

'Woman' Not Mentioned Once at Barnard's Feminist Conference Opening Panel



by Phyllis Chesler

I began the research that led to my pioneering work, [Women and Madness](#), fifty-three years ago. It challenged institutional psychiatry, psychology, and psychoanalysis. Thus, I was especially interested in attending the opening panel of Barnard's 47th Scholar and Feminist Conference on [Living in Madness: Decolonization, Creation, Healing](#). The panel was [titled](#): "Willful Subjects*: Decolonizing the Psychiatric Institution."

With some exceptions, the speeches were entirely incomprehensible.

The conference was a *feminist* conference, hosted by Barnard's

Center for Research on Women. Yet, not a single speaker mentioned the word “woman.” With one exception, once, not a single speaker referred to the work of any female psycho-analytic theorist or critic of psychiatry. The only female theorist mentioned was Sara Ahmed, a British-Australian-Pakistani “queer lesbian” of color who pioneered the idea that “willful subjects” are actually “resisting.” (Please don’t ask me what this means).

Although the speakers employed a pseudo-Mandarin language meant to impress, dominate, and silence, I was nevertheless able to comprehend this much: they argued for the destruction of boundaries and borders of all kinds; viewed chaos as “liberating” and “revolutionary;” and tended towards romanticizing “madness.” While I pioneered the view that psychiatric diagnoses are stigmatizing and punitive in ways that are sexist, racist, and classist—I have never romanticized psychological suffering as “liberating” or “revolutionary.” It is, rather, a trip to Hell, one never chosen.

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I hate to say this but: “mental illness,” a term hotly contested by many sufferers, is real. It is not just a reaction to social or political forces. If it were, then everyone would be “mad” in the same way—or in some way. That is not the case. Living under the imagined paradise of socialism or communism, the right kind of nationalism, or during a euphorically bloody uprising, does not automatically “cure” all those who suffer from schizophrenia, depression, anxiety, panic attacks, insomnia, suicidal ideation, and other post-traumatic stress symptoms and/or who are sociopaths, psychopaths, alcoholics, drug addicts, rapists, or batterers. And it’s true: People who suffer from “mental illness” are not being helped—witness the hallucinating homeless on New

York city streets and subways, some of whom are violent, most of whom are in urgent need of care that simply does not exist.

We cannot force paranoid schizophrenics to take medication that at best, sedates them. They simply will not comply. We cannot force those who suffer from bipolar depression to take pills that have terrible side effects and that, as one friend put it, "steal my soul."

Please remember: My generation of do-gooders opened up the awful state hospitals and shortened the stays on psychiatric wards in city hospitals, and we are now responsible for those whose "mental illness" makes it impossible for them to navigate societal demands and who have fallen through the cracks. They did not receive care or compassion while institutionalized, and they are receiving far less on the streets now.

I share the panelist's desire to be helpful to those who are psychologically suffering, to understand them, to create caring communities so that one is less alienated, less alone. But I am expressing this clearly. The speakers did not do so.

"The conformity the panel manifested was embarrassing, totalitarian."

I am grateful to Dr. Camille Robcis, the first speaker, for having spoken clearly, plainly, and simply, and for recounting the origins of what she calls "institutional psychotherapy" in France. However, she only referred to Lacan, Foucault, Fanon, and Tosquelles—all men—but not to any of their major French female counterparts e.g. Marie Balmary, Ilse (Rothschild) Barande, Simone de Beauvoir, Princess Marie Bonaparte, Janine Chasseguet-Smirgel, Luce Irigaray, Julia Kristeva, etc. Although Dr. Robcis mentioned Nazi camps and Nazi fascism again and again—the word "Jews" never crossed her lips.

The panelists never mentioned the pioneers of feminist psychology and feminist psychoanalysis. I am thinking of Drs.

Sandra Bem, Paula Joan Caplan, Helene Deutsch, Anna Freud, Frieda Fromm-Reichman, Carol Gilligan, Karen Horney, Judith Lewis Herman, Ellyn Kaschak, Melanie Klein, Margaret Mahler, Alice Miller, Juliet Mitchell, Sabina Spielrein, Clara Thompson.

The conformity the panel manifested was embarrassing, totalitarian. Dutifully, nearly every speaker began by saying that they were speaking from land stolen from various native Indian groups e.g. the Lenape, the Ojibwe, etc—as if merely saying so was morally redemptive and absolved them of any responsibility.

Although we could visually see everyone—they were on screen—everyone described themselves in terms of their gender and sexual identity, skin-color, ethnicity, clothing, jewelry.

“Are educated women competing in a beauty contest or in a catalogue for mail order brides?”

“I am a brown-skinned cisgender woman with locks,” said the Senior Associate Director of the Barnard Center for Research on Women, Dr. Miriam Neptune. The moderator, [Dr. Ann Pelligrini](#) identified as they/she/he and as “gender/queer/with brown short hair.” [Dr. Camille Robcis](#) identified as “half-Mexican, half-French, with blonde curly hair.” [Dr. Emily Ng](#) was identified as she/her and did not identify herself further. [Dr. Lara Sheehi](#) first spoke in Arabic and identified herself in Arabic script; in English, she described herself as “a light-skinned Arab cisgender woman.” [Dr. Liat Ben-Moshe](#)’s name and her very slight and lovely accent seemed Israeli but she did not identify as such. Rather, she identified herself as wearing lipstick, jewelry, glasses, as a femme person, sitting in her wheelchair.

Are educated women competing in a beauty contest or in a catalogue for mail order brides? Why such an emphasis on physical appearance and sexual identity?

I must admit: I understood very little of what the second speaker, Dr. Emily Ng, said. Her study was based in China. She did not criticize totalitarian communism, Maoism, the mass murder of many millions, the ongoing genocide of Uighur Muslims. She spoke about “ghosts,” “spirit possession,” “mediumship” versus “diagnoses.” While China was never “colonized,” she still wanted a “cosmo-political universe” that was more “porous.”

In addressing institutional psychiatry and the desire to de-colonize it, three of the four speakers used the same buzz words over and over again: “decolonizing madness,” “occupation,” “incarceration,” “genocide,” “colonial oppressor states,” “settler colonialism,” “abolition,” “radical abolition,” “revolutionary,” “genocidal practices,” “Zionism” and “Palestine.”

Zionism. Palestine. Of course—so central to “de-colonizing madness.”

The third speaker was a very energetic Dr. Lara Sheehi. She began talking about “stolen land” and “solidarity with political prisoners everywhere, especially in Palestine;” about “de-colonial feminist solidarity” which opposes “settler colonial logic,” “brutal occupation,” and “settler soldiers.” Quoting Sara Ahmed on “willfulness as a failure to comply” and employing “de-colonial and queer methodology” against “heteronormative patriarchy,” one can then “speak life, speak Palestine,” and, “despite the chokeholds of Zionist practices” (George Floyd anyone?) one can “practice liberation.”

“Is this what has become of academic feminist conferences and organizations?”

She was clear. Her aim was to defame Israel. Perhaps she thinks this is a form of political psychotherapy—or a way to rise swiftly in the contemporary academic world.

Thus, Dr. Sheehi described a brief case history which was

somehow very familiar. It concerned Amjad, an Arab/Palestinian father, and his seven year-old daughter, who were delayed, interminably, at the Kalandia “crossing,” which, Sheehi points out, is really a “checkpoint.” The father receives humiliating treatment from the “occupying soldiers”—who order him to have his seven year-old daughter “piss herself in the car” rather than allow him to get to the front of a routinely very long line to find a bathroom. Amjad’s symptom—that there is a “ball” in his throat—turns out to be the very “ball” that his daughter was singing about when they were held up at the “checkpoint.” Thus, Amjad did not have an anxiety disorder. His symptom was eventually clarified as “rage” at the (alleged) Occupation which did not allow him free movement or dignity. The symptom disappeared when he unleashed his rage.

Something about this presentation seemed too pat, even familiar. In fact, it [reminded](#) me of the [film, *The Present*](#). There, too, is an Arab/Palestinian father and an eight year-old daughter who are delayed and humiliated at another “crossing” or “checkpoint.” I wonder whether Saleh Bakri, the actor who plays the father also had a sensation of a “ball” in his throat—or whether the filmmaker, Farah Nabulsi, dealt with his own rage by turning to very artful propaganda?

Dr. Sheehi never once mentioned the reasons for these “checkpoints,” namely the non-stop suicide bombing, car ramming, and stabbing of Israelis by Arab/Palestinian terrorists. I am very surprised that she did not mention the so-called “Apartheid wall.” I was grateful for that.

The final speaker was Dr. Liat Ben-Moshe. Her opening stunned me.

She said that as a disabled person she understood that Jews in the Diaspora, historically, were viewed as “weak” and to overcome this apparent “disability,” turned to “Zionism and to a national type” that is very strong. She went on to suggest that “reclaiming disability can be be very transformative,

liberatory.” In her view, “madness is created by colonialism, racism, police violence.” Dr. Ben-Moshe also warned against “chemical incarceration” (forced psychiatric medication), and “carceral ableism.”

What this exactly contributes to disability studies, to the relationship between disability and psychological states, or about disabled women—escapes me.

Is this what has become of academic feminist conferences and organizations? I’m afraid so. Women’s Studies, (I’m one of the early founders), disappeared women into gender studies, and then into LGBTQ+ studies—never to be seen again. Transgender women, preferably sex workers of color, have supplanted biological women as the subjects that matter most. The National Women’s Studies Association as well as the organizations that I’ve co-founded, such as the Association for Women in Psychology, is now also queer, LGBTQ+ focused, and are most concerned with police brutality towards black men, and with their incarceration—a bit less so with ongoing male violence against women of all races, classes, ethnicities, and geographical locations.

Is all non-science academic “discourse” as weird, as incomprehensible, as so politically conformist as were these speeches at Barnard? Has womankind as an honorable subject been permanently retired?

So much was rendered obscure, puzzling. The [image chosen for the panel](#) is one that I find difficult to “deconstruct.” I’ve been told that it’s a former Israeli military structure. The artists/architects “aim to accelerate the process of its destruction and disintegration, no longer used by humans, and instead ‘returned to nature.’” It was created by Oush Grab of the Decolonizing Architecture Art Residency. Perhaps others immediately understand its relationship to the panel’s subject and to the conference itself.

I, alas, do not.

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