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Bonnie Burstow (2017). *The Other Mrs. Smith*. Toronto: Inanna Publications and Education Inc. ISBN 978-1-77133-421-1

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For a long time, I have been waiting to see a book on the production of disability by violence that integrates the insights provided by a generation of activists in the antipsychiatry movement and with a globalized vision informed by the latest developments in theory and philosophy. I am happy to report that *The Other Mrs. Smith* is that book. Bonnie Burstow's new work is at once learned, wide-ranging, multifaceted, cosmopolitan, and meticulous.

The novel is about a once highly successful woman who falls into the trap of psychiatry, an apparatus and an official branch of medicine committed to producing disability and causing permanent injury. The Mrs. Smith named in the title, Naomi, has lost (parts of) her memory due to the utterly damaging procedure of Electroshock Therapy [now more commonly referred to as Electroconvulsive Therapy (ECT)] and becomes another woman once the treatment takes its toll on her life. The book traces her journey as she struggles with memory loss and strives to piece back together her past and current life. In the course of the novel, Naomi is surrounded by incredibly diverse, often marginalized communities and individuals, each of whom offers a new insight into what it means to heal collectively. The novel challenges our conventional understanding of organizing as one oppressed group and instead offers a new meaning to organizing as oppressed groups, even if we do not experience the same kind of oppression.

The strengths of the novel include the fascinating lyrical quality of its writing, the depth of its characters, and the vivid imagery it conjures in the mind. I was moved by Burstow's

literary skills of elaboration, clarity, and especially the humour she displays in the telling of what is a poignant story. The artistic use of humour helps bring a smile to the reader even as they are grieving Naomi's electroshock-induced brain damage and eventually memory loss.

Several themes emerge from the novel, including homelessness, queer and trans existence, oppression of Indigenous people in Canada (with particular focus on the Western part of the country), the relationship between identical twins, and more. The overriding theme, though, not surprisingly, is the horrific violence of electroshock treatment. Burstow's engagement with the settler-colonialism of Canada throughout the novel, however, demonstrates a political consciousness that recognizes the intersection of disability, race, ethnicity, Indigeneity, and class in the context of intergenerational trauma and settler-colonialism.

Burstow tackles, mocks, and dismantles the ideologies of "normalcy," "ordinary", and "conventional" whether it's in behaviour, fashion style, thinking, cultural tastes, or ways of being. What is striking about the novel, besides its literary achievement, is its boldness to condemn the act of rendering people disabled via the asymmetrical relations of power apparent in mechanisms such as psychiatry. It is this primary narrative of "damaged" bodymind that Burstow turns to in order to conceptualize a materialist narrative of disability/injury. She does this with much trepidation, fully aware of invoking quite problematically a vision of tattered bodymind, of bludgeoned soul, of victimized subjectivity—images that fit uncomfortably with any radical aesthetic of disability. But for Burstow, to be provocative means to trouble any easy conceptualization of disability, especially at the intersections of race, class, gender, and sexuality. What does it mean to resist becoming disabled, while quite radically desiring disability and embracing it? Before elaborating on the significance of Burstow's contribution to materialist Disability Studies (DS), it is necessary to consider the current climate and political landscape in

DS.

As Erevelles (2011) argues, prominent mainstream DS scholars, such as Titchkosky (2007), Shildrick (2007), Petterson and Hughes (1999), and Garland-Thomson (1997), have noted the problems of uncritically engaging the humanist subject. However, “their own work, while offering an indictment of heterosexual and nondisabled embodiment, continues to foreground (albeit unintentionally) the bourgeois nonracialized disabled subject with the “material” freedom to offer a more transgressive reading of disabled subjectivity” (Erevelles, 2011, p. 38). In other words, there is an implicit assumption in their work that their disabled subject is white and middle-class; one who either has a congenital disability or has acquired a disability by accident. As well, there is usually an implicit assumption that the person has real freedom to choose how they want to perceive their disability.

But, what if you render me disabled by your blinding laser-gun in a war? What if you imprison me, restrain me, and give me electroshock? What if the mere (material) power-imbalance between us causes me to become disabled?

If we are to entertain these types of questions, as Burstow’s work does, then we as disability scholars, activists, and community members also need to fight the asymmetrical power relations that produce and sustain disability, to name injustice, and to take a stand against rendering people disabled by violence. This requires us to talk about the prevention of disablement. This is, and will continue to be, a difficult and uncomfortable conversation, given how hard disabled peoples and their allies have tried to interrupt the pervasive ableist gaze that perceives disability as an adverse condition. Therefore, talking about preventing the mechanisms that make people disabled is often unwelcome in dominant DS discourse and is often cast as the invocation of an ableist ideology (Erevelles, 2011; Gorman, 2016; Kazemi, 2017).

The root of this controversy, which Burstow's book implicitly raises, goes back to dominant theories in DS that disfavor materialist analyses of the body and disablement, especially those analyses that engage with the prevention of impairment. Contemporary disability theories¹ (e.g., cultural, post-structuralist) usually dismiss the materialism of DS by heavily drawing and relying on the works of phenomenologists, such as Merleau-Ponty, and posthumanists, such as Foucault, Derrida, Butler, Haraway, Deleuze, Guattari, Agamben, Hardt, and Negri, to formulate an embodied subjectivity of the disabled person (Erevelles, 2011).

Erevelles (2011, p. 27) describes their theorization as follows:

In these theorizations, the disabled subject appears as the irregular and contingent effect of shifting signifiers producing disorganized collections of hybrid associations/assemblages that morph into an unstable and transgressive Body-without-Organs (BwO) (Campbell, 2009; Goodley & Roets, 2008; Kuppens, 2009; Shildrick, 2009). No longer marked as abject, these transgressive theories of embodiment fiercely embrace a form of contra-aestheticism (Siebers, 2010) that mocks the normal, rejecting disability's limited role as prosthetic in identity politics, and engaging in the more transgressive political act of "coming out crip or crippin'" (McRuer, 2006, p. 71)

This controversy in DS over the problem of prevention of impairment is not between the supporters of the social model and others. Instead, it is a conflict between poststructuralists, post-humanists, and post-conventionists and those with a materialist approach to disability.

Poststructuralists, post-humanists, and post-conventionists problematize the idea of damaging the human body by arguing that disability is not an adverse condition to avoid, but a possibility to desire. I understand that the concepts concerned with "repairing" or "fixing" people's bodies should be approached with tremendous caution. Though some are shocked to discover, the reality is that eugenics was practiced up until the 1970s in the "civilized" societies of the West (e.g., Sweden). This means that disabled people have struggled and resisted for more than a

¹ See for example the works by Campbell, Siebers, Titchkosky, McRuer, Goodley, Fritch, Wilkerson, and Shildrick among others.

century to criminalize practices such as eugenics. The problem is that medical interventions and their associated violence are rarely theorized as disability-production violence by people who self-identify as disability theorists, even though they often lead to disability.

It is amidst this climate and political landscape in DS and related fields that Burstow emerges with *The Other Mrs. Smith*, making it clear that modern psychiatry is a form of eugenics that is still practiced with enormous support from nation-states. While anti-psychiatry theorists, including Burstow, have been clear that medical interventions such as ECT create disability, disability theorists² mostly perceive disability as a “desired” state of being and therefore dismiss any resistance to violent disability-production mechanisms such as ECT. Problematizing psychiatric “treatment” by antipsychiatry theorists gets shut down in the popular DS discourse, for it is perceived as “ableist.” When antipsychiatry theorists and psychiatric survivors problematize “desiring” disability, in this case, memory loss, which happens as a result of ECT and psychiatric drugs, they may get accused of ableism, for perceiving disability as an adverse condition³. Is injury by psychiatry not an adverse condition? Isn’t an adverse condition that can be prevented by the abolition of the psych-apparatus, which is rooted in eugenics ideology, the capitalist system, and power imbalances? If memory loss can be prevented by the abolition of an abusive system of psychiatry, then perhaps we should refuse to celebrate memory loss and instead abolish the power imbalance that gives birth to new impairments and damages.

I acknowledge that one dangerous pitfall in approaching disability prevention is the danger of being swallowed by the relentless discourses of eugenics, slavery, sterilization, and euthanasia. Conscious of the danger of invoking an ableist aesthetic, I join (see for e.g. Kazemi,

² See for example works by Tanya Titchkosky, Robert McRuer, Dan Goodley, Kelly Fritch, Abby L. Wilkerson, and Margaret Shildrick among others.

³ See for example Goodley, 2013, McRuer, 2006; Michalko, 2002, Titchkosky, 2007; Garland-Thompson, 2002; and etc.

2017) the materialist feminist DS scholars such as Burstow (2015), Erevelles (2011), Hande (2017), and Gorman (2016) in arguing that these theorizations are exciting; however, we need to also angle the analytical frame purposefully toward considering the ideological, political, economic, and historical contexts that allow and want people to *become* disabled.

Burstow, through her novel, shows us that people who end up in psychiatric wards become prisoners of systematic abuse; as such, they have no “choice” to stop the violence of ECT that causes brain damage in them. Therefore, accusing them or their allies of ableism because they problematize the damage that has been done to them is oppressive, not emancipatory or transformative. As such, I argue that only where there is no power imbalance generating disability through violence can welcome disability as a way of being and also desire it as a radical possibility. I concur with Goodley (2013, p. 4) who argues “[i]ndeed, the fact that disability absorbs the fetishized and projected insecurities of the precariously ‘able-bodied’ suggests that disability studies scholars are in a key position to challenge a host of oppressive practices associated with dominant hegemony of able society.”

Engaging with these “host of oppressive practices” Burstow approaches diversity as a means of collective existence and resistance against the barriers that injure her characters, such as the nature of the settler-colonial state of Canada, sexism, hetero-normativity, poverty, homelessness, and the violence of psychiatry. Burstow’s inclusive approach to community is not used as a token thrown to diversify the characters, but as a mirror that reflects Burstow’s actual commitment to diverse bodyminds, as a scholar, long-time activist and community organizer. On the other hand, she has wisely chosen the two diverse cities of Toronto and Winnipeg as towns in which she, herself (not just Naomi), has lived, organized against the practice of ECT, and worked as a radical feminist therapist. Looking at Burstow’s community-organizing approach

and activism over the past 40 plus years, it is clear she has always been an anti-racist, anti-ableist, and radical feminist who upholds Trans- and Indigenous-inclusive anti-oppression politics.

Another characteristic of the novel is its materialist, as opposed to idealist, approach to the actual/material conditions under which electroshock survivors live and experience reality. Burstow has managed to tell a materialist story, which is fiction, but a fiction that is based on the material realities that psychiatric survivors experience. There are many Naomis out there who have never been given a chance to tell their stories, for their brains have been damaged drastically by the electroshock treatments performed on them. These silences are likely the result of a society which does not provide them/us with the emotional, intellectual, cultural or financial mechanisms/resources by which to tell their/our stories. Naomi is indeed a silenced voice that rises from her ashes to tell us what happened to her and others like her.

Through her novel, Burstow reveals that psychiatry is an “industry” designed to make profit and a business that damages human beings by upholding the ideology of “normalcy” from which people are “not allowed” to deviate. This ideology, however, cannot be read merely as an aberrant one, but rather, it should be read as an aberrant ideology rooted in a particular social and economic order that depends on the devaluation of Indigenous, racialized, female, queer, trans, poor, homeless, and disabled bodies to sustain itself. Throughout the novel, Burstow implicitly argues for a world without psychiatry geared towards collective existence with care and cooperation at its center. Her book is an impassioned indictment of the unrestrained brutality of psychiatry and simultaneously a celebration of collective care and accountability.

Reading *The Other Mrs. Smith*, I became convinced that it will mark a politically-necessary moment in the history of DS and its related fields, such as Mad Studies. Borrowing her

methodological and epistemological tools from decades of activism against psychiatry, hetero-normativity, incarceration culture, and patriarchy, Burstow has made an enormously useful resource for feminist projects as well as disability rights movements. She has clarified in an accessible format why critics of psychiatry who do not dismantle the intersection(s) of gender, race, class, Indigeneity, and hetero-normativity fall abysmally short of a proper scrutinization of the capitalist and colonial social relations behind psychiatry.

Burstow's feminist revolutionary vision in *The Other Mrs. Smith* will not let the reader rest easy after finishing the novel. Because away from the politics of hope, she envisions a society that not only includes the abolition of psychiatry, but also one with transformed social relations based on collaboration, accountability, diversity, and radical possibility. The relationship among her characters is a meticulous roadmap for communities to address their differences amongst and within themselves by first eradicating psychiatry and then solving/addressing their individual and collective problems or differences through care, love, cooperation, acceptance, and accountability.

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