric discourse, and where medical expertise is usually regarded as

motivates me.

Definitely that it would benefit other people, and maybe professionals as well. And I think that my experiences could be valuable to someone else.

I think that my story needs to be told because other people don't get the same opportunities that I have had, and I would lobby for that to be available to the general public.

They need to educate the people, and not just the individuals, but the families, include the family. If they are also educated the community becomes more empowered, and the spread of the stigma of mental illness is reduced.

I'm very keen to get services where they are needed.

It's worthwhile because the outcomes generated will help people in the future.

It's so hard to get your voice out there, as an individual and not an individual. Where

superior to personal knowledge, that routinely operated to minimise their understandings of their mental health. They hypothesised that giving voice to their experiences had the potential to remedy an imbalance in whose stories are heard in the public domain. Some elaborated that they considered that telling their rarely voiced stories could be significant in 'changing the way things are.'

In western cultures the authority of the printed word ascends that of the spoken, and published presentations of personal narratives are granted a legitimacy that eschews oral accounts (Spender 1981). Because a completed doctoral thesis joins public records, these women often surmised that the re presentation of their experiences in such a text (and related other ones, such as journal articles, conference papers, and so on) was important because it meant that a larger audience would probably be privy to their stories.

The chance to speak out and back to regulatory systems was a gain these women attributed to participating in this project, in addition to the therapeutic potential of our conversations, as discussed elsewhere. Vanessa Swan (1999) points out that since activism can prove restorative, these simultaneous aims are linked. She says, 'Political action can be an important therapeutic goal and politicising the personal through a therapeutic process, which makes evident the mechanisms of power and control, is a means to this end' (p. 113).

does it go? When you look at it in documents from academic people others take more notice. We've got to have it on paper, documented so our experiences get that sort of recognition.

Basically I think that you could sum the whole thing up in saying the way people respond to having depression, and the way people respond to people with depression, all basically comes about because of distorted thinking, and that's the whole thing. You've got to change the way people think who are depressed and you've got to change the thinking of the people who aren't depressed, but who are dealing with people who are depressed. Basically you've got to alter everybody's thinking.

Someone's gotta have a voice out there.

Patricia Hill Collins (1998) insists that coming to voice is not simply speaking, but a political testimony and thus the process of articulation should not be reduced to an individual act. Jana Sawicki (1991 p. 226) likewise proposes that locating and

connecting different past and present dissident voices, ‘which lie “a little beneath history”, that is the mad, the delinquent, the abnormal, the disempowered,’ can give resistance strategies greater momentum. Some women commented that drawing parallels between their respective experiences, and constructing a collective narrative, had more potential than isolated individual accounts since everyone’s stories were more likely to be legitimated. And the translation and consumption of such stories into public discourse can become part of cultural heritage that influences ways in which future narratives are read. Bronwyn Davies (1990, p. 504) sums up, ‘in recognising the constitutive force of discourse...we can see both the potency of speaking in new ways and the possibility of refusing old, undesirable ones.’ She says that whilst this realisation is experienced and processed individually, change is a shared task. To not unite to progress a collective voice would contradict the feminist ethos (see also Deveaux 1994; Stanley and Wise 1993).

‘voice lessons’⁴³

Many feminist commentators have reflected that the feminist imperative of ‘giving voice to the voiceless’ is more politically problematic than first thought (see, for example, Lather 1997, 2001; Hertz 1997; Patai 1991; Ribbens and Edwards 1998; Visweswaran 1996). As discussions in earlier sections of this thesis considered, postmodern interrogations of the speaking subject have destabilised simple conceptions of representation, and feminism’s key objectives of voice and change have come under increasing scrutiny as feminist researchers struggle with the manifold and complicated issues around these. Kamala Visweswaran (1996) says that it is a ‘feminist trickster’ who is seduced into believing she can ‘give voice’, since feminism can never deliver the promise of full representation. With mindfulness to *how* stories are told, not just whose story is told, the recovery of lived experience and simply putting back what has been omitted is no longer regarded as sufficient to rectify historical imbalances in voice.

⁴³ The title of this section is taken from Nancy Mairs’ (1994) text, *Voice Lessons: On Becoming a (Woman) Writer*, a book she was motivated to publish to counter the generalised Author, who she says are predominantly men.

Highlighting the contingency of any person's speech, combined with the researcher's significant influence in determining how participants' stories are conveyed, these representation debates have troubled conjectures of 'voice' as a methodological strategy in particular. Along the lines of feminisms realisation that the transcription and presentation of the subject's speech in research is not a straightforward endeavour, since these are often encircled by the researcher's inevitably louder voice,⁴⁴ Sidonie Smith (2003) maintains that stories cannot be separated from agendas of activists acting on behalf of the oppressed. She says that an activist's frequent reliance on an historical victim narrative circumvents the possibility of the oppressed speaking as active subject in the present. From this recognition has come a concomitant understanding that advocacy of the oppressed must be done, in the main, by the oppressed themselves. Women of colour, working class women and lesbians have highlighted the perils of women speaking for 'other' women. bell hooks (1990) reminds us of the consequences of these 'Othering' practices, of being spoken for and about.

I am waiting for them to stop talking about the "Other", to stop describing how important it is to be able to speak about difference. It is not just important what we speak about, but how and why we speak. Often this speech about the 'Other' is also a mask, an oppressive talk hiding gaps, absences, that space where our words would be if we were speaking, if there were silence, if we were there. Often this speech about the 'Other' annihilates, erases: 'no need to hear your voice when I can speak about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you I write myself anew. I am still author, authority. I am still the coloniser, the speak subject, and you are now at the centre of my talk.' Stop (in Fine 1994, p. 70).

Although feminisms now advocate the hazards of speaking on behalf of others, especially when those being spoken for are in a less privileged position than those doing the talking, the proposition of letting the subject speak for herself generates another set of dilemmas. Foucault (1978) reminds us of the forces at play in confession, forces that produce docile bodies compelled to tell. Once disclosed in public arenas the subject's confessional speech is available for expert inspection, and can be co-opted into

⁴⁴ This insight is exemplified in Ann Opie's (1992) essay about feminist's researcher's potential 'appropriation of other.'

dominant frameworks of normality that perpetuate the same sets of relations that testimonials are understood to purge the confessor from (see also Alcoff and Gray 1993; Naples 2003). Thus, if 'breaking silence' is not *heard*, instead subsumed by existing instruments of power, then it is ultimately limited as a social transformation strategy. Felski (2000, p. 206) aptly observes, 'otherness can simply trail off into nothingness.'

Many feminists have cautioned against a conviction in voice as an isolated and innocent narration of lived actuality. Patti Lather (2001) considers that the authority often credited to the testimonial voice reflects an assumption that language is a transparent medium of truth and that the speaking subject is stable. If we are to accept that the subject is discursively constituted, Moya Lloyd (1996 p. 258) adds, we must also question 'the kind of emancipatory politics predicated upon a coherent subject possessing the necessary autonomy with which to transform the world.' Karen Healy (2000, pp. 131-132) agrees that, 'While there are gains to be made privileging lived experience, particularly when the voices of the marginalised have been long silenced, poststructuralism also points out that the mere inversion of a binarism between professional knowledge and lived experiences keeps the opposition in place.' From these perspectives giving priority to experience, and allowing woman to speak 'in and on her own terms', can fail to offer a politics of action.

An appreciation that speaking is nothing without its reciprocate listening serves to further problematicise voice. That is, since speaking is a mutually constitutive activity that relies on a composition of narrators and hearers (Alcoff and Gray 1993), the act of giving voice act needs to be distinguished from the reception that these voices get. Relevant here is Gayatri Spivak's (1988) oft quoted contention that the subaltern cannot speak, not because they are without expression, but because there is no compulsion for those in positions of privilege to register and respond to the subaltern's voice. Spivak (1987, 1988, 1996) explains that speech emanating from subaltern positions is invariably deemed insignificant or of little importance to those who dominant discourse grants authority to judge. According to Spivak, it is her displacement that renders her inaudible. 'If the subaltern were able to make herself heard, her status as a subaltern would be changed utterly; she would cease to be a subaltern' (Landry and MacLean 1996, pp. 5-6).

Using Spivak's argument, the location one speaks from will influence the way in which that speech is received. Alcoff (1991, p. 12) concludes that since the social context of an utterance, rather than the utterance itself, shapes its meaning, this meaning can be multiple and shift. Alcoff continues, 'Who is speaking to whom turns out to be as important for meaning and truth as what is said; in fact what is said turns out to change according to who is speaking and who is listening.' Since the 'truth' of a story is dependent upon the social locations an audience brings to that reading, locations that a narrator will not know in advance, it cannot be presupposed that stories will be heard in the manner that the teller intends. Lorraine Code's list of the range of possible responses to stories illuminates the unpredictability of any reading.

Storytelling engages its listeners, not so much by rhetorical spellbinding as responsively, interrogatively, confrontationally. It presents loci for identification and differentiation, agreement and dispute, and presents them over a textured range of possibilities which are linked, yet contingent and available for assent or refusal (Code 1995, p. 167-168).

Some stories might be harder to 'hear' than others (Schaffer and Smith 2004). Speaking singularly, for example, will not usually have the same impact as speaking together. Also, without some collective analysis the political potency of individual experiences is diminished. Although, as has already been argued, representation via scholars does not assure the speaking status of the subject, to abstain from 'voice' is also problematic, since *not* speaking voids any chance of social change.

Close consideration of 'voice' succeeds in making apparent the disjunctures and competing demands of feminist theory and praxis. In somewhat of an epistemological quandary about giving voice, feminist thinking now navigates between aspirations to evidence women's accounts of lived actualities audible and visible, and poststructuralist critiques of representation. Feminism, Susan Stanford Friedman (1995, p. 12) explains, 'is caught between the desire to act and the resistance to action that threatens to produce what poststructuralists...call the economy of the same.' The ethical tensions and contrary politics in voice projects do not, however, have to paralyse endeavours to make women's experiences apparent (Friedman 1995, 1998; Nagar 2002). Wrestling with what it means to do feminist activist work in the current theoretical climate Lather (2001, p. 206) sums up that disrupting the 'romance of voice' ought not be read as 'against' voice, but destabilising practices of 'telling the other'. Reminiscent of Chris

Weedon's (1997) calls for a 'resistance postmodernism' feminism, Lather (1994, p. 102), champions an epistemological stance 'that refuses to abandon the projects of emancipation and...positions feminism as much of the impetus for the articulation of a postmodernism that both problematizes and advances emancipatory work.'

Many suggest that the task for feminisms now is to find more acceptable ways to speak, and spaces and places to speak from, as well as consider how to ensure conditions for a more satisfying reception. Catherine Lutz (1995), for example, explicitly implores feminist scholars to figure out how to be heard beyond places where our texts were begun. Alcoff (1991, p. 23) also asks that instead of retreating from speaking, 'we should strive to create wherever possible the conditions for dialogue and the practice of speaking with and to rather than speaking for others. With Gray she elaborates,

We need to transform arrangements of speaking to create spaces where survivors are authorised to be both witnesses and experts, both reporters of experience and theorists of experience. Such transformations will alter existing subjectivities as well as structures of domination and relations of power (Alcoff and Gray 1993, p. 282).

Often silenced in the past by the discourses of biomedicines, some of the women who joined this project urgently desired opportunities to express their hitherto disqualified perspectives. Armed with understandings about the possibilities *and* attendant tensions of 'giving voice', we opted to cautiously move forward into considering platforms from which to speak.

locating places and spaces to speak from

This research began with an in depth consideration of the social processes and practices that the experiences of women, diagnosed with a psychiatric disorder, are embedded in. Deliberating the influence of extra local relations of ruling in everyday accounts was a collaborative and cumulative process, as the discussion in the preceding section showed. In small group conversations these women reviewed, modified and enriched maps charting the intersections and departures across and between regulative forces apparent in lived actualities. Connecting and collectivising experiences, where individual concerns become group ones, can be a place where change can begin, what both bell hooks (1996) and Nancy Naples (1998) identify as places of

‘counterhegemonic’ possibility. Besides suggesting subsequent investigative directions, these groups also considered opportunities for the possible development of allied actions. ‘When stigmatised groups shift from individualistic explanations to social, structural, and political analyses,’ writes Naples (1996, p. 178), ‘they find that personal as well as collective empowerment ensues.’

As the commentary from the women who joined this project has frequently demonstrated, keeping silent on some aspects of their experiences and finding it difficult to speak in certain contexts was a theme that was shared amongst them. Cognisance of the contradictions in everyday lives directs attention to possible sites of social transformation, like Foucault says.

While the first task of critique is to instigate a genealogical inquiry, the second (ethical) task is to put that inquiry “to the test of reality” in order to “grasp the points where change is possible and desirable, and to determine the precise form this change should take” (in Lloyd 1996, p. 245).

Loosely connected as mental health service recipients, and often positioned as ‘subject’ to an objective biomedical gaze, these women deemed it important to tell own stories, in their own words – to be both producers and distributors of their voices. Several of the women who joined this project had been invited to speak on their own behalf in the past, on mental health related committee work and during practitioner training and education programs. Their involvement in these venues reflects growing awareness that the development and delivery of human services needs to be inclusive and responsive to service recipient’s perspectives: increasing mental health ‘consumer’ visibility attests to this trend. Sometimes I worked alongside or was present during such testimonials. In some of our reflecting conversations subsequent to these presentations it became clear that without adequate support or an appropriate framework through which to deliver stories of self, it was possible that speaking personal experiences could invoke distress in either narrator(s) or audience members, be misheard and misconstrued, and were rarely conveyed in the women’s own terms.

Kathryn Church (1995) observes the irony in expectations that ‘consumer/survivor’ presentations be respectful of professional sensibilities. ‘Having been officially defined and sanctioned as incapacitated through the work of mental health professionals,’ she

argues, 'consumers/survivors are then recalled by those same professionals to act as rational agents within liberal democratic forums such as the public consultation' (p. 111). Indeed, in our experiences, there often seemed an unspoken onus on consumers, invited to publicly tell their stories, to familiarise themselves with the practices that permit and regulate participation in these arenas. As Church observes, being unaccustomed with accepted conventions governing meetings and public speaking can serve to inhibit speech. In an unfamiliar environment the consumer speaker can experience discomfort, particularly where relative wealth, privilege and therefore status, are visibly evident. Some of the women lamented that in such settings, where us/them is obvious not only through knowledge of expected customs and procedures, but also via ways of communicating and dressing, feelings that their involvement will not amount to anything significant enough to contribute to change are common. Like Luce Irigaray explains, 'If we continue to speak the same language to each other, we will reproduce the same story' (in Poovey 1988, p. 55).

'Through a different organisation of space and visibility,' insists Lather (2001, p. 214), 'the usual identification of some other...is interrupted.' Responding to bell hooks' (1996) call to understand marginality as a position(s) that nourishes one's capacity to resist, rather than a site of domination, subverting the dichotomies that these women are accustomed to in practice settings, such as knower/known, subject/object, passive/active, mad/sane, and so on, was focal to our explorations of possible places from which to speak. Speaking back to those discourses that had positioned these women in fixed and universal ways was central in our considerations of 'giving voice', as was finding acceptable ways for them to communicate their experiences. That woman's voice goes largely unheard when spoken from 'madness' makes such work more urgent. Shifting the articulation of their stories to spaces beyond this research text meant also that their voices would no longer be mediated through mine.

'Voice' in this project was understood as active authorship, the 'animus' of narration, not the content but the ways in which writers position selves in relation to the texts they construct (Charmaz and Mitchell 1997). In line with an earlier argument regarding the importance of recognising the subject's capacity to know, these women's self representation was aimed at disrupting stereotypical assumptions that those diagnosed with a psychiatric disorder cannot be legitimate participants in knowledge production

endeavours. Moya Lloyd (1996, p. 259) contends that installing the subject at the heart of feminist inquiry has transformative potential, since this epistemological positioning ‘creates the conditions of possibility for a feminist praxis sensitive to difference and aware of the normalising tendencies within feminism’s own discursive practices.’

Like Adrienne Rich’s (1979) ‘re vision’ and the palimpsest metaphor, these women considered that ‘giving voice’ to mostly un-narrated stories might assist them to re write or write over past accounts. This emphasis on consciousness raising reflected expectations of what we imagined we could achieve based on our histories of working together on similar projects. Shifting stories beyond confessional narratives can highlight private concerns as public issues, and make real the chance of a collective solution at both the personal and the social level (Crawford, Dickinson and Leitmann 2002; Davies 1990). Alcoff and Gray argue that establishing conditions for transformations relies on connecting these in a theoretical sense.

A project of social change...does not need to ‘get beyond’ the personal narrative or the confessional to become political but rather needs to analyse the various effects of the confessional in different contexts and struggle to create discursive spaces in which we can maximise its disruptive effect (Alcoff and Gray 1993, pp. 283-284).

Our aim, then, was to consider the how, what, where and when of these women’s possible presentations of their private experiences in public arenas. Aware of the prospective pitfalls of ‘voice’ activities, and mindful that would be no guarantees and many risks, the task before us was to locate or create places and spaces amenable to telling and listening. Quite simply we decided that setting the limits on both agenda and audience were key in our management of any voice occasion. These guidelines were not developed at the outset, but after several invitations to speak in different arenas were received. The women consented to share their stories with groups expected to be sympathetic (because they were known to be familiar with like texts) to the women’s stories. Although realising that having control over these areas would not eliminate the likelihood of misreadings of their stories, we gauged that setting the parameters of what would be spoken about and profiles of who would be privy to it, would reduce this possibility. The venues where these women spoke were also chosen because we had sufficient time to prepare before and debrief after each. The audience profile we established extended to include possible future readers that these narratives could be re

presented to, in written and/or video format, without the expressed permission of each woman.

Besides the aforementioned criteria, speaking as a group was important to the women as well. Giving voice together countered the individualistic approach to diagnoses and treatment they had mostly experienced. Presenting group narratives, it was agreed, seemed less daunting and had the potential to be broadcast further, than isolated and individual instances of giving voice. We also guessed that a group presentation would be more able to withstand critiques than singularly delivered speeches. Creating spaces for the voices of those whose stories have not been heard can become the impetus for dialogues with others who read their experiences through similar discourses. Collective stories that emerge via the conflation of comparably positioned subjects are akin to a 'liberation narrative', a story of resistance that makes it possible for new meanings to gain currency (Richardson 1997). Because building social speaking platforms from the margin can generate greater public debate and mobilise subjects for change, voices expressed in unison are better placed to contribute to policy debates than lone protestations (O'Neill et al 2002).

Accounts of the two public presentations we organised and delivered during the course of this research project follow. The encouraging response these women received affirmed their speaking status. Subsequent to these voice occasions we committed to explore the epistemological themes that shape public speaking in a workshop setting. The workshop was specifically developed to augment some of these women's experiences of giving voice, including both our recent 'outings', and also their historical experiences of speaking from the position of service recipient. Thus we aimed to continue considering the implications of those, whose experiential perspectives have been historically obscured, being able to talk for themselves. The videoing and construction of a learning resource were tangents to this project. The complexities inherent in such an undertaking were relatively unforeseen when we began, and a lengthy description and reflexive discussion of our experience of participating in the workshop takes up the rest of this section.

re visiting narratives of resilience and resistance

Our first occasion of organising and presenting a collective voice occurred at the Women in Welfare Education (WIWE) conference, *Speaking Through the Walls*, September 2002. The conference theme made specific reference to the venue it was housed in. A significant historical site in Western Australia, Fremantle Arts Centre was, at one stage, a women's asylum. The foreboding limestone walls that line its perimeter once contained women deemed socially 'difficult' and 'mentally unwell'. The WIWE pamphlet explained, "Speaking through the Walls" is a metaphor for women's ongoing need to retell, explore and celebrate our stories of power and resistance to the walls of oppression that we continue to encounter in educational institutions and sites of welfare practice.'

The premise of the joint paper we developed, 'Re Visiting Narratives of Resilience and Resistance', came out of conversations about the conference theme. This conference, it was quite casually agreed, could be an opportune space in which to present stories that confound culturally scripted expectations of those diagnosed with a psychiatric disorder. Because these women's experiences have been read most through the discourses of biomedicine little space has been afforded for the acknowledgement, expression and celebration of the stories that have been important to them; 'epiphanic' moments that have illuminated the possibility of different meanings and alternative ways to understand their experiences (Crawford 1994; Crawford, Dickinson and Leitmann 2002).

It was thought that participation in this conference would be a chance for these women to share narratives they most want to give a voice to, an opportunity to redress an imbalance in commentaries about themselves delivered from an external source and dominated by a problem perspective. The risks of speaking out in this venue were gauged to be less than if these women were to speak to the general populus because the audience would be confined to women connected to universities and human services. Thus it

This was an opportunity to tell about the other things in our lives.

I didn't want to present a testimony that was a depressing portrait of a woman without anything else in her life.

I was up really late the night

was assumed that insensitive judgements would be relatively unlikely from mostly 'sympathetic' attendees at this conference.

This collective presentation consisted of an interweaving of narratives – poetry prose, fact and fiction were spoken, metaphors, analogies, myths and theories intermingled. In an endeavour to create more active texts with which audiences can engage (Stanley 1996) this re-visiting of narratives of resilience and resistance was accompanied by visual images that each speaker chose to sit alongside their narration. Because visual arts facilitate a telling of affect that verbalisation of a story alone cannot (Denzin 1995; Smith and Watson 2001), the use of slides allowed for a richer, more layered way for these women to tell their experiences.

Some women chose to foreground an aspect of their life that gives rise to celebration not silence, some chose to reflect on what they had survived. The seven women speaking took turns in a predetermined sequence to present their chosen narrative. It was begun with an explicit reference to the lived actuality of 'welfare', with a satirical poem, *Owed to Welfare*. This was followed with the recital of an excerpt from Naomi Wolf's book, and elucidation that this section was meaningful to the speaker because it had inspired her to rethink her set of circumstances. Another poem, story about the birth of her first child, recollection of a chance encounter with the perpetrator of her childhood abuse, and the herstory of the struggles one woman experienced in her efforts to speak out, were also presented. Although seemingly

before, preparing. I was pretty primed up for it because I'd had...a chance to practice as well.

It really was just adlibbing. There was no script as such, it was one of those unusual things, where you are not under prepared, but semi prepared, and it ended up being so well rounded. It was a bit magic to see it all come together.

Reading my writing changed my feelings about how you can share authentic experiences. I've been more attached to my imagery than my writing and now I realise that my writing is just as personal, if not more.

I felt really validated...having someone listen to what I had to say. I felt like I was being taken seriously. No one rolled their eyes or told me to shut up. It was a really healing thing to feel like I was being heard.

I thought that our session was great...it was a real buzz, the way that it came together as it did, in the

divergent, there were themes that connected these narratives, and the presentation's overall cohesiveness reflected the jointly constructed nature of this paper.

These women's narratives made apparent the multiple ways in which stories of self can, despite being linked to a psychiatric label, be extended beyond the discourses of biomedicine and presented in more optimistic and hopeful terms. An impromptu conclusion to this paper saw the final speaker depart from her script to ponder on the commonalities between what these women had shared in this session, and how their support of each made their respective speaking successes possible.

Before we began I had some concern, albeit minor, that this presentation might be read as a 'spectacle' – these women were different than most other presenters and participants, who came predominantly from academic or practice backgrounds – and my role in putting these women 'up' for such a potential interpretation. I was, after all, the impetus behind them being there. Feedback from the audience was very favourable. It was, by most accounts, a moving presentation, and the women were widely congratulated for their performance. This positive response was further legitimated when a WIWE representative approached the group afterwards and asked if we would consider preparing something for their next publication.

Not all, however, went without tension. Most of the women opted to participate in the remainder of the

moment. It was like each person obviously felt the support of having the others there and was obviously able to say what they needed to say.

And to think that we were the prized session in a way, someone said that we were a hard act to follow.

There was so much positive feedback. And when you sat through some of the others you realised that we did offer something a bit special.

Yes, something that people could easily engage with.

I felt really supported and that was really great. It made me feel important.

I met lots of nice people there, I felt supported, people coming up to me, people who I didn't even know, talking to me. That hardly ever happens to me.

There definitely was an element of stress, probably because I expect so much of myself.

conference after our morning presentation. One of the women experienced some discomfort during an afternoon session when her contributions to a discussion were critiqued by the presenter of that session. Also unfortunate was a conference organiser's questioning of our attendance status. A discounted registration rate had been negotiated via a group booking, and doubt was cast on whether some of the women were paid up enough to be eligible for lunch and conference show bag. Apparently both were in short supply and our group registration was given a lower priority than those who had paid the full amount. Luckily another conference organiser intervened when she overheard the first request that we wait to see if there was sufficient quantity to go around, apologised on her behalf, and quietly insisted that this was a gross faux pas since ours was as valid a registration as any of the other participants. Although remedied, the singling out and querying of our legitimate involvement highlighted the extent of othering practices, and that these can manifest in unexpected locations.

The second phase of it for me was like being in a session, feeling like you wanted to say something, and then having it misinterpreted, and it was like, oh, I shouldn't have said anything. That was the stage at which I felt like I was out of place.

Going to the other sessions it was great to be exposed to things that I normally wouldn't have been exposed to, other perspectives.

I went away thinking thank goodness I don't have to be in that environment all the time.

On the whole, it was a really good experience.

collaborative voices: re presenting researching experiences

The focus of our next presentation transpired in discussions around the relative invisibility of research participant's perspectives in research programs. Comparatively little space is given to the voices of those who contribute their experiences for the purposes of qualitative social inquiries. The genesis of these conversations was my concurrent experiences teaching in social work research units at Curtin University in 2002 and 2003. Becoming aware that students in these courses were learning about social inquiries from a predominantly practitioner perspective, and after consulting the women I was researching with, we offered to present a lecture to these students about our experiences of collaborative research vis-à-vis some of our other researching experiences.

Making problematic the recovery and re presentation of voice in research anchored our collective reflections, from our present perspectives as co-researchers, about participating in a cooperative project compared to more conventional research. Together we debated the often unquestioned and taken-for-granted ways in which experience can be presented in research texts, highlighting in particular the researcher's potential to reconfigure the intent of the original telling as the participant's voice travels through a variety of discourses and between different texts. The women recounted instances where their stories were told in another format, in venues where they were not present, made more abstract, and even taken up to make unrelated claims.

I'm very careful about what I say cos I don't know you, and I haven't built a rapport with you.

When you are asked questions about certain experiences you are only presenting one side of yourself, and that becomes very apparent in the way we don't have a chance to talk about other things.

Maybe we should balance things out by discussing other aspects of our lives that make us more of a whole person.

I think of it like Chinese whispers. If you picture the transmitting of your information from the individual, to the researcher, to an editor, to the person collating the information, to perhaps a publisher, and to the library, a lecturer, and interpreted by students and peers... just be careful and generous with me, and think about the implications of passing on my story.

Using examples to illustrate, these women identified ways that they are comfortable with having their experiences re presented. Students were also given cases to show how the expression of experiences can be confounded from the outset given that some may be inchoate, unable to be articulated because of insufficient vocabulary and other narrative resources. Poetry, film and artwork were flagged as alternative ways through which to communicate lived experience. Some of the women concluded that the aesthetic dimension of visual texts, co-mingled with written ones, have the promise to make experiential narratives more closely resemble lived actualities.

The commentary these women presented also incorporated their motivations for volunteering to participate in research, what it was like to be asked to share stories of self, some of the circumstances that make participation easier, and some of those that delimit it. These experiences were connected analogously to ones of being a service recipient in mental health settings, as well as the aforementioned references the women made to participation in other research projects.

This lecture was presented in a conversational panel format, with the women responding to 'questions' I posed. These questions or headings guiding our presentation were collaboratively constructed beforehand, in planning meetings where we contemplated the content and format, as well as rehearsed this talk. The questions were like a map of the themes that these women most wanted to share with this student audience.

Again this presentation was very well received, and the women were loudly applauded for having the courage to share their experiential perspectives. With the women's permission this lecture was filmed by Curtin University's Learning Support Network (see Appendix 4). As part of our objective to give voice we had an idea that this footage might be able to be used as an educational resource for students elsewhere and in the future. All the women presenters retained a copy for their personal use as well.

An abridged version of this video was integrated into a paper I delivered at the 7th Annual Humanities Graduate Research Conference, *Alchemies: Community exChanges* 2003. Although visual re presentations of experience can create opportunities for greater levels of audience engagement than written ones (O'Neill et al 2002), the cinematic text is still a constructed slice of life selected by the scribe and

cannot be read as natural (Denzin 1995). The lecture from which this video was created went for two hours and so much of what the women presented to the students on that day was not represented in this fifteen minutes grab. I was the one who, with the women's consent, chose the basic editing sequence, selected what footage to show and what to omit. It was constructed so that these women spoke more specifically to the emergent, dialogic and emancipatory praxis methods and processes on which this activist feminist inquiry relies. Since this version of the women's lecture was now once more removed from them as original narrators, this paper was accordingly introduced with a cautionary preface, that this visual text was my construction, developed through my interpretive filter.

Some of the complimentary references the women made about their experiences of working alongside me are retained in the abridged version of the lecture. Whilst humbled by the favourable accounts these women gave about my capacity as researcher, perspectives that intimated that ours had *only* been a harmonious research journey, I recognised that the inevitable difficulties our researching together had produced could not be included in this text because they were not named in the lecture. There is always more to any story than what is said or seen, and perhaps out of a sense of obligation or occasion these went unsaid. Thus, like all texts, this is incomplete and should not be read as a mimesis or confirmation of our real life experiences of collaborative research, but a glimpse.

presenting stories of self in public:
reflections on our workshop

The gist of the workshop we developed was to think about different ways to tell different stories. Our agenda evolved easily out of our post presentation reflections. As already mentioned, high on our recent public speaking successes, we arranged to more closely consider the nexus between private knowledges and public voices, and methods that might make speaking personal stories in public less difficult for the women who joined this project. Building on an understanding that interpretative functions reside with an audience, we were keen to examine how structure and language used in public talks influences the ways in which the content of these presentations are read. Concomitantly

we wanted to identify new frameworks through which speak stories of self that do not consequently also contribute to new silences. Shoshana Felman's passage seems apt.

If, in our culture, the woman is by definition associated with madness, her problem is how to break out of this (cultural) imposition of madness *without* taking up the critical and therapeutic positions of reason: how to avoid speaking both as *mad* and *not mad*. The challenge facing the woman today is nothing less than to 're-invent' language, to *re-learn how to speak*: to speak not only against, but outside of the specular phallogocentric structure, to establish a discourse the status of which would no longer be defined by the phallacy of masculine meaning (1997, p. 132, with original emphasis).

This workshop, we hoped, would be the rubric for 'discovering a parable of possibility' (Miller 1991) in giving voice. Besides thinking about and practicing ways to communicate personal narratives, we imagined that participation in this workshop would be a self affirming and enabling exercise as well (see Appendices 5 & 6).

Connected with these objectives was an aim to document the content of the workshop, from the participant's perspective, in video format. The appeal of filmic re presentation is that lived experience is shown as an embodied performance, unsettling a tradition in the social sciences where written texts are privileged over visual ones (Denzin 1995b; O'Neill et al 2002). Along the lines of the last video, it was thought that a learning resource could be constructed from footage of the workshop. This, we surmised, might be

Expressing myself is something that has always been lacking, yet has always been an important issue for me.

For women it's much more difficult to be outspoken because as girls we are bought up to be seen and not heard. We are not encouraged to speak out. We're not taken seriously. We are trivialised for being emotional.

I have a very strong sense of failure from my public speaking experiences.

You get hot, your heartbeat becomes stronger, your pulse rate goes up, and your throat goes dry.

It's really interesting because on one hand I'm terrified, it's terrifying to get up there and open myself up to people I don't really know, the truth of what happened to me, and why I've had to use the services I have for the last ten years.

useful in a range of educational and practice settings, since a visual text 'facilitate(s) a space for the viewers to approach a genuinely felt involvement' (O'Neill et al 2002, p. 85). It was anticipated that giving the women a chance to take the primary role in the narrating of the workshop would complement the aims of the workshop. The workshop and the video were, however, positioned as adjunct activities. Thus the women could opt to participate in the workshop, but not the video. And agreement to appear in the video could be withdrawn at any time (see Appendix 7).

A funding application to resource this project was successful. This grant was auspiced through a community association, the Child Abuse and Adult Mental Health Action Group. CAAMHAG aims to increase the awareness of issues related to child abuse and adult mental health, and advocate for opportunities for healing that do not blame, re-victimise or re-traumatise the survivor. I have been a member of CAAMHAG since its inception in 1998. Some of the women who I had worked with at the Mental Health Community Outreach Project had survived childhood trauma, and it was these women's frequently expressed dismay with some mental health practices that prompted my involvement with this action group. Several of the women who participated in this research project were also CAAMHAG members. Because the workshop focus was on the process of acquiring skills that assist a safe telling and hearing, and not the story per se, there was, however, distance between workshop agenda and the aims of CAAMHAG.

But on the other hand, having had the time to get this far I am also aware of how few people can speak about it, to be able to say that I'm not the only one.

Having any sort of education, gives you, like it's given me, a different way of talking. So I can talk in the third person and perhaps act like I'm not even talking about you, or that it's not personal but more generalised.

I stumble, I have tears...I find that really exhausting. Sometimes I'm amazed I can get out there and talk at all. Sometimes it takes me months to recover.

Sometimes public speaking feels as if it's not coming from you because you're inhibited. It feels like you're acting, and that feels awful.

My experience is that you're exposing yourself to be judged every time you get up to speak.

I always experience an apprehension before I'm

Having this funding available meant that the services of both an educator/group facilitator and filmmaker could be secured. The women we invited to take these positions were chosen because of their extensive experience in the health and 'helping' professions, and explicitly feminist stance. The workshop was held at Perth Women's Centre, a centrally located venue made available to us through an offer of in-kind support.

Eight women participated in this workshop, known to each other not only through being involved in this research project but also through the aforementioned action group, as well as other associations and agencies. Although the invitation to join this workshop was extended to all the women I researched with, not all accepted. Most of those who declined said that this was simply because the theme of public speaking, around which the idea for the workshop had evolved, was not of interest to them. Consultation with those who decided to participate was integral to the development of the workshop. After confirmation that the funding application was successful we had several meetings to plan the content of the workshop, plus possible ways that our participation could be filmed.

The workshop was divided into two sessions, held on consecutive Fridays during school hours. The first day was begun with a welcome, introduction and overview, followed by a group brainstorm of the experiences and expectations we brought to this forum. The remainder of this day was spent reviewing public speaking from mostly theoretical perspectives. Working from a booklet that the educator had created specifically for the workshop, topics covered included leadership

going to say this or that, thinking what are they going to think. That I'm an ignoramus?

It's so isolating when people don't understand what you are trying to say, and when they do it's so comforting.

Anticipating it is often the worst part.

When I was interviewed, they did it with bright lights, on the spot, firing questions at me...It was horrible, like harassment. On TV they only showed the most negative comment, five seconds from ten minutes...I felt used.

Once you get involved in opening your heart I often find it hard to separate what I am going to take and what I am not.

Talking about sensitive information can be really distressing.

I gave a talk that was very personal. I'm not sure about the boundary thing, and where to draw the line. I

styles, group and audience dynamics, the role of self, and tools for evaluating public presentations. In particular time was spent assessing strategies to achieve the desired outcome of presentations, alongside ways to care for the emotional wellbeing of the presenter.

There was, after this first day, some discontent with the style in which the workshop topics had been delivered. Some women said that most of these theoretical concepts remained inaccessible and irrelevant since there was insufficient time to debate and apply these. The resultant confusion and resentment was evident in both the women's nonverbal cues and explicitly expressed dissatisfaction. The most common complaint was a lack of space to share experiential insights and learn from each other. I too was dismayed at how our long, and hitherto loftily, held workshop was unfolding. I had not envisaged that *this* workshop would run along such demarcated lines.

Despite feminist thinking cautioning me to expect complexities, the disparity between my anticipation of facilitation of the group process and how it actually happened reflected my naïve assumption that the educator and I were coming from similar epistemological perspectives. I had thought, but not confirmed, that our understandings about how this day would work were aligned. I couldn't help but feel her approach smacked of social change theories reliant on oppositional conditions characteristic of Enlightenment philosophy, namely knower and known. The women reacted to having their local

was really anxious and wasn't sure if I'd done the right thing.

To do talks about things that aren't personal is much easier.

Sometimes we tell our stories with missing feelings because they are buried so deeply... sometimes I realise that my feelings don't go with my words.

The reality is that I might 'perform' really well in front of an audience, because I sort of go into another space. So the nature of what you are talking about might not seem 'real' to the audience, because I try and dissociate myself from...the content of what I'm talking about.

Talking about a subject that I am passionate about, and that feels helpful to share with others, makes public speaking easier for me.

It's so hard to get audiences to really listen, to not turn off.

knowledges superseded by (T)heory. Once this dissatisfaction was identified there was debate amongst the women as to what approach would be better, or even if we should change tack at all. This divergence amongst us was a presage of other differences in opinion that later surfaced. No longer cocooned in a consensus shored by success, it seemed that our shift into disagreement was effortless.

The ground rules collectively agreed upon to guide our respective participation in this workshop centred the right of each woman to share only those stories of self that she wanted to, that making the space for each woman to do this was a collective responsibility, and that no one would speak on behalf of others unless requested. Despite this overt emphasis on each woman's choice about how they participated in the workshop, there were still question marks over what was said and what went unsaid. Some women, for example, preferred to focus on the process of our thinking about the telling, rather than the stories themselves. For others this was less pertinent than hearing someone else's personal account. And there were frequent queries directed to each other about these variations. Also, whilst some women were reluctant narrators, others were very eager to speak. This meant that some took up a disproportionate amount of space in this workshop. Contrary to our agreed upon guidelines, this day was not always experienced in constructive ways. Sometimes it felt like a very uncomfortable place to be sitting in.

The trouble with supposing some sort of unity or solidarity at the genesis of our collaborations became

Exposure can increase the chance that your story may be misunderstood or rebutted.

I like to be uplifting, not all dark and gloomy...and I've been torn about getting it (my story) out in the open.

In my talks I feel the need to speak from the heart, and with a truth that is not always smooth.

Sometimes I get really terrified. I shake and I sweat, and I get diarrhoea, I forget to eat, I feel faint. And I can tell an audience that. But the minute you start showing them how you're feeling, they freak out. It's about monitoring showing and telling at the same time.

I would really like to learn how to engage an audience with the reality of what is going on for me at that moment. To let people know about how terrifying it can be before you go 'out'.

My ultimate challenge is to be able to sit there and talk

apparent as our conversations moved to more diverse and deeper levels. Whilst the constitutive effect of dominant discourses is the production and reproduction of multiples of similar social positions, shared views and values are far from assured amongst subjects who occupy these. Audre Lorde writes, 'The oppression of women knows no ethnic nor racial boundaries, true, but that it does not mean it is identical within those boundaries (in Trinh 1989, p. 101). Trinh T. Minh-ha also critiques the idea of identity as an authentic core.

Identity...supposes that a clear dividing line can be made between I and not-I, he and she; between depth and surface, or vertical and horizontal identity; between us here and them over there. The further one moves from the core the further one is thought to be less capable of fulfilling one's role as the real self, the real Black, Indian or Asian, the real woman. The search for an identity is, therefore, usually a search for that lost, pure, true, real, genuine, original, authentic self, often situated within a process of elimination of all that is considered other, superfluous, fake, corrupt or Westernised (Trinh 1989, p. 71).

There are numerous axes shaping subjectivities and women diagnosed with a psychiatric disorder, do not necessarily centre gender and/or mental health in conceptualisations of self(ves). The competing and contradictory demands and expectations, and obstacles we experienced in endeavouring to understand each other's perspective during this first workshop day, showed that there was no single position we were speaking from.

to an audience and ask them if they could just indulge me for a moment while I act out a manic state, and then come back. And then show how the policeman reacted when he saw me and put handcuffs on me. Maybe if he'd seen me act it out before his reaction might have been different.

The primary thought in my mind when I go to speak to a group of people, is how rigid is their belief system going to be, how hard is it going to be to be heard. What sort of window is there going to be if I am talking about something that is beyond their framework? I have to think how do I make this useful to them.

How can we, as a speaker, actually...give the audience permission to agree to agree, and agree to disagree? If I'm going out to do a talk I don't want to create a situation where I'm going to blame an audience. If you do blame people you cut them off straight away.

This session was far from the harmonious and cooperative space that I had imagined. Besides feeling anxious regarding the dwindling likelihood that we were going to achieve anything helpful, I also had moments of exasperation. In addition to being frustrated at the educator's approach to facilitating group learning, I was also bothered by certain feedback – that if more opportunities had been made for *all* participants to contribute to the development of this workshop some of the struggles encountered might have been avoided – since this came from those women who did not attend any of the preliminary meetings. With a range of visions now being named for this project, the problems of not everyone being involved in planning of content, format and process of the workshop became clear.

And, for all of this, I felt responsible. A bit like working the activist-researcher-collaborator hyphen (Fine 1992, 1994), in the workshop I was regarded as project coordinator, co-facilitator, participant, production assistant, and host on one level, and confidante and friend on another. Moving between these intersecting positions was sometimes difficult. In particular I struggled on occasions when I was asked to adjudicate or articulate my 'side' in a debate. My failure to take a more decisive stance in some areas was borne out of an ethics to accommodate and be sensitive to everyone's perspectives. In hindsight this intermediary stance was not always helpful, since we became 'stuck' several times. Compromise agreements to disagree on several issues, in lieu of adequate time and space to discuss these, was an unstable platform from which to pursue social change oriented strategies. My inability to

I didn't always understand the whole idea of the exercise and feel I could have contributed more given more time to think things through. But I realise that it wasn't possible and often its not.

I found the content really confusing. It made me feel like I was mentally incompetent, just not able to get 'it'. I thought that maybe this was because of my mental illness slowing down my cognitive ability. This is what happens when you are labelled. When I found out that we all experienced some confusion, that my gut instinct was right, I learnt a lot.

I don't like speaking about personal experiences in public. It can make me feel exposed and vulnerable, and sometimes foolish. It's like you're giving yourself away. So initially I was a bit apprehensive about doing a presentation in the workshop. Realising that others felt the same led to a decision for two of us to do

respond with certainty and clarity also reflected the unexpected and unfamiliar territory we charted on that day.

The session on the following Friday began, understandably, with some trepidation. We started with a reflective exercise, where we shared our thoughts about the previous session. It was obvious that the distance of a week had diffused emotions and afforded us time to develop alternate views on our group processes. After reviewing what had worked and what had not, we modified our earlier expectations and guidelines, and this collective discussion paved the way for a more productive and inclusive learning journey.

At the end of the previous week the women were asked to prepare and deliver a five minute presentation to the remainder of the group for this session. Although the topic of these presentations was open, the educator encouraged the women to 'look beyond their comfort zone,' to experiment with incorporating a level of risk and unease in their presentations since we were a supportive audience. After morning tea the women decided amongst themselves the speaking order for these presentations. Approximately twenty minutes was spent between each, allowing respective presenters an opportunity to debrief, and a chance to explore any themes arising.

These in-between discussions were lively and exciting. We deliberated the interrelationship between telling stories in ways that speakers prefer, and formats that make stories easier to 'hear'. In explications about

our talk together as a conversation that also included members from the audience. I felt much more relaxed doing it this way.

To go up on your own can be a really scary experience, but to go up in a group of two or more, where you can move the talking between each other, lessens the burden of that responsibility.

I found I preferred speaking in an armchair fashion, so I could have an open conversation with the audience. I don't like to lecture. I like to speak from my knowledge and my experience, which notes can inhibit. Nevertheless it's very important to research the topic, to prepare, to know who the audience is, so that you can gear a presentation so that it relates to those people.

The thought of standing up in front of people, telling difficult parts of my story that I'd never stood up and told before, made me feel anxious. Sitting down,

what stories are best spoken, and which are not, when, to whom, and for what purpose, the women identified instances where they prefer certain narratives to be unarticulated since the translation of these into communication styles fitting with public speaking conventions was too great a sacrifice. We mused about ways to present stories of self beyond the current codes governing public speaking performances, reconstituting voice as 'the tiny, invisible text that runs between and sometimes collides with' dominant discourse, as Foucault (1989, p. 30) says.

Destabilising traditional practices set into motion explorations about alternate ways of stories of self in public. We considered speaking out as an inquiring conversation instead of following the more usual rules of such acts, where the emphasis is on authority, conveyed via speakers who stand up, stand straight, and speak alone with clarity. We speculated that since women are generally less likely to be socialised to speak out, and in this manner, than men, we need to find ways of giving voice that are more congruent with our everyday speech acts. Presenting public speeches as dialogues, in armchairs, as theatre, and with art, were all examples of the ways in which we further played with speaking publicly. These experimentations built on our other experiences of giving voice as a collective as well.

Although in this session we continued to pose difficult questions to one other, now that we had convened to be accepting of movements from difference to sameness and away again, our inter-relational dynamics were more fluid and forgiving than the

presenting my talk as a conversation, made it nowhere near as scary because it took the focus off just me.

I chose to do a performance to emphasise the way in which we are asked and instructed to perform with words, to dress ourselves up and present our perceived experiences in a public domain. There are formalised situations where we are directed, where props such as podiums, microphones, lighting, and audiovisual aids are present. We've been taught to prepare or rehearse the information that is to be imparted. We are separated out. We face our audience. We remember the recipe for successful public communications. The stage is set, so to speak, but within strictly defined parameters.

Some of our experiences are quite similar and some are quite different. Even though we were talking amongst people we knew and trusted participating in

previous week. Personal narratives changed and aspects of these relinquished as we offered each other new variations on similar situations. Sometimes the inclusion of aspects of another's narrative to embellish or reconfigure one's own was unexpected and momentary, and other times more lasting connections across these stories were made.

this workshop was not always easy.

Although our reasons for participating in this workshop were different, we all wanted to learn ways to speak our stories.

Relieved at the connections we made between us during the second day of the workshop, I was reminded of Susan Bordo's (1993, p. 199) observation that, 'The pleasure and power of "difference" is hard won.' She explains, 'it does not freely bloom, insistently nudging its way through the cracks of dominant forms.' In our concluding evaluations of the workshop, we celebrated this accomplishment.

advocating for better re presentations and representations

As has already been mentioned, participation in the workshop was not synonymous with consent to be in the video. Despite this distinction all the women agreed to be in the video, explaining that a desire to give voice and contribute to social change movements warranted their involvement. The filmmaker's presence had been discrete throughout the workshop, with one unmoving camera installed in the corner of the room where we mostly sat. Like our involvement in the workshop, the women's re presentations and representation in the video, however, proved more complicated than most of us had envisaged.

I'm aware of the discriminations that can occur when you divulge personal information publicly.

A concern I have is that there is so much more to me than my experiences talked about here, and a question that springs to mind is, will I be judged for it?

Because the rules of any performance are constitutive of perceived conditions, stories are tailored to suit a particular audience (Eicher-Catt 2004; Ribbens and Edwards 1998). After viewing a preliminary edit of the

And also what other people say may contribute to a misinterpretation of my experience.

footage, some women expressed concerns about how their on-screen performances could be interpreted by others. It seemed that this video would only be relevant for a narrow profile of potential recipients, and considering possible positions from which accidental future audiences might read this text was central to these women's unease. Some women imagined that subsequent spectators would judge the position from which they speak as an illegitimate one, and thus deny their narratives. Spivak (1988, 1996) suggests that this is not uncommon when the speaking position is one that is culturally devalued. Alcoff and Gray's (1993, p. 266) examples of the negation of survivor speeches, restricted and even dismissed if they are judged too offensive for the listener's sensibilities, or if the speaker is assessed unable to distinguish fantasy from fact, also illustrates this likelihood. As we had discussed at length in the workshop, some of the women's anxiety was premised in awareness that once distributed, control of their stories would be lost, and that these would therefore be more vulnerable to being misinterpreted and misappropriated in venues where they were not present.

Some women also named the present editing progression as problematic. During our first viewing we discussed the effect of placing some accounts alongside others. The potential for some to appear to be speaking on behalf of *all*, or to be inferring a collective identity, became apparent. Out of context and sequence, some voices took on new meanings. Whilst recognising the benefits of joining their experiences, some women said that, instead of

When some people say things, and others remain silent, you have to be careful about what assumptions you jump to.

If you think about the news, and how easily emotional things are sensationalised, not only do we have to be concerned that we are losing emotion, but putting something there that isn't and sensationalising our words.

There are a lot of assumptions that go along with writing, because once information gets written down about you it can get passed around like an object without you attached to it anymore.

Perhaps the way things are presented is where the problem lies.

I think that using art can be a better representation than someone's words alone. Images provide distance, a way to step back from the emotional nature of a story. They encourage individual

emphasising overlaps in narratives, they wanted greater distinction between who was speaking. This penchant was not shared, and the spectrum in each woman's preferred portrayal was broad. For example, whilst some women championed the explicit use of a category of experiences as integral to educating about the implications of living with a label, others were much more reluctant to 'out' their diagnosis. These hesitations around giving voice are telling of the pervasiveness of the authority of the discourses of biomedicine, and reminiscent of the everyday acts of self surveillance these women recounted in our research conversations. Some women conflated these, saying they wanted to minimise the risk that their narratives could be presumed hostile of health institutions. They assessed that this inference was also possible by association with other women's more overt dissent.

And these concerns were complicated by other concerns. Using the same regulative standards for critiquing their performances as those carried by the dominant discourses, standards that we are all familiar with, some viewed themselves as incoherent or not attractive enough to merit their representation and representation in the video. Irigaray (1985) proposes that women's level of scrutiny of self reflects the female voyeur's heightened self-knowledge. Again, this worry was not mutual, and some saw how they appeared on the screen as inconsequential in terms of greater picture: the desire to preserve an element of anonymity sat in contrast to demands that stories remain intact.

interpretations and are not as black and white as words. Perhaps they allow for reading between the lines.

Wouldn't a short video of the person speaking be a good way of combining words and imagery.

Someone somewhere has to start putting out that image.

When I look at that piece of footage I get a sense of that that person doesn't look like they could have ever been manic, even though I knew they were because it's me.

Having control about what you speak about, and how you speak about it, is very important.

Having a variety of women, with a variety of views and experiences is more interesting.

It's like a narrative, isn't it, a fictional narrative...but it's not fiction, it's real.

Although standards used to measure on-screen performances were not homogenous, most women requested some variation in how they had been re presented and represented. Some said that wondering who and how they were being read would continue to plague them if they approved their inclusion, and asked for specific stories, or aspects of these, to be removed from the video. Others asked for bits of their stories to be added, to enhance the sense of what was already shown. Since there were so many requests for changes we asked to view the raw footage, to see if we could draft a more acceptable editing sequence ourselves. Although not a customary practice to allow 'subjects' to view themselves in such entirety, the filmmaker conceded to this.

This video, we discovered in retrospect, could only ever be constructed from the footage taken during the first day since the audio from the second was not of sufficient quality to use. Learning that our text would be skewed from the outset, because most of our revelatory insights and 'achievements' could not be included, caused disappointment amongst us. We could see how creating a more seamless and satisfactory text was proving difficult for the filmmaker within the confines of the material she had, especially in combination with the women's requests. Everyone agreed to the filmmaker's suggestion that voiceovers could be used with the visuals as a way of putting back the audio that could not be retrieved from the last session. Her qualification that a consistent voiceover, delivered by a specially trained person and scripted by someone with the necessary writing skills to construct a cohesive story, would be best to ensure the video's narrative flow was met with much disillusionment and even distress. The irony of not being audible in a video about a workshop exploring ways to speak out was not lost on us. The differing expectations, regarding the import of process against product, between the filmmaker and myself, were highlighted. Perhaps this again told of a difference in epistemological perspective that I had not accounted for.

With all of these debates behind us, three women indicated that they wished to unreservedly withdraw their respective consent to appear in a video. These women gauged the possible costs of speaking out as more significant than the possible benefits of staying in. Editing out these women's appearances would leave, according to the filmmaker, virtually no footage from which to make a story, given that in many instances the women withdrawing their consent featured in group shots and so on.

When I communicated this development to others, most supported these women's initiative, since struggling with like issues was something that resonated with them, if not in this current project at some other time in their lives. Not all, of course, were so encouraging, and a meeting was called to try and reach a resolution of sorts.

At an inner city café, we agreed that we could not proceed with this project on the terms initially established. We decided that whilst each of us would keep a copy as document of our participation, that the video would not be distributed to anyone beyond those directly involved with this project. By itself this action, however, did not feel like a fitting conclusion to our collaborative project. In order to honour our journey through this process we decided that our video needed a title and cover. *In our own words: Connecting private stories and public speaking*, was thought to capture each women's negotiation with the theme of giving voice in such ways. The video wrapper, it was agreed, must communicate our experiences of speaking in this workshop as well. The decision to use a collage of words and phrases meant that it could hold voices 'in the plural' (Friedman 1995), because everyone could contribute to its construction (see Appendix 8).

Despite the difficulties we encountered, and anti-climax for some that our text would not become public, the women generally assented that this had been an invaluable experience, and that we were now better placed to pursue similar projects. There is a momentum to keep going, premised in a desire to progress what we have begun, alongside a quiet excitement about what we could do. The tree's branches on the video cover, that carry our words, are symbolic of the hoped for grounded and growing directions of our future activism.

success in failure?

I think less easily of 'changing the world' than I did in the past (Spivak 1996, p 71).

Our aspiration to make spaces from which to speak, organised around a feminist epistemology aimed at redressing a gendered imbalance in visibility and audibility, was more complex than we had guessed. The ground that we traversed in the workshop became more real as we contemplated the construction of a performative text that all those within were satisfied with. Creating speaking platforms became confused as we realised the variations across our respective encounters with the quandaries of giving voice. Reflecting the diversity in subjectivities we brought to this project, there was considerable difference across our anticipations about what we could achieve, and how we could do this. Like Sherna Berger Gluck and Daphne Patai (1991, p. 3), we found ourselves in an unforeseen position of having to move 'beyond the celebration of women's experience to a more nuanced understanding of doing feminist oral history.'

Despite being conversant with theories advising the discord between the pursuit and actualities of women's emancipation, the difficulties that emerged alongside our attempts to action our aims meant that the terms of this project had not sufficiently heeded such warnings. Struggling to hold diverse desires and demands, vexed at the turn our activities had taken, I was initially disappointed that some of our hoped for project outcomes were unlikely to eventuate. I was also anxious that some of the women might experience a

Speaking publicly about intimate details of your life is difficult to do safely without some tangible support or framework. Having this in place can make sharing your story in public OK.

Ours was hands on learning. It was very rewarding. The benefits reach beyond just speaking to an audience, creating and adding to our sense of selves as communicators and more.

Public speaking can give you an opportunity to express yourself in ways that reach people, and that you may not have had the opportunity to do before. It can create dialogue. It can open new ideas and ways of thinking about issues for other people possibilities for new connections, new understandings.

Learning to speak out and with also helps build confidence and self esteem, and most importantly, creates a sense of

sense of failure about this as well.

Since I cannot know about the effects and affects of being diagnosed with a psychiatric disorder in the same way that these women do, I was uneasy having their stories filtered through mine. The possibility that they have a chance to articulate their own narratives was thus appealing, and I encouraged these women to self determine and re present the stories they most wanted to tell. Happy to relinquish my researcher voice, and became munificent facilitator of this process instead, I had failed to estimate the extent to which 'success' would serve my interests also. Bordo explains that, even in the desire to do justice to heterogeneity, we always 'see' from points of view that are invested with our social, political and personal welfare, inescapably 'centric' in one way or another (in Lather 1994, pp. 118-19). I had imagined that the document of our process might prove an innovative text, able to join and expand feminist conversations around epistemological dilemmas of representation. My involvement in the construction of such a text would have been testimony to my competence as 'good' feminist researcher. These women's theoretical empowerment, pursuant to their participation, would have been further confirmation of my sound intentions. Although these ambitions were not acknowledged at the time, I can now appreciate their understated influence on the project's agenda. Healy's (2000) contention that an emancipatory project can sustain dichotomies, because an oppressor/oppressed model remains central to activist practices, serves as a fitting reminder of the pervasiveness of the modernist ethos of revolution.

belonging.

When I got the feedback from others I realised that what I had to say *had* been valuable to others, that it must be OK. Realising that I had something to offer helped my self esteem. It's like a bonus when you get positive snippets like that. It gives me the confidence to risk more, to go that step further. Even though sometimes it's scary and confrontational, I'm still going to risk it and try other things.

Doing this workshop has inspired us to think about speaking out differently.

I really appreciated some women creating room for me to speak, even though it seemed a bit awkward, as this was one aspect I found particularly challenging.

It was an emotional experience for me and reminded me of my childhood at times. It's great to be able to say I've done it; not very well, but at least I confronted some fears and

The women's motivation to voice stories of self, that underpinned this project from its onset, were likewise perhaps premised in an ideal about what actions are needed to cause social change. That they *should* participate in our collective strategy could have been intertwined with a show of obligation or loyalty to me as well. As has been told, some women found the actuality of sharing intimate details located in *their* lives tough to reconcile with an activist stance. After all, there are no assurances that speaking out will be more liberating than remaining silent (Healy 2000; Lather 1994; Patai 1991). Goffried (1996, p. 6) says, "Naming" one's own experience is only the first step toward collective self-liberation.' Whether 'voice' is heard as a compelling proposition, co-opted to support dominant discourse, or dismissed as insignificant, and so on, depends upon who says it, and how and where it is said. With audiences holding the authority to assess the legitimacy of speaking positions, these women's respective speaking status has not been determined. Giving voice to rarely spoken stories is not assured to change 'the way things are,' or be guaranteed to be an empowering experience. Far from being cathartic, recounting stories of shame, for instance, can restage past traumas and perpetuate that shame (Alcoff and Gray 1993; Herman 1992; S. Smith 2003). Instead of setting the subject 'free', spoken narratives can become the spectacle that cements the storyteller's current set of circumstances.

The decision some women made to withdraw their consent to appear in the video revealed that it was they, not I, who were more careful to avoid the

that makes me feel quietly proud...one step at a time; slowly slowly; I think because it's so important to me.

I really appreciated being part of the project because aside from the opportunity of catching up with the women, it gave me a challenge to rise to.

People come with a myriad of experiences. We've all got good examples, we've all got something different to share.

It's really interesting when that united experiences happens, when we don't necessarily say it but share things in common.

Us learning off each other is where I learnt the most.

I found the single, most valuable experience, was how others moved towards a similar goal, how a multitude of different choices and techniques eventuated in such different outcomes. My mother would never let me watch her. I

romance of the speaking subject. Subverting common conceptions of voice, Visweswaran (1996, p. 68) argues that whilst speech has been seen as the privileged catalyst of agency, lack of speech does not automatically signal absence of agency. Like women's silence-as-resistance argument developed earlier, these women's refusal to speak publicly can be interpreted as defying a compulsion to confess. Nancy Fraser (1991, p. 108) says that the subject, 'not wholly subjected to the reigning social and discursive conventions...is capable of innovative practice.' Some of these women estimated that the possible risks in making audible stories of self might exceed any likely gains. As Alcoff and Gray (1993, p. 263) reflect, 'speech is an important site of struggle in which domination *and* resistance are played out' (my emphasis). So whilst voice may well be antecedent to change, given that voice has potentially both transformative and punitive consequences for the speaker, it may not as well. Identifying the more subtle and intricate disempowering sides of speech performances was learning for us all. The obstacles that these women observed also tells of the significant barriers to participation in public arenas that those in (dis)positions might encounter. As active and enabled subjects in the present, these women's agency was demonstrated through their respective refusals to speak *and* decisions to speak.

I no longer feel a sense of regret that we failed to achieve what we had set out to do, understanding that this project resisted a coherent process and any simple sense of closure. Visweswaran (1996, p. 99) suggests that, since 'failure is as much a part of knowledge

would never get to see her work around the house on the occasions I spent with her away from the institution where I lived. As an adult I cannot underestimate that developmental loss, which left me with a complete lack of confidence in realising any of my life goals. I'm left with the knowledge that having the opportunity to watch human beings engage in goal oriented activities is an absolute privilege.

I don't mind being in this group. It must have something to do with having a connection. Our experiences aren't all the same, but some are similar.

I think it's important to have an idea of what you're happy and comfortable talking about. Doing this workshop allowed me to discover where my limits are regarding what I am prepared to share, gauging what feels safe and what doesn't in each particular situation.

Being able to say that you

constitution as are our oft-heralded “successes”, the practice of failure is pivotal to the accountability of feminist research. Derrida also advocates the paradox that one has ‘to fail in order to succeed,’ proposing that lack of accomplishment can be an important marker for charting the effects of one’s work. He says, ‘In order to succeed, it would have to fail well...a work that would have to work at renouncing force, its own force, a work that would have to work at failure, and thus at mourning and getting over force, a work working at its own unproductivity’ (in Lather 1997, p. 295). Patai (1991) agrees that we should not let ourselves be overwhelmed with mistakes, since doing research across race, class, culture and gender is necessarily messy business.

It became important for us to honour the difficulties we experienced. Our willingness to name and consider ways to work through these attested to our commitments to the project’s process. Tensions between wanting to speak one’s own story and wanting to create a collective voice, alongside our varied thinking about the workshop and video, rendered participation a place for discussion and disagreement, as well as a place of community. Ours were ‘webbed connections’ (Haraway cited in Rose 1997, p. 315), purposeful, made amongst diversity, temporary, and open to revision and change. Derrida (1992) explains that adjustments in unions are inevitable. ‘The heterogeneity of the field of struggles requires that one make alliances, in a given situation, with forces that one opposes or will oppose in another place, at another time’ (p. 15).

don’t like something is a fucking major step for me. It was like gaining empowerment. Because it was a safe, trustworthy environment, we could voice our dissatisfaction together.

Although I worry about being criticised, I’ve realised that my point of view is just as valid as anyone else’s.

I wouldn’t have been able to do this thing without having some relationships built up first. We do know each other, not the in depth stories, but enough.

It’s only from listening to everyone’s talk that gave me the inspiration, and allowed me, to think outside the square, to be creative in presenting my story. It gave me the insight to realise that there’s more ways to do public speaking than the prescribed way. It was so important that what we did in that workshop allowed for people’s different capabilities. Being in the audience allowed me to get in touch with the human

Organising for social change requires a point of commonality from which to build coalitions and speak from. Like Alison Assiter's 'epistemic communities' (in Stoetzler and Yuval-Davis 2002), where political values rather than social locations become the foci of collaborations, a sense of unity came out of our struggles to enact voice. In other words, 'a commonality of feeling' (Heywood and Drake 1997) emerged in the conundrums that mobilising around desiring opportunities to give voice caused. Although disparate claims and interests were not always resolved, we were united in recognition that available frameworks and conventions, through which to

side of people, and the uniqueness of their story.

You do you realise the importance of these in between things. I mean, not everyone is going to have the same...and it's about meeting in the middle.

It's been good to think about all those kind of ways that we have got to be able to express ourselves.

publicly tell stories of self, are invariably limited and inappropriate for those speaking outside or back to dominant discourses. Felski (2000, p. 127) maintains that dissent is more likely in the context of shared premises, beliefs, and vocabularies. Common ground, Felski (2000, 2000b) says, is the condition under which disagreement and agreement are possible. Woman, Trinh (1988, p. 76) champions, 'moves about with always at least two gestures: that of affirming "I am like you" while persisting in her difference and that of reminding "I am different".'

Sometimes consonant and sometimes dissonant, we were a collective, but not always coherent, group. Allowing for 'voices in the plural' (Friedman 1995), difference was accommodated in a politics of coalition. Stumbling onto 'sameness...in the midst of difference' (Gilmore 1994, p. 231), our explorations of and endeavours to locate and make speaking spaces came to conclude in a consensus of sorts. Openness to others' points of view paved the way for this interactive and creative search for shared meaning. Dorothy Smith (1987, p. 35) says, 'It is only when as women we can treat one another, and ourselves, as those who count for one another that we can break out of our silence – to make ourselves heard.'

Poststructuralist contributions to debates about actioning change have paved the way for more diverse practices and processes to be recognised as legitimate social change oriented responses to oppressive situations (Healy 2000). Spivak (1987), for example,

invites us to conceive of change in transitional terms, 'moments of transgression...from within but against the grain,' rather than as pluralistic and confrontational. Measurements of change have accordingly become more inclusive of local movements, 'outside of a victory narrative,' as Lather (1997, pp. 51) says. From a feminist perspective, consciousness raising endeavours, that aim to produce knowledge that women can use to transform exploitative conditions, are no longer privileged as the primary activities worthy of naming as change efforts. Collins (1991, pp. 221-222) explains that whilst offering 'subordinate groups new knowledge about their own experiences can be empowering...revealing new ways of knowing that allow subordinate groups to define their own reality has far greater implications.' To reiterate on an earlier discussion, change is now understood as an inevitable outcome of being involved in research activities, and can occur incrementally, discretely and plurally (Collins 1991; Davies 1992; Stratford 2002; Young 1997).

Through a cycle of action, reflection, modification and so on, change in this project was experienced at the level of practice. The dialogues, questions, and challenges across differently situated women enhanced all our knowledge. Importantly we realised that it was not the world that had changed, but aspects of our outlooks. The women's concurrent commentary is witness to this.⁴⁵ Because our learning was grounded in our actualities, the resultant knowing was relevant to us all. Richa Nagar (2003, p. 368) holds that collaboration is the means that allows women to understand the complex ways in which their subalternity is conceptualised and represented. New, and newly valued, locations from which to speak, and not speak, emerged. And these understandings and insights are useful beyond participation in this project.

The experience of the workshop and accompanying video marked the genesis of us thinking about our doing in different ways: about what we could do, and how we could go about doing it. Organising to give voice generated quandaries that we had not anticipated. Voice is not simply the story told. Reflecting the interplay of time, place and space of both the telling and hearing of the narrative, voice is very complex and always political. It was agreed that the video title, *In our own words: Connecting private*

⁴⁵ Interestingly these reflections, which are overwhelmingly positive, are at odds with my own recollections of the incidence of discontent uttered at the time. Some women explained that they were reluctant to approve the inclusion of more critical comments because they said they did not want to be seen as negative, particularly in case this caused repercussions for me.

stories and public speaking, was especially apt because it captured our experiences of the intersections of discursive forces prompting and preventing voice, between self and social, and between stories spoken in monologue and stories spoken together. Destabilising common sentiments of speaking out, our (re)considerations of voice felt, at times, revolutionary. This sense of achievement could only be realised in the spirit of cooperation, sharing and respect that this project rests on.

CHAPTER SEVEN

reflections on researching together

How can we position ourselves less as masters of truth and justice and more as creators of a space where those directly involved can act and speak on their own behalf? (Lather 1994, p. 122).

Our investigation about the ways that women, diagnosed with a psychiatric disorder, come to experience their everyday everynight worlds as they do broadly involved identifying the socio-cultural specificities shaping these women's actualities. As you have seen, this explication of how 'living with a label' is read and responded to in the dailiness of women's lives began from women's respective standpoints. Recognising that all were intrinsic to the production of knowledge, these women were positioned as aware and active co-researchers in this project. This strategy was partly in redress of the systematic negation of 'the possibility that women could be "knowers" or agents of knowledge' in traditional epistemologies, as Sandra Harding (1987, p. 3) explains. Previous chapters showed how developing understandings about the configurations of these women's experiences was a collective and cumulative process, as was the attendant opportunity to research the process of researching and considerations of how we might participate in change-oriented activities.

In this last chapter I reflect on our experience of researching together, and revisit some of the characteristics unique to investigations like ours. This includes how allowing the 'researched' room to know and act produces possibilities, and also creates conundrums, perhaps not as frequently encountered in more conventional research, as well as the inferences of my relationships with these women in the making of knowledge relevant to us. Since our experience of co-operative feminist inquiry was not dissimilar from the social work practices that first connected many of us, in this section I will also highlight the resonance between aspects of this journey and my practitioner experiences. The absence of headings for most of this chapter tells of the seamlessness between features of our researching (and practice) that I conflate. I conclude that, 'resisting the politics of...finality' (Haraway 1988, p. 590), this research will not cease here, and our accomplishments, realised in collaboration, will continue to be celebrated.

* * * * *

Linda Alcoff and Laura Gray (1993, p. 283) propose that ‘experience is not “pretheoretical” nor is theory separate or separable from experience, and both are always already political.’ Indeed, it was apparent that the women who joined this project were already inquiring/theorists of their experiences; their stories told of an ongoing and vested interest in examining how political agendas are played out in their everyday lives, and back again. These women’s commentary also revealed that whilst they may participate in practices that appear to preserve sets of circumstances they recognise as problematic, their willingness to investigate their involvement in dominant practices disturbs any notion that this is done naively. Reiterating an earlier tenet of this thesis, their questions of, and discriminations between, discourses available to explain their experiences attests that they do not acquiesce to a diagnosis without analysis, critical consideration of the consequences, and also occasions of opposition.

Foucault (1989 [1972]) maintains that the refusal and compliance that can occur concurrently in one’s consciousness can also produce ‘new forms of subjectivity.’ As we have seen these women’s reworking of cultural discourses, for local sets of circumstances, facilitated movements beyond the discursive limitations these can create in their lives. Such adeptness at picking up alternate storylines was further testimony to women skilled in knowing and negotiating their own lived actualities. I was not surprised by these women’s insights into the operations of their daily lives. The reflections they shared for the purposes of this project often reminded me of earlier conversations we’d had as practitioner/client, where similar themes had been flagged.

So, our investigations of how the inscription of a psychiatric label plays out in everyday worlds were built on something that we all had developed theories about. Contrary to traditional suppositions that the sociologist is afforded a specialised view, I did not fill these women with revelations about elements of their lives previously unknown to them. Richa Nagar (2003) rightly reckons that the ‘subject’ is rarely excited by academic attempts to construct theory about them since the knowledge produced via these encounters is often a reframed version of what is already commonsensical to those whose lives are being studied. Working alongside women aware of the effects of the

extralocal coordination of daily experiences generates unease and queries regarding my place in this inquiring process. In short, why organise to research?

The project's purpose was to make space for closer and, importantly, collective exploration of these actualities. Joan Scott's (1992, p. 37) pertinent observation is worth repeating: 'Experience is at once always already an interpretation *and* in need of an interpretation.' Along the lines of Nancy Naples' (2003, p. 64) contention that 'the primary goal of feminist research is to uncover how inequality is reproduced and resisted,' the aim of our methodology was to map the influence of ruling relations coordinating women's lived actualities, and women's contributions and challenges to these, in unison. The idea that the sum of our joint analysis would exceed what any of us could author in isolation underpinned this approach. Iris Marion Young sums up the intersubjective potential of exchanging ideas with others.

Dialogue with one another not only teaches us about the narrative histories and interests of each the others. Through it we also construct an account of the web of social relations that surrounds us and within which we act. This collective social reality cannot be known or understood from the particular point of view of any one of us alone (Young 1997, p. 58).

Deliberated from distinct outlooks, our respective contributions to this project were conceptualised in complementary terms, since all were recognised as context-bound, partial, and necessarily different. The shifts in narrative perspectives, that conversations can facilitate, allowed room for consistencies and inconsistencies amongst the subject positions to be identified. Mikhail Bakhtin calls this process 'heteroglossia' (in Smith and Watson 2001). These women's narratives illuminated the complexity between and across subjectivities, that none are static or fixed, and all are open to revisions, reminiscent of Derrida's (1976, 1978) 'différance', finding locations that exist in something other than binary oppositions.

Insight into the incongruence between the dominant frames determining and defining everyday worlds does not erase these cultural storylines, but can embellish contradict or change the gist of them. In this project women had chances to reconfigure unwanted definitions constructed beyond them, and for an/other cognisance to be developed, spoken and progressed, an 'insurrection of knowledges against the institutions and

against the effects of the knowledge and power that invests scientific discourse' as Foucault (1994 [1977], p. 82) advocates. Preferred ways of naming lived actualities thus emerged in dialogue. As Patricia Hill Collins (1991) says, giving subordinated groups an opportunity to name their own experiences has more empowering potential than offering these subjects new knowledge about their own experiences.

Accepting that the outcome of research activities are never produced by a single individual, the similarly collaborative framing of research priorities and questions follows (Carey 2003; Kirby and McKenna 1989; Lather 2001; Nagar 2002). Although the ground for women to set their own agendas and voice their own concerns was created (against a backdrop of being encouraged by a group of these women to begin this research), a few declined an invitation to partake in the planning of the project, asking me to direct our research instead. And, as I indicated earlier, the analysis of this thesis was not taken up equally either with several women opting not to read draft chapters, 'trusting' me with their stories instead. Furthermore, some women's participation fluctuated according to periods of feeling well and unwell. So whilst the feedback I received about their involvement was generally positive, I cannot know if all these women felt that adequate or equal space was made for their contributions, or if there was 'overlapping consensus' (Jagger 2000) amongst us. What we produced in such a fissured scape could consequently be best conceived of as a 'stuttering knowledge' (Lather 2001). Centring the agency of these women to determine the how's, when's and why's of their participation in this project does, however, affirm their position as agentic co-researchers in our exploratory process.

* * * * *

Feminist research has, at its heart, an aim to produce knowledge that can be used by women themselves *and* that is necessary for social movements. Kaye Schaffer and Sidonie Smith (2004) assess that the process of mutual storying is central to this. They say, 'directed back to a past that must be shared and toward a future that must be built collectively, acts of personal narrating remain foundational to the expansion and proliferation of claims on behalf of human dignity, freedom, and justice' (p. 21). Naples (2003) agrees that 'reflective dialogue' is important in the struggles for self definition,

as well as part of the process of developing public debate, engendering resistance, and establishing the space for potentially different discourses to surface.

Political activities are thus dependent upon finding some common platform from which to build coalitions organising for social change. Dorothy Smith (1990) suggests that revealing practices that sustain relations experienced as oppressive can become a site to begin giving voice from. For us, naming the consequences of 'living with a label' was the starting place for our thinking and speaking about transformative possibilities. Given these women's generally non-audible status within systems of psychiatric care, as evidenced by women's socio-historical under-representation in the discourses of biomedicine, voice represented a particularly significant means through which to deliberate strategies for change. The (dis)position of women living with a label is not unlike the obstacles the subaltern encounters – that they cannot speak not because they are without expression, but because their utterances are not 'heard' – that Gayatri Spivak (1976, 1996) proposes. Many feminist commentators accordingly surmise the importance of testimony, as witness and agency of our own experience and to the survival of those whose relative subjugation in the dominant order has effectively denied them from speaking, as a discussion in a previous section highlighted.

An accent on creating opportunities for disenfranchised groups to give voice connects with the act of validating and publicising the stories our social work clients tell, since the disadvantage these groups experience often works to silence as well (Healy 2005; Ife 1997). Social work, like feminist research, hence has a named responsibility to identify, and assist in remedying, those circumstances collectively recognised as problematic (AASW 1994). Indeed, many of the women who joined this project expressed a similar ethic. As we've already seen, these women envisaged that giving voice to their stories together was potentially synonymous with having a chance to contribute to transforming institutions and practices that they had hitherto experienced as unjust. Establishing room to make these stories audible also has the promise to counter any 'subaltern' status.

Enacting social change is an infinitely complex endeavour. Naples (2003, p. 202) regards that the quest for initiating and maintaining 'multivocal alliances' in particular is 'one of the most difficult challenges for feminist praxis.' Much of the commentary in

the preceding chapter showed this – that finding ways for us to speak as a collective, that simultaneously respected differences amongst us, in formats that improved the likelihood that this voice(s) would be ‘heard’ by others, is not easy work.

My initial deflation at our ‘failure’ to give voice, whilst not easy to acknowledge, reflected the surety promised by positivist philosophy that I was momentarily and unexpectedly captured by. Lorraine Code (1995, p. 161) explains that although the reign of Enlightenment empiricism has passed, its residue of ‘intellectual appeal is indisputable for the promises of clarity and certainty that it advances.’ As I wrote earlier, I felt responsible for our ‘success’ and feared that the women might face an unfulfilling conclusion to this project. As a practitioner I had to shift to less certain ground about how we could achieve ‘voice’, and un-suppose this speculated outcome. Moya Lloyd’s (2003) advice was therefore reassuring. She recommends that we approach ambiguities, contradictions and lack of proscriptions as productive, since ‘the possibility of producing new modes of subjectivity (as yet, not guessed at)’ can happen in political trajectories that eschew the route of certainty (p. 260). In a similar vein Ellie Pozatek (1994) views social work practitioner uncertainty as respectful because differences and intricacies in client’s lives can be acknowledged and appreciated. Lather (2002, 2004) calls this method of making space for what we cannot imagine to emerge, ‘getting lost’, which, she points out, can also raise the possibility of doing otherwise.

Despite the hesitancies we experienced in finding a ‘public’ voice, voice transpired amongst us. From our many diversely positioned perspectives, we made meanings together. Sharing mostly unnarrated stories also enhanced the legitimacy of these accounts. So, although an opportunity to speak out and back to systems shaping daily life was an important aspect these women attributed to participating in this project, just as significant was the chance to express and develop understandings between us. Being united against the ‘problem’ marked the genesis of a collective re vision about what might be possible.

* * * * *

The knowing that evolved whilst we researched together was relational, jointly constructed in and through a set of intimate conditions. Many studies have concluded

that women tend to conceptualise themselves in terms of their relationships to others more frequently than men, a sentiment which encourages networks of responsibilities and care (Jagger 2000). Attention to being-in-relation is characteristic of both feminist research and social work.⁴⁶ Almost fifty years ago Helen Harris Pearlman emphasised the importance of this dynamic in practice.

It is a condition in which two persons with some common interest between them, long term or temporary, interact with feeling...Relationship leaps from one person to the other at the moment when some kind of emotion moves between them...a charge or current must be experienced between two persons. Whether this interaction creates a sense of union or of antagonism, the two persons are for the time 'connected' or 'related' to each other (in Compton and Galaway 1989, p. 272).

The inter-personal networks, from which our understandings in this project were built, were also reliant on the expressions of our feelings. Catherine Lutz (2002, p. 196) observes that throughout the last century, 'emotion has been considered an unfortunate block to rational thought, a link to bodily nature, and a route to certain kinds of social virtue.' Feminist theorists have long argued that the distinction between reason and emotion is rooted in gendered hierarchies (see, for example, Steinem 1983; Ussher 1991; Wearing 1996), which Alison Jagger says are impossible to separate anyway. Jagger champions that emotions constitute an integral component of thought and need reclaiming as an 'epistemic resource' (in Lutz 2002). Maggie O'Neill et al (2002, p. 83) agree, 'Engaging with the feelings, impressions and life experiences, witnessing the relevance of these narratives for all women and being able to work with them in transformative ways necessitates a theory of emotion in critical tension to reason and rationality.' Again, social work practice and research are aligned on this thesis. Converse to some beliefs that professional practice requires a dispassionate worker, Sue Wise (1990) holds that emotional involvement is tantamount to 'good' social work practice. Adrienne Chambon (1999) likewise holds that the exclusive use of rational, reasonable and emotion-free language in social work limits practice possibilities. As a female researcher/practitioner, working with female participants/clients, personal connections have always felt a necessary precursor for effectively engaging with another.

⁴⁶ This common focus probably reflects the typically 'feminine' orientation of both these areas of work. In the case of feminist research, such an emphasis is self proclaimed. So-called 'helping' professions like social work, on the other hand, have been widely understood as constituting an extension of the women's caring capacities in the home (see, for example, Epstein 1999; Game 1991; Lyons and Taylor 2004; Moffat 2001).

As earlier discussions have highlighted, alongside advocating the sharing of affect in research partnerships, feminist commentators have also warned the exploitative potential of such relationships since inequity in power cannot be annulled in any research method (see, for example, Acker, Barry and Esseveld 1996; Fine 1994; Patai 1991; Stacey 1991). Ann Oakley (1981) cites the contrary intentions of qualitative interviewing, whereby the researcher simultaneously seeks to create conditions that promote detached *and* trusting relationships, ‘friendly, but not too friendly.’ She explains, ‘The contradiction at the heart of the text book paradigm is that interviewing necessitates the manipulation of interviewees as objects of study/sources of data, but this can only be achieved via a certain amount of humane treatment’ (p. 33). Natasha Mauthner and Andrea Doucet (1998) also consider this dynamic. They write, ‘understanding and knowledge come from being involved in a relationship with our subject matter and respondents, and not through adopting a detached and objective stance’ (p. 122). Despite some reservations, Oakley agrees with this. Her conclusion is worth repeating. She says, ‘Personal involvement is more than dangerous bias – it is the condition under which people come to know each other and admit them into their lives’ (p. 58).

To reiterate, my involvement in these women’s lives extends beyond the expectations of what a conventional research ethic would suggest. The women I researched/worked with are also my friends and peers and so on. The nature of my relationship with these women and the intent of our activities did not significantly alter in our transitions from client to co-researcher, practitioner to inquirer, despite being organised around a different focus. This is not, however, to discount the intricacies of our relationships. Since the experiences and perspectives we brought to each site, plus the circumstances that connected us, were diverse, our relationships were necessarily complex. Young (1997, p. 53) cautions that even when we construct meanings common between us, there will inevitably be much about another person’s realities that we cannot understand. Despite being interested, open and receptive to these women’s storying, the impossibility of me being able to viscerally grasp what their recounted experiences had *really* been like, given my position outside of the actuality of living with a label, was/is highlighted. Working towards achieving togetherness in the midst of difference, from ‘other’ to ‘we’ and ‘us’ as bell hooks (1996) invites, did not always feel possible. The ‘us’

that I frequently refer to in this thesis could, on occasions, just as easily have been conceived as me and them. And although this was not explicitly named as a struggle, the women who joined this project would have undoubtedly felt that some disparities existed between me and them too. That is, the absence of a psychiatric label in my life (and associated lack of complications-in-the-social that these diagnoses confer on the holder), and also being author of this text in the last instance combine to signify a relative advantage I had in this project.

Nagar (2002, p. 181) encourages the feminist researcher 'to accept the challenge of figuring out how to productively engage with and participate in mutually beneficial knowledge production' around and notwithstanding such struggles. Attending to the subtleties in different subjectivities makes collaborative work more likely. In other words, instead of occupying places and spaces constituted from a sense of otherness, searching for opportunities to connect, albeit tentative and transitory. Like Lloyd (1996, p. 245) says, 'even the very process of question and contestation 'can itself lead to the (temporary) formation of a community of action.' Ours was thus a coalition created through affinity, 'commonality of feeling' (Heywood and Drake 1997).

My experience of being allied with these women is reflected in the work we produced together. As I have already said, this was personal, not impersonal, research. Disrupting a convention of securing distance, we were on the same side, unequivocal not only because it was openly stated, but also because it departs from a researcher's position assumed to be impartial and autonomous. Along the lines of Smith's (1987) 'taking sides' in feminist research, Beth Humphries (2004, p. 115) explains that 'taking sides' in social work practice does not imply lack of rigour, since allegiances are not made blindly, without close consideration of the implications of such partnerships. In practice this means being more attentive to the nuanced ways in which knowing is produced in relationship with another. Working *with*, as partner/facilitator, instead of *on*, limits the possibility of 'othering' practices, and also respects the capacities of the people we work with.

Ever mindful to the relationships we developed, I am also aware that these are changing. Nearing the end of this researching our communication has become less frequent, as the need to liaise diminishes. This has been exacerbated by my recent relocation from the city to a regional centre. That is, there is now physical distance

between us. What is evident is that I undoubtedly care about the welfare of all the women I researched with, and that our relationships exist outside the parameters of this project.

* * * * *

The ways in which knowledge is conceived and created in feminist projects is largely congruent with social work philosophy. The central tenet of this project, beginning in the actualities of women's lives as they experience them (Smith 1987, 1999, 2005) resembles social work's most well known maxim, 'starting where the client is at' – that is, responding to and respecting people in the environment within which they operate (Chambon 1999; Crawford 1994; Rossiter 1996). Accepting that all knowing is perspectival and therefore partial, and that no view is more visionary than another, just different, enables everyday locations to be appreciated as sites for theory making.

In this project we were able to 'test' theories alongside experiences in an ongoing cycle of reflection and revision to generate knowledge relevant to the lived actualities that anchored our investigations. This was thus a reflexive journey – our understandings and actions were developed in spaces peculiar to us involved in this process in this time. Grounded in the experiences the women describe, we were theorising and practicing as we were researching, like the dialogic and emergent relationship between thinking and doing that typifies much social work (Crawford et al 2002; Fook 1996, 1999, 2002; Healy 2000, 2005; Taylor & White 2000, 2001). Just as it is important to name the context contingent nature of knowledge produced via research, developing situated theories relevant and specific to everyday contexts is an epistemic responsibility in social work (Healy 2005; Payne 2005). Theories spoken from and by someone in particular corroborates the 'cross fertilisation' of theory and practice (Code 1995) and furthermore makes the theory/practice split unnecessary. My experience of moving from practice to research arenas showed that far from being exclusive territory, they are interdependent activities, both happening in each other. The women's encouraging of me to begin researching after finishing practicing shows that this framing of research as practice and practice as research was shared amongst us.

So, back to creating spaces, which was our aim in this project. 'Spaces,' bell hooks (1996, p. 52) says, 'can be real and imagined. Spaces can tell stories and unfold histories.' Remembering Friedman's (1998) call to go beyond theorising difference, to theorising between difference, where she pictures possibilities in the midst of binary, yet permeable, categories is, I believe, a useful way to consider relations in research and practice. That is, using this liminal premise to conceptualise places where partnerships are forged in and around dialogic and fluid negotiations. As Nagar (2003, p. 360) says, spaces where we can rethink and extend our theoretical and political frameworks and generate new transformative possibilities are 'only possible in/through the space of collaborative knowledge production.' In these spaces in-between storied understandings can depart, converge and build on each other in a dynamic exchange, never established in a finite sense, but continually refashioned to address and reflect the shifting conditions and circumstances that locate them. hooks (1984) calls this 'lived theory'.

envoi

This project started with a presumed problem focus – this problem was known to us (the researchers) before we started, and indeed provided the impetus for us to begin. The women who joined this research told stories about everyday worlds, complicated by the receipt of a psychiatric diagnosis. Our researching revealed that a focus on how labels sustain disparities, between those who are diagnosed and those who are not, was sometimes erroneous as we shifted away from, and returned to, problematic lived actualities. In other words, despite the socio-cultural operations of psychiatric categories, and consequent restricted positioning of women living with a label, a diagnosis does not prevent the possibilities of alternative stories of self being constructed and circulated. As we travelled together we increasingly turned our attention to narratives emanating from more promising subject locations, and considered ways in which these women might and do take-up these.

The feminist epistemologies underpinning our researching pointed to the ways in which the production and reproduction of social orders occurs at institutional as well as individual levels, and, importantly, reconfigured marginality from places of compliance and oppression to those where agency and activism are accepted *and* expected. The intent of this philosophy was also to unsettle a practice of separating experience from

analysis and recognise these women's capacity to not only bear witness to their lives, but expertise too – to be both reporters and theorists of their actualities as Alcoff and Gray (1993) suggest. Whilst advocating the manufacture of embodied theory, as a concluding proposition in this thesis, is not a new idea, it importantly serves to confirm the validity of the understandings that emerged during our co-operative inquiry. Participation in this project affirmed the relevance and significance of theory with a small 't', and made space for these women to contribute to a re writing of past, present and future.

Because the interpretations of this research are not inanimate or unmoving our project is not concluded in any final sense for researchers and readers alike. This is at odds with established investigative traditions. 'To present one's research outcomes as contingent and incomplete,' writes Ann Opie (1992, p. 58), 'goes against very strong western notions of objectivity and truth and raises questions about the authority of texts and modes of writing in which limitations are overtly acknowledged.' This is a work-in-progress that will inevitably be characterised by successive checks, debates and amendments. Smith (2005, pp. 2-3) considers that this sort of research 'must always be subject to revision, as attention to actualities imposes corrections, takes us by surprise, forces rethinking, and works toward some better statement of what we have found.' Suffice to say, exploring with a group of women who have been identified as being 'holders' of a mental illness, in what can only ever be an open-ended inquiry, has prompted more curiosities than closures. Thus, just as some of our understandings became apparent retrospectively, and will continue to do so, the knowledge produced in this thesis will always be unstable, and likely to change. Out of this research will come more theorising about lived experience, and about the process of investigating itself. As Lather (2001, p. 209) says, 'There is never a single story and no story stands still.'

Despite these loose threads, plaited and unwoven, and rethreaded and undone, we have now arrived at another time, place and space since this project's inception – another sort-of-beginning following a sort-of-ending. (The changing of temporal tenses throughout this thesis tells of the difficulties in conceiving this project in wholly past or current and even future terms. Alterations in perspectives also convey the evolving nature of this inquiring journey, that we moved backwards and forwards and sideways in time, and that meanings were never regarded as ultimates, but always mobile). The

concerns I have about leaving the relationships we formalised for the purposes of this project are, at least partially, allayed in my awareness that these women's researching existed before me, and will be maintained after this thesis is submitted. It is my sincere hope that I have been faithful to these women's stories, and that this project contributes to their pursuit of justice.

Envoi is a brief explanatory stanza concluding passages of poetry (whose earlier use by Spivak [1987] I mimic), and its placement here feels like a conceptually apposite way to exit this text for the time being. And phonetically envoi reminds the reader of a voyage. Pieced together in this thesis, each of these narratives 'begins to sound differently than it would have sounded on its own' (Bakhtin in Saukko 2000, p. 304). This was our story. An excerpt from a conversation with Jo tells that this journey is not over.

Jo Yeah, good...it feels like we've moved on a bit from the past –

Je ...yeah

Jo ...and we've talked more about the present and next time we can talk more about the future.

Je All right then.

Appendix 1

An Invitation to Participate

**I am seeking women, diagnosed with a mental health disorder,
to participate in a postgraduate research project:**

Living with a Label

**This research will aim to explore women's daily experiences of living with a
psychiatric diagnosis, and also investigate how we might
contribute to social change.**

**An information sheet is attached, or available from
Women's Health Care House, 9272 8122, or myself.**

**If you would like to talk more about this project
please do not hesitate in contacting me.**

**Jennie Gray
9279 5544**

Appendix 2

Participant Information Form

Living with a label: An action oriented feminist inquiry into women's mental health

Living with a label?

In this research project I am hoping to explore what the daily experiences of living with a psychiatric label are like. This research is being understood **only** from the point of view of women diagnosed with a mental health disorder.

What is an action oriented institutional ethnography of women's mental health?

It is a very academic way of saying that this research hopes to produce something that is of use to women diagnosed with a mental health disorder. What that something is will depend upon the experiences you describe. From your descriptions I hope to be able to uncover things that may have directly or indirectly influenced your experiences, and let you know about these. So...all stages of this research project will stem from the accounts you give.

What is involved?

Participation is voluntary and in no way connected to any of the services you currently receive or may receive in the future. You can withdraw at any stage of the research and there is no consequence for withdrawal. You can also withdraw any information you have supplied at any time.

I expect that the interviews where I will ask you to describe some of your daily experiences of living with a psychiatric label will last 1 – 2 hours. We can organise follow up interviews if this is not enough time or you would like to add to anything that you said. Interviews will be arranged at times and places convenient to you. Women's Health Care House in Northbridge have agreed to let us use their premises to conduct these interviews if you would like to do them there. They have supports such as childcare that we can use.

After the interviews have started I hope to form a research group to explore how we could use any of the information we have in social change activities. Is there anything we could do together? Women who would like to be involved in this research project have the option of participating in just the interview(s) or both the interview(s) and research groups. At this stage I expect that the group will start meeting at the beginning of 2003 at Women's Health Care House. We will discuss how often and how long we will meet for then, as well as discuss the why's and when's of what we could do.

There will be ongoing opportunities to debrief if being involved in these interviews or groups causes you any discomfort or distress. Staff at Women's Health Care House will also be available to assist with counselling, and referrals to other agencies can be made if this is more convenient or appropriate for you.

The experiences you describe will be included, with your consent, in presentations and publications relating only to this research project. They will not be used in any other way.

How will your privacy be protected?

Interviews and group discussions will be taped and transcribed. These will be kept in a secure cabinet that only I can access. You can also look at any of the information you have provided at any time. All personal information will be de-identified. In other words, anything that could connect you to the experiences you describe will be removed. The confidentiality of those of you who would like to be involved will always be respected and protected.

Who am I?

I am a postgraduate student at Curtin University. I am enrolled in a PhD course through the Department of Social Work & Social Policy. Before beginning this research I worked at Women's Health Care House, Mental Health Community Outreach Project, for several years. This service is a community based support for women diagnosed with a mental health disorder who are caring for children. I was also a member of the WA Association for Mental Health during this time. Other relevant social work experience I have had includes employment and volunteer work at women's refuges and King Edward Memorial Hospital for Women. In 1997 I organised a similar research project through the University of Western Australia.

Where to from here?

Before you decide whether or not you would like to be part of this project I would really like to have the opportunity to discuss this with you in person. My contact details are listed below. You can also contact my supervisor at Curtin Uni if you require any other information. She is Associate Professor **Fran Crawford** and can be reached at the **Social Work Department on 9266 7030**.

Approval from the university's Ethics Committee for this research to begin has been given. If at any time you are unhappy or concerned about this research and would like to make a complaint on ethical grounds this committee can be contacted.

Secretary of the Human Research Ethics Committee
Office of research and Development
Curtin University of Technology
GPO Box U1987
Perth 6845
Ph 9266 2784 or fax 9266 3793

My contact details

Jennie Gray
PhD Candidate, Curtin University of Technology
C/- 15 Barton Pde, Bassendean, 6054
9279 5544
geebees@iinet.net.au

I look forward to talking to you soon!

November, 2001

Appendix 3

Personal consent to participate in research

Living with a label: An action oriented feminist inquiry into women's mental health

Aims of this research

The aim of this research is to explore with women who have been diagnosed with a mental health disorder, their daily experiences of living with a psychiatric label.

A concurrent aim is to explore whether the information gathered could be used in action oriented activities.

This research is intended foremost to benefit those women who chose to participate.

Participation

Participation is voluntary and in no way connected to the provision of any health or related services.

Participation can be withdrawn at any stage of the research process and there is no consequence for withdrawal.

Confidentiality

All personal documents will remain confidential and no one will be identifiable in either the research workings or the final document.

Any identifying information will be stored in a secure cabinet with researcher access only.

Women who chose to participate can access their information at any time, via the researcher.

I, the undersigned, have been presented with information about this research that I have understood and I agree to participate according to these terms.

Name.....

Signature.....

Date.....

Jennie Gray
PhD Candidate, Curtin University of Technology
C/- 15 Barton Pde, Bassendean, 6054
9279 5544
geebees@inet.net.au

Appendix 4

TALENT RELEASE

I.....

Of
(suburb).....

Hereby give my permission for Media Productions, Learning Support Network, Curtin University of Technology and/or people authorised by the Learning Support Network to film/record myself

On Wednesday, May 21, 2003

For Research Inquiry 304 Lecture

The presentation recorded will be made available to those participants who would like a copy. Footage taken on this day will not be used for any other presentation or production without the prior consent of those involved.

Signed.....

Signed on behalf of the
Learning Support Network

.....

Appendix 5

Presenting stories of self in public: A workshop for women

I am sending you this to remind you that the workshop/video we've been talking about is almost here!

WHEN **9.30am – 2.30pm Friday November 28**
9.30am – 2.30pm Friday December 5

WHERE **Perth Women's Centre**
122 Aberdeen St, Northbridge

(Parking in front of the house is relatively limited – there are paid parking facilities nearby, and this venue is easily accessible by public transport too. If you park on the road, we'll organise the shifting of cars during the day to avoid tickets).

Morning tea refreshments, lunch and stationery provided

There is going to be a pre workshop/video meeting.

9.30am Friday November 21

(Perth Women's Centre also)

This meeting will be used to familiarise ourselves with the space, to talk about the content of the workshop, and think about what the video might 'look' like. If you can't come but would like to contribute or hear about what we've talked about, just ring me.

Please contact me if there's anything else you want to talk about too. Looking forward to seeing you there!

Kind regards

Jennie

15 Barton Pde, Bassendean, 6054

Ph 9279 5544

Email: geebees@inet.net.au

Appendix 6

Public speaking: The passion and the possibilities

Presenting stories of self in public: A workshop for women

28 November and 5 December 2003

Programme

Day one

9.30 – 9.40 Opening. Jennie Gray. Evolution of the training and video preparation, and consent.

9.40 – 10.40 Reflection and contemplation exercise.
Planning: what skills, knowledge and experience do I have, and what skills, knowledge and exercise do I wish to acquire?

Break

11 – 12.30 Understanding group dynamics, the self and roles.

Lunch

1.15 – 2.30 Passion and precipice (confidence and challenge): Negotiating the task and preparation. Visual aids and assistance.

Homework: research and prepare to deliver a five minute presentation to the audience during day two.

Day two

9.30 – 10.40 Reflections and reconnecting.

10 – 2.00 Rehearsals and feedback: in turn, each participant will be encouraged to deliver her presentation while the remaining participants observe and provide feedback. The presenter will brief the participant audience on the nature of feedback that will be most helpful. (With negotiated breaks).

2 – 2.30 Evaluation and conclusion.

Appendix 7

CONSENT TO PARTICIPATE IN VIDEO PRODUCTION

Presenting stories of self in public: A workshop for women

The aim of this video production is to document the process of participating in 'Presenting stories of self in public' workshop.

Footage taken on this day will not be made available for any other purpose than the development of this video without the prior consent of participants.

Women participating in the workshop will be identified on a first name basis.

Participation in the workshop is not connected to the video production and anyone can withdraw their consent to participate in the video at any time up until the final editing sequence.

This video will be made available for purchase at a cost price to community groups, agencies and individuals who would like one. A condition of purchase is that the video cannot be used for profit, publicity or promotional purposes.

A copy of this video will be made available to all women participating in this research.

I (name)_____ **understand and agree to the above.**

Signed_____

November 28, 2003

Appendix 8

In our own words: Connecting private stories and public speaking (video cover).



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