

The Consumers' Atlas to Mental Health

CONVERSATION STARTERS

Vol. 1: The Medical Model

Vol. 2: Entering the labyrinth: Balancing care and risk in clinical services

Vol. 3: Stigma: The precarious balance between social and personal identity

Vol. 4: Mad Studies

Vol. 5: Where mental health is made: Personal autonomy and social regulation

Vol. 6: Musings about the National Disability Insurance Scheme (NDIS): Are we in or out?

Vol. 7: Holding ourselves together in time and space: Living in community

Vol. 8: In the news: The wider context of mental health and illness

Our Consumer Place is Australia's Mental Health Resource Centre run entirely by people diagnosed with 'mental illness'



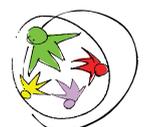
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RESOURCE CENTRE FOR MENTAL HEALTH CONSUMERS

Our Consumer Place acknowledges the support of the Victorian Government



Our Consumer Place is auspiced by Our Community



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Compiled by Flick Grey in partnership with Merinda Epstein

The Consumer's Atlas to Mental Health

Published by Our Community Pty Ltd

Melbourne Victoria Australia

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ISBN 13: 978-1-876976-29-3

First published May 2019

Cartoons: Simon Kneebone



The Consumers' Atlas to Mental Health

CONVERSATION STARTERS

Vol. 4: Mad Studies

The Consumers' Atlas to Mental Health

1. Purpose and intentions of the Consumers' Atlas to Mental Health:

Conversation Starters is a set of eight volumes intended to initiate and energise conversations about mental health. They are not statements of 'fact'; rather, they are tentative opinions to stimulate insightful conversations about the ways we understand madness, health and other services, community and mad people's politics. We hope they will assist in exploring issues concerning mental health through conversation, supported and informed by materials ranging from the experiential, the narrative and descriptive through to research-based and theoretical work.

The choice of the assembled materials is, of course, biased; some references are controversially 'conservative' whilst others are controversially 'radical'. We included them because they are all part of the full story. We have, therefore, spent less time accumulating 'mainstream' medical material because this is easier to find and many readers would already have absorbed a great deal of this discourse in their everyday interactions with the institutions of psychiatry or, indeed, through information from mass media and other sources.

2. Eight Volumes

Vol. 1: The Medical Model

Vol. 2: Entering the labyrinth: Balancing care and risk in clinical services

Vol. 3: Stigma: The precarious balance between social and personal identity

Vol. 4: Mad Studies

Vol. 5: Where mental health is made: Personal autonomy and social regulation

**Vol. 6: Musings about the National Disability Insurance Scheme (NDIS):
Are we in or out?**

Vol. 7: Holding ourselves together in time and space: Living in community

Vol. 8: In the news: The wider context of mental health and illness

An Important Note

Language: We use the word '*consumer*'. For many this is economically determined, over-simplistic and too sure of itself. There is no easy answer for this linguistic impasse because all the words we try depend heavily on context. Most of us are sick of 'everyone else' trying to tell us what to call ourselves. Our Consumer Place is presently writing a booklet about 'Challenging Perspectives' which has a more detailed discussion about this complex and contested issue.

Wikipedia: We use Wikipedia because our readership is wide. Wikipedia provides an easier introduction to most subject matter than strict referencing 'proper' research materials; it is an introduction to 'knowledge' to many people who may never had had a chance to explore the world of learning. Also, there have been many questions raised about the 'validity' and the often questionable methods and ethics of 'proper' academic research; its value base and often ulterior motives and interests on which it is based.

Editorial Comment: This volume is different from other volumes. A decision was made to increase the number of sections and decrease the number of references. This decision was made because of the nature of the topic. We will continue to change the format in line with the content of each volume.

About Style

Most of the resources written for people diagnosed with mental illness are 'how to' guides:

- How to live with a certain illness.
- How to get money for projects.
- How to get around a services system.
- How to find a particular sort of clinician...

Material written in this form favours people who think in certain ways; where 'facts' are needed, analysis certain, and 'how to' is reassuring. Others must work with ideas; questioning the taken for granted, searching for ethical dilemmas, wondering, instinctive, perceiving and feeling. These groups, of course, are not mutually exclusive but the differences **must** be considered. This publication invites everyone to slow down, forget assumptions and see the 'other' differently through conversation.

INTRODUCTION TO VOLUME FOUR: MAD STUDIES

Mad Studies reclaims the experiences of mental distress from the dominant discourse of the medical model (see Volume One) – where expertise was once located in psychiatry and the other psy disciplines, Mad Studies opens up space for questions of politics, history, context and meaning-making, creativity and identity.

As the name of an emerging academic discipline, the term “Mad Studies” was coined in 2008 (Ingram 2016), building on a long, diverse, collective history – Mad Studies draws on the consumer/survivor/ex-patient movement, Mad Pride, anti-psychiatry, critical mental health and critical disability studies. Mad Studies is still emerging as a discipline in its own right and is housed in the humanities or critical disability studies departments of various universities, particularly in Canada, and in reading and discussion groups internationally, outside or alongside academia.

The collection of topics included in this volume are eclectic. The volume is intended to address some of the contemporary issues in the Australian mental health landscape, from a Mad Studies perspective, including “stigma”, identity, recovery (and its discontents), alternatives to the mental health system, violence, whether mental health is a disability, the relationship between Mad Studies and anti-psychiatry, sanism/mentalism, intersectionality and more.

The Wikipedia entries are offered as a highly-accessible way to enter into the ideas of Mad Studies. Some references are not freely accessible to the public – these are marked with an asterisk (*) – you either have to pay for these, or get access through a university library. Three edited collections that are particularly worth borrowing/buying are:

- LeFrancois, B., R. Menzies & G. Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars Press Inc, and
- Russo, J. & A. Sweeney (eds) *Searching for a rose garden: Challenging psychiatry, fostering mad studies*. Monmouth, UK: PCCS Books.
- Hall, W. (ed.) *Outside Mental Health: Voices and Visions of Madness*, Madness Radio,

Academia can be an imposing or off-putting environment for many, and Mad Studies grapples with its relationship to class, privilege, language, exclusion, practice, activism and accessibility. The hope for this volume is that it offers people an accessible way into the conversation – and the academic space – for people with a wide array of educational backgrounds. It is intended as a bridge between the academic space and people who are contributing to the world in other ways – activists, artists, peer workers, critical thinkers, agitators, survivors and the rest. As the Icarus Project would sign off ... with Mad Love!



1. Undisciplined Minds



1. Undisciplined Minds

5 ENTRY POINTS:

1. *Nothing about us without us:*

Mad Studies is emerging alongside approaches referred to as 'Consumer perspective', 'Service Users in Academia' and 'Survivor Research' to fundamentally challenge the abstract, objectifying and categorising ways in which 'normal' science thinks about us.

2. *Thinking for and about ourselves*

Madness has tended to be contrasted with reason, and so the thinking about us has often been done without us. But "every movement needs an intellectual infrastructure," says Mad Studies scholar David Reville and that's what Mad Studies offers the consumer/survivor/ ex-patient movement, helping us think beyond the Medical Model.

3. *Who wants to be disciplined?*

Academic disciplines allow and disallow entrance into accepted ways and means of thinking "legitimately". Mad Studies is both a discipline and an anti-discipline (or an in/discipline), offering a critique of disciplining structures and disturbing the rigid boundaries of academia. It includes politics, activism, creativity, sanity and madness.

4. *Are we there yet... or do we need to veer off the beaten path?*

Mad Studies refutes the idea that mental health research is gradually progressing towards a more enlightened understanding of "mental illness", calling instead for a rethink of foundational questions (including about both epistemology and ontology).

5. *Away with unitary models...*

the world is a messy place. Many Mad Scholars embrace multiple, mutually irreconcilable, contradictory standpoints... and recognise that this enriches the conversation.

GOFFMAN AND 'STIGMA'

Erving Goffman was a mid-20th Century US sociologist. He described stigma as disapproval of someone based on characteristics making them different from (perceived) 'normality'. So it is not just about mental illness and does not refer to social responsibility; it is too easy to apply the notion of stigma and ignore responsibility for what can be pernicious social behaviour.

NORMAL

Maybe 'normality' is just a myth. For many in Australia, 'normal' is perceived as a heterosexual man who has white skin, is middle-class, sane, Anglo-Celtic, non-Indigenous, employed and happy. He lives in a nuclear family with 2.2 children with a female partner earning less than him or being 'just' a homemaker. This possibly leaves less than ten percent of people living in Australia who are, in fact, normal.

THE POLITICS OF JUDGEMENT

Prejudice is about pre-judging a group, an activity, a thing... using unsound, privileged, inadequate, pre-determined, racist, sane-ist, gendered and other internalised and unexamined criteria of judgement. Prejudice is knowing what you are going to think even before you experience what it is you may need to think about. It is about seeing one word and judging a whole book. It is about a closed mind which defends its knowledge rather than open-up to new ways of thinking - particularly as it pertains to socially rejected groups.

DISCRIMINATION FOR GOOD OR BAD

The term discrimination is often used to describe the ways in which people with mental illness are judged and diminished by society. The term 'discrimination' is deceptive; it is about how we make decisions. We can discriminate in favour or against a group; but there is a pattern to social discrimination. The groups on the receiving end of negative discrimination are predictably some or all of these: homeless, LGBTI, 'the underclass', refugees, living in public housing, mentally ill, Aboriginal, welfare recipients, long-term unemployed and more.

THE REALITY OF OPPRESSION AND WHY CAMPAIGN DISCOURSE DOESN'T LIKE IT

Consumers need to know this stuff. It is easy to be bamboozled into thinking the 'right' term is 'stigma' simply because it is in the interest of politicians, policy makers, many clinicians and those in the community who are socially included (and oblivious to their position of relative social advantage and safety) to tell us so. Stigma lets institutions and individuals divert significant criticism by emphasising the 'difference' of the oppressed rather than the role of society, power and privilege in oppressing them.

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

* David Reville (2013). 'Is Mad Studies Emerging as a New Field of Enquiry?' In *Mad Matters: A Critical Reader in Canadian Mad Studies*. 170-180.

In this book chapter, David Reville, a pioneering Canadian educator in Mad Studies, explores the challenges of Mad Studies including bringing survivor, activist and artistic voices into the academy, and the precarious nature of developing a new academic discipline in the context of a neo-liberal tertiary education environment.

2.

Brigit McWade (2014). 'Staying with the Trouble: questions raised during the inaugural 'Mad Studies' stream at Lancaster University's Disability Studies conference' <https://madstudies2014.wordpress.com/2014/10/15/staying-with-the-trouble-questions-raised-during-the-inaugural-mad-studies-stream-at-lancaster-universitys-disability-studies-conference/>

In this brief blog post, Brigit McWade succinctly reflects on some of the key themes emerging from the Mad Studies Stream at Lancaster University's Disability Studies Conference (2014). She specifically references Donna Haraway's call to "Stay with the Trouble".

3.

Alex Gillis (2015). 'The rise of Mad Studies: A new academic discipline challenges our ideas of what it means to be "sane."' <https://www.universityaffairs.ca/features/feature-article/mad-studies/>

This brief newspaper article gives an overview of Mad Studies in Canada (where it has the longest history and richest flourishing) and includes the voices of many influential Mad scholars.

4.

Lucy Costa (2014). 'What is Mad Studies and why you should care'. <https://madstudies2014.wordpress.com/2014/10/15/mad-studies-what-it-is-and-why-you-should-care-2/>

This is a highly succinct blog post calling for Mad Studies, and for YOU to be engaged.

5.

Richard Ingram (2016). 'Doing Mad Studies: Making (Non)sense Together'. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity and Practice*. 5(3) (Special Issue) Mad Studies: Intersections with Disability Studies, Social Work and 'Mental Health', 11-17. <http://journals.library.mun.ca/ojs/index.php/IJ/article/view/1680/1327>

This (open access) journal article offers Richard Ingram's personal perspective on the origins of Mad Studies and its nature.

6.

Brigit McWade, Damian Milton & Peter Beresford (2015). 'Mad studies and neurodiversity: a dialogue.' *Disability & Society*, Vol. 30, Issue 2, Pp. 305-309. <https://www.tandfonline.com/doi/full/10.1080/09687599.2014.1000512>

In this article, the authors explore intersections between Disability Studies, Mad Studies and the Neurodiverse movement.

7.

* Mark Cresswell and Helen Spandler (2013). 'The Engaged Academic: Academic Intellectuals and the Psychiatric Survivor Movement'. *Social Movement Studies*. 12 (2): 138–154.

In this article, Mark Cresswell and Helen Spandler explore the relationship between psychiatric survivor activism and related academic work, drawing on the work of Gramsci. They explore 'lived contradictions' and depths of engagement.

8.

* Asylum Magazine (2017). 'Mad Studies comes of Rage' *Asylum Magazine: the Magazine for Democratic Psychiatry* 24(1). <http://asylummagazine.org/2018/03/asylum-magazine-24-1-spring-2017/>

In this two-part series, Asylum Magazine is devoted entirely to Mad Studies, in particular the second Mad Studies stream at the Lancaster Disability Studies conference in September 2016. This magazine is for purchase (or by subscription) but they offer a free article each edition.

9.

Peter Beresford and Jasna Russo (2016). 'Supporting the sustainability of Mad Studies and preventing its co-option' *Disability & Society* 31(2), 270-274. <https://www.tandfonline.com/doi/full/10.1080/09687599.2016.1145380?src=recsys>

In this journal article, Peter Beresford and Jasna Russo explore how Mad Studies might be able to prevent the co-optation experienced by many other attempts to include experiential knowledge (such as peer support and recovery). In particular, they explore the Social Model of Disability, and the need for Mad Studies to be grounded in diversity and social movements.

10.

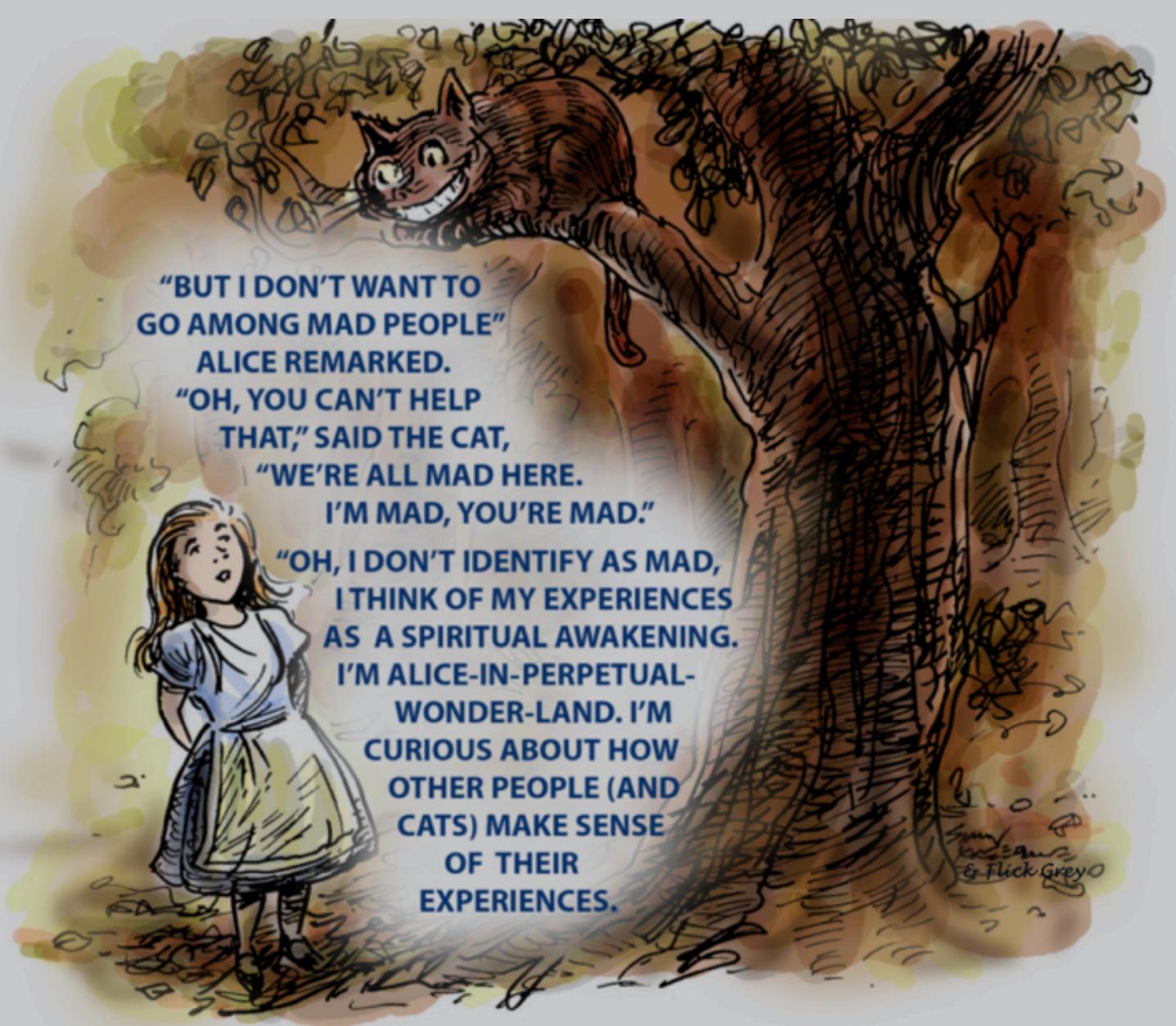
Angela Sweeney (2016). 'Why Mad Studies needs survivor research and survivor research needs Mad Studies.' *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity and Practice*. 5(3) (Special Issue) Mad Studies: Intersections with Disability Studies, Social Work and 'Mental Health', 36-61. <http://journals.library.mun.ca/ojs/index.php/IJ/article/view/1614>

In this (open access) journal article, Angela Sweeney explores the contribution of Survivor Research to Mad Studies and vice-versa, and concludes that both need to (continue to) orient themselves beyond the "Ivory Tower" of academia. The article offers a careful, nuanced analysis of how knowledge is generated.

15 WIKIPEDIA ENTRIES:

1. CONCEPTUAL MODEL: https://en.wikipedia.org/wiki/Conceptual_model
2. CRITICAL THEORY: https://en.wikipedia.org/wiki/Critical_theory
3. CULTURAL STUDIES: https://en.wikipedia.org/wiki/Cultural_studies
4. DISCIPLINE: [https://en.wikipedia.org/wiki/Discipline_\(academia\)](https://en.wikipedia.org/wiki/Discipline_(academia))
5. EPISTEMOLOGY: <https://en.wikipedia.org/wiki/Epistemology>
6. LGBT/QUEER STUDIES: https://en.wikipedia.org/wiki/Queer_studies
7. MAD PRIDE: https://en.wikipedia.org/wiki/Mad_Pride
8. MAD STUDIES: https://en.wikipedia.org/wiki/Mad_studies
9. NEURODIVERSITY: <https://en.wikipedia.org/wiki/Neurodiversity>
10. ONTOLOGY: <https://en.wikipedia.org/wiki/Ontology>
11. QUEER THEORY: https://en.wikipedia.org/wiki/Queer_theory
12. PARADIGM SHIFT: https://en.wikipedia.org/wiki/Paradigm_shift
13. PERSPECTIVE: [https://en.wikipedia.org/wiki/Point_of_view_\(philosophy\)](https://en.wikipedia.org/wiki/Point_of_view_(philosophy))
14. SOCIAL CONSTRUCTIONISM: https://en.wikipedia.org/wiki/Social_constructionism
15. STANDPOINT THEORY: https://en.wikipedia.org/wiki/Standpoint_theory

2. Identity Matters



"BUT I DON'T WANT TO GO AMONG MAD PEOPLE" ALICE REMARKED.

"OH, YOU CAN'T HELP THAT," SAID THE CAT,

"WE'RE ALL MAD HERE. I'M MAD, YOU'RE MAD."

"OH, I DON'T IDENTIFY AS MAD, I THINK OF MY EXPERIENCES AS A SPIRITUAL AWAKENING. I'M ALICE-IN-PERPETUAL-WONDER-LAND. I'M CURIOUS ABOUT HOW OTHER PEOPLE (AND CATS) MAKE SENSE OF THEIR EXPERIENCES."

*Sunny
Kane & Flick Grey*

2. Identity Matters

5 ENTRY POINTS:

1. What's in a name...?

'Diagnoses put people into restrictive boxes – 'mad' is much more flexible.'² But is 'mad' itself a restrictive box?

2. The 'ins' and 'outs' of inclusion:

Some of us use words that prioritise legitimacy, respect and inclusion, while others use words that highlight injustice. Sometimes these different approaches can simply co-exist, at other times we might engage with/challenge/disrupt each other.

3. In naming ourselves the sky is the limit:

The Mad movement offers some possibilities for how we might identify (eg. 'voice hearer', 'spiritual emergence', 'dangerous gifts'). As more people find their voices, these possibilities proliferate – just like the ever-expanding alphabet for lesbian/gay/bisexual/transgender/asexual/two-spirit/... /etc folks.

4. Sameness is over-rated:

Some argue that consumers need to unite to fight together, while others warn that the dream of a common identity is dangerous because it masks important differences. Maybe we could come together not on the basis of shared *identity*, but on the basis of *affinity*, shared visions and community?

5. Just because I can be mad doesn't necessarily mean I want to be called mad:

People ought to be able to choose how they identify but there is also value in collective language. A challenge for Mad Studies is to truly honour diversity and redress oppressive hierarchies, while also fostering shared language. 'Mad' is a source of pride for some, but is not everyone's cup of tea!

² Rufus May (In Jo Brand (2007) 'Glad to be mad' *The Guardian*)

15 WIKIPEDIA ENTRIES TO MADNESS:

1. AFFINITY GROUP: https://en.wikipedia.org/wiki/Affinity_group
2. DISABILITY RIGHTS MOVEMENT: https://en.wikipedia.org/wiki/Disability_rights_movement
3. HEARING VOICES MOVEMENT: https://en.wikipedia.org/wiki/Hearing_Voices_Movement
4. IDENTITY: [https://en.wikipedia.org/wiki/Identity_\(social_science\)](https://en.wikipedia.org/wiki/Identity_(social_science))
5. IDENTITY POLITICS: https://en.wikipedia.org/wiki/Identity_politics
6. INTERSECTIONALITY: <https://en.wikipedia.org/wiki/Intersectionality>
7. LIVED EXPERIENCE: https://en.wikipedia.org/wiki/Lived_experience
8. MENTAL HEALTH CONSUMER: https://en.wikipedia.org/wiki/Mental_health_consumer
9. PSYCHIATRIC SURVIVORS MOVEMENT: https://en.wikipedia.org/wiki/Psychiatric_survivors_movement
10. THE TYRANNY OF STRUCTURELESSNESS: https://en.wikipedia.org/wiki/The_Tyranny_of_Structurelessness
11. MAD PRIDE: https://en.wikipedia.org/wiki/Mad_Pride
12. NEURODIVERSITY: <https://en.wikipedia.org/wiki/Neurodiversity>
13. PATIENT: <https://en.wikipedia.org/wiki/Patient>
14. PEER SUPPORT: https://en.wikipedia.org/wiki/Peer_support
15. SPIRITUAL CRISIS/EMERGENCE: https://en.wikipedia.org/wiki/Spiritual_crisis

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

Judi Chamberlin (1990). 'The ex-patients' movement: where we've been and where we're going.' *Journal of Mind and Behavior* 11:323–336 (available at: https://www.jstor.org/stable/43854095?read-now=1&seq=14#metadata_info_tab_contents)

In this important historical article, Chamberlin (a founding figure in the consumer/survivor/ex-patient movement) traces the history, principles and key achievements of the "ex-patients" collective political movement.

2.

The G. Raymond Chang School of Continuing Education, Ryerson University (2010). 'Self Labeling and Identity' video (available at: <https://www.youtube.com/watch?v=pxbw7dDMX60>)

This 9-minute video interviews 12 Toronto activists about why they self-identify in the particular ways that they do – using terms that include psychiatric survivor, patient, client, having had experiences within the mental health system, mental health oppression survivor, ex-inmate, anti-psychiatry activist and crazy.

3.

* Jasna Russo (2016). 'Towards our own framework.' In J. Russo & A. Sweeney (eds) *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies*, PCCS Books, pp. 59-68.

In this chapter, Russo explores the possibilities and challenges of a "first-person plural" voice – a collective identity, that doesn't further marginalise some voices, and that challenges the dominance of bio-psychiatry.

4.

Jo Brand, (2007). Glad to be 'mad'? *The Guardian* (available at: <https://web.archive.org/web/20071104141912/http://www.guardian.co.uk/society/2007/may/08/health.healthandwellbeing>)

This brief newspaper article is written by a former psychiatric nurse and includes quotes from some organisers of Mad Pride and Bonkersfest. It explores why some folks reject diagnostic language and reclaim language like "mad" and "bonkers".

5.

The Voice-Hearer (2013). *Journal of Mental Health* 22(3) (available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3836250/>)

In this journal article, The Voice-Hearer explores a "thick" description of the identity of 'voice hearer', including the history of this identity, the politics and epistemology of this identity, and critiques, drawing on key thinkers in the Hearing Voices movement.

6.

Stanislav Grof (2010). 'Spiritual Crisis' video (available at: <https://www.youtube.com/watch?v=OcOhZlOYnrg>)

A very brief (3 minute) video by Stanislav Grof (a psychiatrist and key figure in the field of spiritual emergence) about how he conceives of spiritual emergencies, non-pathological non-ordinary state of consciousness that are often seen as "psychosis" by other psychiatrists.

7.

* Sascha Altman DuBrul (2014). 'The Icarus Project: A Counter Narrative for Psychic Diversity'. *Journal of Medical Humanities*. 35 (3): 257–271.

In this article, DuBrul traces the history, philosophy and practice of the Icarus Project, which reconceives of "mental illness" (especially bipolar disorder) through concepts of "dangerous gifts", creativity and social justice. (See also <https://theicarusproject.net>).

8.

Rachel Waddingham (2017). 'Why do we never talk about the harm that can be done by diagnosing someone with a mental illness?' *The Independent*, UK (available at: <https://www.independent.co.uk/voices/mental-health-illness-schizophrenia-depression-borderline-personality-disorder-ptsd-labels-diagnosis-a7993251.html>)

In this newspaper article, Waddingham draws on her own experiences of being labelled with many diagnoses, working in the system, supporting people in crisis, and campaigning for social change. She argues that the term 'mental illness' causes harm, perpetuating stigma and discrimination and getting in the way of understanding people's experiences and responding in an effective and humane way.

9.

* Rachel Gorman (2013). 'Mad Nation? Thinking through Race, Class and Mad Identity Politics.' In Brenda LeFrançois, Robert Menzies & Geoffrey Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*, Canadian Scholars Press, Toronto, pp. 269-280.

In this chapter, Gorman cautions against a homogenised "mad" identity and argues that Mad Studies needs to remain connected with anti-oppressive activism.

10.

* Bonnie Burstow (2013). 'A Rose by any other name'. In Brenda LeFrançois, Robert Menzies & Geoffrey Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*, Canadian Scholars Press, Toronto, pp. 79-90.

In this chapter, Burstow explores the various language that is used by anti-psychiatry activists, and other related (but separate) projects – Mad pride, psychic diversity, the survivor movement – and offers some concrete proposals for how we might use language in more critical and nuanced ways.

3. What's Wrong With Us?



3. What's Wrong With Us?

5 ENTRY POINTS:

1. 'What's in a name?' A lot it seems...

Psychiatry tends to turn social oppression into an individual 'illness', thus moving away from the need to tackle oppression to 'diagnosing' and changing the person who is being oppressed.

2. Maybe we are not the problem?

Many of us have been told what is wrong with us, but we don't have space, community and resources to 'diagnose' what is wrong in our society and what might be right with us.

3. All the 'isms':

Most of us suspect that systemic injustices like racism, sexism and homophobia abound; fewer people talk openly about classism, transphobia and ableism; and even fewer talk about sanism/mentalism/psychophobia. Maybe it's time we started talking more about these things?

4. Alice in wonderland...?

There's a lot to celebrate about being mad... Some people have said 'I was always mad – I hope I always will be.' 'My crazy life is wonderful.' 'The 'sane' really don't know what they are missing.'

5. Maybe the "sane" people are in denial?

It's a mad, mad world 'out there,' some say... full of injustice, disabling social structures, capitalism and environmental destruction... And they say we're mad?

15 WIKIPEDIA ENTRIES TO MADNESS:

1. ABLEISM: <https://en.wikipedia.org/wiki/Ableism>
2. CONSCIOUSNESS RAISING: https://en.wikipedia.org/wiki/Consciousness_raising
3. CULTURAL HEGEMONY: https://en.wikipedia.org/wiki/Cultural_hegemony
4. DOMINANT IDEOLOGY: https://en.wikipedia.org/wiki/Dominant_ideology
5. DOUBLE CONSCIOUSNESS: https://en.wikipedia.org/wiki/Double_consciousness
6. FALSE CONSCIOUSNESS: https://en.wikipedia.org/wiki/False_consciousness
7. INTERSECTIONALITY: <https://en.wikipedia.org/wiki/Intersectionality>
8. NEURODIVERSITY: <https://en.wikipedia.org/wiki/Neurodiversity>
9. NORMATIVE: <https://en.wikipedia.org/wiki/Normative>
10. NOTHING ABOUT US WITHOUT US: https://en.wikipedia.org/wiki/Nothing_About_Us_Without_Us
11. OPPRESSION: <https://en.wikipedia.org/wiki/Oppression>
12. PRIVILEGE: https://en.wikipedia.org/wiki/Social_privilege
13. SANISM/MENTALISM/PSYCHOPHOBIA: [https://en.wikipedia.org/wiki/Mentalism_\(discrimination\)](https://en.wikipedia.org/wiki/Mentalism_(discrimination))
14. SOCIAL MODEL OF DISABILITY: https://en.wikipedia.org/wiki/Social_model_of_disability
15. SPIRITUAL CRISIS/EMERGENCE: https://en.wikipedia.org/wiki/Spiritual_crisis

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

* Bonnie Burstow et al (2013). 'Glossary of Terms.' In Brenda LeFrançois, Robert Menzies & Geoffrey Reaume Mad Matters: A Critical Reader in Canadian Mad Studies, Canadian Scholars Press, Toronto, pp. 334-340.

This Glossary offers a pithy summary of various key terms, including: ableism, conscientization, epistemic violence, hegemony, neoliberalism, normalization, sanism and structural violence.

2.

The Icarus Project (2016). 'Sea Change: Navigating Oppression' (available at: <https://vimeo.com/182569316>).

This brief (4 min) video explores the different layers of oppression – interpersonal, institutional and cultural – and how we can collectively navigate oppression.

3.

Phebe Wolfram (2013). 'The Madwoman in the Academy, or, Revealing the Invisible Straightjacket: Theorizing and Teaching Saneism and Sane Privilege' Disability Studies Quarterly 33(1) (available at: <http://dsq-sds.org/article/view/3425/3200>)

In this article, Wolfram takes Peggy McIntosh's article "White Privilege: Unpacking the Invisible Knapsack" and explores Sane Privilege. Particular attention is paid to intersectionality.

4.

Stephanie LeBlanc-Omstead & Elizabeth Kinsella (2016). 'Toward epistemic justice: a critically reflexive examination of 'Sanism' and implications for knowledge generation', Studies in Social Justice 10(1), pp. 59-78 (available at: https://www.researchgate.net/publication/307167614_Toward_Epistemic_Justice_A_Critically_Reflexive_Examination_of_'Sanism'_and_Implications_for_Knowledge_Generation)

In this article, the authors explore how sanism contributes towards epistemic injustice, and possibilities for Mad epistemologies. The article draws heavily on Miranda Fricker's work on epistemic injustice.

5.

* Shelley Briggs & Fiona Cameron (2015). 'Psycho-emotional disablism, complex trauma and women's mental distress.' In H. Spandler, J. Anderson & Bob Spacey (eds) Madness, distress and the politics of disablement. Policy Press, Bristol, pp. 115-125.

In this chapter, Briggs and Cameron explore the potential usefulness of the concept of psycho-emotional disablism, using as a case study a young woman who has various diagnoses, and whose distress is related to a history of trauma, responses to this trauma and how others respond to these responses.

6.

Brigit McWade, Damian Milton & Peter Beresford (2015). 'Mad studies and neurodiversity: a dialogue.' *Disability & Society*, 30(2), pp.305-309 (available at: <https://www.tandfonline.com/doi/full/10.1080/09687599.2014.1000512>)

In this article, McWade, Milton and Beresford explore the intersections between Mad Studies and neurodiversity. In particular, they touch on the concept of "impairment" in the social model of disability, and its relationship with the Mad movement.

7.

* Jacqui Dillon (2016). 'Trauma, Not Illness' in Will Hall (ed.) *Outside Mental Health: Voices and Visions of Madness*, Madness Radio, p.186.

In this brief chapter, Dillon argues that we talk far too much about "illness" and not enough about what is going on in people's lives: the question should be not "what is wrong with you?" but "what has happened to you?" "[W]hen bad things happen to you they can drive you mad'.

8.

Haley Peckham (2016). 'Road to Recovery' (available at: <https://www.youtube.com/watch?v=00kQ-4yd9qY>)

In this (8 min) video, Peckham – a psychiatric nurse, survivor and neuroscientist – describes how experiences shape brains, so that experiences that get labelled as mental illness (in this case, Borderline Personality Disorder) make sense in the context of histories of trauma and the brain's normal adaptation this environment.

9.

Eleanor Longden (2013). 'The Voices in My Head' TED Talk (available at: https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head).

In this TED Talk, Eleanor Longden introduces the Hearing Voices Movement through her own personal experiences of Hearing Voices and discovering that she could learn to relate to them, rather than see them as signs of a disorder.

10.

Madness Radio (2008). 'Environmental Insanity.' Interview by Will Hall, with Derrick Jensen (available at: <http://www.madnessradio.net/madness-radio-environmental-insanity-derrick-jensen/>)

In this radio interview, author and environmental activist, Derrick Jensen argues that "civilized humans" are violently killing the planet. He argues that the greatest possible madness is for a species to destroy its own ecosystem. He calls for a radical reconnection with nature, and argues that we need to stop this ecological destruction by any means necessary (including through violent resistance).

4. Madness and Disability



4. Madness and Disability

5 ENTRY POINTS:

1. *I might be mad but don't call me disabled!*

Many mad folks feel offended by the idea that they are disabled. Sometimes this is an argument about the type of mad they think they are but sometimes it's because they don't want to be grouped together with disabled people – a subtle form of ableism.

2. *The UN calls madness "psychosocial disability"*

Most people don't know what this term means but its not bad getting your head around the international human rights protections against being deprived of liberty or dignity on the basis of having a psychosocial disability.

3. *Where is the disability?*

In the social model of disability, disability is not in an individual, but in the environment. What does this mean for mad folks?

4. *Who is our "we"?:*

Margaret Price uses the term 'mental disability' as an umbrella term bringing together psychosocial disabilities, intellectual disabilities and neurodiversity.

5. *Falling between health and disability.*

Many people want support but don't necessarily fit into either the health system or the national disability insurance scheme. Where do we fit?

15 WIKIPEDIA ENTRIES TO MADNESS:

1. ABLEISM: <https://en.wikipedia.org/wiki/Ableism>
2. DISABILITY IN THE MEDIA: https://en.wikipedia.org/wiki/Disability_in_the_media
3. DISABILITY RIGHTS ACTIVISTS: https://en.wikipedia.org/wiki/List_of_disability_rights_activists
4. DISABILITY RIGHTS MOVEMENT: https://en.wikipedia.org/wiki/Disability_rights_movement
5. DISABILITY STUDIES: https://en.wikipedia.org/wiki/Disability_studies
6. INCLUSION: [https://en.wikipedia.org/wiki/Inclusion_\(disability_rights\)](https://en.wikipedia.org/wiki/Inclusion_(disability_rights))
7. INSPIRATION PORN: https://en.wikipedia.org/wiki/Inspiration_porn
8. INVISIBLE DISABILITY: https://en.wikipedia.org/wiki/Invisible_disability
9. MEDICAL MODEL OF DISABILITY: https://en.wikipedia.org/wiki/Medical_model_of_disability
10. PISS ON PITY: https://en.wikipedia.org/wiki/Piss_On_Pity
11. SOCIAL MODEL OF DISABILITY: https://en.wikipedia.org/wiki/Social_model_of_disability
12. SOCIETY FOR DISABILITY STUDIES: https://en.wikipedia.org/wiki/Society_for_Disability_Studies
13. NEURODIVERSITY: <https://en.wikipedia.org/wiki/Neurodiversity>
14. NOTHING ABOUT US WITHOUT US: https://en.wikipedia.org/wiki/Nothing_About_Us_Without_Us
15. UNITED NATIONS' CONVENTION ON RIGHTS OF PERSONS WITH DISABILITIES: https://en.wikipedia.org/wiki/Convention_on_the_Rights_of_Persons_with_Disabilities

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

Rights Under the United Nations' Convention on the Rights of Persons with Disability (UNCRPD), <https://www.youtube.com/watch?v=PgQnLXazdSg>.

This video, produced by the Disability Access Resource Unit, summarises the rights of disabled people under the UN CRPD.

2.

The Centre for the Human Rights of Users and Survivors of Psychiatry (<http://www.chrusp.org>)

CHRUSP is an organization founded by Users and Survivors of Psychiatry, 'to provide strategic leadership in human rights advocacy, implementation and monitoring relevant to people experiencing or labelled with madness, mental health problems or trauma.' In particular, CHRUSP have engaged with the UN Convention on the Rights of Persons with Disability to argue for an end to forced treatment and incarceration.

3.

Australian Human Rights Commission position on Mental Illness: <https://www.humanrights.gov.au/quick-guide/12067>

This website explains the law in regards to disability discrimination and mental illness diagnoses.

4.

Margaret Price (2011) 'Occupying the Mind: The Discursive Implications of Naming Mental Disability' <https://margaretprice.files.wordpress.com/2011/11/gwu-talk-11-3-11.pdf>

In this talk, Price draws from her book (Mad at School) which explores the role of Mental Disabilities in the classroom, including how we might make classrooms more accessible for people with diverse mental access needs. She also discusses her own grappling with the umbrella term "mental disability".

5.

Stella Young. 'Stella Young: I'm not your inspiration, thank you very much.' TED Talk. https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much

In this TED talk, Stella Young – a comedian and journalist who uses a wheelchair – humourously calls out the idea that disabled people are "inspiring" just for going about everyday life.

6.

Society for Disability Studies, 'What is Disability Studies' <http://disstudies.org/index.php/about-sds/what-is-disability-studies/>

This website offers a brief introduction to Disability Studies.

7.

Unboxing Ableism: <https://www.youtube.com/watch?v=jLVMppeOaRo>

This video is a brief (and fun) introduction to the concept of ableism.

8.

'First there was racism and sexism, now there's ableism' <https://www.bbc.com/news/blogs-ouch-27840472>

This short piece by the BBC Ouch Blog explains what ableism is (and why some people use the term disablism instead).

9.

Peter Beresford, Mary Nettle and Rebecca Perring (2010) 'Towards a social model of madness and distress? Exploring what service users say' <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/mental-health-service-models-full.pdf>

This report explores what service users think about the social model of madness and distress. It concludes that there is no consensus but that the dominance of the medical model is seen as damaging and unhelpful.

10.

Peter Beresford 'What service users want to change in mental health policy' <https://www.theguardian.com/social-care-network/2016/jun/09/what-service-users-change-mental-health-policy>

This newspaper article summarises research into what services users think about a social model of madness and distress.

5. Anti-anti-stigma



5. Anti-anti-stigma

5 ENTRY POINTS:

1. Diagnosing to heal or stigmatize?

Some people find a mental illness diagnosis useful, guiding the way to healing, but many find them to be stigmatizing labels. If the diagnosis is the stigma, there's no point trying to de-stigmatize mental illness diagnoses.

2. Get over the stigma and come get my help.

The goal of many “anti-stigma” campaigns is to “encourage help-seeking behaviours”, that is, it could be argued that they function primarily as advertisements for the services of mental health professionals.

3. You're OK (because you're normal):

Anti-stigma campaigns tend to be normative, and rely on ambivalent prejudice, implicitly promoting the idea that our experiences are OK (only) because we are really very normal.

4. 'Oppression' is such a harsh word!

Let's call it depression instead. Focusing on “stigma” shifts attention away from the external circumstances of people's lives, pointing instead to problems internal to individuals, while the external world is OK (i.e. it glosses over social oppression, discrimination and injustice).

5. Now that I know about them, please make them go away:

Studies have repeatedly shown that teaching people about the “signs and symptoms” of mental illness does not reduce prejudice and discrimination, in fact it increases people's desire for social distance.

15 WIKIPEDIA ENTRIES TO MADNESS:

1. AMBIVALENT PREJUDICE: https://en.wikipedia.org/wiki/Ambivalent_prejudice
2. BADGE OF SHAME: https://en.wikipedia.org/wiki/Badge_of_shame
3. BENEVOLENT PREJUDICE: https://en.wikipedia.org/wiki/Benevolent_prejudice
4. CLASSIFICATION OF MENTAL DISORDERS: https://en.wikipedia.org/wiki/Classification_of_mental_disorders
5. CONTACT HYPOTHESIS: https://en.wikipedia.org/wiki/Contact_hypothesis
6. DISCRIMINATION: <https://en.wikipedia.org/wiki/Discrimination>
7. LABELLING THEORY: https://en.wikipedia.org/wiki/Labeling_theory
8. MENTAL HEALTH FIRST AID: https://en.wikipedia.org/wiki/Mental_health_first_aid
9. MENTAL HEALTH LITERACY: https://en.wikipedia.org/wiki/Mental_health_literacy
10. MINORITY STRESS: https://en.wikipedia.org/wiki/Minority_stress
11. NORMATIVE: <https://en.wikipedia.org/wiki/Normative>
12. OPPRESSION: <https://en.wikipedia.org/wiki/Oppression>
13. PREJUDICE: <https://en.wikipedia.org/wiki/Prejudice>
14. SOCIAL STIGMA: https://en.wikipedia.org/wiki/Social_stigma
15. SOCIAL DISTANCE: https://en.wikipedia.org/wiki/Social_distance

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

Judi Chamberlin (2002). Interviewed by Darby Penney. (available at: <http://www.community-consortium.org/projects/chamberlin-judy.pdf>.)

Amongst many other things, Judi Chamberlin argues that the word “stigma” ‘creates the problem within the person’ and she argues instead for working to redress discrimination.

2.

Sami Timimi (2014). ‘No more psychiatric labels: Why formal psychiatric diagnostic systems should be abolished.’ International Journal of Clinical and Health Psychology, Volume 14, Issue 3, September–December 2014, Pp 208-215. (Available at: <https://www.sciencedirect.com/science/article/pii/S169726001400009X>)

This article, by a British psychiatrist, argues that psychiatric labels increase stigma and are neither valid nor useful. He also argues that “mental health literacy” is a colonial imposition on non-Western cultures.

3.

Recovery Network Toronto (2014). “Stigma” begins with a D, (available at: <https://recoverynet.ca/2014/02/07/stigma-begins-with-a-d/>)

This brief article argues that “anti-stigma” work should instead focus on discrimination.

4.

Sandy Watson (2009). ‘Mark of Shame’ (available at: <http://www.ourcommunity.com.au/files/OCPNewsletter2.pdf>)

This article begins by arguing that focusing on “stigma” reinforces shame, and concludes by calling for advocacy around discrimination instead.

5.

* Flick Grey (2016). ‘Benevolent othering: Speaking Positively About Mental Health Service Users’ in Philosophy, Psychiatry & Psychology. Volume 23, Number 3/4. September/December 2016, pp.241-251.

In this article, the concept of benevolent othering is introduced, as a way of thinking about “anti-stigma” campaigns – “benevolent subjects” display their “goodness”, while othering mental health service users.

6.

Flick Grey (2014). 'Positive thinking about consumers' (available at: www.ourcommunity.com.au/files/OCP/PositiveThinkingAboutConsumers.docx)

This article explores various ways in which consumers are spoken about in "positive" ways, including anti-stigma campaigns, arguing that these discourses tend to gloss over important complexities.

7.

Sera Davidow (2013). False Arguments, Part. 2: Anti-Anti-Stigma (available at: <https://www.madinamerica.com/2013/04/false-arguments-part-2-anti-anti-stigma/>).

In this blog, Sera Davidow articulates her position as "anti-anti-stigma", including arguing that "anti-stigma" work tends to be based on reinforcing psychiatric labelling.

8.

Sera Davidow, (2016). 'Mental Health First Aid: Your Friendly Neighborhood Mental Illness Maker' (available at: <https://www.madinamerica.com/2016/04/mental-health-first-aid-your-friendly-neighborhood-mental-illness-maker/>)

In this blog, Sera Davidow explores her experience of taking a Mental Health First Aid (MHFA) course. She argues that MHFA is damaging, perpetuating simplistic medicalised labelling of mental distress.

9.

* Matthias Angermeyer et al, (2011). 'Biogenetic explanations and public acceptance of mental illness: systematic review of population studies' British Journal of Psychiatry, 199, pp. 367-372.

This article examines public attitudes towards mental illness and found that 'biogenetic explanations' are associated with increased negative attitudes, greater fear of patients, and a greater likelihood of wanting to avoid interacting with them.

10.

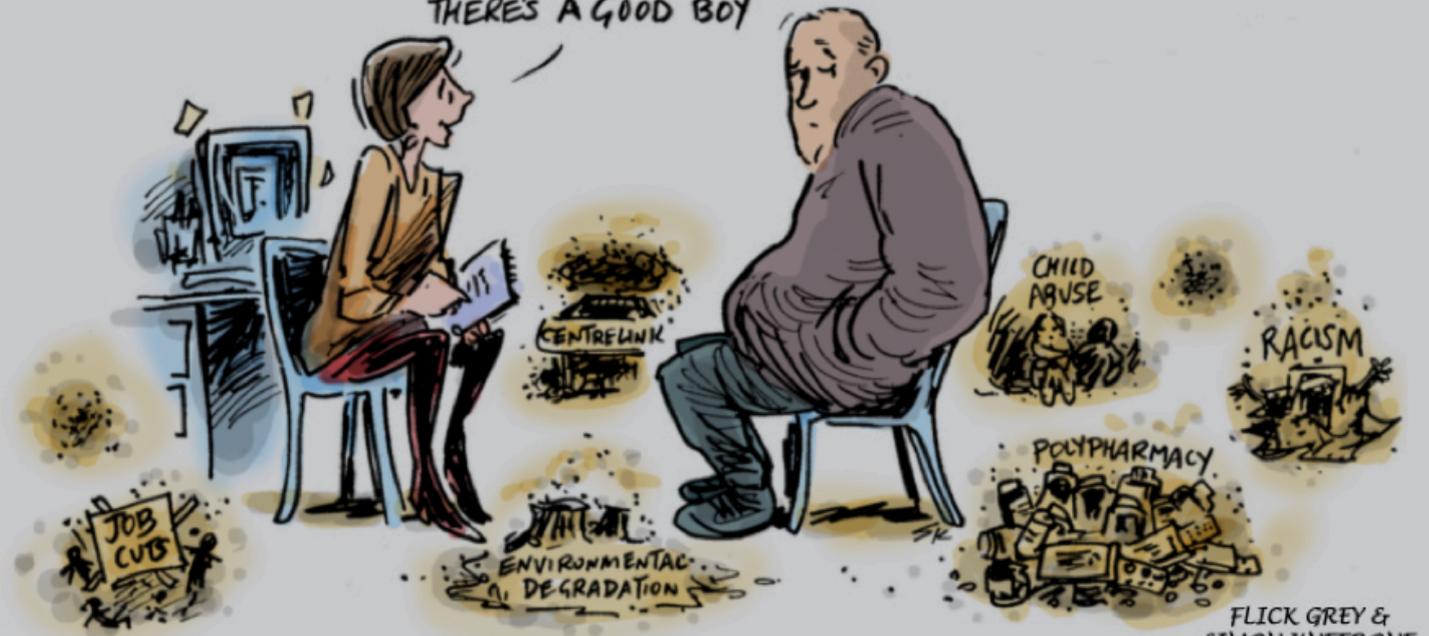
* John Read et al, (2006) 'Prejudice and schizophrenia: A review of the Mental illness is an Illness like any other approach' Acta Psychiatrica Scandinavica, 114, pp. 303-318.

This article found that belief that schizophrenia is an "illness" increased social prejudice and desire for social distance, when compared with other ways of understanding people's experiences (e.g. trauma).



6. Do We Want Recovery?

SO SAM, YOU NEED TO START TAKING RESPONSIBILITY FOR YOUR RECOVERY. HEY? HOW ABOUT ANOTHER DOSE OF MINDFULNESS™? OR SOME WORK ON THAT SELF-CARE WORKSHEET FOR ME? THAT JUST MIGHT DO THE TRICK!
THERE'S A GOOD BOY



FLICK GREY &
SIMON KNEEBONE

SAM WONDERED IF KATE NEEDED TO SPEND MORE TIME IN CONTACT WITH REALITY

6. Do We Want Recovery?

5 ENTRY POINTS:

1. Whose 'recovery'?

'Recovery' is an idea that emerged from the consumer/survivor/ex-patient movements but then got co-opted by the industry. In this co-optation process, its meaning got lost.

2. Recovery in a mad world:

Recovery is often used as a metaphorical straight-jacket demanding that people aspire to a "normal" life in a mad world.

3. Recovering from nothing to nowhere:

It makes no sense to many people to speak of "recovery" when they had no previous "good life" to go back to, no "illness" they are recovering from.

4. Maybe madness is OK or even desirable?

The language of recovery can make it sound like our experiences of madness are negative, like an injury that we need to recover from. However, some of our experiences are positive or just part of human diversity.

5. The difference that makes no difference³:

Recovery-oriented language is often adopted without any changes to the underlying judgemental, paternalistic and coercive thinking and practices.

³ Samuel Butler

15 WIKIPEDIA ENTRIES TO MADNESS:

1. ADDICTION RECOVERY GROUPS: https://en.wikipedia.org/wiki/Addiction_recovery_groups
2. HEARING VOICES MOVEMENT: https://en.wikipedia.org/wiki/Hearing_Voices_Movement
3. MAD PRIDE: https://en.wikipedia.org/wiki/Mad_Pride
4. MARY ELLEN COPELAND: https://en.wikipedia.org/wiki/Mary_Ellen_Copeland
5. NEOLIBERALISM: <https://en.wikipedia.org/wiki/Neoliberalism>
6. NEURODIVERSITY: <https://en.wikipedia.org/wiki/Neurodiversity>
7. NORMATIVE: <https://en.wikipedia.org/wiki/Normative>
8. PATRICIA DEEGAN: https://en.wikipedia.org/wiki/Patricia_Deegan
9. PEER/CONSUMER/SURVIVOR/EX-PATIENT MOVEMENT: https://en.wikipedia.org/wiki/Psychiatric_survivors_movement
10. PSYCHIATRIC REHABILITATION: https://en.wikipedia.org/wiki/Psychiatric_rehabilitation
11. RECOVERY APPROACH: https://en.wikipedia.org/wiki/Recovery_approach
12. RECOVERY COACHING: https://en.wikipedia.org/wiki/Recovery_coaching
13. SPIRITUAL CRISIS/EMERGENCE: https://en.wikipedia.org/wiki/Spiritual_crisis
14. STRENGTHS BASED PRACTICE: https://en.wikipedia.org/wiki/Strength-based_practice
15. WELLNESS RECOVERY ACTION PLAN: https://en.wikipedia.org/wiki/Wellness_Recovery_Action_Plan

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

Pat Deegan (1988). 'Recovery: The lived experience of rehabilitation.' *Psychosocial Rehabilitation Journal* 11, pp.11–19 (available at: <https://numerons.files.wordpress.com/2012/04/7recovery-and-rehabilitation.pdf>)

This article is often credited with initiating the language of recovery in mental health. Deegan argues that people are active in their own recovery – recovery is not something that is done to people – and that people recover despite the bleak prophecies of clinicians. She also offers thoughts on the kinds of environments that promote recovery.

2.

Judi Chamberlin (1998). 'Confessions of a non-compliant patient' *Journal of Psychosocial Nursing* 36(4), 49-52 (available at: <http://power2u.org/confessions-of-a-non-compliant-patient/>)

In this article, Judi Chamberlin argues that recovery entails recovering belief in yourself, and makes a case for non-compliance, as essential to this process.

3.

Shery Mead & Mary Ellen Copeland (2000). 'What Recovery Means to Us' (available at: <http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/What-Recovery-Means-To-Us.pdf>)

In this article, Mead and Copeland explore the philosophy behind recovery, as a self-determined process, what people have found useful in recovery, and guidance for a recovery focus in service provision.

4.

Centre for Psychiatric Nursing (2015-). 'Recovery Library' (available at: <https://recoverylibrary.unimelb.edu.au>)

This website offers a gateway into many recovery resources, grouped under different domains, such as 'hope', 'autonomy' and 'leadership', including journal articles, videos, and practical resources.

5.

Diana Rose (2014). 'The mainstreaming of recovery'. *Journal of Mental Health* 23:5, pages 217-218 (available at: <https://recoveryinthebin.org/2017/06/25/the-mainstreaming-of-recovery/>)

In this article, Rose argues that recovery began as a liberatory, collective discourse, but has been instrumentalized under neoliberalism to become individualised and normative.

6.

Recovery in The Bin (n.d.). 'RITB – Key Principles' (available at: <https://recoveryinthebin.org/ritbkeyprinciples/>)

This webpage, by the activist collective, Recovery in The Bin, outlines the key principles of their approach, including a critique of the oppressive ways in which recovery has been used, calling for social justice, diversity in treatment and support, and the right to 'ridicule and satirise' in the interests of their own mental health.

7.

Recovery in the Bin (n.d.). 'Stepford Recovery College' (available at: <https://recoveryinthebin.org/stepford-recovery-college/>)

In this satirical blog, Recovery In The Bin poke fun at Recovery Colleges.

8.

Sera Davidow (2013). The 'Recovery' Trap. (available at: <https://www.madinamerica.com/2013/04/the-recovery-trap/>)

In this article, Davidow explores some of the problems with "recovery", including creating an "us" and "them" (where some people have lives, while some of us are always "in recovery"), and that because she doesn't believe she was ever "sick", it's not clear what she would be "recovering" from.

9.

* Marina Morrow (2013) Recovery: Progressive Paradigm or Neoliberal Smokescreen. In Brenda LeFrançois, Robert Menzies & Geoffrey Reaume (eds) Mad Matters: A Critical Reader in Canadian Mad Studies, Canadian Scholars Press, Toronto, pp. 323-333.

In this chapter, Morrow argues for recovery to be understood in the social context of neoliberal economics. She argues that recovery instead needs to be grounded in social justice.

10.

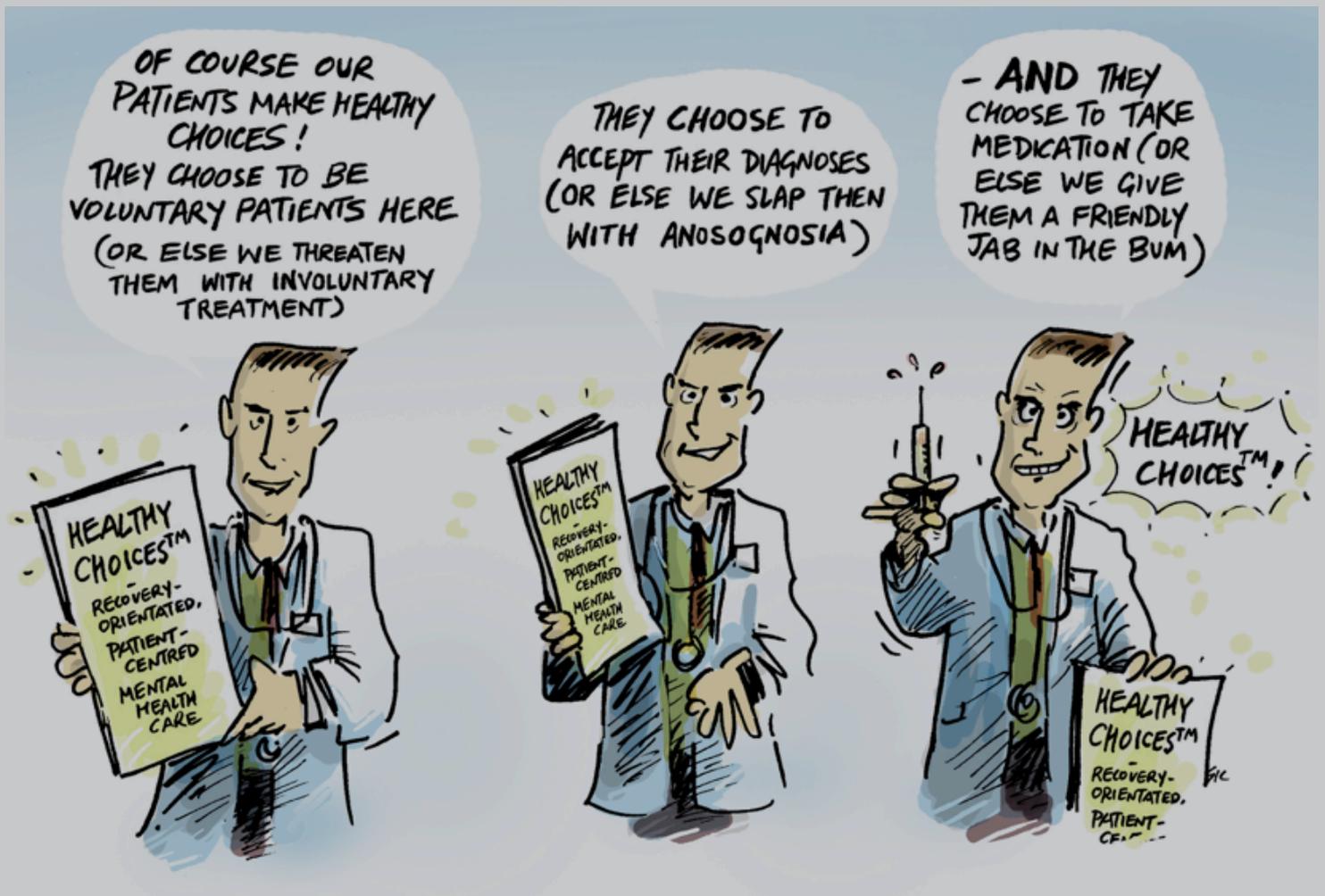
Mental Health "Recovery" Study Working Group (2009). 'Mental Health "Recovery": Users and Refusers' Toronto: Wellesley Institute (available at: https://www.wellesleyinstitute.com/wp-content/uploads/2011/11/Mental_Health_Recovery.pdf)

This document shares the research findings from research that interviewed psychiatric survivors in Toronto about their thinking about the concept of "recovery". The report maintains the diversity of voices, including some who have been involved in the movement for decades and offer some historical perspectives, and arguably raises more questions that it answers (in a generative way!).



7.

Alternatives



7. Alternatives

5 ENTRY POINTS:

1. Who wants to go elsewhere?:

Many of us seek alternatives because we have experienced mainstream psychiatric services as unhelpful, traumatising, overly medication-oriented, discriminatory, and/or inaccessible.

2. Choices, Choices, Choices?!

If people could choose from a range of free or low-cost, well-supported, robust alternatives, some people would continue to choose mainstream psychiatric services, but many wouldn't. Without genuine alternatives there is not really any choice.

3. Beware of Hospitals with nice paint-jobs:

Co-opted alternatives easily become distorted and watered down by more dominant ideas and practices.

4. What's the difference between knowledge and quackery?

Alternative approaches often lack legitimacy and quality-control. Some alternatives are quackery, and there's no clear line between unorthodox and unethical.

5. Out with the old model and in with the one new model??:

No single alternative will be right for everyone: the point isn't to create a new dominant model, but to offer people a range of options. We need a healthy ecosystem, metaphorically speaking.

15 WIKIPEDIA ENTRIES TO MADNESS:

1. FREEDOM CENTRE: [https://en.wikipedia.org/wiki/Freedom_Center_\(mental_health_organization\)](https://en.wikipedia.org/wiki/Freedom_Center_(mental_health_organization))
2. GAIL HORNSTEIN: https://en.wikipedia.org/wiki/Gail_Hornstein
3. HEARING VOICES MOVEMENT: https://en.wikipedia.org/wiki/Hearing_Voices_Movement
4. ICARUS PROJECT: https://en.wikipedia.org/wiki/Icarus_Project
5. JUDI CHAMBERLIN: https://en.wikipedia.org/wiki/Judi_Chamberlin
6. LOREN MOSHER: https://en.wikipedia.org/wiki/Loren_Mosher
7. MAD IN AMERICA: https://en.wikipedia.org/wiki/Mad_in_America
8. MARY ELLEN COPELAND: https://en.wikipedia.org/wiki/Mary_Ellen_Copeland
9. MINDFREEDOM: https://en.wikipedia.org/wiki/MindFreedom_International
10. NATIONAL EMPOWERMENT CENTRE: https://en.wikipedia.org/wiki/National_Empowerment_Center
11. PEER SUPPORT: https://en.wikipedia.org/wiki/Peer_support
12. PETER LEHMANN (AUTHOR): [https://en.wikipedia.org/wiki/Peter_Lehmann_\(author\)](https://en.wikipedia.org/wiki/Peter_Lehmann_(author))
13. PSYCHIATRIC SURVIVOR MOVEMENT: https://en.wikipedia.org/wiki/Psychiatric_survivors_movement
14. SOTERIA: [https://en.wikipedia.org/wiki/Soteria_\(psychiatric_treatment\)](https://en.wikipedia.org/wiki/Soteria_(psychiatric_treatment))
15. WILL HALL: https://en.wikipedia.org/wiki/Will_Hall

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

Celia Brown (2013) 'Surviving Psychiatry' Open Paradigm Project (available at: <https://www.madinamerica.com/2013/06/celia-brown/>)

Celia Brown is a peer support pioneer and Board President for MindFreedom. In this video, part of the Open Paradigm Project, a series of videos featuring many different voices on alternatives in mental health, Celia Brown shares her own experience as a leader in the international psychiatric survivor movement.

2.

Shery Mead (2006) 'Peer Run Crisis Services.' Interview with Will Hall on Madness Radio. <http://www.madnessradio.net/madness-radio-sherry-mead-peer-run-crisis-services/>

In this interview, Shery Mead discusses how peer-run crisis alternatives are leading the way in transforming mental health systems. She shares her experiences both as director of several crisis alternatives, and of using psychiatric services. There are many other interviews about Alternatives on Madness Radio. Shery Mead is also the creator of Intentional Peer Support – www.intentionalpeersupport.org

3.

Sera Davidow (2016) 'On Our Own' in Will Hall (ed.) Outside Mental Health: Voices and Visions of Madness, Madness Radio. 307-8

Sera, the Director of the Western Massachusetts Recovery Learning Community, shares her own experiences and her thinking about peer-run services. The whole book is available for free download here: <http://outsidementalhealth.com>, and is rich with Alternatives.

4.

* Maryse Mitchell-Brody (2007). 'The Icarus Project: Dangerous Gifts, Iridescent Visions and Mad Community Alternatives'. In Peter Stastny & Peter Lehmann (Eds.), Alternatives Beyond Psychiatry (pp. 137–145), Peter Lehmann Publishing.

In this book chapter, Maryse Mitchell-Brody writes about the experiences of the Icarus Project, in re-imagining experiences traditionally labelled as bipolar but reclaimed as "dangerous gifts". This book is full of in-depth descriptions of Alternatives.

5.

Eleanor Longden (2013) 'The Voices in My Head' TED Talk, https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head

In this TED Talk, Eleanor Longden introduces the Hearing Voices Movement through her own personal experiences of Hearing Voices and discovering that she could learn to relate to them, rather than see them as signs of a disorder.

6.

Iris Hölling (1999) 'The Berlin Runaway House – Three Years of Antipsychiatric Practice'. *Changes: An International Journal of Psychology and Psychotherapy* 17(4): 278-288. (available at: http://www.peter-lehmann-publishing.com/articles/others/iris_eng.htm.)

In this article, Iris Hölling introduces the Berlin Runaway House, a medication-free, anti-psychiatry crisis house in Berlin that is still running.

7.

Carina Håkansson (2017) 'The door to a revolution in psychiatry cracks open.' *Mad in America*. <https://www.madinamerica.com/2017/03/the-door-to-a-revolution-in-psychiatry-cracks-open/> and Carina Håkansson (nd) <http://extendedroom.org/en/visiting-the-medication-free-psychiatric-ward-in-tromso/>

These two articles explore the establishment of a medication-free psychiatric ward in Tromsø.

8.

Carina Håkansson (2016). 'Family Homes,' in Will Hall (ed.) *Outside Mental Health: Voices and Visions of Madness*, *Madness Radio*. p. 354, and Daniel Mackler (2014) 'Healing Homes: Recovery from Psychosis without Medication.' <https://www.youtube.com/watch?v=JV4NTEp8S2Q>.

This short book chapter and documentary (1 hr 20) shares Carina Håkansson's (and associates') work with rural families who open their homes to people experiencing emotional distress and extreme states.

9.

Voyce Hendrix (2006). 'Inside Soteria House.' Interview with Will Hall on *Madness Radio*. <http://www.madnessradio.net/madness-radio-freedom-center-mental-health-show-06-12-06-voyce-hendrix-soteria-house/>

On this interview, Voyce Hendrix (who worked closely with Loren Mosher) shares his experience as the original clinical director of Soteria House, a non-medication, non-diagnostic labelling, voluntary residence for people experiencing severe psychotic breakdowns.

10.

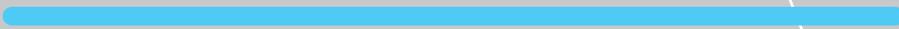
Werner Schütze (2015). 'Open Dialogue as a contribution to a healthy society: possibilities and limitations' *Advances in Psychiatry and Neurology* 24(2), 86-90. <https://www.sciencedirect.com/science/article/pii/S123028131500029X>

In this journal article, Werner Schütze (a psychiatrist who practices and trains Open Dialogue in Germany and Poland) explores how Open Dialogue challenges traditional psychiatric practice. He concludes that Open Dialogue challenges dynamics of expertise, paternalism and isolation.



8.

Anti- psychiatry



8. Anti-psychiatry

5 ENTRY POINTS:

1. Cutting the branch they're sitting on...

The term “anti-psychiatry” was coined – in part – by a group of dissident practicing psychiatrists, who argued that psychiatry is a pseudoscience and that the institution of psychiatry is oppressive, coercive and harmful.

2. Clean slates or just cleaner slates?

Some anti-psychiatry proponents argue for the abolition of coercive psychiatry or corporate psychiatry, while others argue for the wholesale abolition of psychiatry.

3. Overthrow the powerful?

Many anti-psychiatry proponents were in positions of considerable power; hence, anti-psychiatry was criticised as ‘a transfer of psychiatric control from those with medical knowledge to those who possessed socio-political power’.

4. Are anti-psychiatrists more anti-each other?

There is no unified “anti-psychiatry movement” – many key anti-psychiatry thinkers reject the attribution and ideological disagreements around - their differences often outweigh their similarities as they include radical right-wing libertarians, Marxists, post-structuralist academics, feminists, post-colonialists and survivor activists..

5. Anyone who is anti-psychiatry must be crazy?

The term “anti-psychiatry” is often used by defenders of mainstream psychiatry to discredit anyone who expresses any critique of psychiatry. There is often an added accusation that the person expressing a critique is “a scientologist.”

15 WIKIPEDIA ENTRIES TO MADNESS:

1. ANTI-PSYCHIATRY <https://en.wikipedia.org/wiki/Anti-psychiatry>
2. ASYLUMS (BOOK): [https://en.wikipedia.org/wiki/Asylums_\(book\)](https://en.wikipedia.org/wiki/Asylums_(book))
3. CITIZENS COMMISSION ON HUMAN RIGHTS: https://en.wikipedia.org/wiki/Citizens_Commission_on_Human_Rights
4. CRITICAL PSYCHIATRY NETWORK: https://en.wikipedia.org/wiki/Critical_Psychiatry_Network
5. DAVID COOPER: [https://en.wikipedia.org/wiki/David_Cooper_\(psychiatrist\)](https://en.wikipedia.org/wiki/David_Cooper_(psychiatrist))
6. DEMOCRATIC PSYCHIATRY: https://en.wikipedia.org/wiki/Democratic_Psychiatry
7. ELIZABETH PANKARD: https://en.wikipedia.org/wiki/Elizabeth_Packard
8. INSULIN SHOCK THERAPY: https://en.wikipedia.org/wiki/Insulin_shock_therapy
9. LOBOTOMY: <https://en.wikipedia.org/wiki/Lobotomy>
10. MICHEL FOUCAULT: https://en.wikipedia.org/wiki/Michel_Foucault
11. PSYCHIATRIC SURVIVOR MOVEMENT: https://en.wikipedia.org/wiki/Psychiatric_survivors_movement
12. R.D. LAING: https://en.wikipedia.org/wiki/R._D._Laing
13. ROSENHAN EXPERIMENT: https://en.wikipedia.org/wiki/Rosenhan_experiment
14. THOMAS SZASZ: https://en.wikipedia.org/wiki/Thomas_Szasz
15. MIND FREEDOM: https://en.wikipedia.org/wiki/MindFreedom_International

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

Coalition Against Psychiatric Assault (CAPA)'s Antipsychiatry Fact Sheet <https://coalitionagainstpsychiatricassault.wordpress.com/fact-sheet/>

This fact sheet is an easy introduction to contemporary anti-psychiatry and some of the commonly associated myths.

2.

* Thomas Szasz (1994). 'Mental illness is still a myth.' *Society* 31(4), 34-39.

In this article, Szasz (a psychiatrist who is typically described as an anti-psychiatrist, although he vehemently rejects the attribution) outlines the core of his argument – that "mental illnesses" are not medical illness, and that psychiatry is both misguided and tyrannical.

3.

'Mad To Be Normal' (2017). Movie trailer <https://www.youtube.com/watch?v=e6-i3Uo05C0>, and 'The psychiatrist who wanted to make madness normal'. <https://www.bbc.com/news/uk-scotland-38816660>.

A trailer and a brief, introduction by the BBC (British Broadcasting Commission) to a 2017 film 'Mad to be Normal' about the life and work of R.D. Laing, one of the most prominent anti-psychiatrists.

4.

Daniel Burston (2018). 'Psychiatry, anti-psychiatry, and anti-anti-psychiatry: Rhetoric and reality.' *Psychotherapy and Politics International*, Volume 16, Issue 1. (available at: <https://onlinelibrary.wiley.com/doi/full/10.1002/ppi.1439>)

This historical analysis of anti-psychiatry disentangles many of the diverse thinkers who have been brought together under this mantle.

5.

Rissmiller and Rissmiller, (2006). 'Evolution of the Antipsychiatry Movement into mental health consumerism' *Psychiatric Services*. 57 (6): 863-866. (available at: <http://ps.psychiatryonline.org/data/Journals/PSS/3770/06ps863.pdf>)

This article traces key moments in the history of anti-psychiatry and argues that the anti-psychiatry movement today has become synonymous with the survivor/consumer movement.

6.

Paul Laffey (2003). 'Antipsychiatry in Australia: Sources for a Social and Intellectual History'. *Health & History*. 5 (2): 17–36. (available at: <http://www.historycooperative.org/journals/hah/5.2/laffey.pdf>)

This article first outlines some international anti-psychiatric context, before exploring some anti-psychiatric activity in Australia, including Winkler's "pseudo-patients" studies (modelled on the more famous Rosenhan Experiment) and links with 1970's radical student activism.

7.

Iris Hölling (1999). 'The Berlin Runaway House – Three Years of Antipsychiatric Practice'. *Changes: An International Journal of Psychology and Psychotherapy* 17(4): 278-288. http://www.peter-lehmann-publishing.com/articles/others/iris_eng.htm.

In this article, Iris Hölling introduces the Berlin Runaway House, a medication-free, anti-psychiatry crisis house in Berlin that is still running today.

8.

Bonnie Burstow (2010) 'The Withering Away Of Psychiatry: An Attrition Model For Antipsychiatry.' Keynote Speech at PsychOUT Conference May 7-8, 2010. (available at: http://individual.utoronto.ca/psychout/papers/burstow_keynote.html)

In this keynote speech, Bonnie Burstow outlines her thinking around anti-psychiatry and her model for dismantling psychiatry – an "attrition model", borrowed from prison abolitionists.

9.

The Dr. Bonnie Burstow Scholarship in Antipsychiatry <https://www.youtube.com/watch?v=SJyA6RyQmMo>

This video introduces the Bonnie Burstow Scholarship, offered at Ontario Institute for Studies in Education (OISE) of the University of Toronto, and anti-psychiatry.

10.

Daniel Mackler, two antipsychiatry songs:

a. 'Anti-Psychiatry and Anti-Medication Song' (2009): <https://www.youtube.com/watch?v=18Y8dMIPXIk> and

b. 'The Psych Med Song' (2015): <https://www.youtube.com/watch?v=zTiwt042wrk&index=2&list=RD18Y8dMIPXIk>

These catchy anti-psychiatry songs are both by Daniel Mackler, an ex-psychotherapist-turned-documentary-filmmaker.

9.

Education

FUN QUIZ! Tick which of the following are true:

- Depression is a common but serious illness.
- Antidepressants and Cognitive Behaviour Therapy (CBT) are very useful treatments. They are strongly supported by scientific evidence. 😊😊😊

'Depression' is often unexplanatory of human suffering. It points to brain chemistry, rather than honoring the complexities of people's lives and material circumstances...

Shall I elaborate or are you content with misleading over simplifications?

Flick Grey &
Simon Kneebone
(with thanks to Sera Davidow)

9. Education

5 ENTRY POINTS:

1. Awareness is not (yet) understanding...

Educating the public about mental health through “awareness raising” too often misses the point. We need more opportunities for critical thinking and consciousness raising.

2. Empty vessels and blank slates:

mental health literacy is often based on a banking model of education, assuming learners need to have information “deposited” into their ‘empty’ heads. Critical pedagogy, egalitarian dialogue and problem-posing education assume that learners already know a great deal, and that new knowledge emerges through dialogue.

3. The Multiverse of mad knowledge...

Mad Studies, Consumer Perspective Educators, Lived Experience Educators, User-Survivor Research, Service Users in Academia (etc) are some of the many different ways in which Mad knowledge is being shared.

4. Learning is about a lot more than just words:

Mad-positive education requires attention to what happens openly and what happens under the surface; practices of exclusion and hidden curriculum also need to be addressed.

5. Decolonisation isn't just about poor countries:

Educational institutions produce and maintain ways in which certain kinds of “knowing” are legitimised and de-legitimised; our minds need to be decolonised so we can think more fully for ourselves.

15 WIKIPEDIA ENTRIES TO MADNESS:

1. BANKING MODEL OF EDUCATION: https://en.wikipedia.org/wiki/Banking_model_of_education
2. CONSCIENTIZAÇÃO: https://en.wikipedia.org/wiki/Critical_consciousness
3. CONSCIOUSNESS RAISING (AND AWARENESS RAISING): https://en.wikipedia.org/wiki/Consciousness_raising
4. CRITICAL LITERACY: https://en.wikipedia.org/wiki/Critical_literacy
5. CRITICAL PEDAGOGY: https://en.wikipedia.org/wiki/Critical_pedagogy
6. EGALITARIAN DIALOGUE: https://en.wikipedia.org/wiki/Egalitarian_dialogue
7. EPISTEMOLOGY: <https://en.wikipedia.org/wiki/Epistemology>
8. HIDDEN CURRICULUM: https://en.wikipedia.org/wiki/Hidden_curriculum
9. MAD STUDIES: https://en.wikipedia.org/wiki/Mad_studies
10. MENTAL HEALTH LITERACY: https://en.wikipedia.org/wiki/Mental_health_literacy
11. MIRANDA FRICKER (EPISTEMIC INJUSTICE): https://en.wikipedia.org/wiki/Miranda_Fricker
12. PEDAGOGY: <https://en.wikipedia.org/wiki/Pedagogy>
13. PEDAGOGY OF THE OPPRESSED: https://en.wikipedia.org/wiki/Pedagogy_of_the_Oppressed
14. PROBLEM-POSING EDUCATION: https://en.wikipedia.org/wiki/Problem-posing_education
15. PSYCHOEDUCATION: <https://en.wikipedia.org/wiki/Psychoeducation>

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

* Danielle Landry & Katherine Church (2016). 'Teaching (like) crazy in a mad positive school: Exploring the charms of recursion.' In Russo, J. & A. Sweeney (eds) Searching for a rose garden: Challenging psychiatry, fostering mad studies. Monmouth, UK: PCCS Books.

This book chapter explores the authors' experiences of creating mad positive spaces in academia. The text retains the individual voices of the two authors and challenges the notion of teacher as expert.

2.

School of Disability Studies, Ryerson University (2015). 'Mad Positive in the Academy' (available at: <https://www.ryerson.ca/ds/madpositive/>)

This internet resource comprises three Web Docs (each about 10 mins) and teaching tools about what it means to be 'Mad Positive in the Academy', including discussions of discrimination and how to be an ally. There are also extensive resource links.

3.

Sera Davidow (2016). 'Mental Health First Aid: Your Friendly Neighborhood Mental Illness Maker', Mad in America April 28th 2016 (available at: <https://www.madinamerica.com/2016/04/mental-health-first-aid-your-friendly-neighborhood-mental-illness-maker/>)

Davidow examines the Mental Health First Aid approach to educating the public about mental illness. She argues that the course creates 'higher walls between us and unlearning.' This article is the inspiration for the cartoon accompanying this topic.

4.

* Kimberley White & Ryan Pike (2013). 'The Making and Marketing of Mental Health Literacy in Canada.' In B. LeFrancois, R. Menzies & G. Reaume (eds) Mad Matters: A Critical Reader in Canadian Mad Studies. Canadian Scholars Press Inc: Toronto, pp. 239-252.

In this chapter, White and Pike discuss the ways in which 'mental health literacy' glosses over any meaningful ideological diversity, privileges professional authority and reduces madness to mental illness, and mental illness to a disease, to be diagnosed and treated within a medical model.

5.

Brenda Happell et al (2014). 'Consumer involvement in the tertiary-level education of mental health professionals: A systematic review.' International Journal of Mental Health Nursing 23, 3–16 (available at: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/inm.12021>)

This article, co-authored by a large number of key figures in the field of consumer perspective education internationally, offers a systematic overview of the different ways in which consumer educators are engaged in educating mental health professionals, including curriculum development and evaluation.

6.

Jasna Russo & Peter Beresford (2014). 'Between exclusion and colonisation: Seeking a place for mad people's knowledge in academia.' *Disability & Society* 30(1), 153-157 (available at: <https://www.tandfonline.com/doi/full/10.1080/09687599.2014.957925?sroll=top&needAccess=true>)

In this article, the authors explore epistemic injustice, arguing that psychiatric narratives are in a relationship of dominance over mad voices, and that some contemporary academic efforts that claim to disrupt this relationship often parallel this silencing and erasure.

7.

Phebe Wolfram (2013). 'The Madwoman in the Academy, or, Revealing the Invisible Straightjacket: Theorizing and Teaching Saneism and Sane Privilege' *Disability Studies Quarterly* 33(1) (available at: <http://dsq-sds.org/article/view/3425/3200>)

This article takes Peggy McIntosh's article "White Privilege: Unpacking the Invisible Knapsack" and explores Sane Privilege. Particular attention is paid to intersectionality.

8.

Margaret Price (2011). 'Occupying the Mind: The Discursive Implications of Naming Mental Disability' (available at: <https://margaretprice.files.wordpress.com/2011/11/gwu-talk-11-3-11.pdf>)

In this talk, Price draws from her extensive work (especially her 2011 book 'Mad at School: Rhetorics of Mental Disability and Academic Life') on the role of mental disabilities in the classroom, and how we might make classrooms more accessible for people with diverse mental access needs. She also discusses her own grappling with the umbrella term "mental disability".

9.

Mark Castrodale (2017). 'Critical Disability Studies And Mad Studies: Enabling New Pedagogies In Practice'. *CJSAE, The Canadian Journal for the Study of Adult Education*. 29 (1): 49-66 (available at: https://www.researchgate.net/profile/Mark_Castrodale/publication/312659111_Critical_Disability_Studies_And_Mad_Studies_Enabling_New_Pedagogies_In_Practice/links/5887905b92851c21ff52e4c1/Critical-Disability-Studies-And-Mad-Studies-Enabling-New-Pedagogies-In-Practice.pdf)

This article explores how normative educational environments are both ableist and sanist, and calls instead for teaching environments that are Mad-positive. This article is a mixture of theory, practical suggestions and autoethnography.

10.

Critical Perspectives on Madness Reading Group: <http://criticalmadness.com>

This Sydney-based reading group meets monthly to engage critically together with ideas around mental and emotional distress, based on the idea of theory as 'an emancipatory and reparative tool' and a practice of learning together.

10. Violence

AGGRESSION AND VIOLENCE AGAINST HEALTH WORKERS - IT'S NEVER OKAY!



AGGRESSION & VIOLENCE AGAINST THOSE SEEKING EMOTIONAL SUPPORT TOTALLY OKAY AT THIS SERVICE:

- VIOLATION OF BODILY AUTONOMY
- DEPRIVATION OF LIBERTY
- PHYSICAL AND/OR CHEMICAL RESTRAINT
- SOLITARY CONFINEMENT
- INVALIDATION OF HOW PEOPLE MAKE SENSE OF THEIR SUFFERING
- RE-TRAUMATIZATION
- ASSORTED MICRO AGGRESSIONS

HAVE A NICE DAY!

Flick Grey & Simon Kneebone

10. Violence

5 ENTRY POINTS:

1. Whose violence counts...?

Of course, aggression and violence against health workers is not OK. But what about violence and aggression against those seeking emotional support from the service – physical, emotional and systemic violence?

2. There's a violent story to be told:

The mental health system has a violent history: diagnoses that pathologized homosexuality, political dissidents and slaves who desired freedom (“Drapetomania”) and cruel “treatments”: Deep Sleep Therapy, Insulin Shock Therapy and Lobotomies... and there are continuities, including anti-psychotic medications (originally marked as “chemical lobotomies”) and many more.

3. The ways we live can be violent too...

Madness has a context in racism, sexism, environmental degradation, work and other exploitative processes.

4. There is a pluriverse of thinking and being out there...

Mad Studies offers a space for other ways of thinking and being and claiming a just place for us.

5. Could violence be in the eye of the beholder...?

Some forms of violence – for example, those that are self-directed, are pathologised, while other forms of violence are criminalised or glorified.

15 WIKIPEDIA ENTRIES TO MADNESS:

1. DEEP SLEEP THERAPY: https://en.wikipedia.org/wiki/Deep_sleep_therapy
2. DRAPETOMANIA: <https://en.wikipedia.org/wiki/Drapetomania>
3. IATROGENIC HARM: <https://en.wikipedia.org/wiki/Iatrogenesis>
4. INSULIN SHOCK THERAPY: https://en.wikipedia.org/wiki/Insulin_shock_therapy
5. LATERAL VIOLENCE: https://en.wikipedia.org/wiki/Lateral_violence
6. LOBOTOMY: <https://en.wikipedia.org/wiki/Lobotomy>
7. MICROAGGRESSION: <https://en.wikipedia.org/wiki/Microaggression>
8. MIRANDA FRICKER (EPISTEMIC INJUSTICE): https://en.wikipedia.org/wiki/Miranda_Fricker
9. THE PROTEST PSYCHOSIS: HOW SCHIZOPHRENIA BECAME A BLACK DISEASE: https://en.wikipedia.org/wiki/The_Protest_Psychosis
10. SECLUSION: <https://en.wikipedia.org/wiki/Seclusion>
11. SELF-HARM: <https://en.wikipedia.org/wiki/Self-harm>
12. SOLITARY CONFINEMENT: https://en.wikipedia.org/wiki/Solitary_confinement
13. STRUCTURAL VIOLENCE: https://en.wikipedia.org/wiki/Structural_violence
14. STRUGGLE AGAINST POLITICAL ABUSE OF PSYCHIATRY IN THE SOVIET UNION: https://en.wikipedia.org/wiki/Struggle_against_political_abuse_of_psychiatry_in_the_Soviet_Union
15. SYMBOLIC POWER: https://en.wikipedia.org/wiki/Symbolic_power

ANNOTATED REFERENCES TO SUPPORT THE DISCUSSION

1.

* Ji-Eun Lee (2013). 'Mad as Hell: The Objectifying experience of Symbolic Violence.' *Mad Matters: A Critical Reader in Canadian Mad Studies*. Edited by Brenda LeFrancois, Robert Menzies and Geoffrey Reaume, Canadian Scholars Press Inc, Toronto, pp. 105-119.

In this chapter, Ji-Eun Lee examines five written accounts of psychiatric survivors, to explore the subtleties of experiences of violence in the psychiatric system – including disempowerment, repression, alienation and conformity.

2.

* Aimee Sinclair (2018). 'Help yourself to our staff kitchen: a peer worker's reflections on microaggressions.' *Emerald Insight*.

In this article, Aimee Sinclair explores various microaggressions she has experienced in the mental health system, through the lens of her experience as a peer worker.

3.

Leah Harris (2013). Open Paradigm Project interview (available at: <https://www.youtube.com/watch?v=Rd4bSe-ePRk>) & (2010) Teenage Mental Patient (available at: <https://www.youtube.com/watch?v=erm9360k4Vw>)

In this candid interview and spoken word poetry, Leah Harris shares the trauma she experienced as a child and her experiences of violence in the mental health system.

4.

Michael Leunig (2013). 'Son, I'm worried about your mental health' (available at: <https://www.leunig.com.au/works/recent-cartoons/496-mental-health>).

In this cartoon, Leunig explores the irony of self-harm being condemned, while the harm caused in the world by "normal successful people" is normalised.

5.

Madness Radio (2006). 'Cutting Edge Self-Injury.' Will Hall interviewing Ruta Mazelis. (available at: <http://www.madnessradio.net/madness-radio-ruta-mazelis-cutting-edge-self-injury-9-27-06/>)

In this interview, Ruta Mazelis shares her learning from 17 years of editing "The Cutting Edge" newsletter. She explores her own experiences, the various meanings and purposes of self-injury and ways people can usefully support folks who self-injure.

6.

* Zofia Rubinsztajn (2016). 'Sexual violence in childhood: demarketing treatment options and strengthening our own agency.' In Jasna Russo & Angela Sweeney (eds) Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies, PCCS Books, 127-133.

In this chapter, Zofia Rubinsztajn explores a survivor-led service that responds to survivors of sexual violence in childhood. She explores what is needed to respond to the diversity of survivors' needs.

7.

All in the Mind, ABC Radio (2010). 'The protest psychosis' (available at: <http://www.abc.net.au/radionational/programs/allinthemind/the-protest-psychosis/3041652>)

In this radio program, psychiatrist Jonathan Metzl discusses the racialised and gendered history of schizophrenia.

8.

Madness Radio (2018). 'Legacy of R.D. Laing'. Interview by Will Hall, with Michael Guy Thompson (available at: <http://www.madnessradio.net/legacy-of-r-d-laing-michael-guy-thompson-madness-radio/>)

In this radio interview, Michael Guy Thompson, a student and colleague of R.D. Laing explores Laing's understanding of madness (specifically psychosis) as an understandable response to the violence of society and societal pressures.

9.

Madness Radio (2008). 'Environmental Insanity.' Interview by Will Hall, with Derrick Jensen (available at: <http://www.madnessradio.net/madness-radio-environmental-insanity-derrick-jensen/>)

In this radio interview, author and environmental activist, Derrick Jensen argues that "civilized humans" are violently killing the planet. He argues that the greatest possible madness is for a species to destroy its own ecosystem. He calls for a radical reconnection with nature, and argues that we need to stop this ecological destruction by any means necessary (including through violent resistance).

10.

* Terry Kupers (2016). 'Prison Madness' in Will Hall (ed.) Outside Mental Health: Voices and Visions of Madness, Madness Radio, pp. 255-262.

In this chapter, Terry Kupers begins with the observation that there are more people with mental illness diagnoses inside prisons than hospitals. He explores the reasons for this and the endemic rates of violence in prisons, including racism, sexual violence and punitive actions of the authorities, concluding with some observations about restorative justice.

