

What is “mental health” and how do we address it?

We use the term “mental health” primarily because it is the search term that our users will most likely use to find resources about their emotional, behavioral, social, and psychological states. At the same time, we want to clarify that we don’t endorse all the meanings that the term implies.

Girls, women, and gender-expansive people have suffered under the patriarchal eye of psychiatry for over a century; these deeply problematic views have shaped our shared assumptions about mental health and well being.

How have women, girls, and gender-expansive people been harmed by mental health assumptions and psychiatry? Psychiatry and related professions have medicalized women’s suffering, looking for causes in the individual. One brutal example is the long-standing psychopathologization of African American women. In the 1850s, U.S. psychiatrists believed that Black people who escaped slavery, even mothers who were attempting to prevent their children from being sold away from them, did so because of a mental illness called drapetomania. Continuously until today, a focus on symptoms, labels, diagnoses, genetics, biology, and “distorted thinking” overlook the oppressive environmental factors that influence painful feelings, “deviant” behaviors, and thoughts. Most recently, an overemphasis on happiness and “positivity” has been a way to turn the focus on the individual who through therapy, medication, and personal effort is supposed to cope with difficult environments, sexism, patriarchy, and oppression. The lifetime incidence of sexual abuse, harassment, and rape, and the overburdening of women for the responsibility for children, elders, and families and our adaptive and understandable responses to all of this is rarely taken into consideration when diagnosing and treating “mental illness.” The exponential impacts of racism, poverty, and other forms of oppression are even less likely to be acknowledged.

Feminist therapies have long focused on the lived experiences of girls and women and the ways that specific forms of oppression and marginalization, misogyny, sexism, and patriarchy inhibit our flourishing. Sadness, anger, fear, unwellness, withdrawal, and even aggression look very different when placed under a feminist intersectional lens.

In addition to entering the mental health professions in droves since the 1970s, many feminists have created and embraced non-traditional approaches to healing. Some of these approaches emphasize activism and solidarity with other women as a pathway to health and well-being, trusting in mutual aid above hierarchical and sometimes coercive processes. Others build on relationships and relationality. Still others involve advances in approaches to distress caused by traumatic events and environments.

Our Bodies Ourselves Today highlights how race and gender intersect to explain our concerns, problems, and adaptations to difficult and hostile environments. Our Bodies Ourselves Today sees mental health against this backdrop and well being as an ever-changing state of internal

balance that enables individuals to flourish and live lives of their own design without causing harm to others. Our materials related to mental health adhere to these guiding principles:

- We center women, girls, and gender-expansive people.
- We reject stereotypes and destructive myths about the mental health and well-being of girls, women, and gender-expansive people, as well as negative stereotypes about those diagnosed with mental illness. We affirm that people who are suffering emotionally are as kind, law-abiding, and valuable as anyone else in society.
- We oppose coercive “treatments” that deprive people of their agency and right to self-determination.
- We use person-centered language, such as “a person with a mental health diagnosis,” or “a person with a diagnosis of schizophrenia.” We avoid diagnosis-centered language, such as “a depressive” to refer to a person who is experiencing depression. We also support everyone’s right to define their own experience with mental health as they choose.
- Being “evidence-based” is not the only standard for inclusion in Our Bodies Ourselves Today. We recognize that most people lack equal access to research grants and social capital, such as relationships with prestigious institutions, which are necessary to producing evidence-based research findings. People in marginalized groups, including those diagnosed with “mental illness,” are typically excluded from contributing to research about themselves. This exclusion is a form of epistemic injustice, which both privileges those with mainstream views about mental health, and helps perpetuate those views.
- We are committed to exploring the social circumstances that contribute to a person’s suffering and lack of internal balance. Factors such as oppression and inequities, the lifetime incidence of sexual harassment, abuse, rape, and the overburdening of women with the responsibility for children, elders, and families are important drivers of psychological suffering.