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Jasna Russo and Angela Sweeney's edited collection *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies* arose from an international conference held in Berlin in 2011, titled "Searching for a Rose Garden: Fostering Real Alternatives to Psychiatry." With the exception of three chapters co-written with allies (4), the contributions were authored by psychiatric survivors. The book complements other recently published anthologies in mad studies, namely, *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution* (Burstow, LeFrancois, & Diamond, 2014) and *Mad Matters: A Critical Reader in Canadian Mad Studies* (LeFrancois, Menzies, & Reaume, 2013).

Importantly, the collection includes topics not often explored academically, such as ethnocentrism and post-colonial racism in psychiatry, incest, self-injury, the medicalization of suicide, and a social model of alcohol over-use. When any new field develops that purports to promote the interests of an oppressed group, there can be a concern about the representativeness of the perspectives being collected and the implicit parameters being drawn. There is a danger that some people's life experiences, responses, and perspectives will be viewed, consciously or unconsciously, as too extreme and less representative of a group. As Brenda A. LeFrancois writes in the foreword of this collection, "Mad Studies is not about separatism, empire building or marginalization; nor is it about academic or professional elitism" (v). The range of topics covered can encourage others to share taboo ideas and deeply explore relationships between distress and different forms of abuse and oppression, thus helping to ensure that mad studies doesn't lose its radical power.

The book is divided into four sections. The first, “Setting the Scene,” contains essays that argue for the need for radically new approaches to madness and distress. The second and third sections, “Survivor-Produced Knowledge” and “Survivor-Controlled Practice,” present examples of contributions to theory and practice. Finally, “Working in Partnership” features collaborative projects. While much could be said about all the chapters, I will focus largely on perspectives and topics that, to my knowledge, have received less attention in mad studies and disability studies.

In Chapter 2, “Alternatives or a Way of Life?,” Bhargavi Davar challenges the Western view of communal faith-based healing as an inferior way of handling distress that can easily be detached from its cultural context. In her study of faith-based healing centres (Islamic, Christian, Sufi, and Hindu) in western Maharashtra, India, over 800 people interviewed rejected the framing of their problems as mental illnesses and saw themselves as devotees to a faith, looking for healing and assistance with psychosocial issues that were part of the fabric of life (15-16). Davar claims that psychiatrists’ belief that their treatment best promotes mental well-being has inevitably lead to the expansion of psychiatry into the domain of faith-based healing centers (17). Certainly, in the West many people of all cultural backgrounds participate in healing methods that are found in the histories of many cultures, such as spiritual retreats, silent meditations, psychic readings, massages, and music and art healing workshops. Davar’s chapter reminds the reader that psychiatry is a relatively recent cultural invention in the history of the world. Further, mainstream mental health providers in Canada may think they can show less cultural bias toward immigrants by simply being more sensitive to cultural differences like language barriers and cultural behavioural norms, but this belief reflects a lack of appreciation for different cultural paradigms of wellness.

In Chapter 4, “The Role of Survivor Knowledge in Creating Alternatives to Psychiatry,” Peter Beresford claims that psychiatric research that is not guided by experiential knowledge is more likely to be based on hidden prejudices and false assumptions, and more likely to produce knowledge used to oppress others (29). Psychiatric survivors have sometimes gotten involved in knowledge production by working within the frameworks of conventional research and trying to influence it or by collaborating with mainstream researchers (30). For Beresford, this approach is not likely to have much of an impact, keeping survivor knowledge production too much under the direction of individuals and organizations that rely on mainstream government funding and support (30). This theme—problematic uses of survivor knowledge—carries over into Darby Penney and Laura Prescott’s work in Chapter 5, “The Co-optation of Survivor Knowledge: The Danger of Substituted Values and Voice.” According to Penney and Prescott, program directors and researchers may not treat survivor researchers as equal partners, giving them nominal compensation for their contributions and sometimes misrepresenting them in research reports (42). Further, survivor researchers’ work submitted to mainstream journals may receive “discriminatory or bemused comments from peer reviewers who do not comprehend the methods, findings and ethos” (53), as Angela Sweeney illustrates in Chapter 6, “The Transformative Potential of Survivor Research.” Good research is assumed to be research that improves the current mental health system and does not challenge it or explore alternatives (55).

While some survivor researchers have found support for their work in mad spaces, these spaces can have some of the same challenges found in mainstream spaces, such as hierarchical dynamics, lack of inclusivity, and perpetuation of systems of oppression. Mad people of colour have found their concerns and perspectives dismissed by mad, white, middle-class people (Gorman et al., 2013). In this spirit, Colin King’s Chapter 8—entitled “Whiteness in Psychiatry:

the Madness of European Misdiagnoses”—explores the post-colonial racism in mental health care, and the inability of white-centered psychiatrists to understand the lives of African men in the historical context of slavery. King refers to psychiatry as having an inherent distorted sense of reality—an escapable “whiteness embedded within its DNA” (70). He regards the diagnosis of schizophrenia applied to African men as an extension of the diagnosis of drapetomania, or “run-away slave syndrome,” a label which physician Samuel Cartwright in 1851 thought should be attributed to resistant slaves (72). King insightfully compares “the injection of haloperidol to the slave master’s whip, wielded by the white male psychiatrist” (75). Life on the psychiatric ward is “a modern day version of drapetomania: a regime of day-after-day imprisonment in a padded cell, no clothes, no dignity” (75). This chapter shows why white people’s experiences of psychiatry should not be compared to colonialism. Indeed, to make this analogy deflects attention from the post-colonial racism in psychiatry.

While black men have been disproportionately dehumanized via the label of schizophrenia (Metzel, 2009), survivors of childhood sexual abuse have been to a great extent abused via the label of borderline personality disorder (Nicki, 2016). Survivors can feel demoralized in a number of academic contexts that promote a psychiatrized view of survivors or a view of children as non-coerced participants in sexual activities with adults (as when the novel *Lolita* is taught in English classes as great literature). As a survivor myself, I know that survivors can feel excluded even in spaces and conferences in disability studies, when their differences in psychological states and behaviour, though not psychiatrized, are attributed primarily to innate differences in neurobiology—neurodiversity—and not trauma. Against this trend, in the essay “Sexual Violence in Childhood: Demarketing Treatment Options and Strengthening our own Agency,” Zofia Rubinsztajn discusses an inspiring project. Her organization, consisting of ciswomen survivors, offers support and counselling to cisgender and transgender survivors. Rubinsztajn notes that it can be hard for survivors to accept the equality assumed in an alternative counselling framework because they have been told by mainstream mental health providers that they have personality disorders that prevent them from leading more fulfilling lives (130).

For example, people who have experienced chronic abuse are more likely to self-injure. Rather than reinforcing a view that they self-harm because of a personality disorder, “they are invited to think about the personal meaning that self-harm has for them” (130). As Claire Shaw argues in Chapter 9, “Deciding to be Alive: Self-Injury and Survival,” while there is a commonly held belief that self-injury is a destructive act linked to suicidal ideation, it can be calming, comforting, distracting, and make one feel more in control (79). Further, in an alternative counselling setting, survivors may have room to reinterpret suicide ideation. As David Webb argues in Chapter 10, “Thinking (Differently) about Suicide,” pathologizing and medicalizing suicide ideation only contributes to discouraging people from reaching out for help for fear of being forced into psychiatric treatment (89). Excessive alcohol use could also be recast outside psychiatric models. As Patsy Stadden argues in Chapter 13, “We Did it Our Way: Women’s Independent Alcohol Support,” conceiving excessive alcohol use as a disease of the will ignores the underlying causes of this behaviour and its function to relieve severe emotional suffering (123). A high percentage of women who over-drink have experienced domestic abuse and chronic childhood abuse (122). A psychiatric narrative of alcoholism in survivors of chronic trauma reinforces social power imbalances.

In this review, I have commented mostly on topics and perspectives that, to my knowledge, have received less attention in mad studies and disability studies. As the editors claim, the search for a rose garden, for a safe and empowering space for all mad people, "is neither complete nor finished, and it might not even be a destination we wish to reach" (5). The mad movement has the potential to grow and expand in many different directions, and to include those with psychological disabilities related to many kinds of life experiences and forms of oppression. The search for a rose garden may diverge in pathways to many different gardens.

References

Burstow, B., LeFrancois, B. A., & Diamond, S. (2014). *Psychiatry Disrupted*: *Theorizing the Revolution and Crafting the (R)evolution*. Montreal: McGill-Queen's University Press.

Gorman, R., Saini, A., Tam, L., Udegbe, O., & Usar, O. (2013). Mad People of Colour: A Manifesto. *Asylum, 20*(4): 27.

LeFrancois, B. A., Menzies, R., & Reaume, G., eds. (2013). *Mad Matters: A Critical Reader in Canadian Studies*. Toronto: Canadian Scholars' Inc.

Metzel, J. (2009). *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston: Beacon Press.

Nicki, A. (2016). Borderline Personality Disorder, Discrimination, and Survivors of Chronic Childhood Trauma. *International Journal of Feminist Approaches to Bioethics, 9*(1): 218-245.