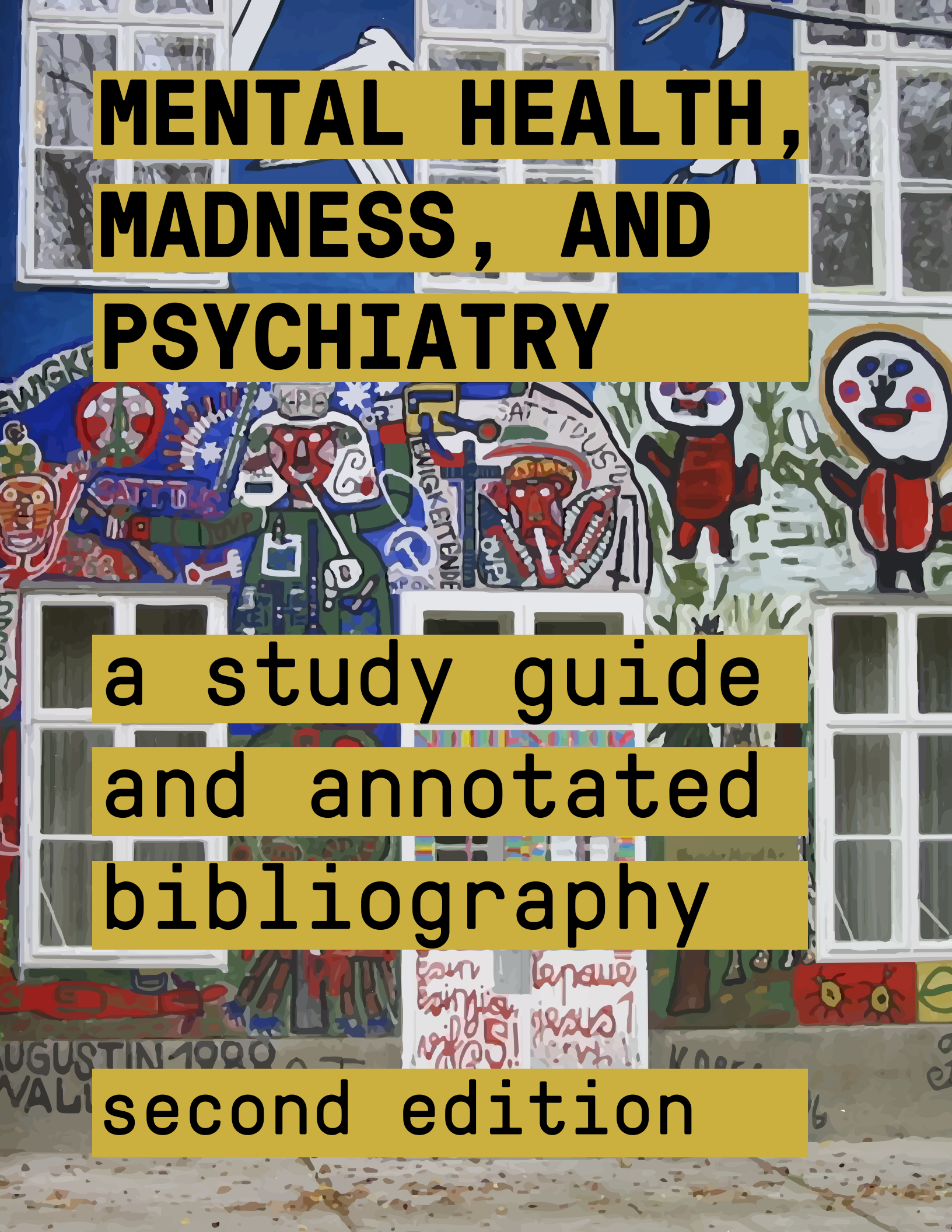

# MENTAL HEALTH, MADNESS, AND PSYCHIATRY

## a study guide and annotated bibliography

second edition

# MENTAL HEALTH, MADNESS, AND PSYCHIATRY

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*A STUDY GUIDE AND ANNOTATED BIBLIOGRAPHY*

*unsoundmind.org*

SECOND EDITION

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## *GENERAL INTRODUCTION TO THE STUDY GUIDE*

This reader is a study guide and a work book for those who are familiar with some ideas, images, or theories of madness or "mental illness" (and perhaps also psychiatry), but feel a lingering skepticism and doubt about what they mean. What are the first images that come to your mind when you think of the word "madness?" If it's more familiar, go ahead and substitute the word "insanity" or "craziness" for "madness." What about "mental health," "mental disorders," "chemical imbalances," and "delusions?"

It is more important than ever that we all talk about what "mental health" is and how we relate to it. Let's look at some basic facts. The number of people who are diagnosed with a mental disorder is steadily growing every year, especially when looked at globally.[1] According to the World Health Organization (WHO), over 450 million adults have a diagnosable mental disorder worldwide. They also report that the number of suicides increased by 60% over the last 45 years. Mental disorders apparently account for "8.8% and 16.6% of the total burden of disease due to health conditions in low- and middle-income countries."[2] So, something must be done, right? Maybe we need "more mental health services," as many activists and others are apt to say. But what does that mean? Medication? Yoga classes? More hospital beds? Free or affordable therapy?

Calling for "more mental health services" starts to look somewhat questionable when one looks at a number of other facts. In the 1970s, WHO found that those diagnosed with schizophrenia—often called the most debilitating of all mental disorders—fared better in developing countries than in the U.S. In a repeat of this study, they found the same results. A number of follow-up studies found that patients who had weaned themselves off the antipsychotics, which were supposed to "fix their brain chemistry" had fared much better than those who continued to take them.[3] When

1 This is the language I will use throughout the study guide: "diagnosed with" rather than "has" a mental disorder.

2 "People with mental disabilities cannot be forgotten." World Health Organization. http://www.who.int/mediacentre/news/releases/2010/mental_disabilities_20100916/en/

3 "A Schizophrenia Mystery Solved?" Psychology Today. https://www.psychologytoday.com/us/blog/mad-in-america/201005/schizophrenia-mystery-solved

faced with this second set of facts, simply calling for "more mental health" starts to look unsatisfactory.

The general call for more services seems even more suspect when we acknowledge that patient-centered groups, and groups of those who identify with unusual experiences typically seen as "crazy" (hearing voices, extreme mood expressions, seeing things, having "strange beliefs") organize themselves in social groups, study groups, support networks, and antipsychiatry activist groups.[4] The mere existence of such groups already wears upon the more extreme claims made by psychiatrists that, for instance, "psychotic" patients will flounder in their undertakings and live solitary lives trapped in a world of fantasy if they refuse the required treatments. The uneasy feeling deepens when we see that some such groups have publicly accused psychiatric treatment to be unhelpful, unnecessary, and, in some cases, torturous. Others have argued that psychiatry is operating as nothing more than a police force, incarcerating the unwanted or unsightly from the streets to sedate them or simply hold them in hospitals or asylums out of sight, and, for their less unsightly patients, providing simple drug fixes to the complex problems wrought by political and economic systems.

This is a personal document for me. I have heard talk about this thing "madness" for as long as I can remember. Multiple members of my family have undergone interventions for their "madness." Sometimes that meant taking pills; sometimes it meant getting taken away to a hospital or treatment center against their will; other times it meant going to those places willingly; but it always meant that the person diagnosed and the people closest to them had to rethink their life, their personality, and relationships. I too have undergone psychiatric intervention in my life, both unwillingly and willingly. The effect these treatments have had on my life is immense. I have also had a number of bizarre or extreme experiences, which I had long been afraid or felt unqualified to talk about, in large part due to my feeling threatened and delegitimated in my experiences with psychiatry and clinical psychology.

This study guide is for those who feel similarly doubtful, uncertain, or uneasy about the way we talk about "madness" or "mental disorders." It's for those who have been diagnosed, hospitalized, and drugged and feel like something is wrong with what's being offered but they aren't sure what; it's for those who have seen a family member or friend "treated" for mental illness and were confused by the process; it's for those who have never had interface with psychiatry, but feel like madness or mental illness has touched them, and they don't know what to make of that; it's also for those who feel like they know enough about mental health, and what to do about it. They won't find any easy answers here. This guide is not structured so that the reader will walk away with a cohesive ideology or belief; it was made to initiate and facilitate a process of questioning and doubt, and hopefully of discovery.

My hope is that people use this guide either for self-study or for aiding in the formation of mental health reading groups or film groups. The reader is organized into 10 units. One could either decide to study a little bit from each unit, focus entirely on a unit of particular importance to you or your group, or do the entire thing. At the beginning of each unit, you will find a summary of the themes and questions explored, and, at the end, a couple questions or prompts you are invited to use as a note-taking device. Most will have a primary text to introduce the themes and ideas in a general way. This will be followed by a few secondary texts, podcast episodes, films, or other media that go deeper into specific themes. As a rule, the main text and materials will be shorter and more like a survey of the problem/question of that unit. The secondary texts will either be primary documents or somewhat denser texts illuminating one or two aspect of the general theme.

The materials are merely suggestions, and, if excluding something, mixing-and-matching, skipping units, or changing the order would help facilitate your understanding, please do it. The ***LISTEN***, ***SEE*** and ***WATCH***

4 Some examples include the Hearing Voices Movement, Intervoice, Fireweed Collective (formerly the Icarus Project), Mad Pride, Mind Freedom, Western Mass Recovery Learning Community, and the Freedom Center.

sections offer podcast, song, art, and film recommendations for opportunities for learners of different types to use what they feel most comfortable with to approach the questions at hand. A general warning for what is to come: I have not excluded texts which discuss many unpleasant and challenging topics including child abuse, suicide, self-harming, and rape. Please use your own discretion as you continue.

Every section will feature at least one text or work by a person who feels they have passed through/live with "madness" or has had a psychiatric label forced upon them. This is necessarily a difficult category to pin down, as you shall see. I let the writers themselves define what it means to them to be mad, and did not use any diagnostic system or nosological schema (classification system for defining and organizing diseases) to decide who warranted inclusion or not. I see such people as primary authors and thinkers on the pathway to understanding and not as case studies for one to examine at a distance (as if there are the works by the "normal" authors about madness and then ones by crazy people for one to check their ideas against).

I've designed the guide in three parts with a particular narrative structure in mind, even though the parts as I've conceived them will blur into one-another. The first part is largely negative, in that it is meant to challenge dominant beliefs about mental health. Sometimes this is done through critique, other times it is done through illuminating alternatives to the normal, accepted ideas. The world is oversaturated with ideas and facts about mental health. This "ever more facts" model serves above all to bury the essential problems related to madness under a mountain of detail. So first, this guide will challenge beliefs already held by most people in American society, and since most of these beliefs come from psychiatry (directly or indirectly), the first half will largely be about psychiatry and the process of labelling and treating someone as "mad" (roughly units 1-5); the second cluster of units (units 6-7) will outline some reform and harm reduction efforts of the past and present within psychiatry, and potential alternatives to our practices of "mental health;" the last part (units 8-10), will focus on creative thought about what is called madness, and will look outwards, to try to draw connections and remove the question of madness from its imposed isolation in medicine and draw new lessons from it.[5]

The guide cannot and will not provide a comprehensive overview of any of the themes discussed. I have chosen articles that should function as introductions and tried to find ones that include bibliographies or ideas for further exploration. These include interviews, book reviews, and mainstream publications. On the whole, I intentionally avoided long, more detailed material, hoping that you will seek longer texts out using the suggestions provided. The entire guide is permeated through and through with the voices and experiences of the "mad." Through their voices, I hope that readers will experience a guided, soft, break down, because it is only by breaking down that we can open up space to hear those voices that are desperately calling out for us to listen.

This is the second edition, updated in 2020. Much of the guide remains the same, but I have gone through to fix broken links and to ensure representation of missing perspectives through new articles or media.[6]

5 This construction allows the student to also reverse the order if they so please, beginning with new and existing ideas about madness and working backwards into critiques of the normal conceptions in the light of the new experiences and ideas.

6 I have also removed some texts or materials that employed an "anthropological gaze" from the outside looking in at madness. These were included in the first edition to show that even among professionals, psychiatric knowledge was widely contested, though, on revisiting, it seems the overemphasis on that professional doubt also betrayed an anxiety about this curriculum being taken seriously and leaned on expertise for legitimacy.

## UNIT 1.
## *QUESTIONING OUR ASSUMPTIONS*

### *SUMMARY*

Before we even get to stories and theories of madness, of psychiatry, or of "chemical imbalances", we have to address something more fundamental: people feel very strongly about "mental health", even (or maybe especially) when they do not have a definition for it. Worse still is that the noble language of "abolishing stigma" has by and large been appropriated by the proponents of the medical model, creating a situation in which all mental health activism is assumed to be part of a movement to make diagnoses and their treatments more acceptable, which is patently not the case. The question we must confront in this section is: why does the average person feel so confident using psychiatric vocabulary when professionals in psychiatry and psychology (not to mention the many other professionals in sociology and anthropology) can't seem to agree on what mental disorders are, or at least have expressed serious doubts as to their ability to identify them? In order to even begin to have a conversation about madness/mental illness, we need to see that we *feel* that we know more than we actually *can* know about madness, and begin from that careful skepticism and admission of that impossibility. In order to plant the seeds of doubt, I thought it would be useful to begin with two discourses that challenge our beliefs: one, the discourse of psychologists and psychiatrists who doubt the validity or foundation of psychiatric labels or practice; and two, some discourses of cultural/historical beliefs that explain so-called "symptoms" in entirely different ways from ours.[7] The

7 I want to be careful here to say that I am not suggesting people adopt any cultural practices or beliefs, but more so to show that there are a variety of ways to approach similar looking problems with different outcomes. Cultural beliefs and practices are embedded in a social world and belief system to which outsiders seldom have access, and can, for that reason, be difficult to understand in their total complexity. Making matters even more complicated, much of our information about shamans and spirit healers who hear voices has been written by scholars from the Global North who do not belong to said community, oftentimes working in the context of post-colonialism. At the same time, it can reduce stress when one sees that there are people around the world who see wild visions and hear voices, and do not end up as lifelong mental patients, but as vital members of a community. I suggest you see such beliefs/practices more as inspiration than as something to imitate. I tried to find pieces for this unit and the bibliography that were either written by someone who has a personal connection or history in said community or who worked with a member of that social group.

voice-hearing experience is today the corner-stone and pillar of the classic schizophrenia diagnosis, but yet also the muse of famous writers, the call of the dead whispering to psychics and shamans, and the casual interlocutor or imaginary friend of children and adults alike. See the Hearing the Voice project's "A History of Voices" page or listen to their podcasts for more on this theme.

Andrew Scull's book review of "All We Have to Fear: Psychiatry's Transformation of Natural Anxieties into Mental Disorders" by Jerome C. Wakefield and Allan V. Horwitz neatly sums up the controversies and crises of mid-century psychiatry and ties them to modern problems. The "Statement by David Kupfer" was put out following the release of the DSM-5, the most influential American text for making a diagnosis of a mental illness, and warns users that psychiatrists still do not have reliable means to measure mental disorders.

Many people assume that psychiatry and psychology are basically on the same page in terms of their beliefs about brain abnormality and mental disorders. The article by psychologist Mary Boyle demonstrates that this is far from true. And the rebellion against psychiatric concepts is far from a fringe position. This is clear from the statement and table put out by the British Psychological Society, an organization of around 50,000 psychologists, which places nearly all of the largest psychiatric diagnoses in question, particularly in the ways in which they allow one to evade thinking about social factors to distress. In fact, psychiatry is unique among all medical thought in having its concepts and theories come into question so consistently. I can think of no group of respected thinkers in the world who deny the existence of diabetes or cancer, for example, so why do so many medical professionals question or even deny psychiatric labels? I've never heard of a group protesting the mere existence of general practitioners, surgeons, or dentists, so how did psychiatry come to face a body of thought called "antipsychiatry"?

Neurology has come to play a central role in the public faith in ideas and concepts of mental health and illness. The first encounter between psychiatry and neurology in the states in the 1860s was antagonistic, with key neurologists derisively announcing that psychiatrists had no claim to a scientific practice. After an initial period of optimism (see Nancy Andreasen's *The Broken Brain* from 1983) in the late 20th century, we've reached yet another period in which the public's certainty in scientific consensus is stronger than that of the experts. I'm no neurologist, but just scanning even the positive and hopeful surveys on neuroimaging prevents one from feeling secure in the advances made by present-day technology. The most obvious of the problems with neuroimaging research is that people with the same diagnosis show variant brain activity, and that people without the diagnosis can show similar brain activity to those with them. More fundamental than that is the challenge placed on neuropsychiatry by the theory of brain plasticity, which holds that our brains adapt and change in response to our environment and experiences. In this light, even if there was similar brain activity in two people labeled "schizophrenic", for instance, it is not at all clear that an abnormal brain "caused" a set of symptoms. Instead, it could be the case that adverse and extreme traumatic experiences caused, over time, a change in brain activity. This is more hopeful, in my view, as it suggests that experience and circumstance have the capacity to change our supposedly objective biological being. Watch the Nikolas Rose interview on YouTube for more.

The article by Emma Green is largely about the work of Andrew Scull, the historian and cultural theorist of madness and psychiatry who also wrote the first article in this section. Her text mainly touches on religious and spiritual questions of madness like "are prophets similar to the crazy people of today?" or "what is the difference between a homeless man talking to god and a prophet?" The second text from *The Atlantic* on psychics touches on similar themes using more modern examples. Gogo Ekhaya Esima's *Madness Radio* episode takes us away from Western history and knowledge to talk about her own journey of rediscovering South African healing practices.

### *READ*

MAIN TEXT:

Scull, Andrew. "Psychiatry's Legitimacy Crisis." *Los Angeles Review of Book*s, August 8, 2012. https://lareviewofbooks.org/article/psychiatrys-legitimacy-crisis

SECONDARY TEXTS:

1. "A History of Voices." Hearing the Voice. https://understandingvoices.com/exploring-voices/a-history-of-voices/

2. Kupfer, David. "Statement by David Kupfer, MD, Chair of DSM-5 Task Force Discusses Future of Mental Health Research. May 3, 2013. Release No. 13-33." Retrieved from *Mad in America*, May 21, 2018. https://www.madinamerica.com/wp-content/uploads/2013/05/Statement-from-dsm-chair-david-kupfer-md.pdf

4. The British Psychological Society, "Response to the American Psychiatric Association: DSM-5 Development," June, 2011. https://dxrevisionwatch.files.wordpress.com/2012/02/dsm-5-2011-bps-response.pdf

4. Boyle, Mary. "'Mental illness' isn't all about brain chemistry: it's about life", *The Conversation*, July 1, 2013. https://theconversation.com/mental-illness-isnt-all-about-brain-chemistry-its-about-life-13976

5. Green, Emma. "Hallucination, or Divine Revelation?" *The Atlantic*, June 5, 2015. https://www.theatlantic.com/health/archive/2015/06/cultural-history-of-madness/394964/

6. Frankel, Joseph. "Psychics Who Hear Voices Could Be on to Something." *The Atlantic*, June 27, 2017. https://www.theatlantic.com/health/archive/2017/06/psychics-hearing-voices/531582/

### *SEE*

1. For some criticism and discussion of neuroimaging (as well as some examples of images), you can start with these articles: https://www.psychologytoday.com/us/blog/think-act-be/201605/using-brain-scans-diagnose-mental-disorders or http://blogs.discovermagazine.com/neuroskeptic/2017/01/14/fmri-mental-illness/ and here is a more detailed study https://www.sciencedirect.com/science/article/pii/S0896627311010956.

### *WATCH*

1. EMBO. "What is mental health today - psychiatry, neuroscience & society - Nikolas Rose." https://www.youtube.com/watch?v=P8mkcXdTZ_g

2. Cultural Institute at King's College London. "Compassion for Voices: a tale of courage and hope." https://www.youtube.com/watch?v=VRqI4lxuXAw

### *LISTEN*

1. "Traditional South African Healing | Gogo Ekhaya Esima | Madness Radio." *Madness Radio*. http://www.madnessradio.net/traditional-south-african-healing-gogo-ekhaya-esima-madness-radio/

2. "New Vision for Psychiatry | Jim van Os | Madness Radio". *Madness Radio.* http://www.madnessradio.net/new-vision-for-psychiatry-jim-van-os-madness-radio/

3. The "Hearing the Voice" project has a number of podcasts about voice-hearing in different eras, artistic registers, and cultures on their website here: www.hearingthevoice.org/podcasts/hearing-the-voice-lecture-series/ If non-medicalized/non-stigmatized forms of voice-hearing/"hallucinations" interest you (or simply hearing different theories on the experience) I recommend listening to some of these.

### *QUESTIONS*

1. How do psychiatrists measure mental disorders? How do we know someone is "disordered"? Kupfer's article was published just a few years ago in 2013, and was written to accompany the DSM-V, arguably the most influential book for diagnosing mental illnesses. The first questions psychiatrists' ability to identify mental illness based off behavior, and the latter based off biological markers. If psychiatrists can reliably use neither of these as a basis for diagnosis, is there another basis? Is it more reliable than these two? Do you believe you could know just by looking whether a person has a mental illness?

2. Have you ever called someone "crazy", and said or thought that they ought to be on medication or in the hospital? Have you or someone else in your life ever acted on these beliefs?

3. The materials here discuss some non-medicalized forms of voice-hearing and vision-seeing through literary, religious, artistic and other figures. Ignoring whether or not one or the other is "true" for a moment, which one would make you feel more comfortable around someone hearing a voice telling them to die or seeing a vision of God: the idea that they have a brain disease, or believing that you and that person exist on a spectrum at different intensities related to social, political, or environmental factors? Related to this: Consider the variety of ways that the voice hearing experience is talked about in the various articles. Does calling the person hearing voices a "voice-hearer" versus a "schizophrenic" change the way you consider the experience? What connections come to mind?

4. Many people have seen a picture of a "normal" brain with a "disordered" (the "schizophrenic" or "depressed" brain) one next to it. These often have flashing lights, or different colors in different regions. How does it make you feel looking at such images? Do such images make you feel more confident about the difference between "normal" and "abnormal" neurobiology? Are certain colors associated with particular moods or sensations for you? Do you personally actually know what these lights and colors represent?

## UNIT 2.
## *DIAGNOSIS, DEFINITION, AND BASIC PROBLEMS WITH "ABNORMALITY"*


***SUMMARY***

Experiences, Ideas and concepts of madness predate psychiatry by hundreds, if not thousands, of years. People throughout history have talked about, theorized about, respected, feared, and treated madness, but, sometime after the French Revolution, around 200 years ago,[8] there came into being a group of doctors (*iatros*) who began to exclusively study and treat the mind (*psyche*). Madness and psychiatry as we know it are not essentially related to one another; the latter represents one possible response to what is called "madness." One of the central powers of psychiatry is the ability to define what madness is, or, in contemporary language, what a "mental illness" is, and also to classify—and thus simplify—their manifestations into a classificatory system (a "nosology").

At this point, you are likely feeling a little less certain about the categories around mental health/illness, and perhaps also around normality/abnormality. In this section, I selected articles to deepen that uneasiness, first by looking more closely at the central tool of diagnosis in America, the DSM and its background/historical precedents, as well as documents that question the difference between "normal" and "abnormal" in general. And because the topic is so huge (arguably the crux of psychiatric power lies in its ability to make diagnoses and assume they will be recognized), we will, in the following unit, look at the relationships between diagnosis/diagnostic systems and racism, sexism, and historical prejudice/beliefs. This is a wholly unnatural separation, and was done mainly to make this all easier to take in, not to imply that the production of a diagnostic (or "nosological") classificatory system is at all independent from the structures that define and regulate race, gender, sexuality, or civility.

The main text is an interview with Gary Greenberg, author of *The Book of Woe: The Making of the DSM-5 and the Unmaking of Psychiatry*, on the history of the DSM, some of the reasons why it is so important,


8 There are debates as to whether Johann Christian Reil (1759-1813), Philippe Pinel (1745-1826), Emil Kraepelin (1856-1926), or another ought to be considered the first psychiatrist.

and the many problems with it. It was published right before the DSM-5 came out three weeks later on May 22, 2013. The *Madness Radio* podcast episode with Greenberg goes into more detail, while the video with *Democracy Now* communicates his main theses quickly. If you are solely interested in present-day conceptions of psychiatry and madness, you can simply move on from here into the next unit. Stuart A Kirk and Herb Kutchins' "The Myth of the Reliability of DSM" probes whether the DSM is at least internally consistent and reliable for making diagnoses. John Mirowsky's piece on the "combinations" of diagnoses argues that subjective factors play a huge role in the process of making a diagnosis.

Christopher Lane's interview discusses in a more general way how problems become "mental illnesses" in the DSM. If you enjoyed that, read his article on "Passive Aggression Personality Disorder" for more detail into a specific example of how behaviors are medicalized through inclusion in the DSM. If you want to read about how problems go from being personal, social, or political problems into medical ones at all, then read Peter Conrad and Deborah Potter's "From Hyperactive Children to ADHD Adults: Observations on the Expansion of Medical Categories." His interview on the podcast *Office Hours* is more consumable, but less nuanced.

And then for something completely different, read Artaud's "The Man Suicided by Society." Psychiatric theory proposes a circular logic to explain suicide: one commits suicide because they are mentally ill; one is mentally ill because they committed (or tried to commit) suicide. Artaud escapes the circle with the explanation that Van Gogh did not "commit suicide because he was ill," but was "suicided" by the world the psychiatrists help make. There is an unfortunate thread throughout Western literature of the romanticization or idealization of "madness." It's unfortunate not because it romanticizes what is actually horrific suffering as most people believe, but because it is really just a negative reflection of the "normal world:" the unreason to society's reason, and thus held frozen by it.[9] It lacks creativity, and, more importantly, *sensitivity* to the novel exploration of visions, of revelations, of language, and of suffering that gets contained under this umbrella called "madness." Artaud, having been the object of many interventions and repressions, was especially sensitive to both the power of madness and the absurdity of forced "treatment" regimens, and finds a clever way out of its diagnostic traps in his poetry.

Dr. Martin Luther King's speech at Western Michigan University picks up this idea and questions in a general way whether it truly is a virtue to be "adjusted" to a world full of injustice. It's worth nothing that Malcolm X was labeled as "pre-psychotic paranoid schizophrenic" by the FBI in their private files.

### ***READ***

MAIN TEXT:

Greenberg, Gary and Rease, Hope. "The Real Problems With Psychiatry", *The Atlantic.* https://www.theatlantic.com/health/archive/2013/05/the-real-problems-with-psychiatry/275371/

SECONDARY TEXTS:

1. Bellafante, Francesco. "Creating 'Mental Illness' – An Interview with Christopher Lane", *Mad in America*, March 8 2018. https://www.madinamerica.com/2018/03/creating-mental-illness-interview-christopher-lane/

2. Lane, Christopher, "The Surprising History of Passive-Aggressive Personality Disorder", *Theory & Psychology* Vol. 19, 1 (2009), pp. 55–70. https://cpb-us-e1.wpmucdn.com/sites.northwestern.edu/dist/2/790/files/2016/08/lanedocpapd2009-24w8s9n.pdf

3. Conrad, Peter and Potter, Deborah, "From Hyperactive Children to ADHD Adults: Observations on the Ex-

9 This ages back very far into Western history, but becomes especially clear whenever a concept of "reason" or "enlightenment" is held up as an ideal. See, for instance, Erasmus' "In Praise of Folly" or, later, Rousseau's belief in a primitive ideal that bears resemblance to Western notions of madness as being innocent.

pansion of Medical Categories", *Social Problems*, Vol. 47, No. 4 (Nov., 2000), pp. 559-58. http://anthropology.msu.edu/anp204-us12/files/2012/06/Conrad-and-Potter-From-hyperactive-children-to-adult-adhd.pdf

4. Artaud, Antonin, "The Man Suicided by Society" (1947), http://www.dougashford.info/wordpress/wp-content/uploads/2015/10/Van-Gogh.pdf

5. Kirk, Stuart A and Herb Kutchins. "The Myth of the Reliability of DSM." Academy for the Psychoanalytic Arts, 1994. https://academyanalyticarts.org/kirk-myth-reliability-dsm

6. Mirowsky, John. "Subjective Boundaries and Combinations in Psychiatric Diagnoses." The Journal of Mind and Behaviour 11, no. 3 and 4 (Summer and Autumn 1990: 407—424). http://www.brown.uk.com/brownlibrary/MIROWSKY.htm

### *WATCH*

1. Democracy Now! "Gary Greenberg: Manufacturing Depression." https://www.youtube.com/watch?v=z0uJsSnkRVU

2. Dr. Martin Luther King Jr., "Proud to be Maladjusted" *Dr. Martin Luther King's speech at Western Michigan University, Dec 18th, 1963,* https://www.youtube.com/watch?v=zXElYpnlxbw

### *LISTEN*

1. "Unmaking Diagnosis: Gary Greenberg". *Madness Radio,* June 2013. http://www.madnessradio.net/madness-radio-book-woe-gary-greenberg/

2. The Society Pages, "Peter Conrad on the Medicalization of Everything", *Office Hours,* August 2, 2010. https://thesocietypages.org/office-hours/2010/08/02/peter-conrad-on-the-medicalization-of-everything/

### *QUESTIONS*

1. Why do people get diagnoses? What are some circumstances that might lead one to get a diagnosis, both voluntary and involuntary? What services can one receive only after getting a diagnosis? Why?

2. Through Lane's and Greenberg's articles and interviews, you gained some insight into the background workings of the DSM. What do you think about the process through which something gets included into the DSM? How does it resemble or differ from other scientific processes of codifying illnesses or categories?

3. Consider Peter Conrad's term "medicalization" (the transformation of non-medical issues into medical ones). What are the implications of "medicalization?" Does it mean that the issue in question is not essentially medical? Or does it mean that it is medical, but simply hasn't been discovered yet? Is it a matter of perspective? Power? Money? What is the difference between "medicalization" and "pathologization" (If there is one)?

4. A diagnosis is about placing someone on one side of a normality-abnormality binary, whether that be established via scientific or another discourse. How do you see the binary of normal and abnormal being played out in your own life? Are there ways in which you feel as though you are "abnormal"? If so, how does this affect your life?

## UNIT 3.
## *YOU CAN'T DIAGNOSE IN A VACUUM: HOW DIAGNOSTIC SYSTEMS RELATE TO CATEGORIES OF POWER*

***SUMMARY***

Now, we will think about the various ways in which diagnosis and the creation of a patient interacts with other forms of power. Again, I'm not implying that there is some abstract thing called Race and then some abstract thing called Psychiatric Power and they meet in some empty field where we can observe them as separate entities. Rather, we are looking at activities—diagnosing and treating as a patient—that are enacted by people with internalized attitudes, assumptions, and prejudices about race and gender, who are situated in systems that operate with racial and gendered categories. This is one of the most contentious themes in the field of psychiatry criticism, so articles abound. I've included more materials in this section than in most of the others, so follow your interests and use your judgement.

The Colin King article is a heartbreaking and brutal reflection/memoir (my personal favorite among these articles) about his schizophrenia diagnosis and its relation to blackness. If you read nothing else from his text, read the poem that serves as an introduction to this piece; it is powerful and difficult on its own. The interview with Jonathan Metzl is about his book *The Protest Psychosis: How Schizophrenia Became a Black Disease* on the civil rights era and changes in the diagnostic language of schizophrenia in relation to marriage issues with mostly white women in the 50s and the civil rights movement of the 60s. After reading, listen to the Kendrick Lamar song "the Blacker the Berry." The Cohen article about the psychiatrization of Māori resistance discusses how psychiatry and diagnosis disproportionately affect indigenous people in New Zealand and lays out some reasons for why this may be that go against typical lines of thought about it. Visit the article in the ***SEE*** section about the Hiawatha Asylum for Insane Indians for information about the psychiatrization of natives here in the US.

The *Dazed Magazine* article and the Madness Radio episode "Understanding Borderline Trauma" approach the diagnosis of "borderline" and how it—and most other "personality disorders"—disproportionately affects women, and, more specifically, women

who have survived trauma. Shannon Sennot's "Gender Disorder as Gender Oppression" summarizes the opposing viewpoints for including or excluding gender related disorders from the DSM from a transfeminist approach. Although the article is about whether or not to keep or exclude Gender Identity Disorder (GID) from the DSM-5, which is already published, reading this is still relevant, since it gives one perspective into the historicity of such debates, and conceptual tools with which to analyze the gender and sexuality-based diagnoses that are still in the DSM, which I've linked to in the ***SEE*** section below. The YouTube video by Mic on being transgender and the APA summarizes some of these issues very quickly. The first YouTube video, the special report from 1973, aired right before homosexuality was ousted from the DSM, and interviews several psychiatrists and activists on whether or not homosexuality is a mental disorder. Listening to how professionals and activists discussed it may provide some context and guidance for how "Gender Dysphoria" is discussed today.

### *READ*

1. King, Colin. "They diagnosed me a schizophrenic when I was just a Gemini. 'The other side of madness'". Published in Man Cheung Chung, K. W. M. (Bill) Fulford, and George Graham, *Reconceiving Schizophrenia,* Oxford University Press, Oxford, Pg 11-27. https://tinyurl.com/y5dqbjzk

2. Lane, Christopher. "How Schizophrenia Became a Black Disease: An Interview with Jonathan Metzl", *Psychology Today,* May 05, 2010. https://www.psychologytoday.com/us/blog/side-effects/201005/how-schizophrenia-became-black-disease-interview-jonathan-metzl

3. Cohen, Bruce M.Z. "Passive-Aggressive: Māori Resistance and the Continuance of Colonial Psychiatry in Aotearoa New Zealand", *Disability and the Global South*, 2014 Vol.1, No. 2, 319-339, https://disabilityglobalsouth.files.wordpress.com/2012/06/dgs-01-02-07.pdf

4. Sennot, Shannon L. "Gender Disorder as Gender Oppression: A Transfeminist Approach to Rethinking the Pathologization of Gender Non-Conformity", *Women & Therapy*, 34:93–113, 2011. Retrieved from: https://static1.squarespace.com/static/56816269841abaa3c9238c29/t/5790f691e4fcb51acf3b855c/1469118098649/sennott.pdf

5. Reynolds, Emily. "The people who want to get rid of the term 'personality disorder.'" *Dazed*, May 15 2018. https://www.dazeddigital.com/life-culture/article/40036/1/bpd-borderline-personality-disorder-diagnosis-label

### *SEE*

1. The International Foundation for Gender Education has collected all the gender and sexuality specific diagnoses in the DSM-V here: http://www.ifge.org/?q=DSM-5/Sexual_and_Gender_Identity_Disorders

2. Stawicki, Elizabeth, "Hiawatha Insane Asylum: A Haunting Legacy", http://www.nativevillage.org/Messages%20from%20the%20People/Hiawatha%20Insane%20Asylum.htm

### *WATCH*

1. ISPS UK. "Psychosis and Institutional Racism - Suman Fernando." https://www.youtube.com/watch?v=yjKeCjJUY3k

2. Wandsworth Community Empowerment Network, "Dr. Colin King." https://www.youtube.com/watch?v=4Xq0MQMFT2Q

3. Mic, "Being transgender is not a mental disorder, so why is it still classified as one? Mic Check." https://www.youtube.com/watch?v=CogwQjF4ftI

### *LISTEN*

1. Kendrick Lamar's song "The Blacker the Berry" on *To Pimp a Butterfly* released in 2015.

2. "Schizophrenia and Black Politics: Jonathan Metzl", *Madness Radio*, June 11, 2010. http://www.madnessradio.net/madness-radio-schizophrenia-and-black-politics-jonathan-metzl/

3. "Understanding Borderline Trauma: Rita Marshall", *Madness Radio*, October 1st 2013, http://www.madnessradio.net/madness-radio-understanding-borderline-trauma-rita-marshall/

4. Prince Buster's song "Madness", https://www.youtube.com/watch?v=EZC6Ot1MLP0

### *QUESTIONS*

1. After reading Colin King's story, watching Suman Fernando's lecture or listening to Kendrick Lamar's "The Blacker the Berry," reflect on what the anxieties and fears around blackness they speak of have to do with the diagnosis of mental illness. What are they saying that the diagnosis does in their life? Does it bring them needed services or cause them more pain?

2. Do any of the authors here describe a process that could be described as "dehumanizing"? What does diagnosis have to do with one's "humanity" or lack thereof?

3. It has been pointed out that personality disorders are disproportionately given to women. Why do you think this is?

4. After watching the videos on "Homosexuality", "Gender Identity Disorder", and "Gender Dysphoria" in the DSM (and perhaps reading the article on it), what were/are the arguments for keeping or removing them from the DSM?

## UNIT 4.

*CAPTURED, TREATED, OR CURED*

***SUMMARY***

This unit will be look at some of the treatments people labeled as mad have had to endure, but it won't be a simple review of the various tools and spaces associated with psychiatric treatment. There are plenty of books on such treatments. I tried to choose texts here that allow us to reflect on what specific treatments say about those doing the treating and their perception of their patients. It is in the light of such questions that I encourage you to consider the asylum, hospital, shock treatments, water therapy, pills and restraints in the history of psychiatry. The questions is: why put thought, research, and money behind these tools and not others? What do these reflect about the power relations between patient and practitioner? What do they say about how the psychiatrist or the public views madness or mental illness? Note that I have separated treatment and another unit specifically on the pharmaceutical industry and how it influences self-perception, since that topic is different.

Kanji Khadijah's text on "benevolent violence" and Terry Messman's interview with Robert Whitaker both survey not just a number of psychiatric treatments and social work interventions, but also their rationalities and conceptual background. The PBS page does similar work but for the history of eugenics, which was largely justified and pursued in the name of psychiatric care.

*Titicut Follies* and *Hurry Tomorrow* are brutal, and, at times truly horrendous documentaries exposing a state asylum for the criminally insane in the in Massachusetts (right before the "deinstitutionalization" period), and a locked psychiatric ward at Metropolitan State Hospital in Los Angeles, which show quite well the depths of depravity people can fall into when they've deprived the other of their humanity. The film depicts quite well how the hospital —through its spatial arrangements— and the staff —through dehumanizing actions and words— are largely responsible for many behaviors deemed "insane", and especially how circular the logic of the psychiatrist who makes the diagnoses is. I note also that the state (for *Titicut*) and the hospital in *Hurry* tried to ban the movies, ar-

guing that the patients were unable to give consent (which they all did), because of their mental defectiveness, thus repeating the dehumanization depicted in the films. I don't recommend viewing either if you are feint of heart or have experienced violence in an institution yourself.

I've included excerpts from Hussein Abdilahi Bulhan's book on Frantz Fanon (the radical decolonization theory and psychiatrist), *Frantz Fanon and the Psychology of Oppression*. The excerpts are about a sadly understudied phenomenon: how psychiatry operated in the colonies of Africa. David Walker and Pemina Yellow Bird's texts outline the general arc of mental health treatment for Native people in the US while "In Our Own Voice" documents the history of psychiatric mistreatment that black Americans have faced through diagnoses and treatments as well as stories of survival and resilience.

The separation of this section from the one on questions of power and diagnosis was somewhat arbitrary. As I noted there, the power to name/diagnose is perhaps psychiatry's original and essential power. While a diagnosis can bring with it a specific range of possible interventions, the diagnosis itself (and getting the patient to accept it) is often a part of the treatment program. The difficulty of distinguishing the power of diagnosis from the treatments which follow becomes obvious when looking at psychiatry's influence in the colonies, and when thinking about the history of hysteria in Elaine Showalter's text and in Vanessa Jackson's. In "Hysteria, Feminism, and Gender," Showalter demonstrates the effect that concepts of gender and sexuality can have on which treatments will be seen as "natural" or "necessary."

### *READ*

MAIN TEXT:

Kanji, Khadijah. "The 'benevolent' policing of social work and mental health." Rabble, July 3, 2020. https://rabble.ca/blogs/bloggers/views-expressed/2020/07/benevolent-policing-social-work-and-mental-health

SECONDARY TEXTS:

1. Messman, Terry. "The History of Psychiatric Mistreatment, Interview with Robert Whitaker", *Street Spirit,* August 5, 2005, http://www.thestreetspirit.org/the-history-of-psychiatric-mistreatment-interview-with-robert-whitaker/

2. Ko, Lisa. "Unwanted Sterilization and Eugenics Programs in the United States." PBS. https://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/

3. Jackson, Vanessa. "In Our Own Voice – African-American Stories of Oppression, Survival and Recovery in Mental Health Systems", https://power2u.org/wp-content/uploads/2017/01/InOurOwnVoiceVanessaJackson.pdf

4. Bulhan, Hussein Abdilahi, "Colonial Research and Medicine" *Frantz Fanon and the Psychology of Oppression,* Pg. 81-99, https://www.academia.edu/30823293/_Path_in_Psychology_Hussein_Abdilahi_Bulhan-Frantz_Fanon_and_the_Psychology_of_Oppression-Plenum_Press_1985_.pdf

5. Showalter, Elaine. "Hysteria, Feminism, and Gender", *Hysteria Beyond Freud,* Retrieved from: https://publishing.cdlib.org/ucpressebooks/view?docId=ft0p3003d3&chunk.id=d0e14039

6. Maisel, Eric R. "David Walker on Indigenous Peoples and Western Mental Health," Psychology Today, April 24, 2016. https://www.psychologytoday.com/us/blog/rethinking-mental-health/201604/david-walker-indigenous-peoples-and-western-mental-health

7. Yellow Bird, Pemina. "Wild Indians: Native Perspectives on the Hiawatha Asylum for Insane Indians," https://power2u.org/wp-content/uploads/2017/01/NativePerspectivesPeminaYellowBird-1.pdf

### *SEE*

1. The online disability museum's "Psychiatric Disability" gallery contains materials pertaining to basically

all unit of this reader, but perhaps the most for this unit. It's worth referring back to this resource often: http://www.disabilitymuseum.org/dhm/lib/results.html?browse=1&q=psychiatric+disability&view=gallery

2. The Eugenics Archive contains texts and images related to the eugenics movement and sterilization. http://www.eugenicsarchive.org/eugenics/

### *WATCH*

1. Campion, Jane (Director). (2005) *An Angel at my Table*. United States: Criterion Collection.

2. Wiseman, Frederick (Director). (1967) *Titicut Follies.* United States: Zipporah Films.

3. Cohen, Richard (Director). (1975) *Hurry Tomorrow.* United States: Halfway House Partnership. (A number of clips from the movie are available for free on YouTube here: https://www.youtube.com/playlist?list=PLABC483D53DC8FED4, most notable is one man's song about life on the ward: https://www.youtube.com/watch?v=ytieqyt3Ras&index=2&list=PLABC483D53DC8FED4)

### *LISTEN*

1. "Indian Country Psychology: David Walker", *Madness Radio,* December 1 2013, http://www.madness-radio.net/madness-radio-indian-country-psychology-david-walker/

2. "Depression And Oppression: Alisha Ali", *Madness Radio,* July 1 2009, http://www.madnessradio.net/madness-radio-depression-and-oppression-alisha-ali/

### *QUESTIONS*

1. Think about all the different treatments Robert Whitaker talks about in his interview (electroschock, lobotomy, medication, water therapy, etc). What do these various treatments have in common? What is the goal of each? What do they tell us about how psychiatry has thought of the mind and/or the brain?

2. After reading one of the texts on hysteria, oppositional defiant disorder, or the psychiatric illnesses diagnosed for black Americans, in what way are the treatments described informed by a systemic or societal understanding of the people being diagnosed/treated.

## UNIT 5.
## *REPRESENTING MADNESS, IDENTIFICATION, AND THE ROLE OF PHARMACEUTICALS*

***SUMMARY***

Without implying a sense of finality to this skeptical journey, there is one major hurdle we have yet to encounter before we can honestly and humbly approach the question of madness: the question of pharmaceuticals and the way they affect our self-representation. The labels associated with "depression" and "anxiety" have become immensely popular in the social media landscape and in pop culture, aided in no small part by pharmaceutical companies, and by "anti-stigma" mental health organizations, like NAMI, almost entirely funded by pharmaceutical companies. This is not as controversial or polemical as it may at first appear. The pharmaceutical industry is a multi-billion-dollar industry that grows larger every year. It invests billions into advertisements. Marcia Angell's "The Illusions of Psychiatry" tells the story of how and why this industry grew so big and some the effects stemming from this.

We ought to be thinking about how we too participate in the self-identification offered by psychiatric/pharmaceutical explanations of ourselves. The spread of depression and anxiety as pop diagnoses indicates not only the success of the pharmaceutical companies' endless barrage of advertisements and massive influence, but also that these labels fulfill a kind of need. In her video lecture, Joanna Moncrieff tells the story of how psychotropic drugs were understood over times using advertisements as examples.

We'll also look at pharmaceuticals and subjectivity partly through an international lens for a very specific reason: pharmaceutical companies have been attempting to expand their markets into the Global South for the last two decades. This has necessitated the production of new consumer markets. Normally this involves convincing a group that they need, desire, or would find fulfillment in a consumer product. This becomes more complicated with pharmaceuticals, which require that the person see their affliction and distress as being caused by an internal biological disease or imbalance, a belief not widely shared throughout the world. In other words, we are not only witnesses to the export of drugs around the world, we are also seeing the production of new kinds of people

and the transformation of old types mediated through drugs and the explanations behind them (see Ethan Watters' book *The Americanization of Mental Illness*). This is what is meant when China Mills talks of the production of new kinds of "subjectivity" or personhood.

Another question that arises out of this is whether this constitutes a new form of "neo-colonialism", of "imperialism", or of "westernization", in short, of an imposition of the rich countries of the North's way of thinking about distress on the poorer majority world in the South. This is a difficult question to think in tandem with the self-identification offered by the chemical imbalance theories. If the chemical imbalance theory of distress is universalizing, as it requires that one believes certain symptoms are tied to brain chemistry (otherwise it would be absurd), that means that, implicitly, anyone who thinks otherwise is simply incorrect and in need of education. Most people would not think to push it that far (at least not intentionally), but we need to ask ourselves such questions in a time when millions of children are being put on pharmaceuticals for exactly that reason worldwide (see China Mills' article on pharmaceutical children) and when "Global Mental Health" is often framed as an international education program.

The New York Times Magazine article by Ethan Watters neatly summarizes nearly all of these issues in a shortened version of his book *Crazy Like Us: The Globalization of the American Psyche*. The Madness Radio interview with him goes into more detail as well. For a more singular and deeper look into how the exportation of Western psychiatry is functioning, read Biehl's "Life of the Mind", which focusses on one woman's experience with psychiatric labels and drugs in Brazil.

Mills' "Psychotropic Childhoods" highlights the kinds of identity, or "ways of being a person," made possible by pharmaceuticals while Mills and Fernando's article on Global Mental Health outlines other ways of being that are excluded or made impossible by them. What does that mean? Putting aside the question of the truth or falsity of the brain disease or chemical imbalance theories, when one takes psychotropic drugs, this changes the way we think about and interact with our bodies. Laura Delano's podcast interview can be helpful in further thinking about this point. She describes how, after she accepted that she was diseased, bipolar, and defective, taking the medications given to her was seen as a necessity. The drugs in this sense facilitated and made possible this way of seeing herself. They made physical and made real the belief that her chemistry and biology were defective, reducing the complexity of experience into a pill that says "you are broken (and this will fix it)." Delano's story is particularly exemplary in that it shows the types of self-identification and self-understanding made possible by medication, and also those made possible by the reactions against them.

I not implying that all usage of drugs is bad, nor would I ever say that no-one should take drugs. I am saying, however, that drugs facilitate particular kinds of self-understanding that otherwise would not be possible, and I question whether these identities are empowering or limiting.

***READ***

MAIN TEXT:

Watters, Ethan. "The Americanization of Mental Illness", *New York Times Magazine,* January 8, 2010. http://www.nytimes.com/2010/01/10/magazine/10psyche-t.html.

SECONDARY TEXTS:

1. Biehl, João. "Life of the Mind: The interface of psychopharmaceuticals, domestic economies, and social abandonment", *American Ethnologist*, Vol. 31, No. 4, pp. 475 – 496, 2004. http://joaobiehl.net/wp-content/uploads/2009/07/Life-of-the-Mind.pdf

2. Mills, China, "Psychotropic Childhoods: Global Mental Health and Pharmaceutical Children," https://www.academia.edu/5653017/Mills_C._2014_._Psychotropic_Childhoods_Global_Mental_Health_and_Pharmaceutical_Children

3. Angell, Marcia. "The Illusions of Psychiatry."The New York Times Review of Books, July 14, 2011. http://psychrights.org/2011/110714MAngellPsychiatrylllusions.htm

4. Fernando, Suman and China Mills. "Globalising Mental Health or Pathologising the Global South? Mapping the Ethics, Theory and Practice of Global Mental Health." Disability and the Global South 1, no. 2 (2014: 188–202). https://disabilityglobalsouth.files.wordpress.com/2012/06/dgs-01-02-00.pdf

### *SEE*

1. I've collected pharmaceutical ads spanning over a century on a Flickr page, which you can view here. Some of them have a short interpretive paragraph. https://www.flickr.com/photos/belliresearch/albums

2. Check out this excellent syllabus made for the Anthropology department at the University of Chicago's class "Illness and Subjectivity": http://somatosphere.net/2013/illness-and-subjectivity-a-syllabus.html/

### *WATCH*

1. Mad in America, "Open Paradigm Project - Marty Hadge", Sep 4 2013, https://www.youtube.com/watch?v=PMt7o3JPlaw

2. UNE Center for Global Humanities. "Joanna Moncrieff - The Myth of the Chemical Cure: The Politics of Psychiatric Drug Treatment." https://www.youtube.com/watch?v=lV1S5zw096U&feature=youtu.be

### *LISTEN*

1. "Life After Psych Meds | Laura Delano | Madness Radio", *Madness Radio,* May 28th 2018, http://www.madnessradio.net/life-after-psych-meds-laura-delano-madness-radio/

2. "Anthony Ryan Hatch. Silent Cells: The Secret Drugging of Captive America." New Books Network: Drugs, Addiction, Recovery. July 12, 2019. https://newbooksnetwork.com/anthony-ryan-hatch-silent-cells-the-secret-drugging-of-captive-america-u-minnesota-press-2019/

### *QUESTIONS*

1. Looking at the psychiatric advertisements of the past, what can be gleaned about what they say about the people who are taking the medications?

2. What need is being fulfilled by psychiatric labels and medication (not the actual psychotropic effects, but the personhood offered by it)? What does it mean that the "anti-stigma" campaigns of NAMI or the NIMH (National Institute for Mental Health) which encourage people to accept that their ailments are caused by imbalances and diseases are being funded by the companies that offer chemical solutions to these issues? What sorts of "ways of being a human" does psychotropic medication allow? In other words, what are the new ways we can think of ourselves and bodies when we take pharmaceuticals?

3. Following up with question 2, what types of self or understanding of self or health does the "psychiatrized self" preclude? What types or knowledge or understanding does it exclude or erase?

## UNIT 6.

## *ALTERNATIVE APPROACHES, REFORMERS, ANTIPSYCHIATRY, AND DEFECTORS FROM WITHIN*


***SUMMARY***

This unit will deal primarily with the new approaches and alternatives developed mostly by treatment providers (whether psychiatrists, psychologists, psychotherapists, or something else). The reader will be presented with new models, new theories, and new perspectives for dealing with emotional or mental crises or socially abnormal behavior as well as a broad range of critiques aimed at institutional psychiatry and its biological models. We will begin by looking at the "antipsychiatry" movement, the foundation of the other trends and lines of critique we will look at. While some of the clinics and professionals of the past made decisions with the patients who they worked with (R.D. Laing at Kingsley Hall, Felix Guatarri and others at La Borde, Franco Basaglia in Italy), others took a more theoretical role, either critiquing psychiatry or proposing new alternatives from the outside.

Many of the popular branches of the antipsychiatry movement of the 60s were marked by a definite predisposition to psychoanalysis, something which later critical trends do not necessarily share, and an emphasis on family dynamics (sometimes considered intimately and personally, other times seen as a miniature "society"). There are still many authors who identify as "antipsychiatry," but they differ in many cases from the initial movements in the 60s: many ex-patients lead these initiatives, there is less emphasis on psychoanalytic alternatives, less analysis of isolated family dynamics, and often no background in psychiatry. There are, in addition, "critical psychiatrists" who are critical of the aforementioned elements of psychiatry, but still practice and want to reform or transform their profession. There are also "post-psychiatrists," who are the most difficult to define, but often describe themselves as having a disposition towards openness and diversity of frameworks, while still operating within the professional framework of psychiatry. According to Phillip Thomas, they also have a proclivity to existential and post-modern philosophy.

For the main text, I have chosen a chapter from a book on radical Italian psychiatrist Franco Basaglia, one of the most influential figures of the "antipsychi-

atry" movement (whether or not he or many others here identified with the label is a constant source of controversy). Among the secondary texts, I have included a chapter from a book on the psychotherapist and philosopher Felix Guattari and his friendship with the philosopher Gilles Deleuze. It further introduces most of the characters and places important to the antipsychiatry movement of the 60s in Europe and in France. Guattari worked for a time at La Borde, which, like R.D. Laing's Kingsley Hall and the hospitals of Franco Basaglia (there was more than one), held democratic meetings with the patients to make decisions, and fostered a non-coercive environment. Unlike Kingsley Hall, there was less emphasis on psychoanalysis and the familialism Guattari is famous for critiquing, and they offered medication to those who requested it, like Basaglia.

In the Americas, one of the most influential and controversial texts to come out of the critical psychiatry circles was Thomas Szasz' "The Myth of Mental Illness," which was first published as an essay and then expanded into a book. Szasz is often called "antipsychiatry," though he was himself a psychiatrist and maintained that he was against the coercive elements of psychiatry as well as its claims of objectivity where he saw none. One of his more lasting arguments is that psychiatry is trapped in a paradox: if psychiatric disorders truly had a biological origin in the brain, they would be present as visible lesions and testable in the same way that neurological disorders are, and would thus become neurological diseases and exit the realm of psychiatry. His later coalitions with scientology and his highly conservative libertarianism made him a right-wing outlier in the antipsychiatry movement. Laing's piece summarizes some of the rationale behind Kingsley Hall and tells a few stories about happenings there, and the Madness Radio interview with Michael Guy Thompson gives some more insight into the space and some anecdotes.

The YouTube video shows Loren Mosher (the first Chief of the Center for Studies of Schizophrenia at the National Institute of Mental Health, 1969-1980; founder of the Schizophrenia Bulletin/Editor-in-Chief) explaining his "Soteria Project," which is a name for treatment centers that highlight the importance of the patient's life history, focus on therapeutic solutions and social supports, and hesitate to use pharmaceuticals in the treatment of schizophrenia. The other videos feature discussion of Basaglia and Laing's work.

Burstow's article both introduces and critiques some elements of the feminist trauma-centered approach popular among both reformists and abolitionists of psychiatry since the feminist critiques of psychiatry in the 1970s. The film *I Never Promised You a Rose Garden* is a semi-fictionalized story about a real psychiatrist, Frieda Fromm-Reichmann who used psychotherapy to work with a woman based off the writer through her "psychosis."

### ***READ***

MAIN TEXT:

Foot, John. "Taking over the asylum: Critical psychiatry, Franco Basaglia and social struggle." https://www.versobooks.com/blogs/2271-taking-over-the-asylum-critical-psychiatry-franco-basaglia-and-social-struggle-by-john-foot

SECONDARY TEXTS:

1. "An Alternative to Psychiatry?" *Intersecting Lives*, http://lescomplices.ch/site/assets/files/1930/anti-psychiatry_intersectinglives_331_335.pdf

2. Szasz, Thomas, "The Myth of Mental Illness." First published in: *American Psychologist* 15, (1960: 113–118). Retrieved from: *Classics in the History of Psychology*. http://psychclassics.yorku.ca/Szasz/myth.htm

3. Cooper, David. "Introduction to the Congress of the Dialectics of Liberation." *The Dialectics of Liberation*. https://www.marcuse.org/herbert/pubs/60s-pubs/67dialecticlib/677DialectLibIntro.htm

4. Laing, R.D., "Metanoia: some experiences at Kingsley Hall, London", http://www.editions-recherches.com/revue/extraits/extrait_08.pdf

5. Burstow, Bonnie. "Toward a Radical Understanding of Trauma and Trauma Work", https://www.academia.edu/9756947/toward_a_radical_understanding_of_trauma_and_trauma_work

6. Thomas, Phllip. "Critical Psychiatry in the UK: A Personal View", *phllipfthomas.com*, http://philipfthomas.com/?p=70

### *SEE*

1. The website of the *Critical Psychiatry Network:* http://www.criticalpsychiatry.co.uk/. There are links to articles, persons, and news related to the network.

2. "Convention on the Rights of Persons with Disabilities." The United Nations. https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx

### *WATCH*

1. Mentalhealthinfo. "Franco Basaglia - X DAY - English." https://www.youtube.com/watch?v=_Zox-0vp0K9s

2. Changingourminds [YouTube username], "Loren Mosher M.D. talks about Soteria Project and non-drug treatments for Schizophrenia", *Changing Our Minds*, February 26 2009, https://www.youtube.com/watch?v=qnryFXxl7yU

3. Aeon Video. "Critical Living: The radical movement that rejected 'mental illness'." https://www.youtube.com/watch?v=fcdxC8psEuA

4. Page, Anthony (Director). (1977) *I Never Promised You a Rose Garden*.

### *LISTEN*

1. Mad in America, "Dr. Duncan Double: On Being a Critical Psychiatrist", *MIA Radio*, March 17, 2018. https://www.madinamerica.com/2018/03/dr-duncan-double-critical-psychiatrist/

2. Legacy of R.D. Laing | Michael Guy Thompson | Madness Radio, *Madness Radio*, http://www.madnessradio.net/legacy-of-r-d-laing-michael-guy-thompson-madness-radio/

### *QUESTIONS*

1. What, if any, beliefs lie at the core of the trend called "antipsychiatry"? Why did it gain traction in the 1960s?

2. What are the strengths and limitations of the antipsychiatry movement? How did the various proponents differ from one another?

3. Which trends seem to have differed most extensively from what you understand to be institutional psychiatry? Which seem more so to have offered modulations of specific premises or practices?

## UNIT 7.

*SURVIVORS, USERS, OUTSIDERS, AND THE PUSH FOR NEW PRACTICES*

***SUMMARY***

What distinguishes this unit from the one before it is that this unit features texts and documents from present and former patients of psychiatric treatment, who usually identify as either "users," "ex-users," "survivors," "consumers" or as "psychosocially disabled." Something else that distinguishes these writers from those in the last section is that they ground their arguments in their own concrete experiences as receivers of "treatment," and therefore require less background or technical knowledge. The focus will still mostly be on changing the way we approach care and/or treatment, and thus still focuses on the medical, or semi-medical, aspects of mental/emotional difference and/or distress. Within this I also include critiques of the medical model that push for a more social, spiritual, or political framework, since they begin by situating themselves against the medical model, or as offering an alternative to it.

One of the dangerous misconceptions of critical mental health is that many automatically assume that this means "reducing stigma" about what is essentially a medical diagnosis. This is not true for everyone. Some of those in this movement call for more attention to trauma-centered care; some desire the abolition of certain psychiatric label; some call for a model of care not reliant on the DSM or medical professionals at all; some offer alternatives outside of psychiatric institutions like crisis houses, or peer respite; while others propose to include newer diagnoses formed in collaboration with those with lived experience as a kind of harm-reduction. All are united, despite major differences, under the same banner as the disability movement: "nothing about us without us." As we will see in the next section, not everyone who has been labelled "mad" (or who sees themselves as such) wants a relationship, positive or negative, to a medical model at all, but see madness as a spiritual process, a muse, or a part of any variety of framework; others, like "consumers," on the other hand, certainly do desire a stronger role in developing treatments. To tell one that they need to "talk about their mental disorder" is to deny them their capacity to define their own experience and is a form of reductive violence.

Judi Chamberlin was a major figure and one of the founders of the modern survivor/ex-patient movement. Her article is a review of the patient-centered movement up until the 1990s. Next is the first issue of *Asylum* magazine, one of the longest running critical mental health journals. Other issues and articles are available on the site as well. The letter by Will Hall is a more personal plea for a new perspective and new treatment directed at an individual, rather than a larger institution or social group.

I've also included a number of websites to some of the larger and more well-known psychiatric survivor groups like the World Network of Users and Survivors of Psychiatry (WNUSP), and Mindfreedom International, as well as texts and journals by psychiatric survivor groups in South Africa and India, reflecting the truly global nature of the current survivor movement.

### *READ*

MAIN TEXT:

Chamberlin, Judi. "The Ex-Patients' Movement: Where We've Been and Where We're Going", *National Empowerment Center.* https://web.archive.org/web/20110727115541/ http://ebp.networkofcare.org/uploads/Judi_Chamberlin_Article_9583578.pdf. Originally published in *The Journal of Mind and Behavior Volume 11, Number 3, Summer 1990 ~ Special Issue, Challenging the Therapeutic State*, pages 323-336.

SECONDARY TEXTS:

1. *Asylum: A Magazine for Democratic Psychiatry* 1, no. 1 (Spring 1986). https://asylummagazine.org/2020/07/asylum-1-1-spring-1986/

2. Kalathil, Jayasree and Jhilmil Breckenridge. "Mad in Asia: Towards Multiple Narratives for Inclusion." *Mad in Asia*, July 9, 2018. https://madinasia.org/2018/07/editorial-mad-in-asia-towards-multiple-narratives-of-inclusion-and-human-rights/

3. Hall, Will "A Letter to a Mother of a 'Schizophrenic': We Must Do Better Than Forced Treatment and Laura's Law." *Mad in America*, February 20, 2015. https://www.madinamerica.com/2015/02/letter-mother-schizophrenic-must-better-forced-treatment-lauras-law/

4. Pan African Network of People with Psychosocial Disabilities (PANUSP), "The Cape Town Declaration (16th October 2011)", *Disability and the Global South*, 2014 Vol.1, No. 2, 385-38, https://disabilityglobalsouth.files.wordpress.com/2012/06/dgs-01-02-10.pdf

5. "Intervoice Values," Intervoice, http://www.intervoiceonline.org/about-intervoice/values-vision

6. Cohen, Oryx. "Psychiatric Survivor Oral Histories: Implications for Contemporary Mental Health Policy." December 21, 2001. http://www.freedom-center.org/pdf/oryxpsychoralhistory.pdf

### *SEE*

1. Browse the website and read the mission statement of the World Network of Users and Survivors of Psychiatry (WNUSP) here: http://wnusp.rafus.dk/introduction-to-wnusp.html

2. Go here to see the brochures made by Mindfreedom International, which sum up the positions and activities of this long-running group fairly well. Click the links on the side if you're still interested in seeing more. http://www.mindfreedom.org/brochure. Also take a look at their international roster/reports here: http://www.mindfreedom.org/member-folder/as/act-archives/inter

3. "First Aid for Mental Health Crises", https://drive.google.com/drive/folders/1AFWaYiHsI4Fc75tZl_Jvr-014VU5guTei. This is a printable tool for giving to loved ones, friends, or family that allows you to design your own crisis plan, so that people will know how you'd like to be treated in difficult moments.

4. Look at the "Resources" and "Articles & Info" tabs on the *National Empowerment Center* website: https://power2u.org/#.

5. "Aaina was the only national newsletter in India, speaking the voice of users and survivors from 2001-2007." Find free PDFs of past issues here: http://www.baputrust.com/aaina.html

6. Here is the website for The Psychiatric Survivor Archives of Toronto, featuring many ex-user accounts from Canada and abroad: http://www.psychiatricsurvivorarchives.com/

### *WATCH*

1. RecoveryandHope [YouTube username], "Judi Chamberlin: Her Life, Our Movement", *The National Coalition,* March 23 2010. https://www.youtube.com/watch?v=FGT4xJXgmoE

2. Deegan, Patricia, "The Politics of Memory (1 of 5): Why a Politics of Memory for People with Disabilities?", Nov 29 2010. https://www.youtube.com/watch?v=U09S7k4phYI

3. Western Mass Recovery Learning Community (RLC), "Afiya House (full version)", Jan 29, 2015. https://www.youtube.com/watch?time_continue=93&v=9x-8h3LvEB04

### *LISTEN*

1. "Mad Movement Strategies: Gabriella Coleman", *Madness Radio,* http://www.madnessradio.net/madness-radio-mad-movement-strategies-gabriella-coleman/

### *QUESTIONS*

1. Why is it important for survivors of trauma and psychiatric treatment to tell their own stories? In what way is memory and history a political issue in medicine?

2. What are the implications of calling oneself a "survivor" versus a "consumer" or a "user"?

3. Why is it important to include survivors in conversations about mental health? What sorts of strategies or ideas stood out to you in the texts?

## UNIT 8.
## *MAD WORLDS: INSIGHT OR ANOSOGNOSIA?*

***SUMMARY***

The title of the unit refers to a psychiatric "symptom," anosognosia, which indicates that the patient has a "lack of insight into their condition." I won't mince words or take a generally challenging position in relation to this so-called symptom: it's a concept only possible after a process of dehumanization and infantilization, which says much more about the people who apply it and their dogged refusal to listen to people they see as different, weak, weird, or incomprehensible. The inclusion of this section already betrays my feelings on the matter. I think we must listen to the mad, since I believe that they have *more* insight into what madness means than anyone who would say they "lack insight."

In former sections, you've read accounts of people labelled mad as they discussed treatments they've received, how to organize, and principles around which they gather. Here, the authors will tell stories within the narrative or aesthetic structure and framework they've chosen to make sense of their lives. In all cases, these narratives differ from the "case study" in which practitioners generally create identical arcs for their patients that looks something like: pre-history, disease expression, crisis, entrance into a medical care paradigm (hospital, clinic, psychoanalyst's office), description of treatment, and then the prognosis or outcome of treatment. Mad people's personal histories take on a wide variety of forms, and usually do not revolve around or have as a climax their entrance into psychiatric or therapeutic care. Sometimes, there is no direct interface at all with psychiatry.

While there is some usefulness in looking at statistics, we often place too much emphasis on their importance. While statistics may tell us of the effectiveness of a certain treatment, or of negative side-effects of a drug over time, they cannot tell us what these interventions mean to a person with a past, a present, and a future; they cannot tell us anything about what madness means to those experiencing it; and they cannot tell us about why people believe they have the experiences that they have. Listening to people tell their own stories in their own ways gives us access to

information that can never be seen through the limits set by scientific research. This unit is thus meant to challenge the idea that the most important insights about madness are to be extracted from scientific research. Understanding the science behind madness does not mean that you understand madness, just as understanding how the brain processes and synthesizes the scenes of a film does not grant one access into the meaning of film.

At the same time, I will readily admit that this was the most difficult unit to make for the reader. I chose the texts included here based on three criteria: that they be representative of a range of styles and stories, whether I could find them online, and length. These criteria were necessary given that there are so many narratives available telling so many stories, but it made choosing narratives extremely difficult, since most madness memoirs and stories are very long, and the rest are difficult to find online. I recommend looking at the free bibliography made by Gail Hornstein of first-person accounts of madness, and choosing ones based off of titles you are interested in and then working out from there. The anthologies *A Mad People's History of Madness* (edited by Dale Peterson), *Call Me Crazy* (edited by Irit Shimrat), and *Shrink Resistant* (edited by Don Weitz and Bonnie Burstow) are a good start. I was able to find free versions of the latter two, and I recommend you read the introductions and then just read based off interest. Some of my favorites I couldn't find include: Bessie Head's *A Question of Power*; Gerard de Nerval's *Aurelia*; Leonora Carrington's *Down Below*; Anna Kavan's *Asylum Piece*; Daniel Paul Schreber's *Memiors of My Nervous Illness*; and the novels and short prose of Robert Walser.

I should note that I feel more comfortable as a white person identifying which documents in the Western canon fit under the umbrella of "madness", since, as I've emphasized many times throughout this study guide, madness is at times a revelatory kind of experimentation and also a symbol and operative concept of power, which allows one to exclude the other on the grounds that they are too emotional/unreasonable (psychotic). This problem deepens when it is a white curator deciding which works of black Americans, natives, or Africans are "mad" works, since these groups have all in the past and present been excluded for being "unreasonable" or "uncivilized", unless they explicitly say that their work is within the tradition. Bessie Head is one such exception since she quite readily identifies with madness, and thus I feel it is unproblematic to include her here.

### *READ*

1. "The Bibliography of First Person Narratives of Madness" created by Gail Hornstein is available for free here: http://www.gailhornstein.com/files/Bibliography_of_First_Person_Narratives_of_Madness_5th_edition.pdf

2. Shimrat, Irit (editor). *Call Me Crazy: Stories from the Mad Movement*. https://aftertheasylum.apps01.yorku.ca/survivor-culture/call-me-crazy/

3. "Voices." Madness Canada. https://madnesscanada.com/resources/voices/

4. Burstow, Bonnie and Don Weitz (editors) *Shrink Resistant: The Struggle Against Psychiatry in Canada*. https://aftertheasylum.apps01.yorku.ca/survivor-culture/shrink-resistant/

### *SEE*

1. This article discusses the Hans Prinzhorn collection (the largest collection of art by "insane people." A selection of pieces is included at the end. https://publicdomainreview.org/collection/hans-prinzhorn-s-artistry-of-the-mentally-ill-1922

2. "Agnes Richter's embroidered straitjacket", *The Museum of Ridiculously Interesting Things*, September 6, 2011, https://ridiculouslyinteresting.com/2011/09/06/agnes-richters-embroidered-straightjacket/

3. Darger, Henry. "In the Realms of the Unreal Image Gallery," http://officialhenrydarger.com/images/

4. "The Artists from Gugging," *Museum Gugging*, http://www.gugging.at/en/gugging-art/gugging-artists

5. Karelek, William. "I Spit on Life," analysis by Fiona Birkbeck, https://imhblog.wordpress.com/2013/11/01/fiona-birkbeck-a-response-to-i-spit-on-life-by-william-karelek-exhibited-in-art-in-the-asylum-creativity-and-the-evolution-of-psychiatry-at-the-djanogly-galler/

## UNIT 9:
## *RESISTANCE, PRIDE, AND LIBERATION*

***SUMMARY***

Once again, we'll listen to the voices of the mad, but now with our eyes looking outwards, centered on the world and relationships with others rather than personal experience. What could madness mean going forward, distinct from psychiatry? What do we share in common besides shared trauma or suffering? What do we have to offer each other beyond mutual support? When have the mad formed relationships with other movements? These are some of the questions the authors struggle with and attempt to answer here. If it's true that, in psychiatry, the "great mystery" of schizophrenia is on its way out, and that we are entering an age of highly medicated affective and personality disorders, then the policing regime that purports to locate and handle the mad is undergoing some major changes, especially globally. Such a transitional period is precisely the point at which any group needs to ask what makes it a group, what ties it together and separates it out from other political or social groups. We'll mostly look at texts from those trying to gather or organize mad people together and reflect on what it is that brings such people together. I've chosen pieces from all over to try to represent a spectrum of approaches and interests.

For me, some of the biggest questions we face as mad people are: how can we listen to and respect distress without assuming it is a medical issue? How can we listen and believe people without relying on medical categories? Guatarri once criticized Franco Basaglia for "not allowing people the right to be crazy" and I think there's something to that critique (despite whether or not Basaglia actually deserved it). What does it mean to "go crazy" without pathologizing and fixing that state? For me, the answer lies in thinking about madness not in terms of identities, categories, or types but as situated *experiences*. I too do not want to deny the reality of nor be prevented from "going mad", but I want that to be understood as a passage through which one can travel in and out of so to facilitate discovery and growth.

The mad pride movement is always in the process of creating new conceptions of self, new ways of experi-

encing and responding to distress, new ways of conceiving of our emotions and thoughts. The psychiatric survivor activists are often doing the important work of ending coercive practice in psychiatry and assisting those in need in moments of distress. The mad pride movement is sometimes, in addition to that, exploring how the experiences called "mad" both inside *and* outside its relationship with psychiatry. This is surely an overly simplified and frankly incorrect binary, as the intersections are so deep that it is truly impossible to make any lines between these two tendencies, but I offer this merely as a way to explore new ideas. Will such groups make ties to prison abolitionists? To disability-focused groups? There is no doubt that the organized movements of psychiatric patients have been majority white and that their theories have too often centered whiteness. How are authors reacting to that and moving mad thought forwards?

Many of the texts still circle around psychiatry and its effects, but each one also shows the beginnings of developments away from it, and attempts to find values and principles that don't relate directly to it or other movements to connect with. China Mills' essay discusses the resistance of mad people while relating and comparing it to colonial resistance, and thinks about when they may be one and the same. Mensah and Kaufman-Mthinkhulu's article on abolition politics connects psychiatric survivor politics to movements for police and prison abolition. McWade, Milton, and Beresford discuss the exclusion of survivors, mad people, the disabled, and the neurodiverse from the academy and wonder about possible connections that could be made and futures beyond identity politics. *Phoenix Rising* was one of the first and most consistent publications put out by psychiatric survivors and includes a wide range of articles concerning the mad movement's relationship to other movements centered around feminism, housing, drugs, and much more. Abram Lewis' "We Are Certain of Our Own Insanity" connects the antipsychiatry movement to the movement for gay liberation and problematizes the notion that queer activists were primarily concerned with separating gay liberation from madness. Lastly, Helen Spandler's essay from *Asylum* traces the basic history and ideas of the Socialist Patients' Collective (SPK) in Germany, one of the most notorious left-wing survivor groups, and their relationship to the leftist radicals in Europe.

### *READ*

1. Mills, China. "Symptom, seduction, subversion: Reading resistance to psychiatry through a Post-Colonial Lens" https://www.academia.edu/12350408/Symptom_seduction_subversion_Reading_resistance_to_psychiatry_through_a_post-colonial_lens

2. Mensah, Stella Akua and Stefanie Lyn Kaufman-Mthimkhulu. "Abolition Must Include Psychiatry." Disability Visibility Project. https://disabilityvisibilityproject.com/2020/07/22/abolition-must-include-psychiatry/

3. McWade, Brigit, Damian Milton and Peter Beresford. "Mad Studies and Neurodiversity: A Dialogue." *Disability and Society*, December 12, 2014. https://eprints.lancs.ac.uk/id/eprint/77628/3/Mad_Studies_and_Neurodiversity_currentissues_final.pdf

4. *Phoenix Rising* 1-8. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/

5. Lewis, Abram J. "'We Are Certain of Our Own Insanity': Antipsychiatry and the Gay Liberation Movement, 1968–1980." *Journal of the History of Sexuality* 25, no. 1, January 2016. https://blogs.brown.edu/hman-1973p-s01-2019-spring/files/2019/02/Lewis-Antipsychiatry-GayLiberation.pdf

6. Spandler, Helen. "To Make an Army Out of Illness: The History of the Socialist Patients' Collective (SPK), Heidelberg 1970/2." *Asylum: A Magazine for Democratic Psychiatry* 6, no. 4. (Autumn, 1992). https://asylummagazine.org/wp-content/uploads/2017/09/asylum-6-4-spandler-spksmallpdf.com_1-ilovepdf-compressed1.pdf

### *SEE*

1. Mad Pride, July 14, 2008, Bulletin 374 http://www.csinfo.ca/bulletin/Bulletin_374.pdf

2. In considering how the "mad" think of themselves and tell their own stories, I want to include some links to Outsider Art (or "Art Brut"). Outsider Art is an odd amalgam of artists and works bound together by the fact that the artists are somehow "outside" of the artistic establishment. Importantly though, the first collection of Outsider Art was arguably Hanz Prinzhorn's collection of art by psychiatric patients. Outsider Art still makes space for and highlights the work of ex-patients, but does not have separate art by non-patients and "psychiatric outsider artists." Thus, "outsider", at least in this artistic movement, potentially demonstrates another way to be mad. Images here: http://museumofthemind.org.uk/gallery/artists and here: http://www.spiegel.de/international/zeitgeist/masterpieces-from-the-prinzhorn-collection-by-psychiatric-patients-a-936148.html[10]

3. A map of Intervoice and Hearing Voices groups globally: https://www.google.com/maps/d/u/0/viewer?mid=1ADB_BK8VOAmTO2AK8KkmO0NVLqI&ll=9.888182395229562%2C8.789060999999947&z=1

4. Here is the website for the local, Twin Cities based Hearing Voices group: http://hearingvoicestwincities.org/

### *LISTEN*

1. The exhibit *Hearing Voices: suffering, inspiration and the everyday* has a number of articles with audio components on their website here, which are a great introduction to the Hearing Voices Network: http://hearingvoicesdu.org/. You can also listen to these if you subscribe to the "Hearing the Voice" podcast.

### *QUESTIONS*

1. What are some values and principles shared by the different "mad" approaches?

2. According to these articles, what binds the "mad" together besides a history with or a relationship to psychiatry?

3. How can we validate someone's emotions or thoughts without pathologizing them? What could it mean to be mad without reference to medicine at all?[11]

10 Here is an archive of web resources on "Outsider Art": https://www.interestingideas.com/out/outlinks.htm

11 I'm not implying you are wrong if you use medical categories to explain personal experiences, but asking you to participate in this thought experiment, since we are so accustomed to using them.

## UNIT 10.
*ONWARDS FROM MADNESS*

***SUMMARY***

I believe that by reading the texts of "mad" people and reflecting on madness we 1. deepen our understanding of emotion and thought, their possibilities and limits; 2. acquire a nuance and sensitivity to difference (different forms of expression, of conception, of living, and of expressing); 3. learn more about the role that violence and trauma can play in our lives, even long after they occurred; 4. learn from the decisions and mistakes of others who are suffering so that we may suffer gracefully and well; 5. learn how our language about "reason" and "madness" can alter or affect the structure of political belonging. Surely, there are many more, but these stand out to me.

I've chosen texts that deeply challenge notions of madness and reason and see it as grounds for insight, growth, and reflection on the world and our political or collective practices. These texts all in some way depart from thinking only with or about "*the* mad" and export madness as a strategy for thinking about the world at large. In other words, these texts all turn around, stop asking "what can science and social theory teach us about the mad?" and start asking "what can the mad teach us about science, society, politics, etc"? This type of thought grounds madness as a legitimate way of being in the world and sets out, mad as hell, to explore. Bulhan's text "Psychology of Liberation", a chapter from his *Frantz Fanon and the Psychology of Oppression*, reflects on the importance of considering psychology in relation to the struggle against racism and (neo)colonialism. The entire book is well worth a read, as are the psychiatric works of Fanon it is based on, for an understanding of how psychiatry and psychology relate to the history of colonialism.[12]

The Fireweed Collective's "Madness and Oppression" booklet is a workbook for tracing a "mad map" as they call it, allowing the user to reflect and trace how madness is situated in systemic and historical processes far beyond psychiatric reductionism. Jurelle's "Mad is a Place" makes a link between black diasporic think-

12 Many of which are being released in English for the first time in 2018!

ing, art, and madness, and poses difficult questions for how to conceive of "mad studies" in this light. The two readers (#4) were made by the Spanish artist and activist Dora García who has also created a number of works on madness, psychiatry, and voice hearing. The readers feature writers, artists, mad people, and mental health professionals reflecting on madness, the legacy of antipsychiatry, politics, and outsider art.

I've also included pages of other lists and resources for further exploration.

### *READ*

1. Bulhan, Hussein Abdilahi, "Psychology of Liberation: From Adjustment to Empowerment". *Frantz Fanon and the Psychology of Oppression,* Pg. 251-278, https://www.academia.edu/30823293/_Path_in_Psychology_Hussein_Abdilahi_Bulhan-Frantz_Fanon_and_the_Psychology_of_Oppression-Plenum_Press_1985_.pdf

2. The Fireweed Collective, "Madness & Oppression: Paths to Personal Transformation and Collective Liberation," https://fireweedcollective.org/publication/madness-oppression-paths-to-personal-transformation-and-collective-liberation/

3. La Marr Jurelle, Bruce, "Mad is a Place; or, the Slave Ship Tows the Ship of Fools" *American Quarterly*, Volume 69, Number 2, June 2017, pp. 303-308, https://www.academia.edu/34168904/Mad_Is_a_Place_or_the_Slave_Ship_Tows_the_Ship_of_Fools

4. García, Dora. Find the first reader about Basaglia, radical politics, madness, and Brazil here: http://theinadequate.doragarcia.org/wp-content/uploads/2011/04/MM01.pdf.[13] Find the second on marginality, exclusion, writing, and art here: http://theinadequate.net/wp-content/uploads/2011/05/ENGLISH-pdf.pdf

### *OTHER READING LISTS TO EXPLORE*

1. Race in Psychology & Psychiatry. https://web.mit.edu/racescience/bibliographies/current_scholarship/psych.html

2. LeFrançois, Brenda. Books for Mad Studies. https://www.academia.edu/40493405/Books_and_edited_volumes_for_mad_studies_course

3. History in Practice. https://historyinpractice.ca/

13 I'm not sure why some names are blacked out in this text, but the references in the Dora García text in the beginning are to the SPK (Socialist Patients Collective), whom we've encountered in the antipsychiatry unit.