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Paula Cameron
OISE/University of Toronto

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Using zines to explore young rural women's “depression” as community education

Paula Cameron
OISE/University of Toronto

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Abstract: In this paper, I describe research that collects young rural women's stories of “depression” through self-published booklets called zines. Weaving together participant zine images and voices, Mixed Blessings proposes depression as a site of valuable learning on behalf of the communities in which women live. Focusing on depression as transformative, collective learning, the project incorporates the zine as a form for self-expression and popular education.

I begin by introducing the concept of depression. I provide a brief project overview, and situate zines as forms for popular education. The paper concludes with a preliminary exploration of depression as learning.

Introduction

I am a young, rural white woman who survived severe depression in my early twenties. Since then, I have been struck by two things: first, just how dramatically the experience transformed my self- and world-understandings, and second, how little such hard-won wisdom is discussed in conversations about depression. When it comes down to it, we North Americans know very little about the profound and transformative learning by people who have experienced what we call “mental illness.” When the often uncomfortable topic of depression does show its face, it tends to be cloaked in abstract medical terminology, or shrouded in a language of deficit and recovery. In either case, moving beyond depression appears to be the central focus. What actually happens in the space of depression remains a mystery, somehow beside the point.

After I had moved through depression, and had the time and distance to actively make sense of it, I pored over journal entries, photographs, headlines and articles. Again and again, I read the commonly cited statistic that depression is predicted to become the second most common global cause of disability in the next decade (WHO, 2002). I read that it is the most common mental health issue for women (Bebbington, 1996), who are diagnosed and treated twice as often as men. I learned that since the late nineteenth century, women have represented the face of insanity in literary and psychiatric accounts (Chesler, 1972). That young women living in rural communities are particularly vulnerable, as they confront social stigma, economic instability,

1 This image is taken from the zine seamfulness (Cameron, P. 2009. Toronto: Author)
geographic isolation, racism, homophobia, and traditional gender roles (Scattolon, 2003).

The literature I found spoke nothing about the radical lived experience of depression itself ("Radical" meaning, quite literally, "at the root.") In doing so, these accounts sidestep a deeper engagement with the what, why, how, and who of depression, and without asking about the ways people actively make meaning from the raw material of depression, mixed blessings and all. This silence makes it especially vital that women's stories of depression be made accessible to a wide audience, including the communities in which they live and learn (Stoppard & McMullen, 2003).

Defining the undefinable

Elizabeth: [Depression] is a blockage of your natural life energy, and the flow of life. I experience it as a holding back or blockage. You feel like you're not expressing yourself creatively, and experiencing fully in life. ... You get stopped somehow. Just a feeling of hopelessness, that I would always be feeling like this. It seemed to feed on itself. It seemed like no end in sight.

Language is inherently slippery. Yet "depression" and "mental illness" are especially inadequate labels for the complex phenomena they seek to convey. Both are highly contested terms, with much at stake in who defines them, and how. Any definitive diagnosis or description of "depression" is impossible.

Magdeline: I think lots of people feel an unarticulated inner conflict with what they're doing everyday, and what we're creating as a society. I think that's where the general melancholia comes from. It's that disharmony that we can't quite put our finger on. And MDD is just a general melancholia that goes into a debilitating state. It's just the next level. Changing serotonin levels doesn't take away poverty or oppression. The purely physiological definition is far too narrow to explain the human condition.

In conventional medical terms, major depression (alternatively called “Major Depressive Disorder (MDD),” “clinical depression,” and “Unipolar Disorder”) refers to a constellation of symptoms, including a lack of pleasure in everyday pursuits, to weight gain/loss, insomnia,
paralysis or unintentional repetitive movements, feelings of guilt and worthlessness, and diminished concentration (American Psychological Association, 2000). Though depressed people might experience many of these “symptoms,” the subjective nature of these criteria makes diagnosis especially problematic.

If language is elusive, the term “depression” is especially so. Its definition and diagnosis has increasingly been called into question by survivors, academics, and activists around the world. Their challenge to the word seems tied to two main concerns: first, that it is becoming too broad, and second, that remains too narrow.

**Margo:** Since my moods were always low in high school, it was just something that I thought was normal. I didn't realize that life could be any different, cause that's what every day felt like. My moods would change so many times in a day. I don't even want to read the journals that I had then. I still have them, but I'd be upset to read them now.

The 1980s marked a seismic shift in North American psychiatry, when free trade agreements deregulated the pharmaceutical industry. Since then, fuelled by the lure of new markets and potential profits, American pharmaceutical companies have aggressively campaigned governments and the American Psychological Association (APA) to broaden diagnostic criteria for mental illness. Ironically, however, with the diagnostic criteria for depression stretching almost by the minute, the term has actually narrowed in other ways. For example, modern psychiatry has come under fire from activists and survivors who challenge its medicalization of what they consider to be social problems. Critiques of current DSM diagnoses have also arisen within the field of psychiatry, from, for example, psychiatrist Robert Spitzer, who criticizes psychiatric diagnoses that fail to take into account the life context in which they occur.

Using “depression” as a monolithic term obscures the coincidence of depression with other psychiatric diagnoses which compound stigma and suffering. In this project, for example, three of us were diagnosed with other conditions including Post-Traumatic Stress Disorder (PTSD), Panic Disorder, Bipolar Disorder, and Dissociative Identity Disorder (DID). Separating depression from these other diagnoses would mean erasing the context in which they arose and the rich interwoven layers of our life stories.

![Figure 2. Zine excerpt. Margo, 2011.](image)

**The Project**

The heart of *Mixed Blessings* is my co-participants in this research: Magdeline, Margo, and Elizabeth. Aged 29 to 40, all four of us identify as having experienced severe depression in
our twenties. We were all raised and lived in rural Nova Scotian communities during this time. All four of us are university educated, in art, biology, English literature, education, and creative writing. We claim Metis, Scottish, Acadian, and British ancestries. We were raised within working and/or middle class backgrounds in rural settings. Two of us have been hospitalized. Three of us have taken antidepressants. One of us recovered completely outside the medical system. Two of us are married: one of us to a man, one to a woman. Two of us have experienced incest and childhood sexual abuse. Two of us have parents and siblings diagnosed with depression. All four of us experienced financial insecurity and dependence from depression. Three of us lived with our parents during at least part of our time with depression. One of us couldn't. All four of us have used art and craft as a way of working with our experiences of depression and trauma.

*Mixed Blessings* began in 2010 with one-on-one, open-ended storytelling sessions with each participant. After the first round of conversations had been completed and transcribed, I invited all four women to join me at the local women's centre for the first in a series of four zine making workshops. I provided basic materials for book making (paper, glue, markers, pens, scissors, exacto knives), a printer/scanner, and a copy of *Stolen Sharpie Revolution*, a seminal zine making resource. Magdeline and I brought along zines and graphic novels for inspiration and example, spreading them out along the women's centre couches.

The zines are now close to completed. Once finished, they will be distributed as a hand-bound collection to public locations of our choice, which may include psychiatric hospitals, public libraries, and women's centres in our communities and perhaps beyond.

**Unravelling Stories**

Zines have been defined in various ways by zine makers and scholars. Alex Wrekk, author of the seminal zine *Stolen Sharpie Revolution*, perhaps the most popular “how-to” guide to zinemaking, refers to zines as “physical printed self-published creations ... independently made for the love of creating and rarely make a profit” (2009, p.6). Stephen Duncombe, author of the first academic book about zines, defines the form as “noncommercial, nonprofessional, small circulation magazines which their creators produce, publish, and distribute by themselves” (1997, p.6).

![Figure 3. Zine making process. (Cameron, 2009)](image)

**Elizabeth:** I think the zine is fantastic for a couple reasons; one, it's really
accessible for the reader so it's a great way to share an experience. I didn't realize just how compelled to do it I was until I started. I really want people to get this. The combination of images and not too many words is a good way to get that across. There's also a real opportunity to express humor and paradox because you can have the words saying one thing, but the accompanying visuals showing something else.

Cynthia Huff proposes that self-published media can help communities “[learn] how to care for the text and its writer” (2000, p.506). Holding a zine in your hand can ignite empathy in a way that other forms cannot. In an age of hypertextuality and computer connectivity, zines provide a tangible connection to human hearts and bodies. Imperfect and often painstaking, a zine's style and contents serve as windows into the aesthetics, interests, and commitments of its author. A creator's fingerprints are all over it—at times, quite literally. The materiality of the zine as an art object contributes to its meaning, as much as its common location within barter and gift economies (Piepmeier, 2009).

**Magdeline:** This zine project has been something that's been motivating me lately to try to write, and I'm having a hard time making my zine small enough! So it's motivating me to write a lot more than just a zine, you know. I'm writing a book [laughs]. But I feel motivated to do it. And that feeling of motivation is novel to me. I mean, I achieved many things, but it wasn't out of a desire to do something for myself, it was a desire to prove something to someone, or necessity... where this is because I want to.

Despite their decidedly textual form, zines' rough-edged aesthetic encourages “a kind of physical surrogate physical interaction” that offers occasions for building meaningful relationships and profound learning in ways that an individual's everyday life may not (Piepmeier, 2009, p.59). As Keats (2009) points out, weaving multiple narrative forms within the research process enriches participant and researcher understanding, and generates knowledge that would otherwise be overlooked in most work focused solely on written texts. More than this, however, by engaging this rough-edged and democratic form of expression, I aim to honor the rough edges of participant stories and lives. Trusting the stories our bodies tell, this tangible form of self-expression opens up possibilities for more creative ways of sharing lived experiences of depression.

**Depression as Education**

Examining depression as popular education allows us to consider links between embodied emotions and consciousness-raising. For communities to learn about depression, young women first require the occasion and creative space to share what depression has taught them. My co-participants were quick to name the two-sided teachings of depression. Elizabeth, for example, identified compassion as a major gift that allowed her to relate to her parents' similar struggles, and spoke of small moments of joy within a cloud of depression:
Elizabeth: Even within the periods of depression, going for walks felt like health. Even though I was in a period of feeling unhealthy, when I could get myself outside, breathe the air and go on the beach, that felt like an island of health within “unhealth.”

I now have a huge compassion for other people who experience depression or mental illness. I [also] had a whole new understanding of what my mom and dad were going through. Which as a younger person, I couldn't appreciate as much, but I'm now entering the age that my mom was when I was watching her in her worst years, and finding that because of my experience, I'm much more compassionate and able to really understand and almost feel what she must have felt.

Margo, whose bipolar disorder created unique challenges, emphasized the tiny daily victories of survival as mixed blessings of depression: “Getting up and trying to have a day.” She also described strategies for preventing the unique challenges of bipolar disorder, depression compounded with manic breaks with reality:

Margo: I was just lucky to be getting up and eating and trying to have a day. At that point, anything that I did could be considered an achievement, just because it was so hard. So I learned how to persevere when everything seemed like
obstacles; I got through it. I guess it would show some determination.

I also learned that you have to have a reality check, some way of knowing if you are your usual self. Some way of knowing what normal is, so you can come back to that. Being centred, is what some people would call it. What it really says about you is how you manage it, not what the disease is.

Magdeline also described more far-reaching effects of depression on her current life, including the revision of success:

**Magdeline:** It's changed everything. My goal used to be getting back to work. I need to make money, I need to finish my Masters... But I don't need to do any of those things anymore. There is inherent value in just slowing down and questioning where we're going and what we consider normal and successful. “Have a good job, get this degree, buy a car...” It's clearly laid out. All of my drive to succeed was a running away, till finally, depression said, "STOP." And I needed to be defeated that way. I see it as a gift. I certainly was not grateful at the time, but I'm grateful now.

Experiences of any type of illness can disrupt expectations of life as we know it. Periods of serious illness can interrupt expectations for life and work, and unsettle an ill person’s role in her or his community. Life stories, and their conventional assumptions, are disrupted and often revised (Williams, 2000). Sufferers are faced with physical, emotional, and spiritual vulnerability, inhabiting an in-between space that is somehow more and less human than before.

People defeated by depression dwell at the seams of illness and health, a borderland. Gloria Anzaldúa (1987) describes a borderland as a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition. The prohibited and forbidden are its inhabitants. Los atravesados live here: the squint-eyed, the perverse, the queer, the troublesome, the mongrel, the mulatto, the half-breed, the half dead; in short, those who cross over, pass over, or go through the confines of the “normal.” (p.25)

By referring to the “emotional residue” created by rigid social norms, Anzaldúa
acknowledges mental illness as a burden inherited from communities and societies. For privileged people who could previously “pass” as normal, experiencing depression or other mental illnesses brings this borderland into focus for the first time. And while some border dwellers may cross back over to supposed normalcy, as I did, this landscape stays with us for the rest of our lives, imprinted in our bodies, in memory.

Calling social norms and assumptions into question, severe depression can create space for what Michel Foucault (1984) calls a "critical ontology of ourselves... an attitude, an ethos, a philosophical life in which the critique of what we are is at the same time the historical analysis of the limits imposed on us and an experiment with the possibility of going beyond them” (p.50). By exploring depression's teachings through autobiographical zines, *Mixed Blessings* invites a "critical ontology of ourselves,” enacting the similar Freirean aim of linking lived, embodied experience to wider historical, political, and social dynamics.

**Loose Ends**

![Zine excerpt](image)

Figure 7. Zine excerpt. Elizabeth, 2011.

Zines are gifts: tangible expressions of a maker's inner life. Their messy beauty serves as an alternative to analytical diagnostic manuals or medical records, often considered the “official,” definitive account of depression. Zines open up creative spaces for young women to share experiences of mental illness in their own voices, with their own hands. In this way, communities can learn about the depression that is being lived, and bravely faced, all around them.

Lewis Mehl-Madrona points out that in indigenous cultures, “a sick person is seen as serving the community by offering himself or herself to demonstrate the imbalance and disharmony that has ensued” (2007, p.41). What can survivors of depression teach us about ourselves as individuals, communities, and societies? Asking these questions acknowledges the authority of mental health survivors, who can teach us about ourselves because they are us, and struggle and learn precisely on our behalf. Between romanticizing depression and disavowing it, we need to stake out middle ground, a space in which stories of struggle can fuel re-imagined societies and communities. These mixed blessings: a bitter gift, for all of us.

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