PRACTICING CREATIVE MALADJUSTMENT:
THE MENTAL HEALTH POLITICAL ACTION GROUP

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ABSTRACT

This dissertation chronicles the rise and fall of the Mental Health Political Action Group (MHPAG), a Vancouver area radical psychiatric consumer/survivor collective active from 2007 to 2009. The objectives are threefold: 1) to document the experiences of a courageous group of grassroots activists involved in mental health rights advocacy, 2) to recount their achievements and frustrations, and 3) to present these findings in a way useful not only to the academy but to activist communities as well. Through a combination of participant observation and autoethnography, an analysis of the strengths and weaknesses of non-hierarchical organization and peer-support mechanisms is applied through the lens of critical theory. The main finding is that, despite challenges and resistances from authorities and mainstream organizations, non-hierarchical activism, as practiced by the MHPAG, provides a space for anti-capitalist social relationships and a freedom for peer support under which many participants flourished.

Keywords: psychiatric survivor; c/s/x movement; activism; praxis.

DEDICATION

I dedicate this work to the Mental Health Political Action Group and to all those I’ve met, in and out of hospital, committed to the struggle against psychiatric abuse, and the struggle against being defined and attenuated out of existence by our psy-applied labels and treatments. I dedicate it especially to those compañeras who have died as a result of psychiatrization.

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TABLE OF CONTENTS

Approval ii
Abstract iii
Dedication iv
Acknowledgements v
Table of Contents vi

1: Chapter 1 1
1.1 Introduction 1
1.2 The c/s/x movement in historical context 3
1.3 Neoliberalism and its effects on c/s/x activism 15
1.4 Historical example of cooptation--MPA 17
1.5 Theoretical underpinnings 23
1.6 The Vancouver c/s/x activist scene at the creation of MHPAG in 2007 and reflections on my involvement 28
1.7 Mentalism/Sanism 33

2: Methods 37

3: Stories of hope, courage and frustration: 54
3.1 Results/Vignettes 54
3.2 Rights Cards 54
3.3 Demonstration through the DTES 58
3.4 Madness, Citizenship and Social Justice Conference, Vancouver BC June 12-15 2008 64
3.5 Stories Project: Participation breaks down 71
3.6 Kerry Jang Issues 74
3.7 Sexism Issues 82
3.8 Participant Validation 85

4: Conclusion: 88

References: 100

Appendices 108

1: CHAPTER 1

"Many great public issues as well as many private troubles are described in terms of the 'the psychiatric'—often it seems, in a pathetic attempt to avoid the large issues and problems of modern society"

C. Wright Mills (1959:12).

1.1: Introduction

The objectives of this thesis are threefold: 1) to document the 'rise and fall' of a courageous group of grassroots activists who banded together in 2007 to form the Mental Health Political Action Group (MHPAG), 2) to analyze their achievements and frustrations and 3) to present these findings in a way useful not only to the academy but to activists as well. In order to help effect these goals, I deploy a 'militant ethnographic' inquiry process:

> Militant ethnography involves a politically engaged and collaborative form of participant observation carried out from within rather than outside grassroots movements. Classic objectivist paradigms fail to grasp the concrete logic of activist practice, leading to accounts and models that are not only inadequate, but are of little use to activists themselves.(Jeffrey, 2008:166)

Such praxiological methodology seeks to locate this researcher within the context of struggles of my co-participants and not merely offer reportage from the field. I worked as both member and researcher with the Mental Health Political Action Group (MHPAG) on a variety of projects undertaken as counter-hegemonic, anti-psychiatric activism to try to "fight back against the Mental Health Care System"

(MHPAG, 2008), to make our voices heard, and to tell the stories of abuse we'd suffered in common while in treatment at the hands of psy-professionals.

This thesis represents not only the culmination of my involvement in a Masters of Arts programme in Sociology, but also a long engagement of participation and activism within what has come to be called by the rather unwieldy moniker: the consumer/survivor/ex-patient movement (Crossley, 2006; Coleman, 2008; Chamberlin, 1990; Everett, 2000; Morrison, 2005, 2006). The project itself is at once an act of compliance and one of resistance. There is a war going on for the minds and bodies of persons psychiatrized[1] by their experiences with institutions within society, including the family, the state and the agencies of psychiatric social control. I became interested in identifying a node in this movement that I could access and that could help me direct my activist rage at the forces of psychiatry and other allied psy disciplines that make up the mental health care system. Such fury was born because my life was forever altered by a psychiatric diagnosis and abuse at the hands of my "caregivers."

The movement itself can be hard to find. Indeed, I never once heard it referred to as a movement until entering university. I had once benefited while hospitalized from the aid of a local social movement organization (SMO) operating in the health region in which I experienced psychiatric intervention and abuse. An advocate helped secure a review panel hearing for me. At the time this was truly surprising, since I did not know and was not informed upon entering

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[1] The term "Psychiatrized"…refers to people who have been subject to psychiatric treatment, often against their will, and often with permanent damage to their health and brain. (http://psychiatrized.org/)

hospital that I had rights, I did not know that there were advocates, and I did not know that, because of this intentional oversight on the part of the hospital administration, I was in the position of many others whose experiences would politicize them. The advocacy group had left a small business card with very little explanation about their services in a relatively non-trafficked area of the ward. In times past, groups were able to educate inmates about their rights through hospital visits, circular newsletters and “flying squads” of ex-patient activists who’d descend on hospitals to raise consciousness and radicalize inmates as well as petitioning for review panels on their behalf (Chamberlin, 1978). Unbeknownst to me the more radical aspects of the movement, such as flying squads, had been barred from organizing/radicalizing inmates in the hospitals, and to a large extent had been neutered by considerable backlash encountered through decades of cooptation, and assault by funding bodies and the psychiatric profession (Chamberlin, 1990; Coleman, 2008, Crossley, 2006; Morrison, 2000; Shimrat, 1997).

1.2: The c/s/x movement in historical context:

The first activist roots of the c/s/x tradition built upon the protest cycle of the 60s and adopted the master frames of earlier movements such as the civil rights movement, anti-prison movement, and gay-liberation. In some ways, however, the c/s/x movement took a harder stance than many of these predecessors since it sought to go beyond the “rights-based” focus of some other movements and was in general committed to the abolition of Psychiatry as it then stood (Frank, 1979). In the “Position Paper of the Fourth Annual North American

Conference on Human Rights and Psychiatric Oppression" (1976), conference participants agreed on a number of basic principles of rights: the right to commit suicide; the right to self-determination and to act in any way that does not impinge on the rights of anyone else; and condemnations of psychiatric practices including (but not limited to) involuntary committal, voluntary committal without informed consent, and most psychiatric treatments including shock therapy and neuroleptic treatment (Frank, 1979). The thrust of the document appears to be summed up in the following statement about what those attending believed is the result of psychiatric intervention and treatment for the people who suffer it:

> …it feeds on the poor and the powerless: the elderly, women, children, sexual minorities, Third World people, and it creates a group of people who are dependent, stigmatized and easily manipulated (Frank, 1979:112).

This statement, made by people who are obviously empowered enough to resist psychiatry, having survived it, recognizes that many others with similar histories/biographies have not been so fortunate. The statement is perhaps prescient in that, if true, it hints at a potential problem source for the movement as it evolves: the mass of disempowered, dependent, stigmatized people who are easily manipulated by their torturers, the psy professionals.

The primary way that people are disempowered, made dependent and susceptible to manipulation by psy professionals is through the inculcation of a type of "learned helplessness" or "colonized mentality" in which the subject's agency is removed by an oppressor (Freire, 1970). Farmer (2004) argues that this is a process of "[s]tructural violence…exerted systematically—that is, indirectly—by everyone who belongs to a certain social order: hence the discomfort these ideas provoke in a moral economy still geared to pinning praise or blame on individual actors” (307). This ‘helplessness’ is learned, or reinforced, through encounters with social institutions like the mental health (MH) care system that continually reinforce the low self-worth of diagnosed ‘deviant’ or ‘disordered’ individuals. Through paternalistic programs designed to ‘retrain’ psychiatrized individuals to accept a lifetime of menial jobs and exploitative volunteer labour programs, MH contributes to disempowering its subjects not only by making them fearful and distrustful of others, but also by teaching a deep-seated doubt in their own abilities to cope with life’s ups and downs. Removed from social networks by stigma, trained to distrust other people with psychiatric histories, and to doubt their own abilities, many become dependent on social service providers and MH workers to manage even the most basic daily routines. Most programs designed to ‘help’ psychiatrized people negotiate social reality reinforce the discourse of disempowerment and promote helplessness in the sense that participation in one’s own life must always be supervised—thereby removing the individual from society, marginalizing her and teaching her to value the scraps that are thrown to her by the system.

This kind of ‘help’ not only promotes helpless individuals, but through their disempowerment it leads to a state of hopelessness: “When it becomes a program, hopelessness paralyzes us. Immobilizes us. We succumb to fatalism, and then it becomes impossible to muster the strength we absolutely need for a fierce struggle that will re-create the world” (Freire, 2007:2). Similarly, Farmer argues that the “degree to which agency is constrained is correlated inversely, if not always neatly, with the ability to resist marginalization and other forms of oppression” (Farmer, 2004: 307). To effect a change then, this helplessness or hopelessness must be unlearned in order to promote an authentic empowerment that can lead to individual and collective gains in the area of true choices between treatment options (currently few and far between) and in the area of psychiatric rights within the current MH system. The ‘choices’ for persons with “mental health issues” (i.e. a diagnosis of mental disorder under Diagnostic and Statistical Manual of Mental Disorders[2] (DSM) categories, and a history of experiences with psychopharmaceutical intervention coupled with the often brutal somatic treatments that go hand in hand with drug therapy) are few because laws such as the Mental Health Act of British Columbia (MHA)[3] enshrine the primacy of psychiatric expert knowledge and an unshakeable faith in the efficacy of chemical ‘therapy’ (Breggin, 2008; Whitaker, 2002).

Clearly, the early and arguably most radical form of the c/s/x movement that emerged from those initial key conferences was all about reversing learned helplessness, and early groups stood as proud examples of its opposite. The radical thrust of the c/s/x movement in the 70s and 80s continued to build through local associations around North America, such as Vancouver’s Mental

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[2] The American Psychiatry Association’s controversial Diagnostic and Statistical Manual of Mental Disorders (DSM) remains the standard compendium of diagnostic criteria and recognized mental disorders used by psy professionals in North America (and increasingly internationally since the DSM itself has become an export of globalized psy-knowledge). The DSM privileges a biological reductionism that ties mental illness to purported ‘brain chemistry defects’ requiring psychopharmacological intervention, though this view has been widely criticized: Breggin (1991); Kutchins and Kirk (1997); Whitaker (2002; 2009).

[3] http://www.health.gov.bc.ca/mhd/mentalhealthact.html

Patients Association, Project Release in Manhattan, and the Mental Patients Liberation Front in Boston (Chamberlin, 1978). What radical groups had in common with each other, and what set them apart from today's "consumer-run" groups, is what Chamberlin called the separatist model. The separatist model excluded non-patients and professionals from all aspects of the services provided since they "interfere in consciousness raising…and usually have mentalist[4] attitudes" (Chamberlin, 1978: 86). In contrast, many so-called alternatives in the early years used the partnership model, where in theory professionals and non-professionals work together to provide services but hierarchical division is clearly defined (Chamberlin, 1978). Because of a number of historical factors, this latter model would come to displace the true alternatives to psychiatry that the separatist model and radical anti-psychiatric ex-patient groups pioneered.

According to Coleman, "[w]hile there are various political positions and critiques launched by consumers, survivors, and ex-patients (sometimes collectively designated by the term 'c/s/x movement), together they affirm a right to self-determination in the face of coercive treatments, and they seek to expose what they see as the scientifically suspect claims put forth by the pharmaceutical industry and institutional psychiatry" (2008:342). I agree in part, but the manner in which consumers, survivors and ex-patients articulate this position through

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[4] Mentalism or Sanism refer to attitudes that exhibit a prejudice for so-called "normal" states of consciousness and a disdain and sometimes outright persecution of those persons who have been identified through psychiatric labelling as holding "disordered" mental states: "Mentalism is a form of discrimination against people who are labelled as having a mental illness. Sanism is a system of discrimination that GIVES preferences to behaviours, and ways of experiencing the world, and calls them 'sane.'" (CMHA, 2011)

their actions takes divergent forms often grouped around either radical challenges and critiques or timid requests for reform.

Certainly, early groups such as the Mental Patients Association show the legacy of anti-capitalist (anti-imperialist as it was known) ideological frames. A sociological study on Vancouver activism undertaken in the 1990s called these analytic lenses collectively “political-economy injustice” frames (Carroll and Ratner, 1996). Specifically, the authors found that the political economic theory of injustice based in exploitative social relations was widespread across the social justice activist networks they examined. Moreover, Carroll and Ratner (1996) argue that:

> A political-economy injustice frame is elemental to counter-hegemonic politics: activism that pushes beyond conventional movement boundaries requires a common language and an analytical perspective that emphasizes the systemic and interconnected character of the various injustices and problems of late modernity. Viewed as a political project of mobilizing broad, diverse opposition to entrenched economic, political and cultural power, counter-hegemony entails a tendential movement toward both comprehensive critiques of domination and comprehensive networks of activism. Cross-movement networking and the framing of injustice in political-economic terms are means by which activists elevate their politics beyond single issues and local contexts (Carroll and Ratner, 1996: 616).

Gabriela Coleman (2008) notes that for many in the c/s/x movement, a thematic reframing of insanity by Martin Luther King, developed in a number of his speeches, has a deep resonance:

> In short, he suggested the path toward liberation lay in embracing madness. In future speeches he would expand on this message, urging audience members to stand maladjusted in the face of racial discrimination and segregation, religious bigotry, militarism, and physical violence. For example in a speech delivered in 1965 at the University of Western Michigan, he proclaimed, “I am proud to be maladjusted…I say

> very honestly that I never intend to become adjusted to segregation and discrimination." For African-Americans to adjust to the unquestioned norms and laws of racial segregation was in fact to inhabit the territory of true madness. To achieve justice and freedom, King ostensibly sanctioned the embrace of "madness" and thus, in turn, diagnosed the norms of society as mad (344).

The activities of MindFreedom stand as good example. Listed on their website is an upcoming event to coincide with the release of the APA's DSM-V on May 5th 2012. Called the "million mad march", it is billed as a "boycott of normality." Participants are encouraged to "practice creative maladjustment" in their protest techniques (http://www.mindfreedom.org/events_sf).

The reclaiming of madness as authentic human experience is just a beginning. In the course of challenging the authority of organized psychiatry, the science behind treatment regimes, and the very power to define "normality" both come in question. The methods various groups take vary but most appear to gain from an identity formulation that allows pride in the madness that indirectly or directly has defined their lives.

Some intertwining phenomena of interest that will be explored in the current study on the MHPAG are the discourses of mental illness and the c/s/x movement. These phenomena both come under the problematic umbrella of normative constructions of mental health. Currently the social power to define what constitutes knowledge about mental health, and by extension, mental illness is held by the psychiatric profession and allied mental health or 'psy' disciplines. Underpinning the mainstream causal theory of mental illness is the belief that it arises as a result of, at root, some defect in the biological functioning of an individual (Whitaker, 2002). A person so afflicted may be able to lead a relatively normal life until some life crisis or other trauma provokes the long dormant disorder to emerge. These disorders are diagnosed by psychiatrists based on an individual's 'inappropriate' behaviour in the community, and they are made according to the discipline of psychiatry's own internal criteria, as enumerated in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Kutchins and Kirk, 1997). The DSM is non-etiological but is based on the premise that mental disorders share a common cause of chemical imbalance in the brain transmitter system (Whitaker, 2009). As a result the discourse promoted by the use of the DSM, as representative of biogenetic psychiatry, excludes social factors such as structural inequality from the etiology of mental disorders. It positions the diagnosed individual as the centre of blame due to either genetic defect or some other organic causal vector.

Psychiatric survivors and Anti-Psychiatric intellectuals and scholars challenge the biological basis of mental illness and charge instead that, despite biological features, mental illness is best understood as a social phenomenon. In this light mental illness can be conceived as a reaction to dysfunctional interpersonal relationships, a response to the alienation experienced in the workplace under capitalism, or to any untenable situation that threatens the integral identity of the individual, such as the experience of war or other violence. Alienation, for our purposes, will be as Marx (1978) outlined it, albeit with some modifications. According to Marx, what makes human beings unique – what allows them to identify with the physical world, with themselves and each other --

and what confers a sense of being part of a species in common is their material interaction with the environment. Let’s expand this to include the social environment, since humans come to know themselves through the reflection presented to them in interaction with the ‘other’ (Sullivan 1953; Burkitt, 1991).

Unfortunately, under capitalist relations of production, labour is merely a means to an end, traded for wages via a contractual relationship with a “boss” who stands above in status and power, and these wages are then traded for the commodities produced by other alienated humans. The mode of production facilitates instrumental relationships with labour and other people: indeed, “[c]apitalism, then, deforms basic human nature to Labour. This results in the productive activity that should be a pleasurable and rewarding experience, becoming the source and cause of all that is wrong in life” (Yuill, 2005: 132). For many the extreme alienation felt doing work of no apparent value, combined with the individualistic social forms of a consumer society required by a capitalist mode of production, creates a dissociation with the value of status-quo reality. Perhaps our ‘psychotic breaks’ are attempts to break free from the dehumanizing conditions of alienated labour (though an investigation into this experience of systemic alienation would require examining the entire structure of society and the vast profits made by a tiny few). A common feature of ‘survivor narratives’ is the denial of personal experience at the hands of psychiatrists and psy-professionals. Many c/s/x people I have shared stories with recount a similar ‘epiphany’ moment when they realized that their job may be part of a larger problem, and that maybe society is “just set up wrong” (MHPAG, 2009).

One of the primary functions of the neo-liberal state under advanced capitalism is to provide legitimacy for the system of accumulation and to coerce compliance if necessary (Marx 1978). If there were ever to be a link found between dehumanizing jobs, relationships and conditions that form the status-quo of capitalist social relations, a major transformative moment may occur. From the point of view of the system sustainers and those who profit most from current arrangements, this cannot be allowed to happen. If the existence of madpeople is indeed an indicator that social relations under capitalism are inhuman, unjust and in need of abolition, then the mad must be effectively silenced by discursive, chemical, physical, technological and social stigmatic interventions.

Often a refusal of a command at work or school can be enough to bring someone to the attention of the psy-professionals. Since society functions best when at its most "efficient," workers demanding rights, rejecting dangerous work, or refusing to accept abuse from bosses and coworkers, can be seen as 'unstable' and sent to psychiatrists (Schrag, 1978). Farmer (2004) argues that a focus on structural violence by state, corporate or non-governmental actors can seem reductionistic but that "[t]he adverse outcomes associated with structural violence—death, injury, illness, subjugation, stigmatization, and even psychological terror—come to have their 'final common pathway' in the material." (308). Since the behaviours invoked in diagnosing a mental disorder are often merely refusals to follow convention or conform to employment or other behavioural norms attenuated to system needs, many psychiatric survivors and anti-psychiatry scholars argue that the definition and treatment of mental illness under the status quo ‘medical model’ are forms of structural violence used as a method of social control. Psychiatric interventions are largely arbitrary attempts to silence alternative ways of seeing and being human (Chamberlin, 1978, Foucault, 1965, Rose, 1998; Shimrat, 1997, Szasz, 1970). The silencing of psychiatrized people has the effect of removing potential nuisances who have refused work, rejected convention or defied norms to a marginalized position of being “mentally disordered” and “under treatment.” Simultaneously, such acts of silencing promote the social control agents of structural violence as experts who are discharging a moral, compassionate duty to care for those who cannot care for themselves. Finally, they remove the credibility of the madperson, leaving only one discourse of mental health/illness, and experience of symptoms supreme.

A response inspired by the legacy of early c/s/x organizing is embodied in the many groups of people marginalized by psychiatric intervention who have chosen to fight back against stigma and agitate for change. Not satisfied with discourses of ‘choice’ when confronted with involuntary care and committal, these groups have embraced the ‘madness’ of non-conformity to medicalized, responsibilized constructions of the ‘good’ neoliberal citizen. Peer groups organized around social justice issues and empowerment seek to construct new forms of social relations in real time on a sustainable scale, and network with other such groups in the name of direct democracy and an end to injustice in all its guises. Another important tactical shift or drift is the reconceptualization of engagement in practical activity that both empowers collectively and individually, and stresses the contested field of bodies:

> From the methodological point of view, this shift provides us with an interpretive framework that is internal to these processes and allows us to understand labour not only from the standpoint of productive activity (as economic activity), but also in a framework that integrates affective, communicative, and vital aspects, which is to say, ontological elements. These elements turn life and productive activity into a single and interwoven whole and a single effective reality. (It must be noted that it is extremely important to take on this interpretive standpoint—from labour to biopolitics—because it allows us to face up to a series of central problems, such as social reproduction and questions raised by feminism, and to include and treat them within a common discursive fabric.) (Negri, 2008:63)

As I noted above, many madpersons are marginalized from the workforce so the office or shopfloor cannot be an effective site of resistance. Similarly, hospitals generally take a dim view of attempts to organize and/or ‘radicalize’ their in-patients. Because of these challenges, and since the treatments for social problems such as mental illness are articulated on actual living bodies, the site to contest the rhetoric, discursive frames, and material, physical and spiritual intervention is in bodies in common: the social reimagined, embodied in emergent forms of social relations such as peer-support and mutual aid. If we can generate effective forms of solidarity in small peer-groups, our actions open a space for the practice of creative maladjustment, and for the fashioning of social relations based in dignity and respect that could represent a better model upon which to base not only psychiatric care and treatment, but society in general starting with the mode of production.

1.3: Neoliberalism and its effects on c/s/x activism.

I opened this thesis with a germane quote by sociologist C. Wright Mills (1959) about how public issues and personal troubles are dismissed as being rooted in psychiatric problems of individuals. Mills' words are especially relevant if we take as an example the common discourse being deployed by the three levels of government with regard to the problems of 'street disorder', homelessness and poverty-related crime in the downtown eastside (DTES) neighbourhood of Vancouver, British Columbia. These discourses are focused around issues of individual responsibility and seek the power to 'clean up the streets' by expanding the definitions of mental illness to include drug use and homelessness (BRE, 2007; Bailey, 2008). In increasingly neoliberal capitalist social relations, there is, in the great neoliberal champion Margaret Thatcher's words, "no such thing as society, only individuals and families" (Thatcher in Curtis, 2006). This belief encapsulates Mills' critique of hand-waving away social systemic problems and pinning all responsibility on individuals and families by invoking the 'psychiatric'.

Miller and Rose (2008) argue that this ideology is a style of 'governing without governing,' in which managers expect "to govern through regulated choices made by discrete and autonomous actors in the context of their responsibilities to families and communities" (2004:84). More often than not the specter of mental illness is used to make this absurd proposition seem just. Individuals are believed to be the arbiters of their own destinies even while systemic forces all but guarantee that very few individuals have the opportunity to make so-called ‘good choices’ like attending a top-tier business school and going on to a stellar career in the ruling or coordinator class of the global elite. According to neoliberal cheerleaders, that most of the ‘social-mobility’ success stories originate from the coordinator or ruling classes is merely a coincidence. Individuals who cannot make the good choices must have a mental illness. Who wouldn’t want to go to Harvard business school? Never mind the ‘opportunity costs’ because the neoliberal citizen is free to make any choice they desire (in theory). So individuals who make so-called ‘bad choices’ have ended up with mental illness, no home, no job and perhaps an attendant drug addiction and minor criminal record for such marginal crimes as vagrancy, jaywalking or survival crimes (prostitution, stealing food, minor property theft).

.Similarly, the discourses and institutional reorganization that came on the heels of a public shift in governance from the Keynesian Welfare State to the Neoliberal State championed by economists like Milton Friedman, and politicians like Margaret Thatcher and Ronald Reagan began to shape how resistance to psychiatry could be practiced (Chamberlin, 1990; Coleman, 2006; Crossley, 2006). Under the Keynesian governance model, groups agitating even for ‘radical change’ could access funding from government sources to provide alternatives to the MH system or even for consciousness-raising initiatives that were starkly anti-psychiatric (Chamberlin, 1978). As neoliberal discourse penetrated psychiatry, MH got rebranded as a commodity to be ‘consumed’ by those with MH diagnoses: “In the name of social and personal well-being, a complex apparatus of health and therapeutics has been assembled, concerned with the management of the individual and social body as a vital national resource” (Miller and Rose, 2008: 199). Psychiatry and psy-professionals became the core of an emergent MH industry raking in billions annually and promising to have the answers for the “’problems of living’, made up of techniques of advice and guidance, medics, clinics, guides and counsellors” (Miller and Rose, 2008:199). The funding for initiatives undertaken by the more radical groups in the c/s/x movement was redirected towards groups who took on the identity of concerned ‘consumers’ who wanted representation on local health boards and to have their voices heard on matters of interest to the c/s/x/ community in general. In order to compete for a shrinking pool of available funding, successful groups excised the most radical members and content of their activism, choosing to adopt a reformist rather than revolutionary approach (Crossley, 2006). Many once radical groups became neutralized by the bureaucratic need to continue to access monies to keep their services running.

These and other factors led, unfortunately, to a changing landscape in which local social justice groups organizing around injustice in the MH system have become susceptible to cooptation by service providers and structural agents promoting the hegemonic neoliberal reframing of MH, including dominant ‘expert’ vs. local knowledges associated with mental health/illness and discourses dominated by ‘appropriate’ treatment ‘choices’ and options.

1.4: Historic Example of Cooptation—MPA:

The Motivation, Power and Achievement Society (MPA) of British Columbia is perhaps the best example of how a truly grassroots progressive movement for change within the MH system has lost its ‘political economic frame’ and been steadily co-opted with the neoliberal discourse of ‘consumer rights’. The discourse of consumer rights reifies mental health as a commodity that one consumes in the form of therapy—involuntary committal, neuroleptics, shock treatments, and so forth. The idea of consumer rights presupposes choice of treatment and ability to make informed choices regarding care. Considering that most psychiatrized persons’ first contact with the MH system involves a period of involuntary committal in which no informed consent is required and treatments are assigned by ‘expert’ psychiatric personnel without patient input, the rhetoric and discourse of consumer rights within the MH system are logically inconsistent with the actual practice of the system.

The mission statement on the MPA website reads “Empowerment in Mental Health since 1971” (http://www.mpa-society.org/) which is a disingenuous attempt to link their current modus operandi in the field of ‘empowerment’ with that of the founding members. The MPA was originally a radical ex-patient peer-support group (called the Mental Patients Association) formed in response to problems experienced by ex mental in-patients during the rapid deinstitutionalization of the Province of British Columbia’s state mental institution, Riverview Hospital in Coquitlam (Morrow and Jamer, 2008). Founding members like Lanny Beckman were informed by anti-psychiatric and Marxian inspired injustice frames:

> Those concerned about free trade will be relieved to know that Canada-U.S. trade in the psychiatric sector has traditionally been unrestricted. Mental Illness is manufactured, patented and packaged in the U.S by the American Psychiatric Association (APA), and is imported tariff-free into

> Canada. Here, it is administered by the APA's branch plant, the Canadian Psychiatric Association. There is neither a Canadian DSM nor a Canadian edition of the APA manual (Beckman, 1989).

The MPA was open to all recently deinstitutionalized patients’ viewpoints and approaches to the MH system. The group formed in response to the official policies outpatient groups in the community promoted through their professional staff. These policies included requirements for members to not associate with one another outside of their outpatient group meetings (Chamberlin, 1978).

However, as members disappeared due to suicide or other unknown causes, concerned members exchanged phone numbers in secret and began the process of peer-support to combat the alienating tendencies of the MH system (whether in the asylum or the community). Six years after formation, the group was operating a drop-in centre and several group homes, and provided social and recreational activities (Chamberlin, 1978). The original MPA was committed to principles of mutual aid, peer support, and envisioning and provisioning of true alternatives to standard ‘care’ in the biomedical MH system. As Chamberlin (1978) observes, the original MPA was the largest organization in her detailed North American study that came close to consistently following her seven core values for a truly empowering alternative to the MH system:

> 1. The service must provide help with need as defined by the clients
> 2. Participation in the service must be completely voluntary
> 3. Clients must be able to choose to participate in some aspects of the service without being required to participate in others.
> 4. Help is provided by the clients of the service to one another and may also be provided by others selected by the clients. The ability to give help is seen as a human attribute and not as something acquired by education or professional degree.

> 5. Overall direction of the service, including responsibility for financial and policy decisions, is in the hands of service recipients.
>
> 6. Clients of the service must determine whether participation is limited to ex patients or is to be open to all. If an open policy is decided upon, special care must be taken that the nonpatients do not act oppressively toward the ex-patients. In other words, such a service must be particularly sensitive to issues of mentalism (as previously defined).
>
> 7. The responsibility of the service is to the client, and not to relatives, treatment institutions, or the government. Information about the client must not be transmitted to any other party without the consent of the client, and such information must be available to the client.

Since Chamberlin's book *On Our Own* (1978) was published, the province of BC has made it harder to secure funding for alternatives, especially for groups with a political stance critical of the MH system. Over time the MPA made concessions to try to maintain funding and was slowly overtaken by experts and service providers who now, in the name of 'empowerment' and 'consumer choice', extort their 'clients' using fear and intimidation (MHPAG, 2009).

Anti-psychiatric intellectuals like Breggin (2008), Healy (2005) and Szasz (1970) have long problematized both the authority of psychiatry to produce knowledge about such a subjective inner state as madness, as well as the treatments employed and excuses used or authority claimed to effect them. Szasz (1970) observed that the patient/clinician relationship could be nothing other than unjust based on the fact that the patient has been stripped of rights and cannot legally enter contracts. Breggin (2008) and Healy (2005) have looked in depth at both the legitimacy of psychopharmacological intervention and the validity of so-called 'discrete' disorder categories. More recently Whitaker (2002; 2009) has analysed the so-called 'epidemic' of mental illness from the point of view of a sceptical outsider following the money. As Whitaker found, not only are the majority of studies commissioned by Pharma companies deeply flawed, but many reveal that a great deal of prescription drugs do not do what the makers claim—in many cases they make patients suffer worse long-term outcomes (2009).

Thanks to brave souls like the above, and many more I have not the space to include, c/s/x groups have been finding germs of hope for drug-free recovery, for a future without psychiatry, and for a restoration of their personal experiences—long denied by a designation of madness—as legitimate and true. This symbiotic relationship between anti-psychiatry and c/s/x activism has allowed for the development of common frames of reference. But it can also cause friction. Today, anti-psychiatry is often erroneously conflated with Scientology because of the campaigning of the Citizens Commission on Human Rights.[5] I myself have been accused of being a Scientologist when identifying as anti-psychiatric. Indeed, most genuinely anti-psychiatric sources now have to take pains to dissociate from Scientology.[6]

As the following words by Edward Said suggest, although he was referring to the plight of the Palestinians, there is good reason why the MH system does everything in its power to discourage persons with ‘mental health issues’ from

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[5] The CCHR is for all intents and purposes a human rights organization devoted to stopping human rights abuses in psychiatric care. It is, however, a front page for the dissemination of Scientology: http://www.cchr.org/

[6] This list of anti-psychiatric resources “does not endorse the CCHR” http://www.antipsychiatry.org/

congregating, sharing their experiences and developing common frames of reference:

> In the case of a political identity that's being threatened, culture is a way of fighting against extinction and obliteration. Culture is a form of memory against effacement…But there is another dimension to cultural discourse—the power to analyze, to get past cliché and straight out-and-out lies from authority, the questioning of authority, the search for alternatives. These are also part of the arsenal of cultural resistance" (Said, 2003:159).

The original Mental Patients' Association was an experiment in cultural resistance and for some time they successfully provided alternatives to the mainstream mental health system. However, for reasons only now being fully explored[7] or explained by the consumer/survivor movement literature, the MPA became co-opted by the individualistic discourses of consumer rights, and consumer choice. The challenge for new groups like the Mental Health Political Action Group is to keep in mind the lesson of the MPA with a view to understanding any such co-optation as it is happening, in order to ensure that any new directions taken actually reflect the founding ideals, and the politics and desires of the current membership. In the past, many theorists of social movement activity, organization and success or failure have not managed to deal with the complexity of the c/s/x movement and its multi-sitedness (especially the biopolitical). Nor have they managed to create documents of use to c/s/x activists in practical situations or to provide strategies to resist cooptation.

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[7] An upcoming project on the MPA,being undertaken by Megan Davies, Marina Morrow, Geertje Boschma and Lanny Beckman should shed more light on this vexing problem. See http://www.youtube.com/watch?v=bGoVljuErc4

1.5: Theoretical Underpinnings

While activists and researchers may draw from theory to help understand how to prevent such cooptation, much recent contemporary social movements theory suffers from an addiction to the liberal terms, models and formulae of the past: centralized networks featuring a command hierarchy and system of mobilizing support based on ‘political opportunity’ on an issue-by-issue basis. Crossley’s (2006) work on the history of the psychiatric consumer/survivor movement in the UK is a good case in point. While Crossley is able to construct an elaborate model of networking between and across the consumer/survivor divide, the model is freighted by rational choice theories of human behaviour. Despite his criticisms of the limitations of the models upon which his analysis depends, the new model serves as an arcane snapshot of what activist networking looked like at given time-periods. Crossley’s model is not grounded in practical active engagement with activists, and as such it does not offer much in the way of practical means of avoiding cooptation by system operators like psychiatrists and so-called ‘family’ groups[8]. Moreover, the rational choice aspect of how groups negotiate the ‘field of contention’ to expand their influence or access funding fails to account for occasions where groups turn down funding opportunities to preserve political integrity. This tendency may result from an

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[8] Family groups like the BC Schizophrenia Society (BCSS) http://www.bcss.org/category/resources/family-friends/ are committed to the tenets of the biomedical model of mental illness and remain convinced that afflicted family members will only get well by taking medications, acknowledging themselves to be “broken,” and striving for an ill-defined ‘recovery’ from their condition via medication compliance and abstinence from alcohol and other drugs. While this view of recovery may be helpful to some, many survivors of psychiatric abuse see groups like the BCSS standing in the way of dialogue on alternatives to status-quo biomedical interventions and long-term neuroleptic pharmaceutical use.

excess of postmodern theorization of decentralized power relations—often attenuating the effects of power to a point where it no longer exists as a tangible experiential process:

> This imagined postmodern, borderless world (Appadurai 1991) is, in fact, a Camelot of free trade that echoes the marketplace rhetoric of global capitalism, a making of the world and social science safe for “low intensity democracy” backed by World Bank capital. The flight from the local in hot pursuit of a transnational, borderless anthropology implies a parallel flight from local engagements, local commitments, and local accountability. Once the circuits of power are seen as capillary, diffuse, global, and difficult to trace to their sources, the idea of resistance becomes meaningless. It can be either nothing or anything at all. (Have we lost our senses altogether?) (Scheper-Hughes, 1995: 417).

In response to this tendency, Scheper-Hughes urges us to reengage and recontextualize the local in the broader systems of globalizing power relations by becoming ‘negative workers’:

> I want to ask what anthropology might become if it existed on two fronts: as a field of knowledge (as a “discipline”) and as a field of action, a force field, or a site of struggle. Anthropological writing can be a site of resistance. This resembles what the radical Italian psychiatrist Franco Basaglia (1987) called becoming a “negative worker.” The negative worker is a species of class traitor—a doctor, a teacher, a lawyer, psychologist, a social worker, a manager, a social scientist, even—who colludes with the powerless to identify their needs against the interests of the bourgeois institution: the university, the hospital, the factory (Scheper-Hughes, 1995: 419-420).

As social scientists we can achieve these ends by reimagining ourselves and our positions in the circuits of communication that often reproduce the dominating power-over social relations of neoliberal capitalism. We can revise our role in the production of knowledge as belonging to ‘order’ or ‘change’ theoretical orientations—that is, status-quo maintaining or challenging (Sears, 2008). An interesting way to conceive of intellectual production in the increasingly industrialized setting of the corporate university is to imagine that our knowledge work takes place in these ‘circuits’ of communication. These circuits can be seen to be regulated by disciplinary gate-keeping institutions such as association-sponsored journals and conferences, and by practices of tenure-track promotion that tend to reward ‘order’ or ‘administrative’ theoretical and empirical work that can be used by system administrators to advance their technocratic goals. If we consider that as academics we are ‘embedded’ in the academy, we are in a prime position to recover the concept of Gramsci’s ‘organic intellectual’ by shifting it to a ‘machinic’ orientation. According to Gramsci (1971), all productive activity, from which no human activity can ever be abstracted, involves both a technical know-how and intellectual capacity for creative thought. This leads him to conclude famously that: “All men are intellectuals, one could therefore say: but not all men have in society the function of intellectuals” (1971:9). The problem is that the education system, in Gramsci’s view, was originally designed to spread the hegemony of ruling class ideas by ideologically colonizing existing intellectuals, and by creating ‘organic intellectuals’ who serve the function of maintaining and promoting the dominant ideas that support the status quo social relations of power in a given society. His solution is to promote the development of a new kind of ‘organic intellectual’ through technical education provided by labour organizations:

> The problem of creating a new stratum of intellectuals consists therefore in the critical elaboration of the intellectual activity that exists in everyone at a certain degree of development, modifying its relationship with the muscular-nervous effort towards a new equilibrium, and ensuring that the

> muscular-nervous effort itself, in so far as it is an element of a general practical activity, which is perpetually innovating the physical and social world, becomes the foundation of a new and integral conception of the world (Gramsci, 1971: 9).

However, in order to prevent vanguardist and interventionist tendencies by well-meaning intellectuals from the academy or elsewhere who sympathize with marginalized or oppressed groups struggling to form an ‘integral conception of the world,’ it is necessary to modify this concept.

> The machinic intellectual is a knowledge worker embedded in circuits of communication that can operate as a switch: The machinic Intellectual also does not represent: it is not an external synthesizing mechanism determining the true interests of a people. Rather it is more of an immanent translator, an exchanger as Foucault puts it, and attractor. Keeping with the circuitry concept, we could also add: conductor, amplifier, resistor, insulator, capacitor, incapacitor, integrator, modulator, even circuit breaker. Finally, drawing from Guattari and Deleuze, machinic has an affective component that addresses the role of desire and transversals. Collectives are produced “not through representation but through affective contamination.” (Bratich, 2008: 148)

The knowledge produced during my ethnographic collaboration with MHPAG has been written up for multiple audiences, both academic and activist, and as a result of this ‘affective contamination’ it helps to bridge the gap between the academy and activists working in the change register of social theory and praxis.

Such affective contamination, aided by the efforts of ‘barefoot’ anthropologists, ‘militant’ ethnographers, and ‘machinic’ intellectuals, can help to prevent cooptation of movement activities by system operators. In the case of the psychiatric survivor movement, the radicalism of the late sixties and into the seventies was spun into individualistic concerns of ‘consumer choice’ without much reflection about what ‘choice’ represented:

> Indeed, at first blush, the ascendancy of consumer advocacy in the 1980s and the marginalization of survivors and ex-patients seem to provide an apt example of David Harvey's recent insight that "[a]ny political movement that holds individual freedoms to be sacrosanct is vulnerable to incorporation into the neoliberal folk" (2005: 41). (Coleman, 2008:343)

Much work still needs to be done within the c/s/x movement to start reframing debates about consumer choice, especially as it relates to biomedical interventions that are often forced and require no informed consent on the part of the patient. The radical thrust (embodied in such international groups as MindFreedom International[9] and national groups like the Icarus Project[10] in the US) of the movement in general has managed to survive the neoliberal reframing of 'self-determination' into 'consumer choice'. This has been accomplished largely by a tactical deployment of inclusive discourse, and by engaging with hard-core 'consumers' in the spirit of mutual-aid and cooperation around organizing for psychiatric rights and true choices in treatment alternatives. As Coleman (2008) argues,

> Since the mid-1990s, survivors have demonstrated their ability to stand the test of time, remaining relevant by building extensive alliances with more moderate political activists, by reemphasizing more inclusive political vocabularies, such as those of disability rights, by tactically shifting messages, and by entering a territory—the neurochemical basis of mental illness as formulated by mainstream psychiatry—where few others were willing to venture. (343)

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[9] Mind Freedom is an international group who operate a website, appear at international conferences, advocate on behalf of persons involuntarily treated and disseminate information about treatment alternatives. They strive for a "non-violent revolution in mental health" http://mindfreedom.org/

[10] The Icarus project is a network of survivors of "extreme states of consciousness" and psychiatrization. They seek to open a space for the freedom to experience such extreme states free of psychiatric intervention though they are open to all including those who advocate the use of medications. The common ground participants share is a commitment to going "beyond the medical model" http://theicarusproject.net/about-us/icarus-project-mission-statement

Survivors have stood the test of time and are only hampered in their relevance by the continuing struggle over language within and without the movement. We are in a situation now where to be anti-psychiatric may mean that a group is automatically dismissed as 'scientologist' (see page 21 above), in the way similar to how the 'radical' label is applied to marginalize, and sometimes this is solely dependent on the agility of a group's 'inclusive discourse' and dogged focus on rights.

1.6: The Vancouver c/s/x activist scene at the creation of MHPAG in 2007

In the fall and winter of 2007 there were two excellent examples of c/s/x activism in Vancouver that to some extent had sustained a measure of radical politics while also securing funding dollars and alliances with more moderate consumer groups. Both the West Coast Mental Health Network (WCMHN)[11] and the Gallery Gachet (GG)[12] are "survivor-run" groups that offer a range of services to members designed to promote recovery, challenge stigma, and educate the public. Both groups balance on a tightrope of what kind of activities they can actively promote, since their funding support may hinge on non-involvement in crucial tasks such as advocacy. The WCMHN, for example, could lose its charitable status if its politics vary too much from the more moderate goals of awareness-raising and promoting wellness and as such the network remains

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[11] The West Coast Mental Health Network offers peer-support through a number of groups and activities, promotes recovery through access to information and referral services and is run "for and by those who have experienced treatment in the mental health care system" http://www.wcmhn.org/index.htm

[12] The Gallery Gachet is a survivor-run art gallery which offers access to computer and desktop publishing services to members, space to exhibit artwork, workshops, educational opportunities and the opportunity to learn how to administrate a gallery through required service on committees. http://gachet.org/

largely apolitical. The GG, on the other hand, is free to challenge through art many of the injustices its members see either in psychiatric treatment or in society in general; but great internal schisms occur regularly within the GG's collective structure on the basis of political orientation (Vogt, 2007). It was dissatisfaction with both of these groups that led some of the more radical psychiatric survivor activists in the Vancouver area to found the Mental Health Political Action Group in the Fall of 2007.

To try to head off some of the political infighting over language that had, in the past, plagued not only the WHMHN and GG but many other potential start-up groups, the original MHPAG members drafted a basis of unity document meant to be as inclusive as possible while preserving the radical focus of the group. The document is a good example of how we have had to frame our activity in inclusive terms. This document is a tactical and tentative ever-shifting visioning statement designed to orient our political responsibilities to one another:

> Mental Health Political Action Group Basis of Unity
>
> There is no definition in what it means to have had encounters with the mental health system, also as people we are free to express ourselves however we choose to do so in relation to the mental health system. We also accept the right of people to choose how they seek treatment if at all. It is important as a group of people who are constantly having our lives defined by other people to let us define ourselves how we wish to in relation to the mental health care system (MHPAG: 2007).

Until I 'came out' as a psychiatric survivor, I was someone who for all outward appearances could pass for 'normal'. When I began to speak in classes from my new standpoint as a psychiatric survivor I began to 'make the personal political' as anti-psychiatric theorists like Burstow (2005) were exhorting me to do. At first I felt that by embracing my psychiatric experiences and casting them as form of state sanctioned violence and social control I had ‘survived’, I was liberating myself from the remnants of the discursive chains the mental health team had clasped my mind in. It soon became apparent that I was taking a stand on treacherous ground. Many of my student colleagues have been indoctrinated, as I was, to believe in the power of reason, of rationality and the abhorrence of emotions and irrationality. No matter how well reasoned my arguments in classroom discussions, when I would question the biological basis of mental illness, I would often be dismissed out of hand for having a biased, and therefore emotional and non-rational view of mental illness. The classroom situation, like the clinical setting, is one in which challenges to the received wisdom of psychiatry are looked on with suspicion.

During my first semester of graduate school I was given an opportunity to interview members of the Gallery Gachet. As mentioned above the GG is a survivor-run artists’ collective located in the Downtown East Side of Vancouver. It is known for promoting Mad Pride events each July and providing a forum for social critique through art. Even the Gallery, however, is limited in its scope and effectiveness, as I found during the course of research I did with the collective. There is a real split down the middle of the collective when it comes to survivor/consumer politics that literally tears the collective apart every few years. “When people no longer feel that the collective is benefiting them or when people are not engaged in the principles of mutual-aid they often leave” (Vogt 2007:16). Through the course of my research with the collective I realized that since I was not an ‘outsider artist’ my opportunities to do survivor activism with them were slim. It was on the advice of one of the collective members that I attended a meeting of the MHPAG.

Through my interactions with this powerful collective symbol of what marginalized persons can achieve when they organize in a spirit of mutual-aid and peer support, I learned of a newly forming c/s/x activist group in my area. I was still searching for a connection to the ‘movement’ since my lone attempts at survivor activism had been largely frustrating at best, and at worst were alienating me further from potential friends and colleagues. The first meeting I attended was instructive in revealing to me how my university education places me in a kind of alienated unreality compared to the understanding of people less educated. At times I had trouble following the flow of discussion because I was unfamiliar with colloquial patterns of speech and the logical systems of common sense understanding. Additionally, because I was scribbling periodically in my field notebook, I was looked on with suspicion. This prompted me to reveal my common experience as a psychiatrized person and that I am dedicated to advancing the rights of the ‘mentally ill’ in Canadian society. Reassured, the group got me up to speed on their previous meetings and agenda items. I was reminded of similar efforts reported by Chamberlin (1978) by groups in the United States. I asked the group if they had heard of either Chamberlin or other mental health rights projects. The organizers informed me that they were in fact not aware of these previous attempts, and they would like me to describe them to them. I met with the informal chair of the group at a coffee shop near my apartment and brought Chamberlin's (1978) book as well as a mini-bibliography of what I thought were useful readings. I informed her that our list of rights would have to be consonant with the Mental Health Act (MHA), Tenancy Act (TA) and related legislation, but that the format of the other group's pamphlet could be of use in assisting us produce our rights cards (see Chapter 3). One of the major member concerns coming out of the first meeting I attended was in regard to the right to a review panel in cases of extended leave. According to the MHA, a person on 'extended leave', a period of monitored, conditional release from hospital into the community, has a right to have their case reviewed "following the completion of the Second Medical Certificate" (MHA, 2005). This period of time generally coincides with two months of a combination of inpatient and outpatient treatment. A group member was very concerned that she was being forcibly drugged and had had her child removed from her custody. She demanded to know her rights and how she could remedy her situation. As a group we consulted various online sources of information regarding the MHA and informed her that she had the right to request a review given the length of time she had been on extended leave. She simply needed to fill out the appropriate forms. I recounted how, while in hospital, I had successfully obtained a review panel and was released following the expiry of my Second Medical Certificate, but that I had received help from an advocacy society with the forms and procedures involved.

I was amazed to find out that a published psychiatric movement activist was technically a member of our group, although she had not been present at any of the early meetings I went to. Irit Shimrat, author of *Call Me Crazy: Stories* *from the Mad Movement* (1997), an accomplished mad movement organizer, reportedly had attended the first two meetings of our group. My initial interest in the group was to try to find the mad movement by direct involvement in local survivor activism. I had hoped to find evidence of a broad network of survivor groups, in short, a coherent movement that I could see myself part of. But as the next few chapters will document, this landscape has remained frustratingly hidden .

Chamberlin (1978) described a Vancouver landscape that was dotted with radical survivor groups like the Mental Patients' Association and the Vancouver Emotional Emergency Centre. Shimrat (1997) described a survivor network in Ontario that, on a province-wide scale, assisted local groups to organize, disseminated information and attempted to create a discursive awareness of alternate views of mental health and illness. Because Chamberlin's (1977) seven core values of truly empowering alternatives to the MH system include a strict directive for any groups/activities/facilitators to be especially sensitive to issues around what she calls 'mentalism', to avoid reproducing the oppressive structures of the MH system, an examination of mentalism/sanism will be useful.

1.7: Mentalism/Sanism:

'Mentalism' or 'sanism' contributes to the disempowerment of 'sane' and 'insane' alike. It is best understood as the widespread belief of members of so-called 'normal' society that the reality as shown on television, and promoted in advertising, is the correct one. Take for example the fantasy that is readily accepted, that buying the latest gadget will improve one's 'lifestyle' and thus further one’s happiness. Never mind that studies undertaken by the World Bank and World Health Organization show that despite the apparent availability of ‘lifestyles’ (acquired through material purchases), incidence of what they call ‘common mental disorders’ is on the rise worldwide and is predicted to reach epidemic proportions by 2020 (WB, 1994; WHO, 2001). As Kutchins and Kirk (1997), Moynihan and Cassels (2005) and Whitaker (2002, 2009) outline, the apparent epidemic proportions of mental illness has gone hand in hand with modifications to the DSM, representing an increasing medicalization or pathologization of normal emotional states, and with marketing campaigns for disorders and drugs alike. Direct-to-consumer marketing campaigns in the US, and selected other zones like New Zealand, allow drug companies to sell a lifestyle of happiness dependent only on a chat with one’s doctor about a new wonder drug. Notwithstanding the “selling of sickness” and its apparent pharmaceutical cure, it is more probable that there is a problem with our current lived ‘reality’ than with the ability of increasing billions of human beings to ‘adjust’ to it. What good is a cellular phone or a Coca-Cola when you have lost the ability to provide for your family through the subsistence farming techniques practiced by your forebears for millennia? As Krishnamurti once remarked: “It is no measure of health to become well adjusted to a profoundly sick society” (Krishnamurti: http://www.krishnamurti.org.au/articles/krishnamurti_quotes.htm).

At MHPAG many of us found that we could not adjust to the social relations of production, and thus could not purchase our commodified identities in the way that ‘normal’ people are encouraged to do by the commercial elite. Many of us have internalized a deep sense of failure. We are bound by a sense that our experiences of reality have been far too painful given our fortunate births in the prosperous G-8 country of Canada. Through our marginalization by the psychiatrization process, we have been forced into contact with other historically marginalized groups and have found much common ground. The treatment of Canada's Aboriginal population and the institutional destruction of their cultures and peoples via residential schools and prisons is eerily familiar to the experiences of psychiatrized people who have had their identities and culture stripped from them and systematically broken through somatic, psychological and pharmaceutical torture. As a culture, the 'mad', if you will, recognize that we have already seen too much misery in the historic trajectory of the 'treatment and care' of our people so we scream "enough is enough":

> The starting point of theoretical reflection is opposition, negativity, struggle. It is from rage that thought is born, not from the pose of reason, not from the reasoned-sitting-back-and-reflecting-on-the-mysteries-of-existence that is the conventional image of the 'thinker'. We start from negation, from dissonance. The dissonance can take many shapes. An inarticulate mumble of discontent, tears of frustration, a scream of rage, a confident roar. An unease, a confusion, a longing, a critical vibration. Our dissonance comes from our experience, but that experience varies (Holloway, 2005:1).

This starting point offers a firm position of resistance to consumer reality and may be one from which sanism/mentalism can be exposed as a view of reality which is superstitious and fundamentally non-human (because it privileges commoditized identity over real human experiences).

Recognizing my own bias, I am informed by Marxian theory, especially Marx's theory of alienation, which is well articulated by Freire (1970), Holloway

(2005), Graeber (2009), and Negri (2008) and naturally my penchant for political economic theory and concepts influenced my participation with the MHPAG. My perspective also accords with Carroll and Ratner's (1996) finding, based on their work with intersecting local Vancouver social justice activist groups in the 1990s, that there is a consistent usage of political economic concepts and theory at the grassroots level.

Through a combination of qualitative methods, in the following chapters of this thesis I document the amazing contributions that a small peer-group of largely marginalized individuals can and did make. I also analyze some of the core challenges, frustrations and roadblocks that stood in the way of the MHPAG's aspirations. The "rise and fall" of the MHPAG marks a critical juncture in the ongoing history of mad activism in Vancouver, and in the broader international context.

2: METHODS

”It has become clear that every version of an ’other,’ where ever found, is also the construction of a ’self.’”

James Clifford, *Writing Culture: The Poetics and Politics of Ethnography* (1986:26).

Methodology and Praxis/Research process and experience:

In a nutshell the MHPAG's story is a very important one in the historical trajectory of consumer/survivor activism. It was a valiant attempt undertaken by a small number of marginalized people to construct anti-capitalist social relations in praxis and to work out the nuts and bolts in real-time. Though the experiment was successful in creating a safe, inclusive environment for learning, consciousness raising, self-expression and the construction of consumer/survivor praxis and group identity, the group’s non-hierarchical structure made everything we did so very complicated. Toward the end of the group’s tenure, it devolved towards more traditional structures of gendered power relations.

I started attending the MHPAG with no intentions of getting into a research mode with them since I am a person with ‘mental health issues’ and their concept of peer-support and consumer/survivor activism appealed to me on a directly personal rather than professional level. As the weeks and months wore on I realized I was a part of a very unique and amazing attempt to forge new identities in common, in struggle, both with our segmented identities as ‘mental health consumers/survivors’ and as activists advocating for change in the psychiatric system and related psy-disciplines of social control. As I came to grips with the enormity of our task -- namely, shifting public opinion and influencing policy decisions, with a small cadre of marginalized activists – I began to think of ways my research skills could benefit the group.

From the first meetings in late 2007 to November 2009 the group met to create mental health rights cards and to “brainstorm towards further actions” (MHPAG: 2008). Meetings were held at Vancouver’s Carnegie Centre, AKA the ‘Sandstone Lady’ or the ‘Living room of the Downtown Eastside (DTES)’. The Carnegie Centre is a city landmark, library and community centre. It has interesting fin-de-siècle architecture and was donated to the City of Vancouver by Andrew Carnegie after he made a fortune in the first logging boom. The fact that a building born of the rape of old growth forest now serves as a haven for people displaced by such practices is a bitter irony lost on most.

The group meets in the downtown eastside neighbourhood (DTES) of Vancouver BC and formed under the banner of “Action Group for Mental Health Rights” in December 2007 and rapidly built up a core membership of about 15 persons (of which perhaps 6 are consistent attendees at meetings). Additionally, the founding members came from a strong tradition of anti-poverty and other social justice community organizing and were keen to establish a non-hierarchical organizational structure that allowed for the maximum participation in the management of day-to-day group affairs. The non-hierarchical model the group adopted unanimously at the first meeting is a constantly-evolving process of leadership, with various members assuming greater responsibility for projects, booking meeting space and utilizing the phone list for meeting reminders, as well as overseeing group finances. A key early focus of the initial organizing team was to open a space for mutual aid and peer support. Most meetings took place in the Carnegie Centre's third floor classroom.

I attended all meetings as both member and researcher. Very early on I let the group know that I was doing a Master's project and I'd like to do something with the group. They were all very supportive and initially permitted me to take extensive fieldnotes. However, I noticed that when I did take extensive fieldnotes as the action was happening, I would be less participative. I eventually settled on a system of detailed fieldnote entries taken immediately after each group event or small group/one-on-one interaction. I had many one-on-ones with Diana[13] as we quickly became fast friends over the first year of my involvement with the group. Since we, despite our best efforts, were consistently the co-facilitators of group meetings we also became a de-facto steering committee outside the official group functions, often meeting for coffee and discussing what directions we'd like to see the group go. I also recorded these interactions as fieldnotes/observations and received verbal informed consent for their usage. I have verbal informed consent for the minutes as well as my fieldnotes of group activities. But as I was not able to get verbal informed consent for one-on-ones I had with group members besides Diana whom I'd met with outside of group, I can only include my own impressions of these meetings in an autoethnographic mode.

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[13] Pseudonyms are used to provide the maximum amount of anonymity to MHPAG members and other survivors we interacted with. Public figures stand named.

My original design, worked out with the MHPAG, called for a participant action research (PAR) endeavour based around a specific project of narrative history the group wanted to publish. The “Stories from Inside” project had come up in meetings following the successful completion of the rights cards (see Chapter 3) in November 2008. The aim was to give voice to consumer/survivor struggles in our local context to inspire others to ‘fight back’ against psychiatric labeling with evidence of psychiatrization and trauma experienced in the psy-system. Through such a project MHPAG felt that contributors would expose the abusive power relations of psychiatry and the psy disciplines and that the process of retelling their stories in their own words would allow them to take back their power and regain their dignity. The "Stories Project" was mired in difficulties of process and procedure, such as whether or not to ally with PIVOT[14] legal services, who had done a lot of work in the DTES neighbourhood. The thought was that such an alliance could give our project more of an impact and possibly provide some logistical support. The Stories Project ultimately did not get past the planning stages, but it still offered an opportunity for consciousness raising and collective reflection, and a chance to become directly engaged in counter discursive activism. It also allowed me to employ elements of Freirean pedagogy throughout the trajectory of group meetings. Because the project was designed to foster co-production of knowledge and a dialogue between so-called expert and local knowledges (Fals-Borda 2000), I utilized elements of the “Southern”

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[14] Pivot Legal Services is a pro-bono undertaking staffed by practicing lawyers, law students and a variety of volunteers who aim “that by bringing together people living on the margins of society and legal professionals committed to social justice, we can create legal change that has the power to impact society as a whole.” http://www.pivotlegal.org/about

tradition of Participant Action Research (PAR) as well as cognate and allied praxiological methods. Such an approach made it much easier to help the group identify ‘cracks in the system’ that need to be acted upon (Holloway, 2005). I facilitated this strategy by utilizing the “Problem-posing method” of Paolo Freire (1970).

To this end I would often start by posing a problem to the group and engage them in co-generating knowledge that was designed to foster the building of what Mills (1959) called the ‘sociological imagination’ or what Freire (1970) termed conscientizção, or in its anglicized form, conscientization. This term indicates a state in which participants are able to penetrate through hegemonic discourse and the individualizing and alienating structures and institutions of the state to reveal the power relations that delimit and define their lives. Or as Denzin argues, following Mills (1959),

> Their critical imagination enlivened, persons ‘acquire a new way of thinking . . . in a word by their reflection and their sensibility, they realize the cultural meaning of the social sciences’ (Mills, 1959, p. 8). They realize how to make and perform changes in their own lives, to become active agents in shaping the history that shapes them (Denzin, 2003:264).

Theoretically, once this state of collective realization was reached, the group would be able to construct practical action plans designed to exploit these cracks and to get its message into the discursive field. In practice this often had a dual effect of increasing feelings of empowerment among group members as they saw their efforts having a tangible effect on social reality, and of strengthening a sense that status-quo biomedical discourses on mental health and illness were negotiable and open to influence from the known subjects/objects of the institutions that articulate such discourses. In short, it reconnects marginalized subjects with a sense of dignity and power that was subsumed by the internalization of biomedical discourses attendant to psychiatrization.

In the context of my research praxis this meant I'd often play the role of a 'joker' and ask what must have seemed like 'stupid questions' that acted much more like the 'orienting questions' of Alice McIntyre (2008) that I reference in Appendix 1. I would move from the general to the specific in an attempt to steer dialogue towards collective reflection and the building of action plans. It did not always work, though I detail below one particular instance that actually led to collective reflection and a kind of 'conscientization' or realization that we were holding ourselves back by relying on PIVOT as an ally for the Stories Project. It was as though it suddenly dawned on the group that our voices didn't need to be put into 'affadavit' form in order to carry weight.

Building on the concept of conscientization, David Graeber (2004) argues that ethnographic methods are uniquely suitable to emancipatory research designs and for helping to reconnect marginalized groups with their sense of embodied empowerment, or ‘power-to-do’ in the face of dominating social relations marked by a variety of agencies’ ‘power-over’ them (Holloway, 2005):

> It is also because the practice of ethnography provides at least something of a model, if a very rough, incipient model, of how non-vanguardist revolutionary intellectual practice might work. When one carries out an ethnography, one observes what people do, and then tries to tease out the hidden symbolic, moral, or pragmatic logics that underlie their actions; one tries to get at the way people’s habits and actions make sense in ways that they are not themselves completely aware of. One obvious role for a

> radical intellectual is to do precisely that: to look at those who are creating viable alternatives, try to figure out what might be the larger implications of what they are (already) doing, and then offer those ideas back, not as prescriptions, but as contributions, possibilities—as gifts (12).

By presenting themes and ideas generated by the group back to them, often slightly reworded, I attempted to trace how our previous actions were influencing and contributing to our overall knowledge about the issues most important to the MHPAG. The exercise of engaging the group in collective reflection became part of the praxis of both my research and MHPAG activism expressed within group meetings.

As Denzin argues, “Following Freire (1998), Marx (1988/1983), Mead (1938), Dewey (1930), and Glass (2001), praxis is a defining feature of human life and a ‘necessary condition of freedom’ (Glass, 2001, p. 16). Human nature is expressed through intentional, meaningful conduct that is anchored in historically specific situations” (Denzin, 2003:262).

Additionally, though the group’s activities were largely anti-status quo, the use of such methods with their down-to-earth approach kept meetings from going into the abstract territory of revolution and perhaps risky behaviour. A central theme of the international consumer/survivor movement (in this case led by MindFreedom International) is non-violent revolution in mental health. There is good reason for this. As a group who are constantly under suspicion of being dangerous, we could not seek to take power or to empower ourselves by resorting to a traditional coercive “power-over”, lest we become oppressors in our liberation from oppression (Holloway, 2005; Freire, 1970). To find and liberate our “power-to”, or ability to see our actions affect our immediate situations and social environment, we must project “anti-power”:

> To find anti-power, we do not need to look outside the movement of domination: anti-power, anti-fetishisation is present against-in-and-beyond the movement of domination itself, not as economic forces or objective contradictions or future, but as now, as us (Holloway, 2005:98).

One way to make such a shift in framing research in and on survivor activism is by using a ‘militant investigation strategy’. I engaged with the MHPAG on their own terms and put myself in the thick of their struggles and battles in a real and embodied way. I did not resort to a neutral position as observer because to do so would be to do violence to the group and its efforts. Instead, to document my own struggles with my increasingly political engagement with the group I utilized autoethnographic methods. I was in direct contact with the group in its struggles, and I was similarly in direct contact with the politics of consumer/survivor praxis while engaged in the research process. This made my role problematic at times and I had to put my politics into practice in a very real and embodied way. This was not traditional social ‘science’. As former homeless activist and social scientist BRE (2007) aptly argues:

> My homeless body is the low-end site of biopolitics. It is the low-rent district in which postmodern struggles are engaged. The street is perhaps the prime example of what Mary Louise Pratt calls a contact zone, those spaces in which cultures meet, clash, and wrestle with each other. Despite the postmodern emphasis on playful encounter these contacts are quite often brutal and vicious (223).

BRE argues for the reengagement of social scientists with embodied practice and self-reflexive narrative through emergent techniques such as autoethnography. Autoethnography practiced alongside allied qualitative and ethnographic methods allows for an appreciation of marginalized political struggle that more traditional methods based solely on observation and ‘informant’ testimonials cannot account for. Direct engagement in the struggles of those with whom we co-produce knowledge not only keeps the researcher honest but allows for the building of deep solidarity, rapport and trust since the researcher is ‘on the front lines’ with the participants.

Denzin (2003a) further makes the case for autoethnography by arguing that “the discourses of postmodern autoethnography provide a framework against which all other forms of writing about the politics of the popular under the regimes of global capitalism are judged” (Denzin, 1997: 167 cited in Denzin 2003a).

Denzin’s prescription follows a tradition of ethnographers seeking to politicize the praxis of social scientific knowledge production. Scheper Hughes called this ‘barefoot anthropology’ and charged that unless ethnographers take a moral and ethical standpoint with regard to the situations of the people they work with in the production of knowledge, they further mystify the processes of injustice and marginalization attendant to neoliberal globalization:

> Humans have an uncanny ability to hold terror and misery at arm’s length, especially when they occur in their own community and are right before their eyes. Anthropologists do so themselves when they apply their theoretical abstractions and rhetorical figures of speech to the horrors of political violence—both wars of repression and wars of liberation—so that the suffering is aestheticized (turned into theatre, viewed as “performance”) and thereby minimized and denied. The new cadre of “barefoot anthropologists” that I envision must become alarmists and shock troopers—the producers of politically complicated and morally

> demanding texts and images capable of sinking through the layers of acceptance, complicity, and bad faith that allow the suffering and the deaths to continue without even the pained cry of recognition of Conrad's (1910) evil protagonist, Kurtz: "The horror! The horror!" (Scheper-Hughes, 1995: 415-416).

My own experiences with and within the psychiatric system introduced me to the horror that so many marginalized persons face when confronted with vertically integrated bureaucratic structures designed to re-educate, discipline or punish people outside the neoliberal 'norm' into submission with systemic goals. Whether these goals are to physically move peasants off their land or, more importantly for this project, to psychologically regulate persons who have displayed behaviours not suited to societal norms, the goal is social control and the result is shattered lives. To publicize my engagement with the MHPAG as a researcher/member and to not add to the problems we already face as marginalized persons still proves to be a sticking point. The research had to be truly with the group and not on behalf of lest I perpetuate the neoliberal power-relations that are embraced by the psy-disciplines. Scheper-Hughes' demands that the barefoot ethnographer 'bear witness' both to the struggle and to the outcomes, no matter how grim, lest we fail to honour the courage of our compañeras and become part of the problem:

> The fearless spectator is accountable to "science"; the witness is accountable to history. Anthropologists as witnesses are accountable for what they see and what they fail to see, how they act and how they fail to act in critical situations (Scheper-Hughes, 1995:419).

Arguing that the ethnographer should adopt a role of “witnessing” rather than the more traditional role of “observing,” Scheper-Hughes makes the point that observing does not demand a commitment to the people being observed and runs the risk of non-engagement with moral/ethical issues:

> Observation, the anthropologist as "fearless spectator" is a passive status, which positions the anthropologist above and outside human events as a "neutral" and "objective" (i.e., uncommitted) seeing I/eye. Witnessing, the anthropologist as compañera, is in the active voice, and it positions the anthropologist inside human events as a responsive, reflexive, and morally committed being, one who will "take sides" and make judgments, though this flies in the face of the anthropological credo of non-engagement with either ethics or politics. Of course, noninvolvement was, in itself, an "ethical" and moral position (Scheper-Hughes, 1995:419)

Beyond bearing witness, the barefoot or militant ethnographer is committed to a moral struggle to help the people with whom s/he works in a process of mutual emancipation through actions in the real world. S/he journeys out of the lofty halls of theoretical manipulation and down to the ground of praxis in common.

Clearly, such engaged research methods challenge traditional positivist methodologies that give primacy to the role of a ‘neutral observer’. These theorists argue that the very notion of ‘participant observation at a distance’ is not a realistic form of participation (Scheper-Hughes, 1995). This kind of participation is not likely to foster the type of deep solidarity in relationships needed to empower either the researcher or traditional ‘informants’. Also, without such deep solidarity the “affective, communicative and vital…ontological elements” necessary for collective empowerment through struggle (Negri, 2008: 63) cannot be accounted for. Thus these writers speak of cogenerative styles of research and the absolute requirement to reimagine participant observation as embodied participation with full accounting of the researchers' influence on the groups they work with and any knowledge co-produced. These theorists' visions have much in common with participatory action research (PAR) methodology in the 'Southern Tradition' inspired by educator Paolo Freire (1970) and social scientist Orlando Fals-Borda (1987; 2006). The practical manifestation of these visions is emanicipatory research and pedagogy that is a 'co-production' of knowledge and meeting of the 'professional' and abstract with the 'local' and practical.

Taking the vision of full accounting and self-reflexivity into consideration I must also bear witness to my own struggles to put my conceptions of survivor politics into praxis regarding my desire to explore med-free alternatives to dealing with my mental health issues. Since I started to wean off my psychiatric medications while involved with the MHPAG, I must face up to the fact that my own struggles to keep my progressively blooming psychosis in check during the months of June to November 2009 coincided with a sudden and surprising break-up of the group. In order to document how my personal struggles intertwined with those of the MHPAG during this period in time I will reflexively dialogue with the group's narrative by placing my narrative of psychiatric survival alongside. This attempt to bear witness to not only the group's survivor praxis, but my own as it was informed by my involvement with the MHPAG, helps to tease out the principles of mutual aid, peer-support and collective resistance to dominant constructions of mental health and illness, and neoliberal hegemony regarding the ideology of empowerment and choice.

I had planned to do a full-on participatory action research co-production with the MHPAG based around a specific task selected by the group. Instead the project morphed into a historical case analysis based upon my and the MHPAG's collective experiment in group dynamics as we struggled to maintain a non-hierarchical group in praxis. The experience I had as a member of the group's encounters with success, failure, empowered biopolitical activism, madness, involuntary commitment, the ultimate success of our rights card (tested in praxis), and ultimately the MHPAG's dissolution has led me to a state of conscientizção as to what level of participation can be expected in a non-hierarchical group structure with no established method of encouraging or enforcing participation. The experience also sensitized me to the limits to research, including dos and don'ts with groups of this kind. Many personal psychologies took centre stage and non-hierarchy was hard to maintain. Group members took on specific roles within their comfort zones but would rarely volunteer to try something new. Additionally, any attempt to admonish someone for not following up with their voluntary task was met with protestation and/or hostility.

Diana: "We need someone to take some initiative on completing tasks and volunteering for roles"

Tim: "But nobody tells me what to do. How can I do a job if nobody tells me what to do?" (Vogt, 2010: fieldnotes).

Statements like Tim's led me to the conclusion that a practicing non-hierarchical group needs more than just a commitment to principles. A complex group of this type needs to spell out expectations and obligations of membership so that everyone is clear on the rules so the practice of self-policing is actually possible.

As I attempted to work out my methodology in praxis it quickly took on the characteristics of ethnography since I was primarily utilizing participant observation, coupled with fieldnotes filled with descriptive, analytical and reflective details of my experiences of both coming to grips with praxis research and attempting to keep control of the project. When the PAR project I had been banking on to form the core of my research data collapsed, I started to focus on the narrative of the group through its collective activity documented in the minutes and enhanced by my fieldnotes. My commitment to the group, its story, the members and the psychiatric survivor movement will be assured by the intertwining of my experience as both a member and researcher of the group. Its value as a testament to the courage of a small group of marginalized persons who achieved something great cannot be denied. My analysis will help “tease out the hidden symbolic, moral, or pragmatic logics that underlie their actions,” especially the ones that habits obscure and where actions become “sens[ical] in ways that they are not themselves completely aware of” (Graeber, 2004:12). Finally I aim to present this co-produced knowledge as a “gift” both to the members of MHPAG and to the wider psychiatric survivor community.

In my practice of data collection I used a hybrid of ethnography, participant action research methodology and autoethnography. Participant observation formed the core of my activities. The procedure used was most often one of hasty notes taken at the scene concentrating on four main themes:

dis/empowerment and participation, non-hierarchical practice, problems with consensus decision-making, and the challenges of providing peer-support in a non-professional environment. After each meeting I would fill in the contextual details surrounding each coded thematic note and upload these into my computer using date codes and anonymized names. I would then analyse the potential for change and further progress on each axis before each meeting. These weekly analyses would often help in the development of ‘orienting questions’ that I would use to try to spur the group to realize the potential of future actions (McIntyre, 2008).

I employed the ‘problem-posing’ method of Freirean pedagogy (Freire, 1970) to stimulate the group in their development of a critical consciousness that allowed them to see beyond personal limitations, and to develop concrete and effective collective action plans that acted directly upon traditional social relations to exploit ‘cracks in the system’ that are felt but not always directly ‘known’ to other psychiatric consumer/survivor activists (Holloway, 2005). This was often done in conjunction with local news stories about issues that were affecting the lives of people living with psychiatric and/or mental health issues. The problem-posing method was best employed by asking provocative questions that would stimulate the group to use their imaginations in a ‘sociological’ way and to get behind fatalistic attitudes of “what can one person or small group do about it?” I attended all group meetings and took fieldnotes on group activities, decisions and action plans.

I also documented interactions outside group meetings with the co-facilitator and other members with whom I had built rapport. In these more informal contexts, we would often debrief about group interactions and the direction the meetings were taking. At each action the group performed I would slip into ethnographic mode and absorb the whole scene whilst participating fully in the drama as it unfolded. Afterwards I would document the whole process from description to analysis while it was still fresh in mind. The logic of analysis is one that is firstly historical, in that I trace the political activity of a marginalized group of activists, and secondly emancipatory, as I document evidence of the group's ability to raise their consciousness beyond that of status-quo power and social relations that seek to disempower. Thirdly it is a witnessing, since the group's eventual disbanding left a void in the local psychiatric survivor activist scene that needs to be recounted lest their activities are lost to history and forces of social control. Through this logic I trace the trajectory of a group's courage, hope and frustration through successes and failures in consumer/survivor activism.

The recounting of the MHPAG's trajectory of hope, courage and frustration is a 're-presentation' of the story of this small group of marginalized activists, told both through its collective actions contained in historical documents of group activity, and through my fieldnotes concerning my participant observation as both a member and researcher of the group. This chronicle is further extended by enveloping the research project in an 'autoethnographic' narrative or dialogue between the MHPAG historical documents and my self reflexive analysis woven through a timeline of significant events. Finally, I sought participant validation on my observations and analysis through interviews with a key MHPAG member. What follows are the MHPAG's “Stories of Courage, Hope and Frustration”.

3: STORIES OF HOPE, COURAGE AND FRUSTRATION:

Results/Vignettes

The situations described below come from minutes of group meetings, fieldnotes, face-to-face conversations outside of group meetings and phone interviews. Following the example of Graeber (2009), dialogue is reconstructed from fieldnotes and memos and is not always verbatim. Some language was cleaned up for the sake of clarity.

3.1: Rights Cards

Since the MHPAG was formed with the original intention of creating rights cards (designed along the lines of PIVOT's rights cards for marginalized people being arrested) it counts as one of the group's most important successes. When we first started meeting and talking about rights-based advocacy there was a lot of skepticism from group members regarding how effective this kind of organizing would ultimately be: (all names given are pseudonyms)

John: "It won't work"

Tim: "They are all a bunch of whores for the drug companies"

(MHPAG 2008-March 5th minutes).

Tim's assertion is indicative of the types of comments that would come up as an expression of skepticism. There was a commonly held belief among many group members that we would not be successful in impacting the discourse of psychiatric rights or rights to treatment choice because presumably anyone connected to psychiatry or service provision was a drug company shill. The assertion also underscores the fatalism that attends the deep alienation that follows a psychiatrization process that not only devalues the patient as a worker but often rebrands them as “unfit” to work. According to Marx (1978), unalienated labour is essential for human flourishing, and “provides humans with a sense of self-realization and affirmation of species being” (Yuill, 2005: 135). Combating this fatalistic outlook with exhortations to participate in situations that would promote a reconnection with unalienated labour became the MHPAG mission in the months that would follow.

It took some explaining and patience and Courtney did a really good job at maintaining some order in these meetings, requiring hands for turn-based speaking, and explaining in detail the vision of the group. Even with this kind of patience and encouragement, one member decided that: “We can’t do anything” and never attended another meeting.

In response to the member’s fatalism both Courtney and I asked what the member would like to see changed in mental health care policy and practice. He was concerned that “It is too easy to commit someone” especially when family is factored in, who can phone Car 87[15] from long distance citing worry about their kin's risk to themselves and/or others.

This outlook seemed to be evidence of a cognate feature of alienation, what Freire termed "learned helplessness," or a "colonized mentality":

> So often do they hear they are good for nothing, know nothing and are incapable of learning anything—that they are sick, lazy, and unproductive—that in the end they become convinced of their own unfitness (Freire, 1970: 63).

Many of the initial meeting attendees could not overcome, even hypothetically, this sense of unfitness, of their complete inability to effect any change on their social environment no matter how hard they tried or indeed how badly they wanted to see such change. It took much convincing to overcome the skeptics and finally, over the course of two initial meetings, we had all agreed to focus on creating rights cards and then brainstorming further advocacy and actions.

Between January and March of 2008 the group secured grant funding from the Consumer Initiative Fund (CIF) administered through Vancouver Coastal Health Authority. Courtney and Diana along with Pearl were the driving force behind our obtaining the grant. Pearl was a sitting community member of the CIF's review board. Courtney's and Diana's long experience with activist projects on a variety of issues affecting Vancouver's DTES populations gave

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[15] The Vancouver Police Department's "Car 87" is a program designed for rapid first response to persons determined to be having mental distress and who have been reported by family, friend or concerned citizens. "Car 87 teams a Vancouver Police constable with a registered nurse or a registered psychiatric nurse to provide on-site assessments and intervention for people with psychiatric problems. The nurse and the police officer work as a team in assessing, managing and deciding about the most appropriate action." http://vancouver.ca/police/organization/investigation/youth-services/community-response.html

them the know-how to craft grant proposals and to go through the process of approval. We were given a small sum to cover costs of printing and assorted other costs such as fees for consultancy or external design. The group ran very smoothly through the meetings devoted to the rights cards since Courtney and Diana were essentially doing all the legwork and the group's main function was to okay or block decisions that were to some extent pre-made.

We had a meeting on November 5th 2008 to finalize the rights cards. We'd already read through the Canadian Mental Health Association's "Mental Health Act in Plain Language" as well as BC's Mental Health Act itself to familiarize ourselves with our psychiatric rights. We quickly noticed how most of us were completely unaware of these rights based on our previous experiences with psychiatric care. More disturbing to us was that the Act stipulates that these rights must be read aloud to incoming patients on their admission. None of us had experienced that before. This moment of realization spurred us forward in our efforts to synthesize the rights onto a convenient wallet size card.

Decisions about the colour of the cards, for example, were somewhat minor and easy to reach consensus on. We voted 4-2 in favour of goldenrod, as opposed to blue or black (MHPAG, 2008: minutes). The front side contained a list of the criteria for committal and overleaf listed the rights under the MHA as well as a list of advocacy numbers and our group email and phone box (see Appendix 2). There were no major disagreements during this process and the group as a whole really came into its collective power during the distribution phase. On this project alone we had full participation. Everyone pitched in and our cards, when complete, were distributed all across the lower mainland. The membership wanted to keep track of where the cards had gone and who had gone where. To aid in this I was tracking the distribution with a spreadsheet. The problem faced in trying to present such data to my less tech-savvy peers I solved by creating a poster board out of construction paper with printed lists tracking the distribution process. In the main, the cards went to what might be considered the usual places for good coverage like the Kettle Friendship Society[16], MPA (see Chapter 1) and group homes/drop-in centres for people with mental health issues, but were also distributed to some surprising places like Bon's Off Broadway diner on Nanaimo Street.

3.2: Demo through the DTES

Following up on our initial successes in the planning process for the rights cards, we decided to hold a demonstration to coincide with May Day in 2008. We met at the Carnegie community centre and library, the social heart of the DTES, and gathered with our banner outside at Main and Hastings. This was at a time when our group was very small, typically consisting of (around) 5 to 6 hardcore members. We were at this time lacking a critical awareness of our connection to the larger c/s/x movement and were hamstrung by a persistent lack of human resources in the form of enthusiastic participation or the social capital required to access established activist networks (Bourdieu, 1997; Putnam, 2000). And though we had yet to produce our rights cards, or make headway on our other

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[16] The Kettle Friendship Society is a non-profit advocacy group providing drop-in services, job programs, an on-site clinic and access to other resources crucial to low-income madpersons http://www.thekettle.ca/

actions such as the Stories project (a proposed collection of survivor narratives), we managed to successfully hold a demo in Vancouver's Downtown Eastside (DTES) neighbourhood. We attracted about 12 people to listen to speakers we had invited from the Downtown Eastside Residents Association (DERA), Western Mental Health Network (WMHN) and Gallery Gachet (GG). We marched slowly down Hastings street to Victory Square, amid attempts by group members to start the 60s protest song 'we shall overcome'. We were a fairly silent group but settled on a call and response chant that featured the call "What do we want?" and responses including "Your drugs outta my body!" "Dignity!" and "Respect for all people!"(Vogt, 2008: fieldnotes).

I was uneasy about a representative from Vancouver Coastal Health taking my picture and name for use in internal publications,[17] as I am not convinced that this agency has my best interests, let alone the best interests of the group at heart. I believe she was out observing our demonstration because we had applied for a grant from the Health Authority's Consumer Initiative Fund and were having trouble with the funding body regarding the political stance of our group. Indeed, one of the conditions for continued funding after our first review was that we take the words 'political' and 'action' out of our name and do not mention that we are interested in advocacy. This technique, described by Chamberlin (1978), Shimrat (1997) and Everett (2000), is often deployed by funding bodies to attempt to locate the members of a consumer/survivor group who are 'more reasonable' and 'less radical'—to divide and conquer. At this point

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[17] I never received a copy of this document nor did I ever discover where it was circulated.

in May of 2008, the group was still in its formative period; yet because of the controversy regarding funding, it was already showing signs of internal strain. Pearl sat on the review committee for CIF funding, and had participated in a meeting in March of 2008 where the board showed concern about our group name and the implications that ‘political action’ brought to bear. Pearl and some other members thought that a concession to the funder should be made, whereas John, Diana, Courtney and I thought that by removing the word ‘political’ we would be in essence making a political choice to become less radical. This argument for a “strategic deployment of discourse”[18] (Speed, 2005) was defeated by the bulk of the group membership’s strong feelings of identity with more radical ‘survivor’ politics rather than more conciliatory ‘consumer’ politics (MHPAG, 2008: minutes). We did not yet know what impact this would have on our funding but Courtney reassured the group that we could do our own events and solicitations to make up any shortfall. We also did not know what impact this decision to proclaim our radical politics would have on Pearl’s position at the CIF.

Despite our differing politics, all group members marched in solidarity, though many refused to take a turn holding the banner, leaving me and another member to do the lion’s share of visible representation of the group. When we arrived at Victory Square we rigged the banner up to a railing behind where we planned to position the speakers. Someone managed to procure a megaphone for the day and all speakers could be quite easily heard. The speaker from DERA

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[18] Speed (2007) found that interview respondents identified themselves differently in different contexts i.e. they “strategically deployed” discourse conveying their political beliefs to suit: a meeting with a psychiatrist may have the politicized ‘survivor’ deploy the language of a complaint ‘consumer’ to avoid confrontations with her/his doctor.

gave an informative speech about the failings of the City and Province to live up to their social housing commitments and described how living conditions in the DTES are crazy-making. The WMHN representative described initiatives to develop a women's safe house for women in emotional crisis.

Some of the males in attendance did not understand why women should get their own safe house for recovery and healing:

John: "Why do the women always need their own stuff? Don't they have enough already?

Me: "Uh, historically women have been disproportionately represented among those diagnosed with mental illness, lots have been traumatized at the hands of men and it probably doesn't help them to be living in a group home with a bunch of men…"

John: "I guess" (Vogt 2008; fieldnotes)

Indeed it was not immediately apparent to many members that the experience of psychiatrization is bisected not only by gender, but also by class, race and ethnic considerations (Coleman, 2008; Laberge et al, 2000; Menzies, 2002; Ussher, 1995). There were some common threads of discussion, converging on an attempt to illuminate that the DTES is a neighbourhood that features surprising solidarity despite these categorical divisions. The speaker from Gallery Gachet gave a short history of the psychiatric survivor movement pulled from the MindFreedom.org webpage. She urged our group to get involved in Mad Pride day[19] events that the gallery helps host and organize.

A proxy read a powerful poem composed by Diana, based on her experience of involuntary committal. It was dedicated to all the brothers and sisters she'd known and lost to the mental health care system and described a young man who had been killed by the cure. The young man was involuntarily committed just the past year and died either in hospital or in a scuffle with first responders. The language of the poem made it hard to decipher just exactly what happened but we all observed an impromptu moment of silence and exchanged knowing glances based on experience with mental health takedowns. Diana was reported to be 'in the hospital' but no details were given. It struck me that if she was in hospital for psychiatric reasons this could have been a rallying point for the group that could have allowed for further sharing of experiences and the creation of more solidarity between members. The fact that none of us asked, and that a kind of silence fell on us all when confronted with the news, spoke to the extremely problematic element of fear of hospitalization that we all carry with us. Since one of the things we had proposed in meetings had been hospital visits for the purpose of peer-support (MHPAG, 2008: minutes), I could not understand why we would not have thought to go as a group to visit one of our own members. There seemed to be a disconnect between what we were advocating for and what our group was actually prepared to do.

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[19] Mad Pride day was first organized as "psychiatric survivor pride day" in September of 1993 with events celebrating mad culture in and around Toronto's Parkdale neighbourhood. The popularity of the event has spread internationally with events now taking place mid-July worldwide. For complete listing of upcoming and past events see http://www.mindfreedom.org/campaign/madpride/updates

As we were packing up to leave after all speakers were finished, it dawned on me that we all left separately despite having participated in a group activity. It seemed that we could "suspend" our alienation while participating in group activities but we were all too quick at reverting to individuals when time was up. As I was contemplating the significance of all this while taking down the banner, a disturbing incident took place that not only foreshadowed some of the challenges the group would face but also paralleled the wider historical experience of peer-support groups organizing around mental health issues.

Setting: Victory Square, Hastings Street.

I am taking down our banner as someone walks up and reads our message. The banner reads "Mental Health Political Action Group." Assorted posters carry the words "fight for your rights in the mental health care system." He seems interested and we are always trying to do outreach and look for either new members or allies:

> Me: "Do you or anyone you know have experiences with the mental health care system?"
>
> Walker: "Me? No, but good luck with that!"

His leering grin seemed to mock our whole endeavour so I was waiting for the punch line and sadly I was not disappointed:

> Walker: "It reminds me of a bumper sticker I saw once. Yeah it said 'Hermits Unite!'"

> He stuck both his thumbs up in an obscene gesture of fake support and laughed at our expense on his way out of the square. I shrugged and continued to clean up. (Vogt, 2008: fieldnotes)

3.3: Madness, Citizenship and Social Justice Conference

As outlined above, the group's first major project was designing, printing and distributing psychiatric rights cards. This was a tangible material intervention in which group members recovered some of their "power-to" in the face of the complex forms of "power-over" that dominate our lives (Holloway, 2005). This project involved accessing funding from the Ministry of Health's 'Consumer Initiative Fund' (CIF). As noted above, the supervisor or chair of the funding body demanded that we change our name to the politically neutral 'Mental Health Group'. The group adamantly voted against any change, as this comment from an exasperated MHPAG member sums up:

> "What kind of action is NOT political in regards to MH advocacy/activism?" (MHPAG, minutes: April 25, 2008)

At the meeting in April we voted to keep our name as it stood, continue to access the funding, and deal with complications as they arose. One of the problems we did not foresee was how the CIF board would view Pearl's position as review board community member and how her membership in the MHPAG would come under increasing scrutiny once she reported, at their May 2008 meeting, that MHPAG would not make the name change. Pearl lost her position at the review board when they started to ask hard questions about her politics.

Pearl did not want to share with the group at upcoming meetings the full story and claimed that she had simply "had enough." Pearl's dismissal from this "consumer consultation" role was more likely a case of representatives of the psy-system on the board identifying her as a potential radical or trouble-maker, and seemed to illustrate the "divide and rule" techniques described by historians of the mad movement (Chamberlin, 1978; Everett 2000; Morrison 2005 Shimrat, 1997). These authors recount in some detail how through the discourse of consumer choice and consumer advocacy, survivors, ex-patients and indeed user/consumers of mental health who were interested in advocacy – or had any message of challenge to the status-quo biomedical model of psychiatry and treatment – were actively targeted, even by potential MH user/consumer allies, as 'radicals' in a seeming mad dash to sell-out for potential funding opportunities and positions on local and national boards as "representatives" of the c/s/x community (Crossley, 2006; Coleman, 2008; Chamberlin, 2000). We encountered more of this tendency at the Madness, Citizenship and Social Justice (MCSJ) conference hosted by Simon Fraser University in June 2008.

Courtney, Diana, myself and Lily, who was also involved with the WHMN, led a workshop at the MCSJ conference. The workshop took place in Session 31 of the event and was entitled "Fight Back Against the Mental Health Care System." The abstract was as follows:

> The Mental Health Political Action Group is a group comprised of people who have encountered the mental health system. We are all people who have come together to fight back against a system that we find to be inherently oppressive. We are a newly-formed group and our first action is the production of rights cards around areas of committal. This is a crucial issue because many patients in hospital do not know their rights or even

> what it means to be committed. We are also producing a pamphlet on how our mental health act compares to other provinces and how the mental health act interacts with our basic human rights. We also hope to do “flying squads” into the hospital to help patients who are in need of finding advocacy. (Taken from http://www.sfu.ca/madcitizenship-conference/speakers.htm).

As we were setting up our basis of unity document and preparing ourselves, Courtney immediately expressed some disappointment that we had drawn so few audience members (approximately fifteen onlookers were in attendance in a lecture theatre that could possibly hold sixty). After an introduction from the session moderator we pressed on and launched into a description of our rights card project. We reviewed the reasons why people at risk of involuntary committal can immediately benefit from being informed of their rights, by outlining some of our own experiences within the mental health care system. The member from the WMHN used the opportunity to discuss the continuing need for a women’s safe house, which I thought was kind of off-topic since it was a Network project, not an MHPAG project. Sadly, it would not be the last time an MHPAG initiative was hi-jacked by the Network (more to follow). Before we were able to get into our plans to develop a “flying squad” consisting of a team of MHPAG members who would routinely visit hospital wards to hand out our rights cards, and do consciousness raising and education around rights, we started to get questions. The moderator asked if we would field them and, in the spirit of education and consciousness raising, we decided that we would. The first question had to do with our group name and why we would advocate “fighting back” against a system that saves lives (Vogt, 2008:fieldnotes)

The question came in the form of a vociferous backlash from someone representing either Vancouver Coastal Health or the Consumer Initiative Fund. It was never quite clear which, although one of our panelists recognized the woman and identified her as ‘our funder’. This person (who identified herself only as a “concerned professional working in mental health”) berated our group for promoting a ‘dangerous’ and ‘hostile’ view of the mental health care system. Apparently our use of the word “fightback” seemed to her to violate principles of non-violence, which of course is key to militate against public and professional perceptions of “dangerousness” (Foucault, 1988). The CIF person seemed to think that by advocacy based around the concept of forcefully demanding our rights, we would be placing ‘consumers’ in danger. For her, and indeed other members of the audience this day, to “fight back” against psychiatry was not only dangerous but morally reprehensible—as her incredulity about why anyone would want to contest psychiatry and its “lifesaving treatments” seemed to indicate. Two of our most eloquent group members attempted to defuse the CIF person’s vitriol but it was to no avail. All her negativity focused on how damaging the politicization or radicalization of mental health ‘clients’ could be (Vogt, 2008: fieldnotes). Our project was consciousness raising and the promotion of education around psychiatric rights. These rights are supposedly guaranteed but the CIF representative’s ‘fit’ made it seem a crime to mention them. Resistance, it seems, is not well met by system representatives regardless of their rhetoric of empowerment.

Questioner 1: “Aren’t you concerned that this little exercise can do more harm than good? I mean it’s hard enough sometimes to get people who have mental illness to accept their diagnoses, to comply with their medications and develop the insight required to live with their illness…”

Courtney: “What the Mental Health Political Action Group stands for is for advocacy around psychiatric rights to treatment choice…”

Questioner 2: “Speaking as a mental health consumer, I think you guys are being really irresponsible. People with mental illness are stigmatized enough and I think your group makes this worse…”

Diana: “A lot of us experience the mental health care system as very abusive and traumatic, not to mention how many people die each year because of psychiatry…”

Me: “How is what we are advocating for making things worse for people living with a mental illness? We are using strong language like ‘fightback’ to try to reclaim…”

Questioner 1: “I agree with this gentleman here…you guys are encouraging an already stigmatized population to participate in activities that will just make things worse for them…you should be ashamed.”

Moderator: “Now hold on here a minute. Earlier we heard a member from the MHPAG talk about discourse, now let me try to explain what I think he meant…”

Me: “I can speak for myself…”

The moderator cut us off for a bit and propounded on Foucault, frustrating Courtney and Diana. Later I would attempt to explain his explanation but it was clear that the questioners and MHPAG were speaking from two different lexicons of acceptable terminology and in the end we were all fairly frustrated with this workshop.

It took an enormous amount of courage for Diana to speak on our panel since she struggles with major anxiety. She overcame this anxiety with aplomb in her impassioned answer about how so many of us experience this "care" as an assault on our dignity. In this sense our group was acting in a way reminiscent of the rebel Zapatistas whose cry of "Ya Basta!" or "Enough!" represents to some theorists like Holloway (2005) "dignity's revolt." Unfortunately, like the Zapatistas, it seemed at this forum that not only was our dignity not respected but our attempts to address the wrongs we'd experienced – even in what seemed to us a respectful, harmless and justified "fight back" – suffered another blow from the discourse of powerful interests represented among the few audience members in attendance.

After the conference we filled in the group members who could not attend on how the workshop went. Membership concerns centred around just what an uphill struggle our activism could be at times when faced with resistances and accusations of the nature that the CIF person raised. No psychiatrized person I have yet met is happy about the linkage of dangerousness to mental illness or mental health issues. To be accused of promoting a condition wherein psychiatrized people passionately advocating for human rights inside the mental health care system are further stigmatized and viewed as potential threats to public safety made us all feel ill. This kind of accusation was experienced by the group negatively on the whole and, as observed earlier, may have been factored into the reasons why Pearl was dismissed from her position on the CIF review board.

At the conference not all members who had been able to attend could get to the events they had wanted to see. There was a general frustration that this had been a missed opportunity for us to learn from more seasoned activists in the wider consumer/survivor movement. One member recounted that: “They should have come to our event,” and that: “This was a place they could have used to pass the torch to us grassroots groups” (Fieldnotes, 2008)

Looking over the speakers list[20] after all this time has passed, I realize what a major missed opportunity this event was for us as a group. Even if just a small contingent of MHPAG members had managed to get out to more of the events, we may have been able to do the networking about which members expressed frustration.

> “The conference just wasn’t about grassroots leftwing activism,” said Diana in follow-up interviews, and “I think that they just didn’t know what to make of us” (Vogt, 2011).

Our own lack of ability to schmooze with the more seasoned activists, due partly to appointments and scheduling conflicts, and partly to lower-class appearance, dress, hygiene etc, may have contributed to this feeling of “not

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[20] http://www.sfu.ca/madcitizenship-conference/speakers.htm

being taken seriously” (Fieldnotes, 2008). It did seem to deflate the sense of empowerment that the group had been building on the successes of the rights cards and the demo.

3.4: Stories Project: Participation breaks down:

We had decided that a publication of ‘survivor stories’ of encounters with psychiatry and the mental health care system could be very empowering and educational as well as contributing to raising consciousness of the issues psychiatrized people face. This project was met with a lot of enthusiasm from all group members and we quickly designed a poster (see Appendix 3) using art that one of our talented members had created for this purpose. We spent several meetings dialoguing about specific wording to use in the call for submissions in order to attract the maximal audience. A veteran of the c/s/x debates within the wider movement cautioned us about using discourse that was ‘too strong’ (i.e. words expressing a political stance or conflict) though we argued amongst ourselves that all language is politically motivated so many wondered why we would “pander to the ignorant” (MHPAG, minutes). We were still bitter about the admonishments of the CIF board about our group name, and more so, about the treatment we received from the questioners at the MCSJ conference. However, we did make concessions to a more strategic deployment of our language outlining the call for submissions, believing the act of collecting and publishing the stories as one of radical survivor politics. As the veteran c/s/x’er had successfully pointed out, we wanted to attract the largest possible pool of people willing to share their narratives. The working title we eventually chose for the project was “Stories from inside: how the psychiatric system has affected my life” (MHPAG, minutes).

The group decided to contact Pivot Legal Society (see footnote above) about possible involvement in the stories project. We met with a delegate from Pivot and explained our project to him. He suggested that we might want to turn the stories into affidavits to ostensibly give the narratives more weight and authority than they would otherwise have on their own. This presumption on the part of the Pivot person (who cannot really be faulted since he is a representative of a legal foundation) rests on the fact that the psychiatrized are traditionally disempowered and often have no ‘voice’ when it comes to mental health care policy. However, it caused a rift within the MHPAG regarding the necessity of claiming our voice and asserting power through our own modes of narrative, rather than filtered through the discourse of legal documentary proceedings. This rift and Pivot’s mishandling of our request for assistance (i.e. not returning our emails or calls) contributed to the shelving of the Stories project to a back-burner status over the long term.

My own involvement in the Stories project may have been interpreted as pushy and unwelcome. I was most comfortable with building an academic project around the experiences of the Stories project faced by the group as the process unfolded. Perhaps this preference reflected my exposure to similar projects such as that documented in the publication *In Plain Sight: Reflections on Life in Downtown Eastside Vancouver* (Robertson and Culhane, 2005). This work privileged the voices of marginalized women living in the DTES and I felt it contained many parallels to what we were proposing in our Stories project. We would be privileging our own survivor voices to “talk back to psychiatry” – one of the overall aims of the wider consumer/survivor movement (Morrison, 2005). I may have internalized this experience with narrative projects from my own education and then pushed this type of project on a marginalized group who were at times clearly not comfortable with the level of exposure they felt publishing their own stories would bring. As one member would repeatedly ask at meetings discussing the Stories project, “Can I make it fiction?” and “What if someone recognizes my story?” (MHPAG, 2008: minutes). Despite multiple explanations of how to change key details, names of recognizable persons, institutions, locations or other identifiable features, skepticism remained. Skepticism about writing ability was also a major factor contributing to MHPAG members’ general unease about contributing our own stories to the wider project. We also failed to take advantage of offers of editing help from a veteran consumer/survivor activist who was active in the group for close to a year, and we failed to act on the offer of joining the Gallery Gachet’s publishing group. Both these critical decisions were made almost by default by the larger group. Because of our non-hierarchical structure, Diana and I – who were often promoted to de-facto leaders of the MHPAG – could not agree to join the Gachet group or to assure our member with editing experience that we would be able to make use of her services. We had to take all proposals back to the wider group and many great initiatives would die out on the rocks of a deep-seated internalized helplessness.

3.5: Kerry Jang Issues: June 2009-September 2009

In June the group agreed to write a letter to city hall to pressure the politicians on their campaign promise of creating a mental health advocate for the city of Vancouver. The letter not only generated a response thanking us for our interest, but also prompted our invitation to a meeting with the city's 'point person' on the issue, Councilor Kerry Jang. At our July 1st meeting we discussed this development.

A moment of hope: MHPAG meeting 07/01/09:

We started the meeting with affirmation cards. These consisted of a deck of playing cards with positive messages and images on each card. We each took a card and took turns reciting the affirmation message aloud to the group. This usually had a positive effect on the mood of the group and served as an icebreaker. After the affirmation the facilitator (Diana) asked if anyone had something to add to the agenda. Barry asked that we make time to discuss the World Network of Users and Survivors[21] and the UN convention of disability rights[22] . We all agreed. No other 'new business' was added to the agenda so we launched into a discussion of the mental health advocate.

> Diana: "As you all know, we sent a letter to the city in regards to the mental health advocate they promised to create at the election. They sent

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[21] The World Network of Users and Survivors of Psychiatry is an international advocacy organization committed to connecting user/survivor groups, and promoting human rights for user/survivors http://www.wnusp.net

[22] The UN Convention on the Rights of Persons with Disabilities is described by the UN authors as a "paradigm shift" in the way the world views persons with disabilities and focuses on the rights of an active "subject" rather than on a passive "object" of charity or mirth. http://www.un.org/disabilities/

a reply and invite us to meet with Kerry Jang. He is a city councilor and shrink."

John: "Oh great a shrink."

Me: "What is his background?"

Diana: "Doesn't say but we can probably look it up. "

We discussed the types of things we would like an advocate to do. Several members wanted to know if an advocate could help in cases of forced treatment. At the suggestion of Diana we started to create a list. The discussion went back and forth on the issue of whether a city official could do anything about a provincial matter (health). Diana then recounted for the benefit of the group a bit of backstory on how the advocate proposal was a campaign promise by the sitting Vision[23] council. This reminded the group about how our action plan of sending a letter to city hall had come out of our collective reflection over just who would get input into the advocate selection committee. We were concerned about who would be appointed, what their politics were and what level of communication and involvement with consumer/survivors the advocate would have.

Me: "Police get very little training for mental health."

Pearl: "There should be consumer input into mental health training for cops."

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[23] Vision Vancouver is the sitting civic governmental party headed by Mayor Gregor Robertson. http://www.visionvancouver.ca

> Diana: “Why are cops front line mental health workers? I don’t like how it assumes that people with mental health issues are automatically dangerous.”

Since so many psychiatrized people have been declared unfit to work, and have to rely on disability cheques and part-time menial jobs that can earn them no more than 500$ in additional monthly income, the lack of adequate and affordable housing is a major concern of group members. In addition, many psychiatrized people live in a condition of “supported independent living” which is a semi-autonomous situation that requires weekly visits from a home-care worker who assists with household chore planning and other domestic skill training. Most feel that there should be more units of supported housing and subsidies.

> Pearl: “We should ask city to advocate for ‘targeted’ housing for mental health recovery.”

> Barry: “Since this is only a preliminary meeting maybe we shouldn’t overwhelm them with demands.”

We agreed to move on and think about what we’d like to focus on at the meeting over the weekend. The meeting with councilor Jang was coming up the following Wednesday and those involved agreed to meet up beforehand at the food court across from city hall to outline our talking points and strategy. The three things we wanted to emphasize at this point were that: (1) survivors must have input into police training, (2) we must have a voice on issues relating to our experience, and (3) clear communication lines must be built between the advocate and consumer/survivors.

The following Wednesday in July of 2009, Diana and I bused down to the meeting place across from city hall and smoked cigarettes while waiting for the others. We went over some strategy including an idea she had about having her and Pearl present our list of ‘demands’. Soon the others started showing up and we waited a full ten minutes after the appointed time, to ensure that we wouldn’t miss any stragglers, before making our way to the food court in the mall below.

Myself, John, Pearl, Diana and Barry pushed some tables together and discussed the idea of Pearl and Diana being our “spokes” during the meeting with Jang. Everyone present agreed without reservation. We then went over how we’d like to see the meeting go. It was decided, based on Diana’s suggestion, that after some preliminary introductions we should highlight our group’s successes such as the rights card project. The plan was to hand Jang our card as we greeted him since it was our main example of “literature” (the handbill project was still in process due to continuing debate, technical difficulties and my increasing problems staying on task as my medication taper was going awry). As a group we again went over our questions and our wish list of demands, and Pearl and Diana wrote up cue cards to guide their presentation. The time approached and we departed to cross the street to city hall (Vogt, 2009; fieldnotes).

City Hall Vancouver, 12th and Cambie: medium size Art Deco building with a commanding view of the city.

Councilor Jang’s assistant led the five of us into a small conference room. Inside we tried to strategically position ourselves, expecting the councilor to come in through the facing door. As we waited the back door opened and Jang entered the room. At this point our plan was completely subverted by Barry.

Barry’s involvement and its impact on our attempts to form alliances with other groups:

Barry came along supposedly as just a member of our group. He agreed to let Diana and Pearl present our list of items we’d like to see included in the MH advocate’s ‘job description’. However, when we actually got face time with Kerry Jang, Barry immediately stole centre stage. As the back door opened Barry spun and introduced himself as ‘executive director’ of a local network of consumer/survivors. He then handed Jang some literature and a business card. This would have been confusing at best since Jang was supposed to be meeting with the MHPAG. Pearl and Diana did their best to try to reorient the meeting toward MHPAG and our list of criteria, but Barry kept interrupting and mentioning things about what his network could do to support the MH advocate initiative.

Barry’s interventions, and political machinations, had the effect of sabotaging our meeting with Kerry Jang. Diana and Pearl kept their cool in the meeting but were really ticked at Barry. Diana told me she thought Barry’s behaviour in the meeting, as well as his dismissive attitude toward her and Pearl was sexist--all the more so, given that he had agreed along with all of us that, since women’s voices are underrepresented in discourses on mental health and illness, and indeed in civic politics, Diana and Pearl would be our ‘spokes’ (Vogt 2010; personal conversation). Barry`s use of his superior credentials led Diana and Pearl to conclude that he was using his ‘membership’ in MHPAG to further his own aims, in essence hijacking our meeting. As his network had to remain officially neutral in matters of advocacy and activism to retain its charitable status, Barry`s alliance with us was seen as a political move to sidestep his mandate of neutrality. We were merely instrumental to his larger political goals.

In fact, after the meeting at city hall Barry never attended another meeting. This was his own decision, though Diana wanted to confront him if he did ever show up again. This would have likely had the same effect of ending his relationship with MHPAG. Barry may have been motivated by issues of power-relations and preserving the status-quo. Since he immediately presented himself as a representative of a network of user/survivors with a mailing list of hundreds of members, he might have been simply trying to protect his activist ‘turf’. In this case it might have been a strategic or tactical decision by Barry to “infiltrate” the MHPAG and help to push the agenda of a city hall meeting. He was limited in what he could do as head of his consumer/survivor network because of funding restrictions against some types of advocacy and political activism. By aligning himself temporarily with the MHPAG he could get around this constraint, since it was our group advocating for the MH advocate and our group who had organized the meeting with Councilor Jang.

This, and to some extent the hi-jacking of our conference workshop to align with network goals, was an unfortunate example of how deeply the neoliberal strategies of divide and conquer run even amongst cognate groups who should work together. As Crossley (2006) observes, the landscape of mental health consumer/survivor activism is a “field of contention” in which disparate groups, even when aiming for the same overall reforms or redress, must compete for scarce funding resources and often radicalize one group or another to make their own group more appealing as a source of moderate advocacy, thus more worthy of funding support.

When Kerry Jang agreed to follow up with the MHPAG we were initially excited, believing that perhaps we had made some impact on the councilor and perhaps made an ally at City Hall (MHPAG, 2009; minutes). But we were then taken aback when Jang outlined his stipulations for supporting our criteria for the job description of the MH advocate. We were also taken aback at the way he spoke only to the male members of the group, especially me, and dismissed some of our more tentative speakers by cutting them off. He may have focused on me because, besides Diana, I was the most eloquent speaker and had mentioned that I attend SFU.

At any rate Jang's stipulations were not acceptable. He wanted us to compose a letter in response to a columnist for the Vancouver Courier who had written a negative piece about the MH advocate initiative. What we came to learn is that the columnist was pointing out how the councilor and his party were backing out of a campaign promise to create a mental health advocate for the city of Vancouver. It turned out that the civic government was now supporting instead a 'staff position' dedicated to issues related to mental health advocacy. We asked him what this meant. He didn't answer directly, choosing instead to emphasize how a staff position could not be rescinded by future governments and how it would address many of the same things that an advocate would. We continued to ask how this new formulation of mental health advocacy would benefit the consumer/survivor community and indeed all those dealing with mental health issues in the city. He did not have an answer.

The way the advocate position was originally presented to us made it seem as though this position would be like an ombudsperson and outspoken advocate for marginalized persons with mental health issues—namely, someone who could ostensibly help to fight against stigma and get dialog started on positive ways to improve the state of mental health care for those most vulnerable. The new staff position did not seem to have any mandate at all. We then asked if our criteria could be applied to the staff position. We had asked for more consumer/survivor input into police training. He said the city is applying a new mental health first aid course requirement for first responders. When we asked what this meant he said we could look it up online. When we mentioned that many of us did not have access to internet he explained that mental health first aid taught first responders how to de-escalate situations non-violently and to differentiate between types of illness. We were very skeptical and continued to press the idea that consumer/survivor groups like ours would be better equipped to explain how to ‘talk someone down’ than a group like St. John’s Ambulance or some other biomedical service provider. We debated about some of our other criteria such as whether the mental health advocacy staff position would be available to media, or if it would make statements to help correct sanist misconceptions of mental illness that hinder progress on reversing or undoing the stigma surrounding issues of mental health.

> Jang was very canny and tentative on all our requests for answers. He eventually laid out what he required from us in exchange for any cooperation or input into what exactly the mental health advocacy position would entail. It seemed as though he wanted to use MHPAG to ‘correct’ the damage to his government’s public image on this issue by writing a letter to the editor of the local civic paper that would show ‘grassroots’ support for the revised initiative, which would give him a mandate to continue to press for mental health advocacy at city hall.
>
> After Jang left we debated whether or not to comply with his request. We felt it would be disingenuous of us to agree to what amounted to a betrayal of what was originally promised. While some members asserted that something related to advocacy at the civic government level would be better than nothing, most argued that what he was describing basically amounted to nothing. In the end we decided not to continue our relationship with Kerry Jang (Vogt 2009, fieldnotes).

3.7: Sexism Issues

By not continually striving to mitigate structures of oppression found in capitalist social relations (Farmer, 2004; Freire, 1970; Holloway, 2002), we may have fallen victim to reinforcing these structures at times. It is not uncommon for groups such as the MHPAG to experience the regressive

> …tendency for activists and movements to replicate the very exclusion they are working to allay. This tendency is not only an affront to the principles that compel left activists, but is also politically dangerous; it

> always threatens to frustrate already contingent solidarities (Dempsey and Rowe, 2004: 35).

In MHPAG's case, the main structure of oppression/exclusion that continued to be a regressive tendency in our meetings and activities was sexism. Barry's upstaging of the MHPAG at the meeting with councilor Jang was experienced negatively by Diana and Pearl. They found his behaviour extremely patronizing, frustrating and patently sexist. Diana also felt that as an activist with a long history "he should know better" (Vogt, 2009, personal conversation). As mentioned above, neither wanted anything more to do with Barry and both were hesitant about confronting him if he returned to the group meetings. The agreed-upon solution was to monitor him for other examples and confront him the next time it occurred. Unfortunately, this tendency to avoid confrontation on an issue as important as sexism in the moment may have had a corrosive effect on our already "contingent solidarities" (Dempsey and Rowe, 2004).

In October 2009 Diana asked me to 'have a talk' with John to explain to him why his attitude in meetings was sexist. I was very hesitant since the allegations that he was acting sexist took me by surprise. Because some of the female members were experiencing his behaviour as sexist, I eventually agreed to talk to him about gender sensitivity. We met on Commercial Drive and walked to a nearby park. I explained how sometimes men can say or do things that come across as sexist. I described a couple of possible scenarios including the one that sparked the issue. I explained how when Lily tries to talk, even if she is not on point or does not immediately make sense, no matter how badly we want to say something to the issue or matter at hand, we must listen to her. Interrupting her because she has trouble organizing her thoughts and speaking eloquently could be interpreted as sexist or experienced as silencing.

John was taken aback. He said he had no idea. I told him that all of the male members of the group, including myself, were guilty at times of this kind of behaviour toward Lily and other female members. I explained how our group contract explicitly makes room for everyone's voice so we must listen. John was concerned that anyone could interpret his behaviour as sexist. He seemed offended that he may have offended someone. I didn't know what to say. I became aware suddenly about my reservations with this assignment when Diana had suggested it. I told him, trying to mitigate, that whether or not our behaviour was intended to be sexist is beside the point. We simply cannot act this way because it reproduces the gendered power imbalance that many of these women have experienced both in the mental health care system and in society at large (Caplan, 2005). And at least two of the female group members experience this type of behaviour as sexist. He agreed. I informed Diana that I had addressed this issue with John and that he seemed genuinely concerned. We agreed to continue to monitor the situation. (Vogt 2009; fieldnotes)

The other side of this coin, expressed by John during our conversation about gender sensitivity, was that from his perspective it seemed as though some members of the group were pushing the agenda towards issues dominated by women's experiences within the systems of 'care' and control. While this was a minority view it is worth documenting. John felt that the group as a whole did not support the project Diana was doing, on her own, looking into girls' and young women's experiences with mental health issues and within the mental health care system and justice system. Diana wanted help with the project and brought it to the group on a number of occasions between March and July 2009 (MHPAG, 2009: minutes).

John had made a comment at the demo that now seems to expose an undercurrent of sexism, at least in his attitudes if not his behaviour. Upon hearing plans for an all-female rooming house, he queried: "Why do the women always need their own stuff? Don't they have enough already?" (Vogt 2007; fieldnotes). Diana may have been right in her accusations, and she communicated to me on other occasions that John's behaviour changed on the few occasions when I missed meetings. Still, whenever I observed John both in and outside of group I did not notice a pattern of sexist attitudes or behaviour. This could have been because of my own internalized acceptance (to some extent) of paternalistic and patriarchal attitudes among less educated men. The talk I had with John about gender relations and respect was a good opportunity to confront these issues.

3.8: Participant Validation:

Diana recounts how at the last meeting she expressed her frustration with group members' lack of initiative in taking on tasks. In response, one male member replied "you never told us to" which to Diana illustrated her point. We wanted to encourage an empowerment based on voluntarism and mutual aid rather than a top-down assignation of duties. Additionally, Diana felt that she wanted to go in a different direction and pursue activism specifically oriented around the mental health of young women and girls. This was something she'd tried to get the group to support with little success. Diana mentioned as well that she and Pearl had both been discussing their frustrations with group apathy for a couple of months and that Pearl had decided to leave the group. Pearl and Diana had never shared these frustrations with me or in open group discussion. What to them must have seemed a gradual process of disenchantment, to me seemed like a sudden split. My perceptions could also have been altered as I slipped into psychosis in the months leading up to the dissolution of the group in November 2009. Diana also brought up the issue of sexism again, reminding me how she and Pearl had often felt that two of the more vocal male members of the group had displayed sexist behaviour in discussions, silencing or not respecting their female colleagues. She also recounted how Courtney had had problems with a male member in the group to the extent that he got "grabby with her" (Vogt 2010: personal conversation 10/16/2010).

Diana argues that the group's main strategic blunder was our focus on task-based organizing rather than movement-building organizing. Our failure to create strong alliances and ties to other consumer/survivor groups, nor to bridge to other cognate social justice groups may have contributed to our participation problem. I agree with her assessment that there would have been more opportunity to divide tasks between a greater number had we given ourselves more exposure within the greater activist community. However, each avenue we explored to increase our activist exposure and try to create alliances ultimately became a dead end, as MHPAG members seemed hesitant either to expand our own group membership, or to benefit from cross-appointments. Barry contacted the group once after the debacle at City Hall. He wanted to appoint Diana and myself as sitting board members of his network in advance of an AGM. This was again another opportunity we should have taken if our group's behaviour was at all predictable by models like Crossley's (2006) that posit a rational actor framework. In this case, we opted not to on the basis of ethics. Diana and I felt it hypocritical to advocate for the ideals MHPAG stood for if we would jump at the first opportunity to coopt ourselves to someone else's agenda. Additionally, since the board appointments would have come without a vote by network members, we felt we had no choice but to decline.

4: CONCLUSION:

From its humble beginnings MHPAG wrestled with problems associated with alienation, disempowerment, a fatalistic attitude about our chances of success and a persistent lack of participation by some group members. Despite these problems the MHPAG managed to function quite well as a group, and it amassed a fair number of accomplishments that helped further the cause of psychiatric consumer/survivor activism in the City of Vancouver. MHPAG can list as its successes the Rights cards, conference workshop, demonstration through DTES and rally at Victory Square, several letters to the editor of Vancouver Courier to weigh in on issues of mental health and sanism, and an actual meeting with a sitting civic politician. Additionally the experience of putting our non-hierarchical and radical politics into practice in ways that were not always easy contributed to a spirit of empowerment and freedom, ephemeral as it was, that many members were not familiar with. At times it felt as though we were successful at creating ‘zones’ that, while temporary, offered MHPAG the freedom to perform social relations that were non-oppressive. In so doing, we were “projecting anti-power” (Holloway, 2002) and recreating the social world from the bottom up. At other times group meetings felt like a chore as though we had not done enough to stoke feelings of “affective” solidarity (Negri, 2008) despite our attempts at peer-support and mutual-aid. There may have been a problem originating in our approach to the practice of non-hierarchical relations.

Non-hierarchical leadership structure may not have been adequately defined by our Basis of Unity and we certainly did not discuss it often enough at group meetings. At first the facilitator position rotated between Diana and Courtney, and then after Courtney left we started to rotate the facilitation duties between Diana, Pearl and me. This occurred despite strong encouragement, bordering on pleading, that we would try to exhort other members of the group to take their turn. We could have taken some time to reformulate our positions on the organizational structure of our group, but Diana and I felt that the Basis of Unity we had already established fostered the conditions for mutual aid. That this goal was not borne out in practice may have been because we did not directly address this issue whenever it did arise – in part because of our group contract to respect all views and political stances within the group. We should have developed a more coherent and turn-based system of sharing facilitation duties and taking on tasks. If everyone knew up front that they would have to take a turn, and knew as well that we would support them, we may have been able to solve the participation problem and may have combated more directly the problem of “learned helplessness” (Freire, 1970).

We perhaps were hopelessly naïve in our belief that creating the conditions for a more empowered, agentic engagement with mental health issues and advocacy work would necessarily produce the result we desired. Church (1997) presents snippets of c/s/x movement veteran Pat Capponi’s style of nurturing leadership within groups of “wrecked people” like survivors. Essential to discovering what capabilities and talents each member brings to a group is the building of trust:

> She encouraged survivors to listen with deep acceptance to each other's stories about the mental health system and, regardless of the content to validate each other for surviving. This, she believed, was the best way to restore their pride and self-respect. It was also effective in helping survivors identify skills, talents and life/work experience (Church, 1997: 17-18).

Though the MHPAG planned to collect and publish survivor stories, talking about our own survival of the mental health care system was not something we did nearly enough of to promote trust or an affective solidarity with people who we might not ordinarily have chosen to associate with.

We utilized a 'check-in' period at the beginnings of meetings to allow members to express themselves, and read affirmation cards aloud in an attempt to stimulate conditions of trust and mutual-aid. However, by not establishing more deeply felt conditions of trust between members, or at times trust in ourselves, our experiences of learned helplessness persisted throughout the lifespan of the MHPAG). This problem was exacerbated by the daily dealings with "structures of oppression" (Farmer, 2004), embodied in psy professionals and other 'care-givers', and by alienation from ourselves, each other and the movement as a whole getting in the way of action.

This alienating experience of learned helplessness may have taken over because as a group we lacked a coherent set of expectations for participation. Our Basis of Unity document, presented above, did not cover participation. It was assumed that people attending group would want to participate. We had hoped that engagement with the practical reality of task-work in the service of addressing social injustice that touched us all would be “un-alienating” (Yuill, 2005). Yet it became apparent by 2009 that Diana, Pearl and I were volunteered for most tasks by default. Often others would express interest in collaborating, but no follow-up on their part would occur. Pearl and Diana did the bulk of the work on the Stories Project, and Diana and I established community support for the project’s implementation. This consisted of finding locations for our drop boxes and talking to other community groups about the objectives of our project in the aim of consciousness raising and building potential alliances. After Pivot stopped returning our emails, we had a very empowering meeting featuring a strong moment of conscientization (Freire, 1970) about how we were going to go ahead with the project on our own, reclaim our voices and develop a “Nike attitude: [to] Just Do It” (Church, 1997:13). But just as the rush of progress and collective realization began to dissipate, by the next meeting it became evident that members besides Pearl, Diana and I were becoming frustrated with how long the project was taking and many seemed disinterested. I argue that our failure to prioritize single projects and work at them step-wise may have made our overall workload look too daunting for many members. Far from being the empowering pursuit of social justice in mental health, our meetings got stale and languished on a single issue that was no longer captivating the imagination of most group members. Our dogged focus on this large-scale project may have contributed to the eventual breakup of the group.

Another factor I cannot ignore in the reasons for the break up of MHPAG is my own battles with personal politics regarding medication use and a perhaps ill-timed and inadequately planned taper from psychiatric medication starting in May of 2009. While my behaviour at meetings was never singled out as disruptive or oppressive, I recall that in October 2009 I was called out on being less than responsible at the timely completion of tasks. Since there were only three of us regularly following up on tasks this must have been experienced negatively by Diana and Pearl. During the course of my decline I had opportunity to test the rights cards in an actual hospital setting and experienced a renewal of my spirit for survivor activism.

I was always amazed when I'd see our rights cards at disparate and sometimes surprising locations around the city, and I was impressed by how well they worked in practice. I tested the rights cards myself on one occasion and passed one on to a peer I met on a psych ward on another. In the first instance, during November of 2009, I was involuntarily committed due to a withdrawal psychosis from neuroleptics, but was able to exercise all my rights to the fullest. I have to acknowledge that without the work of the MHPAG and the knowledge I gained during the process, concretized in the wallet-size card I was able to produce, I may not have convinced my psy overseers that I wasn't just raving. This was in part due to my awareness of what my rights actually were, and in large part due to how empowered I felt as a result of my membership in the MHPAG and the activities I was participating in. The rights card served to secure my release via review panel after a two-week period as guaranteed under the MHA (see Appendix 2).

In the second instance, I witnessed the reluctance of the nursing and psychiatric staff to comply with my peer's demands that his rights be respected. I felt I needed to intervene and slipped him a card and attempted to explain the process to him. They were annoyed when they found out that I had supplied him with the card. I had done my job. His rights were not entirely respected in large part because he did not follow the rules and faced discipline that made him stop trying to exercise his rights. He was new to the game of psychiatric confinement and probably did not have an adequate level of consciousness about psychiatric rights, even with the card, due to the novelty of the situation. Additionally he came from an advantaged background and was on his way back to a privileged lifestyle once the temporary embarrassment of his 'nervous breakdown' was over. His father was a medical doctor and heavily influenced his point of view regarding mental illness. I was too tired to attempt to do any damage control and played the game until I was allowed to return home. The episode confirmed my commitment to some sort of in-patient outreach or a much more effective out-patient consciousness-raising strategy. Unfortunately, by this time in January of 2011 the MHPAG had already disbanded due to the reasons outlined above.

I may have chosen to highlight the rights cards as a particularly stunning success because I personally benefited from them. Not only did I benefit from the end product but I became more empowered through my participation in the planning, implementation and distribution of the cards. Other group members experienced empowerment and mitigation of alienation on a continuum based in part on their participation. While I argue that MHPAG meetings did much to mitigate the alienation, frustration and disempowerment of our psychiatrized and marginal lives, some members clearly flourished as they took on tasks, led discussion or actively contributed to our meetings and activities. Some members clearly did “not let having limited expertise stop them from beginning work that needed to be done, risking the mistakes, learning from them and moving forward” (Church, 1997: 12-13). Unfortunately, we did not develop the organizational structure to foster trust, skill sharing or peer support necessary to prevent some members’ fear of failure or inadequacy to the task from becoming unnecessary impediments to our forward momentum.

Another key mistake MHPAG made was not using the MCSJ conference to network and gain knowledge from other activists that could have prevented us from trying to reinvent the wheel. Despite our minimal funds, the group could have sent a small contingent or even one member to do fact-finding and networking, and to report back to the group. I believe I could have been used in this role, but I simply did not have the time or resources to devote with teaching and coursework responsibilities on-going at the time. Our attempts to network locally with the WMHN and GG – while not exactly what we wanted to further any of our specific tasks – may have been a way to remain more “movement focused” and to avoid bogging down in “task-based” activism (Vogt, 2010 personal conversation). Our choices as a group in whether to network with some groups were almost predetermined since our radical political stance and ethics would not allow us to ‘power-grab’ when offered board membership or other carrots of cooptation. We may have benefited in the short-term from alliances like these, but ultimately we would have lost our credibility to each other and as a group.

Crossley’s (2006) model of activist networking may have predicted that, perhaps to some extent, we had used Speed’s (2005) techniques of ‘strategic deployment of discourse’ to mask our radical politics and to benefit from alliances with more moderate consumer groups. In practice MHPAG seemed to ‘irrationally’ hold fast to radical critiques informed by “political injustice frames” (Carroll and Ratner, 1996), and to make strategic and tactical decisions based on factors beyond immediate gain. The recognition that our continual labeling of MHPAG as radical could have had a negative impact on raising funds or creating coalitions was expressed in the material dimension by the comment: “we can do our own fundraising, it’s easy, I have experience”; by the discursive dimension: “why pander to the ignorant?”; and by the definitive statement of frustration regarding the CIF’s demand for a name change: “what kind of action is NOT political?” (Vogt, 2009: fieldnotes; see Chapter 3). We had a radical vision, we had high hopes, but we lacked enough community support from “people who know how to translate visions into action (’craftspeople’)“ and from “those who take care of the nitty gritty details (’technicians ’)” (Church, 1997: 17). Without these craftspeople and technicians we often found that “we [couldn’t] do [the] work without all three” (MacSween in Church, 1997: 17). Had we taken advantage of the networking opportunities at the MCSJ conference we may have met some ‘craftspeople’ and ‘technicians’ just boiling for a chance to put their skills to use. We made a stance on politics and ethics not to network with the WHMN, but we lost out on networking with the GG by lack of interest/initiative. Most importantly, we could have engaged in the movement on a national or international level had we been more engaged with the MCSJ conference.

Despite our many fractious tendencies, rookie mistakes, and failures to learn from or take advantages of all our opportunities we made a symbolic “escape” from our marginalized alienated psychiatrized selves each time we successfully practiced moments of non-hierarchical freedom (Morrison, 2006). We were practicing “creative maladjustment…diagnosing society as mad” (Coleman, 2008: 344) just by expressing our lived experience at group meetings. Our peer support mechanisms may have been underdeveloped, but we were non-professionals operating with few guidelines. The fact that we all gained by the experience is borne out by the fact that the MHPAG lasted two years, an achievement that, according to Diana, “is really good for a young group with our politics” (Vogt, 2010: personal conversation). The extent to which members experienced a real commitment to activism or by membership in the MHPAG is perhaps best expressed by the fact that at the final meeting of the MHPAG, Pearl and Diana left the group intact and in the hands of the remaining members. Remembering that Pearl and Diana did the lion’s share of the practical work of MHPAG activism, perhaps it’s not surprising that the remaining members chose to disband the group rather than continue. Had I been at that meeting I would have gladly taken up the banner, but unfortunately the timing of this meeting coincided with my November 2009 hospitalization. I was disenfranchised by my involuntary committal.

I set out to engage in psychiatric survivor activism because I felt that by making the personal political, I would decrease the amount of alienation I experienced in my daily life. After nearly three years of personal and collective activism I have become convinced that alienation is the major barrier to developing more robust ties between psychiatrized persons and with members of other marginalized groups. Persons diagnosed with mental disorders may share a solidarity-enhancing set of experiences derived from contact with the mental health system (Chamberlin, 1990; Coleman, 2008; Morrison, 2006; McLean 1995), but arguably we are among the most alienated and least organized groups in society.

Because social factors and determinants of mental health are left out of the psychiatric analysis and public discourse of madness, the internalized discourse of personal failure and defective biology serves to individualize madpersons' sense of the cause of their emotional problems (Burkitt, 1991). Additionally, because the psychiatric treatment model abhors communication between patients regarding information about their experiences, and because of the fear of rejection produced by the stigma of madness, a sense of privacy about madness pervades even the most vocal psychiatric survivor activists and groups. We may have become madpersons in response to the extremely alienating social relations in a neoliberal capitalist society, crazy-making living conditions like abusive relationships and untenable employment situations.

Further, we are hampered in our attempts to organize by the ‘fear of the other’ such alienation produces.

In conclusion, whatever ‘survivor movement’ exists in Canada does not penetrate into the mental health team offices and hospitals of this country, and activists have not done enough consciousness-raising to produce awareness of our existence as a political group with attendant social rights and responsibilities. It is the discursive construction of mental illness that justifies treatments that create disability and impairment in persons experiencing emotional distress. Taking the madperson seriously, listening to her social critique, would entail a redeployment of social relations to a non-exploitative model. Under neoliberal capitalist social relations, no such redeployment will be considered, because the primary aim of state actors is to ensure optimum conditions for capital accumulation (Marx, 1978; Teeple, 2000). In that sense, combined with the tremendous lobbying power of psychiatrists’ professional associations and the pharmaceutical drug industry (Whitaker, 2009), the creation of a survivor movement that would have a lobbying presence in civil society – and would thus be able to press for social change – is slim under prevailing political conditions. Given that the mentally ill were still among the most marginalized and exploited groups in society even under reformist Keynesian economic policies, hope for social justice and the restoration of social citizenship and human rights to this group through reforms remains slim amid the retrenchment of rights and regressive social policies of neo-liberal regimes.

What is needed is for madpersons to realize their revolutionary potential and join with other groups committed to the end of all exploitation and the development of a social world that is inclusive of multiple ‘ways of being’ human. But because of the tremendous grip the fear of hospitalization has over many survivor activists and groups, and because of the multiple sites of alienation in social relations under capitalism, the challenges to building a revolutionary mad movement are huge. Additionally, because the police forces live in terror of unpredictable situations, and because so many madpersons are fatally wounded for apparently benign reasons and incarcerated indefinitely on mind-altering drugs, it is increasingly unlikely that many will hear this revolutionary call. If the alternatives are alienated, drug-throttled, socially sanctioned marginalization and abuse under the psychiatric-legal discursive system of mental health/illness, and danger or potential death for advocating a life in harmony with one’s core values, then it may be worth the risk.

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APPENDICES

Appendix 1:

Orienting questions based on the work of Alice McIntyre (2008).

- What do you perceive as a problem or an issue in your community that needs to be addressed?
- How does it relate to your life? To the community's life?
- Why do these issues/problems exist?
- What can we do about them?
- What do we need to know?
- What do we already know?
- What resources do we need to proceed with the project?
- How will this project benefit the participants and the rest of the community?
- What are the common themes that have been generated in the research process?
- How do we summarize these themes in ways that benefit those involved?
- Who will control the research project? Make the decisions? Decide how to disseminate information to others?
- How will we address issues of confidentiality and privacy in the dissemination of the information we gather in the project?
- How will we inform others about the project?
- Will our research represent only the realities of those involved or those of other members of the community/group as well?
- What are the criteria we will use to assess the adequacy and efficacy of the project? Questions adapted from (McIntyre, 2008:50).

Appendix 2:

Rights Cards:

KNOW YOUR RIGHTS! You have the right to ask for:

① The reasons for hospitalization according to **Form 13.** ② The hospital's name and location. ③ A lawyer referral without delay. ④ To to appeal to the court to see if hospitalization is lawful. ⑤ A second medical opinion. ⑦ **Form 11**, to apply for a Review Panel Hearing. ⑥ A list of the phone numbers of agencies that can provide legal and advocacy services for you. ⑧ To have information translated if English is not your first language.

ADVOCACY NUMBERS - Mental Health Law Program: 1-888-685-6222
Mental Health Empowerment Advocates Program: 1-877-536-4327
The Kettle Friendship Centre: 604-251-2856

To speak to a peer from the Mental Health Political Action Group CALL: (604) 682-3269 ext# 8305 or EMAIL: mhactiongroup@resist.ca

PSYCHIATRIC COMMITTAL: Your Rights

What it means to be certified under the Mental Health Act

You may be certified if they believe that:

(You must meet ALL four of the criteria below)

① You have a mental disorder that does not allow you to react appropriately to your environment or to associate with others.

② You require psychiatric treatment in a designated facility.

③ You require care/supervision/control to prevent a mental or physical breakdown or for your own protection or the protection of others.

④ You are not suitable as a voluntary patient.

Each situation is different. You may be hospitalized and given treatment such as medication against your will.

Appendix 3:

MHPAG Poster: