

# CROCHET, MENTAL ILLNESS, AND BARRIERS TO CARE: MY EXPERIENCES WITH DEPRESSION

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## Abstract

In late 2019 and early 2020, I spent 86 days trying to access mental health care. I experienced a range of financial statuses from being privately insured, to being uninsured, and finally being on public medical insurance. These 86 days were almost exclusively full of sorrow and melancholy, ultimately ending with my diagnosis of major depressive disorder. At so many stages of this process, I was failed by resources and institutions meant to help me, leaving me feeling hopeless and scared that things would never get better. To commemorate and illustrate this tangled process I have crocheted a quilt with each square representing a day spent trying to access care. In this essay, I explain my choices regarding the construction of the quilt, the use of crochet as a medium, review the history of the treatment of women in psychiatry practices, and review the barriers to mental healthcare.

## Crochet and Femininity

Crafts like crochet, knitting, and embroidery - fiber arts and needle arts have long been associated with women and have been viewed as domestic work. The work is seldom recognized as fine art despite the time it takes to complete a project.

Textile arts have been used by feminists in the past, from British suffragists in the early 1900s to antiwar activists in the early 2000s. My work was inspired by the art of Sophie King and Shannon Downey, embroidery artists that use their art to advocate for feminist issues.

**The work that went into creating my quilt is reflective of the time and effort it took me to call various hotlines and clinics, undergo various intakes, and retain enough hope to continue the process.** This quilt is composed of 84 squares, each representing a day spent trying to access mental healthcare.

## The impact of gender on psychiatry

There is a rich history of women's mental health being dismissed or weaponized by both medical practitioners and society. Melancholy, used to describe withdrawn men, was seen as a disease of scholars and creative gentlemen, was often treated through unique diets and different exercise methods. On the other hand, women experiencing such extreme emotions were met with a very different set of treatments. Female hysteria was used to describe women experiencing a range of symptoms and was thought to be caused by a "wandering uterus," causing an imbalance in the hormones of women. Treatments for hysteria included bed rest and marriage for long-term healing (Tasca 2012). In extreme cases, women were treated through a hysterectomy, complete removal of the uterus.

It was not until the mid-1900s that melancholia was replaced by depression and diagnostic criteria were created. Around the same time, the rates of diagnosis of female hysteria lowered. Looking at how melancholy and hysteria and their treatments' side by side illustrate the way that our understandings of emotions and mental health are gendered. For men, they were generally met with compassion and lifestyle changes, while women were told to find and marry a man or have one of her largest organ systems removed. Additionally, while the methodology and terms used to describe these conditions have been modernized, the historic record has lasting consequences. Hysterical is a term used to demean women, often when they are expressing too much emotion in a way that society has deemed inappropriate. The term, though it no longer has any medical or scientific meaning, is still weaponized against women and not men.

Sexism in the medical field remains an obstacle, with women's symptoms often being dismissed or written off as either imagined or hormonal. There are many institutional and systemic ways that people with mental illness have been overlooked, leading to sanism.

## The quilt

My quilt is composed of 84 squares, each representing a day trying to find mental health care. The quilt is organized into rows of 7, symbolizing weeks with a Monday start.

-  Waiting for services
-  Call/ outreach to an organization
-  Completing an intake process
-  Receiving care



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