

## Background information for MadQuarry Dictionary

### How it came to pass

The Mad Quarry Dictionary came out of a competition. Our Consumer Place figuratively opened its doors and consumers from around the country (and overseas) entered. We expected about 500 hundred entries but received over 1500. People were given relatively free reign and they were asked to comment about any aspect of mental health: policy, practice, research, consumers, carers – whatever worried, inspired or they simply found funny. We reduced the entries down to the 350 which inspired the independent editor. We then turned it into a dictionary and added a little extra consumer mayhem by creating a dictionary style to the document by adding verb, noun, proper noun etc at random.

It's important to understand where MadQuarry came from because it stands the document within its historical and cultural context.

### Humour

The MadQuarry Dictionary is not designed as a device to poke fun at any clinical group or group of workers in the Psychiatric Disability Support Sector. Far from it. As consumers we often find ourselves confounded by the competition between the different groups of clinicians and know the limitations of 'learning by laughs' if those laughs are purely cheap and vitriolic. The consumer adage has long been that, *"we know we can make a lecture theatre of nurses 'laugh out loud' and from then on be on our side. All we have to do is poke fun at psychiatrists! But we will not do this."* Of course, the same applies the other way around. It's really important that we don't misuse humour.

We also know all about humour and power. The well known cartoonist, Michael Leunig, when asked who is fair game to be cartooned responded that it was ethical to aim at people with power in our society. We agree with some cautions. In MadQuarry Dictionary we have captured the consumer spirit and capacity to express sometimes great sorrow and distress by looking quizzically at the system that maintains power over us – and laugh. No one should deny us this. It is, amongst many other things, a survival strategy. Consumer laughing is a new and buoyant public idea.

### When power is personal

There is another dynamic which seems to be that very senior clinicians (academics, researchers, bureaucrats, professors ...) who, by their status, receive daily kudos in society are better able to withstand our humour, congratulate us and laugh at themselves. They can afford to laugh. This is not sinister necessarily. We are pleased that the MadQuarry Dictionary has some supporters in ranks that might be influential.

However this is not absolute. Different groups of clinicians regardless of status have a relationship to the structures of power. 'Even' the powerful are 'trapped' by their own positioning, ie that they are as much 'victims' of the same social structures as the less powerful. This is so even as they benefit from those structures of authority. – This in itself is an incentive not to look too closely. This

limits their capacity to see and hence to laugh. On the other hand, workers and more junior clinicians or groups such as nurses – who may feel they have been dealt a rough hand compared to specialists – are more sensitive to critique from us. To them it may feel like either attacking their identity or hitting a group which is already down and they may thus feel that these creative anecdotes are personal. They are not. The workshop outlines, accessible through this website, may help consumers to work with groups of clinicians, enabling all of us to re-examine the feeling side of our reactions to this material. This is where there is a potential for real learning to take place.

### **A suggestion: using MadQuarry**

The MadQuarry Dictionary can be used in several ways that enhance learning opportunities not only for workers across the system but also for consumers who need tools to help them educate the public about mental health and ‘mental illness’. It enables us to move away from constantly telling ‘our story’ or lecturing at people.

### **Different ways of making a point:**

We assume that not everyone will understand every MadQuarry entry. This is importantly intentional. If humour is power and the humour is ours then both humour and knowledge will go over the heads of some consumers, staff, clinicians - indeed, everyone. There is a range of humour in MadQuarry: puns; quirky, black; ironic; satirical, farcical and so on. Some are not intentionally humorous and some have pathos or a gentle insight that helps us all to think.

With this variety comes appeal or not to a range of people not necessarily aligned by clinical affiliation. Most of us know what it feels like not getting a joke in public. It’s horrible. Consumers working with this material need to create an atmosphere where not ‘getting’ something opens a gate to greater possibilities rather than slamming a gate in someone’s face. Slamming gates educate no one. There is also a ‘consumer type’ of humour which is particularly valuable because we understand some things that no one else could be expected to understand. Our role is to help them. To share this is a gift and we’d like it to be seen as such.

### **Humour Sensitivity**

Those of us using this document need to do so with care. We need to start asking more powerful groups in the sector to take a step back and stop bossing us around and interfering unnecessarily in our lives, to get down off their high horses of power, to not judge us as inferior just because we have a ‘mental illness’, to stop fighting with each other, discipline by discipline, even to learn some humility. There is kernel of real learning opportunities in our choice to empower ourselves through laughter. At the same time people will withdraw from the learning opportunity if they feel unfairly attacked. We don’t want this. This is a fine but necessary line.

What seems ‘offensive’ on the first read may even be funny on the 10<sup>th</sup>. The general reaction, unsurprisingly, is that everyone makes a beeline for the entries that directly impact on them. They might be disappointed. For consumer educators this resource gives us a structured opportunity to raise these emotions without doing harm. Expecting some tough reactions is necessary.

### **The level of comfort and distress**

Consumers using this document need to stress how the document came into being. Without this there is a possibility that the response will be polarised and hurtful. Nonetheless it is important for all those who are affected by this document to learn about resilience in exactly the same way many of them would have us do.

There is an opportunity here to encourage clinicians, researchers, academics – all of us, to use MadQuarry to engage with the issue of why we are defensive and why we have decided to tie our identity to our professional status. For those who react differently to this document, and accept or rejoice in it, there is an opportunity to feel buoyed. The consumer body of knowledge as it is expressed in this document supports their beliefs and professional/interpersonal judgement.

### **Learning Opportunities**

Once emotions are evoked teaching is both better and worse. This does not mean that we cut embarrassed participants loose from sitting with dissonance. Good teaching and important learning does not come from consumers backing off and rescuing clinicians and others who are annoyed with MadQuarry. Running away from emotional responses is a common strategy for students (clinicians, staff, workers, researchers etc.). Holding them in a place of unease (carefully) is good pedagogy. Taking care at the end is a necessity.

### **The Community**

Using MadQuarry with the community is different from working with consumer groups or clinicians. Depending on participant's background they may understand it hardly at all or it may resonate with people's own lives. The resources could be used by picking out a small number of entries and really encouraging small groups of people to try and understand why people diagnosed with mental illness might be so keen to get their ideas 'out there'.

The articulated wisdom in this booklet already challenges perceived ideas about 'mental illness'. Some people are blown over by it because it cries out so loudly, "we are not who you think we are." In this way it might be a much better, locally led, device for anti-prejudice campaigns than more high profile top down models we most commonly see.