

Book Review

Title: *Mad Matters: A Critical Reader in Canadian Mad Studies*

Editors: Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume

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Grounded in the context of 50 years of the Canadian psychiatric survivor movement, *Mad Matters: A Critical Reader in Canadian Mad Studies*, according to the editors, is the first book officially declared as Mad Studies in Canada. This anthology illustrates what has happened, what is happening, and the future challenges for this radical mental health movement, or Mad movement. It is about, and for, the psychiatrically oppressed who are searching for systemic social change, critical pedagogy and community organizing. The authors reflect on the progress of the psychiatric survivor movement while remaining vigilant about pitfalls, co-option and appropriation, and attending to the dynamics and tensions inside the movement and with other social struggles, such as anti-colonialism, class, immigration, and gender/sexuality.

Early in the psychiatric survivor movement, authors like Burstow & Weitz (1988), and Shimrat (1997), who remain active in advocacy, updated their critiques regarding the discriminating nature, insanity, violence and abuse of psychiatric treatment that still exists today (Chapters 10, 11). Those who admire Canadian Community Mental Health Care, developed after the deinstitutionalization of the 1970s, will probably be shocked by the reality in British Columbia that Shimrat exposes. The following quotes suggest this reality: "Community mental health praxis results in a vast number of human lives primarily characterized by cognitive impairment, chronic illness and, most ironically, social isolation far more severe than that suffered in the bad old days of long term institutionalization...on the other hand, institutionalization sets in very quickly" (p. 154); "it never lets you go" (p.148), and "her outpatient committal order obliges her to subject herself to this ongoing damage and humiliation, on pain of re-incarceration if she fails to comply." (p.155)

As an insider, psychiatrist Warne, (Chapter 15) discloses that psychiatry self-claiming as science is actually based on the fundamental delusion of "the equation of mental experiences with physical illness" (pp.192-193). With that delusion, which Warne believes, psychiatrists justify treating Mad people like dangerous, different beings. This empowers psychiatrists to intervene in people's lives as healing professionals, depriving mad people of their human rights.

Apart from the macro scope described in the preceding paragraphs, the narratives of Pole and Ward; Lee; and Liegghio (Chapters 6-8) provide personal, intimate, and emotional stories as well as insightful analysis of modern mental health practices. Pole and Ward challenge the modern, western "science of bereavement" (p. 91) that pathologizes and colonizes the grieving experiences. They encourage readers to embrace "Mad grief", while seeking to start a conversation, not about how to progress, recover, and 'get over' pain and loss, but how to 'get under' it, feel it, and claim it as it comes" (p. 95). As a self disclosed psychiatric survivor of a

Westernized Korean mental health system, Lee empathizes with other survivors' autobiographical stories, and voices survivors' perspectives towards psychiatry. As a daughter caring for her dying mother, Liegghio depicts how psychiatry denies humanity "by a particular type of violence that targets and denies personhood" (p. 123), disqualifying a person as having legitimate knowledge.

Situated in a critique of capitalism, colonialism, racism, patriarchalism, liberalism and neo-liberalism, the first three chapters of *Mad Matters*, describe the legacy of the Canadian survivor movement since the 1970s.

Through this book, the complexity and evolution of politics manifested in the language can be traced: the mental patient liberation movement, consumer/survivor/ex-patient (c/s/x) movement, mad/Mad movement, survivor movement, and anti-psychiatry movement. For example, in Chapter 4, clarifying the commonality and differences among the anti-psychiatry movement, survivor movement, and mad movement, Diamond raises the issue of the limitations of specific identities and trying to bridge the differences in a "anti-sanist community" (p. 73). While articulating the nuances of language, Burstow (Chapter 5) urges us not to "slide into liberalism" which beds individualism and consumerism. She states, "the (psychiatry) regime in question can accommodate, provide space for celebration and consultation, offer minor concessions, and yet not appreciably change anything" (p. 85). Gorman (Chapter 19) points out the progressive and conservative political possibilities of Mad identity, discerned by whether it diverts from the historical roots of anti-oppression, class struggle, anti-racism and anti-colonialism. The latter, for example, could ignore the force of global capitalism and box itself in an intersectional perspective of gender and disability. According to Gorman, it is based on "an essential ontology", and it "could reproduce a white, Western Mad subject" (p. 270).

This book also illuminates current developments and pressing issues. For example, peer support has a long history and is the foundation of the psychiatric survivor movement. However, institutionalized or certified peer support workers are a rather new, and tricky, trend of occupation. They are situated in the margins of the system, being divested based on the mental health regime's preference. Fabris (Chapter 9) contemplates "when peer support is conceived as yet another brand of mental health product" (p.131), how or whether it is possible to maintain an advocacy, self-help role in promoting systemic change.

Another example, soaring since the 1980s, is the recovery paradigm, having evolved along with the mental health institution and the survivor movement, encompassing diverse interpretations, practices and political implications. According to Morrow (Chapter 23), it is "poised to either disrupt biomedical dominance in favor of social and structural understanding of mental distress or to continue to play into individualistic discourses of 'broken brains', 'chemical imbalance' and 'self-management'" (p. 323).

Many countries have promoted some kind of mental health literacy (MHL) based on the biomedical model, which harbors a problematic anti-stigma campaign. According to White and Pike (Chapter 17), the campaign of MHL in Canadian mainstream society joins seamlessly with a business model and upholds a single value system of biomedical ideology, "transcribed into a series of units packaged neatly as measurable outcomes, and deliverables" (p.243). Voronka

(Chapter 22) analyzes the materially oppressive class and racial issue of youth being consciously shifted from criminalization to pathologization. This is done by focusing on “the undisciplined bodies and damaged mentalities of ‘at-risk youth’” (p.267). These problematized children and youth internalize those notions, and “through the ‘psy’ disciplines, come to understand their trouble in individualized, often biomedical frameworks that decontextualize the role that structural oppressions play in the constitution of their personhood” (p.318-319).

On the bright side, Reville and Church (Chapters 12-13) provide an example of infiltration that the Mad movement has been developing in academia through Mad courses, creating a revolutionary pedagogy by introducing the perspective of the Mad, and creating various platforms to physically bridge the Mad community and academia.

Mad Studies/movement shares a long, broad historical and social struggle with many other movements, especially the disability rights movement and Disability Studies. It adopts human rights, independent living, self-determination, and human diversity campaigns from broader trends, and has developed specific interpretations and tactics further expanding the diversity and potential of the disability community. Throughout the book, *Mad Matters* magnificently and abundantly covers the texture and importance of intersectional threads, to include gender, race, aboriginality, immigration, sexuality, geographical region, and class. There are four chapters specifically dedicated to human rights (Warne, Chapter 15; Wipond, Chapter 18; Costa, Chapter 14 and Finkler, Chapter 15).

Regretfully, this book does not include an important, unique and timely (in this pro-entrepreneurship era) development in Ontario, Canada called the psychiatric survivor-run business (Church, 1997, 2004) approach. Those businesses provide real jobs, real pay and are run by survivors. In tackling pressing disability employment and peer support issues, this approach will fit well in a future edition.

This book is quite expensive for a community worker or student, but is surely a must for university and public libraries. I highly recommend it to interdisciplinary scholars, university students, community activists, policy makers, and practitioners in the mental health system and legal fields. It is a crucial read for anyone interested in grasping a sense of the contemporary Canadian Mad movement, or wishing to gain new reflections by comparing the experiences of Canada to their own contexts.

References

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