

CANADIAN JOURNAL OF

Disability Studies

Published by the Canadian Disability Studies Association · Association Canadienne des Études sur l'Incapacité

Canadian Journal of Disability Studies

**Published by the Canadian Disability Studies Association
Association canadienne d'études sur le handicap**

Hosted by The University of Waterloo

www.cjds.uwaterloo.ca

**Narrating the Housing Crisis:
Encountering Madness, Homelessness, and Neoliberal Logic in Recent Film-based
Narratives**

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Abstract

This article seeks to articulate how neoliberal thinking perceives—and conflates—the homeless and mad subject in opposition to the middle class “productive” citizen. I engage in a narrative analysis of two cultural artifacts: James Burns’s documentary film, *Out of Sight, Out of Mind: Mental Healthcare in Rural America* and CTV’s coverage of the Housing First approach as a viable response to homelessness. Using an analysis of neoliberal rationality coupled with a Critical Mad Studies approach, I examine the ways documentary filmmaking engenders particular ways of witnessing the housing crisis. The housing crisis is a direct result of the rise of neoliberal restructuring, yet homelessness is often presented as an individualized failure. Documentary filmmaking can exacerbate these (mis)understandings, even while particular voices offer powerful cultural critique in the form of counternarratives. Counterhegemonic representations of dehousing and madness must emerge from within the consumer/survivor/ex-patient community if they are to offer a reflexive, nuanced, and decisive departure from middle class orientations of health and recovery. I provide recommendations for producers and consumers of media representations of the housing crisis. Film based representation must be grounded in authentic personal encounters, attention to structural violence, and the desire to precipitate critical dialogue. By doing so filmmakers can elicit a response to homelessness that enhances political solidarity, relies on peer-led research, and confronts neoliberal thinking in the contemporary media landscape.

Keywords

Homelessness; Madness; Narrative Analysis; Neoliberalism

Introduction

Housing precarity among the mad-identified community is ever-increasing in contemporary American and Canadian¹ contexts. This article seeks to examine how a distinctly neoliberal rationality is brought to bear on documentary film representations of the housing crisis. This rationality reifies the popular conflation of homelessness and mental health struggles, which serves to reinforce homelessness as the product of individual (mental) failings, while overlooking the complex web of social and political factors that produce increasing amounts of unhoused people. I engage in an interpretive analysis of several documentary films. I center my analysis on James Burns' documentary film, *Out of Sight, Out of Mind: Mental Healthcare in Rural America* and CTV's recent coverage of the Housing First approach as a response to so-called "chronic" homelessness. My interpretive work follows Chatman's (2021) methodology of narrative analysis, which pays close attention to story (the events that happen) and discourse (the expression of those events) in cinematic analysis. I am attentive to the "architecture" of the story, which includes narrative strategies as well as the mise-en-scène and other cinematic elements (see Aqababae et al., 2021 for a recent example). Further, my analysis reveals the way in which these films are couched in specific socio-political—and thus, ideological—terrain (Lothe, 2000).

In recent years, the public has become obsessed with the spectacle that is contemporary homelessness. Documentary films have proliferated on the basis that they show, from a safe

¹ While a full comparison of housing precarity in the United States and Canada is beyond the scope of this article, the literature is full of examples that suggest a similar logic is at play in both contexts, despite differences in specific policies and infrastructure. Since the 1980s both nations have enacted policies that defund public housing, employed logic that individualizes and stigmatizes homeless and mad people, and pathologized any opposition to the financialization of housing and the gentrifying forces that continue to displace poor people. In both cases, "homelessness" entered the vernacular (Hulchanski et al., 2009) and exponentially worsened every year.

distance, both material and psychological impoverishment. The most popular (and distressing) of these films rely on one of three modes: 1) voyeuristically observing “performances” of mental illness and psychological distress (VICE, 2018); 2) politicizing homelessness in dehumanizing ways that call for “tough love” approaches favoured by right-wing media (Rufo, 2020); or 3) channeling an understanding of unhoused people through peripheral “healthy” caseworkers and friends (Becker, 2012a; Nepinak, 2012).² Beyond the aforementioned film-based representations, there are attempts to centre the voices of those with lived experience of homelessness. Within this (albeit smaller, less popular) list of films are those that specifically address mental illness and homelessness. I recognize that there is a variety of ways that “dehousing” (Hulchanski et al., 2009, p. 3) occurs and I want to be clear that I am not trying to conflate homelessness and mental illness. Quite the opposite, actually. It is, however, important to point out the ways that mental illness is often positioned as a homelessness problem, rather than homelessness (and its associated traumas) as a mental health problem.

I will provide an encounter that helps illustrate the slippery terrain between madness and homelessness—wherein bodies in one category can be easily deposited into the other. Such moments have devastating consequences for the individuals marked by these stigmatizing labels in neoliberal society. In a study from California City, Jean Williams (2005) reveals the precarity of the grassroots organizing of “Shelter Now,” a group of housing activists in the city. One of their leaders, David, is experiencing homelessness. Williams (2005) relates that, after beginning to organize shelter users in solidarity against service providers who have been accused of

² While I cite two films from the Mental Health Commission/National Film Board’s “Here at Home” project (*Here at Home*, 2012) that adopt this “peripheral” mode of storytelling, it is important to note that other films in this project centre the voices of dehoused (or precariously housed) citizens in significant ways. Most notable, for the purposes of this paper, is a moving short film featuring “Mark” Wroblewski (Becker, 2012)—the subject of the CTV film segment I take up in this paper.

mistreating homeless persons, David was removed from the shelter in an effort to prevent him from communicating with “would-be supporters” (p. 505). One of the shelter coordinators suggests that David is unlike “normal” shelter clients—that he is indeed “mentally ill” (Williams, 2005, p. 505). This example shows that 1) efforts to “narrate” one’s reality can have immense material consequences; 2) that this kind of power dynamic stifles other people’s desire to articulate their experience due to “the possible ramifications” (Williams, 2005, p. 505); and, perhaps most importantly, 3) that the desire and capacity to take political action can be met with powerful psychiatric labelling practices, which further one’s sociopolitical isolation and physical precarity. David is simply one example of a case where the “narration” of homelessness is not only difficult to access but is violently policed by the pathologization of madness. Such systems of control mobilize the slippery terrain between homelessness and madness to oust potential political actors and maintain silence, docility, and dependence rather than empowerment and “recovery.”

This paper is an attempt to seek a framework for documentary films that might resist the hegemony of psychiatrization as well as the temptation to submit to the logic of carceral containment for unhoused citizens who have experienced mental health crises. I have chosen to focus on James Burns’ (2019) documentary film, *Out of Sight, Out of Mind: Mental Healthcare in Rural America* and CTV’s (2019) film-based coverage of the “Housing First” approach as two central examples because they are a) recent, b) contain examples from both the USA and Canada, and c) attempt to conduct interviews with people who have experienced the housing crisis firsthand. My theoretical framework regards Critical Mad Studies and contemporary analyses of neoliberalism as complimentary ground from which to study these film-based artifacts. My understanding of Critical Mad studies emerges from LeFrançois, Menzies, and

Reaume (2012), who establish that it is “a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating and being” (p. 13). Rachel Gorman (2013) emphasizes the ways in which it is a relational and anti-oppressive approach to confronting difference as expressed through the frame of ‘mental illness.’ Mad Studies scholars are interested in how the mad subject gets produced via the (often unquestioned) power of carceral psychiatry (Ben-Moshe et al., 2014). Further, they seek to deploy “counter-knowledge and subjugated knowledge” (LeFrançois et al., 2012, p. 14) in their contestations of hegemonic medical and pharmaceutical (among other) institutions. There are interesting parallels to note between the examination of the mad subject and the analytic of neoliberalism. For one, Wendy Brown (2006) asserts that the neoliberal society is where a person’s “moral autonomy is measured by their capacity for ‘self-care’” (p. 694). Secondly, Mark Fisher (2009) illustrates that the regimes of power maintained by capitalism reinforce (and are subsequently reinforced) by the operation of the medical/psychiatric industry. It becomes easy to depoliticize ‘mental illness’ when it is understood as strictly an “individual chemico-biological problem” (p. 41). Further, this logic lends itself to the pathologization of mad bodies who fail to perform the moral duty of the self-sufficient neoliberal citizen. This idea of citizenship is called into question when we consider the social capital and systemic advantages (Gavigan & Chunn, 2004) that empower some more than others. In my analysis I lean on what Michael Rembis describes as a “‘mad’ approach” (Rembis, 2014, p. 142) to analyzing carceral systems that disproportionately impact mad people. The knowledge, experiences, and culture of the mad community must be centered in such an analysis (Rembis, 2014). In addition, I cite the Wellesley Institute-supported Mental Health “Recovery” Study Working Group’s (2009) report as it provides meaningful provocations for future research in this area.

As a result of this theoretical framework, I ask the following questions as I watch these films: How is morality, self-care, or self-sufficiency taken up in the film? What percentage of the film is preoccupied with the voices of those acting from within the psychiatric industry? What solutions are offered, either implicitly or explicitly? In what ways does the film explore the politics of mental illness? And ultimately, I wonder, how do the methods of documentary filmmaking (such as narrative framing, interview subjects, and cinematic elements) develop particular ways of witnessing or understanding the contemporary housing crisis? I argue that these film-based narratives can be seen as symptoms of the ways madness and homelessness get positioned in opposition to middle class “productivity” in neoliberal regimes. This oppositional relationship lends itself to naturalizing psychiatric, carceral responses as the sole effective means of addressing these social ills. I argue that Critical Mad Studies and counter-neoliberal critique inflect upon each other in ways that suggest carceral psychiatry is the problem, while pointing to solutions rooted in reducing social isolation and critiquing the ill effects of capitalism, poverty, racism, and ableism.

Narrating the Housing Crisis

The rise of mass modern homelessness has occurred in striking synchronicity with the spread of neoliberal thinking and policy. Indeed, it is telling that the word “homelessness” itself only gained traction in the English lexicon in the last 40 years (Hulchanski et al., 2009). Neoliberalism, as a political rationality, arose in the 1980s and led to the dismantling of the welfare state and the national housing strategy (Gaetz, 2010) through what is disarmingly known as “economic restructuring.” These processes ultimately mean that what was once broad-based, public social provision was exchanged for private sector contracting to meet the diverse needs of

citizens (Clarke, 2020; Dunlop, 2006). There is ample research that helps tell the story of how we got to this point (Cooper et al., 2013; Gaetz, Donaldson, et al., 2013; Ralph et al., 1997; Wellesley Institute, 2010). More compelling, perhaps, are the ways that neoliberalism has altered political logics and ontological orientations (Brown, 2006, 2011; Fisher, 2009; Goldberg, 2019). That is to say, neoliberalism is most pernicious as an idea; Wendy Brown (2006) points to “the equal right to inequality” as a kind of neoliberal slogan that has produced “a permanent underclass” (p. 695). When translated into contemporary thinking on housing, this means that “people become and remain homeless in part because society views it as acceptable” (Belcher & DeForge, 2012, p. 930). And we appear to be caught in a loop: the “healthy” public fears learning more about homelessness lest it shake their faith in contemporary neoliberal logic—which blames the individual for their situation—and force them to criticize the structures that continue to privilege them (Belcher & DeForge, 2012).³ Consider the irony of the ongoing public perception that too many people are on welfare (Abramovitz, 1983, 2001) paired with the fact that poor people are often more likely to resist or refuse government aid (Desmond, 2021; Gavigan & Chunn, 2004; Jan, 2019; Minton & Giannarelli, 2019).⁴ I agree with Belcher and DeForge (2012) who argue that this work must be concerned with education—brought about by a commitment to lessening stigma through relational contact. This paper is thus an effort to provide a framework for an approach to documentary filmmaking concerning the housing crisis that recognizes the pedagogical import of such cultural artifacts and works toward new forms of relationality and understanding.

³ Or, put another way, the public is reluctant to question the structures that continue to *immobilize* them (Fisher, 2009).

⁴ As these scholars have identified, the wealthy, by contrast, welcome various forms of government benefits and tax cuts without fear of stigma or added state surveillance.

The “Untreated Illness” of Homelessness

James Burns’s documentary film, *Out of Sight, Out of Mind: Mental Healthcare in Rural America* (Buder, 2019), is set in Cochise County, Arizona. It seeks to reveal the overlooked crises of rural homelessness (see MacDonald & Gaulin, 2020), coupled with a lack of locally-based psychiatric support for people. To start, I will attempt to address the questions that have emerged from my theoretical framework. I stress that I am not particularly interested in the broader contextual framing of the films I take up here. Rather, I am preoccupied with what the uninformed viewer receives when they click the link on someone’s social media page. What does the film tell us? What perspectives does it challenge or reinforce? What is its work in communicating something about the housing crisis to the “everyday” public?

I will begin by addressing how questions of morality, self-care, or self-sufficiency, which we can conceive of as pillars of the autonomous neoliberal citizen, get taken up in the film. It is my contention that, while James Burns is certainly critical of the *treatment* of the mad citizen, it is unclear whether or not he contests the diagnostic categories perpetuated by psy-centered ways of thinking. As a result, I argue that the public is precluded from cultivating a critique that extends to the foundational depiction of the mad subject. The mad subject is rendered as yet incapable of independent (or collective) forms of care, and as in need of “professional” help as a result of their inability to be self-sufficient. And, for an audience heavily conditioned by neoliberal rationality, self-sufficiency is only too easily conflated with morality. To explain, the outset of the film contrasts a population of 125,000+ people against the number of practicing psychiatrists in the region: two. Psychiatric treatment of patients is thus positioned as the central source of respite against the mental health crisis outlined in the film. The film appears to fall into the trappings of what Michael Rembis terms the “‘untreated illness’ narrative” (Rembis, 2014, p.

143)—that a situation of material disadvantage can be solved by appropriately diagnosing and treating for mental illness, located within the individual. Rembis (2014) explores the advocacy work of the National Alliance on Mental Illness (NAMI), which offers a cogent critique of “transinstitutionalization” (p. 150)—the movement of mad people from one form of carceral containment to another. The film shares NAMI’s criticism of the asylum to street to prison transferral and the resulting rise of homelessness and mass incarceration. Yet this NAMI-logic operates within a narrative that does not question the diagnostic categories that mad people are subjected to in the first place (Rembis, 2014). In this way, the overarching narrative of the film can be seen as a symptom of a way of thinking about madness that fails to question which behaviours get labelled and/or criminalized by the hegemony of “an expanding psychiatric and pharmaceutical industry” (Rembis, 2014, p. 144). When people are described as “having” mental illness, the film does not go into detail about how they “got” it. Who gave them that label? Why? What is the authority of the diagnosis that was received? Does it benefit them? Instead of an illness, is there rather a failure to adhere to the socially accepted norms and behaviours in that particular context?

In light of this, it is important to determine who gets to narrate the film. Who speaks on behalf of the mad and/or homeless subject? Burns’s documentary is a short, 14-minute film. Of that 14 minutes, there are 11 minutes and 45 seconds of interviews. I have coded these segments into the voices of the psy industry, to whom 3 minutes of interviewing is devoted, voices of the carceral system (at 2:45 min), and voices of those with lived experience,⁵ which features the longest interview segments of all, totalling 6 minutes. In making central the perspectives of those

⁵ I include peer-worker Derrick Seawood in this category.

with intimate experiences of the housing crisis, Burns exposes the audience to the terrain of neoliberal economic restructuring. The conditions of places like Cochise County were wrought by “neoliberal fiscal policies that slash domestic spending on health, education, and welfare, while leaving fiscal support for law enforcement nearly untouched” (Rembis, 2014, p. 149). Rembis (2014) traces the emergence—and almost immediate impotence—of the community mental health care act and the subsequent community mental health care centres (CMHCs), which were traded in for an equally or more expensive system that relies on emergency rooms, jail cells, hospital care, and policing (see *Democracy Now!*, 2011). Even the county sheriff interviewed in the film is critical of such a policy landscape. While the film allows the public to critique neoliberalism’s economic terrain, it risks letting the broader architecture of neoliberal rationality off the hook. For instance, in the case of the film’s main (unhoused) character, Armando, it is important to question how (if at all) his experience of mental illness is politicized. Are the audience’s sympathies mobilized only on the basis of his desire for psychiatric care? Are certain characters (say, the county sheriff) portrayed as moral, while others, like Armando, become objects of pity? I don’t think the answers to these questions are simple, as it is important to note how the film complicates these issues. In this way, I commend Burns for resisting an overly simplified narrative, which I will return to in more detail.

How do the methods of filmmaking suggest particular ways of “reading” the housing crisis? How does the film take up the politics of mental illness? Psychiatry, when conceived as a political realm, is engaged in the process of psychiatrization, which leads individuals to the understanding that they are not normal (Liegghio, 2016). The aesthetic of the film tells an important, perhaps competing story, regarding the “solution” to, or the “problem” (Healey, 2017, p. 98; Linton, 1998, p. 526) of the mad subject. The film’s central figure, a man named

Armando, is filmed at night, on screen alone, as he narrates his experiences. In what is clearly an intentional aesthetic choice, the film repeats a shot of him dimly lit by a single streetlight, surrounded by a void of darkness. This *mise-en-scène* calls attention to a socially isolating reality, the lack of community support, and a context of state abandonment. Armando resists the psychiatric labeling placed on him insofar as he introduces himself by saying, “I’m on social security disability for a mental illness” and “I was diagnosed paranoid schizophrenic” (Buder, 2019). This phrasing allows him some conceptual distance from these medicalized labels that he has been shouldered with in the past. Yet, neither does he claim the identifier “mad” (at least in the film), a term that is presently debated regarding whether it can in fact be reclaimed in an inclusive way by the survivor community (Beresford, 2020). The term is more easily taken up by white, middle class survivors and much work is needed to counter the demarcation between those disadvantaged by race and class and those disadvantaged by psychiatric labelling/disability (Gorman, 2013). There is a certain amount of ambivalence here in terms of the politics of mental illness. While the film does not directly oppose or critique the process of psychiatrization, the literal “dark void” that Armando occupies does not appear to be his “fault,” nor does it simply represent his mental state. Rather, Armando is a very articulate, well-spoken interviewee. What comes through in his interviews is not madness, but rather, melancholy. He expresses, “Nobody’ll rent to me. A lot of folks are trying to make a home out in the desert. A lot of them have mental illness—mental illness that’s not being addressed” (Buder, 2019, 1:14-1:22). In this way, Burns offers a narrative that challenges and complicates the conventional ways of “reading” the housing crisis. While stories of individual madness make it easy to stigmatize and perhaps blame a “failing” psy industry—reducing the social and the political to bio-chemical problems,

as Mark Fisher (2009) suggests—a story of melancholy forces the audience to examine themselves. In what ways might we participate in the creation of this “dark void”?

The film makes it clear that under an increasingly market-driven neoliberalism, poor rural communities are experiencing a “brain drain” of mental health professionals who can be paid more in wealthy, urban centres. The film transitions to the perspective of psychiatrist, Dr. James Reed. He emphasizes the lack of psychiatric supports in the community, which, in the case of the local jail, boils down to “[knowing] what to prescribe and...how to interface with patients” (6:43). By reifying the doctor-patient relationship, Dr. Reed seeks for solutions within processes of medicalization and treatment, rather than peer support and other “non-psychiatric alternatives” (Diamond, 2012, p. 65). What the film makes clear is that policing is *not* the solution.

Armando—and the narrator—describe the ways in which those with mental health diagnoses are far more likely to engage with police presence (see Mazer & Rankin, 2011) than with any medical assistance. The film does not examine intersectionality insofar as police (de?)escalation practices are concerned, despite the pervasiveness of “the mad, bad, and dangerousness stereotype” (Keating, 2016, p. 174) leading to excessive force. Indeed, Rachel Gorman (2013) has called for the need to critically examine and unite the survivor/consumer/ex-patient movement with the struggles and experiences of racialized communities. In terms of a critical race perspective, the film does not “tell” us about the ways that racialized men like Armando encounter elevated rates of diagnoses of schizophrenia (Keating, 2016) and incarceration, but it does, arguably, attempt to “show” the audience this reality.

Arizona has consistently taken the lead in the United States on aggressive approaches to the policing and criminalization of the Latina/o community (Ackerman & Furman, 2013; Provine & Sanchez, 2011; Shaver, 2020). Increased police powers, brought about by increasing fear and

false notions of dangerousness of Latina/o citizens, have led to a proliferation of privatized detention centres (Ackerman & Furman, 2013), expanded police authority to “stop and search” racialized individuals (Provine & Sanchez, 2011), and the over-patrolling and under-protection of Latina/o neighbourhoods by local police (Shaver, 2020). In terms of madness and mental illness, the increasing fears of arrest, deportation, isolation, and imprisonment have led to a rising likelihood of Latino men being at risk of substance abuse and post-traumatic stress disorder (Ackerman & Furman, 2013). In a Canadian context, research shows that people who are homeless, racialized, and those perceived as “mentally ill” or “addicts” are much more likely to experience police presence—and subsequently, disproportionate ticketing and/or police violence (H. L. Cooper, 2015; Khenti, 2014; Marcoux & Nicholson, 2018; O’Grady et al., 2013b; van der Meulen et al., 2021). Today, there is significant momentum toward defunding the police and providing alternative forms of community safety (Cheung, 2020; Galloway, 2020; Mullins, 2021a, 2021b). Solutions include alternatives based in peer-support (Mental Health “Recovery” Study Working Group, 2009; Mullins, 2021b), the freedom to openly criticize institutional powers like the police and medicine/psychiatry without fear (Mental Health “Recovery” Study Working Group, 2009), opportunities to articulate feelings of grief (Poole & Ward, 2012), and more research scrutinizing the opaque machinations of municipal budgets that prioritize policing (O’Grady et al., 2013b). On this last point, critics wonder why, in the case of Toronto, “police growth...has outstripped population growth at a time when Criminal Code violations have been dropping” (O’Grady et al., 2013b, p. 555). So-called “broken-windows policing”⁶ has been shown to disproportionately impact homeless and racialized people (Hayle et al., 2016; Marcoux

⁶ The idea that police can proactively eliminate disorder by focusing on activities that are believed to lead toward more dangerous criminal activities (O’Grady et al., 2013)

& Nicholson, 2018; O’Grady et al., 2013a). It is particularly confounding that this style of policing is “*not* strongly evident in [areas] of [Toronto] where rates of violent crime are high” (O’Grady et al., 2013b, p. 555). These concerns parallel the harmful ways in which legislation such as the Mental Health Act and the Ontario Safe Streets Act⁷ have increased the purview of police officers, leading to more abuses of power (Khenti, 2014; Mental Health “Recovery” Study Working Group, 2009; Mullins, 2021b; O’Grady et al., 2011, 2013a, 2013b; van der Meulen et al., 2021) and, in some cases, fatalities (H. L. Cooper, 2015; Galloway, 2020; Marcoux & Nicholson, 2018).

The second half of the film turns the narrative toward the mass incarceration of homeless, poor, and mad people in Cochise county. This section is narrated by county sheriff, Mark Dannels, who calls the levels of mental health imprisonment (67% of individuals in his local jail have some kind of diagnosis) an “epidemic” (Buder, 2019). He does not refer to the levels of diagnoses, or the levels of policing, incarceration, and social isolation, as epidemics. Thus, in this section at least, the film is at risk of positioning the institutional power of prison and psychiatric institution as the two—and only—options available to homeless and/or mad identified folks. Dannels states, “there should be a centre that matches my centre [jail] in the county that’s designed for those with mental health” (Buder, 2019, 5:45-5:50).⁸ It would seem that this logic only leads us back to the place where the institution is needed to “contain madness” and “protect...citizenry” (Abbas & Voronka, 2014, p. 127). Herein lies the question: what solutions

⁷ Which, given the site of Burns’s film, have their counterparts in SB 1070, otherwise known as “The Support Our Law Enforcement and Safe Neighbourhoods Act” in Arizona, which has had brutal consequences for the Latina/o community, in particular (Provine & Sanchez, 2011).

⁸ Without wanting to misconstrue what type of new “centre” Dannels is gesturing at here, I cannot help but find his repeated use of the word “centre” concerning (it is also the word he uses for the local jail), given the neoliberal tendency toward “containing” madness.

does the film propose? To put it simply, do viewers leave the “theatre” thinking Armando needs a doctor, a (somewhat ambiguous) “centre,” a house/home, or some mix of the three? While Burns bluntly critiques the maintenance and expansion of the prison industry, does he ultimately suggest new forms of “mental institutions” as “sites of exception” where the well-adjusted neoliberal citizen can govern and thus “fix” mad citizens (Abbas & Voronka, 2014, p. 132)? Or does he outline several possible ways of thinking through the problem, without “picking sides”? I now turn to what I believe are ways of thinking through the problem that might offer insight into a framework for how to film/document such experiences.

“Recovering” from Neoliberalism

In response to the emphasis on fixing untreated mad citizens, the Wellesley Institute gathered together what was known as the Mental Health ‘Recovery’ Study Working Group in 2009 to co-produce a consumer/survivor/ex-patient-centered response to the recently popularized notion of “recovery.” The concept of recovery has gained traction in places like Canada, the United States, New Zealand, and the United Kingdom (Mental Health “Recovery” Study Working Group, 2009); this study “[opened the] terrain for recovering ‘recovery’” (Mental Health “Recovery” Study Working Group, 2009, p. 3) from within psychiatric regimes of power. This project relied on community-based participatory methods that sought to undermine relations of power often found between researcher(s) and researched subjects. It featured seven focus groups and a complex, iterative process of co-writing an extensive report based on perspectives rooted in the context of Toronto, Canada. What emerged was the fact that, within survivor communities, there is “no ONE understanding of the recovery vision or the recovery process” (Mental Health “Recovery” Study Working Group, 2009, p. 40). The notion of recovery is

situated as 1) an individualized process; 2) a social process that requires the right to adequate housing and collective support; and 3) a point of departure for a critique of carceral systems of control (Mental Health “Recovery” Study Working Group, 2009). The notion of an individualized recovery mirrors the logic of neoliberalism, perhaps best articulated by Margaret Thatcher’s claim that “there’s no such thing as society...and people must look after themselves first” (Thatcher, 2013). What I find most compelling in the report is how “recovery” is critiqued as a social process that is presented as monolithic and overlooks systemic exclusions. Thus, the work of “recovering ‘recovery’” is embedded in a critique of such institutional logics designed to perpetuate unequal power relations. It is the monolithic vision of “recovery” that must be questioned, rather than those who are being told to “recover.”

The Mental Health ‘Recovery’ Study Working Group (2009) suggests that true “recovery” lies in education, affordable housing, and safe(r) spaces for the mad community—indeed, “society is sick” (p. 23).⁹ It is worth searching for signs of *this* logic of recovery in Burns’s film. Perhaps the most notable example of a need to recover our sense of recovery occurs when Armando demonstrates what happens when he attempts to rent a room for a night at a local motel. After discovering he has been (ostensibly) permanently barred from entry, based on a disputed event that took place years ago, he takes the rejection in stride and makes plans to spend the night in an alley so he can “watch what’s around [him]” (Buder, 2019, 9:27). Armando is painfully aware that, despite the stigma and public perception of his own dangerousness (Keating, 2016), individuals experiencing homelessness are much more likely to be victims of

⁹ While at risk of drawing a messy parallel with the notions of “sickness” I critique in this paper, this quote is reminiscent of a line from the popular TV show, *The OA*, which I have taken up elsewhere (Martin, 2022, forthcoming): “it’s not really a measure of mental health to be well-adjusted in a society that’s very sick” (Batmanglij, 2016, 36:35).

violence and crime (Gaetz et al., 2010). The implicit question posed by the film here is whether individualized psychiatric services are truly the only available answer to the “problem” when there are so many other ways communities can be—and need to be—supported. Key strategies offered by the Working Group (2009) include access to “stable, decent housing” (p. 24), occasions to give and receive peer support, employment and volunteer opportunities, and funding to return to school and other educational experiences. Under neoliberal austerity, however, the increasingly pervasive offerings are that of selective corporate “social responsibility” (Mental Health “Recovery” Study Working Group, 2009, p. 27-28). That is to say, when the motel decides not to rent to Armando, there remains less and less publicly offered sites of “recovery” for people. This is why even emergency shelters in some cities are capable of serving only 7-8% of the local homeless population (Williams, 2005), which is to say nothing of the blatant lack of affordable housing across North America (E. Cooper et al., 2013; Wellesley Institute, 2010).

The fourth (and final) figure we meet in the film is Derrick Seawood, a peer-to-peer counsellor from the peer-run organization, Wellness Connections. His segment—and his work more generally—articulates an intersectional approach that prioritizes voices of consumers/survivors, emphasizes relationship, and undermines the need for and use of institutional power. Indeed, Seawood acknowledges the fact that he spent 15 years working within the county jail as a correctional services officer. Thus, his current position can be read as a rejection of the carceral approach—both in his criticism of prison tactics and rejection of clinical psychology. That said, the filmmaker leaves it to the audience to draw such conclusions, offering little to no commentary on the powerful testimony of Mr. Seawood. In a stirring speech on camera, Seawood declares, “yes, we’re at fault, as a *community*! ‘Cause if I need help and you don’t help me, and I’m reaching out for help, then you’re just as much a part of the problem as I

am!” (Buder, 2019) It is significant to me that in his poignant statement he resists psychiatric labels and simply speaks about people *who need help*—because as anyone knows, this is all of us. His statements also serve to remind us of a truth explored by the Working Group (2009): that recovery is equally about being in the position of *providing* peer support as it is about receiving it—a process of collective care that the study participants refer to as “kindership” (Mental Health “Recovery” Study Working Group, 2009, p. 25). Though it is difficult to say whether the director included this segment as an overt condemnation of psychiatrization, it would certainly seem plausible as a subtle critique given its place near the conclusion of the film. Indeed, Jakob Lothe (2000) asserts, “endings are extremely important...to maximize the total effect of the aesthetic product” (p. 63) on the audience. With endings in mind, the final sequence moves from a shot of an abandoned building, sunlight slicing in through slats of wood causing a visual effect that looks uncannily like prison bars, back to psychiatrist Dr. James Reed’s condemnation of state funding priorities: “...[if we continue in this way...] we’re going to keep building jails and prisons” (13:39). This sequence suggests that Burns is looking for another way out of the mire of dehousing, incarceration, and their by-product, a mental health crisis. Perhaps therein is the power of the film; Burns does not yet have an answer for us, but he is *searching*.

Housing First and “Recovery” Narratives

Turning to Canadian media’s (re)presentation of the homeless crisis, I conduct an analysis of CTV’s coverage of the “Housing First” approach for people “struggling with mental illness” (Jones & Favaro, 2019). Rather than provide housing to unhoused individuals when they are deemed “ready,” the Housing First model seeks to provide housing as the first step in a pathway toward a more stable, healthy life, based on the notion that housing is a human right

(Gaetz et al., 2013). This model emerged from the work of a Professor from Columbia University's Faculty of Psychiatry, Sam Tsemberis, who believed that adequate housing and additional supports should be offered to people regardless of their behaviour (Tsemberis, 2010). Housing First is often positioned against "Linear Residential Treatment" (LRT) (Tsemberis, 2010). In the LRT model, the primary response to homelessness for decades, homeless individuals are required to go through a series of steps before gaining permanent housing. This response is often abstinence-based (Tsemberis, 2010) and relies heavily on short term emergency shelters (Williams, 2017). Ultimately, it has been criticized as it is based on a system of "social control" (Williams, 2017, p. 4). Housing First, on the other hand, has been accused of prioritizing only the needs of the (so-called) "chronically" homeless population, rather than individuals that cost the state less resources, such as families and women fleeing abusive relationships (Gong, 2019; Williams, 2017). What often goes unstated by mainstream media—and is completely absent in the CTV film—is the reality that without addressing "a severe shortage of low cost housing" (Williams, 2017, p. 5) both of these responses are rendered useless in adequately addressing the causes and increasing intensification of homelessness.

To start, how is morality, self-care, and self-sufficiency taken up in the film? CTV's coverage is noticeably different from Burns's documentary in several ways. Most obviously, it simplifies a very complex issue, tells the story primarily through the voice of a news correspondent, and does not engage with the range of conflicting perspectives and positions that Burns depicts. Rembis's (2014) "mad" approach would first have us recognize that the narrator's voice is sympathetic to the psychiatric industry, with no input and/or contestation from mad or mad-allied voices. I will elaborate more on this later. What is most apparent to me is the way in which CTV's documentation positions homelessness and madness as sites of non-productivity

and failure within a capitalist system. The short film segment is positioned as a human interest story on the “recovery” of Marek Wroblewski,¹⁰ a homeless man diagnosed with schizophrenia. The story centres around the relationship of Mr. Wroblewski with his doctor, Dr. Vicky Stergiopoulous from the Centre for Addiction and Mental Health (CAMH), in Toronto. Dr. Stergiopoulous’s research is concerned with the Housing First model for addressing homelessness—the narrative constructs this as the answer to homelessness, without acknowledging its shortcomings.

There are three main voices in this film. While the “lived experience” (Mr. Wroblewski) voice occupies 15% of the film, the psy industry interviews only last for 16% of the segment. Nearly 70% of the film is in the voice of a narrator who can best be described as one with “neoliberal expectations” (of both the audience and the central figures of the film). Given the brevity of the interview segments and the limited depth to which the characters’ story is explored, it is thus worthwhile to consider the visual content of the film. While the visual components of Burns’s film are full of powerful symbolism that suggests feelings of melancholy and abandonment, the CTV coverage contains mostly stock shots of individuals intended to “represent” the homeless other. The audience is *expected* to interpret images of idleness as personal *flaw* (as opposed to, say, a form of rest, or even, resistance to the demands of capitalism). Moreover, the impetus for the melancholic atmosphere created by Burns’s film is that the shots emerge out of relational contact with the film’s subjects. A character’s eyes meet the camera and acknowledge—or return the gaze—of the viewer. In CTV’s “stock” content, the

¹⁰ As alluded to in an earlier footnote, the *Here at Home* film identifies him as “Mark” (Becker, 2012), while CTV refers to him as “Marek.” There is no apparent reason for this inconsistency that I have found.

camera is that of a voyeuristic news crew. The subjects do not appear to know they are being filmed. That is, with the exception of Marek Wroblewski, who I will discuss below.

The CTV narrative presents Mr. Wroblewski, an articulate, well-dressed, white man, as the sole voice on behalf of the psychiatrized, homeless population. In all of the footage of Mr. Wroblewski, he is *moving*. His interview edit includes his descriptions of what it is like to sleep without shelter (“I had nowhere to go...I found...stairways...” (0:17)), how his housing gives him a sense of safety and confidence, and his gratitude for his doctor, Dr. Stergiopoulous. His telling is heartfelt, personal. Yet the narrator dominates the telling of his story: his diagnosis, schizophrenia, is positioned as a kind of virus that infected him and derailed his entire life. No other life circumstances are discussed—he is simply positioned as healthy one day and not healthy the next. Additionally, his diagnosis itself is established as a kind of prerequisite to his success: “his undiagnosed mental illness plagued him...” (Jones & Favaro, 2019). As an “undiagnosed” person he is unable to operate as an intelligent consumer in capitalism, to the point that he made “poor decisions that led to his money disappearing” (Jones & Favaro, 2019). Rather than analyzing other sociopolitical realities shaping his financial independence, the narrative simply declares that without proper labelling and monitoring of his behaviour, he was helpless as a productive member of society. This is a clear example of the “untreated illness” narrative (Rembis, 2014, p. 143). Mr. Wroblewski is “cured” by his housing, but neither his diagnostic categorization, nor the institutions that label and limit him in the first place come under scrutiny.

Thus, we return to this question: in what ways does the film explore the politics of mental illness? In CTV’s portrayal of homelessness, it is clear that madness is represented in opposition to middle class “productivity” (Mental Health “Recovery” Study Working Group,

2009, p. 23). In the opening scene of the film, the audience is presented with a hunched man in baggy clothing, pushing a shopping cart with a large garbage bag hanging off to one side, which is then contrasted with Mr. Wroblewski, dressed in brand name clothing, walking quickly and with excellent posture in a collared shirt and shiny dress shoes. As I referenced earlier, the film goes on to include several shots of what the audience is intended to interpret as homeless and “mentally ill” individuals—all of whom are white, exhibit signs of what I will term “non-productivity,” and some of whom have visible physical disabilities. These are individuals who *appear* to exhibit idleness and who—I interpret—are intended to represent the antithesis of “the responsible consumers of neoliberalism” (Gong, 2019, p. 673). For example, the film depicts a man walking slowly with a cane (0:54), a man sitting beside a garbage can on a milk crate (1:00), and someone reading a newspaper on a park bench (1:03) in a montage that supposedly (re)presents homelessness in Toronto. The aesthetic choices made in mainstream cultural production thus echo the long held sentiments that “mad degenerates [be] met with middle-class interventions that [call] for discipline, regulation, and temperance in the name of nation-building” (Voronka, 2008, p. 48). As one member of the Mental Health “Recovery” Study Working Group (2009) says, “there is always this focus on productivity...and becoming a recovered ‘middle class’ person” (p. 23).

Thus, Marek Wroblewski appears to be the ideal candidate for a film about recovery. Given that the film crew must have prepped him for his interview segment, one must wonder what expectations he felt were placed upon him. How was he instructed to dress or act? Or, perhaps, how did the deep-seated idea of the recovered neoliberal citizen that I discuss here implicitly guide his appearing as someone who exhibits “middle-class objectives of wanting nice things” (Mental Health “Recovery” Study Working Group, 2009, p. 23)? He, and anyone else

who displays these markers of middle-class existence, can earn back the “status of [citizen]” (Mental Health “Recovery” Study Working Group, 2009, p. 33), which reflects the scholarship concerning the ways citizenship gets assigned/revoked (Arnold, 2004; Jubas, 2007; Prince, 2014). Additionally, in order to achieve these markers of citizenship, according to the film, one must receive the socially accepted treatment, identify with their psychiatric label, and, apparently, be a white male. Given that the *Here at Home* (2012) documentary offers a(nother) window into Marek/Mark Wroblewski’s life, it is worth briefly contrasting how he is presented in this earlier film. In a chapter of the film, entitled “Honestly Painful,” we encounter a melancholic aesthetic, like that of Burns’s film, made possible by the intimate encounter the interviewer, as well as the other subject of the film, Bouchra Arbach (RN), have with Mr. Wroblewski. In contrast to the CTV interview, Mr. Wroblewski openly discusses his experience of the world. He tells about the ways his father “appears” to him through the sun in the window: “Always my daddy is in the sun, so maybe he didn’t approve of my work today” (Becker, 2012b, 2:03-2:07). His nurse, Bouchra Arbach, also critically explains the shortcomings of his medical treatment: “He’s been on medication that makes him ridiculously tired...this is an important opportunity to talk about what’s going on...it’s a lot more than [his housing]” (0:10-0:22). Perhaps the most important moment of the film is Mr. Wroblewski’s acknowledgment that “some people may say that I’m crazy” (2:36). By choosing not to narrate for him, the filmmaker, Manfred Becker, allows the words to hang in the air as a challenge, a question, or an invitation to see the situation in new ways.

Housing First...but first, housing?

The central solution at play in the CTV film is the principle of Housing First. There is no question that, in comparison to the LRT and other abstinence-based models, Housing First is a method for housing people that takes harm reduction and a research-driven track record into account (Gaetz, Scott, et al., 2013). Despite the advantages of Housing First, it is worth addressing the way that neoliberal logic is wielded in discourses of homelessness prevention. To start, the Housing First approach itself is often justified as a “cost saving” measure (Gong, 2019, p. 668), rather than because adequate shelter is a human right (Lancione, 2017). Indeed, one Housing First advocate declares in the CTV film, “we’re saving the hospitals money by housing people...we’re saving people from being arrested for being out on the streets...” (Jones & Favaro, 2019). Neither of these statements are critically examined for problematic notions of neoliberal cost-saving measures or the criminalization of being “out on the streets.” Neoliberal policies led to the mass gentrification we see today. Processes like the “dismantling of [the] national housing strategy” (Gaetz, 2010, p. 22), the near-erasure of federal subsidized housing commitments (E. Cooper et al., 2013; Wellesley Institute, 2010), and the crafting of cities in the interests of the wealthy (Busà, 2017; Coleman, 2019) have led to the loss of public space and social services as a result of the financialization of housing (Stein, 2019). Indeed, when the majority of municipal wealth is generated by property taxes, political leaders can *afford* to overlook the fact that more than a third of home sales are made to absentee landlords (Stein, 2019). Investors thus get easy access to lands that might otherwise be either public space or remain in the hands of low-income renters (Stein, 2019). Additionally, as neighbourhoods change, psychiatric survivors are excluded by zoning mechanisms, increasingly violent policing, and/or by feeling stigmatized by their new neighbours (Finkler, 2012; Mazer & Rankin, 2011).

This short film segment similarly ignores the ways that Housing First is arguably another neoliberal policy that contributes to gentrification. Housing First serves the aims of gentrification insofar as it removes “disruptive homeless people out of public sight” (Gong, 2019, p. 674). This violent cycle is full of ironies and inconsistencies—neoliberal policies further gentrification, which reduces available affordable housing units and increases “decade-long waiting lists” (Mental Health “Recovery” Study Working Group, 2009, p. 24), and all the while developers *support* the notion of removing mad bodies that hurt the brand of the neighbourhoods they are trying to change. Eventually Housing First advocates are going to run up against the reality that their housing stock has entirely been turned into condominiums and townhouses. And what then? How will they address the irony that “Housing First” has a rotten core: the basic premise of “first, housing”?¹¹ All the while, homelessness under neoliberalism has increased every year since the early 1980s (Williams, 2017). And finally, the institutions in charge of such policies are in no way guided by consumer/survivor/ex-patient voices (Finkler, 2012; see Mental Health “Recovery” Study Working Group, 2009, p. 31). They are keen to listen to—or perhaps *narrate for*—Mr. Wroblewski (and other “success” stories), but resistant toward sharing decision-making power with the mad/homeless community. This echoes the sentiment of the Mental Health “Recovery” Study Working Group (2009) that the notion of “recovery” only serves the brand of particular organizations—it generates a positive image while increasing donations and public funding. It is important to note that, in the *Here at Home* documentary, we see a younger Marek/Mark Wroblewski deeply concerned about whether or not his newfound housing will

¹¹ It is, however, important to recognize that advocates do share my concerns around affordable housing and a) the need for municipalities take a systems approach that prioritizes investment in an affordable housing supply, while b) making clear the need for “consumer choice” in the housing that gets provided to individuals (Gaetz, 2011). Several questions remain: is this possible? Will governments act? If not now, when?

suddenly be rescinded due to a lack of state funding: “I wish this program could continue...” (Becker, 2012b, 2:42). This sense of precarity is not present in CTV’s simplified “solution.”

Navigating Precarious Solidarity

A final point needs to be made here, which hearkens back to the ‘mad’ approach elucidated by Michael Rembis (2014). The medicoscientific voice that provides the narration to CTV’s coverage of Housing First—and indeed, many of the dominant conversations around Housing First policy—fails to account for the “mad among us” (see Grob, 1994; quoted in Rembis, 2014, p. 142). This lack of mad and mad-allied voices is at the core of the problem exemplified in this account. Neoliberal individualization and stigmatization of madness and/or homelessness is a problem of narration. Addressing this orientation begins—whether in research, journalism, etc.—with the question, “who gets to tell this story?” Rembis (2014) reminds us that consumers/survivors have a particular knowledge “mediated through bodies that have been shocked, drugged, confined, isolated, or otherwise violated; bodies that have known all too well the material and emotional effects of living a mad existence” (p. 154). This is a methodological question, which explains my emphasis on the importance of the Working Group’s (2009) contribution to the literature on madness, neoliberalism, and the housing crisis. The writing of this report shows a keen attention to multiple dimensions of power relations to not only achieve research goals, but in determining what the goals are in the first place. Not only do participants help shape research questions, analysis, and post-project action steps, but the Working Group (2009) even reflected on their writing process: “Often, the participatory nature of research breaks down at the point of writing. Can that process truly be done by ‘many pens’?” (p. 5). Indeed, the

end result is described as “a negotiated text” (Mental Health “Recovery” Study Working Group, 2009, p. 5).

A significant trend in the literature is the difficulty in mobilizing a collective “we”—that is, for both homeless and/or mad-identified people, their political work is stifled by a need for greater solidarity (Diamond, 2012; Gorman, 2013; Guterres, 2017; Lancione, 2017; Williams, 2005). This includes the work of embracing multiple, intersectional perspectives in critiquing hegemony (Diamond, 2012), decentering whiteness in articulations of a mad solidarity (Gorman, 2013), and cultivating peer support and activist networks that are inclusive and hospitable (Didyk, 2017; Guterres, 2017; Williams, 2005). It is worthwhile to return to Jean Williams (2005) research concerning Shelter Now protester, David, and contrast his representation to CTV’s spotlighting of Mr. Wroblewski (Jones & Favaro, 2019). In Mr. Wroblewski’s case, he is presented by CTV as the docile patient who chooses treatment (Rembis, 2014), accesses adequate, stable housing, and adopts the psychiatric labels that are provided for him. On the other hand, David is perceived by service providers as dangerous, mentally ill, and as someone who *chooses* to remain homeless. This “personal choice” rhetoric performs the pedagogic work of bolstering “the public discourse that homelessness is a chosen ‘lifestyle,’ explained by bad attitudes, laziness, and suspect behaviours rather than by poverty, low income housing shortages, or political powerlessness” (Williams, 2005, p. 506). I will conclude by placing an emphasis on the political powerlessness addressed by Jean Williams as well as the Working Group (2009)—the users of the system need to be heard if we are to meaningfully decide the benefits of such systems. As Joanne, David’s counterpart in the organizing work of “Shelter Now” says, “I don’t think anything will change until houseless people, the users of the system, sit on every board that makes decisions about housing” (Williams, 2005, p. 504). Who will be invited to narrate the

story of homelessness? And, by this same logic, should they not “sit in” on the making of documentaries “about” them?

Conclusion

While I do not think there is (yet) an adequate documentary film that takes up a mad approach to the phenomenon of dehousing, it is worth mentioning an example of a film that tells the story of dehousing using a politically empowering approach. Though dated in ways that are obvious in both form and content, *Shelter from the Storm* (Connolly, 2003) is a full-length cinema verité documentary that follows the work of the Toronto Disaster Relief Committee’s (TDRC) activism in support of Toronto’s “tent city” in the late 90s and early 2000s.¹² The film is centred around the political organizing of a movement made up of housed and unhoused members. Organizers range from inhabitants of tent city, street nurse Cathy Crowe, and city councillor (at the time), Jack Layton. Neither camera nor narrator make much of the socioeconomic status of the film’s subjects. There is little attempt to narrate *for* others. Just as the organizing efforts were a movement “by and with” dehousing people, so too does the documentary make audible the voices of those dispossessed by violent, neoliberal policies. It does so without giving in to a neoliberal rationality that would seek to separate “productive” and “unproductive” members of the TDRC. And rather than fall into the trap of pathologization or

¹² Notably, mainstream media coverage of “tent city” in the 90s/2000s is again mirrored by much of the reporting on the encampments that emerged or expanded during the COVID-19 pandemic. Unfortunately, and perhaps as a result, government officials, police, and members of the public have fallen into the trap of stigmatizing and criminalizing individuals living in these circumstances, rather than seeing this as the inevitable result of a violent form of neoliberal austerity. Throughout the pandemic, housing activists have struggled to turn people’s attention away from the individualizing, dichotomous logic of productive/non-productive and moral/immoral and toward these larger, pressing, and ever-worsening systemic concerns. Some have even sought to raise awareness of longstanding issues such as ongoing colonial violence and the suppression of adequate media coverage by city staff and police (Kanji & Withers, 2021; Withers & Tsang, 2022).

stigmatization, the film supports the notion that unhoused activists can/must create housing options and opportunities for collective care (Feldman, 2006) as a result of their abandonment by the state.

In examining recent film-based cultural production, I have sought to interpret both the aesthetic dimensions presented in the films along with—and at times against—their narrative components (Chatman, 2021). By coupling an analysis of neoliberal rationality with a Critical Mad Studies approach, I have attempted to illustrate the ways productivity and morality are positioned in opposition to the (oft conflated) mad-homeless in documentary filmmaking concerning the housing crisis. As a result of my analysis, I conclude with three distinct areas of consideration for both consumers and producers of documentary films about the housing crisis. The first, and perhaps the most obvious, is the need for the film to centre the voices of those with lived experience of dehousing. Further, the film must not only enlist such individuals, but filmmakers must work toward authentic encounters with their subjects—if done effectively, interviewees will not simply rehearse a script based on “neoliberal expectations,” but rather speak about their own experiences of isolation, contestation, and forms of collective solidarity.¹³ Ultimately, the film itself should be an example of solidarity building. Second, filmmakers and audiences must ask, does the film direct the viewer’s attention toward the structural violence of

¹³ To add to this, I am wary of strategies that “force” madness into the foreground, unless it emerges from the voice of the interviewees—indeed, unless it is truly a mad approach to documenting dehousing. I will use an example to explain what I mean by the foregrounding of madness. In the late ‘90s, Edmond Yu, a dehousing citizen, was murdered by Toronto police while in mental health crisis. The documentary film made about his life was entitled *The Death and Life of Edmond Yu* (Hawkins & Colbourne, 1997). Today, however, the only copies of the film accessible online are inaccurately titled, “Edmond Yu: the clash of schizophrenia and homelessness.” My point is this: contemporary neoliberal rationality is obsessed with transfiguring the problem of a “human-made” housing crisis into a spectacle of mental illness-induced conflict. And, as I have mentioned before, reinforcing the conflation between madness and homelessness. By editing the film’s title, Edmond Yu’s story risks being distorted from a film about a stolen life, to the spectacular “hot-button issue” of “all those mentally ill homeless people.” Documentary filmmakers concerned with this “hot-button issue” have much to learn from the Working Group (2009) approach to collaborative thinking, writing, and producing knowledge.

the neoliberal cityscape? Importantly, examples of systemic violence must somehow avoid being submerged beneath a spectacle-obsessed narrative that is reliant on “personal choice” rhetoric, fear-mongering, and their by-product, criminalization. Or, on the other end of the spectrum, there are films that rely on the neoliberal citizen’s dream of recovery, productivity, and participation in a banal consumerism. Lastly, films must elicit dialogue. While it might be tempting to provide “solutions,” it is more honest to say that, given the scope of the crisis, we must begin with conversations. In a perfect world, the film will engage both hopeful and problematic aspects of the so-called solutions, while listening intently to the perspectives of—in keeping with my first consideration—those with firsthand experience of the crisis. By precipitating authentic encounters, paying attention to structural violence, and bringing about meaningful dialogue, documentary filmmakers may have a role to play in addressing the housing crisis. Documentary films have the potential to elicit a response to dehousing that enhances political solidarity, relies on peer-led research, and confronts neoliberal thinking in the contemporary media landscape.

Acknowledgments

The author would like to thank Dr. Tracey Edelist for encouraging the submission of this paper. In addition, the author is indebted to the sustained work and activism of—and ongoing conversations shared with—Bob Rose, Cathy Crowe, and Greg Cook, among others.

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