**Navigating the Grey Zone:
Advocacy for Psychiatric Citizenship in the Academy**

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PsychOut: A Conference for Organizing Resistance Against Psychiatry, OISE, Toronto, 2010

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A few years ago, I was lucky enough to spend an energizing two-year research term in the Department and Institute for the Humanities at Simon Fraser University. As the happiest of my mandates, the good people in Humanities tasked me with organizing a public event funded in part by the Institute's endowment program and aimed at commemorating the legacy of early twentieth-century social gospel reformer and social democratic icon James Shaver Woodsworth (a rather *conflicted* legacy, I might add, given Woodsworth's well-known exclusionist and hereditarian views on the subjects of immigration and eugenics (Dowbiggin, 1997; McLaren, 1990)).

After meditating on the matter for about one nanosecond, I proposed a conference on psychiatry and human rights. The *Madness, Citizenship and Social Justice* conference eventually took place in June of 2008. It involved some 250 participants from a range of advocacy, activist, survivor, academic, practitioner and cultural communities, including many participants in this present historic event.

As described in the program for that conference, the "objective in staging this public event is to provide a forum in which critical topics and issues related to madness, citizenship, human rights and the role of the 'psy' professions can be explored across a range of intersecting positions and perspectives. … [T]his conference", we went on to write, "provides a sharp counterpoint to the prototypical meetings of clinical, professional and academic associations concerned with issues related to 'mental illness' and psychiatry. … Individually and collectively, the contributors to this conference are all, in various ways, involved in theory, research and activism that are subversive of oppressive power relations, and that promote the autonomy, dignity, empowerment and health of disenfranchised people within the 'mental health' sphere, and more generally." [1]

The event featured David Oaks as the keynote speaker; a celebration of the 40th anniversary of the renowned anti-psychiatry documentary *Titicut Follies*[2] (Anderson & Benson, 1991); the participation of the survivor-centred cultural organization Gallery Gachet[3] in conjunction with the World Mad Pride 2008 celebrations; a theatrical performance by Ruth Ruth Stackhouse and the Friendly Spike Theatre Band's production of *Tied Together*, adapted from Geoffrey Reaume's classic book *Remembrance of Patients Past* (2000) and screenplay *Angels of 999*[4]; assorted films, survivor activism workshops, educational and informational exhibits by David Oaks and Don Weitz, and onward.

By way of setting out a few galvanizing themes, I thought it might be instructive to share some reflections on the experience of that conference and to raise select issues around anti-psychiatry social justice activism and the university within the wider political context of contemporary neo-liberal governance which the event brought into sharp relief.

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[1] See http://www.sfu.ca/madcitizenship-conference/ (retrieved 12 June 2010).

[2] See http://www.imdb.com/title/tt0062374/

[3] As outlined on their website, Gallery Gachet "is a unique artistic institution founded in Vancouver in 1992. … Gallery Gachet strives to provide a focal point for dialogue amongst outsider/dissident artists. We aim to use the canvas of the outside work to educate and demystify the public on issues related to mental health and to advance the artistic discourse around these issues. We provide the artists informed by mental health issues with opportunities to exhibit, curate, perform, read, teach and to develop their leadership skills. See http://www.gachet.org/ (retrieved 12 June 2010).

[4] See http://www.insidetoronto.com/news/Annex/article/55399 (retrieved 12 June 2010).

As an entry point to this discussion, I wish to invoke a petition that appeared in my inbox seven months in advance of the conference launch. Here are a few excerpts from a sprawling document authored by Susan Inman of the BC Schizophrenia Society, Vancouver/Richmond Branch (author of the recently published book *After Her Brain Broke: Helping My Daughter Recover Her Sanity* (2010) and signed by 50 members of that organization,[5] and copied to all the conference organizers and funders, including our University President Michael Stevenson, and the Social Sciences and Humanities Council of Canada.[6] "As the mother of a daughter who lives with a schizoaffective disorder and as the President of the BC Schizophrenia Society Vancouver/Richmond Branch," begins Ms. Inman:

I was excited to learn about an upcoming conference exploring the numerous difficulties faced by people with serious mental illnesses. However, after reading the description of your conference, I am horrified. Rather than creating a "context of mutual knowledge sharing and empowerment," I believe this conference is astonishingly uninclusive of the perspectives of key stakeholders. …

As you know, during much of the 20th century, psychiatry embraced a nonscientific explanation of serious mental illnesses and often created practices that were destructive to both consumers (people with serious mental illnesses) and their families. The 'medicalization' of serious mental illnesses that you object to, has, in fact, dramatically improved the situation of people with mental illnesses and the families who care for them. It has lead (sic) to improved treatments, better research, decreased stigma, and improved public understanding of these devastating brain disorders. …

The lack of inclusiveness of this conference is frightening. [T]he general public or faculty and students in humanities and social science departments still have few opportunities to examine the science based approaches to understanding and treating serious mental illnesses. You are doing them a significant disservice by not providing exposure to these crucial perspectives in a conference supposedly dedicated to improving understanding about serious mental illnesses. These people might not be as dismissive, as you seem to be, of approaches to serious mental illnesses based on scientifically grounded research methods. … Your goal of creating strategies for dealing with the problems of people with serious mental illnesses … is severely compromised by excluding participation from the people who have made the greatest contributions to people who live with catastrophic brain disorders.

[Also of great concern, is the complete absence of family perspectives. … I'm sure you must be aware of the research demonstrating that the single best predictor of a positive longterm outcome for people with a serious mental illness is the presence of ongoing family support. The countless families who offer this loving support do it in the midst of the unjustified stigma they encounter from the legacy of nonresearch based theories that saw them as creating these brain disorders.]

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[5] These included 39 'family members', 9 self-identified 'consumers', one unspecified BCSS member, and a faculty member in education at the University of British Columbia.

[6] All the participants remained steadfastly supportive of the conference, and no funding was withdrawn in response to the petition.

Frankly, I am surprised that a major university and the major Federal agency promoting research in the humanities and social sciences are comfortable funding a conference that is exploring a major social issue from such a deeply biased perspective…[7]

I quote from the petition at such length because I believe that, for all of Ms. Inman's hyperbole, her missive is notable in representing a particularly virulent strain of political discourse which permeates public culture and 'expert' knowledge systems in ways that are as omnipresent, and as corrosive of progressive causes related to mental 'health' – and more generally – as they have ever been.

On first encounter, it may be tempting to characterize interventions of this kind as 'backlash', in the reactive and reactionary usage of that term. But just as observers like Sylvia Walby (1993) argue with respect to the spate of anti-feminist agitation issuing forth from crusading 'fathers' rights' organizations (Collier, 2009; Dragiewicz, 2008; Menzies, 2007), the 'backlash' metaphor is seriously limited, both analytically and tactically. We are contending with something far more enduring and entrenched than simply a defensive lashing back against progressive gains by anti-psychiatry and psychiatric survivor movements. Interventions of this kind are, I believe, expressions of a systemic, business-as-usual paradigm of governance which expresses itself in virtually every facet of life under advanced modernity. The overtures of Ms. Inman, their chapter of the Schizophrenia Society and their many allies signify a way of thinking about so-called 'sanity and madness', of mental 'good and ill health', which follows a long historical trajectory of privileging those who stake their claims to normality and reason on the objectification, subordination and exclusion – and too frequently the persecution – of others. In this sense, Ms. Inman's censorious discourse, and the ideological leanings it betrays, are expressions of a thoroughly normalized, naturalized way of constructing psychiatric 'illness' as brain disease, of practicing sanism, and of regulating mental alterity.

There is also something insidiously new and alarming about this militant brand of latter-day pro-psychiatry activism. In contrast to prior generations which witnessed a series of wild pendulum swings between opposing models of mental governance – from the unabashed totalizing oppressions of somatic psychiatry, eugenics and BIG PHARMA, to the normalizing theories and practices of moral treatment, psychoanalysis and their many variants – in this 21st century we are encountering forms of power over psychiatrized people which are in some respects far more differentiated, dispersed, hybridized and difficult to engage than ever before. This 'new realist' paradigm for regulating madness (to import a term from my former discipline of criminology (Lea, 1987; Matthews & Young, 1992)) is fluid, fragmentary, multidisciplinary, reflexive, and therefore capable of continuously adjusting and reinventing itself. It is a moving target. It readily traverses State and civil spheres. It flows and translates easily between the dominant ideas and capacities of psy science and the pharmaceutical empire and popular understandings of sanity and mental 'difference'. As with Ms. Inman's petition and the organization it represents – not to mention assorted other 'stakeholders' – it speaks the language of compassionate care, human rights, populism, inclusiveness and empowerment. In so doing it has captured the co-called high ground of liberal rights equality talk.

Further, through a reconstituted updating of classical liberalism, the new political paradigm's formal allegiance to liberty and individuality, and to formal equality for some, functions to ideologically efface – and therefore to legitimize, naturalize and reinscribe – the entrenched

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[7] Inman, S. Community response to the "Madness, Citizenship and Social Justice" conference plans. On-line petition. Vancouver: BC Schizophrenia Society, Vancouver/Richmond Branch. 31 October 2007.

matrices of domination and subjugation (Hill Collins, 1990) which continue to organize themselves around gender, race, social class, culture, nationalities, sexualities, generations, (dis)abilities and, of course, mentalities.

In the alchemical transposition of victim and oppressor that follows suit, it is those activists and academics struggling to carve out spaces for anti-psychiatry and pro-survivor praxis who are the ones deemed to be wielding an exclusionary, elitist, unscientific and outmoded political agenda. If our motivations are not downright pathological, they are at least – so the narrative goes – reflective of an unreasonable and unreasoned culturalism, not to mention naïve idealism, self-involvement and ingratitude. To again quote Ms. Inman, we are said to undermine the very causes we purport to cherish, by choking off *"the voices of people whose lives are dedicated to improving the situations of people who live with serious mental illnesses: families and mental health professionals whose work is based on scientifically established best practices."*[8]

In his work on governmentality and the psychiatric and psychological complex, the British sociologist Nikolas Rose has written extensively about this new regulatory paradigm and the discourses which channel and sustain it (Miller & Rose, 2008; Rose, 1999). Rose's point, following Foucault (1991), is that the fusion of government and mentality is a singularly neo-liberal project (see Dean, 1999; Gordon, 1991). We can't fathom its workings without considering how mind and body control reflects and sustains broader currents of governance – currents which are refashioning us profoundly as political, economic and cultural (and, not incidentally, psychiatric) subjects; and reworking our relationship to the structures and schemes which define our very way of living and being (and of being normal, moral, industrious, (re)productive, pacified, self-surveilling and risk-free).

Following on, when it comes to psychiatry and mental 'health', the vision advanced by Ms. Inman and her colleagues is quintessentially neo-liberal. The new political discourse constructs a psychiatric subject who stands in stark contrast to the active, robust, autonomous, trust-worthy, self-governing citizen of the liberal ideal. This psychiatrically subaltern subject is an antipode, an object of sympathy and/or derision (or simply an object), a victim of a "broken brain," a being to be spoken and written about (but not to partake in the dialogue herself), and above all else "a problem" (Du Bois, 2005 [1903]) to be risk-monitored and rehabilitated to the extent possible through the ministrations of law, science and technology.

Under neo-liberalism, and within the world according to Ms. Inman et al., the psychiatric subject stands outside citizenship altogether. Except as a collection of attributes to be calibrated and controlled, she who comes into contact with the powers of psychiatry is invisible, silenced, an outsider to be domesticated and contained, but one who is ill-equipped to partake in this project of governance herself. Accredited 'stakeholders' know this to be the case, because under neo-liberalism the spaces between government, science, mentality and embodiment have been bridged. Government has, for all intents and purposes, *become* science, and the science of governance gets applied foremost to the bodies and minds of those whose citizenship status has been disabled, unmade, literally switched off. Through a quite staggering elision, those of us who happen to think, speak, write and live outside the neo-liberal norms of reason are simultaneously held to account *and* deemed incapable, unfit, non-responsible, bereft of mens rea, saddled with the galaxy of code words that science, law and culture have concocted as discursive proxies for psychiatric non-citizenship.

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[8] Inman, S. Community response to the "Madness, Citizenship and Social Justice" conference plans. On-line petition. Vancouver: BC Schizophrenia Society, Vancouver/Richmond Branch. 31 October 2007.

And *this* is precisely where the 'halls of academia' and questions of 'making space for resistance' reenter the conversation. Backing up this system of scientific governance is a vast "assemblage" of technicians of the normal (Foucault, 1977), practitioners of what Rose (1999) terms the 'grey sciences' (administrators, insurers, educators, psychometrists, knowledge workers, appraisers and advisers of all kinds). These assorted functionaries operate to continuously shore up the neo-liberal project by patrolling its boundaries and keeping physical, administrative and discursive watch over the countless so-called 'deficient', 'disordered', and 'risk-laden' semi-, non-, and anti-citizens who find themselves relegated to the margins of our reconstructed liberal 'democratic' order. And the contemporary university has become a focal terrain for the propagation of Rose's grey sciences, and for the production of knowledge regimes that operate to naturalize and sustain the differentiation, discipline and exclusion of people deemed psychiatrically unfit for citizenship.

Now, as an institution which has traditionally focused on the liberal arts and social sciences, my own particular habitat for the better part of three decades, Simon Fraser University – in contrast to the U of T, for example – doesn't happen to boast a medical school or a department of psychiatry. Nevertheless, like many other 'liberal arts' institutions around this country and beyond, Simon Fraser University represents a key gravitational nucleus of knowledge production, ideology work, teaching and learning about things medical and psychiatric, and about the standards by which 'normality' and its absence get defined, reproduced, and measured against each other. SFU's centres of psy sciences – its clinical and forensic psychology programs, its School of Criminology, its Faculty of Health Sciences – attract the bulk of available six- and seven-figure infrastructural funds and sustaining grants; they are the main switchpoints for the local, national and global professional networks and corporate alliances which pass for 'community-building' in this new academic order; they are front and centre in both media narratives and university (meaning 'senior executive') representations of itself; they reign supreme in the scholarly publishing enterprise; and they graduate successive generations of students who (with important exceptions) faithfully reproduce their core values and belief systems. The 'grey scientists' who occupy these spaces have been singularly successful in propagating the very kind of objectifying, depoliticizing, reductionist and essentialist vision of normativity and deviance, of health and illness, of sanity and madness – in other words, of each and every one of us – that is embraced by ardent pro-psychiatrists like Susan Inman and embodied by the political and intellectual regimes of neo-liberalism.

Yet for all that negativity and gloom, the story scarcely ends there. There is, mercifully, another far more emboldening and enabling (if not empowering) side to the neo-liberal narrative and its accompanying scientific, bio-medical and psychiatric paradigms.

As critical scholars have repeatedly noted, and as activists have brought compellingly into practice, contemporary regimes of governmentality are self-limiting and open to resistance in a number of vital respects. Throughout the neo-liberal project, and across the university campuses:

   1. Perforations abound and gaping fault lines penetrate deeply (and, as Dorothy Smith has written with respect to women and "the conceptual practices of power" (1990), these faults can be creatively worked to progressive effect);
   2. A multitude of contradictions of both structure and strategy undercut the governing ambitions of institutional and academic power brokers and 'experts' of the self;
   3. Spaces of resistance and social movement are opening up all over (as they have always done);

4. Coalitions between progressive scholars and community activists continue to burgeon in all the expected places, as well as those which surprise and inspire; and

5. Following bell hooks' iconic metaphor (1984), the margins and centres are forever engaging each other in productive, catalytic and potentially transformative ways.

More generally, in the wake of planetary events from Hurricane Katrina to Iraq and Afghanistan to the 2008 fiscal meltdown to the seemingly interminable (as of June 2010) petroleum nightmare in the Gulf of Mexico, the very foundations of neo-liberalism and globalization, and their attendant championing of private enterprise and assault on the Keynesian welfare state, have been shaken to the core.[9]   We witness, we experience, and we have the potential to exploit the effects of these destabilization trends in every aspect of our personal, public, intellectual and working lives.

For reassurance that Yeats' centre cannot hold and the struggle has been never more vital both within and beyond the halls of academia, we need only look to the surpassingly vibrant event that was the PsychOUT conference—*and* to the decades of critical engagement by my three co-panelists, Bonnie Burstow, Geoffrey Reaume and Shaindl Diamond, *and* to the remarkable legacy of the late great Judi Chamberlin[10]; *and* to the life-affirming, and life-saving, psychiatric rights advocacy of colleagues like David Oaks, Peter Lehmann, Don Weitz, Lilith Finkler, Irit Shimrat, Mel Starkman, Celia Brown, Tina Minkowitz and far too many others for me to name (I wish I could); *and* to the emergence of a new generation of young academics-activists whose work is being showcased in these proceedings; *and* to the coalition-building of MindFreedom International's Academic Alliance,[11] the World Network of Users and Survivors of Psychiatry,[12] and the Canadian mental health rights organizing of activists like Erick Fabris and Rob Wipond[13]; *and* to the survivor-centred, anti-sanist, conscientizing (Freire, 1970) human rights and psychiatric justice initiatives which are prospering in all corners of the planet, from Eugene to Whitehorse to Manchester to Melbourne to Berlin to Accra to the Ontario Institute for Studies in Education.

In this late modern age, whether we inhabit the halls of academia or the corridors of State power or the storefront or the street – and whether we are engaged in emancipatory resistance against systemic oppression or the 'life politics' of positionality and identity (Giddens, 1991) – it is both our burden and our blessing to be endlessly negotiating the intersections between systems of power and subordination on the one side, and the oppositional, transformational possibilities that these same systems perpetually, if paradoxically, activate. As with so many other social movements that harbour the potential to change our world for the better, the struggle against (bio)psychiatry ultimately gains its impetus from the hard-won ability of people in resistance to penetrate and explode the myth of a seamless, remorseless, immutably repressive apparatus of mental regulation and psychiatric supremacy – and to find pathways through these structures of domination, mobilizing our abiding, irreducible capacity for agentic praxis and common collective action.

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[9] This is a point made most eloquently by, among others, John Ralston Saul in his 2005 book *The Collapse of Globalism and the Reinvention of the World*.

[10] http://www.boston.com/bostonglobe/obituaries/articles/2010/01/20/judi_chamberlin_writings_took_on_mental_health_care/

[11] http://www.mindfreedom.org/campaign/development/academic-alliance (retrieved 12 June 2010).

[12] http://wnusp.rafus.dk/ (retrieved 12 June 2010).

[13] http://robwipond.com/ (retrieved 12 June 2010).

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