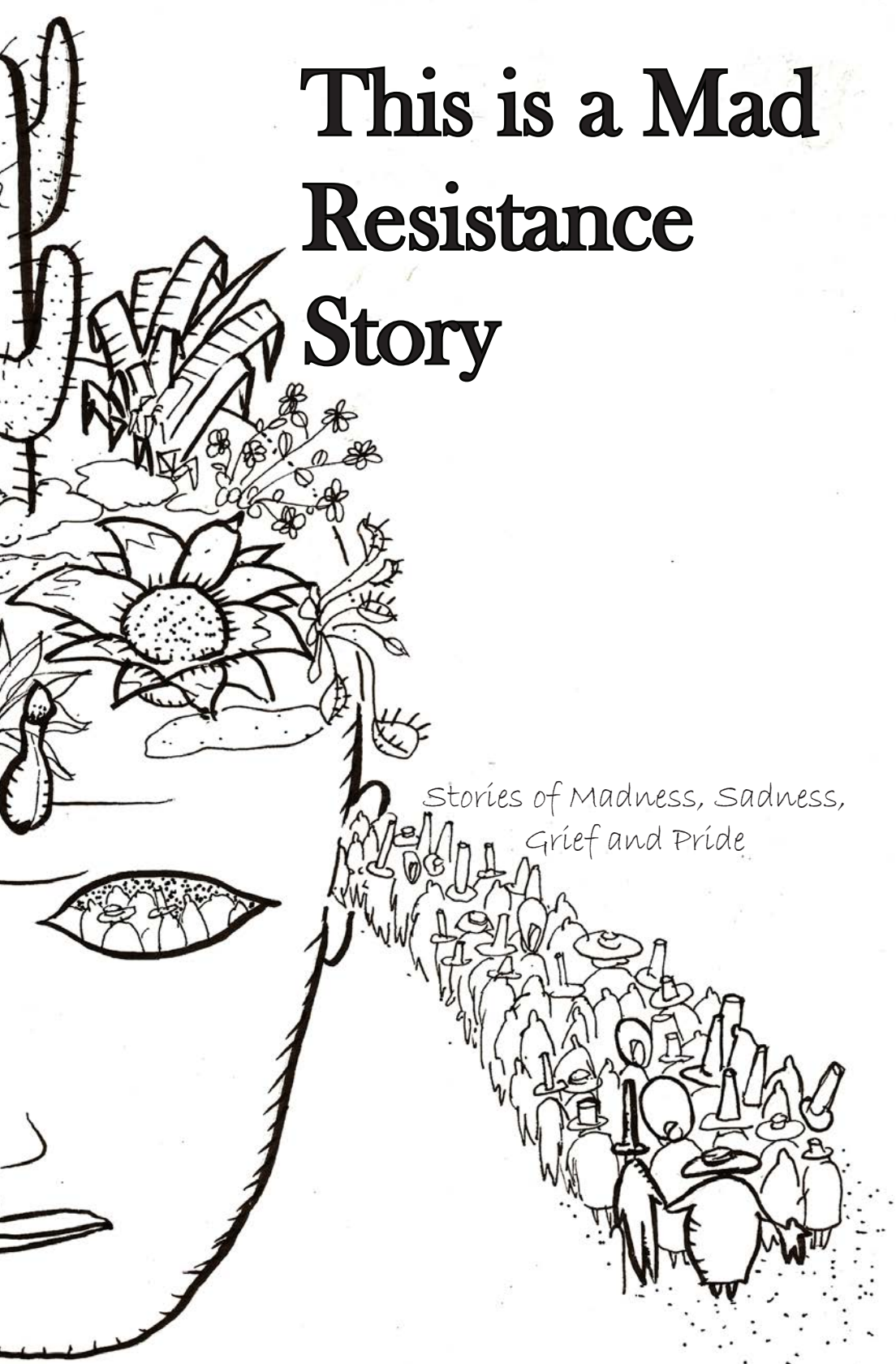


This is a Mad Resistance Story

Stories of Madness, Sadness,
Grief and Pride



I felt a Funeral, in my Brain

By Emily Dickinson

**I felt a Funeral, in my Brain,
And Mourners to and fro
Kept treading - treading - till it seemed
That Sense was breaking through -**

**And when they all were seated,
A Service, like a Drum -
Kept beating - beating - till I thought
My mind was going numb -**

**And then I heard them lift a Box
And creak across my Soul
With those same Boots of Lead, again,
Then Space - began to toll,**

**As all the Heavens were a Bell,
And Being, but an Ear,
And I, and Silence, some strange Race,
Wrecked, solitary, here -**

**And then a Plank in Reason, broke,
And I dropped down, and down -
And hit a World, at every plunge,
And Finished knowing - then -**

One day, while I was working as a cook, this poem came on the radio in a broadcast about depression. At the time, this poem spoke to me. It was during a time when I was trudging through each day, tending to my very raw wounds. I went to work every day, in that kitchen, surrounded by women, where I had to hide my sadness and grief. And this poem - at the time - made me feel validated and real.

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This zine has been swirling around the inner workings of my mind for a couple of years, or since I began to embrace madness as a positive part of my identity and a fervid rejection of the psychiatrization of Mad people. Throughout my years of zine exploration as well as delving into academic discourse, I have not come across much written about the particular topic: Mad grief. I have found it difficult to find any writing about grief from Mad perspectives and so part the purpose of this zine is to document my own experiences so as to add to filling the gap, largely through storytelling. But even as I finally sit down to write about my experiences, opinions and beliefs that have been a long time coming and in need of some affirmation, I feel a discomfort with telling my story. Although I write this largely as an act of resistance to normative ideas, policies, practices and beliefs about Madness, grief and gender identities, I cannot deny the uncomfortable feelings that surface as I open up a window into my soul, a window that I generally keep closed. I feel insecure and exposed, but at the same time justified and purposeful. So here, as I sit with my discomfort and bare my soul, my aim remains the same - to un-learn sanism and stories about shame and guilt, or stories about 'how psychiatric drugs or therapy saved my life' and to move towards one of pride that encapsulates all the complexities of individual and collective lived experiences.

What Mad means to me

Mad is a relatively new term that has come into my life, and it has different meanings for different people. Although resistance to psychiatry and the pathologization of madness has been around for hundreds of years, Mad is also a relatively new movement that has begun to take stride, globally and locally in some exciting and promising ways. I have spent years of my life, perhaps the past 14 years, hiding my madness away and covering it with different things: drugs, alcohol, perceived ideas of normalcy, over-productiveness, art, countless journals and most heavily in shame. Shame and 'mental illness' have always seemed to go hand in hand for me. The following is a representation of my transformative wandering away from shame and towards pride through my experiences with madness, grief, and trauma.

'Mental illness' is not an objective or neutrally defined issue. It is drenched in racist, ablist, sexist forms of

oppression. Identifying as a woman for most of my life, I have been subjected to multiple forms of discrimination in the name of mental health in Canada.

So, my stories as outlined in this zine are drenched with my experiences as a Mad female body. I discuss my story in relation to traumatic life experiences with sexual abuse, grief and psychiatrization in which my personal truths are at the same time political. Consequently, the stories in this zine can be read as a political act of resistance to dominant medical model ideas about madness. When I use the words "psychiatrization" or "medicalization" I am referring to the process in which Madness is individualized, labelled and defined by biomedical or biopsychiatric ideas that view madness or 'mental illness' as a problem that needs to be fixed, largely through psychotherapy or pharmaceutical drugs.

What I'm not going to talk about...

What I'm not going to talk about in this zine is madness as a sickness, a deficit or as something that needs to be 'fixed.' I reject hegemonic notions that create difficult and sometimes devastating realities for Mad people.

I'm also not going to talk about Foucault. As much as this French philosopher has permeated my entire post-secondary learning experience with his still forthcoming theories about power, sexuality, governmentality and yes - madness, this zine is written entirely from the experience of a Mad person. And I will be discussing the art, stories, and theories that place Mad knowledge above the knowledge of white, male philosophers and the like. For years, I have praised Foucault for his contribution to my understanding of post-structuralism, my understanding of power and resistance to domination. But in this zine, I'm turning away from him because to be honest, there's no room for Foucault here, I want to talk about Mad people who are living their diagnoses or rejection thereof every day.

I'm going to try my best to make the language in this zine accessible, meaning I will attempt to steer away from using academic jargon...you may have already noticed words like 'psychiatrization' and "pathologization" so please bear with me as I try to shake away from years of academic institutional conditioning and return to my alternate writing voice in which I will use words such as: fuck, shit and boners to get my message across. When you come across academic-y words, please refer to the end of this zine for definitions.

I will be taking an intersectional approach to madness, meaning I do not place Mad at the very heart of this discussion. Because to talk about Madness and ending sanism is to also and with equal importance centre issues of racism, sexism, transphobia, ablism, audism, hetero-sexism, classism, agism and colonialism. Rather, I seek to explain how identifiers such as gender, class and ability, for instance, intersect to create unique realities. And central to understanding such unique realities that we all experience is the act of story-telling.

"The truth about stories is that it's all we are"
-Thomas King

The first time I ever heard a story that truly changed my life was in a 2nd year theory class (of all places) that I was taking in my Undergrad. The instructor boldly and bravely shared her story of sexual violence. This was the first time I felt empowered to do the same. After a long and messy court case that I eventually dropped, in the midst of all my shame, guilt and trauma, I felt like I could share my story - in a different way. I could talk about abuse, not within the criminal justice system, but to anyone and everyone who would listen. I could change my story from one of being a victim to one of being a survivor. This process began when I was 14. 14 years later, I'm still working on it. But through this process, my story has allowed me to build armour, not a wall. It has allowed me to say out loud the word 'rape' although sometimes I still cringe while the word is coming out of my mouth....

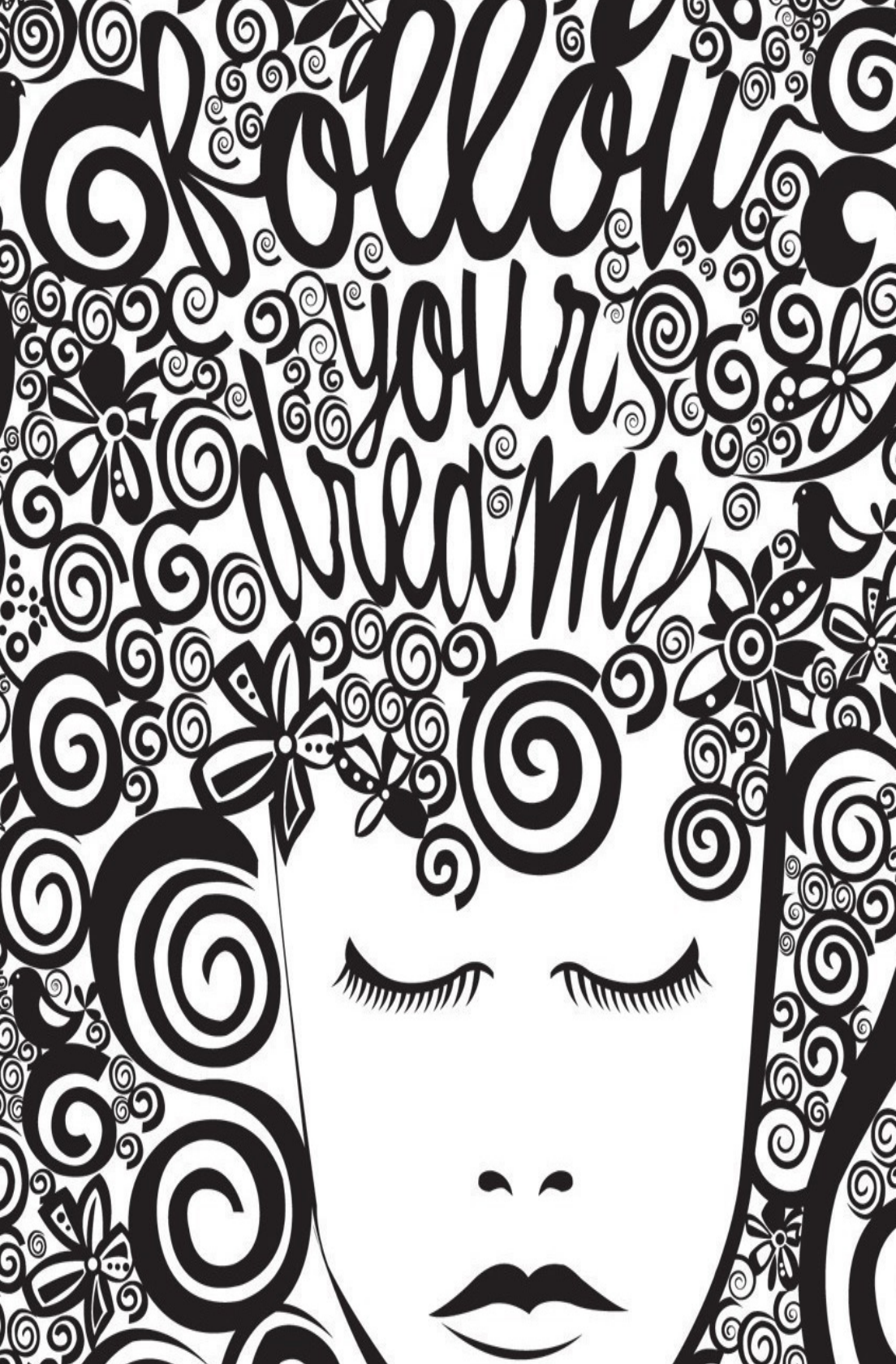
In my dreams you come to me.
I sit with you by the sea and
it's the only time I feel free.
We are together and we are
free... only in my dreams.

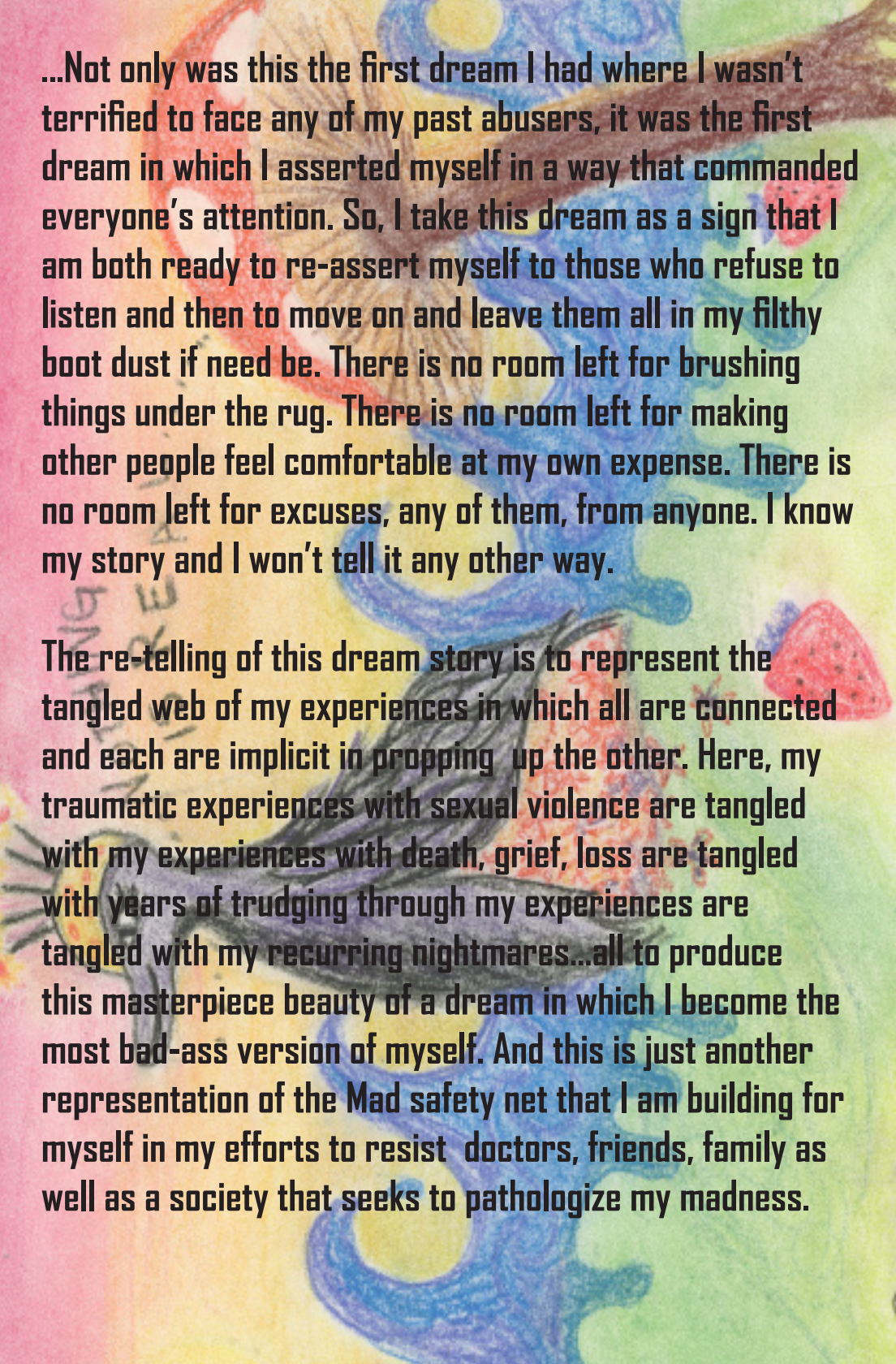
I had this really... heavy and enlightened dream two nights ago that forced me to sleep through my alarm on the day of my midterm. So, in the dream, I'm back in court, right where I left it 7 years ago, but it's transpiring in the present day. It is the final court hearing to determine my abusers' sentence.

The court room is filled with couches and at the front of the room, a 3 person panel of judges.

My entire family/extended family is present - waiting, watching, no outsiders. And my dad sits off to the side, watching me the whole time, he does not break his gaze. My brother isn't present at all, but I wish he was here (they are both dead in reality).

All the regular bullshit and delays that happen in the justice process are occurring, but people are mingling and whispering a lot. It is now time for my abuser to plead his case, and for some reason he is offered the choice of presenting a theatrical performance. In his performance, he states that he will be dressing up as me, in my clothing (? ! ? ! ? ! !) and re-enacting the events. To myself, in the dream, I'm thinking "don't act crazy, if you do something crazy it will delegitimize you and everything that happened to you." But then, as he is mocking me in his performance, I kick his props with my big-ass dirty boots and everyone becomes silent. I yell out, "He is a piece of shit rapist and everyone needs to know" And then everyone - surprisingly - stands up and claps... for me. I look over at my father and he smiles at me. Then I wake up and realize that I'm late for my midterm...





...Not only was this the first dream I had where I wasn't terrified to face any of my past abusers, it was the first dream in which I asserted myself in a way that commanded everyone's attention. So, I take this dream as a sign that I am both ready to re-assert myself to those who refuse to listen and then to move on and leave them all in my filthy boot dust if need be. There is no room left for brushing things under the rug. There is no room left for making other people feel comfortable at my own expense. There is no room left for excuses, any of them, from anyone. I know my story and I won't tell it any other way.

The re-telling of this dream story is to represent the tangled web of my experiences in which all are connected and each are implicit in propping up the other. Here, my traumatic experiences with sexual violence are tangled with my experiences with death, grief, loss are tangled with years of trudging through my experiences are tangled with my recurring nightmares...all to produce this masterpiece beauty of a dream in which I become the most bad-ass version of myself. And this is just another representation of the Mad safety net that I am building for myself in my efforts to resist doctors, friends, family as well as a society that seeks to pathologize my madness.



...The same instructor who spoke about her experience with sexual abuse in front of an entire class of 2nd year social work students, is the same person who later spoke about the loss of her partner, again, with strength and courage. She took her wedding ring off and passed it around the class. She asked us to talk about our fears. This changed my life.

In April of 2013, I had just fallen asleep at my parents' place (I was staying temporarily after returning from travelling for a couple of months). At around 12:30 am there was a knock at the door. It was the police. My initial thought was that my brother had gotten in trouble, but I couldn't make out what the cop was saying to my dad, all I could hear was soft murmuring. When the cops left, my dad

told me that my brother was in the hospital, that he had been stabbed. A couple of hours went by until I heard it - on the news - my brother was gone. I felt like I was being ripped apart from my self and everything around me. I ceased to exist for a moment. I had never felt pain like this before. But this time, unlike my past experiences of coping with trauma, I could not hide it. There were no dark places left to go because I felt like I was living hell.

A year later, I found out my father was diagnosed with cancer. And I thought to myself, "it's happening again, how can this be happening again? I can barely stand on two feet how am I going to carry myself through this yet again.? How am I going to survive?." I was completely hopeless.

In these two years, I said and did a lot of things that were perceived as 'crazy' or 'insane' (and many many times before all the death and grief) by many different people. It's hard to recount this time in my life because it is riddled with dissociation and dream-like reality sequences. But I remember clearly the relationship I tried to maintain after my brother died. My partner at the time repeatedly referred to me as 'crazy.' And in an effort to legitimize my 'insanity' to him and to myself I used my grief as an explanation for it all - the erratic behaviour, the destruction of property, the incessant suicidal thoughts, the endless weeping. But then he said to me "but you were crazy even before your brother died!" And I thought to myself...."well, that's true. So fucking what?"

As if grief is a legitimate excuse to be crazy, over say, just feeling crazy because you have to put up with patriarchal bullshit every day of your life, or you have experienced trauma, or anything else really. Why do we need to prove our madness in such ways?

Why do we need to prove that our grief is worthy of help and support within a system that does not provide alternatives other than psychiatry and drugs?

And who sets the criteria for this 'evidence-based' understanding of our madness?? I remember thinking, "So, I'm aloud to grieve, and do sand say things that are 'out of the ordinary' but not to say and do things that are too out of the ordinary...and there's some sort of time limit on this period? Does this become a disorder if I grieve for more than 6 months? Does that mean I will get drugs to numb my pain? Maybe I want to numb my pain...or maybe I want to feel it all..."

None of this made any sense to me - then or now. Mad grief is a resistance practice to what is understood as 'normal' white, Western-centric ideas about how, when and why people grieve.

I recount this story today...in a weird way. Of course it is missing a lot and is only a piece of my subjective truth. Our stories are never whole. They are fluid and changing depending on context. But all these stories speak my truth and are as a result relevant, important and valid knowledge. They are personal and seemingly individual, but I tell my stories to more than just one end. The stories I tell here speak to the politics of madness, diagnoses and gendered bodies. But what is meaningful is that I actually tell my story. I say words out loud like 'trauma' 'grief' and 'suicide' words that I could never say out loud to anyone before. And I talk about the heavy stuff, the hard stuff, but I also want to talk about the pride...I don't want to call this the "good stuff" because staying proud isn't easy, it's part of the struggle.

"Language is an arena for the transformation from Shame to Pride"

-Eli Clare

Today, talking about how I transformed my story from shame to pride is still an act of resistance. Pride is not a destination I have reached, it is something I work on constantly and look for spaces and so I can remember to be proud. It's hard work. Because everywhere I go, there are reminders of the shame stories that used to control my life. They are written in institutions, discourses, history, social norms and are regurgitated by people everywhere, not just professionals, but common people. They are not always aggressive or loud or hate-filled, but sometimes they come out in everyday micro-aggressions. Sometimes they are soft reminders, but they still cut like a knife.

So, Eli Clare. I don't know Eli Clare personally, but Eli Clare has definitely helped me to tell my own story, louder, and with pride. There is no room for shame in this arena. So, when I have the energy, I tell my story LOUD and with unwavering confidence. And when I don't have it in me I say little or nothing at all. But I also keep my story safe and close to my body.

As much as our stories can be used as a tool for change, resistance and self-determination, our stories are always at risk of being co-opted, stolen, distorted, sanitized or criminalized. My story is not told for the purpose of passive spectators who half-heartedly listen with pity and self-gratitude for taking the time to listen in the first place.

My story is both about healing myself and counteracting dominant narratives about grief, loss and trauma that construct rigid realities and fixed spaces and places that Mad people can and cannot occupy.

So what does pride look like? It looks like breaking out of what is considered 'normal grief' and allowing myself to be exposed, to spew my insides out all over the walls of institutions that try to make them look neat and tidy. Getting a tattoo of my brother's childhood stuffed animal, a Hostess Munchie named Eddie, so that I can embody my grief with pride in what I have lived for and acknowledgment that I am changed and being okay with that change. Pride is talking about suicide out loud without flinching. Pride is sometimes (temporarily) accepting a diagnosis to attain resources that I need while still identifying as Mad and at the same time rejecting said diagnosis because I am learning how to stealthily navigate the system. Pride is telling my story over and over again and watching it grow and flower into something beautiful, something that I'm proud of and something that I no longer fear. Pride is learning how to not govern my own body and actions to fit normative ideas of Madness or grief, or trauma while everyone around me is telling me how to act and feel. Pride is learning how to carry my grief, even when I am trudging through every single moment of every single day instead of trying to make it go away, or somehow overcome it.

This is a photo of the tattoo I got after my brother died. It is both a tribute to him and his life (the Hostess Munchie is a stuffed animal my brother lived with for his entire life), as well as a reminder of how my life has changed as a result of this loss. I call it a resistance piece because it goes against the idea that grief is a period that begins and ends (sometimes with treatment) as something that is fixed or needs to *be* fixed. When I went to clean my brother's room out after he had passed away, I entered his closet and saw Eddie (the Munchie) sitting there alone. I felt an overwhelming sense of sadness and comfort and this is a memory that brings comfort in to my life today.



Mad Grief

... "we are not interested in good grief... we will be turning our attention to Mad grief instead, a resistance practice that allows, speaks, names, affords, welcomes, and stories the subjugated sense of loss that comes to us all. And in this Mad turn, we seek 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"

Jennifer Poole & Jennifer Ward

There is SO MUCH written about grief from all sorts of vantage points. But what's interesting is that rarely do I come across 'Mad and grief' in the same sentence.

Dominant narratives about grief largely surround normalcy, privilege, rationality, biopsychiatry. And if you don't fit into those dominant and very individualizing grief narratives, you are perceived as taking part in bad or deviant grief which is often followed by a trip to the mind doctor and a prescription. Later in this zine I talk about Prolonged Grief disorder and how it is used as a diagnostic model to further control Mad bodies who are carrying loss. Not only does this governmentality of our bodies exist in structures and institutions, it is everywhere and so dominant that it leads us to govern our own bodies. And once again, shame disables us to claim our own loss and grief.

And so part of Mad grief is telling our stories that have become lost in the loudest narratives about 'good grief' so as to fill the margins with anti-sanist, anti-sexist notions of grief that speak multiple truths rather than pathologize.

But even as I write my stories of loss and madness, I struggle with exposing my unpopular truths. I want to include things

like how thoughts of suicide have actually been a dominant source of comfort throughout the hardest waves of grief in my life because it was a safety net that I could always rely on. I want to talk about how my brother and father's ashes are sitting in an emptied salsa jar on my dresser and that every time I look at them I laugh a little because they may have seen the humour in it too. I want to talk about how although I can tell my story about grief and maybe this will be helpful for other Mad people (or anyone really) that this didn't happen for a reason or make me a better or stronger person. I'm actually harder and less compassionate and welcoming than I used to be and I fucking hate that about myself. And those are just a few truths that I don't come across in therapeutic tools for bereavement. And still, I have a hard time saying these things to people, to psychiatrists, to family and friends because the governmentality of my Mad body has lead to the governance of my own Mad grief. So, I still have work to do. And I won't always tell this story to anyone who will listen because at the same time it's mine and I want to keep it safe and have all the rights to it. Nobody will capitalize on my story. But hopefully many will hear it and be compelled to do the same.

Sh*t people Say when you're grieving

The following is an excerpt from a list of things people have said to me in the midst of overwhelming grief and my retroactive responses that I wish I had said out loud at the time.

"You're strong and this will make you a stronger person" (I'm not strong, not right now. I feel like my body is falling apart, one limb at a time. Everything hurts and I cannot escape the living hell that is my mind. I know that I'm strong because I continue to exist. But would you call me strong if I told you I was suicidal? It is the only relieving thought that I have to actually carry me through this grief).

"At least you knew it was going to happen this time" (Because I knew my father was dying of cancer made it no easier to cope with his death. It's just different).

"Everything happens for a reason" (No. Nope. No fucking way this happened for a reason, This did not need to happen so I could be a more enlightened, stronger person who now has the ability to empathise with other people who are enduring loss. There is no reasoning with this. There is no fix for this. I am forever changed and will live with this and carry it for the rest of my life. That is all I know to be true).

"They are in heaven now" (Please don't impose your beliefs on me, not ever, but especially not right now. My grief is not an excuse for you to subject me to your own way of 'making sense' of death)

"You're acting crazy" (That's right. I'm Mad and I have no problem with that. My reactions to death are my own way of learning how to carry this grief, and it will damn-well take me more than 6 months to grieve and recover from loss, if ever. I'm okay with my madness and I have every right to my Mad grief).

"Maybe you should go on medication" (My grief does not need to be medicated unless I choose to do so of my own will and consent. Regardless of what the DSM says, my grief is not a disorder. It is simply my reality).

"This too shall pass" (No. It won't. This will be with me forever. In fact, I'm going to tattoo my grief on my body so I never forget, because I don't want to).

Dr's Without Boners

Historically, and currently women are disproportionately diagnosed with various types of depressive disorders, outlined today in the DSM. There exists a tonne of 'evidence' and statistics that 'prove' how women are more likely to experience depression as a mental disability than men. *note - the parallel between schizophrenia and black bodies in which schizophrenia increasingly became diagnosed to black people during the civil rights era to further dominate and control Black populations. It was only during this time that schizophrenia became associated with violence. For decades, oppressed people - and to draw on my own experiences - women, have been incarcerated, both physically and chemically in the name of mental health. Not only does this narrative that is delivered to us in the name of science and evidence-based practice dominantly uphold rigid gender binaries between men and women, it also silences and ignores anyone who identifies as anything other than man/woman. Subsequently, the sexist, heteronormative, transmysoginistic grounding for creating and maintining 'mental illnesses' by health care professionals historically, still continues to shape the way we think about our minds and bodies today.

Since the mid-1800's when insane asylum's were rapidly taking stride and many oppressed groups were being incarcerated, to the de-institutionalization of Mad people beginning in the 1940's and now to the privatization of mental health services and spaces to continue to control Mad bodies, we have been consistently under control, surveillance and domination by the state, by medical professionals and other social service professionals and the pharmaceutical industry. And incarceration remains an ever-looming possibility for Mad people and anyone who can be labelled as 'deviant.'



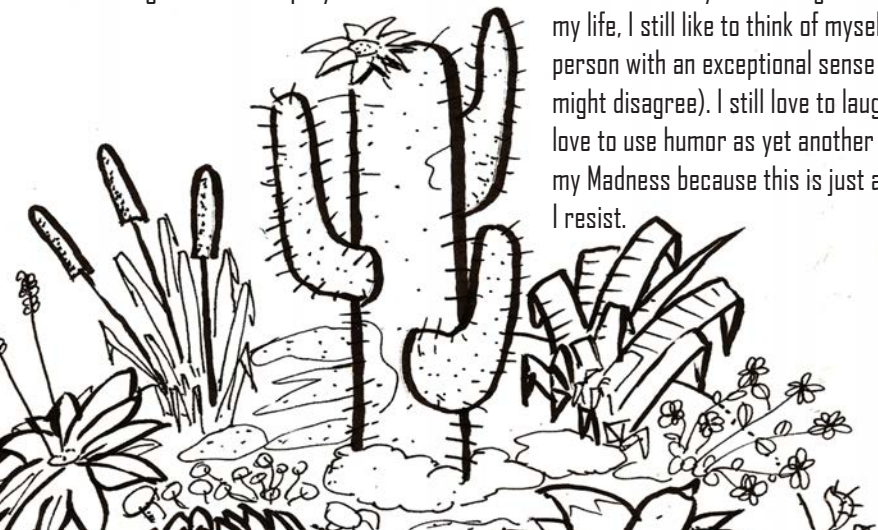
Today, I experience the mental health care system in Toronto in unique ways based on my identity as a Mad gender fluid person who is living their grief, daily, and who often passes as female. I have been labelled with depression and have self-identified as a depressed person long before I came to identify as Mad. Depression was the only language I had to understand my feelings of self-hatred, and seemingly never-ending sadness and melancholy. Where did I learn this term? As I reflect now, it comes from my observations of other women, some very close to me, who had been diagnosed with depression as well as the overarching narrative about women being over-emotional and in need of regulating their moods.

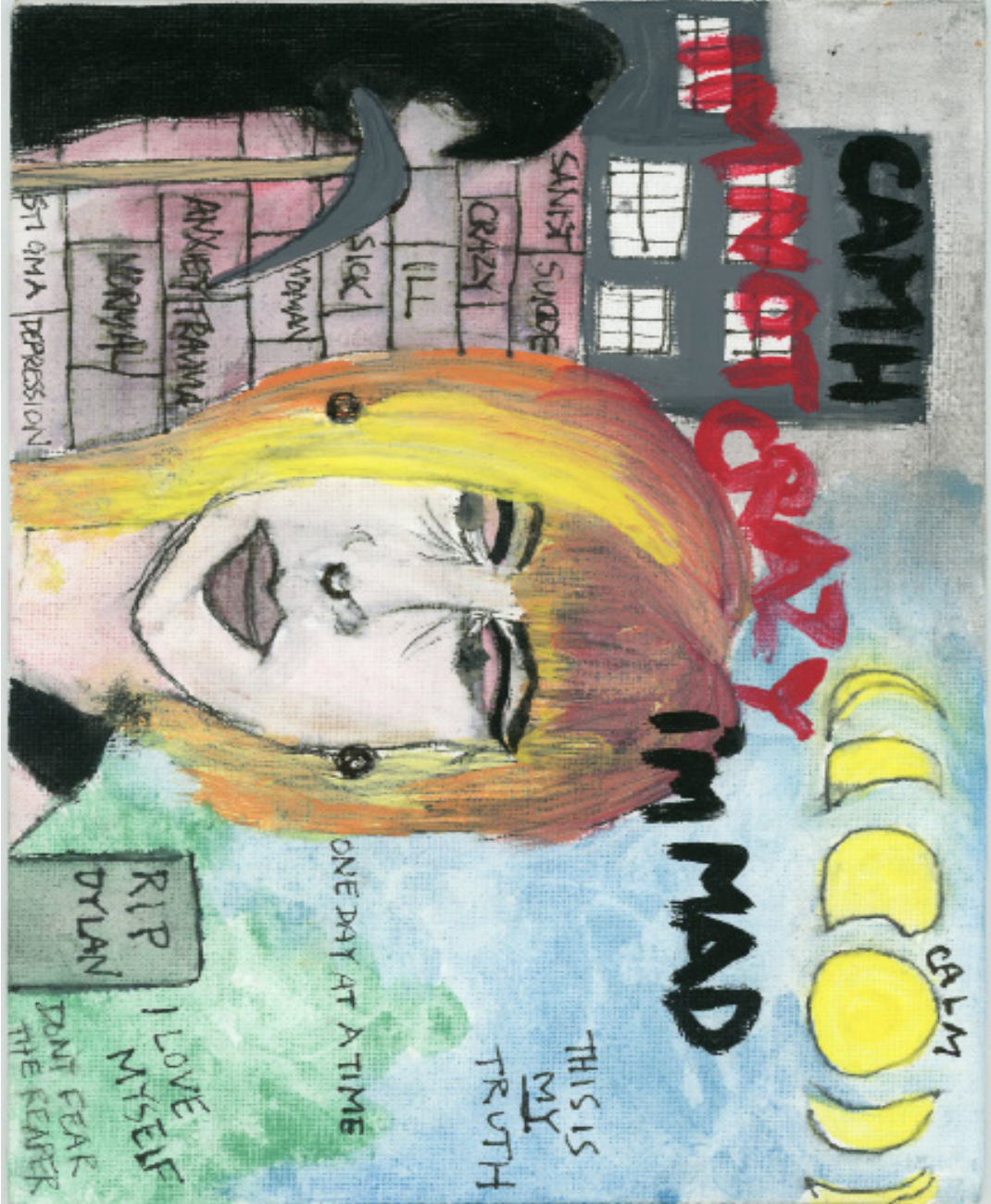
Since I was very young, I felt ashamed that I had been infected with the 'depression gene'. Of course today, I think very differently about my sadness. Today, my sadness, nor my grief, nor my trauma, are aspects of my story and identity that need to be medicated, 'fixed' or pathologized.

Today, one way that I talk about my madness and tell my story (other than in this zine) is as a singer and bass-player within a still

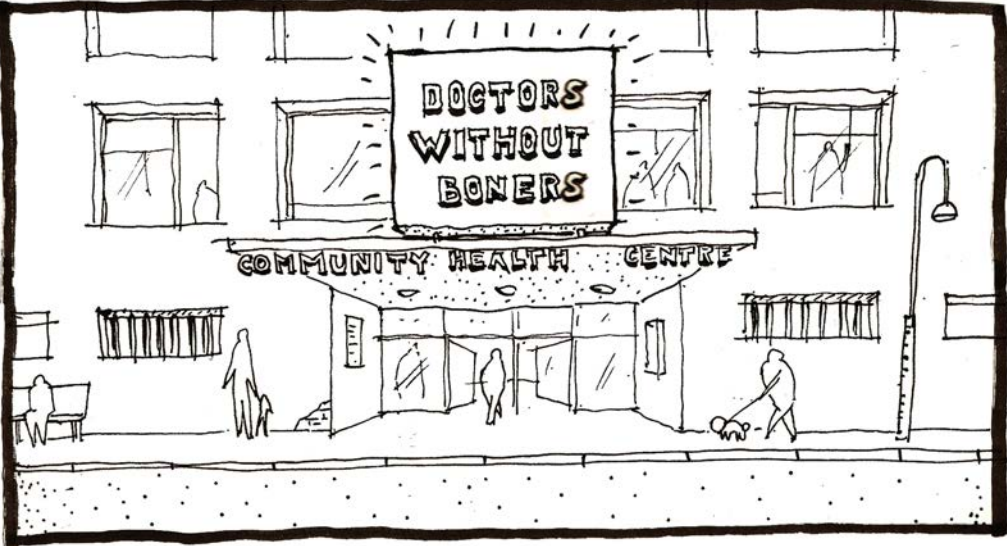
very male-centric local punk scene in Toronto. Although I have experienced stage fright and performance anxiety my entire life, I decided to join a band, with some of my favourite people, who foster a space for me to literally yell out my experiences with grief, trauma, pain and Mad pride. 2 years ago I never thought I would be telling and yelling my story out loud, in public, let alone in legible writing. This is all very terrifying. But for someone who has been silenced, discredited, degraded and spoken for through all my past attempts at speaking my truth, singing and writing have become examples of my giant fuck you to the patriarchal, medicalizing and sanitizing of my story.

My examples of gendered experiences with the mental health system in Toronto are also presented in my series of comics: Doctor's Without Boners. I came up with this title one day while trying to wrap my mind around the sheer number of times in which I had encountered either physical boners or what I call 'mind boners' (when male identified doctors and psychiatrists undermine everything you say and believe about your own body and mental state). I call such doctor's Dr. Pill, for obvious reasons. I chose to use humor, because despite the hard and heavy content in this zine, and my recounting of traumatic events in my life, I still like to think of myself as a hilarious person with an exceptional sense of humor (some might disagree). I still love to laugh, and play, and I love to use humor as yet another tool to talk about my Madness because this is just another way that I resist.

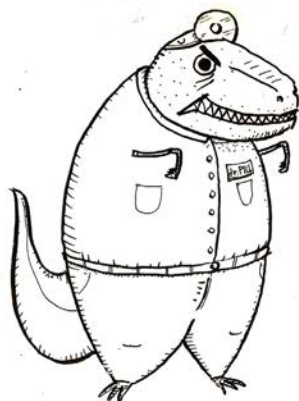




I painted this picture in a fourth year social work theory class, during an art-therapy lecture. In the class, we were given paint, brushes, and a small canvass to work with. We were asked to draw whatever it was that we were feeling at the time. If I were to try this exercise now, this painting would look very differemunt. But this is a representation of what I was largely thinking and feeling at the time, after I had checked myself into camh for the last time and while I was freshly coping with the loss of my brother. When I look atthis painting now I see more than just art that has to do with my Mad-ness, but art that resists psychiatric control and dominance.



Meanwhile at the Doctor's office...



Are you depressed or something? How long has this been going on?

uh...yeah, well... most of my life...but more recently -



- thats fine. Are you suicidal ?



...uh...well...yeah but -

- but you're not going to kill yourself like, right now or anything? Right?



(...actually I kinda do want kill myself right now, so i can get the HELL out of this place...)

Okay, your O.T. at Camh, says you are depressed, so i am going to prescribe you this new and exciting brand of ANTI-DEPRESSANTS !!!



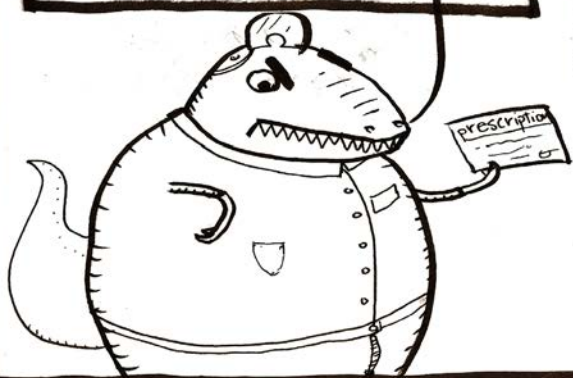
...can we talk about this some more? Because I think I need some other kind of he -



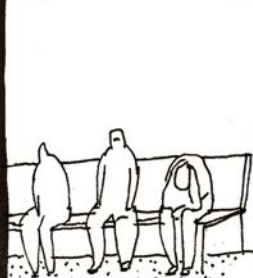
Dr. PILL

OK, here you GO ! Anything else ?
NO ? GREAT!

...yeah...
your
fly
is unzipped...



NURSE !!! Can you get
this for me ?! This fly
isn't going to zip itself !!!



Camh: "it's all in your brain" and how society disables people

"At other times, our dead won't let go of us, and shadow our days, as if they were there, in the room, too close...the light has suddenly gone out on the world. It feels as if it will never go on again. Everything is too big, too difficult, too miserable. No pulling up the socks will fix things. Those negative, persecuting screams of all that is wrong in our lives are so loud only suicide feels as if it might blot them out. In our therapeutic society we may feel that a trip to the GP or mind doctor will provide us with a pill that cures."
-Appignanesi

I have checked myself into camh multiple times. Here, I just want to mention that through the many instances in my life in which I've been powerless, there are spaces and times in which my privilege has saved my ass from falling deeper into the shit-storm of structural oppression. Unlike many Mad people who have been involuntarily incarcerated, forced to take pills, and racially profiled, I have not had such experiences. I am a white able-bodied Mad person. I identify as 'they/them', but am generally perceived as a woman and so it follows that I experience patriarchy in all its unjust irrational manifestations. I do not have any observable physical disability but have been labelled and diagnosed with many invisible ones, which I am able to hide, most of the time. My power and privilege coexist and manifest in different ways depending on the context. In Camh, I have both, depending on my behaviour. So when I voluntarily checked myself in to CamH, almost a year after my brother died, and told them I was suicidal, I quickly became an involuntary patient. This scared the living shit out of me. I had never been incarcerated before, let alone for doing nothing but trying to seek help and survive.

Although I rejected the attempts of diagnosis at Camh, I was still offered drugs as a means to cope with PTSD, depression, grief and my suicidal thoughts. Before I realized that I had already done a shit-tonne of groundwork myself and through my own community, I used Camh as the guiding safety net in my life. Because hey, it's not all in my head afterall, it's in my brain! (see Camh anti-stigma campaigns on next page). Yeah, this all makes sense, right?...The problems I've had for most of my life have not been responses to dealing with oppression, violence, trauma, death and navigating my way through a society structured by patriarchal and capitalist domination, but are actually just neurological deficits that need to be fixed through either psychotherapy or drugs. But not drugs like alcohol or marijuana or cocaine, because those are bad drugs. I needed the kind with the pharmaceutical seal of approval, even if death was listed (in not so many words) on the labels of said drugs as a possible side effect or withdrawal symptom. I hope it's obvious that I'm being facetious at this point, and I know I'm getting a little into rant territory here, but **I really cannot understate how individualizing madness at the same time disguises and props up sanist institutions, practices, laws and legislation that determine the outcomes of real lives.**

Dear Camh,

**"IT'S
ALL
IN YOUR
HEAD!"**

No, it's NOT all in your head, or your brain. Sanism is real. Oppression is real. I would like to decide for myself where 'it' is. It's okay to focus on anti-stigma, but what about anti-discrimination? The problem with anti-stigma campaigns is that they don't address the structural and systemic fundamental issues that shape our individual Mad stories. And what, exactly, have you discovered is 'all in our brains?' No, I will not donate to more research for bio-medical treatment for Mad people. I would like to see you raise money and awareness for harm reduction and alternative resources for Mad people. I would like to see your doctors undergo proper training in Mad history and current issues. I would like some respect for my knowledge and experience in a non-tokenising way. I would like to end sanism, not just stigma.

THANKS
Defeat denial.
Help defeat mental illness.

camh

Centre for Addiction and Mental Health



The DSM and the maintenance of mental illness

There has been much written about the inherent problems of the Diagnostic Statistical Manual of Mental Disorders (commonly referred to as the DSM; also commonly referred to as the diagnostic bible). Since its' inception in 1952, the DSM and its' diagnostic guidelines have become increasingly controversial and problematic, although I would argue that the DSM in and of itself is a highly problematic tool for the creation and maintenance of mental illness, saturated in Western and Eurocentric conceptualizations of normalcy. The DSM is also a device for the dominant narrative that 'mental illness' is caused by biochemical dysfunctions that are in need of being 'fixed' and often such cures are characterized by psychiatric drugs. It has been argued that there is "insufficient empirical evidence" to support the DSM's psychiatric fundamentalist assertions that "all mental disorders represent underlying biological dysfunction" (Walrus, 2013). But I'm not going to argue in the name of 'empirical evidence' for it only takes one trip to camh, one conversation with a psychotherapist, one anti-stigma campaign to expose the underlying issues with mainstream mental health diagnoses. However, such views remain hegemonic forces that not only largely dictate the way we view Madness, but also have very real and often horrible consequences for people who are labelled as 'mentally ill.'

To be clear, I am not for or against psychiatric drugs. I am for informed consent and harm reduction approaches to recovery (see The Icarus Project: A Harm Reduction Guide to Coming off Psychiatric Drugs). I believe that Mad people should be given all the alternative choices to recovery, as opposed to treatment so that we can make informed decisions about our own bodies. Medical model narratives that favour psychiatric cures for our Mad bodies are consistently delivered as the overarching truth about 'fixing' our problems. And there is no room for counter-narratives here, not about alternatives or recovery. But if we don't view madness as a problem that needs to be 'fixed' in the first place... there opens up a whole host of alternative approaches to madness.

Through my navigation of the mental health system in Canada, there have been multiple attempts by health care 'professionals' to diagnose and consequently fix my mental illnesses that have always inevitably lead to psychiatric drug treatment.

***note: Psychiatric drugs have become a multi-billion dollar industry in which companies have immense power over the delivery of mental health services and research about psychiatric disorders and pharmaceutical drugs (Icarus Project, 2012; Smith, 2011).**

I have been given the label of PTSD, anxiety, and depression - diagnoses that were already familiar to me. I have tried multiple anti-depressants, and have been prescribed various types of sleeping pills (both highly addictive, and often used recreationally) like they're candy. I am currently off all my meds, and miraculously have survived all attempts to medicalize, psychiatrize, pathologize, diagnose and drug my Madness and related experiences. But then I came across 'complicated grief' and 'prolonged grief disorder' which both intrigued and terrified me. Prolonged grief disorder is one of the newer diagnostic categorization that has been added to the current DSM-5, along with the diagnosis, "complicated grief" (See the DSM 5 for categorizations and definitions of diagnoses).

About 6 months after my brother died I began 6 weeks of free therapy with a homicide bereavement group. It's hard to say whether this was helpful or not with my 'complicated grief' looking back, but it was at least helpful to talk about some of the complicated feelings that were coming up to two strangers. There seemed to be some relief in speaking openly with people, starting my story from wherever I chose to begin and opening the flood gates. 6 months after this therapy, I found out my dad was diagnosed with cancer and the prognosis was not good. Watching my father slowly slip out of my life, the ambiguity of his wavering presence, while still licking my fresh wounds from losing my brother was very complicated.

But the thing is, I don't need the DSM to know that my pain and loss is complicated. I don't need check boxes and categories. And although this may be valid and helpful for some, there are some fundamental issues here at play. Fundamental issues that create normal/abnormal grief, good/bad grief. Something I have always struggled with is using the DSM and other medicalizing tools that tend to pathologize my Madness to prove that I need help and support either when I'm in crisis or when I have had lots of time to think it through. Why do I need some diagnostic bible to prove that I am struggling to cope with some unbearable and almost inconceivable truths? And why do the answers always end in drugs or diagnoses? Why do I have to dig so deep to find alternatives?

ACADEMIC (and not so academic) JARGON: DEFINITIONS

1. *Psychiatrization or medicalization* refer to individual models of mental illness that dominate all aspects of madness in the western world.
2. *Pathologize* is to characterize as a pathology or disease; to characterize (a person) as suffering from a disease OR "the practise of constructing thought and behavior as symptoms of disease; a pretext for drugging/ electro-shocking people whose thoughts/behaviors others dislike (or who dislike their own thoughts and behaviors) and indeed for the existence of biopsychiatry.
3. *Sanism* "the systematic subjugation of people who have recieved mental health diagnoses or treatment." Also referred to as 'mentalism'.
4. *Biopsychiatry* is a relatively new term that encompasses the new psychiatry with increasingly dominant pharmaceutical interests.
5. *Hegemonic or Hegemony* "refers to systemic dominance generally, although it is most commonly employed in reference to dominant ideological beliefs and the words that accompany them." For example a dominant or hegemonic narrative or story would be a medicalizing narrative about Mad people; such narratives are also widely accepted, to the point where they are believed to be common sense.
6. *Doctor's Without Boners* is a concept, but also a hypothetical Community Health Centre in which doctors with either physical or mental 'boner' issues can undergo rehabilitation before being re-integrated back into the community. The guiding mission of this rehab is an overarching focus on the un-learning of medical model understanding of Madness and to learn about alternative ways of understanding madness and Mad people so as to end the cycle of perpetuating patriarchal medical domination.
7. *Governmentality* is a term coined by French Philosopher, Michele Foucault, but used in this zine to explain the ways in which power operates within our own bodies. Governmentality can work by force, but also by cohersion.

Some Helpful Mad Resources:

1. The Icarus Project: A Harm Reduction Guide to Coming of Psychiatric Drugs

Written by and for Mad people

<http://theicarusproject.net/>

2. Mad Matters: A Critical Reader in Canadian Mad Studies

This text highlights Mad knowledge and covers such topics as: mad grief, psychiatrization, electro-shock therapy, identity politics, violence and the media.

3. The Psychiatric Survivor Archives of Toronto

An archival project that documents Mad peoples' history from a non-medical perspective.

<http://www.psychiatricsurvivorarchives.com/>

4. The Protest Psychosis: How Schizophrenia Became a Black disease by Jonathan Metzl

One of my favourite new books written about Madness. A very good read.

5. Asylum Squad

A comic-style Mad zine and graphic novel

6. The Gerstein Crisis Centre

A 24-hour community-based mental health service



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