# Experiences Labelled Psychotic:
# A Settler's Autoethnography Beyond Psychosic Narrative

by

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# Abstract

This autoethnography uses narrative inquiry within an anticolonial theoretical framework. As a White Italian male settler living on Turtle Island, I bring survivor experience to psychiatric definitions of "psychosis," or what I call *psychosic* narrative, and to broader literatures for the purpose of decolonizing "mental" relations. Using reflexive critiques, including feminist antiracism, I question my own privileges as I consider the possibilities of Mad culture to disturb authorizations of practices like forced electroshock and drugging. Using journals, salient themes of experience are identified, including "delusion," "psychosis," "madness," and "illness," especially as they appear in texts about politics, culture, and theory. A temporally rigorous narrative approach to my readings allows for a self-reflexive writing on such themes in relation with antiracist anticolonial resistance. Thus a White psychiatric survivor resistance to psychiatry and its social (local) history is related to the problematic of global Western neoliberal heteropatriarchy in psychological institutional texts. Survivor testimonies bring critical madness and disability theories as they pertain to racialization and constructions of sex/uality and gender.

Rather than present a comprehensive analysis, this narrative inquiry is generated from the

process of research as it was experienced in order to represent and question its epistemological

grounds.

# Acknowledgments

I wish to begin by thanking First Nations people for challenging all Canadians to honour our agreements. I ask for understanding in my attempt to write in relation with First Nations people.

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# Glossary

**Colonialism:** I use this term to mean exploitative and destructive violence set upon a group of people for indefinite periods by a separate group (e.g., nation, state, or complex) that pretends superiority.

**White:** I use this term to mean of European ancestry and culture (constructed as "colour" or "race"), which includes or implicitly brings racist, eugenicist, genocidal, and colonial institutions.

**Settler:** In anticolonial studies, people or groups who take others' land and resources by force. White and non-White settlers presently inhabit First Nations land in Canada.

**Psychiatry:** historically a Western legal-medical industry and institution for curing or controlling problems of "mind." Psychiatry specializes in finding the relationships between neurology (the brain and neurological systems) and psychology (experience and action).

**Psychiatrize:** to perform psychiatric interventions; to detain or treat, sometimes by force, a person or a segment of the population considered "mentally disordered" or "ill."

**Mentalism:** the mentalization or reduction of socially interpretted acts, feelings, and thoughts to essential categories of mind, especially those not categorized as criminal.

**Sanism:** the division of persons into "mad" and "sound," especially based on an interpretation of ill logic, reason, or wisdom, such as in "delusion" (see "psychosis").

**Psychosis:** is a psychiatric term indicating a person has a "delusion" (roughly definable as a false belief strongly held against common sense) that sometimes comes with "hallucinations" (definable as perceptions that are uncommon, such as "voices"), and other strange ways of thinking, expressing, or acting due to a presumed psychotic disorder (e.g., schizophrenia and bipolar affective disorder).

**Psychosic:** not "psychotic" but any trope or narrative borne of that category. Implicit to this term is the analysis of the "psychotic" category.

**Antipsychotic:** the euphemistic term for a drug used for its tranquilizing effects and noted for blocking dopamine receptor cells in the brain resulting in Parkinsonian effects like trembling hands. Newer antipsychotics can also bring type 2 diabetes and other effects. Some people use these drugs at dosages they determine with or without a doctor to calm their own distress.

**ECT:** or "electroconvulsive therapy" (electroshock) administers up to 400V of electricity to brain tissue, usually applied through one side of the head, while the recipient is under muscle-relaxant drugs, causing violent contractions leading to a grand mal seizure. This is said to ease "mental disorders" and has become more common since the 1970s, though it has been reported to cause memory loss (brain damage).

**Incapacity:** a legal status that allows psychiatrists to detain and forcibly treat or restrain a body, or otherwise to control a person's finances.

**Inmate:** a pre-20th century term for psychiatrized people, that is, those who were being detained in "lunatic asylums" and given various forms of treatment including drugs.

**Patient:** a 20th century term for psychiatrized people, later "client."

**Peer:** a psychiatrized person employed to attend to other psychiatrized persons.

**Consumer/survivor:** a person who has been or is being psychiatrized and who identifies as an ex-patient, a psychiatric survivor, or a mental health service user or consumer. The "c/s/x" movement started in the late 1960s and has led to mad peoples' movements.

**mad:** a description, stereotype, or insult usually meaning "irrational," "excitable," "irresponsible," or "inchoate" (there are many synonyms in English, such as: "silly," "unwise," or "slow-witted"). An adjective describing a person so-conceived.

**Mad**: means an identity (or process of becoming) in solidarity with those who have been psychiatrized, usually because any person could be labelled as "mad" or "mentally ill"; or a person who resists or challenges mentalism or sanism; or a person who self-identifies as "mad."

# Introduction

> The story of my life reads as such: promising young candidate for an art career moved away from family and friends to be in Vancouver with his lover. In 5 months, he was hospitalized for having a psychotic break from reality– terms he questions into the year; after all, reality can't simply be the way everybody acts to get to work on time. (Personal diary, May 14, 1993)

Almost twenty years ago I wrote these words after being hospitalized against my will in British Columbia, Canada. As a boy whose Italian immigrant mother was forcibly treated after childbirth, I have struggled to understand my experiences, including my adult psychiatric incarceration (Fabris, 2011).[1] But also I have wondered about the limits of rationality inculcated by Western philosophies of consciousness and its "health." My writing attempts to give voice to that query, practically and theoretically, in an ongoing narrative relation with no fixed beginning or ending. This writing begins with various concerns, approaches, readings, in regard to the representation of distress and differences labelled "psychotic," which I call *psychosic* narrative.[2]

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[1] Psychiatry is medicine for problems of the 'mind', linking scientific traditions of neurology (the study of the brain and neurological system) and psychology (the science of experience and behaviour). Psychiatric legal powers to detain and to force potentially damaging treatments is rooted on the presumption of the existence of biological disorders leading to behavioural distress or 'deviance' from cultural norms. In this critical, inter-cultural study, psychiatry is implicated in Western European power relations, especially colonial discourses regarding individual and group characteristics, motivations, and responses to social phenomena.

[2] Psychosis is a medical term that I will describe in detail in the second chapter. Generally it means 'delusion' (roughly definable as a false belief strongly held against common sense) that sometimes comes with 'hallucinations' (definable as perceptions that are uncommon, such as 'voices'), and other strange ways of thinking, expressing, or acting, presumably due to a psychotic disorder (e.g., schizophrenia and bipolar affective disorder). I use the neologism *psychosic* as referring to this medical construction or reduction of experiences.

As a White[3] settler on First Nations land and as someone who is recognizing his privileges in a White supremacist, neoliberal rationalism regarding human politics (our mutual recognitions), I am grateful for the opportunity to write about my experiences. I am humbled by what I am learning, and feel that political struggle happens when we remember together. Our (un)common stories become our histories, or herstories, and I hope they bring us together in a way that gives each of us space to decide more fully what we would like to do.

I feel a need to write my story in a way that gives space not only to analysis but also personal and emotional life. By recognizing anticolonial writing, especially in relation to First Nations readers on Turtle Island[4], I hope to go beyond my prior understanding of psychosic narratives under psychiatric oppression and unsettle my White, male, heterosexist, ableist, and mentalist training. For me, this has meant recognizing the culture, not just the technology, of oppressions, and understanding White European culture as more than a lost article in the expression of power. It meant recognizing power in culture and the transformative possibilities in social histories.

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[3] I use the term "White" to mean "of European ancestry and culture," which includes or implicitly brings institutions that propagate racism. As race is socially constructed by Whites to excuse colonialism, I use the term without alluding to a genetic, fixed, or essential category of people. On Turtle Island, Whites and non-Whites continue to propagate settler colonialism initiated by White racism against First Nations people.

[4] Turtle Island is a term for North America used by Anishnaabe (Ojibway or Chippewa) people, in whose territory I was born. That location is called Baawitigong, or "place of the rapids," and the area is called Bahweting, meaning "gathering place." This local history was kindly shared with me by a friend, Mr. Pine.

My own story, some of it remembered and some not, led me to ask what is so different about mad-conceived people like my mother and me. To avoid normalizing or to pathologizing[5] everyday life, I have resisted the idea that there is a genetic or essential "madness," for example definable as disorientation or dangerousness. However, it seems reductive to explain "madness" simply as an emotional effect of class, race, gender, sexuality, or physical disability oppressions. Experiences that are classified as "mental disorder" or conceived as "mad" do not bear simple causal explanations, such as unexpected disasters or low thresholds to suffering.[7] Indeed demands for definition are notably Western institutional preoccupations. We might think beyond explanation for what appears as "error," and allows for psychiatric work that brings destructive "mental health" arrangements. Though dissident professionals and critical scholars have touched on these issues, people who have been put in institutions provide experiential knowledge, and perhaps better grounding for considering such abuse for the purpose of resistance.

While my prior approach has been one of "talking back to psychiatry" (Morrison, 2005) using activist tools, non-professional advocacy, and scholarship, I am starting to reconsider these

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[5] The term "normalize" means to make social conflicts (or lack of conflicts in the face of adversity) appear "normal," such as in the occurrence of bereavement or distress at the death of a family member. On the other hand, to "pathologize" experiences, including extraordinary experiences, means to represent them as "abnormal," "disordered," or "diseased."

[7] The former president of the American Psychiatric Association has said that "biopsychosocial" model (i.e., "mental disorders" occur as a result of interplay between biology, psychology, and social conditions) has been turned into the "biobiobio" theory by influential drug companies (Sharfstein, 2005, p. 16).

discourses in more cultural or interpersonal terms, such as in materially-located social history by Mad[9] people (Reaume, 2006). But this recognition of a cultural identity despite material and textual "practices of power" (Dorothy Smith, 2005) brings me to social continuities and ultimately implicates me in the struggle for land rights, the environment, and cultural conflicts borne of Canadian nation building. This history has involved eugenics in psychiatry as well as genocidal colonialism.

Thus, my writing is not independent of First Nations people but inextricably linked to their experiences. My work attempts to learn from them and other Indigenous peoples, as well as non-White settler Canadian academics and workers. It is a continuation of writing in alignment with anyone who has been forcibly treated, albeit from a White male perspective (indeed that of a White ablebodied cisgendered heteronormative male). Thus, I may be writing about something that applies only to my own cultures as I understand them; there may be similar outcry or analysis within cultures beyond my understanding.

I started this journey almost twenty years ago as an activist and "peer advocate"[10] on the wards of a Toronto psychiatric institution. While my efforts were limited in many ways, I have

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[9] I capitalize "Mad" to suggest an identity (*mad-identified*) despite labelling or construction of "mental illness" as lack of thought, perspective, or mutuality (*mad-conceived*). Such a group recognizes itself within broader conceptions of culture. Anyone who is conceived "crazy" or "mentally disordered" might identify as Mad.

[10] The term 'peer' is an increasingly common term in the psychiatric or mental health industry that identifies workers who were once, or are still, users of mental health services as "patients" or "clients." Despite their economic position in relation to professional mental health workers, 'peers' are in positions of power relative to "clients" they serve.

tried to balance my own questions and strategies with those of other activists, including "patients" (or detainees as I say). Outspoken people have the privilege of being recognized as "capable" of self-representation, whereas many others are silenced by psychiatric (psycho-legal) findings of "incapacity" (for medical and financial decision-making). Also people who are administered psychiatric drugs and other interventions may be silenced either by these disabling treatments or by misrepresentations of such treatments as safe and effective (Whitaker, 2010). Indeed, the term "incapacity" is central to an understanding of psychiatric law and is useful in questioning whether people are disregarded not because of a lack of comprehension or ability, but by ableist, indeed sanist,[12] narratives. I am one of a handful of people privileged enough to mention this in scholarly literatures, and thus have the opportunity of taking time to reconsider Mad people's stories.

I recognize that not everyone will adopt a Mad or psychiatric survivor rhetoric as I do, let alone try to challenge sanist or medical reductions of experience. Despite the presence of surfeit mythologies surrounding "madness," and almost total silence regarding forced treatment by many anti-oppression activists, survivors of psychiatry have been opposing psychiatrization[13]

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[12] Birnbaum (2010) coined the term to mean "a prejudice against the mentally ill and as a rejection phenomenon" (p. 117). I have defined sanism as dividing minds into "mad" and "sound" categories (Fabris, 2011). I suggest sanism is not synonymous with what Judi Chamberlin (1978) called *mentalism*, but a sub-category of discrimination against all people deemed "mentally disabled," which is considered ableism in disability theory.

[13] The term psychiatrization was used by writers and editors of *Phoenix Rising*, a 1980s Canadian antipsychiatry journal (n.d.). Psychologization is used to refer to a broader representation of experience as 'mental,' 'psychical,' or 'individual,' that is, understandable as distinct from sociopolitical conditions.

from the 1970s (Chamberlin, 1978; Gotkin & Gotkin, 1975). However, prior to the survivor movement and its later incarnations (e.g., the mental health consumer movement of the 1980s, the peer support and the recovery movements of the following decade, and now the international mad movements),[14] people conceived as "mentally ill" or "crazy" have long resisted forced treatments, as well as the insults or labels that assign us to "mental" and "behavioural" types. While it is necessary to defend ourselves against violence, both institutional and colonial, survivors and mad-conceived people are only beginning to recognize our shared pasts. We resist sanists' characterization of distress as lost consciousness that is used to authorize imposing drug lobotomies in the name of health. We now open our own interpretive spaces.

Yet we do not do this alone. Many of us are prevented from it, especially by families and friends seeking to protect our "best interests" as understood in a neoliberal, functionalist framework. By challenging my own White male privilege in that framework, I begin to consider psychiatry beyond a Western paradigm of industrial and institutional errors. Working this way, I sometimes feared losing focus on survivor issues to broader forms of activism. But many movements have come together and merged in many ways over time, and this process may strengthen resistance to psychiatry. Thus I start to conceive of psychiatry as part of a larger eugenic colonial project enacted beyond the West.

This broader framework allows me to indicate how mentalization (e.g., reducing relations to individual mental intentions) subtly undermines political discourses. For example, culturally

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[14] The psychiatric survivor movement in North America underwent a schism in 1986, leading to 'consumer' activism (which countered 'abolitionist' survivor politics with 'reformist' policy activism). In the U.K. and Europe, existential ideas about 'madness' gave rise to a mad people's movement, which Reaume's social history invoked in Canada in the next decade (2006).

located jokes or non-sequiturs are explained as "defenses" or evidence of "unconscious" contradictions, positioning the explainer beyond the everyday life. I will position myself beyond the explainer. I believe that a political discourse that addresses interpersonal dynamics is needed to address emotions that are conceived as "problems."

My positioning in political scholarship begins with my first memories of Canada. My infancy is now forgotten, but while I lived with my grandparents in Italy in childhood I yearned to return to what I remembered of Turtle Island. As we waited for my mother to "get better" after her institutionalization, I imagined what it would be like to run in the fields and see the snow. The institutional logic of brain disease required toxic treatments that only made my mother worse. It took several years for my father to convince her family to try sending her back to Canada with us. Upon my return I saw the snow piled high for the first time in years, and I was ecstatic. But my mother still didn't "get better." As I grew up, I stopped playing sports and pushing for straight A's, perhaps missing her. Maybe I felt at home in the imaginary, but my stranger experiences seemed like an escape from hockey card trades and muscle car posters. I learned to do art. It was a way of being with displacement, in a land full of removals and excisions. In my 20s, my experiences landed me on a psychiatric ward in Vancouver.

I was lucky to find other people who did not like the treatment. In Toronto, survivors of drugging and labelling who critiqued oppressions of class, gender, sexuality, and race banded together to start Psychiatric Survivor Pride Day (Finkler, 1997). However, the psychiatric survivor movement was largely dominated by White males, and still is. We have tended to lose interest in the question of dealing with distress, which is the mainstay of psychology and psychiatry. Perhaps in non-White Western cultures the question of distress and difference from social majorities is not separate from the legal or political issues of the community. Is a survivor

politic connected to non-Western views, or is it historically relevant only to Whites? Indeed some non-European immigrant families take to psychiatry more readily than others based on a lack of cultural resources. But survivors' political work in a "multicultural" city like Toronto has been incomplete at best, and this work attempts to address that gap in some way.

My privileged status behooves me to consider the experiences of survivors with physical disabilities, people of colour, and First Nations people, among other oppressed groups. Because of my prior education and skill development, I was readily employed as a "peer," even to check psychiatric practices as an advocate, whereas people of colour were often hired for less reputable positions as peers. Now I am lucky to be in an academic program, again attempting to use my skills to build alliances. There is very little scholarship that I can turn to by psychiatrized Indigenous people but it exists (Harper, 1988). Without acceptance of Mad people by more established communities, psychiatric oppression will go unchecked across boundaries.

As I work to recognize cultures beyond my own, I must draw attention to my form of writing as itself a display of capablemindedness and White privilege (indeed phallocentrism, and a number of other normative traditions that I have learned in order to "fit in"). This serves to show how this writing conveys scholarship that is predominantly sanist also. But if I am writing to go beyond sanism and my own privilege, I do not pretend to transcend my socialization. I cannot pretend to know systems of knowledge that are sacred within Indigenous life. However, if Indigeneity is not static, as David Truer among others argues (2006), the issue of appropriation and the problematic of White privilege are not the end of cross-cultural dialogue. Respect is required to brave the question. To be welcomed into this work is an honour, and I think it would not have occurred if not for a recognition of the way Indigenous and Mad knowledges have been ignored. So maybe I can write with First Nations and Indigenous activists, with anticolonial and

antiracist theories, even if I cannot truly understand them. I will attempt to write in a manner that is personal rather than occupational, and hope to resonate with antiracist anticolonial ideas. This writing is at best a conversation with such ideas.

By delineating psychiatric labels, constructions and theoretical groundings in White Western thought, this study seeks to disinter the tools of exploitation that attack experience in conversation with anticolonial theory (Dei, 2001; Kempf, 2009; Wane, 2008). Anticolonial theory seeks to turn back practices of power that endanger freedom of belief, imagination, and spirit. This political orientation gives voice to aspects of experience that allows for contradictory or dichotomous interpretive spaces. In using interpersonal experience as a basis for writing, I hope to relate more readily with anticolonial thought. I will use narrative as a basis for doing so, and interrogate institutional texts within this form of writing. But as I have said, this text is not as free of colonial and sanist structures as I would like. It therefore departs from anticolonial thought from the start, by drawing on Western theories of narrative for example. Even as I attempt to move from a linear to a non-linear temporality in the story of my research on psychosic narrative, the context within which I am writing makes it difficult to relate this process to any tradition. I may be somewhere between Western and anticolonial academic writing, but anticolonial thought provides for a recognition of non-linear time.

To avoid universalizations while studying universalizations about behaviour and thought, I wish to give attention to the time in which a text is written as providing clues to its limits, contexts, and questioning. To refract analysis and explanatory modes, I use narrative research that Westerners have started to use, sometimes in cross-cultural methodologies like that of Carola Conle (2001). This narrativity is not a dramatic story so much as a day-to-day reflective process, a kind of journal or field note (Sanjek, 1990). So my storied methodology attends at

once to the personal, the theoretical, and the narrative (in)consistency of research, in order to expand on the question of consciousness or thought. That is, narration links the personal with the political and theoretical, especially in this research on mentalist colonialism.

Let this paragraph be an example of how I will story my readings. This "reading" can be described as a study of rehabilitative ideas and techniques used on disabled people (Stiker, 1999), specifically people identified as having "mental," or "psychiatric," disabilities in psychiatric and psychological texts (e.g., "psy") (Rose, 1998) in Western patriarchal capitalist states (Razack, 1998; Dorothy Smith, 2005; Linda Smith, 1999). Western theorists who interrogate labels (Scheff, 1966/1999), or turn inquiry on itself to prevent re-formulations (Foucault, 1972), have often started with psychiatric patients in their writings (e.g., Goffman, 1961), in part to expose to a well-meaning public the brutality of institutional spaces, but also restrictive notions of "mind" and its supposed disorder. However, with few exceptions, notably Gregory Bateson (1961), such work usually forgets the inmate as a person. This text does not enlist psychiatric detainees in an interrogation of their captors' ideas, which might easily endanger them in institutional contexts, but rather reads published work by ex-patients and others to exhume psychiatric theory. It invites the reader to consider the experience, narrative, and writing of people with experiences of psychiatrization, disablement, and racialization (e.g., Kanani, 2011; Titchkosky & Aubrecht, 2009; Waldron, 2002). This paragraph assumes a narrative method, albeit according to styles of scholarly writing, to describe characteristics of "madness" discourse in many literatures.

To continue with how psychiatric patients have been excluded from theoretic as well as therapeutist knowledge "about us without us" (Charlton, 1998), this story leads irrevocably to the lack of publications by psychiatric survivors. Given the paucity of critical literature by

psychiatric detainees, it may not be surprising to find even fewer examples of writing by Indigenous survivors as I have mentioned (e.g., Yellow Bird, n.d.), reminding us that mad-conceived people's resistance is not all the same. Indeed, antiracist studies provides for a recognition that Whites dominate social justice movements, and new ways of resisting Western industrial colonial practices of genocide, exploitation, and assimilation. Decolonizing theory in Western traditions (Linda Smith, 1999) challenges Whites to move beyond theory moored in "movements."

As I worked through this research, I found myself moving away from more materialist forms of sociology (Dorothy Smith, 2005) to interpretive sociology (Titchkosky, 2007) in order to read illness-labelled narratives. Conle's narrative inquiry (1999) encouraged me to consider narrative theory (Todorov, 1981), which she used in cross-cultural pedagogical research. This work linked me to non-Western stories and theories (Li, 1998), and eventually to a kind of meeting place in Black feminist thought (Hill Collins, 2000), which Dr. Njoki Wane takes up in an Indigenous way in the local context (Massaquoi & Wane, 2007). White men can be involved in Black feminist thought, as Hill Collins says (2000), and we need to recognize systemic violence done to us (such as psychiatrization) without silencing others. Black feminist antiracism, in its recognition that all "forms" of oppression are bound up together in unique experiences, helps me to recognize that emotional knowledges are important to resisting colonizing industrial practices of power from many perspectives.

This narrative consists of recognitions, including the interleaving of the racialization of experience, the genderization of experience, the heterosexualization of experience, the disablement of experience, and the mentalization of experience. Each amorphous "set" of concerns informs the others, and to deny one may mean denying them all. Disability, for

example, cannot be considered simply an impairment of the body, behaviour, or thought. It is important to recognize disability as not only a social construction of bodies as somehow impaired, but also as a social knowledge within a society that seeks to deny the experiences of disabled people (Patterson & Hughes, 1999). As Titchkosky reminds us, to erase the experience of disability is to ignore everyday realities of being in a world in which the appearance of disability is "unexpected" (2007). When disability is taken up as only a "problem" in need of a solution (Abberly, 1997; Mitchell & Snyder, 2001), articulations of disability experience are needed to integrate political work (and play). Disability rights activists have tried to describe experience as a politic beyond the medical-industrial equation of impairment (Oliver, 1996), however even impairment as a construct requires further elaboration (Patterson & Hughes, 1999). For example, while psychiatric deviance (Becker, 1963) can be conceived in terms of existing psychosocial "challenges" within dominant structures of mental and intellectual production, including the rigours of scholarship (Price, 2011), there is also a need to consider impairment as borne of violent interventions for our supposed good, such as iatrogenic techniques like chemical restraint and treatment by electroshock (Fabris, 2012).

Indeed, the mentalization of conflicts into "mental disorders" is necessary to a theorization of the mind-body (self-society) dichotomy in both medical assignations of impairment and political theories of disablement. This question of how the individualized body is rendered "mental" links directly to its "social" or "cultural" characterization as deviant or "outsider," or "apolitical." Thus, the impaired body, constructed as psychosocial deficit in psychiatry, or as a singular person's loss of collective reality in psychosic narrative, could be conceived beyond Western medicine and disability politics (Meekosha, 2008). A theorization of experience as a field of relations, which conditions and perhaps enacts categories of "mood," "reality," "mind," "society," and "culture," provides for politics between these supposed sets.

So this story brings many issues I will address more fully, such as Reason's attack on "madness" (Foucault, 1961/1965), and American psychiatry's whimsy with diagnostic categories (like "homosexuality" reworked into "ego-dystonic homosexuality" in the 1970s; Suppe, 1984). But these issues only serve to show that an analysis of experience can be related to "madness" as a central concern. I attempt to address this concern through various questions. How does Western colonialism and hegemony create "madness" in cultural discourses? Is there a Mad culture that resists mentalization? What could it be saying that a culture of consumption has not already extracted from it?

After the next section on anticolonial thought to introduce this inquiry, Chapter 1 will attempt to deal with questions of Mad culture, starting with knowledge as it is shared in educational contexts to understand experience, reconsidering a story about a personal adventure that went awry, and reflecting on Indigenous knowledge. In Chapter 2 "psychosis" is defined, theorized, and taken up beyond clinical discourses such as in the works of Lacan or Deleuze, and again beyond White cultural texts, even in regards to colonialism. Chapter 3 delves into the interpersonal problematics resulting from the confines of psychosic narrative, especially believability and trust, as well as memory and place. A conclusion will revisit the questions set out in this introduction.

# Anticolonial Thought

> So, although White men like me are most in need of a critical analysis of their privilege, anticolonialism is an approach which applies to any privileged body, to anyone positioned to oppress another person or group. Further, by looking at the links between different components of the colonial structure, we can better theorize resistance to them. Oppression is assembled. It thus needs to be disassembled. This is only possible if we understand each of the parts that make up the sum, as well as the way they work together. For instance, how do the politics of the home and of the personal impact the politics of a national revolution, consciousness, and transformation? (Kempf, 2009, p. 18)

This section relates my prior epistemological choices, especially narrative grounded in Western hermeneutics, to anticolonial theory as recognized through Black feminism. It begins with questions and issues about race and White privilege in relation to disability and madness categories and touches on my Italian origins. A deeper reflection on how I understand and relate anticolonial thought leads to a description of three theoretical pillars: experience, narrative, and place. This section concludes with the implications of this writing with regards to Mad culture.

> Tim Wise says,

> If we want to be free of the risk that we ourselves are placed in, we have to care [...] not as an act of altruism or paternalistic concern, but as an act of self-interest and self-liberation. And this is our job, and this is our duty, irrespective of our guilt. (Jhally, 2008)

In relation to White men, Wise says we must recognize what has come before us and work to unhinge it, otherwise distrust and fear will continue to fester. He uses a debt analogy in speaking to a North American audience, though this seems to line up with the notion of the White man's burden to me (how we actually relate is somehow missing).

While Wise recognizes his privilege and the importance of not pretending to know everything, especially "race," as a White male, he relates not to his racialized audience as much

as to Whites in his video. This results in a bit of pulpit indignation. But lest I dismiss him as self-indulgent, he may need to model a different kind of anger that the one his White audience is accustomed to in neoliberal competitions. Wise's says that the dead who elaborated the concept of discreet "races" to legitimate their decimation of peoples and habitats around the world will not be the ones to unhinge us from our common oppression. We must act immediately to take responsibility for who and what we are to undo the work of our predecessors.

While I have questions about who Wise sees as White, I know from experience that his descriptions of White privilege ring true as a cultural norm in our technologically-dependent, relationally-challenged society. For example, as a White male I do not have to worry so much about taking on psychiatry; people expect me to take a strong position in defiance of something. It is considered part of my birthright to have an opinion, within reason of course. In fact I am expected to be "reasoning" to a fault, at the expense of my emotions and my relationships. Even when taking on a juggernaut like the profession of medicine, I will not likely be interrupted. And while I may be ignored as harmless, a person of colour who took my positions might be considered quite opinionated, a troublemaker, and possibly dangerous, however reasonable they sounded. I also know from conversations that a person of colour might also need to take into account other cultural obstacles that I blithely disregard as a White male. Indeed, Whites often "act up" in public, doing things their parents should have told them not to do like eating with our mouths open. Of course, unseemly behaviour is exactly the sort of problematic that makes even Whites targets of the helping industries, so "too much" rudeness or indiscretion may provide the evidence of behavioural disorders.

This is not to say White privilege is not advantageous or useful. Indeed I sometimes show people how it is performed, hoping it is transferable. I recognize this is didactic, but then the

question of relating norms across culture is not simple. If it is impossible to know another's ways, why have we tried? Why do we let some succeed and not others? This is why for me Wise's (almost bellicose) rhetoric is instructive. If he is communicating to Whites as if he knows "Whiteness," especially from an antiracist perspective, he is doing a great job of rocking the boat not only as a White but also as an antiracist. This is itself an indication that he is willing to take risks, and there can only be partial rewards for crossing lines of culture, so he is breaking the ice, as Westerners say.

If a person who has not been psychiatrized were to do what Wise is doing on behalf of psychiatric detainees, she might invoke the idea of a great stupefaction rather than a great debt. Imagine the tranquilization or lobotomization of an entire culture, she might say, and no one noticed. How would we shake off this silence in order to help people out of tranquilization? She might demand, perhaps softly so that her audience listens more closely, that "sound minds" need to awaken themselves too, and indeed recognize their "sane" privilege. For example, the wise man's emotional stealth is a privilege, and his pretended access to reality is actually dismissive of others' perceptions. This soft-speaking ally might have the audience remember the last time someone smirked at an unwanted behaviour, as if the smirk proved one's maturity. This is immature behaviour, she might chide. And she could foil the sanist retort that calling people on misbehaviour is necessary to communication and mutuality by saying, again softly, that to be in control in an unjust world is to promote injustice. Who is totally reasonable when doctors drug children as young as two years old? But Mad people have no Tim Wise ally, though antipsychiatrists declare their profession has erred in calling madness an illness. What inspires me about Wise is that he is willing to check his own privilege in a world that wishes to appease him, cater to him, and prevent him from connecting with the those who could help free us all.

I might not notice the difference between psychiatry and the banking system if I were a person of colour or still unemployable. But as psychiatry is so far behind in addressing its own problems while it tackles us as problems, it can assault even the most dominant bodies in extremely destructive ways. What complicates this, however, is that minorities including people of colour find themselves outsiders in "mainstream" industries and may end up working as psychiatric workers or therapists. While it is possible for people to be excellent listeners in the helping professions, I hope there will be more people of colour who recognize psychiatric work as oppressive because, too often, medicine hides its abuses in the rhetoric of care. My own family succumbed to such rhetoric because we had no power to question it as immigrants. Yet even Whites have long been dealing with the cagey work of "madness" doctoring, largely because "madness" is a category that can be changed according to whim. This is the very problematic of defining, through racist and eugenic practices, a person as "lacking," "broken," "difficult," and so on. There is no "sense" that a person might be making sense of reality while exceeding common sense.

I recognize that my privileges have allowed me to come this far from the position of the lowly mental patient, and that academic work allows more people to consider what I am saying. But it is not useful against my ignorance of cultures other than my own. This introduction attempts to unpack some of my own privilege, and relate it to what I have understood about racialization and colonial displacement. Psychiatry certainly impacts on people of colour differently than Whites, who for the most part are more like their psychiatrists and have resources to smoothen the experience of being psychiatrized. Esmin Green in the United States died waiting for services in a hallway at King's County Hospital in Brooklyn. As a Jamaican-born mother of six, Green was probably ignored as being less important than other patients. Psychiatrists discussed this as a lack of resources (Graham, 2008), which discredits Blacks and

psychiatric survivors who protested her death as an oversight "waiting to happen." There is also the story of Cinderella Allalouf, a Jamaican-born Canadian forensic mental patient who died shortly after childbirth while detained on an all-male ward (Fabris, 2010). As a White survivor, I have the privilege to say something about these deaths, about the decreased mortality of people put on neuroleptic "antipsychotics" (Whitaker, 2010), but I cannot communicate these problems without the interest of people of colour.

Mass druggings and coercive practices are not restricted to Whites in Western nations as Watters exposes (2010). Psychiatry is globalizing. The trade in madness began with Whites, culminating in the Tiergarten 4 program in Nazi Germany (Friedlander, 2001). Mental patients and physically disabled people were murdered in a preparation for Jewish and racialized Europeans in the Holocaust. Considered "life unworthy of life," mental patients were killed "for their own good," while in Canada and the United States they were sterilized out of pity (even social progressives supported sterilization). As medical science gained wider acceptance in its narrative of what went wrong with the individual, with no attention to the societal issues, Europeans grew accustomed to eugenics. Those few mental detainees privileged enough to study this phenomenon do not forget who we were made to be.

Perhaps it is not the sight of us but the sign of us that makes us targets of eugenics. The apparent meaning of our unmeaningfulness brings a ready sanist to mentalize us, to explain us away, and to depoliticize our rights. Our "incommensurability," as my friend said recently, rather than our "unsightliness" when we violate or embarrass, make us amenable to corrections. Indeed, why would something like nudity be surprising after its first appearance? Nudity is soon coded, transforming our surprise into an easy indifference. The "psychotic" who was considered absolute evil, dangerous, and frightening becomes the mental patient who is made docile,

tedious, and unaware of her own meanings. As Prendergast says, madness is tedium rather than brilliance (2008). As if in a game that proves the value of the explainer, the patient is asked if she would prefer electroshock to drugging. To say no is to be sick, to say yes is to admit being sick. This abuse is not a frontal attack. Unlike police brutality, the psychiatric stare anticipates all forms of address in order to function as it does. Unlike violence that expects only resistance, sanist theory provides a way to mentalize rather than physicalize oppression. Our "behavioural" incomprehensibility makes it possible to demotivate, tranquilize, render peaceful. This explains why the psychiatric survivor movement has been one of the last to be considered "political." What privilege do I have if my prior "incapacity," to use the legal term, means I am not viable or dependable?

This brings me back to other forms of commensuration between movements, especially appearance. People ask me "where are you from?" After hearing my Anglophone language and Ontario accent, they still guess at Mediterranean, Arab, South Asian, and even Indigenous backgrounds. Is it my nose, my eyes, my skin, my hair? "I'm Italian," I say helpfully. When I reveal my Italian heritage, their expression changes into one of recognition, like they know me. My heritage tends to make my non-privileged status as a "mental" seem explicable too, or sometimes not so important. After all, Whites are overrepresented in You Tube videos about ADHD and other worries. But Italians partook of imperialism in antiquity and also in the years of unification and during Benito Mussolini's fascist regime. "Sicilian or Calabrian?" they ask. "Friûlian," I say. Friûli Venezia-Guilia, northeast of Venice, is an autonomous region with linguistic differences from the rest of Italy. Most of the area was annexed to the Republic in 1866, though some parts to the east, Trieste and Gorizia, were annexed after World War I. Most of the people there have light complexions, and as a child especially I was seen as "dark."

I have thought of Friûlians as minority within an Italian minority here in Canada too. But regardless of Friûli's poverty as a march between empires over the centuries, it played a part in fascist Italian imperialism. Despite my darker skin and broader features, my family has played a part in Canada's colonialism. And despite my mad-conceived life, I am playing a part in the ethnographic study of experience. In other words, even if I try to particularize my Whiteness, I am not that far removed from Canada's first settlers, from nationalism, and from professionalism. I am embedded in oppressive regimes. By theorizing about "madness" in culture, I am relating psychiatry and Western madness discourses through antiracist thought not to inform First Nations people, Indigenous peoples, and racialized people, but to relate and possibly ally with them in addressing psychological hegemony. However, by doing so I am trying to make understandable abstruse ideas that once provided for euthanasia. So my protest is a kind of minority within anti-oppression work, and my tools are amongst the masters' tools.

In working through my positioning, I came across a website that addresses Italian ethnicity, colour, and race (Sciorra, 2007). It reads, "Race has long been a factor in Italian identity. After national unification in 1861, northern Italians racialized the South as a land of lazy, violent, criminal inferior people. 'Africa begins at Rome,' is an old adage still heard today in Italy." My father used to remark with self-satisfaction that he did not cook with tomatoes, and was not interested in southern recipes– until I dated someone from Calabria. As a youth I used to marvel at this. Thomas Guglielmo (2003) explains that, unlike the Irish who had earlier fought to be recognized as White, Italians were later declared White "on arrival." They imbibed of privileges given to Irish, Scottish, French, and other northern European nations by Anglos, privileges that denied Asians, Hispanics, and Blacks their rights. So in terms of race, before the second European "world" war, Italians were raced not as Aryans or Anglo-Saxons, but as North or South Italians, while East Europeans were classified "Alpines" or "Dinarics," and many

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southern Europeans were called "Mediterraneans." But we were coloured "White." Many southern Europeans appear "Brown" like some Arabs and South Asians, so there are differences in how Italians are treated amongst lighter skinned people (I was taken to be an Arab by an irate driver during the 911 "attacks" and told to "go back to my country"), but all European Caucasians have privileges that Brown folks and other minoritized people do not enjoy.

Guglielmo's (2003) study shows that it was northern Italians' racism that pulled us into North American race conflicts. The first Italian migrants in the later part of the 19th century were all northern and generally well-disposed to, and even mingled with, Black and other racialized people. When darker southern Italian countrymen arrived, northerners grew ill disposed towards the Other. In Toronto, Italians participated in racial conflicts against dominant groups, such as at Christie Pitts in the 1950s. Nevertheless all colonials were put to work building a White supremacist nation, hiding our violence within narratives of manifest destiny and the ethics of work (if not the equity of labour). But we are all in some relationship with the people who came before us, who lived here in relative harmony with the land. Thus, my Italian immigrant position is complicit with colonialism that was first imposed on First Nations, from Columbus to the present.

I might compare this to people who invoke sanism to ridicule us, a move which depends on a claim, an identity of sound mind that is not overtly articulated. But by overtly claiming to be Mad, I can no longer simply be undefined. Having defined myself as Mad, using sound language, I must address the internal conflicts within this culture, such as between myself and racialized or gendered survivors, or between survivors like myself and self-professed users or consumers of mental health services. The latter seem to me "privileged" in their adoption of accepted views on "mental illness," but they are also suffering iatrogenic impairments that I do

not worry about. Otherwise, survivors are "privileged" by dominant, ableist "get over it" views on emotional distress, and yet are stigmatized for holding sociopolitical ideas like cooperative spaces and practices that make us appear "mad." So there are complexities within and without a Mad polity.

How can I address the issue of sanism given my own pretense to sound mind? I must address my own mentalist privilege through my experiences openly, directly, in a personal way. I believe that unlike critical and semiotic projects, which reflect on texts primarily, self-inquiry allows for direct experiential reflection without eschewing rigour, such as in Conle's "narrative inquiry" (1999). Indeed autoethnographies (Ellis, 1995; Ellis & Bochner, 2000) provide for a rendering of what we perceive and read through an ongoing orientation of our bodies (Ahmed, 2006). Narrative allows for a conceptualization of our connection between bodies and texts. The narratives of survivors like Janet Gotkin are most instructive (Gotkin & Gotkin, 1975) as appeals from everyday lived experience rather than texts about text, and about our experience as political. It is not that these experiences are constructed without texts, but that our bodies are and enact any system, whether or not we describe it as "text." What can I relate of my own experiential knowledge in this highly textual process of narrative?

Perhaps it is most important to relate my experience to others. Let me start with a quote from Toronto author Shelagh Lynne Supeene's autobiographical book, *As For the Sky, Falling* (1990). In this book she tries to explain the experience of her presumed illness in such a way as to remember her actual experience, whether or not this is contradictory or impossible.

> Within a few months several other things happened too. I began to hear a ringing sound almost all the time. It sounded like a phone ringing, and sometimes it was really loud. The air shone, often golden, semi-solid, like clear jelly, and seemed to offer the same resistance to movement that water does when you walk through it. Other things glowed– people's faces, objects– very pretty, but distracting [...]. (Supeene, 1990)

This description immediately moves me, my heart, and my thoughts. It moves my nerves, my hands, as if anticipating something. I remember aspects of this textual recollection. It moves me as a person to think beyond the explanations I have been given for this experience. I remember the wonder of seeing "shining" air, years ago. It moves me to write, because these are the wonders we should all share. But then a barrier arises: how is this text understood by people without that experience? How is it understood in sanist texts? Does it provide an example of experiences for the sanitization of psychiatric work? Does it participate somehow in the psychiatrization the author abhors? Is it romanticized as somehow too wonderful or too bizarre an experience?

Supeene is relating through her body, and memories, as they occurred in a certain place. That place, as I will argue, is not only a location; it is a memory. Memory relates to the social, cultural, and political world. Rather than use disability theory alone, or feminist theory, to consider memory, I use anticolonial theory as a settler. This helps me address the source of interlocking oppressions in the place I live. Thus, a temporal grounding bridges my dominant status and my failed status of "incapacity." This grounding begins in texts through an exchange between colonizer and colonized, which I read in the anticolonial work of Dr. Njoki Wane (2008) and Dr. George Dei (2010). Through privileging local and inter-local knowledge in a conception of narrative education, Wane and Dei theorize Indigenous thought without turning to universalities that would imply metaphysical orientations (personal communication, October 27, 2009). Thus the question of story, history, and place is central to Indigenous anticolonial thought without it being "essential."

While I do not share the same history and culture as Wane or Dei, both of whom are Indigenous scholars, text as a story provides for inter-cultural sharing. Indeed, Conle showed us

this in her cross-cultural educational research based on the work of Connelly & Clandinin (1990). I embarked on narrative as a premise for inquiry, rather than, say, using language and semiotics as an approach. This occurred to me while studying Dr. Tanya Titchkosky's (2003; 2007) phenomenological sociology. It seemed to me that the crux of "madness" discourse was not necessarily a matter of deconstruction of meaning at the level of text, but at the level of story, as in Ricoeur's (1981) hermeneutics. Conle rooted her hermeneutics in Georg-Hans Gadamer's (1979, 1984) theory as a way of understanding "the story," from Aristotle to the present. Thus autoethnographic narrative inquiry relates stories as stories. Such inquiry has the possibility of working through disability (Couser, 1997; Shildrick & Price, 1999) as a locus of identity as well as meaning. The story, and the hermeneutic circle, and the horizons we find, all relate more closely with anticolonial and Indigenous thought. In anticolonial scholarship, story is more than a medium for representation of experience; it is a condition for social relations.

Arlo Kempf says, "My entry point into anticolonialism is through a critical analysis of whiteness privilege – a privilege that interlocks and intersects with a number of other markers of social location and position including gender, ethnicity, sexuality, ability, and geographic/immigration status" (2009, p. 20). Kempf helps me recognize my White privilege. But ability is not the same as capacity, and so an analysis of privilege returns to the framework we use to understand politics (i.e., logic, reason). Political issues are routinely made secondary to the "health" of the self in psychiatric theory. When we conceive colonialism as psychological ill we partake of an individualizing narrative that may seem to rebuke the oppressor and his tactics, but as the oppressor has developed this tool it may backfire and lead us away from collective action. Thus racialization and colonialism are easily sidestepped in postcolonial work that takes up the "psyche" as primary, and by fiat its individual problems. "Alongside my White-guy enthusiasm for a multicentric approach," Kempf (2009) reminds me, "a quick caution is worth

repeating: Race is too often the first casualty of a multicentric analysis" (p. 30). How do I attend to both race and madness; are they the same "issue?" And can I centre Mad people's thought without getting lost in madness discourse?

Is there not a simple difference between the mental patient's plight and that of the colonized person? Fanon's work (1967) suggests otherwise. He certainly used psychoanalytic theory, though hardly in the same way as White psychoanalysts in the West. By pathologizing Western society, Fanon was not some psychiatrist invoking his power over "patients." Fanon's work was anticolonial. But George Dei provides a language for anticolonial work not in the image of any particular form of analysis, as Kempf shows.

> Anticolonial and antiracist education theorist Dei argues for a radical and important reconsideration of the notion of the "colonial." He writes: "[Colonial] refers to anything imposed and dominating rather than that which is simply foreign and alien" [Dei, 2006: 3]. This is a departure from previous conceptions of colonialism constituted simply as various forms of territorial imperialism, or of state or cultural control through direct and/or indirect mechanisms. This radical reformulation allows for the recentering of objective assessments of power relations, of the myriad ways which colonialism has shed its skin only to reemerge in a new form – shape shifting to accommodate the needs of the colonizer (newly and broadly conceived). (Kempf, 2009, p. 1)

Dei provides a means to understand impositions on new grounds. There is room here for a theoretic grounding without mentalism and sanism, and without so much restriction on imagination as a result. For example, Dei says about antiracism in an interview that there are many histories to be reclaimed, that past and present interact, and that reflecting on our complicity is necessary to recognizing these histories together.

> I see this reclaiming and recalling of histories as part and parcel of my decolonizing and spiritual journey. Historical memory cannot be replaced by some historical present, neither can they work independent of each other. Histories of the present and past alike are not discontinuous moments, being compartmentalized and being fragmented, but more so historical moments are always in relation to each other. As I have said many times before, Marlon [speaking to his interviewer], memory is always constituted through the land, time, and space relations and importantly through the body, and that

decolonization is about critically engaging with these historical moments to make sense of the many complex colonial disjunctures and conjunctures alike. [...] decolonization is about being self-reflexive; decolonization is about implicating the self within colonial geographies. (Dei & Simmons, 2010, p. 118)

The process of decolonization involves questioning ourselves and our complicity. The experiences of the mentalized "patient," or psychopolitical detainee, are not deferred to therapeutic objectives. Without working from a psychological "trauma" figure, Dei, and later Wane, works from an integrated conception of the self and society.

How does decolonizing speak to the process of psychiatrization? Anticolonial thought disturbs universalizing Western (Linda Smith, 1999), institutional (Dorothy Smith, 2005) projects, including sanist (Birnbaum, 2010; Fabris, 2011; Perlin, 2000) constructions of "madness" medicalized as psychotic disorder (Bateson & Ruesch, 1951; Foucault, 1961/1965; Goffman, 1961; Scheff, 1967; Szasz, 1960). This incommensurable disturbance implicitly decolonizes (Linda Smith, 1999) academic sanist texts by invoking non-hierarchical, relational approaches to conflictual social relations (Dei, 2002), especially distress and difference psychiatrized or medicalized as behavioural disorder. Such mentalization of inter/subjective life depoliticizes social space by impelling normate (Garland Thomson, 1996) subjectivization (Foucault, 1972). A Mad people's consciousness is a reflection "on our own" (Chamberlin, 1978) embodied (Ahmed, 2006; Titchkosky, 2007) social history (Reaume, 2000) and culture (Gorman, 2011). So this writing draws from prior attempts to destabilize reductive categories, through communities in flux and their own cultural knowledges (Bower, 1994; Chandler, 2012).

Following Njoki Wane's anticolonial pedagogical work, this writing rests on three theoretical pillars: experience, narrative, and place. These concepts are rooted in tacit and "vernacular" ideas, which philosopher Emmanuel Chukwudi Eze calls "rational" (2008) and which are based in experience. I use "rationality" as a Mad writer to bridge, in a narrative way,

the chasm between Western ideas that demand "sense" with common experiences of contradiction, confusion, or distress. This bridge can be expressed as an appreciation rather than a totalizing or essentializing cross-connection because it is situated in a person's place. Rationality becomes a *defense* of experience, narrative, and place (rather than a therapeutics for controlling distress). Experience (tacit awareness) is related in narrative (memory, representation) by location in a place (in context, through interaction, between us in polities).

The first pillar, experience, is difficult for me to discuss without... living. Experience is a condition for thought, and may actually *be* thought, which returns us to its conditions. Like the self, which intones a "social" field, experience indicates brain, body, birth, and being in its generative continuities. While the term has a Western philosophical history linked to empiricism in research (e.g., "learning from experience"), it is also conceivable as a self-defined "way of being." I tend to consider it a field of relations, out of which spring grand narratives including individualizing psychology and metaphysics (e.g., desire and intent). But this is not to say I consider it "self-consciousness" or "history." The work of John Dewey (1934/1998) attempts to theorize the idea of experience more directly, but I imagine experience as a condition for event or story that cannot be known directly because it is "living." In some ways this is a limiting definition: how can I conceive of what cannot be conceived, or live in a life that is living in me?

The second pillar, narrative, which I have introduced above, brings together critical disability orientations to madness discourses, Western conceptions of the story as a ground for knowledge, as well as anticolonial theory regarding politics, land, place, memory, and dreams. As I have said, I use narrative not only to represent readings, especially as some are left in exegetic form, but to represent my reading over time, and denoting the temporal nature of knowing. Autoethnographic narrative inquiry allows for a personal reading of

psychopathologizing texts, as well as cultural and theoretical texts that address such relations, in the moment of encounter, such as the field notes described by Sanjek (1990). Thus, while my narrative seeks to privilege experience as something that conditions text, I reintroduce texts quite consciously as the basis for my narrative; I reflect on texts in an everyday rendering of texts. This is my narrative move, one in which I do not force definitions or calculated edits in composing "the moment." I try rather to write as I feel in the moment, in a personal way. So autoethnography is invoked to move between analysis and experience, in a way much like autobiography which Todorov (1981) describes as not fiction but not non-fiction.

The third pillar is place, a space remembered, a life that sings, a resistance to imposed ideas. Place allows for an inquiry through cultural texts that is informed by a remembered body. From a Mad politic relating with antiracist anticolonial thought, I work out a Western White cultural perspective to read through psychiatric and other texts to anticolonial readers interested in "mental" impositions. It is through the integrative antiracist feminism of Dr. Njoki Wane that I consider oppression as not "out there," or otherwise "in here." It might be "between" if its presence were assured. Culture is shared, though sometimes we must find and refind it with a gentle regard for our limitations. The power of "not knowing" is integral to Wane's work, and it has been instructive for me. For example, how do we grasp oppression yet not oppress others in doing so, when it is so pervasive? As she says, "The question is not how do we change the enemy. The enemy will always be there. How do we live with the enemy?" (personal communication, 2010). By this she does not mean to relinquish our struggle, or impose the unknown, but to live and relate openly without capitulation. In my notes (November 14, 2009), I reflect on the question posed to us by Dr. Dei, "Can Whites decolonize themselves alone?" Indeed, the process of decolonization, as any dismantling of forced relations, must be done with others and there is no simple plan.

What is a Mad relation (Fabris, 2011)? The mentalized (the "mentally ill person," the "schizophrenic," the "depressive," the "anxious," the "obsessive," the "addictive personality") have often been used as tropes in the battles for/against psychiatric power and theory. This research seeks to think through those stories at the level of political and cultural theory. A major problematic when considering stories of detainees is not only that we have been led to believe reductive theories about our own experiences, but that our brains have been violated in order to impose those stories.[15] When thinking or experience is halted, broken, marred, interrupted, by external force, broken narratives emerge. But the survivor narrative is not an overcoming-of-disability narrative, nor a hero myth, nor a story of mad transcendence as in some quasi-spiritual writings by psychiatrists. It is a political narrative that is excised through theories of madness.

Psychiatric survivors (Morrison, 2005; Shimrat, 1997) champion non-professional supports (Chamberlin, 1978) in struggling to recover (Deegan, 1988) our stories (Costa *et al*, in press), especially in "psychosis" narratives. "Psychotic" stories are now being reconsidered for their content by professionals as a therapeutic tool (e.g., Hornstein, 2009; Thomas, 2008). But a hagiography of "patient narrative," moving towards "narrative therapy," misses the story of our common struggle. What seems to occur when we centre the "problem" of psychosocial or psychiatric disablement as an overcoming narrative, a "recovery" from madness narrative, is that political history is avoided. But while narrative and language cannot be restricted to politics in a

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[15] There are narratives by people who have been psychiatrized and feel it was in their best interests, and some even champion forced treatment. For example, after years of living on the streets, a gentleman is imposed upon with phenothiazine drugs and now swears by them. But he says his drugs ruin his body after a few years, and he has reduced his dosage to about a hundredth of its prior dose. Given the low efficacy of such drugs in the long term (Whitaker, 2010), especially compared to 'psychosocial' supports (Mosher, 2000), it is interesting to note that no study has been done into alternative explanations, like "placebo effect," or the benefits of abiding by coercive practitioners' demands, or the need for social attention, or the increased opportunities of patients who comply.

phenomenological, critical, or semiotic approach, they can be centred on a politics of language, place, and memory in anticolonial thought. Without such a move in a mentalized space, self-determination would be taken up as therapy, or therapy would be taken up as politics. To insist on survivors' turning to the social, the political, is not a matter of narcissistic autonomy but of mutual political recognitions. Du Bois (1903) explains that the struggle for life is bound up in the struggle to recognize oneself as living, as sentient, as valuable, and this is not simply a process of normalizing oneself, but is already active when the body resists force. Anticolonial thought provides a way of relating embodied resistance as political.

# Chapter 1: Experience

*"Emancipate yourself from mental slavery, none but ourselves can free our mind."*
*Marcus Garvey, 1937*

The rest of the dissertation will be made up of reconstituted journal notes. Each chapter after this

one, and each section, will begin with some introductory comments on how these notes are

assembled and for what reason. These comments will be set off in brackets. Otherwise, this

research is committed to using as much of the original "field notes" as possible, though some

modifications have been made for style. This methodological commitment is related to the issue

of how we remember, and how our texts or thoughts are re-remembered, which goes to the

question of how "delusion" is perceived.

This chapter begins with questions about "experience." Beginning with "time," which is

indicated throughout using numbers in a chronometric configuration, I inquire about the way in

which experience is divided into "experiences," especially within an activity of thinking or

reflection, and between us in "education." Thus theory becomes a sequence, the "story," which

implies a set of relations within and beyond "text." Dewey provides a way of understanding,

from a psychological view, this constructedness of temporality in our rememberances.

> Experience occurs continuously, because of the interactions of live creature and
> environing conditions involved in the very process of living. Under conditions of
> resistance and conflict, aspects and elements of the self and the world that are implicated
> in this interaction qualify experience with emotions and ideas so that conscious intent
> emerges. Oftentimes, however, the experience had is inchoate. Things are experienced
> but not in such a way that they are composed into an experience. There is distraction and
> dispersion; what we observe and what we think, what we desire and what we get, are at
> odds with each other. *(Dewey, 1934/1998, p. 40)*

In my work, I define experience very broadly, like a plasma or an unknowable space upon which "experiences" emerge and are named, cohere into stories, and are written into material histories. Thus experience is addressed epistemologically as the condition for what is normatively considered "event" or "experiences," but is often discussed in that normative sense as well. Social theory texts move me from the ontological questions of time and experience to the "personal" realm, and self-writing, in which experiences are moved metaphorically and physically, such as by pushing a pen or tapping at a keyboard.

> A guiding hypothesis is that the self is given content, is delineated and embodied, primarily in narrative constructions or stories. If we can substantiate this claim, then the self is perhaps best construed as a character not unlike those we encounter almost every day in novels, plays, and other story media. (Kerby, 1991, p. 1)

This transformation of experience through a text medium presents the "ground and figure" of socius and self rendered as a temporal "event." That is, storying begets a singular story. Event, the fragment story, conditions a shift, break, or interruption, which inevitably points to prior and later "histories" made of ever more events. And these tell us about the self in society, which are conceived from what coheres from the condition of experience and its temporalization.

> The experience of marriage, of immigration closely following marriage, of the arrival of children, of the departure of a husband rather early one morning, of the jobs that became available– all these were moments in which I had in fact little choice and certainly little foreknowledge. I had little opportunity of calculating rationally what it means to have a child, what it means to leave your own country and live among strangers, what it means to be married, and how each of these experiences would be a major transformation. (Dorothy Smith, 1987, pp. 65-66)

"Time" acts as both a foundation and foil to the "first-person" story, the interstitial moment of "relations." It ends within memory, ever-changing as it is, partial as it is, and its resting place in the land that sustains us.

This chapter finds a place for story through people who attend to the land, but problematizes my relationship to such localized knowledge as a settler colonial. To begin with "time," this journal entry and those that follow to the end of this writing allow for weaving a narrative about experience by combining fragments atop other fragments. In this chapter, such fragments attend to the following qualities of experience in sequence: self, reality, interaction (education), reception (listening, which is so important to psychiatric survivors), culture, and then difference, its place, our interpretation and memory. I attend first to Western writers that have addressed what I once took to be central questions (e.g., "consciousness," "intent," "meaning" in stories), and by the end of the chapter move to balancing this Eurocentrism with anticolonial and Indigenous texts.

Thus begins my journal, arranged in a way to convey the ideas in this research. Each entry in this series is labelled with a chronometric date-time number. Again, this is to draw attention to the temporal system in Western culture, signifying an event's relative temporal "position" among others and within a continuous flow, though this is by no means a proper temporal model; it suggests how the common chronological model evades epistemological issues. The following entry, which is pockmarked with bracketted text when the "present" author needs to intervene, was narrated on August 6, 2009, 6:55 pm. I use a Western "astronomical" or "24-hour" figure, so this entry is condensed from 2009 years, 08 months, 6 days, 18 hours, and 55 minutes, to:

20090806.1855

[Note the use of text in brackets always indicates a "present" writing. At all times such interventions can be read as flowing with the older journal text, but sometimes an editing note like this one will be used at the beginning of a subtitled section with all punctuation left inside,

indicating it is not meant to be read as part of the old text but to introduce it. Sometimes I have

changed a word or added punctuation to the older text itself, where the original meaning was not

sacrificed. Otherwise, I always used bracketted text to improve clarity, such as by replacing or

adding words. Sometimes I use ellipses in brackets to erase material. The following text is an

example of how older journal texts might be modified:

> This time, in 2000, I am writing [to explain] what I wish [...I] was already here in
> the text [...]. That means [I am going to write an explanation about what I want to write as
> if it were 2000, in order to explain it] because that is what I need to do right now. [...].
> [T]his does not mean I am going to write everything I think [*sic*] but will try to write
> what I can [e.g., am able to write] [...].
>
> [...].

Note that a [*sic*] was inserted which is not part of the original text or its meaning. This reflects an

instance in which bracketted text is used as an editorial note rather than as edited journal text.

End of introductory note.]

[Scratch notes:] centring into the body, perceiving more, multiple perceiving, interruption,

communicating (and feedback), orientation during loss/confusion, dealing with extreme distress,

asking for what kind of help, divining the right kind of personal connection needed, slowing the

process (sleep/exercise, eating/cooking, focus/play).

[Narrative notes:] In academic literature I find frameworks that might mirror my own, or

better [improve] some of mine, and yet I've not found a literature from a patient [survivor]

embodiment that speaks to me, that for example deals with madness as experience, except for

[what] Geoffrey Reaume, Oryx Cohen, Linda Morrison, and a few others have done with life

narrative of the mental patient. Yet autobiographical narrative still has to be reconciled or

theorized within a contemporary framework, including identity and community politics, and that means dealing with who I am [the subject as autoethnography].

As a Mad activist and scholar [...], Mad means taking up space as a body that is regarded as having no mind. It means taking up subjectivity where there was none. This rather opaque display of a collective polity (polity of one, if I discount friends who would support this) is meant not only rhetorically but really, or I would not have put it into a dissertation. It means a social or societal marker for some like me who refuse to accept that madness is chaos, disorder, violence, and all the other disaster tropes thrown at us from a few unfortunate events, many of them caused by the cure. If this is all I can take up in my response to madness discourses in our society, I may have [performed] almost nothing except the negation [i.e., refusal] of untruths that will haunt us again and again. While it is necessary to remember, and forgive, especially oneself, it is also necessary to live a life beyond the perimeter of one's studies. The object of "madness," or the discourse in madness, and my Mad reflection, are not a simple thing.

Rather than deny that objection to a Mad people's consciousness, the objectification of behaviour for pragmatic purposes of "care," lets enjoin it, beckon it forth, and let it speak to us as beings, becoming as we are, who recognize in our experiences something more than disorder.

20090209

My experience, in a simple sense for now, of what has been called hallucination and delusion, thought disorder and "word salad," or the ravaged mind of psychosis, was not unlike my experience of any other life transition, including love, or learning, or culture. [Affirmed in a closer inspection of diaries on 20110818]. It had its highs and lows. It was a necessary experience for me because without it I had less understanding in my life (of chance, change,

chaos, and order of course), which was so dramatically affected by my mother's "madness" and resulting psychiatrization before I turned three.

Did I howl at the moon, or run naked into the street, or jump from a building? These images of "psychosis" tend to suggest a zombie [i.e., mind-less] state. I have read the self as a sociological entity, merely to ground the legal-historical-philosophical questions I have about involuntary psychiatric interventions. These questions range from what is understood as the rights of the individual, capacity, and ultimately agency in structures that continue to devalue individual stories including the psychiatric survivor narrative of abuse under involuntary toxic or electrical brain assault.

There are questions I have about these legal codes grafted onto bodies through the functions of state, and also the metaphors in that language, which give us polity. But the point I should make is that what is negated as "imagination" is invoked in play. The idea of free play, in Gadamer's thought, is an "event-full" nature of understanding which, as [quoted in] Steven Smith [(1993)] suggests in his hermeneutical work on memory, is a reaching back to its origins in childhood memory.

20090419

Just to be clear, I do not think that because delusion or controlled confusion is voluntary (i.e. in some cases *not* brought on by distress or danger, let alone some unfathomable condition) that it is not affected by outside forces, and is not itself bound up in polity and the social. We must speak for ourselves as "crazy" or we will be spoken for, as Szasz warned, and my internal confusion (without psychiatric drugs; I can't say what it would be like [while] on them) I can resolve into increasingly social questions. This is not a psychological or constructivist model of subjectivity or consciousness, however. The narratives of the fragmentary (yet seemingly

continuous and constituted) subject are not shards or objects found in aggregates as self. They are interpretted together, in the hermeneutical sense for example, but also in the everyday sense (see [Dorothy] Smith, Eze), through extensive transfusion, such as by tacit knowledge making. The narratives that cannot be conjoined make up false or, politely speaking, contradictory (i.e., "absurd," or "crazy" for proud sanists) narratives. And finally those narratives not construed as narratives, but which evoke something uncanny, ever-slow or -fast in sanestream time, something almost unheard, are the cries of my friends. Their laughter on other days also helps me breathe.

20110118.0241 (two years later)

Structure in stories, dreamtime shells, and madness discourses... [Tsvetan] Todorov's [(1981)] immanence in stories... Making up our lives as we go along... Structure as a fluid for structuring experience: immanent storying in the academy...

[...].

There is no way to do autobiography. And there is no simple way to do autoethnography. It just is.

Self is a finite and repeating (self-reflexive, immanent) account of its own production. Otherwise it is not [social].

What I encounter should be my subject. But I want to encounter things differently all the time, in relation to writing about them at least. At times when I am ready to encounter things, I can't get to a pen, and when I'm writing I'm using a whole history of habits to describe what I could readily communicate under other expectations, or readily feel while walking into the

world. Of course the text has by then become part of the way in which I can and do think and relate to others. But who is to tell what this text is?

> Relating experiences considered psychotic to deflect institutional epistemological violence against mad conceived people?

20110103.1920

I want to read you something.

> Factual judgments are true or false; and in the realm of fact there are rational criteria by means of which we may secure agreement as to what is true and what is false. But moral judgments, being expressions of attitude or feeling, are neither true nor false; and agreement in moral judgment is not to be secured by any rational method, for there are none. It is to be secured, if at all, by producing certain non-rational effects on the emotions or attitudes of those who disagree with one. We use moral judgments not only to express our own feelings and attitudes, but also to produce such effects in others. (MacIntyre, 1984, p. 14)

That quote above was MacIntyre, Alasdair. (1984). *After virtue: A study in moral theory.* 2nd Edition. Notre Dame: University of Notre Dame. [Note that this bibliographic information was originally not meant to be part of the research text, but as it points to the work of research, and the experience of texts, I let it show to imbibe of that experience]. The article relates how, if the entire scientific community were wiped out, and its effects largely destroyed, a neo-scientific movement might emerge from its ashes that had no idea of the rules of science and was not very scientific at all. He questions whether we want to move out of the unfashionable business of facts and truths in knowledge claims. Or perhaps he is really showing us how past languages and ideas are virtually always destroyed in succeeding generations with very different enterprises.

What is important here is that "if at all" means morality is contingent; we might not have to have moral judgments about something if there are no rational methods. If possible, I try not to have moral judgments, but people sometimes insist on me having them. But despite this I want

to be able to be "moral" if need be, in a pragmatic sense. There is no constant state of moral truth

is there? In doubt I find my moral qualms. It means knowing myself and others.

> Growth through freedom, creativity, and dialogue was, for John Dewey, the all inclusive ideal, the greatest good. For example, in *Democracy and Education* Dewey asserted, "Since growth is the characteristic of life, education is all one with growing; it has no end beyond itself." For Dewey, the capacity to cultivate growth was the criterion for evaluating the quality of all social institutions. Dewey believed that democracy was the social structure that contributed most to freeing intelligence to grow, and therefore education should be democratic. Dewey writes:

>> The aim of education is to enable individuals to continue their education.... the object and reward of learning is continued capacity for growth. Now this idea cannot be applied to all the members of a society except where intercourse of man with man is mutual, and except where there is adequate provision for the reconstruction of social habits and institutions by means of wide stimulation arising from equitably distributed interests. And this means a democratic society. (DE, p. 107)

> This essay will develop a theory of listening in democratic dialogues inspired by the work of Georg-Hans Gadamer and Dewey. The theory requires that we acknowledge a prominent role for risking and restructuring our social habits in open dialogues across gender, racial, and ethnic differences. [Garrison, 1996, p. 429]

That was the first two paragraphs of Jim Garrison's (1996) "A Deweyan Theory of Democratic

Listening." *Educational Theory, 46*, 4. Garrison seems to prefer Gadamer over Habermas, seeing

him as a liberal, like John Stuart Mill, and he champions Foucault against a sort of "*a priori*

value neutral matrix of rationality within which to evaluate conversations." He goes on to say

that Dewey and Gadamer have their limits too, such as by forgetting embodiment in decision

making processes, and emotion, and habits. That would indicate sanist and mentalist limits in

conceptualization of the person in Western theory. Garrison's work is a triangulation on Carola

Conle's for me [Conle also studied Gadamer, in response to her mentors, Clandinin and

Connelly, following Dewey].

Dewey conceives of democracy as capacitation of many voices, "a mode of associated living, of conjoint communicated experience" (Garrison, 1996, p. 430). It is a logic that depends on "dialogue" (he sees "soliloquy" as "broken and imperfect thought"). [I certainly would not; must we all be in the same room to consider one another?] Gadamer conceives of listening as necessary to understanding (*Verstehen* in German), but says neutral listening is impossible. One finds, in acknowledging the other, that one is conditioned by one's own circumstances, as are others, and one is thus an "historically effected consciousness" (p. 434). We should claim our prejudices, the "fore-namings," and toss aside those that lead to misunderstanding. And so it is between these prejudices and the story that confronts us, both in language use and narrative, that a person circles to and from "relations."

Reading further... the I and Thou of hermeneutics can be put at risk by the sort of understanding that wishes to predict the other, to "understand the other better than the other understands himself" (1996, p. 436), a relationship that Garrison describes as "master- slave." [Through antiracism, I have come to question this relationship in writing, though I recognize it as a recognition of brutality. Is it possible to know brutality by what has been done to another person?] A relationship can also be compromised when one party pretends their prejudices can simply be set aside. And sympathizing can become a way of assuaging. But when we acknowledge our situations within existing systems, we can navigate more freely he asserts.

Garrison quotes Gadamer

"To experience the Thou truly as Thou,"– i.e., not to overlook his [*sic*] claim but to let him really say something to us. Here is where openness belongs. But ultimately this openness does not exist only for the person who speaks; rather, anyone who listens is fundamentally open.... Belonging together always also means being able to listen to one another. (1996, p. 437)

Of course, listening is a process of being together, of attending to one another. It is not a process of individuation by extending oneself elsewhere always, which is what we Westerners try to do as if we were being less self-focused. [These ideas, which Judi Chamberlin championed from the heart, and survivors in Toronto like Pat Capponi as well, are crucial to my idea of "polity," yet they depend on a radically autonomous agency; without it there is no strength to allow for the other to be "Thou"].

I have to say that while Garrison's philosophical conclusions come from rational theory descended of Aristotle (and I respect Gadamer's attempt to get us there [to Aristotle] because of the clout of that knowledge) I am recalling how nice conversations eventually turn back to questions of power. [The issue of Western conversations about seemingly universal institutions must also be checked.]

> While Gadamer does not connect the notion of horizon or its opening up and expansion with progressive education and democracy, Dewey's ideal that all social institutions should sustain growth allows us to do so. The more varied one's interests and the freer one's interaction with other social groups different from ourselves the wider our horizon will become. (1996, p. 438)

> By generalizing Gadamer's notion of cultural distance to one of socio-cultural difference [*sic*] we were able to comprehend why we should view gender, race and ethnic differences as cultural assets. (p. 439) [Indeed, as "cultural" at all!]

> Our concern is with the experience of creating understanding. The fallacy is assuming that knowing (judging) is always the primary or most important part of our experience as we strive to understand and create. (p. 440) [Epistemology leads again to relationships.]

> I want to explore naturalizing Gadamer's notion of prejudice using Dewey's notion of habit. (p. 440) [A pragmatist sees limitations not as impediments but as temporary conditions].

> Dewey entirely naturalized personal beliefs (Gadamer's prejudices) as environmentally coordinated neuro-physiological habits. (p. 440)

Whatever our use of Gadamer, as a pioneer in meanings across boundaries in the academy perhaps, consider the idea of education (not the institution) as a mode of representation, indeed as a means of communication, allowing for a relational theory. For Dewey, education [was not something that] should try to rationally deliver a program of knowledge, but should allow for existing (embodied) habits to access "education" (processing knowledges) by relating differences, and by engaging expression and emotion. He says habits or customs are the product of our upbringing, and they relate our language and values. Surprises in life make us wonder whether we need to edit our habits or customs. Interaction often brings such surprises. Dewey does not believe in a reason that does not borrow from habits, thus interaction is reason, or thought.

> When we truly listen everything is subject to reconstruction including the personal as well as cultural identities. (Garrison, 1996, p. 446)

I fear that I am not willing to change everything, but I do accept that when I listen I do change, through my own process of course. [There is however a question reforming: is a loss of cultural integrity or reason, as it were, a form of culture? Violence might be considered a cultural norm. A Mad culture suggests all thought is "sound" in the dualistic sanist sense, so what of aggression? Is it merely difference embodied?] Again,

> Any self is capable of including within itself a number of inconsistent selves, of unharmonized dispositions" [from Dewey's *Human Nature and Conduct*] At the level of unconscious impulse and habit we are always already in a dialogue across difference. (p. 450)

And as educators with students who are different from us in some way, we might utilize these inner contests, though never in the same way [with each student], to provide some of the narrative demanded by our students [which is in keeping with Wane's collective methods of

teaching]. If mind can be "unharmonized" and "inconsistent," then it follows nature in its

polyvalence (e.g., reality as mad or chaotic from the sanist stock terms).

20101209.0323

> There is in effect something that humans are and have to be, but this is not an essence nor properly a thing: It is the simple fact of one's own existence as possibility or potentiality. (Agamben, 1993, p. 13)

> The idea of place encompasses both the idea of the social activities and institutions that are expressed in and through the structure of a particular place (and which can be seen as partially determinative of that place) and the idea of the physical objects and events in the world (along with the associated causal processes) that constrain, and are sometimes constrained by, those social activities and institutions. . . . It is within the structure of place that the very possibility of the social arises. (Malpas, 1999, pp. 35–36)

> Where Agnew in 1987 saw place in terms of location, locale, and a sense of place, Cresswell in 2004 identified three levels through which the idea of place has been approached in geography. The first is the descriptive approach to place, a consequence of "the commonsense idea of the world being a set of places each of which can be studied as a unique and particular entity." The second, the social constructionist approach to place, is still interested in the particularity of places, "but only as instances of more general underlying social processes." The third is the phenomenological approach to place. This is concerned less with either the uniqueness of particular places or the relational social processes shaping and shaped by place, and more with questions of human existence as being "in-place." Distinguished less, then, by precise "definitions" and more by approaches or significant discourses, it is clear that place has a history, and not just in geography. What is less clear is how far this attention to place and its different emphases within geography is reflected within history as a discourse and within the humanities and the social sciences more generally. (Withers, 2009, pp. 642-643)

20110104.0215

The year has just started for me. These pages are the first things I'm writing. I want to develop a

standard of practice for myself in research design and simultaneously application, or theory in

this case, and propose the functions necessary for such an open pedagogy.[16] I'm exploring some

of the theory here, and will continue into the hermeneutics of Gadamer. And this next example

highlights why I'm interested in his hermeneutics.

In Gallagher (1992) [note that this is a limit in my Western conceptual framework: the

discussion about how hermeneutics, once the study of the Bible, then any "text," is a place in

which to finally question how interpretations differ and fall into conflict, whereas deconstruction

takes the story, indeed any text, and finds its internal contradictions in its deferred meanings]:

> In some cases the move to a more philosophical conception of hermeneutics, beyond a
> more narrowly defined textual hermeneutics, has, none the less, been based on an
> expansion of the concept of text. In a certain sense, insofar as the world has significance
> for the human being, the world is like a text which calls for interpretation *[it's weirding
> me out how this text looks exactly like the PDF text I'm copying from in the next screen]*.
> Paul Ricoeur, for instance, indicates in a clear manner this expansion of the concept of
> text: "the notion of text can be taken in an analogous sense. Thanks to the metaphor of
> 'the book of nature' the Middle Ages was able to speak of an *interpretatio naturae*. This
> metaphor brings to light a possible extention of the notion of exegesis, in as much as the
> notion of 'text' is wider than that of 'scripture.'" The accompanying claim is that the
> same kind of process involved in our understanding of a written text is involved in our
> understanding of the world. Accordingly, Gadamer's definition indicates the broader task
> and subject matter of hermeneutics. Hermeneutics examines human understanding in
> general. All understanding is linguistic, and nothing that involves knowledge or seeking
> after knowledge escapes the domain of hermeneutics. (p. 7)

How text and narrative prefigure in this mode of knowledge sharing! Text thus gives us

[Westerners] a mode of belonging. As individuals we crave understanding, and the simplest

forms of this should be made available at the public and educational levels. I think hermeneutics

contributes to education's search for "equity." I have no concern with being a pillar of society

---

[16] Sanjek (1990) explores the use of field notes, which have long been a tradition in social science. Might
journalistic procedures in thinking be more readily used methodologically, for example, to provide for a temporal
procession in thought rather than a fixed statement?

person, or of owning a school, and so on. But I want there to be a space for that kind of listening, as the prior text by Garrison says.

Now Gallagher (1992) is proposing an even more distant version of pedagogy as hermeneutic:

> Even when, at the turning point of contemporary hermeneutical theory, Martin Heidegger defined interpretation as a development or education (*Ausbildung*) of the possibilities of understanding, the educational dimension of interpretation was never further explicated. What Hans-Georg Gadamer refers to as interpretation's "merely occasional and pedagogical significance" is [for him] overshadowed by every other aspect of hermeneutical theory, from textual exegesis to fundamental ontology. [Thus] Gadamer refuses to abandon "the insights of the Romantics, who purified the problem of hermeneutics from all its occasional elements." Interpretation [for Gadamer] is not something pedagogical. (p. 2)

Gadamer holds on to a geometry rather than a topology, a structure rather than a map? Gallagher explains that hermeneutics has a complex history. But I like Jurgen Habermas's definition of hermeneutics [also].

> Hermeneutics refers to an "ability" [*sic*] we acquire to the extent to which we learn to "master" [*sic*] a natural language: the art of understanding linguistically communicable meaning and to render it comprehensible in cases of distorted communication. (quoted in Gallagher, 1992, p. 4)

Though his reliance on mastery and ability seem self-conscious to me, Habermas [could not have pointed out the *ableism,* and likely not the racism, in this stance]. Nevertheless, Gallagher says,

> ... hermeneutics has moved beyond its concern with the written text and spoken word to a more universal conception. This move is reflected in definitions [...] above. These definitions indicate that hermeneutics also deals with nontextual phenomena such as social processes, human existence, and Being itself. Still, hermeneutics must deal with things through the medium of language. Gadamer's suggestion, that hermeneutics must make the things "speak," is reminiscent of Plato's proposal that the truth of things is arrived at by considering objects in the mirror of speech: "everything that is reflects itself in the mirror of language." (p. 6)

[Again, text is the Western construct of meaning-making.] Nevertheless, Gallagher will admit

that language is cultural. "Normative preferences and specific aims associated with interpretation

will influence the definition of hermeneutic principles" (p. 57).

But in terms of pedagogical application, communicative adaptation [...], a lot is said in

the 3rd chapter of Gallagher about pre-knowledge (*Vorwissen*) in Husserl's phenomenology in

which "every experience has its own horizon." "Things" are "in" the "time" they occur or

occupy. We have ideas about what might come over the horizon, or what is, but we work

towards it in a "constant temporal process of revision; it is always finite, temporal, circular; an

incomplete interpretation because of the existential temporal structure of human existence"

(Gallagher, 1992, p. 62). We build up schemes of the world [...] and change them around.

Changeable structures allow us our mistakes and are temporalized in narrativistic terms. Our

preconceptions are allowed some sway. "If fulfilled, the preconception is reinforced and

continues to condition our understanding; if disappointed, the preconception is forced to undergo

revision, which in turn continues to condition our understanding" (p. 64).

But does this pedagogy work? [...] Has it been shown to improve education and learning?

Gallagher demonstrates the importance of supporting fore-structure in education with the work

of cognitive psychologist (blink)[17] Frank Smith, and a study by Bransford and Johnson that

shows people who were given a lead in to a text could remember it enough to prove a correct

interpretation had occurred compared to groups that could not remember it. "The lack of a

specific fore-structure made interpretation and recall more difficult" (Gallagher, 1992, p. 69).

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[17] This blink is an embodied response, but how does it occur in the text? When I feel outwardly resistant, what does
that mean within a text?

Recollection, which Plato equates with learning, is not our connection with a bygone past or with an unchanging eternity; it is our projection of meaning based on our past experience. It is the creation of a context by re-collecting into a unity the experiences relevant to unlocking the meaning of the unfamiliar (see Phaedrus 249b-c). Plato proposes that "the whole of nature is akin" (Meno 81d); likewise Husserl suggests that unfamiliarity is always a mode of familiarity. In interpretation and in learning we simply bring forward the parts that we are familiar with so as to illuminate the part that requires understanding. (1992, pp. 69-70)

[I like:] Teaching is an act of interpretation-for-others. (p. 74)

Learning involves an essential incompleteness of knowledge, a noncoincidence between teacher and student, a hermeneutical circularity that remains open. (p. 74) [Imagine the object as teacher.]

Without operative schema or preconceptions of what is possible, our possibilities would be limitless and therefore meaningless. (78)

The learner is not all-knowing nor totally ignorant. He always has his own preconceptions about the subject matter conditioned by his past experience. (78)

The last words of the article are inspiring in that two [revered] Western thinkers, Gadamer and Habermas, who encourage us to read and create, both indicate that prior experience is necessary to the learning process.

Study: "psychosis" in madness discourse and autobiography. Grounding: narrative inquiry through text: critical autoethnographic reading. Informed by: social history, disability studies, and decolonization theory. Application: rereading psychiatric and other texts to centre on "psychosis."

## "mad"

[This section will work something like a literature review, introduced by some of the ideas and questions that propel me in regards to experience as identity. Then I introduce clinical research

on the physiology thought to belie "psychosis" as it relates to sleep and dreaming, an area of research ignored in most other work on finding a quick fix. I then review some of the literature on dreams and narrative relating to "psychosis," moving to narratives by user/survivors, then "race" as it appears in "mental health" literature. It ends with a consideration of an ex-patient spiritualist's appropriation of Cree knowledge for a narrative prosthesis that explains evil in the world.]

20091218 (two years earlier)

[mad as:] chaos. life making no known sense. life inviting irrationality. caprice. (subjectively speaking, applies to life events or to people; no measurable traits), or

unhinged (no longer using faculties). absurd (not using elementary logic). strange (acting without continuity in many social relationships, becoming "disabled" in social and psychical terms). [used disparagingly: applies to life events or to people; traits are referenced through social functional norms rendering characteristics of "irrational," "unreliable"]

[mad as:] diagnosable. "DSM-able." at risk of labelling (subjectively speaking: applies mostly to people; no measurable traits, only described in study if stigma busting and labelling inform one another)

mad-labelled. history, after all, does not confine us but grounds us somewhere?

Mad: claiming the identity of (a) logical madness. this is a strategic use of liberalism (b) claiming the identity of natural madness, including violence. this is a form of strategic essentialism (c) claiming madness before someone else imposes it (ironic). this deflates madness discourse except when terms are used with credulity (d) anyone claiming madness who is dismissed as not mad for exercising reason in claiming an identity. this is important because it

shows the non-choice in "sanity" or normalcy in disability terms (e) claiming a movement by people who have been labelled and treated for madness (the "psychiatric survivor" or "mental patients" movement).

Madness discrimination.

Definition of mentalism by Judi Chamberlin?

My definition of sanism and delusion?

English dictionary's definition of mad.

Origins of the word mad. (Latin's "to change.")

Political definition of mad conceived people: self-defining group: incarcerated, labelled, and labellable.

Political currency of the Mad movement: passivity, acceptance, marginality.

Political goals of the Mad movement: ways of separating conflicting parties.

Political strategies of the Mad movement: representational openings for public address. All problems are in context to all other problems.

Some problems. Representing: violence, evil, hedonia, narcissism, [all depend on a pretended moral superiority by wiser people]. Representing helplessness, suffering, suicidality, self-abasement, self-shaming. Representing chance-like, aleatory processes of representation as mad.

Some other problems: The common identity of mad people and sanists. We are the ones that don't want to dwaddle in madness. And madness is no easy place to occupy in neoliberal times.

The Mad revolution was [in my writing?] the relegation of the mad label to some level of relativity. The bioconservative model of mental distress is undone by research.

So now, what about actual action? What is the Mad movement [meaning psychiatric patients] doing in terms of action? Not a lot. There is a palimpsest, but thanks to internationally recognized movement meetings and literatures, we are co-writing an identity from which to ground human interaction towards political acceptance. Legal experts have done it all, from Minkowitz to Gottstein to Szegeti and Starson. That is all that is needed for the birth of a cultural movement. But where, how?

I could form a band I suppose. Being a slacker I need reserve energy for other projects. Part of saying what life is like as a madster is understanding the ways madness has already been described. Most of us, even the most ardent adventurers in psychiatric law like Elizabeth Packard, Dorothy Dix, and John Purcell in the UK, define it primarily as mental disturbance, distress, disorder, or disability. Some of us explore its outer boundaries, like in the novels by Kate Millet, Pat Capponi here in Toronto, Debra Anderson, Claire Allen, Janet Frame, Janet Gotkin, and so many others.

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Dreamtime is open when one story is interrupted by another, which leads either to a third other story, or back to the first, which gives us a pattern, a triangulation in research terminology.

20110531.1122 (Two years later).

Yet here I am reading a neuroscientist who denies interest in consciousness expansion through drug use yet feigns an interest in the material (or biological) manifestation of linkable experiences such as dreams, psychosis, and drug induced delusions, hallucinations, dissociation,

and other dream like, supernatural like, delirious like experiences. I sense in my report here the tension such terms bring to each other, a hodgepodge from religious, psychological, and criminological references about a taken for granted consciousness... albeit, the going metaphor on conscious life.

Dude[18] says he wants to bring together theories of consciousness at the brain level to allow for some common sense in approaches of psychotherapy, of course. So giving [are] the neuroscientists. He says he believes in the reduction of symptoms by use of psychiatric antipsychotics,[19] and believes somewhere in the regulation of brain chemicals lies the telling tale of mental illness and that "people we call patients don't have the partial but significant volitional control that many seekers of divine communication enjoy" [(Hobson, 2001, p. 5)]. [Patients] simply need what? Cognitive flexing? Existential training? Or neurochemical prosthesis? He is astute in his analysis of "saints" who use deprivation and its chemical effects to condition experiences now labelled psychotic.

He is going to show these interactions of different conscious states through an examination of the biological evidence from sleep and dream analysis. I cheer him on. I want to have a basic empirical (what he calls phenomenological) relationship to the body [in regards to these supposedly discreet states], even if it is more nuanced than presented in [psychiatric]

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[18] The vernacular attacks the dominant paradigm, allows for the unsaid, which is conflict. What is the nature of my conflict? Is it anger, repression, oppression? Should I simply heal my oppression? Is this form of resistance, anger, simply overstatement? How do I lay out more concrete, more affirmative, more connected ways of resistance? Or is this not the case with anger?

[19] For a critique of this position, see Whitaker (2010).

neuroscience. I want a basic [or biochemical] theory, not to critique it outright, but to critique my own assumptions too.

[...].

When I recall the way I deprived myself of sleep like "the wannabe saint often used voluntary deprivation of food, domestic comfort, and– most of all– sleep to set the stage for inspiring and instructive visions and messages from the Godhead" [(Hobson, 2001, p. 5)], I [accept in sanist terms] that there are indeed links between sleep, dream, and "psychosis," and that indeed in dream analysis we might find something like an ontology to the story of selfhood in our conditions. He goes on.

"Whether the hallucinations and delusions that define psychosis can be voluntarily initiated and terminated [yes, they can...] is another factor determining the value [*sic*] attributed to psychosis" [(Hobson, 2001, p. 5)]. And he wonders about *folie à deux* [presently labelled "Shared Psychotic Disorder"], which has been of interest to me [not because it necessarily troubles biodeterministic racism, but because it reveals the social "sharing" of "psychotic" thought in a potential collaboration].

I am reminded in his style of how I was supposed to write about chemical incarceration with that breezy "we all lie on the beach" writing. "Now that biochemistry has given us mind-altering pills, the modern seeker of psychosis-like transcendence has it all: voluntary control, personal meaning, and the social support of a large subculture. Psychotic experience is, in this case, the very goal of the psychedelic drug taker" [(Hobson, 2001, p. 5)]. [Windy.] Indeed, today, with so much sleep in me, fitted with REM body, but not yet vitamin Bs, I –

[...].

A walk around the building in this glorious light means dopaminergic explosion? "The main point is that whatever the context– including dreaming– psychosis is psychosis is psychosis" [(Hobson, 2001, p. 6)]. I guess now I know. Thus, what's his name (book is... *The Dream Drugstore: Chemically Altered States of Consciousness* by J. Allan Hobson; Cambridge, Massachusetts, MIT Press, 2001, 333 pages), is going to go not to research on MDMA and acid but to sleeping and dreaming. Ok by me!

How smooth is this scientist's formulation: "The human brain [not mind] is conscious. When suitably activated, gated [staged?], and modulated, it senses, perceives, attends, feels, analyzes, acts, and remembers. Moreover, it organizes its activities, takes a running account of these functions in three related and highly abstract ways: first through awareness, second through a sense of a self that is aware, and third through the awareness of awareness. We now have the opportunity of finding out how all these operations are achieved" [(Hobson, 2001, p. 6)]. Lovely.

How will this dude learn the mind's secrets? "Fortunately for the scientist interested in these matters, the attributes of consciousness tend to be organized in a correlated manner, resulting in what are called states. By states we mean syndromes or clusters of attributes. When we speak of altered states of consciousness, we refer to the tendency of consciousness to be at a higher or lower level, to be concerned with external or internally generated data, and to be organized in a linear logical or parallel analogical fashion, and to be more or less affect driven" [(Hobson, 2001, p. 6)]. Well, so much for objectivity[20] (pulled that explanation out not so

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[20] My annoyance (not at the author's assumptions, his pretense of assured science, but at the *text's* refusal to feel) seems quite ironic in an academic work (which seeks some semblance of orderliness). I do not question the standards of academic writing, though I might question the desire to withstand them, but then this 'affective

smoothly for me), I want some semblance of wonder about the object. The dude already [believes] that logic is the highest and most balanced function of the brain. Most brains abide by it. End of story. Maybe we have some "alternate" functions, best left to their unimportant task of buttressing linearity. "Although it seems obvious that there are states of consciousness other than waking, it does seem scientifically reasonable to take waking as the norm, the point of reference to which to compare other states of consciousness" [(Hobson, 2001, p. 8)].

He's not all bad. He recognizes the limits to this sort of idea. "...we should not assume that because waking consciousness (whatever that is) is good at some things that dreaming (say) isn't, that dreaming is an inferior, degraded state of consciousness. Dreaming may be useful in some ways not appreciated. Dreaming is certainly functionally superior to waking in fabricating a virtual reality. This imaginative, autocreative aspect of dream consciousness may be worth studying in its own right– not only as a way of understanding psychotic states as I have often suggested, but also as a way of understanding the highest [most dominant?] functional achievements of consciousness in science and in art" [(Hobson, 2001, p. 9)].

And now he turns to stories! He's hitting all the same gateways as I have, all variables in the search, coming to the same normative conclusions as me, and neither of us is taking heed of the language theorists.... "By isolating the brain-mind, setting it on automatic pilot, and opening it up to spontaneous cognition and emotion, people can achieve a wide variety of goals, from literature (writing stories) to psychotherapy (writing stories about the self?)" [(Hobson, 2001, p.

response' in conflict with 'orderliness' that would explain irony (or at least invoke it as a product) is salient in an antiracist (non-sanist) text.

9)]. Indeed, to writing stories about our society together. He turns to the question of form and content (brain and mind?). "Consciousness is always about something. Like a book, it has a plot, or like a film it has a scenario consisting, in part, of a script or a storyline. Like language, waking consciousness is often characterized by sentence-like statements, as well as by nonverbal perceptual monitoring, the contents of which usually go unremarked unless something unusual happens" (p. 9).

I am conscious and interested in my consciousness of this book, absorbed as I am. It's a kind of sparkling design. It is indeed a kind of support to theories I can only couch in political or relativistic terms, the idea that seekers of experiences are all on about the dreams. But of course, I recognize the author's own moral grounds for his understandings. What about the complexity of the state of consciousness itself: can it not be a "substate" of dreaming for example? "... waking can be associated with an infinite set of conscious substates, no one of which is easily singled out as typical, stable, or even normal in a statistical sense" [(Hobson, 2001: 7)]. [...]. He says substates have not been systematically analyzed.

If dreaming is a substate of consciousness, not another [or the primary] state [i.e., structure] itself, than we are all dreaming. Narratologically, the flow of [everyday] narrative is broken in places and [it] can be bridged [or related to...] by other narratives, some of which are not in the same location [as the interruption or interstice– they occur above it, or as a "different story" but one that can be relative]. And when awake we are, for a short period of time based on [what] resources [we can find], dreaming in a certain way. Thus consciousness itself, awake as it

seems, is a particular or substate function of sleep, of rest, of an intermittency, a dream, an

impossible reality that existed before we [or rather I!][21] did as "conscious."

As I read on about the interference to consciousness: (lack of) flow/continuity, (lack of)

cohesion/congruity, and emotional salience, I recognize that my emotions are full of worry about

place, about being with, about the other's cognizance.

Ok, again, I can read this as it was intended, with consciousness yet to be stratified, but

recognizable as consciousness of the body... which certainly seems right if all you want is to

remote control the body... or I can read it by asking how does this allow for dreams between us,

which is what seems to really be happening?

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I want to continue looking at the literature a bit because it's a way of placing this work.

Psychometrics and positive psychology are a strange way to look at experiences labelled

psychosis, and there are many ways of approaching experiences as a subject [...]. But the dream

and narrative are both targeted as areas of research needed next in quantitative bio- and

neurological research.

Robert Fleiss was writing about narrative, dream and psychosis in 1973. Matthew Clark's

(2010) *Narrative Structures and the Language of the Self* looks at philosophical "fables" of the

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[21] It's interesting that I take up the scientist's 'we'. At times the 'we' is political for me, asking for agreement, but here it is a part of the explanatory language that I use to relate to the text as it is. I speak back to it using its forms. This is a problematic in my work, one that I might address further. While I know that there is more to the story of why I needed to address this work, it may appear that I do not, and so the reflexivity required is missed. Interpretation, if it is to be holistic, might begin from an unassuming character, one I do not give to this author, distant as he is from me.

self, from Rene Decartes to Sigmund Freud to Herbert Mead. A valuable recognition that the self is constructed in ever sophisticated ways. Clark tends to move beyond the distinction of the self and other in his research, recognizing the self as a construction. Shoshana Felman's (2003) *Writing and Madness: (Literature/ Philosophy/ Psychoanalysis)*, [...] invites us again into the story of madness by way of psychoanalytic and literary theories.

I turn to my own bailiwick [i.e., psychiatric patients' narratives]. *Journeys Through Mental Illness: Clients' Experiences and Understandings of Mental Distress* by Juliet L.H. Foster (2007) looks promising [...]. It provides a chapter on "Perspectives from Psychology, Psychiatry and Other Disciplines," leading directly to [a chapter on] "Perspectives from Clients Themselves and the User Movements." Her next chapter collapses back into therapeutics: "Defining Mental Health Problems By and Through Experience," and here we begin the long journey into "narrative psychology and therapy." "The Journey Through Mental Illness" is the next chapter, and so on. It's not that this story doesn't exist. It's that this has been taken as the [principal] story. I'm sure the author tries to balance therapeutics with the life. Survivors are becoming recognized in "mental health" fields. Jim Geekie's (2009) *Making Sense of Madness: Contesting the Meaning of Schizophrenia*, [...] begins from the subjective experience and moves to the scientific explanation, with some executive ideas at the end. As if to pull the words out of my mouth, a "text"-centred work from Scandinavia: *The Patient as Text: The Role of the Narrator in Psychiatric Notes, 1890-1990,* by Petter Aaslestad (2009), translated by Erik Skuggevik and Deborah Dawkin [...].

Compare these efforts to the work of Arendt, as in Kristeva's (2001) reading of Arendt, which is said to distinguish between production and action, between setting a space by

fabrication and entering a space as a "possibility of the human being" (pp. 14-15). Poetry is

distinguished among the arts as a vehicle to language itself, and thus not a "reified" product [...].

> How does this poetic speech manifest itself within the polis in order to reveal the
> virtuousity of its heroes? It is this *phronesis*, a practical wisdom or prudence, or even a
> judging sagacity– to be distinguished from *sophia*, theoretical wisdom – that props up
> and supports speech within the 'network of human relations'. We need to find a
> discourse, a *lexis*, that can answer the question "Who are you?"– a question that is
> implicitly addressed to all newcomers, concerning their actions and their speech.
> Narrative will fulfil this role, the invented story that accompanies history. (pp. 14-15)

Now I relate this text to something more germane to the institutional use of narrative as

therapy. What is chilling to me is that this is some of the best therapy we [Western institutional

knowers] can think of. We apply philosophical and creative models to [what occurs tacitly as] a

general mode of acceptance and communication (see Soteria's findings, [Calton, Ferriter,

Huband, & Spandler, 2008], for example, or findings that all models of psychotherapy work at

about the same rate). John Gale's (2008) *Therapeutic Communities for Psychosis: Philosophy,*

*History and Clinical Practice* by Routledge is a 300-page manual with a chapter called

"Exegesis, Truth and Tradition: A Hermeneutic Approach to Psychosis."[23] Psychoanalysis is

brought to the fore in discussing "Holding Structures in a Crisis Centre," and the therapeutism is

too much for me. I guess those are the big questions: when to restrain, right?

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[23] I had to laugh at that. Here is a reflection of my own work from the therapeutic orientation. Why do I laugh? Is it
really a cry? Or is interpretation conditioning my response? Is therapy a way to recondition response? Is that really
so bad? I am reflecting my own questions not because I feel like I know the answers, or like I might never know, but
because to feel is not necessarily a simple, authentic 'being' prior to reflection, I believe.

But what of the gentrification of the mad subjectivity? There are books that eulogize or celebrate madness as a construct. At first they look promising, but soon turn out to forget their ontological and epistemological base.[24] Peter K. Chadwick's (1997) *Schizophrenia: The Positive Perspective: In Search of Dignity for Schizophrenic People*, by Routledge, provides an articulation of an alternative to biocentrism, but ends up with chapter headings "Implications for Therapy, I and II." Frederick S. Perls wrote *Value of Psychotic Experience,* way back in 1971. And a book that might delve into the fanaticism of being mad in a social situ, if I am lucky: Katharine Hodgkin's (2007) *Madness in Seventeenth Century Autobiography* [...]. Early modern [European] history, hopefully a narrativistic approach.

The interpretation of madness, its "meaning," predates Gail Hornstein's (2009) work. Murray Jackson's (1994) book, *Unimaginable Storms: A Search for Meaning in Psychosis* [...] is drawn from clinical work. Again meaning is inferred by experts [on us, through us]. But narrative writing is praised in itself by Henriette Anne Klauser's (2003) *With Pen in Hand: The Healing Power of Writing.* Closer to home in disability and health "politics," Nick Crossley's (2006) *Contesting Psychiatry: Social Movements in Mental Health,* and Mark Cresswell's (2009) *Psychiatric Survivors and Experiential Rights*, provide a framework for looking at psychiatric survivor writing, history, and research. I look forward to reading Angela Sweeney's (2009)

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[24] As I read this now, I feel a need to critique the negation of 'madness' as an ontological category. I admit I prefer Badiou's critique of ontology: if there must 'be' ontology why run to ontologies of 'presence' (and its necessary 'absence')? Ontology might 'be' sutured within a language like set theory in mathematics (Badiou, 2006). As for the text and meaning, Derrida has brought us to the recognition of cognition's necessary unknowing, or the endless (temporally speaking?) *'différance'* of language, and this means there is no metaphysics or 'ontology', no 'real' polity or socius, and as I repeatedly say no 'madness' or 'mental illness' (regardless of positive or negative usage), but no 'language' for that matter (and this is why I stray from deconstruction). The implication for me is that we need not speak: all is in flux. And yet we do? How strange. Our madness seems already finished....

edited book, *This is Survivor Research* (Ross-on-Wye: PCCS Books). [Why is it that I have not? What is research about research?]

Here are a few other important contributions, among many. Nelson, Ochocka, Griffin, & Lord (1998), "'Nothing About Me Without Me': Participatory Action Research with Self-Help/Mutual Aid Organizations for Psychiatric Consumers/Survivors." Bassman's (2001) "Whose Reality Is it Anyway? Consumers/ Survivors/ Ex-Patients Can Speak for Themselves." Beresford's (2005) "Social Approaches to Madness and Distress: User Perspectives and User Knowledges." Crossley's (2004) "Not Being Mentally Ill: Social Movements, System Survivors and the Oppositional Habitus." Adame and Knudson's (2008) "Recovery and the Good Life: How Psychiatric Survivors are Revisioning the Healing Process." Oryx Cohen's (2001) "Psychiatric Survivor Oral Histories: Implications for Contemporary Mental Health Policy." Kathryn Church's (2000) "Strange Bedfellows: Seduction of a Social Movement." Burstow's (2004) "Progressive Psychotherapists and the Psychiatric Survivor Movement." McLean's (2000) "From Ex-Patient Alternatives to Consumer Options: Consequences of Consumerism for Psychiatric Consumers and the Ex-Patient Movement." Fisher's (2003) "People Are More Important Than Pills In Recovery From Mental Disorder." Reaume's (2007) "Stonewalling Survivors: Who Gets To Tell The History of Patients Who Slaved For The Toronto Asylum Wall?" Morrison's (2006) "Framing Legitimacy: Activist Research in the Consumer/Survivor Movement." Adame's (2006) "Recovered Voices, Recovered Lives: A Narrative Analysis of Psychiatric Survivors' Experiences of Recovery." [I do not interpret or delve into this area of my research. What is it that keeps me circling round my work rather than wading through it? Perhaps it is a fear that I will become expert in something that is not mine. Perhaps I wish to be part of that list, to allow a kind of "closure" through the "other?"]

I found a concise record of the way in which the social sciences can take a lead from psychiatric survivor practices in the University's electronic library. "Mental Health, Critical Realism and Lay Knowledge," by David Pilgrim and Anne Rogers (1997) in Jane M. Ussher's *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*, shows how the phenomenon of madness was taken up as socially-caused in early 20th century epidemiology, and then, based on social interaction theory, was ethnographized by Goffman, Scheff and others in the 1960s, later analyzed by Scull using materialist functionalism, almost poststructuralized by Sedgwick, but was already deconstructed by Foucault in the 1960s. Foucault brings psychiatry to hermeneutics by focusing not on individuals or institutions but on power discourses, it is said. Foucault slips out of materialistic overdeterminations that script simple social forces for us. He transcends the personalist, the rationalist, and the constructivist [methodologies].

However the asylum has been [translocated] into the "community" [setting]. And so the narrative of an overdetermining state is [transformed] into a "community" mental health system that Pilgrim and Rogers say started with shell shock and its [consequent] implications on modern psychiatry, [such as the] absorption of psychodynamic and psychoanlaytic ideas.

> Thus, although poststructuralism has been a refreshing corrective to approaches to mental health which were positivistic, economistic or personalistic, it contains its own problems of idealism and nihilism. Consequently, our view is that, while all of the four positions noted above have made legitimate contributions to knowledge claims about mental health and society, none of them can enjoy a sense of sustainable preeminence.
>
> Faced with this mixed picture, we would argue that a critical realist framework potentially integrates the strengths of the four positions, while avoiding their major weaknesses. Critical realism [they cite Bhaskar, 1989] affirms physical reality, both biological and environmental, as a legitimate field of inquiry but recognises that its representations are characterised and mediated by language, culture and political interests rooted in, for instance, race, class, gender and social status. (Ussher, 1997, pp. 37-38)

This is, finally, a positionality I can relate to in my work. [It deals with self-narrative as not a product of something else, which would be amenable to theories that take for granted, I think, the stability of thinking about something, something as broad as deviance or disability, or for that matter Diaspora and Indigeneity. This is not to imply that these conversations do not theorize a lack of thinking, or "troubled" thinking, but where madness is taken for granted I see a capitulation to theory as "about" rather than "through" the object-subject divide, and that is where "madness" tropes end up...]. The body is best understood through a kind of ethnography, which Pilgrim and Rogers suggest is already accounted for by realist, that is critical realist, research [on "nature" and "realism," see Fabris, 2011, p. 18], and is in fact embodied in lay knowledges, specifically psychiatric survivor voices.

> A testimony to the link between lay knowledge and collective social action is the strong presence of a new social movement – the mental health service users' movement – with its own variegated ideology. Though some themes of earlier anti-psychiatric humanism resonate within this movement, the emphasis is on direct action and a reformulation of mental health problems using lay knowledge and experience. The political opposition to psychiatry from users' groups (and black groups) has tended to focus on a concern about the nature of service delivery and professional theory and practice, with a particular rejection of expert biological approaches to etiology and treatment. As well as demanding free counselling for all, there are demands to regulate drug use strictly and to phase out ECT and psychosurgery ([they cite] Survivors Speak Out, 1987). (Ussher, 1997, pp. 37-38)

Pilgrim and Rogers mention "black groups" and I wish I knew what they meant. What of race discourses? What of madness and race discourses together, not to the exclusion of others? [The following] would be a great article [which] is not findable online because it's too old (so

many great articles from the 1970s and 1980s!)[26] W.W. Nobles' (1976) *Black People in White Insanity: an Issue for Black Community Mental Health*. H. Collomb's "Encounter of Two Systems of Health Care: Concerning Mental Therapy in Africa," in *Social Science & Medicine*, *7,* 8, pp. 623-633) looks like the closest reading of the intersection between Indigenous and psychiatric knowledges, as I will discuss later. C. Ranger's (1989) *Race, Culture and Cannabis Psychosis: The Role of Social Factors in the Construction of a Disease Category* is instructive across race. In today's social science,[27] we have many more psychiatric-framed books like *Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health* (Incayawar, Wintrob, Bouchard & Bartocci, 2009). Mental health is taken for granted as a neutral (non-historical) term. There are a lot of "mental health" articles from an Indigenous or First Nations voice, though I think they do not simply reproduce White mental health (regimes).

 *Addressing Racism: Facilitating Cultural Competence in Mental Health and Educational Settings* by Constantine and Sue (2006) provides an antiracist framework for addressing certain "mental health issues," a more vague term I cannot muster. But mental health is seen as secondary, indeed [a] static modifier of race discourse and experience of racialization. Kate Loewenthal's (2007) *Religion, Culture and Mental Health* [...] also relegates religion and mental

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[26] Why is it that positive emotional outbursts like this are often so welcome? Or worse, these moments of elation can be smiled down upon from the perspective of knowing what comes after elation: something else. Is it possible to have a different framework for interpreting these expressions, these utterances?

[27] Many of my 'lapses in judgment' made during the writing of this journal are left intact for the reason of letting go the past, but also recognizing that letting go. "In today's social science"? An awkward phrase, I leave it because it reveals the writing process as evocation, not avocation. That last turn of phrase will probably look bad in a year too. I leave it because it recognizes error as part of the process of continuous ordering and recognition.

health to modifiers of cultural interaction. Mike W. Martin's (2006) *From Morality to Mental Health: Virtue and Vice in a Therapeutic Culture,* provides an excellent critique of the way in which therapeutics have usurped the pastoral or moral work of the past, and psychologize the good in life. Thankfully we have P-Kiven Tungten's (1974) "Political Freedom and Mental Colonization": "What all this means is that the fact of political freedom does not necessarily lead to the mental emancipation of people who had for long been conditioned to believe in their racial inferiority." [Yes, good structure does not simply return the agent to peace.] I would add "mental" inferiority. [...].

Thus the issues are not quite addressed as they would be by a psychiatric survivor writer's work, like Vanessa Jackson (2002), who speaks of a certain kind of mentalism in African American life. Simon Cross's (2010) *Mediating Madness: Mental Distress and Cultural Representation*, provides a reading of visual and other representations of madness [...].

But then consider Nadia Ferrara's (2004) *Healing Through Art: Ritualized Space and Cree Identity,* via McGill-Queens University Press, in which a representational mode by which to heal openly is provided, albeit through art therapy which need not be "open" (though I had a great experience with it because of its non-definitional space for play). [A more recent book, *Wetiko: The Greatest Epidemic Sickness Known to Humanity,* by Paul Levy (2011), is published by Awaken in the Dream Publishing and has a recommendation from pop star Sting. Levy is a White ex-patient who says he was not mentally ill but was having a "spiritual emergence" (as in the writing of Stanislav Grof and other Jungians I will consider later). He uses narrative prosthesis (Mitchell & Snyder, 2001) to explain the evil in the world using the term *malignant egophrenia,* which he says is called *witiko psychosis* by First Nations people, though he is referring to a usage deployed by Jack Forbes in reference to Columbus. Levy utilizes Eastern and

Indigenous practices at liberty in his private therapy practice (receiving patients from psychiatrists no less), which he says opens people to a dream reality.

This opens a number of considerations about how people in distress come out of institutional abuse and colonial destruction into therapeutic relationships. The therapist must be aware not only of race, class, gender and even sexuality and disability discourses and power relations (see Waldron, 2002). The therapist must not only be aware of the effects of abuse on bodies of many kinds, but be aware of therapy's abuses. Consider Bonnie K. Nastasi's (2004) *School-Based Mental Health Services: Creating Comprehensive and Culturally Specific Programs* [...]. [However][29] psychology and anthropology and psychiatry are smacked down by James Waldram's (2004) *Revenge of the Windigo: Construction of the Mind and Mental Health of North American Aboriginal Peoples*.

## Indigenous Thought

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[In the following journal entries, I reflexively disturb my notes on anticolonial thought in regards to Indigeneity and spirit as a connectedness to nature. My identity as White European and as

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[29] In my original text I used "Otherwise," another imperfect word, left over from my learning English as a second language, yet it could be useful if it were appropriate, such as to suggest that in other areas or matters, some other consideration is taken up.

Mad, studying Black feminist thought in an anticolonial framework, is interrogated. I begin with narrative as (fictional) writing about identity and "madness," and how spirituality is "sanitized" out of Indigenous education in the academy, how it interacts with anticolonial and antiracist theorizing, including antisanism, and how it is a relational form of resistance.]

David Truer (2006), writer of *Native American Fiction: A User's Manual* releases me from several outsider myths. [As a European colonial, I feel something like a recognition when he says that authenticity is a losing battle after so many centuries of colonialism. Authenticity is a Western concept that tries to break the ever changing culture of First Nations people (they are expected to perform or pretend a stereotype), and it privileges Whites as authentic already (as dominant bodies Whites are given access to all cultures)].[30]

The reverberations are multiple when he relates a story by Italo Calvino who noted that the great Charlemagne, crowned emperor of the Holy Roman Empire on Christmas, 800 CE, fell

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[30] 20120203.1203. I have been struggling with the boundaries of this work from the moment I realized I could not stay within the conditions of a White Western theoretical base. I find myself unable to simply create a personal space beyond that base (though I need to understand its place within a larger context unknowable to me as culturally located), and without committing myself to a new culture (which is itself an appropriation within a violent colonial context) I am forced to align myself with the White dominant culture, it seems, whether or not I agree with it. The onus is on me (and others) to change White culture, but within a context where going beyond dominant culture is re-enacting its violence, my only possibility is non-compliance by silence (even 'repeating' First Nations demands is a questionable self-announcement in this context). This makes it more tempting for me to discontinue studies, something I have wanted to do to avert becoming an 'authority'. But this would be a capitulation if my resistance is usurped or silenced. It is as if I walked on a bridge and it fell under me, and now I am far from either shore. This loss is now fomenting with hunger: I have to find a place to eat. I'm working in Parkdale, where there are many restaurants that cater to my desires, and by habit I check the Greek restaurant on the corner, though I prefer falafels to souvlaki. Checking my privilege, I go to an old school joint. I order spaghetti with meatballs, seeking my particular ethnicity, but of course Italian is not my ethnicity exactly. A Friûlian dish of polenta and stew (which is already an appropriation because polenta is made from corn which originated on Mayan lands) is not on the menu. Like scratching an itch, I eat. Style doesn't matter anymore in this cultural collision. The world has already trespassed for me. I could have cooked vegetables from home but they might be genetically modified (such foods are not labelled as such). Sirens blare outside. The grey day looks a bit brighter. I wonder, should I just keep going? Or should I get a job as an ESL teacher? A mad person, so-conceived, sits at the counter at the front. Earlier I heard him say to another customer "hasta la vista." Life goes on, and the spaghetti arrives.

in love with a woman who, keeping him from his rule, was one day found dead. Charlemagne

grew obsessive, living with her corpse. After some time, an enchanted ring was found under the

dead woman's tongue. It was thrown into Lake Constance. Charlemagne then fell in love with

the lake, gazing into it by the hour. [I wonder if he was implicated in her death and felt remorse

he could not express. All he would require is a rationalization to continue.]

> Just as Charlemagne cannot realize his error– mistaking a live thing for something dead–
> and persists, when confronted with reality, in switching his passion to whatever vessel
> contains the ring, readers of Indian fiction are marginalized by authority and instead of
> reevaluating what draws them to the literature, they simply, when confronted by the true
> identity of someone like Forrest Carter [a White man who appropriated directly from
> First Nations writers and claimed to be a First Nations author], switch their gaze to the
> next enchanted object. All the while our books suffer and rot. Worse than that, we
> (readers) are in danger of mistaking a dead thing– like the received ideas, stale prose,
> commonplace realizations, essentialist projects, and racial anxiety that make up books
> like *The Education of Little Tree* and *Reservation Blues*– for something alive and rich and
> worthy of our attention. (Truer, 2006, p. 192)

American Aboriginal scholar Eva Marie Garoutte says that Western systems of

knowledge in the academy do not leave room for Indigenous knowledges, which she says can

only fit in if they are "severely pared down, sanitized [*sic*] of the spiritual elements pervading the

models that birthed them" (Garouette, 2003) resulting in:

> either indigenous knowledge [that is] presented as a set of "primitive beliefs" that have
> been superceded by contemporary "factual knowledge," or it is reconstructed (without
> reference to the often contrary assertions of the indigenous carriers) as symbolically
> rather than literally truthful. The first category portrays indigenous claims as simply
> wrong (although possibly interesting), while the second strategy allows them to be right
> only by "deny[ing] that traditional people mean what they say." [(Fiola, 2006, p. 103)]

As we will read about later, "belief" is the instrumental consideration in resolutions that a patient

is delusional, and therefore potentially incapable to make choices such as what toxic chemical is

to be ingested.

George Dei and Alireza Asgharzadeh situate anticolonial theory among other anti-oppression theories (2001). This allows me to conceptualize Indigenous knowledge despite my Western lens, which has largely dismissed my experiential knowledge also. [It should be mentioned that Dei and Asgharzadeh are not writing from a White anti-oppressive framework, and my conceptualizing their work is problematic.]

> The anti-colonial discursive framework acknowledges the power of local social practice and action in surviving the colonial and colonized encounters. It argues that power and discourse are not possessed entirely by the colonizer. Quite the contrary, the colonized has also the power to question, challenge and subsequently subvert the oppressive structures of power and privilege. Discursive agency and power of resistance also reside and among colonized groups. (2001, p. 300)

Anticolonial thought provides not just a critical architecture to political theory, one that does not depend on academic silos, but a cultural base of resistance. "A politicized evocation of culture and tradition has relevance for a decolonizing project. It is by according a discursive integrity to subjects' accounts of their histories and cultures, indigenous languages and knowledge forms that colonial imperialist projects can be destabilized" (p. 301). And thus, "[t]he idea or notion of nation, community, and citizenship are not simply imagined constructs but are real in their meanings and evocations with profound consequences for colonized and marginalized groups" (p. 302). [Nationalism may be a White construct, but has a very different meaning when applied from an anticolonial framework].

Providing examples of what anthropologists call an "emic" discourse, a culture, an "anti-colonial discourse points to the relevance of using indigenous language and knowledge forms to create social understanding that draws and combines literature with politics, culture, history, economics, and understandings of spirituality" (p. 304).

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I have come to see that moving over is part of my journey.

Professor Wane describes an elder in her culture, Cucu, whose words help me understand how land politics, so crucial to anticolonial thought, can be understood across boundaries of north and south [world].

> Cucu, a locally known sage and Embu elder from the interior of rural Kenya, is a respected member of her clan. Many clan members recognize her vast depth of cultural knowledge about land preservation and often seek her counsel in relation to the economics and politics of the land and local community. However, Western educated persons, locally or globally, seldom tap into the knowledge of women such as Cucu. Although differently located and gendered, Berry and Cucu's beliefs advance the same awareness: in order for the biodiversity of life to flourish on earth, there is an urgent need to draw on Indigenous knowledge and sustainable practices. (Wane & Chandler, 2002, p. 87)

As I read this I recognize a welcoming. [Environment, survival, cooperation. A necessity of enjoying our varied privileges?] I am not being asked to avoid learning from Indigenous thinkers. [I am being asked to join with them, not to disregard their contribution and continued essential change. Change reminds me again of madness discourse]. Njoki teaches classes to recognize Whiteness, which tends to deny its [own] culture. We must understand ourselves in our ancestry, she says. [It is through my ancestry that I recognize myself, my culture, my Whiteness, and thus can relate what has happened to me *in context*, which is all I have wanted I believe]. And in that is a welcome to recognize colonialism in all its manifestations, including the control of our ideas about the limitations of the person, the body, the mind.

> At the beginning of each course I ask students to join me in creating a space where we can engage in dialogue that challenges our opinions, attitudes, values and beliefs; a space where we feel safe to talk about issues of power relations and interlocking systems of oppression. In addition, I challenge students to examine their own biases and stereotypes that influence the ways in which they interact with others. (Wane, 2003, p. 6)

She continues to define antiracism by citing the politics of difference.

Acknowledging the differences in and among marginalized groups of people and also the complexity and shifting differences due to historical background is an essential element in the politics of difference theory, which should be central in an anti-racist praxis. A marginalized group for example may have a common history of enslavement, holocaust, genocide, colonialism; however, that oppression has been experienced differently based on social locations, such as class, gender, sex, colour, etc. These differences indicate that our approaches to theorizing marginality should be complicated by such salient variables, which impact on how the individuals experience their lives. (p. 8)

This anticolonial Black feminist thought praxis of recognizing difference in education based on experiences of oppression is one of the reasons I study it. Drawing on Patricia Hill Collins (2000), I recognize myself not as an outsider, but as a part of the practice of re-recognition of our different experiences, and of this being decolonization. I understand however that Black women are the source of such thought. [This ongoing balancing between Whiteness and Black feminist thought in my own understanding of self, insofar as sanism is racism, is sexism, is classism, needs further theorization. When I was asked, "Are you Black?" by a professor, I did not say I was, nor did I say I was not, as I thought back to how often I was told I was too dark in a disparaging way, and so I said "I don't know, am I?" because the perception of blackness is not mine alone. My professor said this troubling of authenticity was positive in a Black feminist context, and that I should write about that tension. It makes me wonder about how I identify at the beginning of this work: am I White? It depends on who is judging, I suppose. But what about me? What do I feel? What do I think? If culture is ever-changing, I am Mad.]

But as Wane and Solomon, a First Nations healer, explain, despite our common interests in Indigenous knowledge, it is not simply "transferable" to [non-Indigenous] Whites.

One of the problems with sharing practices is that indigenous methodologies are not always respected for the integrity inherent in them. Scientific paradigms are often used to deny of refute our time-tested, reliable, valuable, and successful practices. People may not understand the significance and responsibility associated with an invocation to the spirit of a plant, an animal, or an ancestor. When the spirits of the beings respond, if untutored, unapprenticed people are performing the invocation, they may not understand

the manner of language, the process, or the practice of communication. (Solomon & Wane, 2005, p. 53)

Wane expresses the anticolonial project as one of remembering Indigenous knowledge as it exists today and informs us today. [Though "madness" is not transferable from one culture to another, such as for example the Windigo of the Cree in relation to "psychosis" of English Canada], for me [remembering] demands a description of how we are told we experience "voices" or "visions" in Western thought. For example the "violent mental patient" stereotype is a ready exemplar of how our behaviour at its "peak" is recognized beyond all "behaviour," how a small part of the story becomes the whole story of [White] administration, how reductions of life histories anticipate "deviance" of mind, belief, hope: how colonization occurs at the level of persuasion and mentalization. [There is no question, for me, whether a Black culture can or should not take up sanist ideation (it will and it won't); there is no question that Mad people are racist and sanist (and sometimes are not). Rather the question is whether we can recognize sanism and racism as interwoven.]

> Colonial education not only facilitated the normalization of Western education, but actively left deep spiritual and mental scars, causing mental and physical enslavement. This form of control was an absolute necessity within colonial relations of power for, as Ngũgĩ Wa Thiong'o argues in his book, *Decolonizing the Mind*, political and economic control of people will never be complete or effective without mental control. To control people's culture and way of thinking is to control their tools of self-definition in relationship to others. Colonial education can be characterized by a series of absences in learning about the multiplicity of different knowledges. (Wane, 2006, p. 88)

Again, Dr. Wane leads me in ways of approaching knowledge and sharing of knowledge by remembering that we have power as academics to make this relational form of knowledge central to our practice. [With Truer, I resist the notion of a pure authenticity, or a pure historicity, not because I want to fall back on an easier path of no resistance, but because there will be no one

left if we search for the single person who is not implicated in colonial, patriarchal, cissexual, ableist, mentalist relations.]

> In this paper I write from a very privileged position in terms of my social location as a university professor. My job as an academic provides the space to look back, to reflect on my past, my history, and my cultural values and to commit to paper my take on colonialism and its impact. There are many African women from rural Kenya who have the ability to do this, but have no time to write or tell their stories. ([Wane, 2006, p. 91).

As a man [who is an English-speaking Canadian settler of professional class, White, cis-gendered male, hetero-passing, ablebodied, capableminded] who knows he is limited in his understanding and experience, fortunate to have the opportunity to research the roots of [my own] psychiatric oppression, I feel connected to the work that Professor Wane is doing [...].

I am interested not only in how psy narratives are brought into play to colonize "minds" [the question of individualized thought must at least relate to bodies in historical space], to rule out certain knowledges in Foucaultian terms, but also in how these narratives encompass all kinds of ways of perceiving the world, including "boundary" or "liminal" (indeed "transliminal" or "beyond the threshhold": Thalbourne & Delin, 1999) experiences that relate to what Dr. Wane explores in her work on spirituality. Note that there is no proscriptive idea of spirit or spirituality in her work, and that I do not ascribe to her traditional spirituality [some universal "elementary" quality], but by necessity of what she says [I] must have my own "spirituality."

[Wane theorizes nature in her recollection of life in Embu, Kenya, echoing the wonder of my childhood experiences. She says in Embu spiritual knowledge "was not spoken about; it was an everyday practice" (Shahjahan, Wagner & Wane, 2009, p. 61). Indeed this is "spirituality" to me, something not necessarily named. Wane says, "[d]espite the inherent tension due to the fact that spirituality is regarded as a soft subject, one that lacks rigour, I have chosen to make it a pivotal component of my work" (p. 61). Wane's struggle to bring such subjects to academic life

is instructive to me as someone who recognizes his own struggles as negated by various principles in dominant forms of thought].

Spirit as an anti-colonial discourse is shaped by the lived realities of colonial subjects who question the concept of a universal standard by pointing out, or recognizing, its limited scope and perspective (Amadiume, 1987; Smith, 1999; Some, 1994). Spirit as a discourse cannot be taught since it is a biologically built-in [*sic*] constituent of what it is to be human [*sic*]. My elders [by which I mean not Indigenous elders but those who have come before me, including nature as a force] made me aware of my spirituality [in relation to the land]; now I reflect on it in the light of my culture[s]. Spirituality may be understood as a process of struggle, a way of self-recovery [*sic*] and the path to follow in order to become whole [*sic*] and liberated [*sic*]. In other words, spirituality lies at the heart of being human [*sic*].[31] When I make reference to spirituality as a discourse, I do not mean the creed-based formulations of any faith traditions. I am making reference to the ancient and abiding African quest for connectedness with our own souls, with one another, with the worlds of nature, and with the mystery of being alive (Wane, 2006, pp. 88-89).

I realize as I read how far my professor has come to teach [non-Indigenous] people like me, and how far I've come to be here [in an academic context reading about spirituality through anticolonial thought]. My spiritual experience, even in the throes of distress, has been piecemeal

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[31] While resistance seems to lead to refusing oppression, it is also a re-cognition of oppression. In that sense it must reflect oppression, and become its reflection. As such, there is no final goal of resistance that can be affirmed. We are living in a world where resistance is necessarily raised by oppression, whether or not more equitable strategies and outcomes are practiced. This recognition is borne out in the history of anticolonialism in which a nationalist struggle was posed and is now refracted in non-nationalist ways. Why resist then? Because our bodies simply have and do. We do not rule them as minds, and when we try, we inflict the pain of the oppressor.

and "helter skelter" at times. I know it through the sense of connectedness that Wane is evoking, a connectedness to what Indigenous thinkers call nature.

## The River

[This section is like the haystacks. It relates my lived experience of travelling along the river Missinabi in July 2011, "written up" shortly afterwards and sometimes during the trip. These notes were written quickly and do not fully capture the experience of the trip which I now see in a different way. Yet they are imbued with the shorthand of emotions and words shared with fellow travellers, my brother and his friend. I do not edit or analyze this reduced expression, but in recognition of its problematic tone I use the familiar sign "*sic*." I do not redress these concerns for the sake of representing the difficult nature of this writing: I am in a process that I cannot fully account for but not willing to stop and wait for the best possible flight through. This rush, while not excusable given the conflux of issues, is itself an effect of the conditions that prevailed for me before and after the journey. Thus I leave the notes as they are to indicate the limits of my writing under pressure. Racialization, disability, and spirit are not considered as closely as they should be. For example, one of my major concerns after the trip was, "why did we fail?" I now wonder if the failure was in fact necessary for some other "success," including moving beyond egotistical conceptions in relation to this dissertation. Thus, this narrative (which sometimes interleaves fragments from scratch notes written during the trip) tells of complexity, partiality, difficulty, and also wishes and hopes. It tells me that in the future, I might want to take more time to plan, and to "focus" when challenging myself. My commitment to an "all over" approach is sometimes not necessary, however, this hindsight is not the "answer" to the story, because

interpretation is ever changing. Rather, the story is necessary to moving forward, for now, so I honour my limitations. Some of my friends would call this "cripping" or "queering" a problem.]

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We returned the day before yesterday, and our travel is still fresh on my mind. I want to relate to you the story of my recent river travel with my brother and his friend, which resulted in an early return because of a canoe tip and food lost to a waterfall, followed by another disaster [*sic*]. It was not a successful mission of Europeans [*sic*], though I did have tobacco and broadcloth with me. I thought I didn't want to slide [*sic*] into Moosonee, Ontario, with nothing on me [*sic*]. But now that we're back I'm going to mail it [tobacco and broadcloth] up like my friend [a Cree man I met through a mutual friend] says to do.

My story can be told in a paragraph, something about three guys from Toronto canoeing the rapids of the Missinabi River. What [...] worries me as a tale of heroics [is it?] ends up being a tale of pathos [*sic*].

First, [as we started] I forgot my wallet [in Toronto] and my [newly bought wool shirt to] keep the sun off me [...] which I still cannot find [now that the trip is done]! I search the apartment in the usual places. Now the closet. There it is! [*sic*].

But, like the trip that inspired its purchase [...] my shirt does not deliver the anticipated benefits [*sic*]. It [i]s short-sleeved, [so it would have been] useless [*sic*]. Mistakes built into mistakes [*sic*]. Mental disability [*sic*]. Today, it simply reminds me that I came to th[e] trip unprepared and a little haughty, or rather dodgy. But then so did my comrades. We were not thinking "relationally" [*sic*] with the river and that environment or place [*sic*]. We wanted time off from thinking, and we'd have had it if we just bore up [*sic*] a little longer. Attention.

When we set off at Matisse, [...] we eventually found our way down the swifts, with cash, food, tents, and gifts for some agencies [*sic*] in Moosonee some 300 kms north. Swifts are lesser rapids, where it is easy for a canoe to get snagged in shallow rocks, while the sun is beating down on your hide [*sic*] and horseflies hover round when you dip your big feet [*sic*] in the cool water to move the craft. My brother carried his GPS [*sic*]. Our real life [*sic*] guide [*sic*] and friend in river canoeing [...] was carrying our [heavier] gear. I was carrying our gift and our canoe carried [*sic*] the food and other stuff.

We immediately saw an eagle, which N said was a good sign. N had been trained by a man who was taught by First Nations travellers [*sic*] on how to "read birdcalls" and "read tracks" and other stuff I am only barely aware of as a camper [*sic*]. He had seen a deer on the way up too. We would see [*sic*] a bear, a moose cow (chased by wolves, until she got to the river), a hawk, a fox, a number of other mammals, birds, various fish, as well as several beautiful conifers and broadleafs, and those four billion year old [*sic*] rocks I do not know the names of. The names of rivers and towns commemorates [*sic*] the land's first folk [*sic*].

I didn't see it, but N had to throw out some bad food that he said was too fresh [*sic*]. He said that was a bad omen [*sic*], giving the river bad food. I don't know how he came to his kind of river thinking, because he was inspiring [*sic*] as a friendly person and a guide in nature, but I did ask him how he felt about the histories of native and White. He said his history was important to him as a French Canadian whose family had traded furs for centuries, and that he could not choose his way out of that colonial history. It was a poignant response, and one I take heart in, not because I'm a second generation Canadian and somehow [therefore] less complicit in this nation building [*sic*] over First Nations land (memory, life), but because we have no

choice in where we end up [i.e., start from], yet we can act [i.e., resist] within that knowledge somehow.

What was I doing on this trip? Was it not like a prior fraternal trip to Kenya on safari [*sic*], millionairing and so awfully happy and thankful for it? My look at poverty was fleeting, as it will be [i.e., would have been] in Moosonee. Look when I get a life and start to see what's around me I might get over my privilege [*sic*] and circumstance [long enough] to recognize that people are in desperate straits around the world.[32]

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Enroute to Matisse. It's been ten years since I've come up Highway 11. It looks beautiful as always, especially here at Temagami. [...] Cree words and phrases. Tawaw: welcome. Tansi: How are you? Namoya, nantaw: Fine, not bad.[33]

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The river is fluvial and aqueous [*sic*], both flowing and massive. It is matter and energy at once [*sic*], guiding us and restraining us. It is an image that haunts me more than the lake in a way, which is situated and gargantuan. The river brings, the lake receives. And while we traverse it I

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[32] What I sense in this interrogation is that I am defensive about my privilege. I resist my recognition of my own racism, partly because my process has been to recognize a problem and then work at it, not to re-recognize it continuously. For example, I re-recognize that Whites are told to avoid slurs, but as a result do not speak against racism as it occurs (Kempf, 2009). But because I do not privilege the speech act over, say, embodied proximity or proposed association (to me it would be like flatly speaking the words over a song meant to be sung), what I privilege is in conflict with the outward representation required of antiracist action. This requires much more thought: how might both sets of approaches be enacted?

[33] Again, I am ambivalent about this idea that language is somehow 'in the words'. My hope is that people in Moosonee will simply accept my badly spoken Cree as a wish to respect... I did not really ask my friend about this.

start to recognize how most of our movement is not coming from our paddling at times, but from the water's flow. As N tells us, if we let the river take the craft, we can sail it with less effort in paddling. We take courses between rocks at all times, avoiding white water, or what N calls the "haystacks" in river talk.[34]

When we glide down a ways my brother and I get stuck on a rock [under the canoe] between us, [creating] a teeter tauter [*sic*] formation. Rather than get out we try to budge it [by moving around in the canoe]. We end up bouncing up and down like kids [*sic*]. The canoe starts to take on water [...]. N happens to remember [*sic*] a method [for fixing it]. He takes me into the forest and shows me how an evergreen's sap can be boiled down, added to with ashes, and makes a rich and solid resin that repairs the canoe swiftly [*sic*]. We're off again!

We reach the height of our journey in terms of vista [*sic*], Thunder House Falls. There are stories of death here. We arrive pretty beat and don't take the time to scout [*sic*]. I want to move further downriver to a portage that's shorter, and my brother and I try to find it. Failing, we flop into a Class 2 [*sic*] rapid's giant rock garden. We just couldn't make it between two big ones, or around them, and sploosh! [In we went.]

That was our first ever flop by the way! They sting the most. I realize now that I might have "pried," a paddle move: pushing water away from the right [...] at the stern, but my shoulder doesn't even consider [*sic*] that move because of the operation [in 2003]. Too late now, I get dunked, see a bunch of stuff rushing toward me. Behind me is rock, and I wonder if I'll be

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[34] It occurs to me that the 'haystacks' are sites of excitation, a moment of narrowness, like the self-recognition of rushing and its possible effect of disrespect, and that change will continue to carry us along.

hit in the head. Where's my helmet, you might ask.[35] Floating down the river. It was supposed to be a quick descent [so I didn't wear it]. Our barrels of food [*sic*], which were supposed to last 10 days, our backpacks with tents, sleeping bags, and other gear, including the tobacco and cloth, all float swiftly downriver to Thunder House Falls a few hundred meters down.

I yell, "fuck!" Nature and naturalism, [...] a primary conceptual scheme (not the real true nature itself if there is such a thing of course) and that ... style that evokes it,[36] is privileged in this writing. The self escapes the socius in nature,[37] where there are far fewer rules about being and belonging: one simply does and survives somehow, if one can in some way, and if one can't one wiles [*sic*] friends as we all do. And naturalistically, though I know that term must be loaded like our canoes were [*sic*], we might find a way of communicating need and "reality" or "perspective" on realities. So the self writes here as if [*sic*] nature were being, and all of us [*sic*] in it [*sic*]. However, this does not resolve any of the problems [*sic*] in nature, like our gear going into the river at the worst point, nor the problematics, like what we were thinking and why. I can't remember [*sic*], did I offer tobacco to the river on the second or the first night out? Should [*sic*] I have done it the night before we left? I live on Lake Ontario, pretty much [*sic*].

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[35] I am interested in this rhetorical question. Is it an appeal, or rather parody? Could it be soliloquy? Is this story 'self-talk', and if so, why should I seek to reveal self to self?

[36] In this conceptual interstice the explicative is uttered, a meeting point between expectation and event. While swearing is banal in a poignant moment, the body's creative awareness need not be disrespectful.

[37] Again, autoethnography allows for this statement to be made without necessarily positing a metaphysical claim. (Self is constructed in language, according to much contemporary Western social theory, so text is the mirror in which being occurs, yet also is theorized. So how can we text about being beyond text, especially in some 'non-social' habitus in bucolic 'nature' getaways? To account for this 'feeling' of life beyond writing ('affect' is the psychological term), I would have to be expressing what seems to be happening from 'within' an experience in which I was not writing, and this is memory. I would have to remember a time in which fewer social and economic demands ('the socius') were imposed (at play), and this might account for a feeling of nature as 'escape'.

My brother and I get flooded with grief as he holds on to the canoe and I hold on to... a paddle.[38] He locates his green pack [with tents and gear] pushed against a big rock and manages to grab it [without falling in]. The rest is gone. N comes back and scouts ahead but finds nothing. We portage our canoes a few hundred meters [up a hilltop], and set up camp overlooking the falls and the plateau to the north. N says if you fall in, even with a lifejacket ("PVC") you will sink and die. This is one of the fastest waters in the province, he says. Like a jet, it aerates water so that it becomes as light as air. My brother says he's had it. Geek that he is, he brought along a rented satellite phone for emergencies; [once we're in position] he's calling the plane in somewhere north of here [at a rate of $200 each (*sic*)], past Hell's Gate when we get there.

I wonder where these names come from. I look at the map with the others. I ask if the "Dead Pool" is that pool to the east, "over there before the falls." N looks more closely and realizes the pool is larger, that there is more to the rapids, and that he hasn't yet covered that part of the search. We scout beyond his last pass and he finds my red backpack [with the gifts in it]! There it is, perched at the foot of a rock. He hoists it up to me. I hoot and holler, grabbing N in a bear hug. We have saved our gear and the gifts. All that's missing is the food.

N hears a whistle from over the rocks, investigates, and finds three twenty-something French Ontarian guys trying to fish out a food barrel, the small one [we brought] with the bread and condiments. N says he'll join them. [But first] we return to camp, unload the paddles and helmets we found, [and then] canoe [a]round, and hike [...] the other side of the falls to forage [*sic*].

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[38] What is it about humour that pretends to disarm us? How can we laugh without doubting humour?

The forests on that side of the river are [moss] green luminescence, like a glowing moon flora. It is spattered with other mosses here and there, littered with ripened blueberry plants, bunching blueberries into clumps. We snap some up as we move through the forest together. A bear cave [appears] to our left, uninhabited since winter probably. We both have long histories with the bush. We can't quite fish the barrel out, but we know that the larger barrel has sunk because we find food in the water: coffee, a zucchini....

When we return, we find our brother smoking. He'd quit before the trip. He's [gotten a cigarette from] one of the three [O]ntariens, with their French Canadian [*sic*] so beautifully [*sic*] compressed sounding [*sic*] to me,[39] like the folks I used to know where I grew up. He's brought us cold beer, unbelievably generous, and when we tell him our story he and his friends join us with food, a guitar, and lots of cheer. It becomes a party quickly with the personalities involving each other as a matter of course! Like the river, connecting with one another. Always there is camaraderie, and when we talk of serious things we give much weight [*sic*] to the other person's feelings. H said his grandfather could boat these parts using a "fuckin motor" despite their shallowness, explaining that he is an expert canoeist, a Cree man in his 80s. H's generousity was unbound[ing]. It's a moment of [intense] connection, one that I hope I can share with someone struggling, as we are, someday later. Preparedness!

The next morning we manage a 2.3 km portage [twice, loaded with about 50 lbs], though I have no idea how my 40-something frame is holding up. And N catches five river bass [so we have another meal]. My brother gets some of his paddling groove back [*sic*], and I feel less and

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[39] Does my self-interrogation become a kind of performance? Does it really excise my laziness of thought? How was it that I got along with 'the other' and hadn't really thought about their accent once we got talking?

less like a cheerleader [*sic*] egging them on to consider Moosonee [I am buoyed by the gifts].

The plane could just make a drop of food, I say. [But they]'re not sure. At least we're not

defeated. Indeed when we reach the Hudson Bay lowlands [drainage basin (*sic*)] on the other

side of Hell's Gate [which is a giant canyon of white water] (I'm not sure which direction was

"hell" to the Europeans [...] but it was probably southward, up the river), [we are on our way to

Bell Bay and the plane]. The shale and birch are breathtakingly gentle on the eye [*sic*], and I'm

taken yet again by the river. I love the Missinabi, and all it has shared with us. Even if this is the

end, I have made some place here, and found more room within me.

20110728 [two days earlier]

I don't know a lot of stories[40] but I know mine. Some [people] would rather I not. The

subtraction of what I am not does not matter.[41] Possibility lurks in every negated interpretation. I

don't know what you mean I don't know what you mean. Maybe this was not meant for you.

Life is also sad. Carry the day. No answers. Let doubt live. They may have forgotten the good

times. I will keep them.

20110730

My brother call[s] the outfitters the next day and arrange[s] food to be dropped at Bell Bay a few

kilometers north at the point where the river turns from north to northeast towards James Bay.

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[40] As a child, my grandparents were not so close as to read to me, and later my parents were too fraught, as well as insecure about their identities in English Canada to relate Anglophone stories. I still hear people talk about fairy tales I have no sense of, and perhaps feel no interest in knowing. This relates to my 'capacity' to know people.

[41] "Learning that I wasn't White, however, wasn't the same as learning that I was black. Indeed, for the longest time I didn't learn what I was– only what I wasn't. In the strange and unique society that was Canada, I was allowed to grow up in a kind of racial limbo. People knew what I wasn't– White or Black– but they sure couldn't say what I was" (Hill, 2001: 5).

An hour later, he goes for a swim-bath. I'm a little surly because he's woken me up. He calls for help. N asks what's wrong. N tells me he needs help. I rise from my crypt after the 2.3 km portage [and] say something like, "you owe me buddy," and walk down the rocky path.

"I dropped my glasses."

I [can't] believe it. I [do] not rage. I [do] not dodder. But the water [is] cold, and deep, and rich [*sic*] with dark rocks. It would [take] faster hands [*sic*] to have found those glasses, and [he can't] see them from his location. Physical disability strikes [*sic*].[42]

The clouds soon cover up the sunlight, which might at least help us see, and with horseflies biting him my brother finally leaves the spot where he dropped [his glasses].

"How did you get through the rapids with them on?" I ask. He says he had them tied up. But [just now he] took them off for a moment, and in they went. "I'm blind as a bat without them," he says in his casual ableism [*sic*], and if you count "bats in the belfry," he's being sanist as well.

Indeed disability was appearing [*sic*]. I wanted him to continue being with disability [*sic*], maybe shooting the rapids with blurry vision as an overcoming narrative [*sic*], but I knew better. N called the Missinabi an "intermediate" river [in terms of difficulty] and we needed fully scopic [*sic*] attention [*sic*] on our course. This was not a macho thing [*sic*], though boys tend to test themselves this way in many cultures [*sic*], but a survival [*sic*] thing. There is a difference

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[42] This paragraph was uncharacteristically set in the past tense, and I wonder if this 'past' quality allows for such a cavalier comment as 'disability strikes'.

between survival and macho masculinity in a patriarchal world [*sic*]. [My] disability taught me about survival [*sic*], and by disability I do not mean any impairment [*sic*] but social disablement [*sic*] of certain aptitudes [*sic*], ways [*sic*], and conditions [*sic*]. Mine was not a condition [*sic*].[43] Psychiatric disability includes at all times not only psychosocial disablement (forgetfulness, thoughtlessness, indifference, inattention, dreamliving), but also iatrogenic (medically caused) impairments, like [T]ardive [D]yskinesia.

We were [not] going [any]where [when my] brother lost his glasses. After an hour of continued search[ing], he called the outfitters, sent the food to a food bank, and asked for a pick up. Interpret [*sic*].[44]

My first question is what went wrong? But this interpretation of the story is only really borne of a "what went wrong?" attitude. These are questions that do not haunt me if I withdraw from interpretation of cause and move to interpretation of means. Whatever mystery lurks in the coincidences of two disastrous spills, both semi-comical and in contrast [to a] constant vigil by eagles (and sightings of bear and moose), 2011 is rife with presence! What it all means?

Do I have much room to ask this question from a White Western perspective [*sic*]? Well, I have raised myself [*sic*] on messages from lived experiences [*sic*], as, I think, many of us have, and there will naturally be coordinates [*sic*] shared by [psychiatric] survivor and Indigenous knowledges, but I do not know those [latter] knowledges directly, as Njoki's scholarship warns

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[43] It's impossible not to note the problematic usages here. Again, without an editing process, this work leaves me vulnerable, and it is a feeling I need to wrestle with for now. Or is this a kind of celebration of failure, and is that an insult?

[44] The invocation of 'scholasticism' is of course tongue in cheek, but also an admission of exasperation at a loss.

[*sic*]. My experience, however, is not simply given to me by my Western Catholic indoctrination [*sic*].

"Experience" to me means experiences in the forest, where the rules are given by a set of non-human interlocutors [*sic*]. Especially in the forest, from an early age, experience of the body was rife [*sic*]. And all of that early-forested self lives in the city now, with much the same interest in the body, [and "experience"]. What the land (imagined [...] by many before me), what this place, provided was not simply a predictable set of conditions o[f] "reality" or "actuality" that were repeating and cyclical, like the pollywogs in the ponds out back, observable through seasons, [...] the daily or diurnal riff in which nature plays us like fools [*sic*], if you ask me. It was more like a set of anticipations that always became more interesting in their repetition, but were also always unique and different from before. And so was my body, and so were my wants and verbal thoughts.

## Place-memory

[The following section was the most difficult to write. Anticolonial thought begins with Indigenous (and therefore local ancestral) knowledges. My own ancestral knowledge has hardly been touched beneath nationalisms, Catholic doctrines, and colonialism as a European settler. To remember Indigeneity is in some sense to imbibe of knowledge that is not mine, but also simply to reflect on my assumed "otherness" in a new way, to imagine a different way of being. This section attempts to dialogue with Indigenous knowledge without failing to recognize the problematic of appropriation, but also without denying an implicit relationship to First Nations

people in a settler state. This tension is not something I can resolve, or move through, but I wish to at least recognize it.]

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From the perspective of someone who did not respond to the clinical mental health service system that labelled me, but whose reliance on nature for social balance is instructive, I seek social space for people living in distress, and also for anyone whose difference or experience is dismissed as "madness" or "mental health issue."

This social space is not abstract but embodied and related to places of memory. I will explore my own relationship to memory and self [within a conception of the land here, and the People who have lived on this land...]. We must stand against [industrial] development in solidarity. This requires us to get to know our strengths and limits together, though we can agree that we are different in opinion or outlook.

It is through land that I recognize how place is remembered. [This happened "naturally" but I remember it "socially": my body was there, but now theories bring me back, make me notice, and give the experience value. This is not the same as being told what to think, nor is it the same as simply thinking in a new way. And presently my recollection of these fragments is held up on Indigenous thought, a way of being that I cannot know, but resonates with my own experience. Land is more than a support.]

It is the most fluid or fluvial system of thought, dream thought, through which we [remember] stories of life and escape the brutalities and routines. Yes, this is a personal configuration of epistemological claims by Europeans who found through phenomenology and the story (hermeneutics) that dream processes like REM and dream content (often staggered and

abridged from flowing ideas) are important [...]. However, Indigenous spiritual approaches are far better adapted to this [dream], as well as to disorienting situations considered "nightmare" or sometimes even "madness."

Rather than apply Indigenous ideas to buttress existing [Western epistemologies and indeed] mental health service industry work by the therapeutic state, [I suggest we] consider Indigenous approaches as a [reminder to help identify ways] out of psychiatric impositions and impairments, and recognize the need for more "open" interpersonal spaces [regardless of our origins. This would provide a political and theoretical grounding for work that resists "one-size-fits-all" responses to distress, especially treatments known to be statistically ineffective and often unsafe (Whitaker, 2010). While Western psychiatric survivors have already developed "self-help" approaches to supporting people in distress, albeit in limited ways through political activism, amongst a growing market of therapies, and radical practitioners have set up non-clinical "safe houses" like Soteria House (Calton *et al.*, 2008; see also: Stastny & Lehmann, 2007), mutuality and respect for autonomy are values that ground this work, values that appear in Afrocentric societies, anticolonial resistance, and Indigenous thought.]

Gregory Cajete reminds us that we are all related, that Indigenous teachings are instructive for all of us. "It is an essential life-sharing act of each generation of a People to nurture that which has given them Life and to preserve for future generations the guiding stories of their collective journey to find life" (1994, p. 188). Cajete gives examples of what Indigenous education might be like for "Indian" (he uses reflexive language) students who have been forced to give up their connection to their heritage and the land. "Indigenous educational principles are viable whether one is learning leadership skills through community service, learning about one's cultural roots through creating a photographic exhibit, or learning from Nature by exploring its

concentric rings of relationship." This may not be intended for White kids in schools, but imagine if Europeans taught nature relationally, thus not stealing Indigenous ideas, but applying their sense to our own ideas and reworking our ideas. One of the first things I have noticed in Indigenous theories is that they do not stop at epistemology and ontology as grounds for methodologies of inquiry and research in their work; Indigenous researchers also speak of axiology, which is values-based "knowing" or "understanding" or "relating."

Indigenous spirituality, which is rooted in a collective's relationship to a place (the land), is most important as White technology tries to "free" bodies of their relationships to land, to nature, and to each other. It is here that education plays the most important role, not only for young people but also for elders and the experienced, including in my own Mad community. An intelligent curriculum can be founded on breath, for example, as Njoki did in her first class on spirituality and tertiary education and research with us, or on communication as a give and take, in order to return children and adults to the purposes that Cajete suggests. These important concepts are not metaphysical foundations exactly, are they? For example, the breath is simply autonomic yet it instructs us on reciprocity and shared relations at root between air and flesh (land). While I am used to a rights discourse with regard to self-defense in political arenas, I recognize a need for a politic that allows for retreat, withdrawal, rest, and restructuring the self. This requires relationships to be open.

"Today, words like transformation and empowerment are modern catch terms for processes that Indian people traditionally termed 'making or finding one's personal medicine'" (Cajete, 1994, p. 190). Medicine is not simply health readiness but a question of relating in the work I have read on Indigenous healing. While I eschew concepts of healing as potentially harmful, given my experience, I recognize the difference that "healing" makes in a society that

has not [altogether succumbed to using] the discipline of medicine for profit. This is an important connection between language and living: the process of knowing and healing is understood to be personal.

This is in keeping with [the concept of] "mental health recovery" [...]. "Recovery" proposes that even so-called psychotic patients need to have a personal preference, including no forced medication. One could call this "recovery" movement nothing more than New Age "believe in yourself" hype, especially as few mental patients take advantage of this methodology in a coercive mental health industry. But it seems to have developed of its own accord, even in the White community [...]. It is through Indigenous education that interconnection in all its forms can be reconsidered, even from a White standpoint, and found to be rooted to the Earth, to history, to Nature [...]. While these ideas are supposedly unknown to positivistic thinkers, realistic thinkers like me, they inform us not through myth but through ongoing present political intersections and living.

But politics has a leeward side. Part of the way in which the body comes to rest, to heal, is not only to be in connection with others and hurts, but also to take refuge from others, to be alone. Solitude is worshiped as individuated autonomy in the West, and yet also reviled as delusion. Delusion is disdained almost universally I think [though this may be a result of colonialism]. Yet delusion, the capacity to control our own beliefs ultimately, and to create our own stories after all, is necessary to a space that is self-healing.

Delusion, which is the core symptom in medical diagnosis of "psychoses," might be considered a space or place found "in oneself" or in solitude when the body is not bent to respond to social realities. [That is, experiential life is not simply "mental" life, as in Western dichotomies of material and metaphysical processes. Using Dei's idea of the land as spiritual,

indeed all phenomena as spiritual, memory is not cleaved from life but is just as "real" as land. It is not important how many people know a fact, as many truths are perceptible to only a few experts in any case, but rather how each of us values experiences. If I value a memory, which I take to be real even though I know no one else perceived it as I did, if at all, then that memory is as "real" as a place, for me. My memory becomes a place, and I become habituated to it, like I would a city that I revisit. My impressions of that city continue to change, but I do not believe it exists in the same way as it did, or that my naming it or our naming it makes it "the same." A place changes with our "thought." Our memories diverge and converge, between us and within ourselves.]

[In psychiatric cultures], delusion is known as the bracketting out of common sense, indeed common good, [and this definition] can be useful for "processing" emotions and hurt, but not at *all* times. Delusion allows for processes of consciousness that are not linked to accountable procedures and social goals. It allows for processes that would be unthinkable in public, for good reason sometimes, though there should be a public response to this unthinkableness. [This temporary setting aside of some truths, even public definitions, may be necessary at times, and we might not disturb this process so readily as we do in the West].

This common personal withdrawal called "delusion" is ineffectually treated as problem, as mental derangement, denial, disorder. But as a person so-labelled I believe "delusion" is central to solitude's healing process. That is, imagination, or spirituality gives us pause from strife if we give [it time]. A place that is gentle enough for many of us is, of course, nature. Yes nature can be cruel and exacting, as the river reminds me, but it can also be instructive in gentle ways, as the Missinabi was to "me" and "my" group.

Solitude is a more effectual juncture with Nature for me, something that heals without insult. It has served as a way of living with the contradictions of capitalism and patriarchy. It has certainly taken me far from the individualist paradigms of absolute self-confidence, of sheer autonomy, and given me a sense about when to proceed, when to speak, when to think, when to breathe, that I would not have discovered in society alone. I learned this with Nature, not despite it, or regardless of it, or simply as an "unconscious" part of it.

[Yet] As Cajete says, we learn about culture and ourselves through a place, a context. For me that was not the Church (which was losing its grip on our postmodern generation), nor the family primarily (which was busy with its own dilemmas), but instead, the rough place of woods, lakes, rocks and animals. "That landscape may be internal as well as external," says Cajete (1994, p. 193).

[So] how did I get into nature? I emigrated to Kanata as the child of a bricklayer who followed his brothers here from Italia. Our family is the first of multiple generations (maternal and paternal) to live outside northeastern Italy, or Friûli, a region of linguistic solitude now recognized as an autonomous zone in Italy.[45] It is through solitude that I have found my relationship to the landscape, because while I was getting into Nature [most of my friends were getting into consumer products. Our family was too busy with work and illness to participate in

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[45] Italy was given Friûlian land cleaved from Austria-Hungary by the Allies after Work War I for secretly siding with them. Before that Friûli had been ruled by the Venetian Doges, after a 400-year period of self-rule. Before that it was occupied by Carolingians, Lombards, Byzantines, Romans, and Celts. The Friûlian language, influenced by various invaders, consists of four subgroups with many local dialects, and is descended from Eastern Alpine 'Rhaetian' languages. Before that time, the Castellieri people lived in Friûli, and before them the Terramare ("black earth") peoples, in whose trapezoidal villages were discovered animal figurines. Neolithic peoples before that time are said to have arrived from Asia, or perhaps were descended from older paleolithic cultures who arrived from Africa.

Anglophone society, and to this day I feel left behind in the culture of commerce. But we bought things too.] The small plot of land that my father still owns will one day belong to no one I hope.

Not until facing Indigenous spirituality in education would I have been ready to recognize that my relationship to the land, stolen land, was anything but a "private" love. Now I see that, though I have whiteness privilege to roam and play on the land, I am a part of it as I am part of the web of life, but it is not my land. I can still cherish it as it has mothered me in childhood and adolescence. I am extra lucky to know it, and also to remember Friûli from my youth. Yet I can now start to reconcile my implicit theft by relating beyond my comfort zone and connecting with First Nations people in regard to using the land. I feel more likely to speak up when I consider how this relationship, which I carry with me to all manner of social life, has something to say to Western "education" and "health" practices.

The spiritual connection in which I have lived with the land has helped me develop as a person and helped me deal with critical incidents of distress, which psychological technique [pretends to] do for us. Thus, my love is not so private, not so individual, when I consider Cajete's words, and how I love the land. Indigenous teachings invite us all into such relationships, not only in private away from prying eyes, but for the sake of the land and for each other. They do not insist on a dominant ownership of land as parcel, but on a recognition of the place as teaching us something. How might we Europeans "share?"

It was through being with the natural environment that I could engage self-knowledge, not in the sense of useless fantasies, but useful ones. [These] were the ideas and stories that I used to face the most critical moments of my journey. I interpreted my life less in terms of [the body] and more in terms of broader relations that sustain [a polity].

Many cultures throughout history have regarded nature as an integral and necessary part of their lives. However, many of us today have lost contact with the restorative, healing, and inspirational powers of nature.... Embu women are very spiritual; they will not talk about it, but their everyday living tells a story. The women enhance and sustain their spirituality both by expressing simple words of gratitude on a daily basis and by returning to the land what they have taken. This reciprocal relationship suggests the importance of continuous reverence for the balance of life and the harmony of spirituality. (Wane, 2002, p. 34)

How can we know our limits, our wonders, our worries? Zulu-Latifa, an African

Indigenous healer, says that spirituality comes through

awakenings in the environment. For instance the mere sound of babies, or animals, birds, the experience of the wilderness, or a spectacular view, etc., can give pleasures not before experienced. When we experience these newfound pleasures, we tend to seek good and beauty in many other things. The respect for life is heightened and time is of the essence. Spiritually sensitive individuals begin to change their surroundings and avoid people and things that cause conflict. With a heightened mind and keen senses, an individual can soar above the average person when dealing with perception and awareness. (Wane, 2007, p. 50)

As such, perception and awareness are related to the group, but also diverted for a time

while we are in nature, and there we find our "senses" and "understandings." Nature, if related to

our journey, allows us to be critically aware of ourselves in our environment, to put aside pride

and shame performance or embodiment, which are so necessary to dealing with people socially,

and to take on the adventure of being with animals, being with plants, being with water.

I hear a bird as I write. Sometimes we hear things that are not present in the usual way.

Zulu-Latifa says, "Having visions and insight invites spiritual growth" (Wane, 2007, p. 53). This

[evocation] is an example of how people who are intimately connected with Nature (who are

connected to a place rather than seeing themselves as placeless) improvise upon experience in

ways that Westerners consider deranged or irrational or unconscious. "Ironically, some of the

very same healing and spiritual practices of my ancestors over hundreds of years... are being

sought after and practiced again under new names..." (p. 53). Indeed, while the West voraciously

imbibes of all other worldviews for mastery, some of which are centred on spiritual connections with the world, there is no rush to link Western knowledge to the very spiritual conditions that give rise to Indigenous knowledge and Western loss of self-knowledge. [The decolonization of the mind and spirit involves recognizing that the games we have played to retain our position of affluence ultimately rob us of life.]

It is through the possibility of Indigenous spiritual education that I believe we can orient even our most [trepidatious searches] in the world, in which we tune out orders that are too coarse or smooth for our journey, our stream of thought [and float with what comes to us]. Like Latiffa believes Indigenous ways of knowing are necessary to the completion of Black Canadian feminist theorizing, I believe they are necessary to Mad theorizing, for at least two reasons: to naturally ground our [...] experience in a body of knowledge that is [traditional] but not deterministic, and to make it possible for us to revive knowledge that the West has demarcated as individual anomaly, as derangement from social standards, as "madness," for centuries. There is no madness except as we invoke it.

Call me idealistic, but there should be a commons, somehow protected, a place that welcomes any Nation, yet can somehow address any person. Experience should be honoured not for its truth value, or for its social "meaning" value, but for its simple emergence. The existence of an utterance that is angry, or worried, or fascinated, all points to a relationship between persons and processes. This relationship could be considered and reflected upon, especially by those who have gone through similar experiences in groups. The idea is not to correct or alleviate a perception, which may indeed be unmanageable, but to give it space (a place) and provide a person a means of growing through her perceptions as they are. But there need be no final analysis of "why" a person has these perceptions, no psychology or medicine to shift a person's

awareness by sheer force of Reason, but rather a respect about a body that perceives reality or Nature as she does. [...].

I believe Indigenous spirituality [reminds those of us who would search for] Mad consciousness an idea of place in which to orient ourselves to our experiences, and it aligns with common sense actuality. [The political is necessarily a context in which we have claimed "Mad" consciousness, and it must relate to the environment of colonialism in which institutionalization occurs]. I learn through others' knowings, and to reject or deny them is to prevent my learning. The place of our shared experience, of our [questioning] and play, of our reaching to the cosmos, is as important as the urge to reach. What does running through a forest have to do with spirit? [...]. I recognize in Indigenous spirituality a connection not only to nature and the land, but to place in general, and so to many peoples' experiences [...]. Place is experience.

I would once walk out behind my house and hear the crickets chirping. We lived in an old wooden house that my father could not afford to fix as he liked. It sat on five acres of land, most of it "bush." A creek ran through it. There were conifers, but also broad leaf trees. Small animals still live there. There is an area where a large field unfolded, where I would lie and listen to crickets as I looked up at the stars. One night, I was surprised to see lights begin to dance in the sky, like tresses of refractive energy, a flamenco mirror, expanding and contracting, sliding from east to west to south to north. They seemed to descend from my zenith and quickly, smoothly, like octopii changing [colour]. They covered one side of the sky and then the other. I was scared because I had never seen anything like it. I had seen the northern lights, of course, but usually far away to the north, hugging the horizon line. That evening's lights were everywhere at once. The fear that I felt seeing the sky in greens and blues and purples eventually abated; my hunch that it

was the northern lights would later become [a reductive explanation. Why deny that it was also personally, spiritually, important to me]?

Finally living in Toronto one year later, I experienced my spirituality through the urban chaos all around me, through people and machines, in a way that was like those northern lights a total and uncompromising experience. My thoughts would fly from east to west to south to north, and together they expanded my awareness of where I am. In Vancouver, six years later, the day I was incarcerated for having such thoughts, I drove my van south along the highway and saw the sun rise on a clear blue day. I was suddenly visited by a spirit I knew as St. Steven. I asked him why I was seeing death everywhere I looked [...].

How are such stories to be reconciled with the demand for scientific truth or understanding? The lights in the sky are the *aurora borealis*, not a sign for a few eyes. And the perception of [a disembodied spirit] in my van was a misfire of brain synapses that created the illusion of [his] reality, [when he was only] a character from my dreams and nightmares. Yet these events were meaningful to me not because they were out of the ordinary, or made sense on some ["other"] level [...], they redefined the ordinary.

Only through the storying of our perceptions as more than facts can we wrestle against the hegemonic idea that our everyday lives are inconsequential in the stream of progress. This does not mean having to talk only about what psychologists want us to "get in touch with." [It is through all unique thoughts that understanding can be respected]. This quote from Andrea Smith is a mirror of my own journey in epistemology working towards a Mad consciousness: "... I have come to see the importance of documenting the theory produced by Native women's organizers as theory. I see this research methodology as intellectual ethnography" (2006, p. 86). [...]. One expresses through one's work [...]. Uniqueness is assumed to be given by the body, but it is only

through interaction that we grasp it. [...]. Thus, spirit enters the play, a force between us at all times.

Is it possible for social environments to accept "madness" in their midst, provide ways of sheltering a person's efforts to ward off negative feelings and doubts about the self while alone? Is there a way to be self-sufficient without becoming alienated from others? Is there a social space for people to be alone and collect themselves without unnecessary intervention? Can stories make that space more real? The ideal of a space that is both in touch and autonomous is a dream.

[...].

As such, Mad consciousness informs spiritual education as a commons, one in which we are at least allowed to discover our embodied ways of knowing. It shares with Indigenous spiritual practices a belief that the body, nature, and place, are all necessary to understanding and living together. The origins of this ideal are many and I do not claim to be its author, but rather a participant and activist, one who makes mistakes and sometimes participates in them readily.

# Chapter 2: Narrative

[This chapter stories my reading of psychosic narrative. I begin with psychiatric survivor history and narrative, indicating how my research started. In the next section I read medical texts for the "actual" or "real" definition of psychosis in medical texts. In the third and fourth sections I read through philosophical and historical texts to find the underpinnings of the medical definition. In the fifth section, which lists Foucault and other philosophers, I read how the concept has been interrogated and reified. And in the last section I read how madness has been written into colonial, postcolonial, and anticolonial texts. This story may seem at times like exegesis, which is itself not neutral, or selective, which is necessary for an overview that confines itself to the most salient strands moving from definition to origins to extrapolations of a meaning from a survivor sitpoint. My intention is not to analyze or interrogate these texts, though at times my feelings of displeasure at certain constructions, and my pride in a newly considered orientation, will reveal themselves. However, I also do not wish to pretend a scientistic orientation to the material as if the object of study, psychosic narrative, has some more narrow or fixed set of meanings. This is why I am very careful to begin this chapter with my orientation in psychiatric survivor literature and move to the narrowest medical definitions first. As before, brackets will indicate material written in the present, and the bulk of the text will be from journals temporalized using a year-month-day-24-hour-time format.]

20101203.1447 (December 3rd, 2010, 2:47 pm)

mental health: [in what areas of study is the term "mental health" found?]:

medicine, medicine (best practices), behavioural sciences, biotechnology, bioethics, communications, criminology, education, equity studies, forensic sciences, genetics health administration, history of sciences and medicine, interdisciplinary sciences, law, neuroscience periodicals, philosophy psychiatry, psychology, public health, public policy, social sciences, social work, sociology, substance abuse, toxicology

madness: [in what area of study is this term found?]:

anthropology, art, communication and mass media, dictionaries, dissertations, humanities, internet, interdisciplinary, literature, mythology and folklore, psychiatry, religion

[these terms are also found in texts that are] general:

encyclopedias, quotations, book reviews...

[The practical division of "madness" discourse from "mental health" discourse is precisely the reason I do not simply interrogate psychiatry's coercions and theories, and extend the problematization of sanism to broader set of negations in various cultures. Sanism implies not just labelling or "psychologism" but the foundations of these concerns in everyday language.]

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> The primary motive for writing this book is to present inmates in mental institutions as individual human beings who deserve to be understood on their own terms as people, rather than labels, free from the clutter of medical terminology and diagnostic categories that has too often served to obscure just who these people were who filled the rows of columns in annual reports. In short, this is not a clinical history of patients' lives but a personal history. [...]. There was no sophisticated methodology behind this book other than a desire to uncover stories about people who were patients at the Toronto Hospital for the Insane and to take their views and experiences seriously as the lives of individual human beings who lived in a large mental institution. (Reaume, 2000, p. 5)

[Western texts so often dominated by males with whiteness privilege like myself provide little in the way of recognizing mental patients as subjects, even in the case of the great critics like Foucault.] Geoffrey Reaume's social history by lifting away medical terminology. That is, in

order to find people's everyday experiences as mental patients, including what they actually "did" as agents or subjugates, he chooses a location in research that activates the story of patients' labour. This narrative move, this archiving of materials in movement, is a part of psychiatric survivors' work to know ourselves without depending on medical categories (Chamberlin, 1978; Church, 1996; Morrison, 2005) or universalizing theory. He situates this work in what is around him, the asylum structures of southern Ontario, some of which were built by inmates. This is not to say that work defines meaning and value for survivors, though for so many people work is all.[46]

Nor does "finding" or "knowing" our identity as survivors insist on objectifying social relations in ways that are easily managed, though it can help sometimes. But to set aside therapeutic explanations of our lives, it is not enough to abandon or bracket clinical terms. Our non-clinical conceptions often reflect what is taught in psychology classes about "psychotics," "neurotics," the "mad," in a recursive loop between institutions and the body. [...]. My purpose is not only to challenge scientistic reductions of what was once called "mad" experience [in Anglophone cultures], but to personally and socially [aerate] such explanatory texts [(Fabris, 2011)...].

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[46] Reaume attends to this limitation directly from a social location similar to mine: raised in a working-class European-Canadian home before he was psychiatrized and became politically active. In psychiatric survivor activism, we both worked primarily with feminist and lesbian/gay leaders, who I believe actively sought People of Colour to participate. However, perhaps because of the fact that most psychiatric hospitals were filled with Whites (whereas People of Colour were more likely criminalized in those years), but also because of our White cultural locations and lack of outreach resources, our work only opens questions beyond medicine. It cannot embody all resistant knowledges, though (White) women have interrogated psychiatry as inherently patriarchal, and Black (men) have studied its racism for decades. A survivor perspective has only recently emerged in academe, and it has yet to simultaneously account for issues of racialization, gender construction, sexuality, (dis)ableism, as well as sanism (and mentalism).

So, narrative authorship tries to evoke a subjectivization of what pathologists take to be an object of their work: [a] lack of judgment or mind. I will not provide a story of heroic strangeness, or a meta-theory [of] psychiatric illness as ["real"] thought, in order to refute their claims, because they will readily admit their subject, or their object, is impossible to completely master (or some will say I have no qualifications to critique their work, which is also true [in a disciplinary sense]).

Madness is not a domain to be liberated; it is a discourse to be imagined from without. I will not provide an overview of madness theory or discourse as if it were [whole, an easily rendered field of knowledge], though my exploration moves across many disciplines and schools of thought in an effort to link institutional literatures and cultural acts. [I do not distinguish action from rhetoric, or text, but rather witness non-textual relations as well as read texts. This reading] tries to elaborate key authors or literatures from biopsychiatry, [moving] to psychology, [to] sociology, psychoanalysis, poststructuralism, postcolonialism, and beyond. [...].

Thus, in my writing, "mental and emotional distress," to speak in the broadest terms possible about what is called mental illness or madness, is not essentialized. For example [I do not consider distress to be, at some "basic" level,] irrational, disconnected, unworkable, the void, [a] lack, [or] the extreme in experience and relationships. Rather [in my work] relationships between gaps in the literature are reconsidered as sites of possibility [but also] conflict. What is "deviant" becomes an aspect of "normalcy." My purpose is not integrative, to argue for the inherent dignity of the body in all its forms (which seems to go without saying and requires a different [line of inquiry] I think), but to identify the ways in which "psychosis" is produced in pathology narratives and eliminated, as waste, in treatment narratives. This [narrative inquiry] cannot be [collapsed back into] psychiatric texts; it [leaks] onto more [open] theoretics [because]

psy texts are taken up socially and politically as foregone conclusions [or as] biological [knowledge...]. This reading, this study, is only a sketch, [... a] beginning, for appreciating how pathologization [is] lived in the everyday world [...].

The Western sociomedical construction of psychosis in pathologic [pathologine?] literatures is more widespread than I usually notice. Madness, psychosis, delusion, all of these terms have been deconstructed even [by practitioners] in the healing arts (see, for example, writings by psychologists Ian Parker (2008), Erica Burman (2007), Eugenia Georgaca (2000, 2004), Richard Bentall (2003), or "postpsychiatrists" like Bracken and Thomas (2005)). And there are critiques that arise from other [modes of thought]. Consider Kant's critique of "pure" reason, or Erasmus's intuitions on madness, albeit posed as "reasonable" to be sure. Sanity has often reflected on its presumptuousness, in moments of doubt, like Decartes's questions about demons and madness (Frankfurt, 2007), and tried to reconcile... to narrate together with... its nemesis.

Psychiatric survivors are late to the banquet of de-mechanization, de-institutionalization, re-humanization of the madness trade. Or, if we have been there all along, our efforts have been considered naive, an effect of [our] illness. I must admit I have none of the required expertise in psychology or psychiatry to deconstruct or interrogate or critique psychiatry in [exacting] detail. But even its inner critics like Drs. Szasz and Laing relied on [human] context to critique psychopathologizing. As a sociological writer, I can only pretend to know psychiatric procedures and texts as effects of socialization and institutionalization. But as a former patient, or detainee, I have no basis except "experience" [with which to write], which is hardly a secure foundation in medical research as I understand it. Survivors are like babes in the woods of learned discourse on

madness, and perhaps we should stay out [of it]. But after all, a story is a story, and we all [live our stories].

Even before survivors appeared in the [academic] context to hail our own narratives as worthy of interest, Gregory Bateson and others had already done so (1961; Hunter & Macalpine, 1963; in a contemporary context, see Ingram, 1997; Adame & Hornstein, 2006; Hornstein, 2009). But our stories are reworked into the therapeutic hope (e.g., see Chandler & Hayward, 2009). We are considered "experts" in our own distress and difference, and so we might be enlisted in enhancing instrumental care and psychological theory. Perhaps to mental health workers, this text will seem like something I had to get off my chest ("catharsis"), [or to release in a socially acceptable way ("sublimation")], to [blame someone for past wrongs] ("resistance" or "transference" in therapy), [possibly to heal] health care and healing across the board [if my professionalism transcends disciplinary boundaries in some "countertransference," though] I have no such pretensions. My question, of myself, is how can my experience be... reworded?

There are many roads through copious texts concerned with what is called psychosis. [Writing ethnography], I am asking: *How is psychosis described in madness texts?* [From a more personal vantage, my] writing asks: *where does my autoethnographic narrative about madness texts lead me?* and also, *what kinds of texts are missing from my reading?* This is not only a question about the scope of my reading, but also about the writers that are taken up in madness discourse and those that are ignored.

These questions arise from a prior reading of the literature [which I forced myself to perform in three weeks as a comprehensive self-examination, which resulted in a 240-page document that] I have been at pains to re-write for the purposes of this much shorter text. I thought defining psychosis medically, and [sketching out its tendrils] in what scholars might call

culture or theory, would be pretty easy. However, my own questions multiplied as I discovered intersections between my [own] assumptions and those of the texts I took as my objects of analysis. [Despite taking] the most direct courses between literatures that recognized themselves as [borrowing from psychiatry in this inquiry], like philosophy, history, medical anthropology, I [ended up cross-referencing across disciplines when, for example, "race" was invoked].

My problems began with definition: [in psychiatric narrative] this is no simple [...] project. It is always socially and historically situated in multiple ways. Secondly, my methodology is framed [in] experiences of self as [being] necessary to [textual] description, and therefore [my methodology is framed] as description [rather than "definition"]. This is precisely one of the major problems of theorizing memory, narrative, history, and so on: [these subjects depend on] description [...], yet [description is not objective and it] textually mediates embodiment, [so] the work of clinicians [in] trying to understand the gap between consciousness and what is called "unconscious" [is bound to fail as "definitive" description].

When I attempted to describe my methodology and epistemology [rigorously], I found two systems of thought: one philosophical, leading through Hegel, Husserl, Merleau-Ponty, and finally Gadamer, and the other my own, leading from diaries to political activism to "materialist" scholarship (Dorothy Smith, 2005) and now to anticolonialism. [...]. While the narrative I draw from my prior reading is subjectively driven, its procedure, starting from medical manuals, textbooks, and moving to broader commentary, is rooted in prior readings that have not been represented here. For example, many of my epistemological issues regarding truth and validity in narrative research were elaborated through Carola Conle's (1999) *narrative inquiry* methodology [...]. Autoethnography can be conceptualized philosophically (Grumet, 1992) [...]. If hermeneutics seems too removed from the sort of political issues I am concerned with, we might

attempt to reject epistemological grounding altogether (see Adorno, 1983) or use a pragmatic application of praxis as interpretation (Fairfield, 2000).

The knowing of something is the naming and labelling of our lives. The situating of self in language returns us to the problematics of knowing. This presents a difficulty for me with regards to the epistemological tools I have in narrative. [To mark out a word scores the surface of a field, leaving a gap or void in the process, an antithesis to the word in some sense]. The label "unknown" or "unknowable" (e.g., "mad") is a kind of voiding of the [discursive] space or the body [and land]. Ironically this voidance names (or sets the conditions for) being, as Badiou (2006) indicates when he says the void is the true name of being. The problem of situating an otherwise absent spirit, [in order to make] "the I" exist, is not unlike that of decolonizing methodologies (Linda Smith, 1999) [insofar as the void was created by marking and was not simply "there"; the response is another marking, and this is not simply preventable with one kind of silence or another...]. The idea of situating beyond signification, impossible in text, is taken up in Lacanian psychoanalysis as psychosis, [a perceived absenting of self], a rejection or "foreclosure" of naming and language (though Lacan would not idolize the schizophrenic as a rebel, [as] Deleuze and Guattari [seem to do] in their "schizoanalysis"). But this daemon [or absent "mad" person] is taken up as [presence] in feminist and Queer epistemologies of subjectivity qua subjectivity, as well as in disability studies as "embodiment" in which corpus and socius are one. However, these Western and "hybrid" textures in thought have moved beyond the political and historical work that I have taken as a base in my own work. I am thus attracted to anticolonial and even Indigenous thought as spaces in which the political is not [overcome].

Emmanuel Chukwudi Eze (2008), a postcolonial philosopher, departs from Western philosophy, even as he combs through it thoroughly, and says his philosophical "conception of experience as the everyday or vernacular is more philosophically modest than anything you will find in classic phenomenology [...]" (xv). This is the sort of theorization I need to do because I am not attempting to move to the edges of theory, but to bring them into the everyday where they have already affected psychiatric survivors and our work. However, I cannot as a Westerner, simply avail myself of this non-Western writing, even as it "appropriates" Western forms, because as a European settler [...] I am only beginning to learn from such texts, and, also, I am in a prior relation to Western texts.

But how can I return to Western ways of conceptualizing "madness" as a Mad person? While narrative has allowed for my soliloquy, it also denies an objective realm that material historicism once allowed. I may be considered "atheoretical" as a result of all this, because I cannot straddle politics and culture without stepping on both. In other words, this reading may derive from Western knowledge of the social, and may speak to people who wish to avoid psychiatric violence, but to do both seems impossible at the level of conscious activist writing. I am situated here, betwixt, in a place that is neither fiction nor non-fiction, in autobiography, non-genre. This is no longer just theory, just story, just politics either. [As I read this now, I think that theory transcends history and theory also, as does narrative. But to remember these forms of representation in the traditional Western knowledges as "different," possibly inimical, I recognize why I wanted to remove myself to an autoethnography (which is not quite as independent as autobiography). There is also a wish to elude Western theory through non-Western methodologies, but again this is not the same for a Western student as it is for an Indigenous scholar].

From Geoffrey Reaume's personal history stripped of therapeutic language, Mad people's theory can be elaborated not only through a logically proximate discourse of disability, but also [politically] in [resistance] to how the psyche (corpus) is named and colonized. [This colonization is not only one of inter-cultural and inter-bodily oppression, but also inner or "mental" (mentalizing) spiritual erasure]. Mad theory elaborates a multigenerational memory of patient, inmate, and detainee narratives, not as a continuity but as a set of stories related to all madness discourse. This "place" of memory provides for a re-reading of madness narratives as discourse. [...].

## Defining Madness

[In this section I will use psychiatric terms without quotations. I invite the reader to feel how the general language changes with these terms embedded in it. Much of this section is a form of exegesis in which I am taking notes from the existing text. Thus my "reading" of the text is both a rendering and a commentary, which risks the occurrence of identification with the object of study. My prior organization of concepts will help determine some of the differences, however, these notes were written during a different period and carry a different set of concerns. For example, this writing is much more storied in its approach than the text thus far, and reveals aspects of my daily life more directly.]

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The first thing I need to do [in the next three weeks] is define psychosis, the label by which I know [i.e., am supposed to know] some of my experiences are different than any other. To define

psychosis, I must go to the masters of the mind, psychiatrists. The problem of psychosis is central to psychiatry and so our knowledge of the phenomenon rests on our knowledge of the profession [so this section will blend inquiry about the profession and its theories about psychosis].

I have searched the Gerstein Science Library at the University of Toronto, which is the most prestigious medical school in Canada and partner to a national player in the mental health industry, the Centre for Addictions and Mental Health. The stacks [in the library] are filled with psychiatric texts. In order to hasten my search somewhat, I decide to think like a psychiatry student. I want to know what courses and course readings are on offer this year. I decide to bike from my apartment (which is only steps from Lake Ontario in the West End of the city) to the University of Toronto Bookstore. It reserves an eastern wing for all medical texts, of which two or three shelves are devoted to the study of psychiatry.

Books in the psychiatry section are not stodgy. Whether they appear progressive (e.g., cognitive therapy and psychoanalysis for psychotic patients), radical (e.g., Jungian and mystical interpretations of psychotic experience), or merely referential, they are all written in a style that welcomes the layperson and student reader. Some [bring] very important subjects, like power and abuse, while others are clearly more conservative, like texts on psychopharmacology. [Of course, medical readers would consider pharmacology to be the most radical or non-traditional insofar as medicine takes itself to dispose of old societal ideas about its quarry].

It would appear psychiatry is not the evil that "antipsychiatry" propounds; as an industry it is responding to critiques of reductionism, conservativism, and so on. This representation of the discipline adapts to challenges by representing them as part of the puzzle. Psychiatry is open to critique and bears its scars well. Of course, my experience of psychiatric practices [shows

something] different, and unique, but [my experience, and the pain of it] would never be taken as critique in itself: implementation must have been substandard if there are [some] happy customers. The discipline could be practiced quite well, [one might assume]. [...].

I browse through some of these texts and type out some of their introductory caveats: assessment is an art, the science is in flux. I wish not to appear too cheap to buy these books [...]. So I move to the reference section of the Gerstein Science Library. I use U of T's internet service (for students only) to connect to the Library search engine. I type in the most important manual required: the Diagnostic and Statistical Manual of Mental Disorders (the DSM-IV-TR® by the American Psychiatric Association: 2000).

I am elated to find the book, but saddened that the 2000 revision is not on the shelf; only the 1994 version is available (there is no difference in these versions with regards to the texts cited below). Of course the DSM-V [later called DSM 5] is about to be launched with a [...] new classification system [...]. The stacks show that the DSM is no simple manual. Book titles like "Issues in Psychiatric Classification," "A research agenda for DSM-V," "Taxometrics," "Sources and Traditions of Classification in Psychiatry," "Advancing DSM: Dilemmas in Psychiatric Diagnosis," and "Psychiatry: The State of the Art," suggest some ambivalence in the field about how to classify human experience. The fourth edition ("IV") says it "includes ICD-9-CM Codes effective 1996," meaning that the International Classification of Diseases and the American manual are linked (there is also a Chinese manual, and probably others that I am not aware of).

On page 273, in the section titled "Schizophrenia and Other Psychotic Disorders" the text [indicates other non-psychotic disorders in the text may have psychotic features (e.g., "Dementia of the Alzheimer's Type and Substance-Induced Delirium [...] Major Depressive Disorder, With Psychotic Features," in the "Mood Disorders" section)]:

The term psychotic has historically received a number of different definitions, none of which has achieved universal acceptance. The narrowest definition of psychotic is restricted to delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature. A slightly less restrictive definition would also include prominent hallucinations that the individual realizes are hallucinatory experiences. Broader still is a definition that also includes other positive symptoms of Schizophrenia (i.e., disorganized speech, grossly disorganized or catatonic behavior). Unlike these definitions based on symptoms, the definition used in earlier classifications (e.g., DSM-II and ICD-9) was probably far too inclusive and focused on the severity of the functional impairment, so that a mental disorder was termed "psychotic" if it resulted in "impairment that grossly interferes with the capacity to meet ordinary demands of life." Finally the term has been defined conceptually as a loss of ego boundaries or a gross impairment in reality testing. The different disorders in this section emphasize different aspects of the various definitions of psychotic. In Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, and Brief Psychotic Disorder Due to a Medical Condition and in Substance-Induced Psychotic Disorder, psychotic refers to delusions or only those hallucinations that are not accompanied by insight. Finally, in Delusional Disorder and Shared Psychotic Disorder, psychotic is equivalent to delusional. (American Psychiatric Association, 1994, p. 273)

Hence the importance of "loss of reality," "loss of insight," that is: "delusion." Even "hallucinations" are secondary to this characterization of behaviour and experience.[47] [I imagine a "loss of ego" to mean a way of feeling or "integrating" experiences that are not normative, and a "gross impairment in reality testing" as a process of understanding that is no longer conditioned by normative schemes and demands. This would apply to any situation in which the person is aware of new or remembered experiences that are not simply subject to plans and concerns that arise in the socius].

The text goes on to define Schizophrenia and the other disorders much as above. Schizophrenia, the disorder that Szasz (1976) called the sacred symbol of psychiatry, is defined

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[47] [20100823] Dr. Manfred Spitzer explains that hallucinations "are defined as perceptions without adequate stimuli although most patients can distinguish their perceptions from their hallucinations. Furthermore, it is left unclear what 'inadequate stimuli' might be, and it is questionable whether it is appropriate to refer to stimuli when talking about perception in the absence of any experimental framework [...]" (1990: 4).

more closely for its centrality in psychiatric puzzling [i.e., theory], its distance from ordinary experience, and its historical estrangement from the less debilitating disorders of mind such as the neuroses. It should be noted that today the neuroses are classified as personality disorders, part of the Axis II classification of disorders in the DSM (along with "retardation"), while the psychoses (Schizophrenia, Bipolar Affective Disorder, and others) are part of Axis I classifications, the "Clinical Disorders" which are primarily psychiatric [neither strictly neurological nor psychological] and cannot be explained by Axis III "general medical conditions" (e.g., hyperthyroidism) or Axis IV "psychosocial and environmental problems" (e.g., housing or money problems). Thus, the psychoses are believed to be biological disorders that are still unexplained, assumedly because they last a long time and do not appear to be "triggered" by hardship. This is important to understanding the difference between common distress and madness that is severe enough to warrant attention from clinicians.

The essential features of Schizophrenia are a mixture of characteristic signs and symptoms (both positive and negative [positive being delusion and hallucination, negative being social withdrawal or emotional blunting as examples] that have been present for a significant portion of time during a 1 month period (or for a shorter time if successfully treated), with some signs of the disorder persisting for at least 6 months (Criteria A and C). These signs and symptoms are associated with marked social or occupational dysfunction (Criterion B) [this would constitute "psychiatric disability," medically conceived, insofar as there is a limited ability/capacity to engage the social environment: finding work, building relationships, enjoying life]. The disturbance is not better accounted for by Schizoaffective Disorder or a Mood Disorder With Psychotic Features [e.g., Bipolar Affective Disorder or Major Depression] and is not due to the direct physiological effects of a substance or a general medical condition (Criteria D or E) (1994, p. 274).

Thus by a process of exclusion, we can determine if a psychosis is brought on by: substances, environmental problems, well-known medical conditions, a mood disorder, or finally the worst of all psychiatric conditions, that which is essential psychosis, Schizophrenia. Disability results from impairments of:

> perception [i.e., hallucinations], inferential thinking [i.e., delusions], language and communication [i.e., disorganized speech; 'word salad' in severe cases], behavioral [self-]monitoring [i.e., disorganized behaviour], affect [emotion], fluency and productivity of thought and speech [e.g., lack of concentration], hedonic capacity [lack of pleasure], volition and drive, and attention. (p. 274)

Delusion [the centre of this disorder scheme] is considered a lack of insight into our mental processing, a lack of reflective thought (at least in a social context), and whereas people who hallucinate might know they are hallucinating, people who are deluded cannot know it. If for example I feel the wings of an angel beating over my head while of sound mind, I recognize this as a false percept; such beings do not exist according to enlightened rational thought, though [in the DSM] allowances are made for religious and cultural ceremony.

> Delusion (Criterion A1) are erroneous beliefs that usually involve a misinterpretation of perceptions or experiences. Their content may include a variety of themes (e.g., persecutory, [self-]referential, somatic, religious, or grandiose). Persecutory delusions are most common: the person believes he or she is being tormented, followed, tricked, spied on, or subjected to ridicule. Referential delusions are also common; the person believes that certain gestures, comments, passages from books, newspapers, song lyrics, or other environmental cues are specifically directed at him or her. The distinction between a delusion and a strongly held idea is sometimes difficult to make and depends on the degree of conviction with which the belief is held despite clear contradictory evidence. (1994, p. 275)

[I have noticed that in practice functionality] plays a large role in discerning how delusion [is distinguished from] misinterpretation or wishful thinking [...]. While a distressed person may avoid others (which can be considered "paranoia" or "grandiosity"), and while a vulnerable or poetic person might assign unique value to seemingly ordinary events, [in diagnostic texts] the

"degree of conviction" or "recalcitrance" of the individual marks the psychotic. A mystic or a poet will easily accept incredulity, but not a psychotic, [supposedly].

Defining psychosis as recalcitrant unreason seems unsatisfying to me because it depends on a social[ly registered] variable of resistance, and a philosophical understanding of reason that is outside medicine's domain. If the psychotic is conceived as isolated, rather than acting with others as in some religious rite [which is apparently acceptable], then this [tension between social and individual] becomes essential to our social marker of madness [generally, as "delusions" must be held "incorrigibly" to be considered "psychotic"] and science has only to refine it further. For me, this issue of the singularity of delusion, the narcissism or lack of social-self in psychosis [which would be imposed or "projected" on anyone who does not accept this rule of thumb...], are necessarily dependent on our [incomplete] understanding of belonging [...]. But given this relativistic concept of "reality" impairment, and [politically speaking] the social function of psychiatric defining of psychic impairment, we may wonder if this science [...] are a show, a farce, a scheme. Or maybe psychiatry/delusion may represent a fundamental demarcation in Western society, a line that constitutes "belonging" as pure contingency.

There are many types of delusions defined in the [Diagnostic and Statistical Manual]. Although bizarre delusions are considered to be especially characteristic of Schizophrenia, "bizarreness" may be difficult to judge.[48] Delusions are deemed bizarre if they are clearly

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[48] The question of culture is instructive here. While what seems bizarre is different from culture to culture, given what conditions 'normalcy' in any 'culture', and while there may be more or less disapproval and violence foisted on those who are 'different' from their culture, a Mad culture would require a great deal of latitude to include as many 'differences' as possible. Yet this runs counter to the persistence of commonality in a culture. However, commonality may be described after a set of interactions has been observed, and may have little to do with agreement between interlocutors or social actors, as in more traditional cultures.

implausible and not understandable and do not derive from ordinary life experiences. An example of a bizarre delusion is a person saying he has removed internal organs without leaving any wounds or scars. An example of a non-bizarre delusion is a person's false [e.g., unlikely or unfounded] belief that he or she is under surveillance by the police. Delusions that express a loss of control over mind or body (i.e., those included among Dr. Schneider's [early twentieth century] list of "first-rank symptoms" are generally considered to be bizarre; these include a person's belief that his or her thoughts have been taken away by some outside force ("thought withdrawal"), that alien thoughts have been put into his or her mind ("thought insertion"), or that his or her body or actions are being acted on or manipulated by some outside force ("delusion of control"). If the delusions are judged to be bizarre, only this single symptom is needed to satisfy Criterion A for Schizophrenia (1994, p. 275).

[Here is a closer reading of how madness is constructed as aloneness or difference]. Bizarreness is not simply incoherence (which would be regarded as complete disintegration of thought, "dementia") or implausibility (merely incorrect but rational thought, "neurosis"). Deluded thought is readable, but its impossible assertions (e.g., "all men are aliens and their furniture is lazerous") are an indication not of exploration but a loss of meaning, mind, and thought. The line between total dysfunction and ordinary lapses in reasoning is a category of continued strangeness that may have a social dimension, even social causes, but cannot be considered social in reciprocity. Delusion is an illness in the sense that a person fails to be social in some sense, the agentic sense, even if she pretends the mental acuity to refuse sociability, or if she merely makes sense to herself alone. Thus psychiatry provides an absolute [idea of what we deem] "social" [...].

Compare this with psychiatry's formulation of the symptom "hallucination." Hallucinations are understandable in many contexts. For example, those that occur before or after sleep are not considered abnormal at all. Mishearing one's name called or hearing a buzzing in one's ear are not considered hallucinatory. Religious experiences "in certain cultural contexts" are considered normal variants of hallucination. Common auditory hallucinations reported are voices that are innocuous, but they may become "pejorative or threatening." When two or more voices speak at once, or a voice maintains "a running commentary on the person's thoughts or behaviour," this satisfies "Criterion A" for Schizophrenia (1994, p. 276). Thus, hallucination is only considered a symptom when it presents continuously, [though] the perceiver may be aware [it] is not part of reality that is socially recognized.

Thought disorder is a less important symptom that is observed as thought or speech that " 'skips off the track' from one topic to another ('derailment' or 'loose associations') [...] ('tangentiality') [...] ('incoherence' or 'word salad')" (1994, p. 276). These sorts of problems in communication "must be severe enough to substantially impair effective communication" according to the DSM. (How close to narrative gloss or narration itself this symptom appears: a move to organize chaos in one's world. And this narrative erupts into the social by way of demonstrations and symbolic acts). "Disorganized behaviour" is considered to range from "childlike silliness to unpredictable agitation" and often results in loss of goal-oriented behaviour like preparing meals or maintaining proper hygiene. The person may wear improper clothing for the season, or may exhibit improper sexual behaviour, or may swear and shout without provocation. The text says that such behaviour is discernable when the motivation is not "understandable" (p. 276). Rigid posture or movement, or lack of any movement, is another less prominent symptom, called catatonia. [I have recently read a nurse's account in which she said that only by having a loving disposition can we help a person "snap out of" catatonia.]

The text goes on to describe negative features of schizophrenia like lack of motivation. Our search for a definition for psychosis in general [... must] not be discerned from these descriptions of delusion, hallucination, and thought disorder alone. As the text suggests, while these symptoms are presently definitive, several theorists in psychiatry like Drs. Schneider, Bleuler, and Kraepelin [in the early 20$^{th}$ century], gave different schemes for psychotic experience and behaviour. Some highlighted [functional] impairment [*sic*] (a problem with social participation), others highlighted the "positive symptoms" like hallucination. But while everyone can be said to suffer an existential dilemma (indeed everyone in the world is thought to be a bit mad simply by adjusting to an insane world, as psychiatrist Ronald Laing once said),[49] it is delusion that seems most important to understanding this non-understandability of "madness." It is this problem in reasoning through our lives, coincidentally along the fault line of social integration, that psychiatry seems bent on resolving scientifically as if the sciences were equally secure in thermodynamics [as they are in public discourses].

Remember however that psychiatry does not insist on these schemes [...] in clinical application, as I have experienced and observed, because [such schemes] are not simple at all. They are complex schemes that involve many layers of personal, social, and societal issues, and [require] an understanding of the history of classifications. We could revisit these problems in a reading of Richard Bentall (2003), just one of several critics of the biocentric explanation for

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[49] [20100823] Laing's existential psychology, which allowed for a kind of humanistic psychiatry (albeit undisciplined from Szasz's, 2009, account in his book, *Antipsychiatry*), depends on pathologic readings. For example his term "ontological insecurity" [i.e., doubt in reality?] was applied to "delusional mood" [i.e., emotional flight?] in his first book of 1960. Such deep insecurity is "a condition in which I [sic] become radically uncertain of my essential self. When one is 'ontologically insecure', one's being, as physical or non-physical, mental or non-mental, existent or non-existent, temporal or supratemporal, spatial or aspatial, mechanical or organic, human, divine, or demonic, male or female, real or unreal, alive or dead, or animate or inanimate– to mention just a few!– becomes dubious and indeterminate" (quoted in Spitzer & Maher, 1990, p. 27).

distress called delusion and psychosis. But as the excerpts in the DSM above show, many of the problems that we encounter in defining psychosis come from distinguishing symptom behaviours and experiences from ordinary life, again a problem of social perception.

To search for [more] encompassing categories [by] which abnormality might be identified, I found Campbell's (1996) seventh edition *Psychiatric Dictionary* at the Bookstore. It says behaviour is the "manner in which anything acts or operates. With regard to the human being the term usually refers to the action of the individual as a unit. He may be, and ordinarily is, acting in response to some given organ or impulse, but it is his general reaction that gives rise to the concept of behaviour" (1996, p. 88). There is no definition for the term "experience" in the dictionary, though there is such a thing as "experiential therapy," and "accidental experience," which is merely something that occurs to someone by external circumstance (as opposed to some inherent trait). So "experience" is understood as a given, but is not axiomatic in psychiatric theory, just like [the term] "reality." Psychiatry is defined as "The medical specialty concerned with the study, diagnosis, treatment, and prevention of behaviour disorders. The word was first used by the German anatomist Johann Christian Reil (1759-1813)" (1996, p. 571). Psychiatr*ism* is defined, incidentally, as the "injudicious and fallacious application of psychiatric principles in an unwarrantedly mechanistic way, without careful investigation of the dynamics of the individual case to which the principle is applied" (p. 571). [This good shrink bad shrink routine is not uncommon in the profession]. Psychiatry reads its critics. As with the definition of psychosis, psychiatry seems to be leaving itself out of its [...] inquiry. [In this dictionary] psychosis is defined as:

> Loosely, any mental disorder (including whatever is meant by the obsolete terms insanity, lunacy, and madness); more specifically, the term is used to refer to a particular class or group of mental disorders, and particularly to differentiate this group from neurosis, sociopathy (or psychopathy), character disorder, pyschosomatic disorder, and mental

retardation. Traditionally the psychoses or psychotic disorders are subdivided into: A. Organic Brain Syndromes, B. Functional Psychoses: 1. Schizophrenias, 2. Affective psychoses (mood disorders, including involuntary melancholia, manic depressive psychosis, and psychotic reaction), 3. Paranoia and delusional states. (1996, p. 585)

This definition is far more useful than the DSM's definition in getting a sense of psychiatric disorder [in a broader and] social [sense, without transcending] physiological science [as other disciplines that take up "madness" do].

Delusion is defined as:

False belief that is firmly maintained even though it is contradicted by social reality. While it is true that some superstitious and religious beliefs are held despite the lack of confirmatory evidence, such culturally engendered concepts are not considered delusions. What is characteristic of the delusion is that it is not shared by others; rather, it is an idiosyncratic and individual misconception or misinterpretation. Further it is a thinking disorder of enough import to interfere with the subject's functioning, since in the area of his delusion he no longer shares a consensually validated reality with other people.

Like hallucinations, delusions are condensations of perceptions, thoughts, and memories and can be interpreted much the same as hallucinations and dreams. Delusions are misjudgments of reality based on projections. The sequence of events in the form of delusions is often seen to be as follows: the patient's relationship to objects is an archaic, ambivalent one; he attempts to incorporate the object, which then becomes a part of his own ego; the object is then reprojected into the external world and becomes the persecutor. Persecutory delusions thus become projections of the subject's bad conscience; since the superego (conscience) is usually an introjected object of the same sex, the struggle against the superego represents also a struggle against the subject's homosexuality. The imagined persecutors, however, not only threaten and punish the patient; often also they are perceived as tempters who lead the patient into sin or weaken his potency. [...]. (1996, p. 182)

In this definition we see the schism in psychiatry between its present biological orientation towards madness and its prior psychoanalytic orientation. Further, the heterosexism that charged Freud's work, but is no longer taken as symptomatic or as a disorder in itself, is still evident in this supposedly contemporary definition. [But in terms of sanism, note the use of the term projection, which is essentially to project onto a patient what "unresolved" interpretations occur. "Projection" as a scientistic category reserves for the psychiatrist an absolute knowledge about

knowing. The inherent contradiction, insofar as the psychiatrist is only human, seems to prove the practitioner's delusion, but then we would be courting the sanist demand to find the "true" delusion in our midst, and again reifying the "madness" scheme.]

[Finally it should be noted that there] are several classifications of delusion. Nihilistic delusion pretends non-existence, or being dead, or not having body, or having amnesia, or denying illness. Somatopsychic delusions involve some imagined distortion or correction of one's body or its parts. Autopsychic delusions, like delusions of grandiousity, involve some change of the self, such as not being oneself, or feeling like one has sinned terribly, or being cosmic, divine, wise, or loved (respectively "uranomania," "theomania," "sophomania," and "erotomania"). Delusions that involve the outside world erroneously, such as being watched, controlled, persecuted, possessed, are called allopsychic delusions. Autochthonous delusions are abstract, absurd, and "out of the blue." Expansive delusion is also called "megalomania." Messianism, infidelity, guilt, poverty, reform, are yet other kinds of delusions, as is "shared" delusion in which two people have the same strongly held belief (1996, pp. 183-184). Again we see the interpenetration of the social and the individual in the mystery of delusion. [There is no possibility of simply accepting someone's error as their truth; there must be a common sense in this form of thinking about thinking.]

## Delusion and Philosophy

[This section seeks more expansive explanatory texts that will ground or challenge psychiatry's notions of madness. Within and without psychiatry, philosophy seeks to define the self and the

social world through the concept of erroneous thought which is tightly held. Is it perilous to wonder whether groupthink renders singularity of thought a threat?]

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Psychiatry is the centre of defining madness in Western practice, but it has reconsidered its work in relation to the problem of social, and therefore interpersonal, meanings and expressions. It did this after Europe's Great War, as Pilgrim and Rogers have reminded us. Psychiatry's new philosophy seems to connect with phenomenological thought and this should bring relief to the suffering of people who have felt reduced by its biological commitments. Psychiatry rebels alongside its patients in the 21st century, as it did through Drs. Laing, Basaglia and others a couple of generations ago, all psychiatrists who stressed the importance of patient accounts.

The editors of *Nature and Narrative: An Introduction to the New Philosophy of Psychiatry* (Fulford, Morris, Sadler, & Stanghellini, 2003) do not agree with critics who say psychiatric theory is no longer necessary or whole in an age of deconstruction (Karuso, 1996).[50] Rather, psychiatry is renewing itself.

> We say 'renewal' because in many respects the new philosophy of psychiatry has taken up where Karl Jaspers, the first philosopher of psychiatry and the founder of modern psychopathology, left things at the start of the twentieth century. [...] Jasper's work

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[50] Karasu suggests that as 'history' has come to its conclusion, so has theory, specifically psychological theory. "The final surviving clinician is the one who shall endure all of the conceptual schisms and schemas that predated him. He does not need theory to buttress his very being" (1996: 132).

[reflected] the need for both a scientific ("nature") and experiential ("narrative") accounts of psychopathology. (2003, p. ix)[52]

The book promises "no recycled material" from psychiatric argumentation. Instead Wittgenstein, hermeneutics, empirical linguistics, systems theory, phenomenology, and other branches of thought are [to be brought to bear]. Phenomenology will be used to understand delusion and schizophrenia, among other disorders, and yet also the very "*limits* of understanding in psychosis and its implications for practice" (2003, p. ix).

[With regards to phenomenology, which sustains the narrative turn in social sciences] I find a section on consciousness and experience that relates some of Merleau-Ponty's ideas. [Consciousness does] not denote things, material or immaterial, but relationships. "'Experience' is always experience of the world; consciousness is always consciousness of some object or other. [...]. to say that we are conscious is to say that we stand [*sic*] in a certain relation to the world, or to objects" (Fulford *et al*, 2003, p. 85). Imagining things and being mentally ill [*sic*], the text continues, are two different kinds of intentionalities, depending on the body's spatial relation, but also the body's "mode" of experiencing objects. A blind man and a sighted person are used to illustrate differing modes of experience, and I am reminded of a friend's recent comments regarding Merleau-Ponty's penchant for using narrative prosthesis in this way. In any case, his idea that we are subjects in the world seems to rely not only on the act of intentionality,

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[52] Jaspers theorized from work by Drs. Kraepelin and Bleuler on the psychoses, which they split into the schizophrenic, paranoid, and (manic) depressive categories. Freud's work dealt with the neuroses, though he understood psychosis as a 'narcissistic neurosis' that was incurable using psychotherapy.

but on the spatial relation that positions us as body-subjects. But these are not distinct aspects of experience, they conjoin. The text does not conclude that mind-is-brain-is-worldliness. In fact it suggests moving away from understandings of consciousness altogether, insofar as they tend to make consciousness a thing. But I wonder if the situation of embodiment might be expressed as a worlding, that is the world becoming conscious through its spatialities, including our bodies; this is not a new idea but I can't remember who thought it up. The text insists that objectifying thought (even as a process), or consciousness, draws us back in to the old paradigms of materialism and/or dualism [of material versus consciousness].

The problem of mind and body as separated, of objective social knowledges separated from subjective personal opinion, can only be addressed (though not answered it seems) by turning the question of consciousness from an etic to an emic, or rather, in non-anthropological terms, of insider and outsider, terms which are certainly disturbed [not destroyed] in a "globalized" world. The concept of subject moves from "what is it?" to "how do we do it?" "It" has become not an object for inspection, but a relationship (in the active sense, ever changing), or a doing. It is a self-evident way of understanding as long as we attend to language, which, as Husserl and Bretano have shown, is the beginning of all social knowledge. There may be no other form of knowledge communicable. Wittgenstein allows us to connect the social world of explanation to the body's simplest expressions (e.g., denoting feelings like pain) by saying some words are simply extensions of the body. That is, gutteral expressions may be different than descriptions, which come under the interrogation of reasons (Harré, 2003, p. 133). It is supposedly psychiatry's job to respond to the more "primitive" or "natural" expressions, albeit as part of a normalizing move (such as by correcting or rehabilitating pronoun usage, as in the case of a "dissociative disordered" person who gained acceptance by using "I" instead of the names of her [psychical] parts) (p. 137).

The article on delusion by Michael Musalek (Fulford *et al*, 2003) is a treasure trove of background information [on the topic]. From the etymology of the word "delude," to a survey of language theory, to the changes in how pathology identifies delusion, Musalek provides a survey of the literature that helps me ground my work. Though it is by no means exhaustive (and neither is my own reading– there are [countless personalized] definitions of "crazy" after all), it is the closest I have come to an intelligent account of how this problematic "symptom" word helps us locate "ill" people. Musalek makes quick work of the idea that delusion is simply a logical problem, that is, a problem in understanding the world and communicating it. Derridean theory is used to show that language is not a stable ground from which to decide what is true and false about the world. There is "ambiguity," "precariousness and misunderstanding" built into all languages.

Musalek then gives some of the background meaning for the term delusion. The Latin *deludere* means "putting on an act for someone." The French term *délire* runs back to a different Latin expression, *de lira ire* which means "to go off the track." The German term, *Wahn* (pronounced "von"), which comes from the Indo-Germanic root *wen* meaning "to search" as if "expecting" something by "assumption." A similar word, *Wahnsinn* runs back to the Indo-Germanic *wan* and the Latin *vanus* which means "empty." This relates to the English stem "vain," which again suggests an emptiness of sense or of self-feeling. The word paranoia comes from the word *noos* meaning mind, and its prefix *para* meaning beside or outside (Fulford *et al*, 2003, p. 155). I have to look up the language it derives from on an online etymology dictionary and find *noo* is from Attica (near ancient Athens), which like the Greek word *nous* means mind, which gave rise to philosophical concepts like *noesis* (mental perception) and Kant's *noumenon* (an object of mental intuition) (see http://www.etymonline.com). Paranoia is a disorder conceived as separate from psychosis by Kraepelin, one that is solely delusion. Incidentally, I

explore the etymology of the words "mad" and "crazy" in my book *Tranquil Prisons,* which I am hoping to publish next year if all goes well.

Musalek says that to define delusion Jaspers underscored not "false belief" but strength of conviction and outright refusal of other explanations. Of course the "impossibility" of a belief was still necessary to the pathological scheme, but the intensity with which the belief was held was more important. This suggests a kind of functionalist conceptualization of delusion, in which a person should be able to believe anything as long as they do not impose it on others. Yet one might wonder if it's possible to not impose on others a belief that they would find shocking or impossible in others' worldviews [or at least whether to suppose a belief is impossible is evidence of a kind of violence]. The appearance of sanity would seem to depend on going with the flow, but that is necessarily disrupted by any difference from what is accepted by another person or a majority. When this disruption is noticed, commented on, and re-presented repeatedly, especially by clinicians, it may dislodge the offending belief or strengthen it. Nevertheless, even "incorrigibility" and "certainty" are not enough to define delusion, since these same criteria sometimes appear without any "loss of [social] freedom" (again, when at a loss, the pathologist turns to functionalist criteria [...]).

Musalek proceeds by saying that meaning comes, (first) in a "referential approach," from the identification of a word with its target (the signifier refers to a signified condition in Saussurian linguistics, while Chomskyan linguistics presents grammatical construction as mitigating meaning). (Second), in a "propositional approach," words mean something when their propositions can be verified, through analytic or empirical tests, and this is in keeping with the idea of [identifying] an "impossible" belief being a delusion. (Third), in the "hermeneutic approach," meaning is only sustained in broader historical and cultural contexts; Gadamer would

add that meaning is made between two or more hermeneutic horizons. The author seems to exceed the design by adding an unlikely psychomechanical name to a fourth approach he calls "interactional behavioural approach" (what I believe means "CBT" or "cognitive behavioural therapy"). He supports this by saying Derrida came to consider *logocentrism* (the dominance of the word) as secondary to *phonocentrism* (the dominance of how the word is uttered or shown). [Yet meaning is implied by both. Therapy would have fit under the "hermeneutic" approach, but perhaps the aim was to make it central]. Thus, delusion is not only a problematic at the level of knowledge as a logical proposition or claim, but at the level of interaction and intentionality. Delusion occurs to us whenever embodiment and expression diverge from what is commonly shared.

The theory presented thereafter touches on many problematics in the conceptualization of "mad" people. Delusions that are remotely possible, like being followed by the CIA, or being "god," like less remote possibilities such as being persecuted by a neighbour or husband, all are "produced by patients themselves, and therefore they are always a part of their world of ideas" (citing G. Roberts, 1991; 2003, p. 163). This individualization of delusion is important. Imagine a more open account of communication, as we see above in hermeneutic conceptions (which are apparently conceivable in regards to "intelligible" or "mutual" interlocutors only). In such a scheme, ideas about God and the CIA, not to mention neighbours and husbands, are shared rather than individual. It is not that the CIA is following Sharon or that Ravi is besieged by a neighbour; it is that these two people are among many oppressed in [such a] way.

A corollary explanation, to kick at madness theory a bit, is that the deluded person is so sensitive, she picks up on the fears of others, or the fears left unspoken when we hear of CIA plots. But even if this is so (and I believe "deluded" people are not necessarily more "feeling" or

"intuitive" or "aware" of others, though there is some[thing to this argument]), the reception of these meanings in our lives, or their display and performance by the Mad person, suggest a communication that the group would not necessarily suppress but that a ruling regime would work hard to suppress in every single person. The "impossible" or "inconceivable" is thus exposed not by a simple fault in reasoning or perturbability of affect but by a group process unbound [by] individuals who may no longer feel they have much to lose, or may feel they want to get to a truth [regardless], or may feel they have been "touched" by some other important "thing" or "question." In other words, to speak as a sanistrist (i.e., a psychiatrist of Psychiatry), the social is repressed and needs an expressive exponent (an "agent") to cathect its libido; it finds it through the distressed or changleing persona or "deranged" locution within. I present my [...] theory as [likely] false, but only insofar as sanism (the division of "psyches" into sound and mad) and sanistry should not [and did not] exist; that is they seem to exist only in my own imagination (thankfully my friend Richard has found a history to the term "sanism" [(Birnbaum, 2010)]). Only because I can be said to "exist" do these terms also [seem to] appear.

"Sometimes we are not able to follow the ideas of our patients (and we then call these forms of delusional idea [*sic*] bizarre delusions [...] but for the patient they always make sense," [says Musalek (Fulford *et al*, p. 163)]. Here we have a further dividing line. There are plausible delusions, unlikely delusions (referring to what one considers unusual in one's experience) and impossible delusions (like Daniel Schreber's, who Freud wrote about and made more famous than any other "psychotic"). Musalek says [the latter] confer themes of importance to the patient [perhaps because the delusion is private], themes tied to some unsolved problem, which provides the drive of conviction in the delusion. The patient tries to "translate extensive and intensive psychological processes into communicable events" (p. 163). [T]he postmodern condition of precariousness may drive a person to hold incorrigible beliefs, [to] "look for islands of safety" as

a "defense." How [Musalek] draws such a conclusion from [yesterday's theory] is beyond me, but then any conception of the patient as "translating" some psycho(social) event, as I pretended to do [in the last paragraph], is bound to draw from our particular experiences. Certainly many of us use psychodynamic explanations, often describable in thermodynamic models, to explain the ferocity of belief of another in social conflicts.[53] And the impenetrability of another's expressions and ideas can make us wonder whether we've missed something in the world, or [lets] us run back to the comfortable feeling that fools cannot be understood.

[Musalek] then considers how mental illness impacts on the deluded person, how vociferously they fight the implications of being considered crazy, and how this is in itself "delusional work" that reinforces their madness. One might beg the author to suggest an end to psychopathology if in practice it leads to these effects, but of course the hope is that a patient will eventually come to accept their illness and work to end it. He touches on the problem I alluded to earlier: even when a patient wishes to forego communication and its risks, families and others will bring dominant interpretations to their attention. I would add to these interpretations the psychopathologies.

But the author does not include psychopathology amongst the meanings available to us in our disorders. He charts back to the dominant social construction of delusion that he started with, masking pathologization as its own social act ("off the track" and "searching for something

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[53] [20100823] As Spitzer reminds us about all psychopathology, without the grace of irony, "[...] the only *general* feature of mental illness according to Kant is a loss of the *communal sense* (*sensus communis*), i.e., the loss of the ability of a person to be corrected by others" (Spitzer & Maher, 1990, p. 46). This is the social writ large, and it informs not only the way in which moralistic and violent therapies are imposed (as a friend of mine was saying on the street this afternoon), but how survivors of these techniques learn to condition their bodies and minds against the pretenses of psychiatry as sociality itself.

assumed"). This is what inflates the idea that our experiences are "delusions," that gap in psychiatric theory that prevents self-diagnosis.

## Madness in Society, History, and Practice

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Psychopathology situates stigma in the non-therapeutic environs generally. That is, discrimination against "madness" or "mental illness" occurs amongst folk [of any society with ties to the West]; it supposedly has no place within a clinical milieu, though Read (2007) shows that the medicalization of distress and difference results in "more stigmatizing" behaviours.

Schoeneman, Segerstrom, Griffin & Gresham (1993) show how folk psychology is funneled into therapeutist elaboration. [I was explaining to a friend yesterday that this is why I chose to "capitalize" Mad rather than let it be understood in the sense of a folk tradition idea in conflict with medicine: the latter springs from the former I would argue]. Based on an important study of how "everyday" people understand madness:

> [One hundred and twenty four] informants in public places and college classrooms generated 162 category labels for mental illness [...]. 75 undergraduates sorted the [reduced number of] 48 categories by similarity. Cluster analyses indicated that 12 low distance clusters combined into three large groups [...]. A multidimensional scaling analysis [...] yielded three dimensions which we interpreted as Onset Controllability/ Responsibility, Cognitive Deficit[/]Excess, and Potency/Severity. In discussing our findings, we note a correspondence to the 20th century triad of psychosis, neurosis, and organic disorders as well as to the three historical stereotypes of maniac, melancholic, and fool (1993, p. 429).

From this analysis we may still find the vestiges of "everyday" opinion: "controllability/ responsibility," "cognitive deficit/ excess," and "potency/ severity" and wonder what they

actually [mean]. People relate concepts of madness as "lacking control" (in opposition to moral deviance like drug "abuse"), as "cognitive excess" (in opposition to the label of intellectual ["deficit"]), and as leading to [violence] if the disorder is "severe." [T]his triple characterization (dangerous, intelligent, uncontrolled) [might best be characterized in the cartoon character Sideshow Bob of the Simpsons, albeit his uncontrolled "impulsivity" seems at times to give way to love]. But in that reconstruction, we see moral depravity, intellectual alienation, and [ill]-control as deficits, which is in opposition to what the study found. Folk psychology construes the "mad man" as *in* control [in opposition to the "addict"], alienated [in opposition to the "retarded person"], and immoral or dangerous [in opposition to the "phobic"]. Their terms not mine.

Despite the problems of such research and its analysis, which likens these dimensionalities to pathological and pre-20th century categories of madness, it is well known among psychiatrists that the layperson is the first diagnostician, and that the professional takes her cue from the social. Psychologism is rooted in mentalism and sanism, which are societal "moves" to control. [...].

20100812.1403

Memory insists that I look back to yesterday's notes and re-find the thread of my initialization of this study. It provides a remembrance: the defining of the term psychotic. It provides an architecture, these files, and this document. And when I "look back," when I "read from the beginning," I recognize in my thoughts something of yesterday. Historicity, as Gadamer says, provides for a sense of how Merleau-Ponty's bodies in relation to space "relate" through horizons. And while history need not be conceived in its materialist sense as a rigid set of facts, it at least nods to a shared set of meanings, to relating, and this will open the door to intercultural or intersocietal relating.

[How have we tried to put "mad" people back on "track?"] Alexander and Selesnick's *The History of Psychiatry* (1966) neatly divides European psychiatric approaches into categories, "The Magical Approach; The Organic Approach; The Psychological Approach," in a kind of staging up. Healing can occur in any number of ways it would seem, but the authors begin Chapter 1 by reminding us, in all too familiar guises, that the cure for madness is still far off. The mentally ill have always been with us– feared, marveled at, laughed at, pitied, or tortured, but all too seldom cured. Their existence shakes us to the core of our being, for they make us painfully aware that sanity is a fragile thing. To cope with their ills "man" has always needed a science that could penetrate to where the natural sciences cannot– into the universe of "mind."

This is a progressivist history of course, and the description of the "primitive" or "magical" approach is [telling]: "Primitive man cured his minor troubles through various intuitive, crude, empirical techniques: he cooled his injuries with saliva, alleviated fevers by lying in cold water, extricated foreign matter from his skin as best as he could with his fingers, rubbed his wounds with mud, sucked snake bites to rid himself of venom" (1966, p. 7).

Siegler and Osmond show in chart form many more approaches (1974, pp. 16-18). Each approach has its own set of values and practices. The *medical* model attempts to reveal and treat a disease of the body in madness. The *moral* model issues sanctions and rewards for behaviours it does not attempt to understand except in relation to the moral standards of society. The *impairment* model also does not have an "etiology" (or study of causes), but simply seeks to assist a person by rehabilitation while all "behaviour is interpretted as normal" (i.e., normalization). The *psychoanalytic* model interprets symbolically the experiences and behaviours of the patient, and like the medical model and rehabilitative/impairment model it does not seek to judge behaviours morally. The *social* model blames society and provides for

psychiatrists, social workers, and activists with ways of changing society to derail madness. The *psychedelic* model suggests madness is a "trip," an escape from family or other pressure that may be quite advantageous if guided correctly (its "personnel" are "guides who have been there and back"). The *conspiratorial* model insists that madness is relative, and "the so-called madman is a victim of labelling." And the *family interaction* model says the family is sick and the mad person is the "index patient who may be the healthiest member of the family." The authors explain that their "classification system, as it appears in Table I, implies that all models are equal, but in fact there is one model which is more equal than others; this is the medical model. [...]. This book shows why we believe the medical model to be the best choice for those suffering from schizophrenia" (p. 19).

Some thirty years later, the medical model is more engrained but no longer progressive. This is in part because philosophers and psychiatrists assume biological research has made a lot of headway, and we can return to the social.[54] Tim Thornton's *Essential Philosophy of Psychiatry* (2007) considers the role of values and judgment in the practice of psychiatry. He

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[54] Consider the proclamations of the head of the U.S. National Institute for Mental Health.

> "We're in the middle of a revolution," said Thomas Insel, M.D. "We have the chance to change the world—not tomorrow, but by staying on course." [....] "Neuropsychiatric illnesses are the leading cause of years lost to disability or death from noncommunicable causes," noted Insel." [....] "We have to move the agenda," he said. "Diagnosis still comes by observation, illness is detected late, prediction is poor, etiology is often unknown, prevention is not well developed, treatment is by trial and error, and there are no cures and no vaccines. Prevalence and mortality have not decreased, and the culture surrounding them is sunk in low expectations. This is the only area of medicine where people don't talk about cure and prevention," he said. (Levin, 2010, p. 6)

Textbooks admit that though some differences in brains, neurochemical transmission, and genetics appear between "Schizophrenics" and control subjects, these differences are never consistent (Craighead, Miklowitz & Craighead, 2008, pp. 413-419; Hales & Yudofsky, 1996, p. 295). Thus, the Canadian Psychiatric Association [encourages social] activism on the part of budding psychiatrists for "the needs and rights of people with mental illness" and for public education and research funding (Rae-Grant, 2001, p. 257), as psychiatry students are taught to think outside the structures of yesteryear (p. 168).

moves to questions of meaning, such as Jaspers' idea of understanding or not understanding the

patient. And yet these relational moves, borne of a failure in biologism, hardly require a

technician like a psychiatrist. They [may] require "care," but more importantly they require time

*between* people.

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[While the history of psychiatric practice tends to privilege Western approaches, psychiatry's

anthropological edge is also salient in the consideration of "intervention"]. *Masters of the Mind*

declares, "As a tree with many branches, mental science has been approached with numerous

traditions and paradigms: philosophy, humanism, biological chemistry, society and culture,

formal psychological experimentation, and the synthesis called personology. Ideas and

discoveries in recent decades have come at a breathtaking rate. It is useful therefore to look back

and review the vast distance we have travelled from early times" (Milton, 2004, p. xiii).

Howells' *World History of Psychiatry* from Ancient Greece, proceeding through Europe from

the Mediterranean to the northern countries and the former Eastern Bloc, then North America,

Latin America, the West Indies, Israel, Arab countries, Africa, India, the Far East and

Australasia. I skip the European sections to see how African psychiatry will be treated by Dr.

Thomas Adeoye Lambo, O.B.E., MD of the World Health Organization.

Dr. Lambo says there are many forms of medicine and religion in Africa, given the

diversity of cultures and ethnicities. He says health and religion are intertwined. First a

traditional period in African medicine

> was essentially tribal and had all the features of communal and folk medicine. It was the
> precursor of Western medicine. [Then a] transitional period was characterized by the
> combined influence of the Christian medical missions and alien custodial practices of the
> colonial (metropolitan) powers. The contemporary period has been marked by many
> features of imaginative, innovative, and eclectic philosophies and practices. It is also in

the process of creating a conceptual model which would blend with the socio-economic and cultural goals of the new and emergent societies in Africa (Lambo, 1975, p. 580).

Again, I am impressed with contemporary psychiatry in its emanation into the social. The author says these three periods actually exist side by side, in tension and syncretism.

Dr. Lambo explains that tribal medicine reflected "the history of a nation, its struggles, seasons of excitement and recklessness, religious feeling, modes of thought, intellectual movements, hopes, passions, and fears" (Lambo, 1975, p. 581). Again, there is this overlay between mental medicine and society. Conversely, and more readily conceived here, we [might] say medicine is a reflection of its society. For example,

> The devotion of the tribal ancestors was chiefly connected with storms and pestilences, famine and death, which were regarded as penal inflictions, and which consequently created an almost maddening terror. [...]. Periodic collective group psychotherapeutic practices (e.g., possession, dancing, confession) were common (p. 581).

I infer from this that a society that is collective will respond to distress collectively, may even share distress collectively.

> [Group participation] provided a basis for the growth of social attitudes and moral development, for not only were there tribes constantly expiating to rid themselves of their collective guilt they were constantly promoting positive mental health through many culture bound and culturally prescribed practices of an emotional kind (p. 581).

These [descriptions] seem to agree with anthropological observations, and Freud's psychoanalytic use of anthropological observations. Yet Lambo reminds us of the vast diversity of practices, from sacrifice to agricultural rites, which make "African" psychiatry something quite different from Western psychiatry.

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The library is about to close, an announcement says. [The heat of summer and wind through my hair beckons]. I haven't gotten to a re-reading of Foucault's *Madness and Civilization*, or to Scull's histories. I have not started to link these readings together, how psychiatry [practices] and society [*consenses*][55] interleave, how concepts of suffering determine definitions of disorder, how disorder is read into social conflict [as mental performance], and thus how [mentalization of the subject is rendered as] madness whether or not it can be reduced to delusion [...]. I want to skim this chapter before I leave.

Dr. Lambo continues to remind us that African practices did not arise out of happenstance and environmental pressures, but out of cultural relationships. While social and spiritual afflictions are regarded more closely, African healers are very much aware of "the concept of natural causations" [like psychiatry], especially amongst the Masai in the east and the Shona of Central Africa (Lambo, 1975, p. 584). While some ideas are described as superstition, I feel there is something to them that is not being considered closely, such as for example the notion that with a hair of an enemy one can defeat the enemy (I am reminded of DNA evidence, or [even] the use of a few words by a politician). Perhaps I romanticize the "holistic" manner in which "causation is multifactorial; causal factors are interconnected; and the manifestations are multifacetted" in African social medicine (p. 585). Lambo says "in Africa there is very little social stigma, if any, attached to mental illness," but I have heard in videotaped accounts Nigerians complaining of the way they were treated by families and others in traditional situations. The author says "community attitudes permitted the bulk of African mentally ill

[55] I need to frame the social, the socius in terms of investment, as a matter of consociate sense making. However, where someone is officially declared beyond social understanding, a conspiratorial edge ruptures the ideal of constituency within a body social. Consenses suggest senses reserved only for conscripts.

persons with varying grades of social insufficiency to live as tolerated members of the community in simple, rural and unadulterated cultures" (p. 585). I cannot know how Eurocentrist ideas, perhaps brought in by English [nomenclatures], inform the author's descriptions, but I also remember the World Health Organization's (2002) famous international comparison of rates of recovery from schizophrenia which showed that in "developing" countries people "improved" faster and longer (perhaps because of social [integration], it was later argued). "Consequently, many African psychotics were (and still are) able to keep themselves at some sort of functioning level" (Lambo, 1975, p. 585).

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[The next day, feeling the rhythm between library and home, text and cooking, work and friendships. Life is a many-worded song. Memory makes it sweeter every time].

Thomas Lambo [says of African society],

This high level of tolerance made it possible to institute community-oriented therapy, enabling psychotics to be treated among their families and in their homes even when shackled to a log in the traditional manner. Tooth, during his survey in Ghana, observed that 'the madman is seldom alone for long, is well fed, and enjoys the company of his children and friends.' He continues, 'This tolerant attitude accounts for the number of harmless lunatics at large; most earn a living as professional beggars but some exploit their eccentricity as buffoons and entertainers.' (Lambo, 1975, p. 585).

[Since Lambo elides coercion with familial care, I wonder if he is ethnographically committed to a Western psychiatry. But my own gaze on Lambo's is doubly suspect even to me]. As Megan Vaughn (1991) reminds us in her own anthropology of medicine in Africa, the Eurocentric gaze sees vestiges of itself in the other. Foucault's history of madness and civilization, she says, is applicable to Europe and not to Africa. And yet Lambo seems to give psychiatry a place, a telos,

beyond the West. Could his understanding of "traditional" methods like restraint be borrowed from Western pretenses that insist restraint is in fact treatment? [...].

In larger cities and coastal areas, "mental illness was regarded with horror" (suggesting colonial influence). Yet "[i]n the forest zone, especially in Ashanti, the mentally sick were feared and identified with evil" (Lambo, 1975, p. 585). There is no [one] African view on "madness"; [if madness is transcultural] there are many [African views]. Yet where the author states categorically that "native healers" managed "schizophrenia, affective states, neurosis," we know from Vaughn's work and others like Bentall's (2003) that these labels are simply exported to colonial lands [see also Watters, 2010]. Traditional ideas of madness were not the same, such that there were no terms for psychosis or delusion, but there might be for mania (e.g., excitation) or depression (e.g., dejection). Nevertheless, Lambo insists that, especially in west and central Africa,

> They define a person as being mad when he talks nonsense, performs foolishly and irresponsibly, and is unable to look after himself or his family without realizing what he is doing. [...]. This recognition of the differences between neurosis and psychosis reaches its height among the Yoruba of the West Coast of Africa (Lambo, 1975, pp. 586-7).

Treatments [Lambo mentions], like sacrifice, dream analysis, divination, incantation, confession, trances, possession, trances, communion with spirits, use of the omnipotent power of words, would constitute symptoms in a Western understanding, yet are all practiced in [recollections of] "madness." This is not to say that such treatments are delusional, or [conversely] that they are [always preferable to] druggings, detentions, electrocutions, and warehousing common to Western practices [...]. [Nor] would [I] suggest some metaphor between "mad" body and indigenous society [insofar as our stories share something in common], though the thought [need not be disparaging to either party]. Rather there are many [...] languages that deny Western hegemonic structures.

The rest of the article speaks to colonial rule and psychiatry, the institution of penal

facilities, and the difficulty of Europeans to recognize "madness" in colonized people, as Vaughn

also says (1991). "In many cases asylums were built purely for custodial purposes; there was no

organized or scientific medical care for the patients" (Lambo, 1975, p. 593). [Of course a Mad

polity, hopefully, would decry the scientific medical approach]. Lambo helped to push for a post-

institutional psychiatry. The "family and community" approach (so yearned for in Western

progressive psychiatry) "is a reliable and valid instrument of research as well as a focus for

education and training of young African psychiatrists and general practitioners" (p. 598). Again,

psychiatry professes to transcend itself. [...].

Another book [happens upon] me in this storm of thought. *Black Psychiatrists and*

*American Psychiatry*, edited by Jeanne Spurlock (1999). Immediately I search the index for

Franz Fanon. I am not surprised to find many other names there, but not his. Is it because he was

not American, not doing psychiatry? Or because what he was doing was not acceptable as

psychiatry? Victor Adebimpe writes on his experiences as a Black transcultural psychiatrist,

> A doctor coming from Africa to train as a psychiatrist in the United States would seem to
> have many adjustments to make personally and professionally because of the wide
> differences in social, cultural, and political world views between his origins and his
> destination. In reality, Western medicine and its traditions have been the basis of medical
> school education in most parts of Africa. (1999, p. 77)

He explains that he came to America shortly after the founding of the Black Psychiatrists of

America, which "was formed to address the effects of prejudice on the mental health care of

black Americans" (p. 77). He goes on to discuss race and violence, intelligence, and racism

against Black people in "overdiagnosis" of schizophrenia. "The frequency of auditory and visual

hallucinations was higher among black patients, but delusional symptoms appeared with the

same frequency" according to data the author collected (p. 82). Yet these non-delusional patients

were inappropriately classified as psychotic (i.e., delusional). His conclusions, that non-psychotic hallucination due to substance abuse and other factors were being diagnosed as schizophrenic, were upheld in later research (see also, Metzl, 2009). As for "Black Psychiatrists and Academia," the title of a later chapter by Bland & Ballard, it is said "The history of black psychiatrists in academia begins with Dr. Solomon Carter Fuller, who was a faculty member of the faculty of Boston University School of Medicine in 1899" (p. 109). Again no mention of Fanon, as the chapter jumps into the Civil Rights movement of the 1960s. It would seem an editorial calculation was made to ignore Fanon's societal psychiatry.

[This reminds me in some ways of how the Mad activists (let alone progressive therapists) are split between those who would reform psychiatry by implementing interpersonal supports without attending to the political structures and issues explicitly, and those who would address those latter questions directly as part of any "mental" or "emotional" societal change. I am not sure that being explicit is in itself a "strategy" so much as an affirmation of what people would otherwise fear to say. Thus, "affirming" or testifying is not simply a political move in the narrow sense of organizing, but also an embodied urge to emotional valence. However, "truth" is often told in multiple ways. As I write, the upper middle class seems able to tell the truth about Canada's woes with election fraud, but cannot speak to the problems and contingencies of actually preventing it.]

There is much more to say about psychiatry and colonialism, and there is more and more being written on subjects like psychiatric colonialism, psychiatric racial discrimination, and psychiatric indifference to Black-specific forms of emotional disharmony (Degruy-Leary, 2005; Metzl, 2009; Watters, 2010).

# Foucault, Szasz, Freud, Husserl, Wittgenstein, Lacan, Deleuze & Guattari

[I continue the story of reading through the issues borne of psychiatric constructions of the "psychotic" corpus, bereft of sociopolitical agency or consensus reality, with texts that have come to the fore in scholarly work dealing with "madness." When I talk to researchers dealing with sickness and narrative, or health, or other related fields about my work they immediately ask what I think of Foucault or Lacan. While these scholars are not to be dismissed in a "people's theory," they do not directly attend to the lowly mental patient in their work, drawing instead from philosophy or areas of study that can be brought to bear on psychiatric theory. This provides me with some room to play beyond their work, but without drawing conclusions on it I would like to read how that work has been read and is being read by other scholars. I do this to show that not only might an ex-patient (ex-detainee) be aware of these texts without having to draw from them as a basis for her work, but also to show how they are contended in the academy (without attention to mad-conceived people) by those whose fields intersect with these texts.

In relation to psychosic narrative, I read Foucault through texts by Porter, Rose, and Scull. I read Szasz (who makes an interesting note on Freud's reading of Schreber) through Vatz & Weinberg, and Schaler. I read Freud through Bergo, who reads him through Liebniz and Brentano. I read Lacan through De Waelhens and his translator's reflection on Wittgenstein. I read Husserl through Depraz. I read Mead and Deleuze & Guttari through Doubt, Jameson, and Peretti. And to prepare for the next section on colonialism, I read from therapists Perry and Giovacchini, the former a Jungian and the latter a rather disappointing student of Indigenous knowledge. What is important about some of these readings is that they are found in edited texts

about psychiatry and psychopathology that attend to the issues I am dealing with, such as consciousness and memory. Otherwise, they deal with "mystical" psychiatry that, while radical in today's institutional practices, was once more common, and seems like a logical conclusion of marrying hermeneutics with psychiatry. This is not only because of the religious and allegorical traditions that underlie hermeneutics, and to some degree psychoanalysis, but also because "mystical" psychiatry opens out to cross-cultural narrative as an area of therapeutic enterprise. Thus we come to the question of colonizing the mind in the next section.]

Still and Velody (1992) provide a re-reading of Foucault in *Rewriting the History of Madness*. I recognize some of the contributors.

Famed madness historian Roy Porter [(2002)] will examine the idea of "the great confinement," in which the mad were locked up with all manner of "lazy" people from paupers to the aged to delinquents, and [will] say that though some mad people were detained in England, much less Scotland and Ireland, the vast majority were left to the supervision of their families and churches (Still & Velody, 1992, pp. 119- 120). Further, England's Enlightenment institution, Bethlem [i.e., the name that inspired "bedlam" as a term], was nothing like France's *hôpital général* in that it did not lump the mad and disorderly inmates together into an indiscriminate "negative projection of Reason" (p. 121). Porter also does not find evidence in English discourse of the 17th century a kind of coupling of madness and sloth, or "any concerted attempt to put the asylum population to work" (p. 121). While my memory of Foucault suggests that many people were not put to work, and his analysis rests on a conceptual recognition of bourgeois industry, the specificity of Porter's critique provides for a more nuanced idea of psychosis as disability, that is a social model of disability. While disability is sometimes cleaved into impairment (as medical fact) and disability (as social stigma and discrimination), in which a person's ability to

carry out work and survive in the community (contemporary economic structures) is a greater defining feature of disability than physical differentiation, Porter's observation suggests the kind of "tolerance" found in tightly knit communities in which work was and is secondary to familial bonds. [This suggests a more complex relationship between "mad" and "sound" minds, though again I would contend that the split occurs at a folk level as well as at an administrative or political level]. Of course the [modern] city is rarely the site of such [family-oriented] bonds in my experience [though they certainly exist in greater isolation from each other].

Lastly, Porter contends that while the "madman" was seen as brute or animal in Foucault's account of 18<sup>th</sup> century Europe, a common understanding of the "fool" as [not "lost" to animal passion but] merely errant in reason, as in "Lockean 'psychology' (call it what you like) was a vast significance in British writings on madness from Battie through to [19th century reformer John] Connolly" (Still & Velody, 1992, p. 122). [Porter] also admits the possibility of critique of Foucault's "tendentious reading of Tukean psychiatric 'kindness' as an internalized intensification of repression [*sic*]" (p. 122), though one cannot empirically refute Foucault's view even with superior "recovery" rates amongst patients of moral therapy. [If Foucault can be said to use "repression" as a psychoanalytic category, which I believe he would not, it might be said that he regarded folk efforts to "save" the distressed person as socializing efforts, and again this would suggest a kind of allegiance with "madness" as a trope. This seems to be a product of Foucault's effort to identify the identification of madness in discourse, which I have tried to avoid by saying that we are "split" into mad and sound minds, and by saying that sanism can be reversed by recognizing the soundness or sense-making in madness (i.e., madness is sound). This might address efforts to "rehabilitate" through conciliatory "programs" like "recovery-oriented" work as a bridging dialogue; however, any program or work tends to work "top-down," reifying capitalist or colonial power. The "dialogue" is only possible if "top" seeks understanding with

"down," the singular sense-making of the mad-conceived body. This dialogic move, however, is prone to arranging the individual into its logics. This is of course a problematic of dualist conceptions of mad and sound, top and bottom, colonial and natural. If, however, these dialogues can be imagined across several dual systems, indeed within and without temporal and spatial boundaries, we can recognize the "dialogue" between sound and mad conceived selves as not determined by dualism. Of course this begs the question: why conceive and re-conceive "madness" as a trope?]

Nikolas Rose considers the problem "Of madness itself" and Foucault's project of historicizing "it." He says Derrida was a strong critic of this move.

> Even Foucault was later to suggest that he was prey to a certain epistemological näivete in *Histoire de la folie,* tempted to found his analysis upon something intrinsic to the wild power of madness prior to its capture by the knowledges and apparatuses of society. (Still & Velody, 1992, p. 142)

As Rose explains, we cannot know the experience of madness except by grasping it through the rules of reason, thus transforming it by the practical rational applications of writing and sense-making [as he conceives sense]. Of course, Foucault refutes this idea in that his study regards the institutions that subjugate "a madness whose wild state can never in itself be restored" [Rose, citing Foucault, 1972, p. vii, in *Histoire de la Folie à l'âge classique*]. Foucault knows that this pure insanity is irretrievable insofar as

> structural study must ascend back to the decision which at once joins and separates reason and madness; it must strive to discover the perceptual exchange, the obscure common root, the originary affrontment which gives meaning to the unity as much as to the opposition of sense and senselessness. (Foucault, 1972, p. vii, as quoted by Rose via Colin Gordon, in Still & Velody, 1992, p. 142)

It would appear the division of reason and madness is also a unity of the two, and whatever mysterious origin of this conflict, the crossing will forever direct critical thinking on the subject.

[By contrast, a Mad politic, implicitly "sound," seeks to redirect critical thinking on the subject, and not without attending to institutions...].

Rose says that this dual project distinguishes Foucault's work from merely conceptualizing madness as a construct borne of the "practical focus of certain institutions" (i.e., a 'subject' of certain disciplines) that derive from other similar institutional models or the "categorization" of violations of "norms of conduct, thought or emotion" in normative societies. Alas, madness "exists in a constitutive relation with 'civilization'" (Still & Velody, 1992, p. 143). Civilization cannot be spared the author's scare quotes and I doubt madness should either, but this is a discursive or conceptual oscillation, a relationship between a conceptual A and B, that situates civilization (relationships? discourse? collectivity? interaction?) as a ground perhaps, or a figure in rhetoric, against which 'madness' plays. They constitute one another, mutually affirm each other, in a tension that existed before we could describe it. Thus madness

> forms an indispensable 'other side' to the multitude of dreams [*sic*], programmes, projects and laws that have constituted 'society' as a historically specific assemblage of positive knowledges of the soul and 'the social', of technologies for the policing of conduct, and of rules for the government of the self. (Still & Velody, 1992, p. 143)

This goes beyond social histories of psychiatry or sociologies of deviance, Rose says.

I may return to concerns that immediately arise for me, namely the sanist's division as instantiated at some historical moment, which Foucault will deconstruct from the material effects of Western rationalism, when this is a conceptual boundary that does not always "present," as psychiatrists would say, in state oppression or even emotional repression. Besides, sanism [or at least *consenses,* if such a term can be useful] appears in history prior to European colonial history [i.e., it occurs anywhere there is resistance to colonialism or violence of any kind]. Third, a consideration of the institutional means by which we "construct" madness, which is not enough

as I say, will not only provide an institutional text as if it were the defining relation of madness/civilization, but will also obscure the personal, and indeed the lived experience, of sanism.

Of course, Nikolas Rose brings us back to the relational world of people at the level of readership. He understands Foucault's contribution not as a means to define madness but as a means of breaking up rationalism's attempt to present a unified, undifferentiated knowledge that continuously divorces itself from the fragmentary [evidence] of "unreason." In a sense Foucault performs the breaking of unreason, only to "(re)open a dialogue between reason and those whom it considered mad," as the embattled progressive doctors of the 1960s did. Again we hear the call for relation and dialogue from "the only voices not heard, or heard only as symptoms, [...] those of the mad themselves" (Still & Velody, 1992, p. 148). But is it possible to have a relation *with* madness when the only relation possible is *about* madness, as madness is a conceptual frame rather than a subjectivity that once was? He quotes Foucault who speaks of "a monologue of reason *about* madness, has been established only on the basis of that silence" (p. 148), but this assumes that silence was imposed or construed by reason rather than provided for by mad-labelled people in their (our) discursive turn. [Silence, unreason, how are these not rational, and how is rationality not open and unregulated?]

I quickly read Andrew Scull's critique of Foucault's projecting French history across Europe and dismissal of [Tukean] moral therapy. "For Tuke was a layman, and the whole burden of his version of moral treatment constituted 'a rather damning attack on the medical profession's capacity to deal with mental illness'" (quoting Bynum, 1981, in Still & Velody, 1992, p. 154). While I have also defended moral therapy as more than moralizing and suppression, I have also distanced myself from therapeutic interests. There is a lesson here for

me; in defending the less powerful models of social responsiveness, I find myself supporting a larger project of association, dialogue, and inclusion that has been critiqued. I want to conclude that after reading only three articles from this book, I find many of my suspicions about Foucault's *Madness and Civilization* have already been written up. However, there is no denying the brilliance and influence of Foucault's history of madness, especially as a study in madness discourse.

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[Looking back at these readings after the summer of 2010], I have picked from several sections in my text to elaborate an [existing] explanation [and interrogation] of [madness as a general category and, supposedly, within it the various "disorder" groupings in the DSM including "psychosis"]. My readings have provided me with much more data that I will now attempt to present in a very compressed form, if only to remind myself of the many texts that needed to be assessed, and many more still do. However, from these pages, I hope an image of the "psychotic" trope has emerged: a kind of mix between fantasy, autonomy, and distress that is [socially] disabled.[56] This construction is by no means the only way to define the term, and the Mad movement is starting to convey new, and old, images of madness. However, my autoethnographic reading spoiled my appetite for madness discourse on several levels.

First, I recognized the ingenuity and industry of the madness traders and the more theoretical thinkers: psychiatry puts itself in a kind of magical position as social healer, and there

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[56] I wish to note that my use of the term disability may invoke an identity (of experience) while also denoting disablement, which can be considered the imposition of a conceptual barrier by the socius when it says the body (including consciousness) is 'impaired' or 'disabled'. This potentially confusing formulation is perhaps concordant with the notion that 'madness' is 'sound'.

can be no more privileged a position [given] the invasiveness of certain methods. [Decolonizing the mind becomes all the more important. To borrow from Marcus Garvey's famous words to a Black congregation in Halifax in 1937, "none but ourselves can free our mind." There is no therapy or theory that will do it for us, including a Mad consciousness, whatever we choose to remember from these. "No man is completely helped from without, he is helped from within," Garvey said].

Second, while it is possible to conceive of a social relationality that is secure enough to either prevent distress or be attentive to embodied difference, it is hard to conceive of such a delicate interplay within Western society where relationships are flattened by technology and industry, and where we conceive of feeling in psychiatric terms. But most importantly, the issue of "what is" madness is irrelevant to [our individualized] experience, distress, and difference however we conceive them. I have not found descriptions that in any way address ["affectively" or "theoretically"] the experiences I have had or others have had, not only because uniqueness is singular, but also because madness theory is calcified and absurdly expansive [at the expense of mad-conceived people].

This answers my third question: we have not yet heard from [psychiatric] survivors, [and] from people undergoing some sort of distress. It is not very impressive to say "interaction" or "communication" will help; this has been known for centuries, and psychiatry [has] certainly [played at having a] bedside manner when its biological pretensions are quite apparent to the public, [today] increasingly so. But this is not to deride social responses to distress and difference, because there is no simple "answer" to the problem of suffering [or confusion].

For me narrative, [for example] the elaboration of one or more images into text, is most important in the conceptualization of memory and experience, whether or not it is "distorted." I

was intrigued to come across the work of Dr. Elizabeth Loftus in an article by Saletan (2010).

Loftus was a proponent of "false memory syndrome," and though her idea that abuse stories are

planted by others is not remarkable given many people's [apparent] suggestibility [under colonial

violence and control], her work did more to help companies and lawyers than the distressed.

[Further, while the "lie" of accusation is problematized by our feelings and empathy for one

another, no theoretical consideration exists beyond "false" and "true" statements].

[What about historical narratives about "madness"]? Happily I did not have to critique

antipsychiatry, as Szasz did it for me (2009). Szasz is a wealth of historical information, though

his libertarian politics and style annoy me (there is a streak of liberalism in me I think).

> Freud was no critic of psychiatry. He opposed neither civil commitment nor the insanity
> defense. In his famous study of the Schreber case, Freud took for granted that Schreber,
> diagnosed as mad, "belonged" in a mad house. Interestingly, it was Schreber– a superior
> court judge– whom psychiatrists considered a "querulant" and an "antipsychiatrist. (2009,
> p. 17)

Of course I critique Szasz as therapeutic himself, and his classist moralism is [redolent with] the

problem he sees in psychiatry. A social model of morality is called for, and thus the hermeneutic

or communicative ideal of social relations, but this requires much interrogation. Szasz uses

metaphors that are ahistorical. "I have long maintained that mental illnesses are counterfeit

diseases ('nondiseases') and that coerced psychiatric relations are like coerced labor relations

('slavery') or sexual relations [*sic*] (rape) [...] 'psychiatric slavery' and 'psychiatric rape' "

(2009, p. ix). I found two books on Szasz that were also quite instructive (Schaler, 2004; Vatz &

Weinberg, 1983), and Dr. Szasz does a great job responding to critics in Schaler's book. I discuss

neurodiversity as a model that escapes some of the dilemmas of contending madness is not a physical impairment in itself. I am tempted to quote one footnote here.[57]

I have not mentioned some of my personal life moments [which I related] in the text, but I should mention that I visited my friend at a Toronto mental health centre and had very little connection to the situation despite reading all these books; it reminds me of how my brother once said Foucault didn't help him advocate for me when I was inside. [Indeed the body, in its confusion, is hardly open or readable to the sort of readings I am doing; decolonizing this knowledge means dispensing with madness discourse, at least in part]. I also saw a Louis Malle film that was very much like a dream and it opened wider the doors to psychoanalysis, dreams, and the question of memory and narrative as complex processes. Last night I was talking to someone about the dreamworld as a place where the impossible is found; dreams don't happen to us, we fit our bodies into them. [This need not result in inconsistencies, as if dreams are 'immaterial' and our bodies are 'material', if we remember that our experiences re-constitute such theorizations of our environmental relationships].

I read more general philosophical books, like Jennifer Radden's (2004) *The Philosophy of Psychiatry: A Companion*. The initial schematization [of subjects] in her book is important to me in that my present interrogation of the definition of psychosis has come to rest on the last of the problems [she lists]: memory. In other words, while I recognize that [according to her list]

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[57] While easily deconstructed, experience, like 'madness', cannot easily be disavowed as an empty signifier, though what it signifies is neither discreet nor universally defined. Thus, madness as experience, which is the inverse idea of my dissertation I suppose, seems to move the phenomenon from a medical to a moral or social dimension. I might argue that there is no master narrative beyond the sociolingual to move to, and so I need not adopt common expressions of moral or social thought to describe 'madness' experience, as Szasz does often, [averting madness discourse].

thinking, feeling, desire, character, and action may all be derailed by any number of problems [according to normate discourses], the only problem I think would keep them derailed from a personal perspective (not a biological or other perspective) would be the story of self and other, that is, memory. [That is, all the other problems seem to run back to "memory"]. An article on Freud's philosophical debts, by Bettina Bergo, indicates his "unconscious" came from Liebniz and his transcendental analytic [derived] from Hegel's dialectics. This article sends me to tertiary sources for such philosophical items as Schopenhauer's "will to live" and Fechner's "serendipity." I recognize in the many sources drawn that psychoanalysis has been very well digested in Western thought, and whether it is Bergo who fascinates [me] or Freud, I can't tell.

Psychoanalysis, which transcends by "case file" and analytic transcendentalism the mechanical psychologies of behaviourism and strict materialism, also gives rise to the deep psychologies, like humanistic (e.g., the work of Maslow, Rogers, and Moustaka) and transpersonal psychology (e.g., work by Maslow, Grof, and Wilber), though even the latter which is most radical and most concerned with spiritual, transcendent, or "peak experiences," was called for in the work of William James of the 19th century and, of course, Carl Jung. Psychoanalysis links the material and somatic to the cultural, or symbolic, or linguistic, or poetic, or spiritual. It is in itself a philosophical practice, [Bergo reminds us]. As an interpretive enterprise it does not necessarily eschew concepts of normality and abnormality, but in historical terms, Freud would never have had the influence he did were it not for his curative [pronouncements], which have been challenged and largely discredited by his descendents. [So to give psychoanalysis a kind of spiritual dimension now, after its history at the helm of institutional psychiatry for so many years, is to forget a part of mad-conceived people's history. Memory is (necessarily) selective, but differently so for each of us, and power relations relate so

many memories. Indeed, to take an oppressive stance in relation to racialized bodies simply

because we have been oppressed by disablement would be to renounce memory].

I recognize in [my three weeks of] writing a struggle with the complexity of

psychoanalysis, and also a consternation with the problematic of "experience." It leads me, in my

autoethnography, to reconsider my political goals of recognizing our [Mad] experience [given

the championing of memory by psychoanalysis] and this has repercussions. For example, it is

clear that psychiatry has every intention to listen to patients [when we ignore its institutional

history], of taking their irrationality... seriously. It's all been done.

So why do I feel like this doesn't sit right? [Again, it could simply be the institutional

history that is ignored, but even so, psychoanalysis pretends to know madness and sanity as

formally divided experiences]. I come to recognize that while these ideas need more reading

[insofar as they might provide a route psychoanalysis did not or could not take through

experience, memory, and dreams], I don't think they have much to do with an "emic" or

"personal" expression at all. [Indeed there is something about the unique expression of

experience that will never be reducible to theory I think]. To [now ironically] quote from my

journal [with an "emic" expression],

> It would be better if I stuck to the demonstration of how impossible the sane side of me
> [*sic*] has made it for the mad side of me to speak up [after only three weeks of
> immersion]. In fact, that is the feeling I now have, and it sadly mirrors, echoes, the
> Foucaultian limit in textuality. I am schooled then in my own silence, finally. There is
> nothing to do but describe. What should I describe? The limits of gaining access to
> liberty?

 [Of course to "stick" to a sane *side*, rather than the wholeness of a Mad consciousness, is to

pretend psychoanalysis really did have it all, but alas, here we are contending psychiatry, and

experience; Mad consciousness is not an answer to this dilemma, nor a continuation, but perhaps a redirection or refraction].

Finally, I read sections of *Schizophrenia: A Philosophical Reflection on Lacan's Structuralist Interpretation,* by Alphonse De Waelhens (1978), which I choose because it attempts to provide a bridge between the understanding of phenomenology, the interpretation of psychoanalysis, and the comprehensibility of psychiatry through Jacques Lacan, as the author suggests. The translator's introduction of Wittgenstein's idea that our relationship to our own names is a special puzzle is quite interesting, and again I feel like I should [read] more. This is an identity problem, and [patient] Schreber is brought up again, and when the translator says that Schreber's problem is discernible [when we notice] his bellowing out his name in the night, I know I have entered the symbolic and not the pragmatic [version of events]. However the book moves very slowly and carefully, so I consult the web for some Lacanian terms. But I am more interested in Wittgenstein; how far from the creative [interpretive methods] I have come since my 20s. My notes:

> It seems to me that Lacan may be providing for 'orders' of being that allow for madness as it was originally conceived, as lack. But he does not provide for madness as a presence; presence seems more a phallic terror in his work. What does that say about my own idea of absence? Do I deny [absence is a] possibility simply because it was imposed on me?

> But what vexes me is that psychoanalysis, which draws on a transcendental logic, cannot be corrected or contained. It simply moves from what occurs and skirts with the truth and statistics, [sometimes to] effect both "understanding" and "medicine." There [seems to be] nothing to disprove or deny. Today I will move on with a sense that psychoanalysis and psychotherapy more generally, while conditioned by economic and political forces that use them to create the funnel of psychiatric arrangements [in colonial logics], cannot be regarded in the same way as biodeterministic psychiatry.

I follow my protracted discussion on therapy, psychoanalysis, and the author's use of Lacan, but as I say my project of defining psychosis seems to have evaporated in the

transcendental. [However, the transcendental is now owned by psy, nor is it, like a postmodernism that is absolute, totally "free"].

But generally the text offends me in its representation of Schreber and "schizophrenics." Our temporalities do not meet. Again, as De Waelhens reflects on the schizophrenic, he does not recognize her imprisonment, as long as he can deny her meaning- making. "They have ceased to signify their signification and have become the *imprisonment* of signification" (author's italics; De Waelhens 1978, p. 216). He goes on and I notice the rampancy of his verse, something that I have read again and again in psychoanalytic texts. "[F]or the schizophrenic, 'being at a distance is abolished'" (p. 216). It may be a matter of translation, after all, and my understanding of psychoanalysis might be broken by my anglocentrism. [It might also be that in this negation there is both a wish to be "like" the patient, and also to know through the systems available to clinicians. There is usual, no idea that an answer might reside in recognizing a patient/detainee's humanity in confusion, and the sensibility that is unique].

[My journal continues through doubt].

I want[ed] to interrogate my own suspicion of psychiatry as an external social control rather than a constituting binding that gives us community, society, and civilization ([a binding] which I admit my reading depends upon). In Lambo's expanded idea of psychiatry as pan-cultural social healing, [it seems, if I take Lambo to be somewhat of a decolonizing figure] virtually all cultures have self- corrective elements that regard the individual and behaviour as problematic. [This is an ethnocentric observation dependent on an ideal of seeing beyond one's horizons]. As I have considered the only way to combat psychiatric and sanist ideation through a social [politic], I have tried to avoid the implication that psychiatry is a kind of logical conclusion from this same ideal [of polity] within what is Western (or some other self-correcting) society. [I leave it to people who have more than a Western experience to discern "self-correcting" in what Westerners take to be their cultures].

But I am always surprised at how some authors can confuse me and others can help me feel quite connected. Natalie Depraz likens "schizophrenic" everyday experience to Husserl's

"transcendental disturbance of familiarity" (Fulford *et al*, 2003, p. 192), which she calls an *époché* or pause in the natural intentionality. She describes a "phase of the suspension of prejudices," a "phase of the conversion or attention from 'the exterior' to 'the interior'" and a "phase of letting-go or reception of experience" (p. 193) as a means to understanding transcendental *époché.* This is indeed familiar to me as someone who found "an external existential event capable of playing the role of activating the suspending attitude" (p. 194), and then having no significant "mediation of others" was able to use "self-directed injunctions" to relate to the world without the usual attitude, indeed in a different embodiment that welcomed the sorts of experiences psychiatry considers hallucinatory and deluded. [...].

There is one other text in the same volume that is even more surprising [in its open disregard for cogent or linear thinking]. It openly discusses the manner in which magicians are to embark on their mystical journeys, and it argues that mysticism, the occult, alchemy, witchcraft, and all things conceived as worthy of psychoanalytic study by Jung and his disciples, should be taken up. While there is some disciplining of the initiate in this text, I found no reification of "mental" malady. As impressive as it is for madness discourse to include [notions of magic and] *époché,* I wonder how [this invigoration of the science] speaks [...] to the "normal" or the "psychiatrist" [by] expanding [mentalization] to the realms that Laing and some of his followers did. [Of course, it is arguable that psychiatry is simply institutional "mental health program" when it invokes "magic." Perhaps in its most expansive work it might be called mystico-psychiatry].

[Having found psychiatry's outer bounds] I then turn back to the dryness of sociology. Doubt's (1996) *Towards a Sociology of Schizophrenia* addresses issues I had expected psychiatry to deal with. Doubt argues, borrowing from Mead, that the patient is in [that is,

"present"]. "[S]he acknowledges the apparent displacement of her self as a consequence of her bodily affliction [...]. Sylvia's self, however, is not insignificant or unaware; nor is it non-existent" (1996, p. 6). Interestingly, Deleuze is considered.

My notes say "my only contention is that Doubt continues to refer to schizophrenia as a given, as a biological disease, and so distinguishes it from the person, the self "with schizophrenia." This allows him to present the "schizophrenic" as having a self, and therefore worthy of social and sociological attention. But it prevents him from considering the seemingly distorted or diseased perspective as worthy of social and sociological attention. As a result, he rejects (prematurely I think) "postmodern" writers like Jorge Louis Borges, based simply on their assumption that the "I" (that is, Mead's "I" which is "inner" self) seems to completely occlude the "me" (the social presentation of self, in Mead's work). Thus he echoes Catherine Prendergast's (2008) objection that the postmodernists have romanticized schizophrenia. [...]. Doubt seems to be saying that people need to address, if not absorb, the normative in order to participate socially, at least [when] representation [is required]. This is certainly in keeping with Lacan's idea that a successful self-introduction into language precludes "psychotic" thought (when of course language is instilled well before the onset of "symptoms"). [Indeed, representative thought and writing must not be discussed as somehow discreet from private or personal expression if we are to situate a "self" or subjectivization process].

My introduction to Deleuze and Guattari's anti-Oedipal psychoanalysis, or "schizoanalysis," is through Doubt, who says of their work: "For the schizo is the one who escapes all Oedipal, familial, and personological references– I'll no longer say me, I'll no longer say daddy-mommy– and he keeps his word" (1983, pp. 361-2). Whereas at first, Deleuze and Guattari adopt Laing's theories, they later "critique Laing for not going far enough, for not

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appreciating the true implications of what they call 'the schizophrenic process'" (p. 58). There is

no doubt I agree with Prendergast here [assuming Deleuzian narratives can be considered

postmodern, whatever definition can be brought to bear], though such romanticization is

refreshing in a sea of pathology. They make playthings of "schizophrenics" in their war with

Freud's "oedipalism" (Jameson, 1983, p. 23). And Peretti (1996) provides two opposing views of

the "schizophrenic," hero and loser, but both [can be said to] reject capitalism and consumerism

in its methods of confusing and scrambling our attention. "It is the schizoid's ability to scramble

and decode that Deleuze and Guattari associate with contemporary capitalism. Like the

schizophrenic, capitalism can insert itself anywhere and everywhere as a decoder and scrambler"

(1996). Yet Deleuze and Guattari say that "schizophrenia is not the identity of capitalism"

insofar as it "deterritorializes" through confusion, but then does what the "schizophrenic" resists,

"reterritorialization" (e.g., through hegemony and ideology). [The construction of the hapless

patient again denies the possibility that she might "reterritorialize," or reconstitute, affiliatory

(normate?) interaction].

The autonomist speech act, which Doubt boils down to something Lev Vygotsky called

"inner speech," is something Szasz has used as a way to explain voice hearing. While I am not

convinced of Vygotsky's sense that inner speech is not an aspect of external speech (after all it is

speech [or expression, to be less ableist]), I understand his attempt to show that it is an attempt to

enter something "primal" through thought/speech act. But this is not an avoidance of the social,

rather an opening to the body as social. For example, Doubt recalls a quote from Sass's book on

modernity and madness, [one that resonates with Zulu-Latifah's sense of "awakenings in the

environment"]:

> A clinician asks a patient to define parents, and the patient responds: Parents are the
> people that raise you. Anything that raises you can be a parent.

Parents can be anything, material, vegetable, or mineral, that has taught you something. Parents would be the world of things that are alive, that are *there*. Rocks, a person can look at a rock and learn something from it, so that would be a parent. (my italics; Doubt, 1996, p. 67)

The reason I underscore "there" is that the supposedly schizoid interlocutor who can have little consciousness of separation between self and other is certainly concerned with such boundaries with this usage. Secondly, the person speaking has a relationship to what is "there" that is emotionally valent or reaching or connecting. That is, this person connects with ("believes" that it is possible to learn from) living things. The there-ness of things does not deny their being "alive," though this person's taxonomy is autonomous (not resisting, not denying). As a student or learner of living things, this person understands his relationship to such things as "parents" insofar as they "raise" the person. Does the person mean "raise" as "grow," "develop," "lift?" It does not matter; implicit in learning is a relating that is as close as that of parent and child.

[In regards to questions of reclaiming the self as a kind of "unconscious" or pre-socialized entity], I will mention John Weir Perry (1974), who wrote *The Far Side of Madness* [...]. He was a Jungian who believed in a collective memory [or rather a collective "*unconscious*," using the problematic term about awareness that seems to arrange it into sections and train it lest it guide us openly]. Perry believed madness brings rebirth. This rebirth is made possible through a cathartic psychosis that often resembles in its effects, its metaphors, a sort of divine king's [...] messianic journey. The book is quite disappointing in its lack of theoretical structure, though I do not doubt Perry's good intentions or the positive effects of his attention to his "patients." While [psychosic narrative] is [represented as] far more than a "break" with reality, the [retelling of the] story is still therapeutically motivated. [Perry has no notion of his own hermeneutics; he does not question himself as a storyteller, especially one given to reclaiming the "mad" body].

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Another disconcerting book in this domain of archaic and mad ["archetypes"] is Peter L.

Giovacchini's (1997) *Schizophrenia and Primitive Mental States: Structural Collapse and*

*Creativity*. It is always surprising to me how the worst books or movies can have the most impact

if you let your guard down, and this is exactly what I did. Certainly, the author has no

understanding of [inter-]racial or colonial issues; he doesn't even define his terms, like

"primitive." I'll quote my journal:

> The author, Italian, with a penchant for frank exhibition of lived interactions, shakes my faith in my mastery of the psychiatric fable. He doesn't do it by being a super-psychiatrist. He does it by being a human being. He de-masters himself by exposing his own innards in the therapeutic process. Like Doubt and his recognition of the patient-as-human, Giovacchini shows his weak side, his 'countertransference', at the very beginning of the book.[58] At first, I catch all his sarcasm, his asides, about the patient who seems to be challenging his worldview, who insists on a spiritless material-scientific profession view of psychiatry. But in a short time, he has made his point: the reason he is threatened is that the patient's techniques are masterful, learned of course from his father who was abusive and controlling. [So you] see, desperate critics of psychiatry? My response is to doubt my own theorization of psychiatric theory [...].

> The patient's story was written into a book, by Giovacchini, and rewritten by me, as though the patient never really incorporated, never really lived, never really 'existed'. The patient's glaring mistakes, like the belief that he is a messiah, which the doctor calls a messiah complex (incontrovertibly delusion), are parts of the story that lie down like a set piece, fall back like moth eaten shirt. His mistakes are [splayed out in] the known world. His problems are the fuel that the author will light up.

> Almost like an apology, the psychiatrist reveals his countertransference [relating] to his

young arrogant male twenty-something client.

> After some reflection, I began to examine what I expected of him. I thought I wanted to see the world through his eyes, and that my purpose in therapy was for him to achieve

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[58] Transference is conceived in psychoanalysis as the repetition or redirection of childhood feelings (such as fear, awe, attraction, etc.) onto the therapist, whereas countertransference is the reverse, a therapist's feelings redirected towards the patient. Emotional messes, or dramas, are of course the seeds of social relationships.

maximum autonomy [*sic*] so he could make his own choices. But what were these choices? Basically, I wanted him to choose a world similar to mine. The covert demands I was making were similar to his. Our reality senses were competing with each other. I had to acknowledge his desperation in creating a world that I finally concluded was delusional. Clinicians know how futile it is to directly challenge a psychotic patient's delusion. (Giovacchini, 1997, p. 3)

[Despite the arrogant dismissal], this is as close to humility as I will [find] in these texts, but of course the moment passes quickly. The psychiatrist soon reflects on just what terrible childhood experiences caused his patient's psychosis (an abusive father) and the therapeutic narrative is off and away. [I have left out parts of the book in which Giovacchini reflects on how "rites of passage" in African Indigenous communities indicate how tests can be psychologically rewarding to youngsters on their way to maturity. It is the sort of thesis that again seems to rely on a notion of "savage purity" and "madness as failure"].

[With disappointment after reading this book, I felt], despite my growing independence from the psychological and rehabilitative industries, let alone the medical profession, that healers and the patients are actually one body of people, not only in the West but in any society. We come from the same cloth, and though we play different roles or we embody different desires, we are not somehow on different teams. Even if we are, we can talk to one another. But my disdain for their work, punishment work, supervision work, renders me speechless, except for the invective of an essay.

## Psychiatry, Colonialism, and Beyond

[In this section I relate psychiatrization to racialization and colonization. This area of inquiry requires more elaboration to discuss overlaps and differences, which I only touch on here.

Intersectionality allows me to further discuss how psychiatry was deeply involved, and I think greatly encouraged, European colonialism. As postcolonial and anticolonial literatures move away from analytic schemes and recognize narrative approaches in decolonizing the mind, so too does a Mad people's consciousness.]

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McCulloch's (1995) *Colonial Psychiatry and 'The African Mind'* will certainly critique the understanding that a continent has a "mind" or a general mentality, one to be treated [...] as a fact of life. Of course it's a definition or characterization, a pastiche and pan-interpretive conflation: it could be nothing more than a mimicry or salutation based on encounters (history again). I am interested in chapter 5 on the Mau Mau, having been to Kenya and Tanzania with my brother in 2007 [on a tourist safari]. The author introduces us to Dr. J.C. Carothers, who was placed in charge of the Mathari Mental Hospital with little experience, following his predecessor's removal due to a scandal. He became quite interested in his work, and later became an expert in African psychiatry, and "ethnopsychiatry," a racist branch of the old colonial psychiatry that "never achieved the status of a mainstream science" but gave rise to "a broader transcultural psychiatry that acknowledged the shift in its clientele from colonial subjects to guest workers and ethnic minorities within Europe itself" (1995, p. 1). But this book is concerned more with the former colonial "ethnopsychiatry" that sought to understand the mind of the African, which lasted until the independence movements of the 1960s. McCulloch says that psychiatric colonization took place from the end of the 19th century (I believe other accounts say mid-19th, just after [psychiatry's] inception, though there was prior mentalization of colonized people as "savages"). Urban centres grew up in its wake and "tropical medicine" was deployed to make the colonies amenable to Whites.

Ethnopsychiatry is said to be important in that it allowed theorists to contrast European pathologies with those of "the primitive." Marx, Weber, Durkheim, and Freud used such empirical work to buttress their designs. McCulloch says that with the exceptions of Algeria and South Africa, colonies like Kenya where Carothers worked had very few European settlers. Ethnopsychiatry saw Africans as ["odd"], inferior, and unlike social anthropologists they cared little for fieldwork and understanding "their patients' exotic cultures" (1995, p. 7). Most psychiatric patients were drawn from the cities, where economics made migrants lives quite harsh, and led to the nationalist movements that by 1945 made colonial hegemony a nostalgic dream amongst Europeans. Fanon, Negritude, and the philosophy of the African Personality established the new nationalism, recovered complex social and cultural histories, and instilled positive value in "precisely those traits which the ethnopsychiatrists deplored" (p. 8).

There are two trains of thought in this reading for me. First is the problematic of situating European traditions and bodies in contrast to those of Africa. [This is a product of the colonizer's belief that he is "normal" and anyone who is different is essentially a "strange" or "undeveloped" version of himself]. And second is the likening of "primitive" with "neurotic" in Freud's work and that of others who depended on ethnopsychiatry. This led to a history of eugenics which often blurred the lines between non-Europeans (or in some cases certain ethnicities of Europe) and people considered "feebleminded" (or mentally disabled), as well as what we would call "psychotic" or "mentally ill." Eugenics also targeted other groups, including the physically disabled and sexually "deviant," but consider the racist and ableist ideology in Western medical and psychiatric work, even in lieu of more progressive ethnographic and cultural work being done at the same time, including for example the novels of Camus and Lessing. But this Eurocentric history is more a reminder about how the "inner" and "outer" spaces were subjugated. [It is important to note that in Nazi Germany, which was mostly made up of

Caucasians, racialized people (e.g., Poles, Roma, and Jews) were killed in secrecy while the "mentally" disabled were killed beforehand (to make killing more efficient) as an act of mercy for the "mentally dead," the "human ballast," and "life not worthy of life." It suggests that while disabled bodies were seen as unstable versions of whiteness and easy targets, racialized bodies were considered a threat to whiteness]. Much of this [ethnopsychiatry] work was taken up in the shadows, well behind the grander projects of battling malaria and cholera.

Though I find McCullugh ethnocentric in his lack of reflexivity, whereas Vaughn is at least aware of the problem of historicizing other cultures, he brings into my reading ways in which psychiatrization and racialization (and class division) use some of the same descriptions and tropes. He explains this by saying that in psychopatholgical theory there is no concept of class, culture, or race (1995, p. 75). Nevertheless, I cannot use McCullugh's [characterization] of, say, Negritude as a spiritually driven campaign opposed to European individualism, just as one would not use my own description of the psychiatrization of Mau Mau, as [a full explanation of] the interrelation between racism and medicalization. [...].

There are texts that show how Western conceptions of psychosis do not in fact agree with empirical "case studies" of [apparently differentiated] behaviours in non-Western states. Jenkins and Barrett's *Schizophrenia, Culture, and Subjectivity* (2004) provide several examples of international psychiatric work, including a discussion of the famous WHO study of 1979 (2002), which indicate that disorders outside Europe rarely fall into DSM categories. To me this suggests we embody disorder differently according not to geography but culture, or "practices," people... doing things. [However, I have a bias against characterizing differentiation along biological or embodied lines, and if I were to say that different "differences" occur in embodied ways, I do not know how to characterize that different difference (the doubling of "difference" suggests two

sets of standards: perhaps this would collapse into the questionable idea that "everyone" differentiates in some way)]. But the problem of identifying mental diseases across culture, across language, is not merely one of differential behaviours and speech-acts. It is also a problem of the project itself being a Western European investigation, one that is limited to the very terms by which "understanding fundamental human processes" as Jenkins subtitles the first chapter, allow for a free and easy universalization. Further to this there are issues of narrowness and vagueness in behavioural examinations within Western communities, issues that should have indicated a more modest approach from the beginning, and these rest on philosophical problems considered immovable by many scholars and laypeople. Nevertheless, the intercultural divide, which [implicitly] suggests an intercultural relationship or connection however limited, is important because it has become the subject of [some] self-critique in the West (Watters, 2010).

Closer to home for a moment, I will skip to Sue Estroff's (2004) writing about psychiatric consumer/survivor/ex-patients in Jenkins and Barrett. She wades into the debate between "first, second, and third person" accounts of experiences relating to "schizophrenia" to map "them" for "us" (much like Adame & Hornstein, 2006). She calls the section related to the disagreements [between patient and psychiatric worker] the "noise," a problem of "you don't get it– you can't get it" (2004, pp. 286- 287). The outsider declares she has no idea what the ruckus is about? I do not dismiss Esstroff's formalization out of hand, but recognize in her demonstration much of what she is fighting to rectify (this is the one-sidedness of "authority" against "authenticity"). Whereas "c/s/x" talk about clinicians not understanding their experiences (indeed she notices there are at least three experiences– of the illness, of the social response, and of the treatments– often conflated into the first category), professionals complain that patients don't have the capacity to understand the clinical picture, neither as laypeople nor as fully functioning healthy individuals.

Estroff sides with the patient by relating our experiences to cancer survivors' experiences of treatment [a questionable "illness"centred approach of course]:

> Treatment as sensate torture is familiar to people undergoing chemotherapy and surgery for cancer and has a substantial presence in the clinical enterprise and research literature (the author cites Cassell and Quill). Yet this dimension of schizophrenia has a shadowy place outside of first person narratives. That this is so makes a strong case for the don't/can't get it claims of c/s/x about scholars and practitioners (2004, p. 287).

[Indeed, the "torture" of cancer treatment is its pain and impairment; the "torture" of psychiatric treatment is its invalidation and impairment. While it can be said that all disease is "stigmatizing," psychiatric survivors have contended that psychiatric "disorder" simply has no somatic appearance, though of course it has empirical appearance in "behaviour"]. Estroff must mean a shadowy madness experience that cannot be abridged for the un-experienced. Though I contend a Mad reflexive location [...], I read Estroff wondering how this work differs from my own. My reading certainly provides a point of view that is barely present in not only clinical but scholarly literatures [but then so is hers]. [Will my location appear like yet another set of] "contentions" [as described in Estroff's work]?

What I think has happened is that in finding many of the hopes of psychiatry's critics written into aspects of psychiatric ideation itself, there is no critique when the discipline critiques itself in continuous self-transcendence. Thus the re-[re]cognition of psychosis [sets out] from prior truth and community claims, moral judgment schemes, rooted in [the lesser person's] interpretability and [the taxonomist's] believability amongst the credulous. The reading becomes concerned more with social interaction itself than with the problem of consciousness that undergirds concepts of madness [or race as "culture"]. This shows how madness could be viewed as a [...] province of sanity, but [is cleaved off in] the sanist approach. In other words, the question is not how do we define madness (and defy the definition, such as through

transcendence) [which the oppressor argues is a win-win game as we never rest on any particular truth, yet transcendence is the game *qua* game]. [The question] is how do we live [madness]? This question can be transferred to the idea of spiritual sickness as a construct, which is in the book I want to read by Harry Hunt (2003), *Lives in Spirit*. And it is in evidence wherever spiritual being is under attack by unwanted suffering. Does spirit not live beyond the everyday; is it necessarily historical, ancestral? Is there nothing beyond human concerns besides [transcendent] distractibility? [What I am missing here, I think, is a reciprocal transcendence that re-orients, pushes back towards ground zero. An example of this would be the folk custom that tends to reduce all new ideas and objects to prior sets, such as "oh, that's just the bin, everything goes in there." This anti-transcendence means to say, "one difference is like any other"].

[...].

Certainly there is a push to use psychoanalysis in postcolonial discourse, though such authors say that postcolonialism resists psychoanalysis because of its history (Khanna, 2003; in Black feminist thought, see Burack, 2004). Whereas from within my Western understanding, Deleuze and Guattari (as but one instance of a refusal of psy) do not go far enough in their critique, from a postcolonial theory [that privileges] Lacanian psychoanalysis,[59] Deleuze and Guattari become a logical [contestation] to psychiatrization, even psychoanalyses. Greedharry (2008) says that Robert Young, Antonio Negri, and others have used psy because "psychoanalytic theory might seem to describe Western societies and colonies so accurately" (p.

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[59] DelVecchio-Good, Hyde, Pinto & Good (2008) use [...] 'subject' based analysis of colonialism and experience, in *Postcolonial Disorders*, [which unlike 'self', or conversely 'psyche', is a term that] implies "forms of citizenship" as well as the psychological.

13), but there is more to the question of "motivation" than psy may provide I think, especially as it cannot comprehend its own motivations in its theoretical work. Greedharry seeks to problematize psychoanalysis in Fanon, Nandy, and Bhabha to some degree, and argues through Deleuze and Guttari "that we [might] take 'escape routes' out of psychoanalytic theory more seriously. If postcolonial theory is meant to problematize the non-Western individual's relation to modernity, then *Anti-Oedipus* may offer a powerful model for intervention" (p. 14). That is because Deleuze and Guattari contend psychoanalysis at the level of political thought, or at least show the difficulties of Freud-and-Marx theoretical frameworks, where social and psychological could be [considered] commensurable. [As I say, they do this not without utilizing analytic discourses like "Oedipus"].

Whatever the benefits were in applying psychoanalysis to the oppressor (if it was half as successful as applying it to the oppressed, I completely understand the... motivation), there are very different ways of approaching colonialism and modernity, and they do not demand adapting postmodern contentions from within the metropole. [For example], *The Fourth World: An Indigenous Perspective on Feminism and Aboriginal Women's Activism* proposes an antithesis to [Western] feminisms because "[t]he multi-oppression of Aboriginal women does not fall neatly into most feminist theories. A distinctly Aboriginal worldview is needed" (Mildred & Ouellette, 2002, p. 15). Outside the restrictions of liberal, Marxist, radical and socialist feminism, new modes of addressing identity and meaning arise, and so it is with psychological and psychoanalytic interpretations of human life. [A Mad relation recognizes the story as a basis for respecting ourselves and one another].

"The truth about stories is, that's all we are," says the great scholar, Thomas King (2003). *Life Lived Like A Story: Life Stories of Three Yukon Native Elders*, by Cruikshank, Sidney, Smith

& Ned (1990) prefaces its narratives and poems by saying, "Storytelling is a universal activity and may well be the oldest of the arts. It has always provided a vehicle for the expression of ideas, particularly in societies relying on oral tradition" (p. ix). "Kaax'achgóok," the name of the 16th chapter, begins with a kind of poetry, yet I know it is a way of engaging a story, across many stories, and lives.

> I was ten when I heard this story first.
>
> My auntie, Mrs. Austin, told me the story first time.
>
> Later I heard my father tell it to the boys.
>
> This is that song I gave to Pete.
>
> I'm going to tell how we claim it.
>
> This is a true story.
>
> It happened on salt water, maybe near Sitka.
>
> It goes with that song I sing– I'll tell you about it. (1990, p. 139)

The story tells of a hunter who is lost in a storm with boys from the village, who find food on an island. "He dreamt he was at home all the time. 'I gave up hope, then I dreamed I was home'. That's the song I sing for you." (Cruickshank *et al*, 1990, p. 142) The hunter then goes out, secretly, and marks out the sun's rise every day, finding when the spring is.

Resonance. But not identity, and not duality. I am not forbidden to read this narrative, nor am I unwelcome in reading it I presume, if it is in book form, but I respect it for more than its ethnicity or particularity of place. I respect it as a story by a respected person. I also respond to it as a story, and this is perhaps more important. If I were listening to it, I might respond differently

than I do in text. And if it responded to me, I would have more ways of responding back. [Analysis would be an attempt to linearize this "resonance"].

Narrative is not structured here in the same way as it would be in a classic Western story. How would the psychiatrist [taking a patient's history] provide for it? Spirituality is a part of storytelling in this book, and to read it as art or fiction would overlook its place as something between people, generations, and the land they survive on, because the story is one that is sung by the authors through the storyteller, and it was given as a story by Kaax'achgóok. "That's why we claim that song" (1990, p. 145). I wonder what it means to claim a song.

In 1994, psychiatric survivor activist Sally Clay said,

> What is compelling about madness is the tantalizing hint that it holds the secrets of consciousness, of healing, and of spiritual power.... For me becoming "mentally ill" was always spiritual crisis, and finding a spiritual model of recovery was a question of life or death.... I plunged into a hell of darkness and despair. [...]. The faith in my inner experience always returned to strengthen me, it is only this spiritual outlook that enabled me to go on. (Clay 1994, pp. 3-4, in Estroff, 2004)

[Today I know that Clay follows a Buddhist path]. The narrative of spirituality, forbidden as it is, [is considered] madness if it is not shared by others. An inner experience is itself taken as being, as spirit, as meaning. [Otherwise it threatens those who would rather not understand being, or want to be understood only in accord with their own experience].

Spirit, as a possibility beyond limit, is not easy to define. I am reminded of Hans Litten, famous Jewish lawyer who put Hitler on the stand for undemocratic policies [before the war, and] got him roused into a fury for quite some time. Litten was eventually captured and tortured later. He tried to keep other prisoners' morale up a bit by singing a song called "Thoughts are free." [http://www.viewshound.com/philosophy/2011/8/thoughts-are-free].

Thoughts are free, who can guess them?

They flee by like nocturnal shadows.

No man can know them, no hunter can shoot them

with powder and lead: Thoughts are free!

I think what I want, and what delights me,

still always reticent, and as it is suitable.

My wish and desire, no one can deny me

and so it will always be: Thoughts are free!

And if I am thrown into the darkest dungeon,

all this would be futile work,

because my thoughts tear all gates

and walls apart: Thoughts are free!

So I will renounce my sorrows forever,

and never again will torture myself with some fancy ideas.

In one's heart, one can always laugh and joke

and think at the same time: Thoughts are free!

I love wine, and my girl even more,

Only I like her best of all.

I'm not alone with my glass of wine,

my girl is with me: Thoughts are free!

[Spirit lives between us, dancing to stories, playing on thought. Narrative has taken me there, despite a strong resistance to this notion. Again, spirit need not be a practice or faith, but it can be recognized within texts and without, as a set of empty thoughts perhaps].

Njoki Wane finds a place for spirituality in the academy, in the practice of education, by asking how the academy will make space for such a dialogue between many people of many beliefs. For me this allows Western thinkers a way to acknowledge issues of "state and religion" differently, if we follow Indigenous thought, but only after the struggle of anticolonial thought has provided for it.

This is simply an historical fact; Wane's courses are among the first to open the question of spiritual belief of higher education students, who, in Dr. Wane's classes at least, reflect much of the rest of the global population. In this sense, "beliefs" have an opportunity to relate, again at the level of discourse [through living narratives], many of which have been denied by an overdetermined secularism, its adherents pretending no spiritual place (as if secularism did not embody a prior faith [such as egalitarianism]). Singular beliefs [as disrespectful as they may seem to those who would discount uncustomary ways] will also probably need to present themselves [...] as a part of a greater set of embodied "beliefs" or "knowledges" [...].

Wane says of the emerging literature on spirituality of students:

> One of the challenges in any academic discipline is to provide definitions. In discussing spirituality, there is a tendency to invoke a deliberately broad understanding of the term, acknowledging that as soon as we try to impose parameters and offer a concise meaning, spirituality is something so individual, personal, and unique that it cannot be captured in any one neat definition (Tisdell 2003; Vogel 2000, Wane 2004). (Massaquoi & Wane, 2007, p. 28)

This is for some [people] a denial of the relational elements of spirituality as they define it, especially when it involves formal or religious practices. However, spirituality allows for

common ground between religions. For me this allows Western thinkers, especially atheists, a way to anticipate issues of "state and religion," [belief and fact, if you will], differently [...]. The academy provides a space for such questions, but only recently [...] with Indigenous [people, and this has changed the nature of the discussion]. [Historically, i]t was [through] anticolonial thought that spirituality was considered and introduced into the Western academy [...].

In this sense, the forbidden quality of "belief," especially singular belief for those of us who simply rely on our bodies [to orient or sense ourselves] for some of our lives, has an opportunity for relation. [This is not to say that we must take up Indigenous traditions, though some Indigenous scholars would welcome it: appropriation is not the goal of entering a discussion with Indigenous people]. [...].

My story has taken me from definitions of experience that should not be imposed on us to the doubts that psy brings [because of its quasi-mystical ambitions, to a consideration of the narrative sensing of absence in spirit]. The quest may not be for a Mad politic or culture. [Our] relation already has taken hold, and our experiences are storied in many ways. To ground those stories in respect and mutual support could make all the difference to people who have had no voice in their, [our], own lives.

# Chapter 3: Place

[This chapter deals with the theoretical underpinnings of the prior two chapters. Whereas the first chapter begins with my questions and frameworks, including a literature review, the second delves into the answers, as given in various texts. However, I find that these answers return me to the stories of people in everyday life. This chapter finds the theoretical underpinnings of the prior two chapters through my own notes, which intersect with my readings. They are read in reverse order after some introduction of the material, to "read the stories backward." This backward orientation was a recognition I once made in a dream, but I didn't know what it meant. In re-reading myself "the 'mad tale' is now aerated into 'life story'," which means my initial impulse to analyze "experiences labelled psychotic" results in a return to life as narrative, especially through autoethnography, meaning the framework is the content of the narrative inquiry, not simply the container. But this does not mean the issue is resolved, nor does it mean it is hampered by the framework: the issue is solved by the framework and its irresolvable quality is upheld, "freeing" the self in the process.]

20110809.1341

I tell my river story to several friends at work, minus the [part about] the gift. I feel it's too personal, too ["spiritual"] to pass on, and it is still in play anyway. But then why not tell them? [Indeed, no one cares to inquire further about spirit, and as to being conceived mad, that too is no longer an issue]. None of them ask how such bad luck came to be, so the spiritual or magical relationships in the story are left unknown. Sometimes that's better than "knowing."

I think of the eddies in the river. They can carry you upstream as the downward current whizzes by. If you ask for spiritual meaning, you join in the torrent, and float downstream in some ways. But you can always climb back through the rapids by using the eddies.

For many people the "meanings" of the incidental seem necessary to the story, [to give it continuity with other stories perhaps], or at least to understanding themselves in relation to a story. "So we're not supposed to use the word crazy?" [Meanings] explain why I want to go canoeing.[60] They explain what got us up so far out of the city. They explain our relationships and decisions, and ultimately what was at stake emotionally. They explain the simple want of an interaction between settler and First Nations people. "What do you want me to do exactly?" [But story] is a story about itself as much as about canoeing, food, satellite phones and some kind of luck.

A few days ago, a friend of a friend of a friend, [who lives] in Moosonee [said he would accept] the gifts, so I sent them up by post [...], according to his specifications. I told him that we had lost our food and then the glasses, making it impossible to go further. He asked if we did a ceremony before we left, and I had to answer no, thinking my brother had not offered tobacco. But he actually did. We all had, at different times. This may not have been the right practice.

Yet in some ways I have benefited from our failure. I came home and worked on my dissertation. I could finally consider the issues of colonialism in relation to [everyday] life, and a real place (in my experience). [...]. [I want to thank the First Nations people who helped me, my

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[60] I admit this brings me back to theories of intentionality in phenomenology and desire in psychoanalysis. But is it necessary? Do reasons provide the ground for action, and can feeling ever be 'in control'? And when control is lost and we float back, can we [not] paddle back up to where we once were?

brother, and our friend traverse the rapids in one piece. They show me how to forgive in ever-new ways. I hope to give more of myself in the struggle as we go on].

And so my luck, and that of the "team," is compromised even as several eagles circle over our canoe, a sign of good luck according to D. [...]. The river was more than receptive. It was almost too forgiving in how it so lightly flicked us off its shimmering form. We were like mites and it sneezed.

So I will remember this lesson as I trapeze through my own narratives of self. My diaries of old are a reflection of my present, like the story of the river. They tell me where the rocks were, where the haystacks appeared, almost out of nowhere, all white in the sun, but hardly a place of calm. [...]. While I cannot go back and relive my life or what I wanted, I can finally make peace with the difference between what I wanted and what I want. I want to remember, immersed in my place in the present story, a different story. This is necessary for any recording or echoing of others' stories.

I wanted then more than now to describe fully what the "experience" was, as if the kind of experience would give up some "difference" in the analytic sense. [...]. [My old] descriptions sometimes utilize assumptions from the psy industries. But without my own experience to tell, in relation to psy, how can I resist psy industrial work? Thus, my story cannot be told in a way that simply feeds the mystification of experience, such as by narrowing the scope of writing to the analysis of a "material" history. I must tell the story either from the position of critique, as most Westerners now do [...], or from a position in which I do not get the prize. But something else happens. I do not make it to the end of the river in one shot, and I do not provide a proper Mad narrative for people to use as an anchor in struggle, while the river of time moves on. The story does not end, the analysis does not end, and I am left with energy to give.

The old diary prevents me from mentioning issues I marked as private. I could say I've resolved them. But really, the issues of sexual relationships are complex in their own right, and might not be the crux of my "mad" experiences as [some] Freud[ians might] implore. Indeed maybe privacy, or the "paranoid" dread of being exposed, is my ultimate unresolved psychological issue ("shame," the replayed moment of disapproval), one that presents me with the hope of freedom in a fantasy world bereft of people with failures to gossip about. In other words, it may not have been sexual relationships but the privacy that binds them that "caused" a crisis, that narrates my "experience labelled psychotic."

The only reason I am writing this is that I once felt I should not write this; my reflection on myself becomes the basis for a refusal to reflect socially [proscribed ideas], and this is a kind of reification of the narrative of unexpected mental disorder, in which no social causes are explored and a total worldview appears to operate beyond social discourse. But [I] remember that the purpose is not to resolve what went wrong, or what I could do next time, in some therapeutist sense. It is rather to hold on to the experience of the unexpected or undisclosable or distressed. This holding on to the story, even with its broken edges, and its lost origins, means finding the everyday life where there should be nothing. It is a fine line between myth and fact in memories of difficult times, or radically altered times, in storying our collective action as people. The story, when held in mind, takes on its own qualia as "psychosis," and in its unrest it escapes definition.

This realization is related to the whole story of my life, so this is not a mere deflection of the troubling issues that seem to cause mental disorder or racism or commonplace "evils" (the origins of troubles or problems[?]). And troubles do not mathematically cancel one another out. The realization as I read *some* of my diaries again for the first time in two years, and *most* of the

rest not since I write [*sic*] them (you see the overlap in temporalities already), is that what I read

is not a simple description of events, but rather feelings about only some of the "events," events

that only became central to me because of my own history(onics, to play into the opposition to

patient-detainee narratives). My re-reading is a sketch of a sketch of an ever-moving life that was

sketched before. Sometimes I remember details and background narratives that I didn't

remember when I first read these diaries. Remembering for me is not the same twice, but is

always complex, shimmering like the river, in one of many reflections, or "themes." I might

remember more characters in my recollections, for example, like the millionaire's name, or the

nurse's name, and these details will enhance my understanding of what happened. So I have the

luxury of knowing what the diarist meant, but it is still never totally representable. This is in part

the reason the "mad tale" is now aerated into "life story."

Some details I pluck from schedules, some from diaries, some from loose papers, all of

them dutifully date-stamped then, as if the writer me expected to be studied by someone later. A

few diaries are fancy because I had intended to write a non-fiction account, a kind of "mad

diary," again given to sanist discourses. I piece together a map of those days knowing they are

partial, not total understandings. My map could be seen as a total telling, the truth of what

happened, or a good guide to what happened, but always limited by my mapping, my embodied

relations in mapping, and ultimately the purpose or evocation in mapping.

20110817.0038

I have decided to read all the pertinent diaries. [...].

The diary writer, me (the auto-character), writes well, or well enough that I can

understand me, or him, or it. The I I know is simply thinking through his situation, trying to find

a few weathered solutions. He has not lived, I think. And he needs to do that, although change is

not all there is to living. But there's no time, no room [in 1992]. And so he ends up totally distracted, crossing conventional behaviour, getting hospitalized [in 1993], and then there is the next journey a year and a half later. I write it in short form like this, almost a mockery of self, in order to sacrifice details that would warrant more commentary now.

What is important to me about this re-reading of the older diaries before the hospital (1992) is the recognition that I was not trying to be "insane" as [much as] I [was trying] to let myself be "mad." I felt madness to be a negative, even as I was involved in it, was living in it, without recognizing it was there [already]. [...]. Indeed my diaries are a sanist reading [...]. And that is important insofar as I don't forget where I'm coming from. In part, I want to retrieve what I thought made a potentially good situation (madness) bad (suffering), because I would otherwise be accused of not covering the bad. The problem could have been caused by many things, including parenting that led to obsession that led to mix-ups that led to this dissertation.

Causality is suspect but necessary to this sanist story. [It seems to invoke suffering or at least its moral character of failure?]. This quest is not revealed through specific memories, named and categorized, like the hardships I remember more vividly than the details I put into writing. It is most important that emotions, the "body" in the story, is wracked in these diaries at times, and at others it is soaring out of "control," but the two are positive and negative crests of a wave. Whatever the axis is, the story grapples with it. I remember, for example, the sheer life story confusion (did I mention sex– did I mention love– did I mention Freud? [my ex-partner's Freud, I believe]) that launched me into the 1992 "episode" as I was made to think of it in the hospital– this reading has shown me to read through it as a part of one life, not three or two, and this is a beautiful ("beneficial," "relevant," "poignant," "salient" – not-therapeutic) addition to

the segmented story I have had, though not a replacement of it, insofar as all narratives reflect breaks or gaps. Am I paving over a gap?

I guess I feel that the story of my "going mad" is only half told. "Going"– as if going back, regression, to the primordial [...], and so on. But what words do we have for the excitation of the body in dreamtime? How do we name [the experiences called] madness as anything but the mystical and ritualistic religiousity that links us to the divine in our imaginations, but never gets all of us there. How do we define a knowledge of self and other as one? And so on: the feelings that passed through me, but only fleetingly, now only stories pointing to abstractions, also bring me back to the body. How do I listen to my body now? Well, I don't do so bad, but it's not "mad" in that excitation as it was, and its dream is in conversation with the dreams all around... there is no simple metaphor now. The feelings cannot be told as epi-sodic (as digression, as madness, not exactly because of their understandable momentary) and besides, why explain such things as apart? When you know someone is watching, when you are aware of something beyond your control and fear overtakes you, and so on, these are common realizations that can't be explained: the cause is secondary to the emotion in an experience-centred account, which might be a reconciled with other "accounts," but again is that necessary? Error [...], that must be the "problem," but it becomes the story of a life. You can say you planted [even this] "normalization" story [about error as necessary] in me, but I lived [it] in that story (too). Not as planned (also).

And in a broader context, the meaning of knowing myself this way is about stories for us, about us, yes, but also about being in a discussion with the sanist world and saying, "you know what, the episode is not that important anymore," not as a digression story of pain in a perfect world of healthiness (because pain can subside), or [as] confusion permeating every thought in

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living (because confusion is knowledge), not as horror (because horror's recognitions are set next to bliss). Often none of that is the total story. Indeed much of it is in the everyday life! The "mixed meanings" are living recognitions of [everyday] turbulence, conflict, fracture, and many of the other tropes attributed to madness (which is omnivalent as a construct: anything can be "chaotic"). It is not as important as regaining the trust that I was looking for something, wanting something, yet simply not sure how the world could hold that want. Almost twenty years later, something is starting to emerge, through autoethnography.

[...].

[...].

As to how these diaries read now, I am surprised by much of the content, how it [seems so] orderly, and how my memories of pain are not represented in the diaries. Rather the pinnacles of my thinking, if you will, are instated, often, like poems, or story fragments, that need mentioning aside the remembered story of the body. It suggests not an overcoming narrative, nor a stiff-upper-lip narrative (because many embarrassments are mentioned), nor a sunny-rosy picture making. It suggests someone trying to be selective in his message. He wants not to promulgate his process of thought but to deliver a sound message, a message that is well-weighed. And so these are, again, selections from selected experiences.

These diaries [...] show clearly how I mess up my life, how I fail to brave the thunder, how I lose sight of goals. I make clear how my partner must have tried to be supportive, yet struggled to find comfort in the world [...]. And I fell in the trap I wanted to avoid: I couldn't make a go of madness [as freedom] itself. I couldn't "figure it out" and "provide a bridge" to others. This is a story of failure, of not keeping it together, of not avoiding the hospital (at least

on the first pass). Yet this is also a story of failing the expectation to put up with superstition and sanism as a Mad person, something I do now almost too consciously [...]. This is a story of allowing oneself to taste life and let others accept or reject it. This is a story of finding oneself and one's life in one's decisions. This memory is important as a way of describing the experiential madness account [...]. And yet none of it was as easy as it seems now. And the finding is not an "aha" but an "oh-oh."

[...].

Even in the following year, 1994's second pass at madness, things were similar. I wanted again to allow myself to live the "madness" [...] without hospitalization [again]. [Without that experience] I doubt I would be here now [writing this]. This is the same kind of statement as people make [about] medications [saving their lives], I realize, but the difference is in how much the latter is taken [up] as truth [whereas the former is taken up as a lucky break].

19940917

How do I start to tell you about my life? to tell you without actually speaking or using my hands? to show you colours and lights, sounds and tastes? smells and touchings.

20110714

[...]

He continues to explain that it is his "trauma" that he needs to get in touch with, and that will do the trick. He's going to prepare for therapy by being with his emotion. Of course, he's trying to get on a road I have since passed over as useless, though I recognize it can always work for someone else, and so could the Catholic Church or the Church of Latter Day Saints, and this is not to deny differences among beliefs. But notice he wants madness to descend: "reliving the

trauma of approaching love closely, of experiencing myself truly. Of opening up." He wants to

cure [the self] through madness. [However] as a negative trope in his writing, as a shadow or

unconscious force, madness reminds him of his aversion to love. [Love is for him a problematic].

But he doubts he has the discipline to jump in: he confesses he wants grotto, the ordinary

pleasures. Then he asks a question I could now answer. He asks if there is any connection

between his life and his spirit. (I think there is. It's called a story of joy and longing inside of a

story of boredom and dispiriting colonialism inside a story of hope or denial, but a dreamer's tale

to be sure. This might be too much for him anyway. Remember that this is an intra-personal

truth. I don't know.) [That structure might be different today]. In the letter I explain that if

meaning is all about good and evil or both, only psychotherapy will get me through [*sic*]. If

meaning is morality, I know I am not looking for [such a] release, insofar as morality is a wished

for peace [and] not the life I lived. And it is through the "finding" of the text, not the final

affective purge, that I have "closure" (though of course who needs closure when we have life)?

As I read on I get lost in his pleas. It's now September 1994, and he's telling her, [his

love], he's tired and has been working hard. He wants to write to the world [like the academy

allows us to do]. "The mitigating factor is not how to express, but how to fit into society," he

says, which is kind of true, but not on face value (you still have to know yourself, your writing of

self, if you want to express). If not for autoethnography, this reflective reading should appear

insular, but its purpose is to complement and reflect on other readings of "madness." He then

says he wants family support for his therapeutic project of self (implying she is family perhaps),

and that he wants to write about:

> fantasy and magic (living a child's life in an adulthood), and the pitfalls that await those
> who try this life. That's pretty general. Broad enough to include all the little benders I've
> been on in the last 2 years. And clean enough to not alienate anybody I hope: I don't want

to completely rail against psychology, or to make "psychosis" an exclusively crisis-like, visionary state. I want to blend all this together with what "normals" see as normal life.

He continues to say he might write short stories or essays. This is years before I even considered going "back" to school. [...].

I'm glad there was not a "recovery" narrative underpinning this life story in a diary of mine. Recovery, which I support in [...] survivor based approaches, is now usurped by the psychiatric [...] practices. On August 9th, 1994, I said I was writing very clearly "about the psychosis" the prior summer. Let me be clear again that I am sanist in this diary, and I reify it here to subtend it. But I am not trying to medicalize it (reduce it to physiologic problem). [Sanism is a social move, not simply a medicalizing move].

He mourns the loss of a tighter fighter in himself. "I was much hungrier for life [the previous year, after the hospital] than I am today as an avid smoker and drinker." But then he explains that

> time with self eventually makes me connect the fragments, re-own my place in abused roles, discover my center. It makes me ready to discover on the outside rather than just the inside. It makes me ready to love rather than survive. It eventually brings me to my spirit, magic, the transpersonal. I let go of arrogance in a preference for calm. I let go of hurt in a preference for today.

To gain something, he relinquishes something.

I am engrossed in the story of him, but not as me. I wonder why. Maybe I feel like being outside this story, for its own sake, or for my own sake. Maybe I want to connect those dots later. But there is also a relief at not talking about myself in the present, at using this 26-year old me as fodder. I don't really want to talk about myself of course; I'm tied to those embarrassing feelings, wants, and ideas. But then I also don't want to be misunderstood in ways that are way off. But then there's no convincing some people sometimes.

August 12, 1994

I told [her] I felt like a loser: taxi runs me over, raccoons rip up the bed, hit my tailbone on the bed at Z's, major relationships all voided, and much much more. I feel really down on myself even tho I'm not actively shitting [feeling distress]. I'm trying to throw it at the "appropriate object" but I know that "no one ever is to blame" so I keep "just sitting here watching the wheels go round & round." I've got no answer for this one except to wait.

X, R, the list continues. Many people I've tried to work out my karma with, but none are wanting to develop new lives.

He then goes on to say he should get back into therapy. "I know I should go back to R's but I don't even know where to start." (R, a therapist, was later sued for sexual misconduct). I love this quote: "too many disappointments. Am I to make no expectations? Am I to just do nothing except what others indicate interest in?"

But there's no sense in not writing it from a perspective [of the] hunted. I am hunted despite my understanding [of self]. All I would have to do is embrace the jargon of psychology to explain myself so that a critique [of my thought] could ensue. But I believe the critique is beyond the terms [already given]. It is the dynamic of the society that is interesting. I may end up psychologizing the state and its instruments [instead].

But practice means everything. August 18, 1994:

One of the things I learn in the hospital [as an advocate] is that there is no way to justify myself. Justification is never an easy process. When the other person doesn't want it or simply can't see it, justifying becomes disastrous. When they do want it, justifying becomes a ridicule of [...] feelings and reasons. It is a pitch thrown at somebody to see if they'll buy my way of looking at things. Justifying myself is dangerous. It just doesn't matter.

I looked more closely at this issue of being truthful and self-delusion in Carola Conle's class [see "Kos" below]. [...]. But skipping forward to where we were in the letters to my lover, I write sometime near August 26th, 1994:

I love her. But not like I want anything special. I love her as a sister. She is dear to me.

Now there is "denial." There is "the lie." But it is such an innocent lie. "I love, without want, family is dearer to me." Is it a lie? And what of romantic love? "And yet I am attracted to her by chemistry and by the love that our bodies express now so fully. So much like rhapsody like song that lifts from me." And then therapy is invoked [again], or at least the need for therapy, all the way through the letters to [her] of September 1994. Could it be a way of declaring readiness for truth? Because the kinds of therapy I went to then were quite radical, from group therapy to aura therapy and rebirthing. I had Sufis in mind, but as one of my therapists said, they too would demand discipline and cost money. [...].

There is one entry in the diary that really starts to show "psychosis," near the end of September. [And the story unravels into smaller stories from there, fragments as I say, though they seem to represent the whole story as fragments. And by January the next year, everything seems "back to normal"].

19941103.0237

Travel is writing. Writing is travel. Incisions and ribbons across the sphere of existence.

19950103

I just got back from work. I took the TTC [because my bike was stolen]. I was struck by how little has changed [since the fall when I was "crazy"]. The emergencies and terrors of before vanished. The paranoias and worries are now a sadness at how it was all simple anyways. I was not the leader of a movement. I was not a shaker or a Quaker. I simply needed to mother myself. Despite fanaticisms, despite the spite... all returns to what it was.

[...] The sweet snow. Returns. Cordially. And without contradiction. It says "kiss me you mad fool."

## Reading the stories backwards

[This section deals with the story through the theoretical issues of immanence and the political questions of race and madness as identities. The questions of analysis and narrative begin to frame theoretical issues, and these lead to a prior inquiry in which the fragmentariness of narratives is invoked. The next four sections continue this prior inquiry, revealing different elements of it. The final section, titled "In the Present," is a conclusion in progress.]

`20110713.1208 [before the River]`

Thank god for sleep. Without it I would have no way of defending myself against the dreamworld. In the dreamworld all things relate, all things come together, and it's very difficult to be one's self, or any selves, in such a relation. I become more and more just a part of the dreamtime, the background of imagination.

`20110711.1410`

In a way we get our therapy all around us. "Self-forgiveness and other forgiveness" in an article by M who is guiding my spiritual self north on this canoe trip. M is Cree and he knows Moosonee well. Self-forgiveness is necessary to moving beyond the past, the article says. "Accept your emotions. Part of the struggle is often being unable to accept that you are experiencing such emotions as anger, fear, resentment, and vulnerability. Instead of trying to avoid facing these negative emotions, accept them as part of what is fueling your lack of self-forgiveness. A problem named is a problem ready to be tackled." (from http://www.wikihow.com/Forgive-Yourself).

`20110702.1603`

A sigh of relief as unremitting love fills the room once again.

20110627.1237 [training for the River voyage weeks before]

The river: finding where the line is, between the eddy and the tongue between the stacks, where we stick a paddle in and hold our position like hovering dragonflies.

20110616.1520 [after the SDS conference in San Jose, California]

Notes on conference. People loved our presentation. They say there is a lack of theory on madness basically.

20110606.1155

Tired. People. Exhausting. Want to be alone with strangers perhaps.

Writing? Always ablaze. Never about something. In other words, nothing to do with change, and all to do with career. Thinking this could be the ultimate victory of the psy system [or its victims]: realizing knowledge is just flotsam to defend money.

.1122

Yet here I am reading a neuroscientist (Hobson, 2001) who denies interest in consciousness expansion through drug use yet feigns an interest in [madness,] the material (not historical however) manifestation of linkable experiences: dreams, psychosis, and drug induced delusions, hallucinations, dissociation, and other dream like, supernatural like, delirious like experiences. I sense in my report here the tension such terms bring to each other, a hodgepodge from religious, psychological, and criminological references about a taken for granted consciousness... albeit, the going metaphor on conscious life.

He says he wants to bring together theories of consciousness at the brain level to allow for some common sense in approaches of psychotherapy, of course. Always giving, the neuroscientists. Never taking. He says he believes in the reduction of symptoms by use of psychiatric antipsychotics, and believes somewhere in the regulation of brain chemicals lies the telling tale of mental illness, that it is the "people we call patients don't have the partial but significant volitional control that many seekers of divine communication enjoy" (2001, p. 5). He is astute in his analysis of saints who use [self] deprivation and its chemical effects to condition psychosis-labelled experience. He is going to show these interactions of different conscious states through an examination of the biological evidence from sleep and dream analysis. I cheer him on. I want to have a basic "phenomenological" (empirical) [theory of thinking in] relationship to the body, even if it is more nuanced than presented in neuroscience, and individually embodied.

When I recall the way I deprived myself of sleep like "the wannabe saint often used voluntary deprivation of food, domestic comfort, and– most of all– sleep to set the stage for inspiring and instructive visions and messages from the Godhead" (p. 5), I recognize that there are indeed links between sleep, dream, and ["psychosis"], and that indeed in dream analysis we might find something like an ontology to the story of self, the story of nation, and the story of history, which is itself usurped in postmodern non-story. But to what end? I will read on.

"Whether the hallucinations and delusions that define psychosis can be voluntarily initiated and terminated is another factor determining the value attributed to psychosis" (p. 5). Indeed, it was in my book that I argued psychosis is achievable. And he wonders about *folie à deux*, which has been of interest to me. Doesn't this all point to the idea of altered consciousness being a social thing, actually set off by consciousness [...?]

20110526.1024

Living through my life like this, knowing that I'm writing it out, knowing that some people, but others not, will take to this or that, find or not, while I ply away. "A paper route," said Lady Gaga. Her exact use of the hyperbole of meaninglessness heavens [*sic*] in Letterman's "but you're not just doing a paper route"– "That's what I am doing, a paper route." [...].

Honesty is taking off the brackets. But to stretch out into all this fertile imaginative...

20110523.1320

Do not take the words here to be the author's real living experience.

20110519.1940

The cat scratches me. I sit alone writing. At the breakwater now between me and my writing. How do I explain? I mean how do I explain all that leads to this second? Or rather, this moment in my thinking, my writing?

20110426.0730 [after the Mad movement is called "White" by young academics of colour at a meeting to start a Mad conference]

[Warning: White defensiveness coming up. Please note this was a passing emotional rationalizing that doesn't work, and I don't mean it to work, so take it as an admission of becoming defensive about racism:] I don't know what it is that makes me so obviously White. If whiteness is not about skin colour, and if White culture is what i'm full of... then why is there no black mental patients association? I mean, why is there a White version of resistance to psychiatry, but there is a black psychiatry as emancipatory, [and] there is a black apologia for black psychosis when the cause is oppression, [but no black patients' movement]? It's strange that while I am seen as White I am accepted in antiracist circles. [Yet] Mad polity is

unrecognized, as many people continue to use "crazy" like it's going out of style, having no attachment to the people affected whatsoever, and yet my attitude of acceptance, my denial of self-importance as Mad, is seen somehow as something else, something worthy of interest perhaps. There's no idea that what I am is not simply a humbler White male, which is a curiousity surely, but not without precedent. I am finding that is my role: a White male that has yet to refind his Mad politics in antiracist politics, feminism, disability theory, anywhere other than within himself, because there lies non-collective action, non-other-oriented White narcissism. And yet this Mad polity was an extension of survivor autonomy politics, which was collective, and did seek pan-racial alliance. Now, "colour" is nothing, but culture is something, and it's apparently easy to identify [as not White], like maleness in third wave feminism. [But I'm White and so is Mad]. I think I get it.

20110421

Whiteness allows me to write in this foppish bent.

Whiteness is the structuralism out there. And in here.

Whiteness is the perfect monod, salient and blue, and always together in a way. Facing you like a parent scolding, pretending they know what's best. And you say, of course, of course.

Speak of the devil!

The White devil is not the same thing as white skin. That is what I have learned today, but not as an aside. I learned it through the issue of how whiteness is performed or embodied or apparent or contrived before events, such as in news readings reinforcing stereotypes and academic journals reifying racial types. A truly antiracist paradigm calls on race being recognized in cultural forms rather than [only] institutional forms, and then being recognized

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again in institutional forms [as seen through cultural forms]. But that is not something [...] people with White privilege, should [reflect on or] have to worry about: they can take [for granted as already evident] their class superiority, or their gender bias, or their heterosexual reading.

And E [a colleague] was so eloquent about all this, explaining that yes, institutional features of everyday life were designed by White males, and this is what it has come to. [Whiteness is institutionality. Whites must refind their culture, change their culture pretending to be "beyond culture"]. [...].

Institutionality then is a White structuration of social cues and formats, providing for a provisioned few to exploit them. Whiteness is the historical remnant from our grandparents' expulsion of "darkness" and their exploitation of minorities and women, and children, [and they] benefited from whiteness, usually without really having to notice that. Now that I can explain it in writing I think I understand it better. This is not my area of expertise, I later said to Professor Wane. I only know Whiteness in theory [believing myself to be not quite White], and at that I am only [now] recognizing that mad theory is White through and through. My words are not informed, but my intent, the way I hear, the way I wish, are different.

[...] [S]urvivor history [...] has been a counterstructure, employed by a few Whites. I want to trouble that with the fact that it takes dedication to work at these confrontations with power elites who take it personally and feign recognition [of survivor politics]. And perhaps I've done exactly [the same thing from a privileged, academic and professional position]. But if I stop there

I might just not do anything. I want to be able to enact some response to this in real time, not only when I'm confronted with it at school or work.

`20110410 [because Mad is not raced...]`[61]

Mad cultural movement? This is what it's come to? Polity is included, ok.

`20110405`

Why do [I] cling to mad people's experiences as if they are simply a version of physical disability, sexism, racism, heterosexism, or classism? Why does couching our experience as mental disability allow for success, where[as] couching it as mentality, or mind, or belief, for any number of instances, would never do?

What have Mad folk relegated to history already? What wasn't useful in our prior political dream?

I decided I was not talking about disability, exactly, though everything is about disability. [Everything is also about race, and gender, and sex(uality)]. And when I realized that Western post-institutional psy theory provided only hermeneutics or deconstruction as choices in how to approach politics (among many others that were far less represented in the literature), I knew I needed something that included stories and language "games" [i.e., the play of imagination]. I needed politics again, real ones, situated in material theory. I needed a political ontology. I thought I needed to learn about people's ideas of rights, truth, reality, not from a capsized

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[61] In Nazi Germany, Aryans who were "unworthy of life" were exterminated in preparation for those who belonged to non-White races (with some exceptions).

nationalism or activism gone postmodern, but from a pan-national independence movement. Only such a movement would conjoin Indigeneity (or locality as Dei says) with transitions of history. I thought First Nations were showing us independence within interdependence, within history, and that it did not get narcissistic at all. I mentioned my interest in the connections between sovereignty issues and autonomy issues to an Indigenous scholar and he was interested.

20110325.2156 [at about the time I submitted the manuscript for *Tranquil Prisons*]

think of it not as a lapse of reason but as a gap in sound.

a gap in sound is a moment of time away from the apparatus of thought as conceived in the usual way.

not away from the emergence, but a part from it. we love also in memory. and we wonder whose memory. as we watch the spoilers carry on, and we tell them what is happening, and as we live in sunset under the orchard, we wait for what we do not know.

20110322

Why "sanism," "mentalism?" And how is this different than stigma? Because when lefties say, "stop the insanity!"[62] I think they're talking about people like me. You laugh and say I'm [taking

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[62] On Facebook today, March 22, 2011,

    XY:

        Send a letter now to [Premier] McGuinty saying Stop new nuclear reactors! No more insanity.
        There are safer and cheaper options to meeting out electricity needs!!

things personally]? [P]aranoid? They are killing us in the streets. And they tell us why we act as we do, explaining our lives to us in the old DSM.

20110320 [after the second annual Decolonizing the Mind conference]

i met lee maracle on saturday. wow! she was amazing. reminded me of pat capponi. i liked her immediately. when it came time to present they asked me to go first. i said meegwich, and thanked them for the honour of sharing the stage with my co-panelists.

i said mad people existed (citations: intergenerational autobiography, vanessa jackson 2002). i explained my mother's "postpartum" [experience], how it was medicalized. i explained how that connected with my own experience. i said mad people have a culture. i said we have stuff to say, from selfhelp and mutualaid: I said "I'm not offering an alternative therapy."

20110209.0106 [why Indigenous knowledge... without addressing the problem of appropriation by Whites]

Part of it has to do with watching Dawnis. She cries at her mother's sickness. She laughs at being called an Indian. She talks like a poet, yet was schooled as a lawyer. She encourages us to write for the people we love and fight for, as well as the academic work. She suggests starting from within. [Who? Anyone?] She says when her people, when Anishnaabeg [(Johnston, 1976)] need answers they start by fasting; she was told to remember her name in this research as ceremony. She uses images and beadwork to write the ideas out. After this, she moves to literatures, starting with work by the People for the People. Second, work by others for the People. Third, work by the People for others. And finally work by others for others about the People (without intending to acknowledge them).

She also talked about how she records people's existing oration or work and then transcribes it for them as a gift. This allows them to choose along the way, unlike when they are presented a paper and expected to put aside any existing relationships (or lack of them) with an interviewer. The people are the library. Not the texts. Her use of the flower figure was most interesting to me because it was so abstracted, and the radial symmetry held her compositions together beautifully. Dawnis made me feel like I wanted to escape the academic text and move back to a popular... text. A story, or an image set, that would appeal.

20110131

The possibility that my story mirrors the grande narratives or the [infinitesimal] fragments of stories makes it possible for me to belong.

20110110.1745 [before the "Arab Spring," and people saying the CIA conjured it]

Counting on. Another day.

The endlessness of a finite life. Looking back to the very old past. Does it exist? Are we just telling stories that are not real? But what about our myths? And how do they propel us even when we don't believe in them anymore? And how do we use myth against myth to believe, to trust, and finally to act as an agent? An agent in what structure exactly? What is the realm of the plausible or likely or statistical or predictable or definite even? What is "what we know about living?" Is this a myth that comes back to haunt us in its mechanical incorrigibility? Its relentless surges bring a rain of fire. We are but puppets in its function of equation: death against life for the finer balance, as seen from the top of the heap of violence. There is no way out, except... [...]

I used to forage in the woods. I used to find my way through the ferns and the straw, tall as me sometimes, and as I ran down the footpaths in the back yard, I got scratched by everything from spruce needles and pine to birch and maple. It was a dream. Much of my life, come to think of it, especially in the best moments, all a dream.

20110108

Stories clash. They interrupt.

A dream becomes a nightmare.

And back again to a dream. We continue with what we were doing.

20101230.1353

> The reward of self-knowledge is freedom from the personal self. You cannot know the knower, for you are the knower. The fact of knowing proves the knower. You need no other proof. The knower of the known is not knowable. Just like the light is known in colours only, so is the knower known in knowledge. - Sri Nisargadatta Maharaj [quoted on Facebook today].

It is through the procedures of capture and restraint that an object is textualized. This violent knowing deprives us of the possibilities between texts, sentences, words, by insisting on the realities of inquiry, proof, and knowledge towards full responsibility and exposure. These gaps in knowledge seem to us as manna, we who have read postmodern texts about the way language brings our conceptualization possibilities (our imaginings), these unknown places in text being the exceptional that provides the real.

> In reality there is only consciousness. All life is conscious, all consciousness- alive. Even the stones are conscious and alive. - Sri Nisargadatta Maharaj

20101227.0143

Immanence [from Wikipedia]:

derived from the Latin *in manere* - "to remain within": metaphysical theories of divine presence in monotheistic, pantheistic, or panentheistic faiths: the spiritual world permeates the non-spiritual, and often contrasts the idea of transcendence. Tantric Buddhism and Dzogchen posit a non-dual basis for both experience and reality that could be considered an exposition of a philosophy of immanence that has a history on the subcontinent of India from early AD to the present. A paradoxical non-dual awareness or rigpa (Tibetan — vidya in Sanskrit) — is said to be the 'self perfected state' of all beings. Scholarly works differentiate these traditions from monism. The non-dual is said to be not immanent and not transcendent, not neither, nor both. While risking oversimplification, Kant's "transcendent" critique, can be contrasted to Hegel's "immanent," dialectical idealist critique. Gilles Deleuze qualified Spinoza as the "prince of philosophers" for his theory of immanence, which Spinoza resumed by "*Deus sive Natura*" ("God or Nature").

.1110

I've been reading about immanence. In fact I've been living in that for a couple days, in and out of rest, relaxation, and any interests I'd like. So rare to have the time to do that, to let things fall as they may. The closer to stillness I come, the more I recognize what happens around me as already happening, as necessary, while historical, (future and past fusing into my present), and so the story becoming a story (the reverse of contingency in time as temporality [transcendence, and a wish to qualify it better this time?]). In that dreamworld I can tell my own stories, from the minutiae to the totalities that point to egress beyond my life, undetectable to my "psyche" or process of revision.

20101221

"Analysis" is not the objective of this form of [narrative] inquiry. This inquiry provides an intimate frame to encounter other stories. This makes for a reinterpretation and rewriting of one's own story. Conle used to tell us that Gadamer described this in his philosophy, which drew from phenomenology, as two horizons in interplay, two ways of knowing the world in conversation, even when we are not writing or reading important texts.

So if this immanent method, self-writing as ethnography to be most definitive, provides a basis to learn other stories, and if these stories inform our practices across disciplines and functions in society, then how is it all held together? [Without the linearity of analytic work, I seek a way to condition the event from a timeless formlessness]. For me there are different ways of considering this question of "what is the story," and they involve the capacities of language that bring us to Wittgenstein and Derrida, in which language liquifies for me, with the capacities of the text to involve, and context in which it is meaningful ("immanence" again, which I draw from the work of Todorov), and then also the capacities of the story as "dreaming" and temporal movement that holds a story together. This fluidic "capacity" in stories allows us to remember together who we are and what we do.

So why am I writing all this? To get at texts about madness. These stories are important to me. Often they are stories of interruption, intersection....

The human body tends to like breaks. Gaps, as Derrida says (according to friend and scholar Richard Ingram), provide the rests for finding a repetition and a pattern. As Badiou says, it is the void that sutures being, as any shadow or opposition occurs to any figure or presence.

20101217

Today I was thinking that if the gap substantiates, even provides meaning (as Richard said of Derrida), then stories are important as a totalizing form, not of form [itself], but of simple structures that anyone can recognize. The problem with this totalizing scheme, of the appearance of time, is that it too is a militancy like the others. Its structure, not our structure of it ([e.g.] temporality in Gadamer), constrains all other relations. The deep structuralism of the story (usually causal [in Western stories]), of time itself, is rendered concisely by dream "time," dreamtime, which brings instances or events that are discontinuous into relation. This relation is,

again, sequent, and the filmic structuralism of sequence in story is "relational" in the sense of welcoming "any" story. A deep structure to time thinking makes it a limit as well as a freedom of the "story." Again, time is not one way.

The event is the fragment that binds stories together.

20081217 [originally written for Carola Conle]

A moment.

What a strange situation. I am telling you this story as it happens. This is the permission I have, to live and tell at once.

But I live in a life that is un-recordable. Life is in my head perhaps, but more likely that is a situation. The situation is strange.

This experiential narrative is moment to moment, as it has to be in order to connect moments together.

Now, I am writing a life that resists being written. And yet I am also twining it with stories that are ongoing and external to my present concerns.

So for example, I sit in the staffroom of a high school at Jane St. and Lawrence Ave. this morning. What has this got to do with the life I am writing about? It doesn't in some ways. And yet here I am.

How do I write about what is when I am constantly being redirected and diverted by what is? My life resists my writing.

But what fun it is to be carried away by the moment. What incredible joy at being swept from moment to moment, interrupted, and then brought home again. There is no faith required. Living is a process that interrupts itself.

And the instant is imagined, perceived, and remembered all at once, like an image. The sun bounces off the snow that fell this morning. I squint to keep out the glare. This image is happening now.

And through the glass I can make out the triangular roof of the house across the street. The music in the headphones I use to keep out the chatter has just played the beginning of Andreas Vollenweider (1984). There was a song, a passage, that I heard on Saturday, October 22nd, 1994. And what a moment that was. It was the instant I found out I could let go of everything and live as I wanted to live.

I had been working hard to regain the consciousness that had been thwarted a year and a half earlier in January 1993, when I was incarcerated. It took me fifteen years to write about that experience in my MA. I recall my first day on the ward, both frightening and exciting. I was "mad" with delight at a life of adventure being thrust upon me. I was also wisely quiet and passive, staying out of trouble as "mental patients" say, and that saved my life. But now I want to know about the return to "madness" after the asylum, and what it means.

Despite the difficulty of writing about my incarceration, it was nothing compared to writing this present account, which is far more complex. As I briefly re-read old journal entries, I realize I have not considered any of this before, that my narratives of what happened have many loose threads I could take up, such as many friendships gone awry before the "fall of 94." As I worked hard to re-enter a situation called "madness," I could not really let go of the ordinary

world because I was working, passionate work in activism. It was when I stopped working for a week that my efforts were repaid [and I became "mad"].

Today is one like any other, except for the snow, and its invitation to remember. I love to watch it fall and how it blankets the sounds of traffic. I could choose to delay writing, just a little longer, to get more of a view. But this life that resists being written also wants to write itself. So, taking a deep breath, I will "jump in."

## Event

`20081217 [continued]`

It feels very much like that October day in 1994, listening to this music with the purpose of remembering. I had gone to my brother's place in the east end that Saturday and asked his partner, "Well, I've taken a week off. But what do I do?" She replied "You should do whatever you like! You deserve it." I had been working in a job that allowed for my desire to resist as much as was humanly possible. I had come out of my own battle with the "system" only a year and a half before. I said, "Oh I don't know!" because the thought of what to do had seldom occurred to me. The joy of a vacation was my downfall, in psychiatric recovery terms.

(A woman walks into the staffroom. She tells the woman at the cafeteria, "I'm sorry. I'm sorry. Because they told me, can you return these on the second shift? I know. I know. So okay, I'm not going to borrow any more stuff. Thank you." And she leaves. My headphones are off. I must combat life as it happens in order to write. And in 1994 I did the same in order to think, to think as I had before. Even now I need to concentrate fully on memory in order to remember.

And that is much like what it was to dive inward, to concentrate, and to live in the very moment of consciousness, to hold it for as long as possible, as I tried to "madden" myself in 1994.)

When my sister-in-law suggested I give myself permission to do whatever I wanted, I felt both an immense pressure lift and a strange feeling of uprootedness and drift: "What? What is this? What do I do?" This was not ambivalence. It was really direct engagement with something that seemed joyous and kind of impossible. My sister-in-law left soon after, and I sat down, pensive. I was almost "mad," but not quite. I had not "let myself go." I had not given myself to play.[63]

I had been trying hard since September to step outside of my usual consciousness, or step aside from it, so that the bubbling beneath could be perceived. I had come a long way. When she left for Berlin two months earlier (for a one-year exchange program), my lover and I decided to end our budding relationship. It was sad but we wanted to live life in our 20s, not settle down.

As for me, I was much more confident by then, and what I wanted was to become conscious again in the way I had been before the hospitalization. I used earplugs in public, much like I am doing now with headphones, to keep the ordinary life out: the conversations about snow tires, the pithy arguments about the service, the ersatz music coming out of the speakers in shops, the headlines screaming about Prince Charles or some other curiousity. It was all fine, but I needed to live consciousness in a different way, from inside somehow.

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[63] 19941019: "We need not experiment with our watching to find out how we watch. We need not channel all our resources through one pinhole or another. We simply need to *play*. Explore. Be curious."

I noticed my brother's records in a wooden cabinet next to the table, recordings that I had given to him seven years earlier when I left for Toronto: Kate Bush, Chopin, The Police, Supertramp, Prince... and Andreas Vollenweider, a harpist from Switzerland whose music has been described as "new age," but also classical and jazz. I picked out the record, put it on the turntable, and played the album *White Winds* (1984).

I look outside now and the tiniest flakes of snow are being blown off the side of the school. The sun is lighting them up like flares despite their insignificant size. It is magic how something can be both miniscule and magnificent. I remember it falling even in Vancouver that January afternoon I was hauled off to the Psychological Assessment Unit.

I dropped the needle before the first song, "The White Winds/The White Boat (First View)." This seems more significant than it has to be. But then it's got White written all over it: harp, Alps, New Age. [An image of first contact in the title. And the label of "World" music: Andreas has played to receptive audiences in South Africa with artists from South Africa]. How is it that he seems to transcend these labels for me? I had heard Andreas many times before, in high school. For me it was spiritual music, something unlike most rock and pop, and so it was special or "different." The shock of memory as it entwined with my present was monumental. I heard a wind first, blowing softly, then whistling louder, almost howling, for about 30 seconds.

Past and present unite as I listen to it now.

In a rush like last night's snowfall came the instruments. Now I show a music teacher and ask if he can verify what they are. Yes, one is a drum roll on tympani. There is a string section, yes, a church organ probably. And a synthesizer plays a blast of white noise for greater effect at the beginning. A "very high pitched" sound high above, says the music teacher, is probably a

bell or a chime being struck very rapidly. The instruments play a B*b* note at several octaves, which imperceptibly changes into a B*b*-suspended-7th chord as the crescendo softens over a few seconds. The violins hold on.

It feels like an avalanche has buried me. A sound of lapping waves under the snow becomes audible beneath the violins. As I hear it now, I am reminded of light waves. Hand waves, water waves, sound waves, waves of grief and sympathy intertwine, waves in ideas and feelings, waves of events, waves like patterns, waves reflecting sun and moon, the "play of light, the play of waves..." that Gadamer talks about (1984, p. 93). The play of light and water has always struck me, much like those snowflakes, icy white.

When I heard this song in 1994, the shock of recognition, of the past and present fusing, of metaphors colliding, pushed me into play. It was as if after two months of climbing a mountain, with many near spills, and feelings of frustration as well as joy, I took a step that moment and realized I'd reached the peak. I could see over the rock now to the horizon beyond, as Conle once described in her writing, and the range of mountains below, under the blue canopy. In my words it would be that moment of seeing the green and purple curtains, shimmering as if to offer a glimpse of the sky beyond, making it seem more spectacular than ever.

It came together in that moment, what I was trying to do, indeed what I was doing, my quest which had grown out of my mother's quest, all happening "at once." Was it the permission I finally heard from my family? Was it the binding of two stories in one? Was it a fusion of metaphors like elements, water and wind, water and light, earth and sky? Was it a de-centring that could only occur by concentration on a centre? Whatever happened, I was finally released. I

would stumble out, become a part of the world, and lose myself in an infinite percussive succession. Impossible happenings: the unexpected.

It was sometime after that moment that the birds spoke again by numbers, and the next few days, in which life's significance came to me in innumerable ways.

The students in this class are exploding with pent up energy as I write this. The world seems to respond to energies sometimes.

After this, in November most likely, I reconnected with a friend who had moved to Montreal for a while. She saw me in a place called Kos for a late afternoon and early evening, and we recently talked about it again. I wrote some of this with her permission using an ethics review process used by all of Carola Conle's class. I will call my friend C.

## Understandings

20081217 [continued]

C and I talked about that day. I said I was being followed by agents. I said the electrical wires were carrying energy information and could receive and intercept us as we broke out of conformities in thought. She said that I was one pretty hurt lookin puppy that day, and that she didn't really know what to do, so she just listened, which is really a good thing to do. She said when I told her I was being spied on, the absurdity of it made her laugh inside, but she was cool with going with the flow. I said that my beliefs were, crazy or not, a problem of believability. I asked her if she could believe what I was saying, and she said definitely not, but it didn't throw her. She said there was a moment when she thought maybe there was something to what I was

saying, because as I predicted, the entire room cleared out just as we were thinking of clearing

out. It was a synchronicity, or a coincidence, or a group resonance?

I asked C what she thought at that time of my interpretation of her interpretation of events

at Kos, that basically there was no point talking about a "false belief" narrative. (I said, "So

you're saying I was just crazy." I was a bit insulted). I knew that this was a rather grim view but

I had to be honest about my feelings about her interpretation. I again emphasized that despite her

interest in my story, and her full support of my politic in some ideal sense, she was also using

language that she had grown up using, and that it might be sanist. It was easy for me to spot

problematic language; this was my field of study, the identification of mentalism as a

disablement. I could see sanism almost anywhere. She was comfortable with me taking notes

from our conversation. This is what she said:

> But what happened to you was real from your perspective. (I thought you were going to say that if I stepped into your shoes just for a moment, I must also have been 'mad'.)

> I firmly believe in perspectives. How you saw what was going on is true from your perspective. Maybe that made it easier for me to say, 'I shouldn't judge– maybe these people [at Kos] are here to find out what's going on with him'.

> That could be because I've got this worldview about perspectives. Why are we so invested in determining the 'truth' of a story?

She gave an example from her own life in which a teacher told her a student was lying when he

accused her of calling him names. She said she felt the teacher was saying that because she

wanted to protect her reputation and livelihood. She was forced into claiming her own innocence,

which indicated the student was guilty of lying. She said the student was insulted by the

accusation, and that he sometimes took constructive criticism as being bound up in accusations

made against him, whether true or false, such as when he was accused of being a liar.

It seemed as though C was suggesting that in a discourse in which truth and lie were thought to be knowable, but were inevitably not always knowable, the repercussions of such a system continuously put truth and truth telling at risk. In other words our fascination with proof and truth, valorized in the scientific method, drew us into a "he said she said" slippery slope. It was rare that we could truly know truths about private interactions, and as such we were using the wrong sort of scheme to understand each other.

I was interested in this, because whether or not the child was lying, the accusation itself damaged his sense of self, his reputation, which the teacher took to be less important than hers in C's view. I remembered how much teachers' judgments meant to me as a 12 year old.

I said that that overarching framework of accusation seemed applicable to the insult of calling someone's experience a "delusion" also. Whether or not one could prove what the CIA did, the accusation that someone is not dealing with anything like the truth, and is instead dealing with fantasy as if it was the truth (with no purpose), could be quite damaging to the person. It must also be said that a person's error in judgment can be fatal, if and when from time to time we are at the edge of something. She agreed and said:

> All stories are important and valid, and should be valued whether or not they are deemed 'real'. If you look at how someone sees something from their perspective, that is their reality, their truth, and you need all those perspectives in a community. In some cultures, differing perspectives are revered. Only when one perspective is held out as the only truth do the big problems arise. Each person has a perception of an idea or thing based on who they are, what star they born under if you believe that sort of thing. If one particular story is seen as the only truth and the rest are lies that's when we get into trouble. A perspective is of the utmost importance because that's how you understand yourself, and that is our only job on this earth, to understand, to value yourself, to develop as a human being.
>
> Paradoxically, the only way you can steer your own boat is to share your story with others and learning from their perspectives. In eastern philosophy, there is no right and wrong, truth and lies. Like yin and yang, each of these opposites is interdependent.

I said, "give a person a day and they will tell many lies and truths." She agreed:

> What is theatre? There will be moments of truth, but it's all based on a fabrication, a lie. It's actors delivering lines using trickery. But the lies they tell can be understood from many perspectives, can be seen by audiences that suspend disbelief and connect a script with their lives. They can make sense of things in a completely new way.

I recalled our past work on a play that looked into this question of artifice and the frustration of looking for the truth. The protagonist ranted about art being devalued because it did not convey sure facts, but rather ephemeral, insubstantial impressions.

C's relativism was indeed the way I felt about truth and untruth, truth and "delusion," truth and lie; there was often no way of determining whether someone was lying, and even then the reasons for the lie often pointed to a truth, either about the liar, such as the teacher who had to defend her livelihood and sacrifice a student's self-worth to do so. This pointed to other truths, such as there being a kind of culture of competition and surveillance in the school system, and a complete lack of trust that trickled down into the student-teacher relationship even in politically progressive schools.

Our conversation certainly helped me see the way C understood the issue of delusion, and how she was indeed reporting what she though at that time, and she may not have had the right language but her intent was to do no harm. She agreed that the way we talk about "delusions" is something we learn early on, and this might explain some of the words she'd used to describe what she heard me say that day so long ago. I too admitted that what I said, then and in the interview, was complicated and could not easily be simplified.

However, my agreement with her did not settle my inner challenge: what was the point of having partial perspectives in a society that only values one truth? Can relativism be any better than essentialism, for example, in discerning our relationships with each other? Do they not both

inevitably succumb to the interests of people who are financially, physically, emotionally, stronger for whatever reason? But also, why couldn't I explain my experiences? Why couldn't I make the experience plausible in a way that was demanded of such a theatrical production? Or if there was more impulsivity than theatre, why not get checked out for a dietary change, a massage, whatever makes me happy? Of course I'm playing devil's advocate. Were I to attack any of these questions, it would take a book.

But to rationalize my belief in the CIA following me or us... is impossible to do here. I can certainly back up the need to let people have their own realities. But at best I was living through a disembodied nightmare of a person long ago [or sometime in a future unknown to me] killed by [intelligence operatives], their dreams or thoughts somehow found in my dream, a dream I was living on the outside. But this would be to suppose so much, and besides it does not make it true that hydro wires were actually carrying information about us. I was hyper-vigilant, in psychologic terms, and this is a reaction or embodied response to something, an impasse in the social probably.

## Fielding Notes

20081217 [continued]

I listen to the rest of the second interview. I take a lot of time to explain myself in this interview, what happened as I now understand it, ignoring a more crude version. I anticipate disbelief in my thoughts, of course, and though I use the word "deluded" in the interview I think there is more to the story than a "crazy mistake." Maybe it's a precognition. Maybe it's a deeply felt prognostication based on news alarmism. Maybe it's a crude version of me that thinks odd

things. I never say that what I thought was real or true, exactly, though I must have thought so in a hypothetical way. The question of its possible truth does not make the reality any different in a physiological sense for some of us. By this I do not mean a psychiatric sense.

[...].

I did not know what powers the CIA and other organizations had, or might possibly have in a terrifying future. No one does apparently. They were an open metaphor, an unknowable relation, which makes them a magnetic point for searching beyond the everyday. In normative terms, my fear of being followed was at best a theory about what they could and were doing, but it was at least a re-recognition of a fear about everyone's acceptance of what they were doing. I was filling in the blanks on the story of being herded, of fearing reality, of waiting for the axe, but this was an "irrational" fear because it was not an everyday or pressing concern: no one was being stalked by agents like in other countries.

This explanation [or query] is not necessary to the story, of course. I am trying to find the truth to the story, but the story speaks for itself maybe, and in my struggle to provide a sensible explanation the story's truth is not lost but perhaps underscored. However the story's truth is never really told or felt: C did not feel she was threatened by agents that day. Whatever that truth, as I looked back at the interview and that day, I was searching for an explanation for what made me think that way. I felt then that my life was a part of a web, coordinated, almost fated, and that I could perceive it, in fragments perhaps, or in metaphor.

The truthfulness of this perception is not important if we understand it as an imaginal, spiritual, or emotional sensing of possibilities in the constructed or symbolic world around us. The true nature of reality may never be extrapolated [from texts] systematically, but the way we

approach reality is open to question. I said at the end of the second interview: "I needed to go on this path. It was as though– while you're out on thin ice, the snow covers it, the sun is out, it's brilliant everywhere you look around you, the sun is shining, it's terribly bright, like diamonds are everywhere. The last thing you want to do is remember your chores, think about how many logs you must chop, or how many potatoes you must peel by 6. You want to know 'what is this glare?' You want to know 'what is this energy?' 'What is this?'" The chores should also get done, but it might take a bit longer.

20081217 [Kos Restaurant]

I was keeping my eyes down, wearing the most ordinary clothes possible, and trying to stay out of trouble. This included trying to keep the events of the world around me from tying themselves to my life and personhood, which was nearly impossible in that state of excitement. Everything I thought was a total situation. I could not sleep. I could not cook or spend money to eat well. I did not want to take any drugs, of course, because of my prior psychiatrization and because I wanted to live through "madness" on my own terms again. I tried not to walk in public, but sometimes I had to. I kept my thoughts to myself as much as possible, but sometimes I didn't. I can't remember how I met C that day. It had something to do with her return from Montreal, as she said in our interview; she had returned and probably got in touch with me as a courtesy, whereupon I would have probably told her I was feeling a bit different than usual, and we probably decided to get together.

Maybe C and I did not plan the excursion. We may have met on the street. I may have been walking round College and Bathurst for any number of reasons, perhaps to meet J, or some other friend, though at this time, J and others were staying away from me because they could not understand what I was doing or what I seemed to be talking about, and decided not to meddle

and make the situation worse, or at least this is how I understand it, because this is how I [tend to] deal with "madnesses" I cannot understand. In any case, we decided to go to Kos.

It was there that C says I told her about being watched by all the other patrons, and this is something she remembers clearly. I would have told her that they were all spying. I would have told her that their movements were not unplanned, that their lives and actions were in perfect sync with greater forces, some of which were being monitored and affected by the government. She would have respected my "mad" ideas, even if she found them absurd. "Madness" is no stranger to artists. Many allow for it to happen. That's why I talked to C more openly than I would to my family or others.

As such, the easy response of the artist, who accepts absurdity and boundary-testing actions, allowed for me to live out my shock or amazement, to speak it in a rare moment of social reception. I could not show others these things because they became frightened. And the explanations that I could tell C, even if she did not believe them, were acceptable as fugues, as monologues. She did not bring pity or direct intervention, though she does remember being annoyed, and sad for me, wishing I could use my energies for something more productive. No friend could live with me through the worst hours. This was a problem I had generated myself, and one that only I could deal with.

At Kos, I remember the afternoon light, but C says it was dark when we left. It was November, so we might have gone in during the afternoon and left round 5 when the sun was setting or later. I remember sitting at a table where the kitchen staff would not notice us. C remembers there being a pillar next to the table, and this would have made us less conspicuous. I think I had a green coat on, but perhaps it was something else. The place was sparsely populated (I was looking out at the other tables, and C saw me with my back to the mirrored wall; I believe

it was mirrored). People were there writing or reading as they often did (Kos was a Greek family restaurant that allowed patrons to wile the afternoon away). They drank coffees and snacked. One or two tables were having conversation, but the lack of noise in the room would have made me speak in a hushed tone. C would have noticed this as part of my "delusional" understanding of the world, my "paranoia."

I would have tried to explain to her what it was I was being so hushed about. I would not have sugar coated it. I would have told her exactly what I thought: that people were being controlled by government agencies far away, monitored through technological methods in which everyday electrical devises were used to convey human thought back to intelligence operatives, though they could do little to change it. I was therefore wary of giving them any insight into my "mad" state, lest they find out more about it (the irony is they needed to know). But I would not have told C about that, I would have only talked about the more general problems I was experiencing, like being watched. [...].

"Mad" experiences, of reflections in life, or of exact duplicates or doubles, is a phenomenon that speaks to methodology. The recognition of thought in the real world is important because it shows how our thoughts construct reality. For example, when I recognize lateralisms or reflections of "doubles" in reality, such as in coincidences or conversions, I am not merely "mind" knowing things, but mind in reflection. Mind in reflection is what provides for waves to be recognized, like parallax shows the stars to be in 3D. For example, today there are riots in Greece. I am expecting a package from a researcher who is interested in "mad" narratives living in Athens. I met her in Manchester and she asked for my address so that she could send me her work. She heard my talk about "mad" politics, which situates an irrational person as rational, despite the impossibility of irrational selfhood in medical, legal, and philosophical

understandings. She objected after my presentation saying reason is what we need to make sense of things. Maybe that package is late, sitting in a Greek post office. [...].

That example shows how things that do not connect can be said to connect through us. We, consciousness, relate "things," or "reality." I do not remember exactly what happened at Kos because the conversation was so long ago. I remember no faces, no papers brought to the table, not the food we ordered, not the music being played low on the speakers, not the waitress who took our orders for a couple hours, not much about the day at all. I can only remember my stealth, my apprehension, my excited condition, and some of the things I would have been watching for. A middle-aged man sitting across the room, apparently engrossed in his paper, flicking his nose at an unexpected time: I would have had to deal with that activity somehow, without tipping myself off and receiving more attention from the others in the room. I was, as I told C in our interview, only being watched because I was, as a "mad" person, sticking out like a sore thumb in the field of active (monitored) consciousness. The spies wanted to know more about the process, not me as some sort of insurgent, whatever my "radical" politics of getting more rights to mental patients. I was just going with what people do in order to live: shopping, getting a coffee, hanging out, etc. Yet I was also living reflexively, aware of what was happening to me in the instance of consciousness in relation to time with these "others," and to objects that lived and dreamed but not like us.

C says that by the end of our conversation in the restaurant I had become quite frightened. I said the patrons of the restaurant would all leave with me soon, perhaps to follow me further. I do not know why I noticed them making moves, or why I thought they would want to set up a common exit, or why it would coincide with ours. C says the place was not simply closing. I do remember seeing them at various stages of completing their meals and thinking

when they left we should leave too. This would increase the likelihood of making a clean break from the restaurant. I knew C would not completely understand my experience, but she is my friend because she did not ignore my experiences or chalk them up to the vacancy of madness/illness. C says she remembers getting up with me to pay the bill and all the other patrons in the restaurant getting into line at that same moment, just as we were about to leave, just as I said. C said she asked herself seriously for a second, 'What if it's true?'"



Figure 1: A beach on the Greek isle of Kos

I am not advocating my lack of reason as a truth that should be taken up by others. The usual understanding we might have of such experiences today is that they occur during crises in life and are usually destructive because a person does not know how to proceed with a crisis in one's perceptual and emotional life. Given the many people who experience crises in similar ways, it should behoove us to redistribute knowledge about this experience. It has become

medical-scientific dogma that "madness" is a problem of genetic predisposition to problems or weaknesses that can be triggered by social and psychological stress. I was "psychotic."

All experiences matter, to some degree or another. Dreams mattered to Freud and Jung. Sleep matters to psychologists. And "madness" matters enough to be studied as a chemical problem. What is important about such examples is they show how we use our experiences in our work, to understand ourselves, and yet often we deny our felt connection to our own experiences. We withdraw from our emotive commitment to experience in order to be scientific about it. But we do not question it in itself. Is it happening? We are sure it is, but we are not sure how or why, and we hope to find out by analyzing it rather than living it or feeling it. I am in some sense doing this right now. How do we make our experiences matter without turning them into examples of something that matters already?

But "mad" experiences call reality and experience into question, implicitly. Life becomes "strange" from the normate "perspective," if "belief" is truly the ground on which sound and strange [thoughts] differ. But "mad" people are still trying to communicate, in the here and now, as they explore the many possibilities of living and experience. We "the mentally ill" as they label us may run screaming at some haunting vision, which is real for us. We may ask for understanding or simple acknowledgement. Police or others who are called, such as to manage a naked woman yelling from her balcony to the laughter of all the adults and school children coming home at 3:30 (a recent spectacle on my street), will have a difficult time judging how to proceed. "Madness," or "mental illness," specifically "psychosis," is considered unpredictable, so intervening officials may not necessarily feel badly if they make a mistake. The "disease" is not understood, and people will do anything while "sick": lash out, jump, run into walls, slash themselves, and so on. This is the common sense about "madness." There are other depictions in

which "madness" occurs: uncanny comments, mysterious preoccupations, manic excitement, hoarding, unclean acts, ritualistic behaviour, and so on. All of these presuppose that a person is obsessed with some inner reality that simply does not reflect "external" or "shared" reality.

What would happen if we attended to inner realities, our own and those of others? How could we possibly do so without being seen as enforcers or disseminators of "common" realities? Why should we when it may likely distress someone if we try to intervene? Perhaps the only way to make attending possible is to change social attitudes towards unexpected, inappropriate, strange, but non-destructive behaviour, to recognize that inner processes of finding one's own reality are not in themselves destructive; and as silly as they appear to those of us who have no time for such introspection, it may be seen as a natural and ordinary human experience. [...].

The other side of "madness," the actual experience, is rarely discussed in light of the unacceptable memories people have. When it is discussed, it is not surprising most "mad" people talk about the horror of it, the only recognizable emotion to the onlooker, of seeing things they know they cannot explain, or hearing voices they know are not attached to bodies, or even feeling sensations without any presence. What's more frightening is that in trying to explain these experiences, people will revert to magical explanations they learned in childhood. It does not matter, to most people I think, that reality is already an interpretation, and that maybe it is important to discuss how we interpret what is not "there."

But again, most people who have such experiences will talk about how beautiful some are, and then revert to the social definition of "madness" as undesirable in order to deny delusional ideation in the present. In the societal story, madness unfolds with a promise of dreamlike happiness only to end in horror, despair, and loss. We seem to have no way of guiding the story back to safety. That was the impetus for what I did in late 1994. Nowhere in the

discussion of "mad" experience do we wonder, "What do these interpretations, these delusions of angels and such, do?" In other words, how are we using and living the "unreal?"

## In the present

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I leave the Decolonizing the Spirit conference on the fifth floor of OISE after hearing George Dei's keynote on Indigenous knowledge in the Western academy. On my way to the subway I meet one of the other attendees. I figure she is on her way home and I ask her a quick question to be friendly, and we chat a bit, finding out we are heading the same way. We discuss the conference. We were both inspired by it.

She asks me how I am doing in my Ph.D. I say it's going well. I'm finishing up. Yet I still have problems with adapting myself to a non-Western vision of scholarship. After all how can a White Western settler even point to Indigenous knowledge without appropriating it to his own brand? I say I am lost in a kind of impossible middle ground, not wanting to give up what I have learned beyond the confines of the rationalistic academic work I've done, yet not wanting to go further and risking more insult to the people who have given me this chance.

"Oh," she says, "I was an antiracist activist at X, and you know this is not new. I mean sometimes I feel like just," she jokingly makes a self-destruction gesture, "cause who wants to be a colonizer?" I feel a bit naive, as I usually do when asking people about what I do not understand. "But, what can we do? We can't just stop here. And anticolonial thinkers like Dei and Wane, they don't exactly tell us what to do. They leave it up to us, so we can't blame them

for our unrealistic expectations. They know we deal with some complexity." This made me feel better, the idea that they knew the struggle was not easy. For example, I did not want to raise my hand at the conference for fear that I would be taking up time, and yet I had questions that would have helped me deal with ambiguities. But so what? Why should my issues dominate or even figure into the questions of the conference? Of course this line of questioning suggests a "defensive" approach. Why should I pretend to know what would be right or wrong in my questioning? I asked myself whether I had done enough for the conference, whether I should have not presented, and whether to serve was itself a mockery of the service being shown at the conference. But this too was just a "guilty" or "shamed" way of thinking.

"We can't just stop," my acquaintance said. "We have to work with what we have." As I climb out of the subway to wait for my streetcar, one thing that I feel right now, other than awe and headshaking uncertainty, is gratefulness, something like love, if I can say that word without stumbling [...]. Gratefulness is something I feel not because I have come to such a unique place through my activism and work. It is far from what I imagined. Gratefulness is what I feel for those who would overlook my culture and see in me something valuable to their culture. Thanks is what I have for people who ask me out of sincere curiousity, "so what are you saying?"

And here is something like what I said at the conference in my presentation on a Mad commons. "I want to ask you a question. You don't need to identify yourself, but... do you know Michael Eligon?" No one remembered the Black man shot by police last month, who the media portrayed as "mentally ill." "How about Cinderella Allalouf?" Two Whites lifted their hand; they may have heard me present on her death after being incarcerated at the Centre for Addictions and Mental Health (Fabris, 2010). "And Kulmiye Aganeh?" No one knew him. His family came to an antipsychiatry conference in 2010 trying to find more allies in their battle with the forensic

psychiatry hospital that had killed him with an injection while he was in restraints. "These are names of three people who were killed by people in positions of power in the helping professions. They were considered mad. They were understood as not-understandable. And this is why there is a Mad people's politic, because they may be forgotten by many in their communities, but Mad people must remember them."

I went on to say that often people considered mad have to speak alone, forgotten, and ignored, in a kind of soliloquy.

> But soliloquy is not giving up on community. If anything it is the beginning of solidarity. However, it is not an expectation of community. Soliloquy comes from somewhere, from a knowledge that one is alone. It comes from spirit within, an unknowable force [...]. This force requires a space in one's body. This space is made a *place*, according to Indigenous knowledge, a personalized space, and in that place we remember. But to make room for this place means to allow for the possibility of it, and play. It means to create a kind of free space. Between us, such a space is a free commons, to borrow from my own White Western traditions, which have all but erased such spaces unfortunately. It is in the commons that safe spaces can be held for people who are alone to congregate, and perhaps even share and organize. It is in a Mad commons that soliloquy can be heard. And with that we might re-member people considered "crazy."

What then of this new resting space I am in? I guess I must admit, I simply don't know. George Dei was saying that sometimes not knowing is knowledge. It is acceptable, even beneficial, to lack knowledge. It is here that I leave this narrative inquiry for now. I will revisit it in my thoughts and deeds, in relation to people of colour, and First Nations people, of all orientations, genders, dis/abilities, and of course in/capacites. But for now, I will give up the writing and return to other concerns.

20120303.0921

Drawing from psychiatric survivor activism, I have noted that psychiatric interventions and theories that mentalize the body devalue individual or personal stories, including the psychiatric

survivor narrative of abuse under involuntary toxic or electrical brain assault. Thus it seems to me and many survivors that to claim our identities (for example as "mad" or "Mad") is to reconsider the stories we have been given to explain our experiences as "symptoms" of disease or "patterns" indicating disordered thought. To release ourselves from these stencil narratives requires not only argumentation in legal or academic arenas, but also a palimpsest in our personal and cultural lives. This has brought me to the question that grounds this writing: is there (not) a mad-conceived peoples' culture that might jar sanist theories and interpretations?

This question of re-cognizing a Mad culture, as I call our collaborations and memories, becomes a matter of noticing how we live. That is, how do we live "madness?" (Is it a dream? And do we not all dream?) Or put more politically, how do we live as Mad people when we realize that "reality" is being constrained by "madness" and "mental illness" constructions? How might we re-value our own interpretations of our experiences, despite these interpretive impositions. Indeed to ask such questions, without the benefit of interpretive schema, is to risk censure and denial in Western philosophical frameworks. This is why I have tried to ground my study in narrative work, which allows for the process or story by which we turn from one concern or question to another: narrative inquiry. Through narrative inquiry, we might re-read our own stories, which is what I had intended to do. However, my attention was arrested first by psychiatric stories of "psychosis," and then by interwoven cultural theories, including and especially constructions and deconstructions of race, ethnicity, culture, nationality, and disability.

Unlike these various theoretical nodes, the construct of "madness" calls into question notions of reality and experience as separate from identity in nation, or in colour. Implicitly, madness discourse asks, "what is memory anyway? what is story anyway?" not only in the group

and its relation to the individual, but also as the person or body when it experiences phenomena that the group has no name for. Thus, the interstices in thought that have no name but interrupt the flow of group narratives might not have to be catalogued as sanists have done by labelling "psychoses" and "delusions" in various ways. We might simply let the body remember our experiences as it tends to do, and work to decolonize concepts "about" these experiences. These re-conceptualizations of dominant representation of embodied experiences inevitably lead to questioning the value we place on each other's "mad" and "sound" stories.

Despite this sanist divide of mad versus sound, we must accept that in the "sound" world there are concepts of difference that ground our prior conceptualizations. Rather than deny these ideas of difference, we might deconstruct them to reveal what has not been framed by enlightenment concepts, or we might also story them in a way that reinvents them; this assertion of the creative self at play instantiates our own knowledge within and without sanism. We are not alone in this willful act. Dominant theorizations about thought are just as prone to partial and interrupted patterns in locating differences. Without assuming that "soundness" is the presence, while "madness" is the absence of "thought" (whatever that is), how could we relate theory at all when communication is always necessarily partial, always subject to the event? And does the event condition thought such that we must delve into the metaphysics of time and place? Perhaps, instead of theorizing, we might think (act) "in the moment," with "event," and this is perhaps what makes creative narrative possible. When thinking is always an edit, a product of prior conditions, we must have some belief, as it were, in the process of renewal or imagination, and this is possible in the academy through inquiries that not only adhere to narrative but question it and delve into its quandaries. The story is not only a given way of educating ourselves, but also a puzzle about how we came to do so, as well as evidence of continued uniqueness within patterns. Perhaps the possibility of thinking "in the moment" (within the

interstitial and without the metanarrative) is a recognition that our thoughts are conditioned by culture, but that our enactment of those conditions ("will") is also culture in the (self) making.

So I am moving back to parts of my life, like art making, that I have set aside as endangered by psychiatric interventions, only to find that culture now encompasses me and my work. That is, my theoretical work, through the story, refinds culture, not as contingent or impossible, but as already there, already conditioning theory as a "presence" rather than an absence of theory. Survivors and mad-conceived people are only beginning to recognize our many stories, such as in a notion of a Mad people's history. So none of our stories will cohere in the same ways. Indeed as a privileged White male, I recognize my place in the order of colonial institutions like psychiatry, even as I resist them in some way, and use my privileges to that effort. But my own story leads me out of my privileged space and makes me question what it is that I inherit besides madness discourses.

Westerners have worked to define particularities of experiences as "deluded," or "psychotic," or "mad" when our traditions have no place for them. To follow these labels into cultural theory and literatures, I begin to refine my understanding of sanism and recognize its horizons beyond legal and medical expertise. How is it ignored, or temporarily centred, and then ignored again? How is it pedestalized and then absented? How are "mad" experiences ridiculed or othered as violent and "out-of-mind?" We find these processes of denying psychotic thought in some of the most progressive psychological and most radical social justice texts. So psychosis is described as delusion, as the lie, which can be linked to stories of hubris, pride, folly, paranoia, self-aggrandizement. There is no question as to the place of these ways of thought in our lives despite the severe separation of self and society in the West, and indeed the exile of the self from the community is cited as a reason for why Westerners oppress individuals who do not fit in,

especially racialized people, and of course entire communities and nations. The West takes up

equally reductive models of explanation, such as materialism, but perhaps a way out of

psychiatrization and mentalization requires us to link the personal and political in new ways. The

texts that are missing from most texts about "psychosis" or madness are writings by mental

patients, as well as people who have "transliminal" experiences more generally (mad-conceived

people in the West), especially if they critique psychiatric explanations.

How does Western colonialism and hegemony create "madness" in cultural discourses?

Antiracism tells us that the application of Western values, terms, and ideas as universal

categories results in the assumption of transcendence by one culture over another. For a Western

anthropologist or psychiatrist to seek out "madness" or "mental illness" in non-Western cultures,

even by translation from existing moral or normal categories as Westerners understand them, is

ethnocentric not simply because translation is problematic but the search is already conditioned

by colonial imperatives. Psychiatry is a part of the process of control of the other when applied

beyond Western nations. However, within Western institutions of control, including nation

states, the application of medical categories for the smoothening of the arteries of production and

consumption can be considered colonial insofar as the creation of pan-national, pan-cultural

wealth for the production of scientistic industries that perpetrate centralized controls is itself

imperialistic. Thus, the institution of psychiatry, while having no particular origin in any

European nation, and indeed having some strands in non-European nations before the

Enlightenment, indicates not only the translation of psychiatry across boundaries in statist

economies, but the sanist imperatives underlying nationalism in military economies.

Is there a Mad culture that resists mentalization? Certainly, any resistance to psychiatric

power indicates not some new idea but prior ideas not given to the new formalism of control we

call psychiatry. Psychology in general, a science of experience, is itself a new formalism of control, and prior ideas resist it, resulting in theories that do not depend upon it, including hermeneutics in Western thought. Indeed the madness trade, which invoked the idea of a sickness or lunacy in the person who behaves poorly or whose body reacts negatively to social determinations, is a set of arrangements that oppress us. Any resistance to such a trade in definitions of resistance would constitute, in itself, a "culture," an "ethos," a "language." To say that involuntary spasms are not resistance to an order that demands no bodily movement is to pretend with the oppressor that there is no intelligence in what is disavowed. To pretend that the body is unintelligent while the "mind" is intelligent is to forget their interaction. To pretend that psychiatry is not a cultural part of colonial impositions, histories, cultures, is to believe the interactions of intra-Western institutions do not relate to extro-Western institutions. These "intra" and "extro" relations are tied together by values that are rarely recognized because Westerners tend to see values as individual and subordinate to systemic modes of thought. Indeed First Nations theorizations show us axiology, or values, to be conversant with or constructive of epistemology and ontology.

What could Mad culture be saying that a culture of consumption has not already extracted from it? To prefigure a resistance to determinisms like "madness" is not to pretend a singular or discreet set of actions by people conceived as mad or identifying as mad or Mad. It is rather to name such resistance in order to remember the very naming done to dismiss us all, in order to recognize the body and its manifestations in resistance, in order to remember the people killed by psychiatry, or whose families have lost or forgotten them. The idea of a Mad culture, one which adopts the very words of the oppressor to dismiss them, is not an imposition by any of us but a recollection of the ways in which we decided not to be ruled in extralocal orders. Thus, while we are in solidarity with other forms of resistance, including those that utilize "production" and

"consumption" for their strategies, this does not mean we give permission to imitators to pretend us away. We await their reciprocal recognitions.

How is "psychosis" defined, theorized, and reproduced beyond clinical discourses? Madness discourse offers error as a basic trope for understanding mentalized actions. In other words, the body's resistance, taken as a totality in social or "inter-object" relations, is given "desires" or "intentions" when we give it a mental "character." This move, borne of a moralization of the individual as valued above others, whatever their stories, forgets the possibility of our intrinsic value as effects and conditions of the social. Thus, the trope of error (in thought, in perception, in action) in the discourse of madness is used as a way of disregarding the interconnections and interdependencies of social relations. Indeed, theory that does not recognize the conceptual empire of "madness," rediscovers it again and again, even in the works of Lacan or Deleuze who recognize its production yet utilize it as a trope themselves, such as in the word "foreclosure" or "schizo." The term Mad capitalizes on this re-introduction of terms by noting the impossibility of an ahistorical denial of madness discourse, but in its counter-discourse it does not simply refuse or reuse madness terms but objectifies them for neutralization or aeration. Neutralizing means to simply note the terms and how they are being used, thus bracketting them, while aerating the terms means to show what lies behind them, how they are conditioned, who gives their origins, and other modes of showing their porous dependencies.

How does cultural theory take up "madness" beyond White cultural texts, even in regards to colonialism? This is for me a question that I cannot answer as a White Westerner. In other words, I recognize the possibility that a feminist ethic, or a Queer theory, or an antiracist protest, might borrow from any of the argumentation of the psychiatric oppressor. For example, an anticapitalist might use "shock therapy" as a trope to accuse the ruling class of "shock and awe"

tactics in our common oppression. Conversely, I might use "colonialism" to describe psychiatric naming, though I hope I have not relied on metaphor. Indeed my work tries to give the material conditions by which colonialism is indebted to psychiatric formulations. However, I cannot be sure that this research "translates" insofar as I rely on largely Western methodologies and theorizations, if only to avoid appropriations. But even by noting these relations as colonial relations I am inviting the contradictions of appropriation, and at this juncture I must accept my limitations and hope that someone else, someone with knowledge where I have none, will recognize my limited modes of understanding and representing.

Thus, a Mad polity requires, upon recognizing psychiatric oppression as more than an assault on the corpus of medicine, a culturally related way of addressing oppressive ideas and practices. In an attempt to remember all psychiatrized people it must turn to issues of race, (cis)gender, (sex)uality, (dis)ability, and I would say capacity. While antipsychiatry critiques of labelling and biotreatment may recognize the reduction of psycholegal determinations like "incapacity," they cannot give voice, or indeed dream the visions, of the mad-identified, disorder-labelled person. Insofar as the individual is still at the centre of antipsychiatric analysis (which disability theory recognizes to be a social manifestation), Mad polity seeks out a nuanced sense of the personal and social relatedness of the body (whether taken as mind, as whole, or as social place). But Mad polity relies on a material or historical set of events to recognize capacity as a legal status, like gender, thus holding to the terms of disuse rather than exploding them into "broader" or "cultural" categories like mentality or agency or belief.

Capacity is contingent on the performance of "psychosocial" camouflage, the appearance of meaning "sameness" or "adherence" to commonsense agreements. I perform "capacity" in this very text by examining, by knowing, and ethnographizing the self, which is itself a contingency

of the orders of knowing that instituted it for me. But whereas some would revel in disputing meaningfulness, and others would avoid "knowing" altogether, there are intermediaries who try to stem knowledge in its limited domain, and direct it towards systems that need to be changed, disturbed, diverted, decolonized. If this is in itself a reification of those systems, it is at least a balancing of some power relations rather than a capitulation to their schematizations within a larger set of relations. Like pragmatic essentialisms, knowledge is neither dismissed nor mastered. Integrative antiracism, in which the contradictions of racial difference are considered closely and challenged, is a way to conceive not only identities but also how we perform them amongst structures.

Thus, the patient experience cannot be "added" to "other" experiences, and has largely not been theorized as an aspect of mind, "illness" of being, "disability" of bodies, or "madness" of society. Thus, this experience provides a problematic that reveals mentalization and the performance of psycholegal "capacity" or "sanity." In other words, "madness" and "mental disorder" is not simply a vacuum left by "normalcy," or an emotional impairment in an otherwise homogenous social field. Our experience is a product and a condition of the pretense of categorizing experience. It shows a form of subjugation of experiences considered "unreal" or "meaningless," but also it hints at the possibility (if not for some the certainty) of fluidity in life experience, the very social field that gives rise to violence and determinisms. This old dualism, of fluid and delimited experience, need not be the fulcrum in this research.

But oppression is constantly shifting through ever-new, ever-changing enactments, such as the medicalization of everyday experience that insidiously leaves other power relations standing. Critical (academic) theorists who would deem sanism a non-issue, merely an effect of oppressions of race, gender, and class, can be found liberally borrowing from the stereotypes of

psychiatrists and sanists. Their political rhetoric lacks the emotional "trigger" of psychopathology, so they seek out Freud and Lacan from the privileged position of "sound mind" in service of an ethos like desire (I admit I have chosen resistance or resilience as my ethos). There is scant radical critique of experiences of confusion, distress, and disorientation that might stem this problematic "solidarity" from therapeutist thinkers, especially as distress relates to violence, aggression, and what moralists call evil. Psychologists, in trying to be medically relevant and emotionally in control invoke "trauma" narratives, which in turn are taken up by activists, without attention to how psychological theory impels normative and reductive thought. Even with psychodynamic language as a presumable escape from the familiarity of violence in families and closed spaces, few psychologists are aware of non-medical and collective "psychosocial" paradigms for addressing distress, such as the work of Soteria Houses or the Open Dialogue project, that are already being dismissed as later versions of "moral therapy" to prevent them from taking shape in the social.

Language, as Ngũgĩ wa Thiong'o (1986) reminds us, is a formidable tool of colonization and decolonization. As a White male who questions his power, I will to recognize my place amongst people who have been colonized, among people of other genders, among queer and disabled folk. However, I am disturbed by sanism, and therefore disturb allies or supporters who do not recognize their own sanism, even if I cannot help them properly denote it in their own cultural languages. Madness discourses (e.g., talk about madness as a phenomenon), including psychotherapeutic theories, arise in White male straight power structures insofar as the term "mad" arises in Anglophone culture (and before in Latin, in the term "mu," meaning to "change"). Thus race and madness are intertwined as constructions from the start, and all therapeutic or otherwise corrective ideas partake of making the "problem" appear (e.g., occur).

Indeed, colonialism increasingly brings psychiatric practices of power to the global south (Watters, 2010) as well as to custodial institutions where bodies are racialized (e.g., Fabris and Aubrecht, in press). While these discourses can be distinguished, Black feminism shows me we must attend to our individual experiences as well as systemic ideas of experience. Black feminist writers who could triangulate between feminist and antiracist understandings (Hill Collins, 2000) make it possible for me to go beyond my piecemeal approach to oppression. Likewise, we might consider Black feminism to occur within a settler situation, implicated in settler colonial relations though of course Black womyn's power is not as privileged (Jafri, 2012). Consider "mental" disablement configured as "invisible" in the scopic language about disability. While the "visible" disability must be given voice in a political ethos, an "invisible" disability is prevented from being given voice by a scopic idea of disability (i.e., what could a normate body know of disability even if we define body as intrinsically mental and therefore mentally disabled?). Likewise, a "visible" difference is prefigured as requiring vocal defense, such as in antiracism, while the "invisible" or "contingent" difference (e.g., behaviour, intention, to use psychological ideas) must await the solving of more immediate empirical differentiations. Thus, Mad relation need not be male and White, or even "antipsychiatry," simply because its history can be described as the product of privileged university-educated White males like myself (of course, I recognize that any resistance to madness discourse predates my work and indeed gives it voice or presence– my work is but an effect of this resiliency). While madness discourses could be taken up beyond psychotherapeutic corrections as a kind of new language that eschews determinism (e.g., "that's crazy" means something is definitely not reducible), I have distanced myself from these terminologies and prefer to think of them as another form of sanism, in fact the base form of sanism in which not arrangements but culture itself is established as restrictive.

Kempf quotes Alfred Memmi, a Tunisian Jew with Italian roots, who says

if the colonized have justice on their side, [the colonizer] can go so far as to give them his [*sic*] approval and even his assistance, [but] his solidarity stops there; he is not one of them and has no desire to be one. He vaguely foresees the day of their liberation and the reconquest of their rights, but does not seriously plan to share their existence, even if they are freed. (Kempf, 2009, p. 19)

I reflect on this as an Italian Canadian colonial whose father's labour was welcomed by "the English," as he used to say. He kept to himself. He was proud of his heritage, yet he urged me to forget the old ways and learn the new. While I will not privilege myself in the languages that my forebears marked out as the Other, as primitive, as effete, and so on, because my body is mistakenly given the benefits of that marking even as a psychiatrized person, I will find a way to "be" this thing. Anticolonial thought is living in stories of resistance.

While I had hoped for a more personal way of relating my story of reading madness texts, I am more assured now that an academic treatment of these texts is appropriate to them and also to reconsidering them. This is not to save the real life for the emotional body, which is a resuscitation of mentalist and other forms of privileging certain texts "about" us. It is rather a way of dealing simultaneously with the sanist's privileging of normate intellectual forms as if they were consistent with all knowledges, as well as restricting elements of those elaborations that pretend romance or mysticism from entering the sphere of the experiential that I privilege here. In other words, while adopting Western intellectualism wholesale, I do not allow it its mystical pretenses here, because experience alone, however it is valued, can suffice as a way to relate stories. In relating the survivor or "mad" person's story to the psychiatrist's story, I wish to show how one of them pretends knowledge differently than the other, and how we all might adopt or question that pretense.

Thus, in place, through memory, which is itself interrupted at times, I read beyond psychosic narratives as determined and countered in psychiatric and other theories. I move with a

storied sense of self, however incomplete, with errors only I can claim, to recognize myself and

the world around me as interwoven. Rather than assert a new nation in my work, Mad polity is

mindful of existing relations, and indeed needs them to "exist," to be present and absent at once,

and to be in the present as well as the past and future. The temporalization in this work, while it

may have seemed academic at times, was specifically designed to carry the process of narrative

inquiry through an autoethnographic move. I needed to structure my relations through a story of

self, but one that was necessarily tethered to the constructs of time and place that I live with.

Thus politics, history, and culture can be recognized atop this structure as changing in

themselves, because the structure is shifting as well, a story without a beginning or end.

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