PAULA CAMERON

2. “I STILL HAVE MY HANDS”

Rural Women, Depression, and Zines

When I am unsure of reality, deranged
Unsure of where the tangible ends and intangible begins
When I have no sense of having a body, am
Disembodied
I still have my hands.

(Magdeline, zine excerpt, 2011)

INTRODUCTION

Art cultivates radical learning at the margins: at the seams of reason, language, and society. In 2011, I came together with three other young rural Canadian women who self-identified as having experienced severe depression in early adulthood. The resulting project, Seamfulness, documented the rich transformative learning that unfolded from spaces of emotional, mental, spiritual, and physical rupture and repair. Using a methodology that fused narrative inquiry and arts-informed research, I invited three rural women with histories of depression to participate in a series of interviews/storytelling sessions and zine making workshops.

BACKGROUND

This project began on the ground I stand on, ground that was shaken in my 21st year by severe depression, ground that is unceded Mi’kmaw territory. I am an academic adult educator and researcher with a background in community building. My encounter with depression was shaped by my identity as a first-generation university student, by social adjustments required for university life, and by experiences with anxiety and depression as a high school student. I grew up in a rural area in central Nova Scotia, and experienced depression in the fourth year of my undergraduate degree at a small Maritime university.

Depression dismantled my assumptions and revealed the shape of the world. Its shadows threw into relief the invisible structures of power and meaning. Even today, its legacy can be traced in my daily habits, attitudes, gifts, and challenges. Over the years, talking with young women around me, it soon became clear that I was not alone in this experience. Depression had served as a transformative process for
all of us, reconfiguring our relation to our families, to our bodies and emotions, to medicine, and ultimately to our communities.

This research addresses gaps in academic scholarship on adult education, mental illness, and arts-informed research and pedagogy. Depression, the leading global cause of disability, is a highly gendered phenomenon that varies according to geographic setting. Canadian women have higher rates of mood and anxiety disorders; between 2011–2012, women were 1.6 times more likely to experience depression than men and young women between the ages of 20 and 44 are most frequently diagnosed with and treated for depression (Ad Hoc Working Group, 2006). Research suggests that adults who live in rural communities experience unique protective and risk factors for depression, as they leverage stronger community belonging while confronting challenges such as social stigma and barriers to healing, including economic instability, geographic isolation, and traditional gender roles, all known to increase risk (Galloway & Henry, 2014; Scattolon, 2003).

Depression, when medicalized through psychiatric diagnosis and treatment, erases the social causes for mental unrest. Critiques of madness as a tool for social control have been present since at least the 1970s, when feminist scholars like Phyllis Chesler (1972) examined historical trends from the 16th century onwards including women’s oppression through psychiatric diagnosis, incarceration, and treatments such as sexual abstinence, hysterectomies and Electro-Convulsive Shock Therapy (ECT) (Tasca, Rapetti, & Carta, 2012). Psychiatric diagnosis and treatment are increasingly contested as normative practices that locate psychic suffering at the individual biomedical level (e.g., LeFrancois, Menzies, & Reaume, 2013; Szasz, 2007).

This research addresses calls for scholarship in the adult education literature that attends to research on adult learning and mental health (Brookfield, 2011), emotions and learning (Dirkx, 2001, 2006) and the intersection between women’s emotions, bodies, transformative learning, and the arts (English & Irving, 2007). The arts are being increasingly taken up within adult education research and pedagogy as powerful means for self-reflection and expression, dialogue and popular education by bridging individual and collective experience in accessible forms (e.g., Brown, 2015; Cameron, 2014; Clover, 2011; Escueta & Butterwick, 2012).

Narrating depression is particularly crucial for psychiatric survivors whose perspectives are largely absent from popular discourse about depression. As self-identified “mad scholar” Duncan Scott Campbell (2001) points out, “we rarely hear from mad people themselves when madness is discussed; far more often we hear from psychiatrists and other professionals who ‘study’ and ‘treat’ mad people” (p. 9). Disabilities scholar Rob Michalko (2009) agrees, arguing, “The telling of the what-has-gone wrong story has been claimed by, and has been given to, the realm of medicine” (p. 66).

Incorporating artistic methods within adult education research and practice enhances readers’ capacity to empathize with (other) people who are speaking from