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Sheila Wildeman* Agonizing Identity in Mental Health Law and Policy (Part II): A Political Taxonomy of Psychiatric Subjectification

This is the second part of a two-part essay exploring the function of identity in mental health law and policy, or more broadly, the function of identity in the politics of mental health. Part one began with the Foucauldian exhortation to undertake a "critical ontology of ourselves," and adopted the methodology of autoethnography to explore the construction or constructedness of the author's identity as an expert working in the area of mental health law and policy. That part concluded with a gesture of resistance to identification on one or the other side of the mental health/illness divide (the divide of reason and madness), affirming instead an aspiration to carve out a space of contemplation—or rather multiple spaces: fleeting, episodic manifestations of what the author terms "spectral identity"—supportive of reflection on the relational determinants of one's position along a continuum of shared vulnerabilities and capacities, shifting over time and across bio-psycho-social settings in defiance of simplistic binary categories. Part two builds out from these insights toward a political taxonomy of mental health identities. As such it deepens its engagement with the core question raised in part one: namely, is "mental health" working on us—on the mental health disabled, legal scholars, all of us—in ways that are impairing our capacity for social justice?

Cet article est le second volet d'un essai en deux parties qui examine la fonction de l'identité en droit et en politique de la santé mentale ou, plus largement, la fonction de l'identité dans les politiques sur la santé mentale. Le premier volet commence avec l'exhortation de Foucault qui nous incite à entreprendre une « ontologie critique de nous-mêmes. » Le texte suit alors la méthode de l'auto-ethnographie pour étudier la construction ou l'aspect construit de l'identité de l'auteure en tant que spécialiste travaillant dans le domaine du droit et de la politique de la santé malade. Le volet se conclut sur un geste de résistance à l'identification à l'un ou à l'autre côté de la santé mentale ou du fossé créé par la maladie (la frontière entre raison et folie), affirmant plutôt une aspiration à créer un espace de contemplation—ou plutôt des espaces multiples : manifestations éphémères, épisodiques de ce que l'auteure qualifie d'« identités spectrales »—qui étayent la réflexion sur les déterminants relationnels de la position de la personne sur un continuum de vulnérabilités et de capacités partagées, qui fluctuent au fil du temps et en fonction des contextes bio-psycho-sociaux, défiant les catégories binaires simplistes. Le second volet prend ces éléments comme points de départ vers une taxonomie politique des identités en santé mentale. Ce faisant, il approfondit l'examen de la question fondamentale soulevée dans le premier volet : la santé mentale nous influence-t-elle—les handicapés mentaux, les juristes, nous tous – de façons qui nuisent à notre capacité de justice sociale?

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Introduction

In Part I of this two-part essay, published in the second issue of volume 38 of the *Dalhousie Law Journal*, I started with a puzzle inherited from Michel Foucault: namely, how to make sense (in practical and in normative terms) of the imperative that we undertake the “critical ontology of ourselves”¹—

1. See Part I of this essay (Sheila Wildeman, “Agonizing Identity in Mental Health Law and Policy (Part I)” (2015) 38:2 Dal LJ 619 at 620-621 [“Part I”]); Michel Foucault, “What is Enlightenment?” in Paul Rabinow & Nikolas Rose, eds, *The Essential Foucault: Selections from The Essential Works of Foucault, 1954–1984*, translated by Catherine Porter (amended) (New York: New Press, 1994) 43 at 56.

in the thick of biopower?² How, that is, are we to understand the work of radically emancipatory politics once we accept that our deep experiences of identity or self-understanding are themselves imbricated in categories of knowledge and techniques of social ordering expressive of the dominant norms of our political culture—in particular, norms bringing together the individualizing and responsabilizing ethic of neo-liberal political economy with the rapidly-expanding universe of “ways of being mad”³? Part I adopted the method of autoethnography to broach these questions, or more specifically, to commence an inquiry into the role of identity in mental health law, policy, and politics.⁴ The idea was to start with reflection on my own role in or relationship to this field of law and politics, both as expert and as a target for identification, before taking up the coordinate identity positions of others. Part I concluded with a gesture of resistance to identification on one or the other side of the mental health/illness divide (the divide of reason and madness), affirming instead an aspiration to carve out a space of contemplation—or rather multiple spaces: fleeting, episodic manifestations of what I termed “spectral identity”—supportive of reflection on the messy relational determinants of one’s position along a continuum of shared vulnerabilities and capacities, shifting over time and across bio-psycho-social settings in defiance of simplistic binary categories.

In what follows, I seek to make good on the aspiration stated in Part I to move beyond the theoretical frame of critical or historical ontology (a mode of critique rooted in the efforts of the solitary scholar) to the collectivist ethic of radically pluralist democratic deliberation. I introduced this aspiration in Part I with reference to Chantal Mouffe’s “agonistic pluralism”⁵: a species of radical democratic politics enacting a hyper-awareness of constitutive exclusion even or especially in the consolidation of group-based identity. Part II takes this idea further, focusing on the

2. On biopower, see Paul Rabinow & Nikolas Rose, “Thoughts on the Concept of Biopower Today” (presentation, last revised in 2003), online: <www.lse.ac.uk/sociology/pdf/RabinowandRose-BiopowerToday03.pdf>, abstract [Rabinow & Rose, “Thoughts on Biopower Today”]; the presentation was later revised and published as Paul Rabinow & Nikolas Rose, “Biopower Today” (2006) 1 *Biosocieties* 195. Rabinow and Rose elaborate upon this Foucauldian term as follows: “Biopower, we suggest, entails one or more truth discourses about the ‘vital’ character of living human beings; an array of authorities considered competent to speak that truth; strategies for intervention upon collective existence in the name of life and health; and modes of subjectification, in which individuals work on themselves in the name of individual or collective life or health.”

3. See the discussion of Ian Hacking’s work in “Part I,” *supra* note 1 at 622-624.

4. On alternative readings of the indeterminate domain of mental health law and policy, see “Part I,” *supra* note 1 at 624-627.

5. See “Part I,” *supra* note 1 at 628; Chantal Mouffe, “For an Agonistic Model of Democracy” in Chantal Mouffe, *The Democratic Paradox* (New York: Verso, 2005) 80.

meaning or function of constitutive exclusion as it plays out in the arenas of mental health law and policy. Once again, my point of departure is Foucault: now, his reflections on the constitution of madness in his *History of Madness*.⁶ I then turn to identity constitution in the contemporary politics of mental health, viewed from my vantage as a legal academic in Nova Scotia. Specifically, I offer what I am calling a political taxonomy of psychiatric subjectification—a classificatory scheme that is necessarily flawed and partial, and based in a certain amount of interpretive violence. I distinguish three major categories of social positioning in describing those who stand as the subjects of mental health law and policy. These are: (1) radicalized psy-subjects (including users and survivors of psychiatry, Mad Pride and antipsychiatry); (2) psychiatric consumers (including both politically visible and politically invisible consumers, united by a focus on the quality and accessibility of individualized mental health services and accommodations); and (3) liminal subjects (including the “suggestible,” or those at the threshold of self-understanding/self-discipline in light of the categories of psychiatric knowledge, and the “spectral,” describing a transitory state latent within each of us wherein “mental health identity” may be contemplated in light of its historical and material bases and yet appreciated as lacking in substance, as phantasmic).

In exploring these categories, I reflect on the complex and variable function of identity in the politics of mental health. In particular, I ask what if any resonance the now-familiar critiques of identity politics have for this politics—i.e., concerns that identity-based social justice claims may paradoxically reify the ideological constructs through which dominant and subordinate subject positions are legitimized, may flatten or deny diversity of experience within the putative group, and may obstruct more far-reaching forms of social justice critique, including efforts at coalition building, in favour of a highly localized micro-politics. I conclude by canvassing voices from the radical politics of mental health that I take to exemplify the radical democratic ethic of agonistic pluralism: voices advancing new ways of troubling “mental health identity” so as to open the claims of the social justice movement of resistance to psychiatric subjectification to a refreshed plurality of critical perspectives.

6. Michel Foucault, *History of Madness*, ed by Jean Khalfa, translated by Jonathan Murphy & Jean Khalfa (New York: Routledge, 2006) [Foucault, *History of Madness*], first published as Michel Foucault, *Folie et déraison: Histoire de la folie à l'âge classique* (Paris: Plon, 1961).

I. *The constitution of madness*

[T]he constitution of madness as mental illness, at the end of the eighteenth century, bears witness to a rupture in a dialogue, gives the separation as already enacted, and expels from the memory all those imperfect words, of no fixed syntax, spoken falteringly, in which the exchange between madness and reason was carried out. The language of psychiatry, which is a monologue by reason *about* madness, has been established only on the basis of such a silence.⁷

Foucault's exploration of the constitution of madness in his early work, the *History of Madness*,⁸ traces a set of shifting institutional and discursive expressions of the distinction between reason and madness across successive theories and techniques of confinement and control. At the heart of the *History* is the idea of constitutive exclusion: of reason defining or asserting itself (in the form of psychiatric knowledge) through the suppression or silencing of its other. Foucault's method, recognizable as critical ontology, involves tracing the shape (or archeology) of constitutive exclusion through its institutional effects. This is an approach that is adopted, in the *History*, with the express aim of revealing the contingency of contemporary practices of objectifying and pathologizing the psychiatric subject.⁹

Foucault indicates, in the first iteration of his Preface to the *History*, his intent to write "a history of that other trick that madness plays."¹⁰ This recalls an introductory epigram supplied from Pascal: "Men are so necessarily mad, that not being mad would be being mad through another trick that madness played."¹¹ Pascal invokes (in)sanity's catch-22, the doubled logic whereby self-perception as sane signifies failed insight into madness. The aim of Foucault's *History* is to dwell upon and expose the deep logic productive of madness, "through which men, in the gesture of sovereign reason that locks up their neighbour, communicate

7. Foucault, *History of Madness*, *supra* note 6 at xxviii (from Foucault's Preface to the 1961 Edition) [emphasis in original].

8. Foucault, *History of Madness*, *supra* note 6.

9. Amy Allen, "Feminism, Foucault, and the Critique of Reason: Re-reading the *History of Madness*" (2013) 16 *Foucault Studies* 15 at 28-29. Allen writes:

The critique of reason elaborated in the *History of Madness* thus does not reject reason nor does it counsel an embrace of madness or unreason as the space of freedom. Rather, in the *History of Madness*, Foucault implicitly relies on the same conception of critique that he defends more explicitly in his later work, where reason is understood in fundamentally ambivalent terms and where freedom consists in opening up a space between ourselves and our historical a priori.

10. Foucault, *History of Madness*, *supra* note 6 at xxvii (from Foucault's Preface to the 1961 Edition).

11. *Ibid.*

and recognise each other in the merciless language of non-madness.”¹² Foucault elaborates:

[W]e need to identify the moment of that expulsion, before it was definitively established in the reign of truth, before it was brought back to life by the lyricism of protestation. To try to recapture, in history, this degree zero of the history of madness, when it was undifferentiated experience, the still undivided experience of the division itself. To describe, from the origin of its curve, that ‘other trick’ which, on either side of its movement, allows Reason and Madness to fall away, like things henceforth frozen to each other, deaf to any exchange, almost dead to each other.¹³

There is a messianic register to this statement that is less evident in Foucault’s later excursions into governmentality (and “biopolitics”),¹⁴ wherein even our freedom is an effect of power. Taken in context,¹⁵ the claim is not that we might, through attention to psychiatry’s “discourses, institutions and practices,”¹⁶ see our way back to an undifferentiated conceptual origin or otherwise forge a future in which constitutive exclusion may be fully repaired or overcome. Rather, the project of exposing the historically contingent conditions through which some are rendered objects of study while others (“experts” or as Nikolas Rose puts it, “psy-experts”¹⁷) craft monologues of reason aims to produce a heightened awareness of the

12. *Ibid.*

13. *Ibid.*

14. See Rabinow & Rose, “Thoughts on Biopower Today,” *supra* note 2 at 3. The authors state: “within the field of biopower, we can call ‘biopolitics’ the specific strategies and contestations over problematizations of collective human vitality, morbidity and mortality, over the forms of knowledge, regimes of authority, and practices of intervention that are desirable, legitimate and efficacious.”

15. Foucault’s will to put a brake on the romantic appeal to recovering lost origins is apparent just a few lines on in the Preface to the 1961 Edition:

We must therefore speak of this primitive debate without supposing a victory, nor the right to victory; we must speak of these repeated gestures in history, leaving in suspense anything that might take on the appearance of an ending, or of rest in truth; and speak of that gesture of severance, the distance taken, the void installed between reason and that which it is not, without ever leaning on the plenitude of what reason pretends to be.” (Foucault, *History of Madness*, *supra* note 6 at xxviii).

16. “Reply to Derrida,” Appendix III in Foucault, *History of Madness*, *supra* note 6, 575 at 578.

17. See Nikolas Rose, *Inventing Ourselves: Psychology, Power and Personhood* (Cambridge, UK: Cambridge University Press, 1996) at 2:

The psychosciences and disciplines—psychology, psychiatry, and their cognates—form the focus of these studies. Collectively I refer to the ways of thinking and acting brought into existence by these disciplines since the last half of the nineteenth century as ‘psy,’ not because they form a monolithic or coherent bloc—quite the reverse—but because they have brought into existence a variety of new ways in which human beings have come to understand themselves and do things to themselves.

silence conditioning the possibility of psy-knowledge—an awareness that may give rise to new questions.

Indeed, for all this talk of silence, the *History of Madness* registers the passionate stirrings of a new discourse. In the passage quoted, Foucault elegiacally invokes a moment in the process productive of the divide between reason and madness “before it was definitively established in the reign of truth, before it was brought back to life by the lyricism of protestation.”¹⁸ The latter phrase resonates with the social movement of resistance to psychiatry coming to new prominence at the time of Foucault’s *History*—a resistance movement presented, in the passage cited, as functioning to revive or reinforce (as it were, from the other side) the distinction between reason and madness that the *History* seeks to disrupt.

The fifty years since Foucault’s first major work was published have been marked by a proliferation of public discourse and forms of social positionality centring in the psychiatric subject. Indeed, as literary critic Shoshana Felman has suggested, by the latter part of the 20th century, the project of exploring the constitution of madness had become less a matter of coaxing an historical narrative out of constitutive silence than organizing or discerning the distinctive discursive logics and social functions of a dizzying profusion of competing stories.¹⁹ Felman focuses on fictional texts, arguing that literature is itself “mad” in its capacity to expose the constitutive exclusions (or forms of “unreason”) grounding the project of social ordering.²⁰ A complementary development since Foucault’s *History* has been the forging of new critical histories providing a corrective to Foucault’s rather loose (to put it kindly) historiography. For instance, British social historian Roy Porter and Canadian Mad Studies historian Geoffery Reaume have opened rich passages in the history of madness by excavating the narratives of psychiatric subjects at specific institutional

18. Foucault, *History of Madness*, *supra* note 6 at xxvii.

19. Shoshana Felman, *Writing and Madness*, translated by Martha Noel Evans et al (Palo Alto: Stanford University Press, 2003) at 12-14, 17; *Writing and Madness*, which was originally published in 1985, is an abridged translation of Shoshana Felman, *La folie et la chose littéraire* (Paris: Seuil, 1978).

20. Felman, *Writing and Madness*, *supra* note 19 at 5.

sites.²¹ Such assemblages of traces of agency and resistance from within the structures and institutions of psychiatric confinement offer alternative histories on which to ground an alternative present.

From the vantage of politics, the most important development in the history of madness has been the rise of first voice interventions (self-identifying through the experience of madness or psychiatric intervention or both) in public deliberations on the meaning of and the appropriate or legitimate social responses to madness/mental illness/mental or psychosocial disability. The question that arises on encountering this dense field of voices is not “what would madness say if it could speak?” (this was never really Foucault’s question), but rather, “what is the function, the normative and political relevance, of the jostling claims to politically salient identity in the politics of mental health?”

II. *Toward a political taxonomy of psychiatric subjectification*

Foucault writes, in the preface to his next major work, *The Order of Things*:

This book first arose out of a passage in Borges, out of the laughter that shattered, as I read the passage, all the familiar landmarks of thought—our thought, the thought that bears the stamp of our age and our geography—breaking up all the ordered surfaces and all the planes with which we are accustomed to tame the wild profusion of existing things and continuing long afterwards to disturb and threaten with collapse our age-old definitions between the Same and the Other.²²

The passage from Borges to which Foucault refers invokes an ancient Chinese encyclopedia (Borges’s invention, it seems), the *Celestial Emporium of Benevolent Knowledge*,²³ which sought to class all manner of things according to universal conceptual schema. For example, Borges recounts, the *Emporium* sorted “animals” into fourteen categories, including “those belonging to the emperor,” “embalmed ones,” “those that

21. See e.g. Roy Porter, *A Social History of Madness: The World through the Eyes of the Insane* (New York: Dutton, 1989); Roy Porter, *Mind-Forg’d Manacles: A History of Madness in England from the Restoration to the Regency* (Cambridge, MA: Harvard University Press, 1987). Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940* (Toronto: University of Toronto Press, 2000). See e.g. Ian Hacking, *Mad Travelers: Reflections on the Reality of Transient Mental Illness*, (Charlottesville, VA: Virginia University Press, 1998); Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton: Princeton University Press, 1995).

22. Michel Foucault, *The Order of Things: An Archaeology of Human Sciences* (New York: Vintage, 1994) at xv.

23. Jorge Luis Borges, “The Analytical Language of John Wilkins” in Jorge Luis Borges, *Other Inquisitions 1937–1952*, translated by Ruth LC Simms (Austin, TX: University of Texas Press, 1964) 101 at 103, alternative translation available online: <www.crockford.com/wrrrld/wilkins.html>. Thanks to the anonymous reviewer who suggested I consider drawing on Borges’s invention.

are trained,” “stray dogs,” “those included in this classification,” “those drawn with a very fine camel hair brush,” etc. (the twelfth category is indeed “*et cetera*”).²⁴

Foucault’s laughter on encountering Borges’s *Emporium* signifies the purpose and method of critical ontology: the disruption of habitual, habituated analytical schemes through which we understand ourselves and others and the worlds we inhabit. The categories posited in the political taxonomy that follows are offered in a similar spirit. That is, I acknowledge the folly of attempting to fix determinative categories of social positionality in the politics of mental health, even as I seek thereby to open the question of the function of identity in this politics. The point is to spur reflection about whether (or in what contexts) politicized mental health identification may disrupt or alternatively reinforce the deep binary logic of reason and madness whereby the subordinate term is violently translated from the status of full legal and political subject to the status of manipulable object. As we move into the domain of taxonomy (framed as a taxonomy of “psychiatric subjectification,” to foreground the way power works on and through the subject in the form of “mental health identity”), then, it is important to keep in mind not merely the arbitrariness but the violence of our habits of classification in this and other fields. At some point, that is to say, the laughter stops, as we contemplate the calculating, punishing logics of exclusion and subordination that over time ossify in our minds and institutions.

The rough organizing principle in what follows is to move from self-consciously radical or oppositional subject positions in the politics of mental health (the class of radicalized psy-subjects), through positions more clearly co-opted by dominant logics (the class of mental health consumers), before concluding with what I term liminal subjects (divided into the suggestible and the spectral: the one signifying the potential for psychiatric subjectification latent within the as yet unidentified, and the other, the possibility of critically interrogating one’s own and others’ identity-based allegiances). I leave for another day, or for a further installment in my political taxonomy, the politics of family and of family-aligned organizations, which in recent decades have functioned to drive mental health law reforms in the direction of increased tolerance for coercion or force. This is perhaps chief among the constitutive exclusions informing the fashioning of my taxonomy.

24. I prefer and so have adopted the translation of the Emporium’s categories featured in the Wikipedia entry: Wikipedia, “Celestial Emporium of Benevolent Knowledge,” online: <en.wikipedia.org/wiki/Celestial_Emporium_of_Benevolent_Knowledge>.

1. *Radicalized psy-subjects*a. *Challenging descriptors*

The first entry in my taxonomy, the class of radicalized psy-subjects, is united in resistance to the deployment of psychiatric knowledge to translate legal subjects into passive objects of manipulation and control. However, this broad class is marked by distinct sub-groupings adopting diverse critical analyses and strategies. Assistance in gaining orientation to the field is found in the critical ethnographic work of Shaindl Diamond,²⁵ which illuminates the vibrant complexity of the contemporary social movement(s) of resistance to psychiatry in Toronto.²⁶ Diamond's research identifies at least three distinct (and in some respects overlapping) sub-groupings of resistant psy-subjects.

The first is the psychiatric survivor constituency.²⁷ Diamond describes this as “the heart of the political community, representing those who are most deeply affected by the practice of biological psychiatry and sanism in dominant culture.”²⁸ Survivors unite around “peer support and consciousness-raising initiatives” aimed at individual and collective empowerment. By foregrounding the experience and self-understanding of those targeted and defined by psychiatric knowledge, survivors subvert the dominant norms of the mental health system. Particular attention is given to exposing the illegitimacy of involuntary psychiatric interventions through survivor narratives relaying the experience of such interventions as raw or unmitigated violence. Yet while the survivor movement is deeply critical of psychiatry and particularly coercive psychiatry, some self-identified survivors are also users of the mental health system and participants in mental health system reform processes (thus standing in tension with antipsychiatry, described below).²⁹ Ultimately, the survivor perspective brings the liberty-centric analysis of opposition to forced interventions together with an antidiscrimination analysis seeking to

25. Shaindl Diamond, “What Makes Us a Community? Reflection on Building Solidarity in Anti-Sanist Praxis” in Brenda A LeFrançois, Robert Menzies & Geoffrey Reaume, eds, *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars' Press, 2013) [LeFrançois, Menzies & Reaume, *Mad Matters*] 64 [Diamond, “Building Solidarity”].

26. Diamond conducted the research informing her essay between 2008–2010 (*ibid* at 78). For more on Toronto's standing as a rich site of survivor / Mad activism and scholarship, see *Psychiatric Survivor Archives of Toronto*, online: <www.psychiatricsurvivorarchives.com>; *Toronto Mad Pride*, online: <www.torontomadpride.com>.

27. Prominent international psychiatric survivor (or user/survivor) groups include MindFreedom, online: <www.mindfreedom.org> and the World Network of Users and Survivors of Psychiatry (WNUSP), online: <www.wnusp.net>.

28. Diamond, “Building Solidarity,” *supra* note 25 at 65.

29. *Ibid* at 65, 68.

counter social exclusion through such means as “accessible survivor-positive employment opportunities, affordable housing options, and other non-psychiatric alternatives.”³⁰

Next is the “Mad constituency.”³¹ Those identifying as Mad express a commitment to affirming or revaluing forms of identity and experience susceptible to medical surveillance and correction—as such, to “developing Mad culture” or Mad Pride.³² This, according to Diamond, is “a newer phenomemon [...] which] evolved out of the psychiatric survivor constituency, and in many ways can be viewed as an extension of it.”³³ The main difference between Mad Pride and the survivor movement consists in a “shift from focusing on psychiatric oppression to the development of positive understandings of Mad identity and experience.”³⁴ Diamond suggests that some members of this constituency rely upon essentialized or naturalized understandings of madness (paired with a critique based in the duty to accommodate difference), while others take the view that Mad culture and Mad critique may be shared in by all who identify “normal” as an oppressive social construct.³⁵

The final major sub-grouping of resistant psy-subjects identified in Diamond’s critical ethnography is antipsychiatry.³⁶ The core mandate of this constituency—to end psychiatric coercion—overlaps in part with the politics of the psychiatric survivor movement and Mad Pride. What is distinct is that, on the analysis of antipsychiatry, psychiatric knowledge and practice is necessarily coercive and is wholly lacking in scientific, political, and legal legitimacy. The objective is thus not simply to reform but to abolish psychiatry, or at least to sever its institutional roots from

30. *Ibid* at 65.

31. *Ibid* at 65-66.

32. *Ibid* at 66.

33. *Ibid* at 65. The complex relationships among the categories of consumer, survivor, ex-patient, and Mad Pride are taken up in Geoffrey Reaume, “A History of Psychiatric Survivor Pride Day,” *Consumer/Survivor Information Resource Centre Bulletin*, bulletin 374 (14 July 2008) 2, online: <www.csinfo.ca/bulletin/Bulletin_374.pdf>.

34. Diamond, “Building Solidarity,” *supra* note 25 at 66. On the emergence of Mad Pride in Toronto, see Helen Henderson, “Mad as Hell: Angry Activists Say Treatment for Mental Illness Is Too Often More about the Pills than the Person,” *Toronto Star* (10 March 2007), online: <www.thestar.com/life/2007/03/10/mad_as_hell.html>.

35. Diamond, “Building Solidarity,” *supra* note 25 at 69-71.

36. Diamond notes that “[e]xamples of antipsychiatry groups based in Toronto include the Ontario Coalition Against Electroshock (1982–1987), Resistance Against Psychiatry (1989–present), and the Coalition Against Psychiatric Assault (2003–present)” (*ibid* at 67). For an example of international organizing, see The Antipsychiatry Coalition, online: <www.antipsychiatry.org> and for U.S.-focused organizing, see The Law Project for Psychiatric Rights (PsychRights), online: <psychrights.org>.

supportive state structures.³⁷ Antipsychiatry is unapologetically single-minded in this regard and rejects incremental reforms that might lend an air of legitimacy to institutional psychiatry.

As indicated, there are important differences among the objectives and resistance strategies of the above sub-categories of radicalized mental health politics. These differences produce tensions around whether or how a common mandate or a politically salient identity may be forged in defiance of psychiatric coercion and social exclusion. For example, Bonnie Burstow, a prominent Toronto-based antipsychiatry theorist and activist, at once celebrates the shared aspirations of antipsychiatry and Mad Pride in opposing psychiatric coercion and warns against Mad Pride's strategy of "reclaiming" historically-derided Mad (looney, crazy) identity categories, suggesting that this strategy is highly susceptible to the recuperative forces of psychiatric hegemony and so may in fact operate to reinforce the knowledge and practices on which coercive psychiatry (or psychiatry as such) and related forms of social exclusion are based.³⁸ Antipsychiatry, Burstow suggests, resists the cooptation that may result from grounding resistance to psychiatry in shared mental health status, shared vulnerability to psychosocial problems, or shared madness—instead resting solidarity on a common set of ideological commitments.³⁹ However, this non-identitarian stance of antipsychiatry attracts suspicion among some of those who identify as survivors or as Mad people.⁴⁰ At the same time, it may be observed that antipsychiatry shares with the survivor movement a privileging of survivor narratives as a mechanism of consciousness-raising and solidarity-building—a tactic that arguably tends to construct insider/outsider knowledge and status in a manner that reflects a common experiential base (that of subjection to psychiatric knowledge). In constructing insider status along these lines, antipsychiatry, too, risks paradoxically reinforcing (as it were, from the other side) the very forms of knowledge and identity-construction critiqued.

37. Diamond, "Building Solidarity," *supra* note 25, at 66. See also Bonnie Burstow, "The Withering Away of Psychiatry: An Attrition Model for Antipsychiatry" in Bonnie Burstow, Brenda A LeFrançois & Shaindl Diamond, eds, *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution* (Montreal: McGill-Queen's University Press, 2014) 34 at 36.

38. See Bonnie Burstow, "A Rose by Any Other Name: Naming and the Battle against Psychiatry" in LeFrançois, Menzies & Reaume, *Mad Matters*, *supra* note 25, 79 at 82-85 [Burstow, "Rose by Any Other Name"].

39. *Ibid* at 85; Diamond, "Building Solidarity," *supra* note 25 at 66-67, adds: "While the perspectives of psychiatrized people are often placed front and centre, the [antipsychiatry] constituency is open to all people who are interested in undermining psychiatric dominance and includes both those who have been psychiatrized and those who have not."

40. Diamond, "Building Solidarity," *supra* note 25 at 71-72.

Efforts to unite the experiences and analyses of the various sub-groups discussed are apparent in the conjoining of “consumer/survivor/ex-patient” (c/s/x) perspectives⁴¹—or more narrowly (and more in keeping with my taxonomy’s distinguishing mental health consumers from radicalized psy-subjects), “user and survivor” perspectives—in some advocacy strategies. Consider, for example, the World Network of Users and Survivors of Psychiatry (WNUSP). WNUSP raised its profile in recent years by taking on a central role, in coordination with other Disabled Persons Organizations, in the negotiation and drafting of the U.N. *Convention on the Rights of Persons with Disabilities (CRPD)*.⁴² In conjoining distinct user and survivor constituencies, this and other activist organizations arguably shift radical psy-subject politics in important ways. For instance, while the term “user” admits of a reading that would simply merge this category with the self-directing neo-liberal “consumer,” it arguably has a mercenary quality that the “consumer” lacks; moreover, the “user” has the potential to register as faintly corrupted or exploited by the system used (as in “user of street drugs”). In any case, “users” are radicalized by their proximity to “survivors”—those whose hard-won political insights issue from withstanding psychiatry as one might a violent attack.⁴³ At the same time, “survivors” are cast in a new light by their willingness to join political forces with those openly using psychiatric services. Of course, one can be both a user and a survivor, as continuing use of the system can be pervaded with the critical ambivalence borne of surviving its ongoing oppressive effects.

WNUSP’s membership criteria state that “user or survivor of psychiatry” includes “anyone who defines themselves as a person who has experienced madness and/or mental health problems and/or has used or survived psychiatry/mental health services.”⁴⁴ This is broad enough

41. On the deployment of conjoined c/s/x identities in social movement advocacy, see Linda Morrison, *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement* (New York: Routledge, 2005). For a critique of the tendency to blur these distinct social and political locations, see Burstow, “Rose by Any Other Name,” *supra* note 38 at 87-88.

42. 24 January 2007, A/RES/61/106 [CRPD]. For a careful history of the user/survivor movement, including the role of WNUSP in the CRPD negotiations, see Moosa Salie, “The Voice of the User/Survivor” in Samuel O Okpaku, ed, *Essentials of Global Mental Health* (Cambridge, UK: Cambridge University Press, 2014) 63.

43. However, see Diamond, “Building Solidarity,” *supra* note 25 at 68. As Diamond observes, while the term “survivor” “originated with a radical critique of the psychiatric system,” the meaning is unstable and context-dependent, and “now many people who are not as radical embrace the term, sometimes even attributing different meanings to it, such as the implication that one has survived mental illness rather than the psychiatric system.”

44. World Network of Users and Survivors of Psychiatry, *WNUSP Statutes*, art 3.1, online: <www.wnusp.net/index.php/wnusp-statutes.html>.

to accommodate those who have had no interaction with psychiatry as well as those who refuse to grant such interactions a role in their self-description. Such openness to self-identification disrupts the coherence of this politics as a form of identity politics. At the same time, it signals a skepticism about psychiatric knowledge and a commitment to alternative ways of making sense of the experiences attracting psychiatric surveillance and control, which are common to all radicalized psy-subject positions. Of course, a further criterion of membership in WNUSP is support for the organization's mission: namely, to advocate domestically and internationally for the human rights of users and survivors and to achieve representation for users and survivors in forums affecting their interests.⁴⁵ This mission functions as ballast to the lightness of the identity-based membership criteria—although the stabilization, such as it is, runs both ways, as the mission is ultimately grounded in promoting the common interests of members.

All of the sub-groups of radicalized psy-subjects discussed advance the objective of dismantling, if not the psychiatric apparatus as a whole, then *coercive* psychiatry or state-backed involuntary psychiatric interventions.⁴⁶ It is important to acknowledge the radicality of this objective, given the robust presence of regimes of involuntary psychiatric hospitalization and treatment in each province in Canada and internationally.⁴⁷ Yet the possibility of strengthening this radical politics by forming stable alliances among the subgroups is troubled by their diverse analyses and strategies, and, relatedly, by the question of whether or how their social justice claims may be grounded in a politically salient shared identity. These challenges have only deepened as the focus of social justice claims-making in the movement has shifted from a near-exclusive emphasis on liberty or freedom from involuntary interventions to a coordinate emphasis on equality or social inclusion. The question is how to negotiate the expectation that discrimination claims be grounded in membership in a vulnerable or derided group while maintaining space for resistance

45. *Ibid.*, art 2.2.

46. European Network of (ex-)Users and Survivors of Psychiatry et al, *Declaration of Dresden against Coerced Psychiatric Treatment*, (2007), online: <www.wnusp.net/documents/dresdenDeclaration.pdf> at 1. The *Dresden Declaration*, which reflects consensus among the European Network of (ex) Users and Survivors of Psychiatry, WNUSP and MindFreedom International, suggests an attempt to mediate the aspirations of abolitionists and those seeking abolition only of *coercive* practices: "We stand united in calling for an end to all forced and coerced psychiatric procedures and for the development of alternatives to psychiatry."

47. See Peter Carver, "Mental Health Law in Canada" in Jocelyn Downie, Timothy Caulfield & Colleen Flood, eds, *Canadian Health Law and Policy*, 3rd ed (Toronto: LexisNexis, 2007) 399; H Archibald Kaiser, "Canadian Mental Health Law: The Slow Process of Redirecting the Ship of State" (2009) 17 Health LJ 139.

to the categories of psychiatric knowledge through which the requisite group identity is produced (whether under the heading of mental illness, psychiatric disability, or even—though some argue this is severable from psychiatric knowledge—psychosocial disability⁴⁸). I return to this question below, in taking up how WNUSP has attempted to address this challenge.

b. *Identity politics at the roots of radicalization*

The tensions around identity within and among the radical psy-subject constituencies cannot be fully appreciated without a sense of the historical roots of the movement in identity politics. One important source of momentum or consolidation in the early movement consisted in new forms of social critique emerging in the late 1950s and 1960s, centring in a critique of psychiatry. This included not only the work of Foucault, but also that of Thomas Szasz, who denounced the state's collusion with psychiatric power on the basis of libertarian arguments conjoining the right to be free of state interference with a fierce ethic of personal responsibility for how one's life goes.⁴⁹ Also important was the work of R.D. Laing, whose explorations of the phenomenology of psychic disturbance were complemented by novel relational, community-based therapies.⁵⁰ What these disparate scholars shared, in terms of their relevance to the movement for social justice on behalf of the psychiatrized, was the thesis that "mental illness" was not a thing-in-itself or a dysfunction located in the individual

48. Bach and Kerzner position the term "psychosocial disability" as accommodating a variety of forms of mental health identification, including "those who experience mental health issues, and/or who identify as 'mental health consumers,' 'psychiatric survivors,' or 'mad.'" Michael Bach & Lana Kerzner, *A New Paradigm for Protecting Autonomy and the Right to Legal Capacity* (Toronto: Law Commission of Ontario, 2010) at 15, online: <www.lco-cdo.org/disabilities/bach-kerzner.pdf>. The definition endorsed by WNUSP specifies that "psychosocial disability" does not signify "a belief in psychosocial 'impairment.'" World Network of Users and Survivors of Psychiatry, "Psychosocial Disability," online: <www.wnusp.net/documents/2012/Psychosocial_disability.docx>.

49. See e.g. Thomas S Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, 2nd ed (New York: Harper & Row, 1974); Thomas S Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (New York: Harper & Row, 1970). On Szasz's influence, see Judi Chamberlin, "The Ex-Patients' Movement: Where We've Been and Where We're Going" (1990) 11:3 *J Mind & Behaviour* 323 [Chamberlin, "Ex-Patients' Movement"]. Chamberlin writes (at 333),

Many individuals' movement first encountered a critique of the mental health system—a critique which confirmed their feelings—in the works of Thomas Szasz. In... a career spanning more than thirty years, Szasz has always spoken powerfully about the essential wrongness of forced psychiatric treatment, and the fallacy of defining social and behavioral problems as illness."

50. See e.g. RD Laing, *The Divided Self: An Existential Study in Sanity and Madness*, revised ed (Harmondsworth, UK: Penguin Books, 1965); RD Laing & A Esterson, *Sanity, Madness and the Family: Families of Schizophrenics*, 2nd ed (Harmondsworth, UK: Penguin Books, 1970). See also Sean O'Hagan, "Kingsley Hall: RD Laing's Experiment in Anti-Psychiatry," *The Guardian* (2 September 2012), online: <www.theguardian.com/books/2012/sep/02/rd-laing-mental-health-sanity>.

but rather an effect of dominant conceptual and institutional structures susceptible to social critique.

One may trace the intellectual commitments of the radical critique of psychiatry in Canada and the U.S. along an arc from the spare Szaszian libertarianism prominent in the 1970s and into the 1980s,⁵¹ through an intensive period of collectivizing and consciousness-raising—for which inspiration was drawn in part from identitarian sources including the civil rights movement and the feminist critique of patriarchy—to the contemporary period in which a variety of social theories have been put into play, including intersectionality theory or the analysis of interlocking bases of oppression, as well as relational theory supportive of social and economic rights. (The latter was particularly prominent in user/survivor advocacy in connection with the *CRPD*).⁵² Yet for all the importance of the intellectual sources of this politics, the social movement in resistance to psychiatry had its primary roots in a solidarity forged through shared identification as persons subjected to violence by state-legitimized psychiatric power. That is, it was the experience of psychiatry as violence, rather than the force of a particular set of intellectual or theoretical commitments, that formed the movement's historical and phenomenological foundations.⁵³

The centrality of a shared political identity took shape as a feature of the “ex-patient” movement arising at various North American sites in the late 1960s and 1970s. Judi Chamberlin was, until her death in 2010, a key organizer in the ex-patient movement (which overlapped in various respects with, and ultimately fed into, the user/survivor movement, antipsychiatry, and Mad Pride). Chamberlin's own journey into activism followed upon her experience of involuntary hospitalization and treatment

51. Chamberlin, “Ex-Patients’ Movement,” *supra* note 49 at 333. Chamberlin notes, of The National Association of Psychiatric Survivors (NAPS), that it was

founded in 1985 as the National Alliance of Mental Patients, [NAPS] promotes the same ideals Szasz espouses. The first item in its Goals and Philosophy Statement reads:

To promote the human and civil rights of people in and out of psychiatric treatment situations, with special attention to their absolute right to freedom of choice. To work towards the end of involuntary psychiatric intervention, including civil commitment and forced procedures such as electroshock, psychosurgery, forced drugging, restraint and seclusion, holding that such intervention against one's will is not a form of treatment, but a violation of liberty and the right to control one's own body and mind.

52. See Sheila Wildeman, “Protecting Rights and Building Capacities: Challenges to Global Mental Health Policy in Light of the *Convention on the Rights of Persons with Disabilities*” (2013) 41:1 *JL Med & Ethics* 48 at 52-53, 59 [Wildeman, “Protecting Rights and Building Capacities”].

53. A more detailed account of the multiple and sometimes “colliding” sites through which the social movements of resistance to coercive psychiatry arose over the 20th century is provided in Robert Menzies, Brenda A LeFrançois & Geoffrey Reaume, “Introducing Mad Studies” in LeFrançois, Menzies & Reaume, *Mad Matters*, *supra* note 25, 1 at 1-9 [Menzies, LeFrançois & Reaume, “Introducing Mad Studies”].

after a miscarriage in the late 1960s.⁵⁴ She was later diagnosed with schizophrenia. In the early 1970s, she became a member of the Boston-based Mental Patients Liberation Front, after which her activism took many forms, including a role as co-chair of WNUSP from 2001–2004. Her 1978 book, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*,⁵⁵ is recognized as a foundational text of the user/survivor and Mad Pride movements.

Chamberlin identified the American civil rights struggle and other liberation movements of the period (such as the fight against women's oppression and oppression based in sexual orientation) as having helped shape the political imagination of the movement—for instance, inspiring strategies of consciousness-raising to expose the workings of oppression in one's daily life. More generally, these disruptive social movements provided examples wherein a common and relatively cohesive group-based identity appeared to precede and inform the work of setting shared political objectives.⁵⁶

Chamberlin suggested that the impetus for excluding those who did not identify as “mental patients” or “former patients” in the early days of the movement was to preserve the radical insights of those who had experienced psychiatric interventions as oppression and to maintain control over the movement's direction. She wrote:

Those groups that did not exclude non-patients from membership almost always quickly dropped their liberation aspects and became reformist. In addition, such groups rapidly moved away from ex-patient control, with the tiny minority of non-patient members taking on leadership roles and setting future goals and directions.⁵⁷

Chamberlin's work gives particular attention to the significance of personal narratives, crafted and shared as a form of consciousness-raising, to the self-understanding of the nascent ex-patient movement. She suggests that consciousness-raising served to link up what had been experienced as deeply personal “mental health problems” to a common political analysis, and with this, a shared (and necessarily delimited) political identity:

[A]s mental patients began to share their life stories, it became clear

54. JM Lawrence, “Judi Chamberlin, Writings Took on Mental Health Care,” *Boston Globe* (20 January 2010), online: <www.boston.com/bostonglobe/obituaries/articles/2010/01/20/judi_chamberlin_writings_took_on_mental_health_care/>.

55. Judi Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (New York: Hawthorn Books, 1978).

56. Chamberlin, “Ex-Patients' Movement,” *supra* note 49 at 323, 325-326.

57. *Ibid* at 325.

that distinct patterns of oppression existed and that our problems and difficulties were not solely internal and personal, as we had been told they were. The consciousness-raising process may be hampered by the presence of those who do not share common experiences (e.g. as women or as mental patients). As the necessity for consciousness-raising became more evident, it provided still another reason for limiting group membership.⁵⁸

Canadian writers and activists have produced exemplary instances of the genre of narrative-based radicalization in opposition to psychiatric oppression;⁵⁹ Don Weitz and Bonnie Burstow's *Shrink Resistant* stands out as an influential example.⁶⁰ Such works link internalized abject identities to the collective experience of oppression, on the way to group solidarity and resistance. In this way, lived experience is positioned as the raw material for the individual's as well as the collective's radicalized identity.

c. *Expert subjects*

The psy-expert stands as the counterpoint against which radicalized identity is constructed in this field of knowledge and power. Correspondingly, the imperative of regulating membership under the criterion of lived experience has gained much of its critical intensity from what Maria Liegghio (drawing on Gayatri Spivak) terms "epistemic violence."⁶¹ This describes a form of domination and subordination whereby the operation of expert knowledge brings about one's disqualification as a "legitimate knower." In the case of the psychiatric subject, this may mean disqualification of one's most intimate subjective experience of self and world—one's sense of identity⁶² or privileged interiority—along with translation of one's "mad speech" from the status of reason to that of symptom. The political project of the user/survivor movement (indeed, the project of all radicalized psy-subjects) is oriented in great part toward the rescue of subjugated or de-legitimated self-knowledge and exposure of the phenomenon of de-legitimation as violence or fundamental violation.

58. *Ibid* at 326.

59. See Morrison, *supra* note 41 at 129. Morrison identifies a phased "heroic survivor narrative" progressing from encounter with the psychiatric system, to resistance, to politicization and advocacy for others. She suggests that these narratives "are re-enacted and emphasized in group settings" in a manner that "build[s] collective identity and shared experience."

60. Bonnie Burstow & Don Weitz, eds, *Shrink Resistant: The Struggle against Psychiatry in Canada* (Vancouver: New Star Books, 1988); see also Irit Shimrat, *Call Me Crazy: Stories from the Mad Movement* (Vancouver: Press Gang, 1997).

61. Maria Liegghio, "A Denial of Being: Psychiatrization as Epistemic Violence" in LeFrançois, Menzies & Reaume, *Mad Matters*, *supra* note 25, 122 at 123, citing Gayatri Chakravorty Spivak, "Scattered Speculation on the Subaltern and the Popular" (2005) 8:4 *Postcolonial Studies* 475.

62. Liegghio, *supra* note 61 at 123.

And yet, in one of many instances of reversal in this field, contemporary developments at the radicalized core of psychiatric subjectification have taken a marked turn toward self-conscious integration of activist and academic identities. An exemplary instance is provided in psychiatric survivor Erick Fabris's master's thesis, submitted to the University of Toronto's Ontario Institute for Studies in Education in 2006 (Fabris later published a monograph arising out of the thesis, in 2011). The thesis takes aim at "Chemical Incarceration in Psychiatric Survivor Experiences of Community Treatment Orders"⁶³ through a methodology described as "qualitative analysis of forced treatment by someone who has been forcibly treated."⁶⁴

Fabris writes evocatively of his astonishment and terror upon being subjected to forced treatment just over ten years before, in Vancouver:

1993. I have experienced new experiences. I have changed myself to perceive new realities (again). I have danced for spirit, ready for escape. ...Retrieved to the bakery where I work, my supervisor tells me to stand outside, lest the customers see. He reports me. My 'dance' is his evidence....

I fret in my hospital gown as I wait for my psychiatric assessment. I will finally know whether I am insane after years of evasion. My psychological weaknesses will be splayed out before me, positively assessed using the best instruments of modern technical science. This is what I've been afraid of since my mother's hospitalizations for 'schizophrenia' in the 1970s. Like her, I was brought here because I began to change, to sense life differently....

After what seems like 15 minutes, I come out of my waiting room to see if anyone will see me. I call meekly, "is anyone there?" Shadows shift behind plants and counters in the emergency ward. A second later I am surrounded by waving arms and bodies pressing on me without touching, perhaps six males of different sizes, some aggressively hunched, yelling! My hands instinctively open in a motion of surrender. They holler, "Get back in the room!" repeatedly, their inflection rising as if provoking.... They usher me into a flat, prone position and roughly bind my arms to the metal railings, right arm above my head, left to my side. My mother never told me about this treatment.

63. Erick Fabris, *Identity, Inmates, Insight, Capacity, Consent, Coercion: Chemical Incarceration in Psychiatric Survivor Experiences of Community Treatment Orders* (MA Thesis, Ontario Institute for Studies in Education, University of Toronto, 2006), online: <psychrights.org/Countries/Canada/DFabrisCTOchemoprison.pdf> [Fabris, *Identity, Inmates, Insight*]. The monograph based on the thesis is Erick Fabris, *Tranquil Prisons: Chemical Incarceration under Community Treatment Orders* (Toronto: University of Toronto Press, 2011).

64. Fabris, *Identity, Inmates, Insight*, *supra* note 63 at ii.

A few seconds later a nurse approaches my tense form with a needle. She stabs it into my left thigh deeply and injects a fiercely burning pain. I wince, then lay quiet, unmoving. She swabs the pricked wound with alcohol. I am barely breathing from fear. I lie as still as I can, anything to prevent further violence. The caregivers leave. I begin to shiver with cold. I'm becoming drowsy. A moment or two passes. My lover enters the room, a look of shock on her face....

Fourteen hours later? I'm awoken, parched and afraid. The snoring of three other men in a dark room makes me start. Trolleys rattle and echo in the recesses above the ceiling. I have no clue where I am. Is this a mistake, a fluke?⁶⁵

The point of this narrative is to expose the violence, and sense of fundamental violation, marking the sites of involuntary treatment. Here and elsewhere, Fabris draws on the standpoint of madness⁶⁶ to critique forced treatment not only in his own case but as generally promoted and legitimated through Ontario's legal regime of Community Treatment Orders (CTOs). His aim (other than, of course, to earn a graduate degree) is to denounce this expression of mental health law and policy as effecting "chemical imprisonment in the body."⁶⁷

The phenomenon of epistemic violence, i.e., the operation of expert knowledge to mark one's deep or intimate sense of self or self-discovery as illegitimate, is foregrounded in Fabris's account. And yet, on assuming an expert stance himself, he situates his experience within a wider set of considerations—taking the scholar's posture of not simply speaking his own truth but engaging in examination of the truth claims of others. The thesis is as such a project of critical inquiry into the experience of psychiatric subjectification.

I am struck by the deep differences between Fabris's project of engaged inquiry into his own and others' political positioning in the field of mental health law and policy and my detached academic stance, constructed over years. The importance of such detachment, or of striving for it, was one of the fundamental lessons I took from my aborted doctoral research project described in Part I. This lesson was instilled in me by an institutional (in particular, a Research Ethics Board) culture with little patience for academic projects blurring the roles of expert and (tentative, aspirational, Mad-curious) ally, and even less patience for disturbing the unitary identity of the "vulnerable research subject." In Part I, I described

65. *Ibid* at 9-10.

66. *Ibid* at 11, 16-18.

67. *Ibid* at 1, 7-8.

how my efforts to access the perspectives of persons deemed incapable of making treatment decisions (their perspectives on the medico-legal processes to which they had been subjected) were blocked at every turn. One might say that the institutional culture in which I was embedded was actively engaged in reproducing the gap between reason and madness, the constitutive exclusion whereby reason constructs monologues about madness on the basis of the other's silence. In the end, my proposed research project succeeded only as "evidence of a broken dialogue."⁶⁸

Compare this with Fabris's hard-won insights. He commences with a research question centring on identity: "From both an epistemological and pharmacological view, I ask how drugging can affect perception, understanding, memory, motivation, feeling, which inform identity."⁶⁹ Fabris then brings his own and others' experiences of forced intervention to bear upon the competing perspectives of "clinicians and others" who "perceive the results of drugging as improvement"—a position that "lends to the moral defense of force."⁷⁰ Ultimately, the effect is to disrupt the legitimation of CTOs as equality- or liberty-respecting, illuminating instead the experiential bases on which resistant psy-subjects denounce CTOs as subjection to alien invasion, foreign forces bent upon muting or attacking one's most intimate sense of self.

Fabris additionally uses narrative to explore themes associated with *Mad Pride*, bringing out alternative conceptual or cultural frameworks for interpreting behaviours or states of mind coded as disordered. Thus he writes of the "capacity" for madness, of madness as "a process of achievement," now reaching back before his encounter with coercive psychiatry to relay his prior interpretation of his shifting mental states as a creative or spiritual journey. This was a journey, Fabris relates, that "began with a creative and spiritual drive to merge my everyday life with my symbolic life."⁷¹ He continues:

[W]hen 'madness' emerged all articles of faith and principles of beauty receded in stature. The search brought me to see, to perceive, in ways that depended less and less on the norms I had grown up with, the usual turns of phrase, the usual expressions of feeling. I found myself behind the curtain of language and logic, able to modify these programs tacitly.⁷²

68. This is Richard Howard's translation of a passage (quoted above) from Foucault's Preface to the 1961 Edition of *History of Madness*. See Foucault, *History of Madness*, *supra* note 6, and compare Howard's translation, Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, translated by Richard Howard (New York: Vintage Books, 1973) at x-xi.

69. Fabris, *Identity, Inmates, Insight*, *supra* note 63 at 8.

70. *Ibid.*

71. *Ibid.* at 10.

72. *Ibid.*

Fabris contrasts this “natural” or intimately self-apprehended state to what he positions as the artifice of psychiatric diagnosis and forced pharmacological interventions:

This was a transformative yet natural ‘capacity’, before I was incarcerated and drugged in Vancouver in 1993. Psychiatrists called this private achievement a ‘psychosis (not otherwise specified)’, then, because I later admitted to feeling sad in the institution, as ‘bipolar affective disorder.’⁷³

Thus Fabris expresses, in highly personal terms, central tenets of Mad Pride: that madness is an expression of human diversity which, while in some circumstances linked with “horror,” may (particularly if greeted with openness) also bring “joy,” enriching one’s exposure to and facility with a range of ways of experiencing self and world. Having produced this richly textured account, he asks: “Can ‘mad’ people not author a new narrative of ‘madness’, or does the word by definition prevent us from speaking of self and reality?”⁷⁴

By writing as a self-identified Mad scholar, Fabris has defiantly answered this question. And yet it remains that to speak in the register of madness is to render oneself and one’s truth claims susceptible to heightened suspicion. Does speaking in the register of madness necessarily re-enact the divide between reason and madness, and with this, reinforce norms of exclusion? I return to this question near the end of my inquiry, on considering the broader institutional context or culture of resistance that is Mad Studies.

d. *Politics and/of law*

Just as Fabris deals head-on with the role of identity (as scholar and as Mad activist) in constituting his scholarship, other radicalized psy-subjects (in particular, users/survivors) have reflected on the function of identity in social justice claims-making.

The paradox and potential of constructing social justice claims expressive of resistance to psychiatric subjectification through an appeal to a collective political identity came to the fore in the negotiation and drafting of the *CRPD*.⁷⁵ Tina Minkowitz, co-chair of WNUSP at the time, has addressed the critique that framing the movement’s claims in the

73. *Ibid* at 10-11.

74. *Ibid* at 11.

75. On the role of WNUSP and other Disabled Persons Organizations in the UN process of arriving at a Convention, see Salie, *supra* note 42. Tina Minkowitz offers a first-hand account: Tina Minkowitz, “CRPD Advocacy by the World Network of Users and Survivors of Psychiatry: The Emergence of a User/Survivor Perspective in Human Rights” (14 August 2012), online: SSRN <ssrn.com/abstract=2326668>.

language of disability-based discrimination may conflict with the strong social constructionist model that many in the movement adopt (i.e., the view that mental illness/psychosocial disability is socially constructed “all the way down”).⁷⁶

Minkowitz acknowledges the risks of grounding user/survivor claims in disability identity, even on the interactive account of disability advanced under the social or bio-psycho-social model. She writes: “Paradoxically in naming the discrimination and calling attention to the needs there is a risk of a discriminatory, violent, and objectifying response, an essentializing of our identity that diminishes our full humanity.”⁷⁷ However, she adds, “This is the challenge faced by every equality-seeking movement and it is not the end of the story but, rather, is an ongoing call for humanity to grapple with injustice.”⁷⁸ Minkowitz further references the principle from antidiscrimination law (including the law in Canada) that discrimination may be based in purely subjective perceptions of functional impairment or other wholly-imputed group characteristics.⁷⁹ This, she suggests, makes space for the claims of those who accept as well as those who deny that there is truth-content to the categories of impairment under which they are described. Thus “disability” may support diverse social justice claims, including claims based in

the hegemony of ‘normality’ as a value judgment against the full range of human diversity, needs that are not being met in environments designed without appreciation of such diversity, and either subjective experience of limitation or impairment in one’s own mind, body, or behavior, or being regarded by others as having such a limitation or impairment.⁸⁰

This response does not resolve the concerns about unintentional reification of oppressive conceptual structures. But it does speak to the prospect of making space for difference within a politically and legally salient identity category. Near the close of this essay, I return to the prospect of reconciling identity-based solidarity with agonistic pluralist deliberation on the scope and limits of both “disability” and “social justice.”

76. Tina Minkowitz, “Convention on the Rights of Persons with Disabilities and Liberation from Psychiatric Oppression” in Burstow, LeFrançois & Diamond, *supra* note 37, 129 [Minkowitz, “Convention on the Rights of Persons with Disabilities”].

77. *Ibid* at 131.

78. *Ibid*.

79. *Ibid* at 129. See *Quebec (Commission des droits de la personne et des droits de la jeunesse) v Montréal (City); Quebec (Commission des droits de la personne et des droits de la jeunesse) v Boisbriand (City)*, 2000 SCC 27, [2000] 1 SCR 665.

80. Minkowitz, “Convention on the Rights of Persons with Disabilities,” *supra* note 76 at 130-131.

e. *Conclusion: Negotiating identity in the radical politics of mental health*

This section has outlined how the social movement of resistance to coercive psychiatry and psychiatric subjectification was forged through consciousness-raising and soon took on an identitarian cast, as participants sought to create a space free of psy-expert domination and to maintain a close connection between the lived experience of oppression and the movement's goals. Then and since, the movement has encompassed distinct and overlapping constituencies and objectives. Yet, on all sides, there is an acknowledged risk that grounding resistance in claims to a shared identity, lived experience, or both, may reproduce psychiatric and neo-liberal hegemony through the deep logic of reason and madness, so perpetuating forms of social exclusion and violence informed and sustained by psychiatric knowledge.

What possibility is there for a radical mental health politics if even the most radicalized forms of claims-making may reinforce the fixed binaries that structure the status quo? Here one might return to and consider more carefully the ironizing strategies of the Mad movement, and ask: What are the comparable moves, in the politics of madness, to queer theory's queering—querying, playing with and so disrupting sex/gender norms and other fixed identities?⁸¹ What localized strategies might disrupt mental health identities and so assist in unsettling the contemporary mental health imaginary?

One Mad strategy (by no means the only one),⁸² evinced in the work of Fabris and others, involves troubling the divide between the (rational) expert and the (mad) research subject. This I pursue further in the final

81. See Eve Kosovsky Sedgwick, *Epistemology of the Closet* (Berkeley: University of California Press, 1990); Eve Kosovsky Sedgwick, *Tendencies* (Durham, NC: Duke University Press, 1993). On contemporary directions in queer theory as it intersects with law, see Robert Leckey & Kim Brooks, eds, *Queer Theory: Law, Culture, Empire* (Abingdon: Routledge, 2010).

82. I used the following example elsewhere (Wildeman, "Protecting Rights and Building Capacities," *supra* note 52 at 54), but it is worth recalling here. In 2006, during the negotiations of the CRPD, John McCarthy, founder of Mad Pride Ireland, was invited to sit among the national delegates and make a statement from the floor. In what follows, he describes a moment of political theatre in which he paid tribute to a friend struggling against social isolation and repeated involuntary hospitalizations in Ireland:

I am very proud to say I did make a statement from the floor and that I then shuffled around that enormous chamber to show those delegates the reality of over medication. Have you any idea how embarrassing it is to shuffle like I did, and see the faces of those delegates as I passed in front of each countries desk all 196 of them, some with looks of sympathy and understanding others with looks of anger at this breach of protocol. But I kept [Helena's] face to the forefront of my mind as the tears welled up at the back of my eyes and I finished the circuit as the business of the convention carried on. The point was made.

John McCarthy, "Report by John McCarthy—MindFreedom delegate in the United Nations," online: <www.mindfreedom.org/kb/mental-health-global/john-mccarthy-un>.

section of this essay, in connection with what I term spectral identity: a speculative category linked to the prospect of agonizing mental health identity in the company of other minds. First, however, I turn to the most populous category in my taxonomy: the consumers.

2. *The consumer classes*

The second entry in my taxonomy is expressly constructed through the discourse of the market: the mental health or psychiatric “consumer.” I break this class into two sub-types: (1) consumer advocates (who pursue individualized diagnoses and services, while also serving as public stakeholders in mental health systems delivery or oversight and/or campaigns to combat the stigma understood to inhibit help-seeking); and (2) closeted consumers (who remain politically invisible *qua* consumers, while advocating for individualized services and accommodations on a confidential basis). Consumers are distinct from the radicalized subjects discussed in the last section in that they do not seek to fundamentally disrupt the conceptual and institutional bases of psychiatry or of mental health law and policy.⁸³

I am not sure where in my taxonomy to position certain expressions of mental health identity that, like Mad Pride, affirm the value of derided psychiatric categories, but do not or do not typically link this to a wider political project. I am thinking, for instance, of the pro-ana (anorexia) or pro-mia (bulimia) movements,⁸⁴ or the amputee wannabes classed under the heading apotemnophilia or, more recently, body integrity identity disorder.⁸⁵ Like adherents of Mad Pride, these subject communities actively self-identify under pathologized categories or behaviours that others regard as self-destroying. They forge strong counter-cultural bonds through (often online) communications exploring shared (abnormal) norms and values and promoting awareness of unique “ways of being mad.” Yet, once again, these subjects do not tend to actively position themselves as part of a wider movement in resistance to psychiatric or other forms of social oppression. In some ways, it is fitting to class such

83. I do not contemplate “radical consumers” in my schematic. This is a contestable point among self-identified consumers and survivors. See Diamond, “Building Solidarity,” *supra* note 25 at 67-68. And see Bradley Lewis, “A Mad Fight: Psychiatry and Disability Activism” in Lennard J Davis, ed, *The Disability Studies Reader*, 3rd ed (New York: Routledge, 2010) 160.

84. See e.g. *MPA*, online: <www.myproana.com>. And see Sarah Rainey, “Secretly Starving: Inside the World of Anorexia Blogging,” *The Telegraph* (24 February 2014), online: <s.telegraph.co.uk/graphics/projects/inside-the-world-of-anorexia-blogging/>.

85. See Carl Elliott, “A New Way to be Mad,” *The Atlantic* (December 2000), online: <www.theatlantic.com/magazine/archive/2000/12/a-new-way-to-be-mad/304671/>; Christopher James Ryan, “Out on a Limb: The Ethical Management of Bodily Integrity Identity Disorder” (2009) 2:1 *Neuroethics* 21.

communities as radical psy-subjects given their defiant valorization of deviant norms; yet they may also be classed as sub-types of consumer, given the function of the norms in question less as a throughway to social or political critique than to a life of uncompromising work on the self, in the neo-liberal tradition of work on the self as one's life's work. In my political taxonomy, these are perhaps best classed as treatment resistant variants of psychiatric consumer.

a. *Consumer advocates*

Use of the term “consumer” to denote persons accessing psychiatric services appears to have emerged in the early 1980s, as service providers and governments sought to respond to public agitation and protest by way of enhanced stakeholder involvement.⁸⁶ At the same time, the descriptor signaled self-directing or agentic capacities: “consumer” active, “patient” passive.⁸⁷

The emergence of the consumer on the scene of psychiatric subjectification tracks observations of Nikolas Rose on the rise of “responsibilization” and “autonomization” as an effect of neoliberalism registering across the arenas of health care. Rose writes:

[P]atients are increasingly urged to become active and responsible consumers of medical services and products ranging from pharmaceuticals to reproductive technologies and genetic tests. This complex of marketization, autonomization, and responsibilization gives a particular character to the contemporary politics of life in advanced liberal democracies.⁸⁸

Chan Chee Khoon brings the work of Rose into relationship with health policy developments in the U.K. in the mid-2000s, suggesting that the policy focus on supplying health care consumers with the knowledge required to make good choices pushes to the background structural and systemic forces constraining choice, while laying the groundwork for

86. See Chamberlin, “Ex-Patients’ Movement,” *supra* note 49 at 333-334; Lewis, *supra* note 83 at 121.

87. See Lewis, *supra* note 83 at 121.

88. Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* (Princeton, NJ: Princeton University Press, 2007) at 4 [references omitted].

punitive responses to those regarded as choosing badly.⁸⁹ Parallel themes are pursued by Kimberley White and Ryan Pike in connection with mental health literacy programs in Canada, which they argue function to naturalize mental health/illness while suppressing “opposing ideologies and culturally diverse ways of understanding, living with and responding to madness.”⁹⁰

The term “consumer” attracts a range of responses from radicalized psy-subjects, from derision to begrudging acceptance, owing to its forthright appeal to contractual rights and bargaining power in a field routinely maligned not only by radicals but also by mainstream critics for its lack of accessible, meaningful options.⁹¹ Radical activists have further reason to resent the term for its positioning of service users as free and informed choosers while dissident non-consumers continue to be positioned as irresponsibly non-compliant.⁹²

Judi Chamberlin sums up the critical understanding of psychiatric consumerism at the radical core of resistance to psychiatric subjectification. She notes that the U.S.-based National Association of Psychiatric Survivors

89. Chan Chee Khoo, “Choosing Health, Constrained Choices” (2009) 16:4 *Global Health Promotion* 54. In a similar vein, see Abram Anders, “Foucault and the ‘the Right to Life’: From Technologies of Normalization to Societies of Control” (2013) 33:3 *Disability Studies Q*, online: <dsq-sds.org/article/view/3340>. Anders writes:

Though they may appear on the surface to empower individuals, contemporary procedures of knowledge production and mechanisms of control only solidify relations of power at a deeper level by involving individuals as “consumers.” In societies of control, we are not only incited to discover the “truth” of our identity and to be subjugated thereby; we are also induced to pursue a program of rehabilitation that would secure a new foundation for our always, already displaced abject identities. In other words, the productive moment in the society of control is not solely the constitution of the individual as object for disciplinary examination, but the injunction for individuals to experiment and objectify themselves in the pursuit of ever evolving forms of normativity and health.

90. Kimberley White & Ryan Pike, “The Making and Marketing of Mental Health Literacy in Canada” in LeFrançois, Menzies & Reaume, *Mad Matters*, *supra* note 25, 239 at 239. Elsewhere, White addresses the hegemonic tendencies of anti-stigma campaigns in positioning mental illness as disease entity, so entrenching a divide as between those who accept the disease model and those who refuse it and as such are positioned as irresponsible, “shadowy” “mad” characters: Kimberley White, “Out of the Shadows and into the Spotlight: The Politics of (In)visibility and the Implementation of the Mental Health Commission of Canada” in Kimberley White, ed, *Configuring Madness: Representation, Context and Meaning* (Oxford, UK: Inter-Disciplinary Press, 2009) 225 [White, “Out of the Shadows”].

91. See Diamond, “Building Solidarity,” *supra* note 25 at 67-68, where Diamond observes that “Following the introduction of government-funded consumer initiatives and consumer positions within mental health organizations [30 years ago], the term has become widespread and is now used by many associated with psychiatric survivor initiatives. Some survivors express the view ‘that the term fails to communicate the reality of psychiatric violence or coercion,’ while some who identify as consumers ‘resent the stance of some psychiatric survivors, which is perceived to be harsh and critical of those who identify as consumers in the community and who do not relate to the more radical terminology.’”

92. *Ibid* at 68.

(“founded in 1985 as the National Alliance of Mental Patients”) “was formed specifically to counter the trend toward reformist ‘consumerism,’ which developed as the psychiatry establishment began to fund ex-patient self-help.”⁹³ She adds:

Ironically, the same developments which led to the movement’s growth and to the operation of increasing numbers of ex-patient-run alternative programs, also weakened the radical voices within the movement and promoted the views of far more cooperative “consumers.” The very term “consumer” implies an equality of power which simply does not exist; mental health “consumers” are still subject to involuntary commitment and treatment and the defining of their experience by others.⁹⁴

Shaindl Diamond’s critical ethnographic work in Toronto brings to light further nuances in this story. Diamond notes that some self-identified survivors recognize consumer-based initiatives, such as involvement in systems oversight and reform, as “an opportunity for survivors to influence change from within the system, while getting paid for their labour, by participating in forums where real policy, program, and funding decisions are made.”⁹⁵ Still, such views tend to be conflicted, acknowledging that consumer activism “has in some ways diluted the collective vision and energies of psychiatric survivors—a strategic action taken by governments to make them appear accountable to psychiatric survivors without really addressing underlying problems.”⁹⁶

In Part I, I noted that consumer representation is inscribed in my home province’s *Involuntary Psychiatric Treatment Act*,⁹⁷ which preferences persons who “are or have been a consumer of mental health services” for appointment as lay members of the tribunal overseeing the Act’s application. This marks a bid for legitimacy through something like representation of the class of persons directly affected. Yet it raises the question: what is the significance of identification as “consumer” to the formation, interpretation, or application of laws authorizing and delimiting involuntary psychiatric interventions? In what sense is this form of identification politically, morally or legally salient within this field, otherwise populated by medico-legal “experts”?

It may be that many who identify as mental health consumers have very little in common with those who are or who have been subjected

93. Chamberlin, “The Ex-Patients’ Movement,” *supra* note 49 at 333.

94. *Ibid* at 333-334.

95. Diamond, “Building Solidarity,” *supra* note 25 at 68.

96. *Ibid*.

97. *Involuntary Psychiatric Treatment Act*, SNS 2005, c 42, s 65(2)(c). See “Part I,” *supra* note 1 at 632-633.

to involuntary psychiatric interventions. Indeed, as suggested above in relation to social movement politics, those who self-represent as survivors have a complex and at times antagonistic relationship with what are regarded as more mainstream consumer perspectives. For their part, psychiatry-allied consumers may dismiss (as appeals to a false and hollow form of liberty, “rotting with one’s rights on”) survivors’ accounts of self-discovery through resistance and medication non-compliance.

So how should we read law’s gesture to mental health identity in this and other legal and policy mechanisms? One response would be to download the weight of legitimacy crisis onto those designated as consumer reps by requiring that they reflect publicly on their ideological or normative commitments and situate these in light of the positions of others, including radicalized psy-subjects. But the prior question is whether or how carving out such spaces for representation enhances the legitimacy of the legal processes in issue. Arguably, the point and effect of “inclusion” is less to grapple with the full complexity of this field of power relations than to construct the appearance, or illusion, of legitimacy. The question then becomes: who or what is pressed further into the shadows when the consumers come “out of the shadows and into the spotlight”?⁹⁸ I suggest that it is the non-compliant or treatment resistant psychiatric subject, the subject most at risk of translation to object, who is relegated to the shadows of mental health policy and politics when the consumer steps up.

b. *Closeted consumers—and closing the gap between consumers and survivors*

Psychiatric consumers may be further subdivided to distinguish those just described, the politically visible consumers who enter into political or legal decision making fora, from those who actively self-advocate but are not as such visibly political. This includes both those who succeed in accessing services or accommodations and those who are disbelieved and denied. Both these forms of invisible consumer (the successful and unsuccessful) comprise what Susan Stefan terms “the discreditable.”

In a 2003 article,⁹⁹ Stefan draws upon responses to a survey she conducted about experiences of discrimination based in psychiatric

98. Senate, Standing Senate Committee on Social Affairs, Science and Technology, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada* (May 2006) (Chair: The Honourable Michael J.L. Kirby). I am drawing more specifically on Kimberley White’s redeployment of the “out of the shadows” trope: White, “Out of the Shadows,” *supra* note 90.

99. Susan Stefan, “‘Discredited’ and ‘Discreditable’: The Search for Political Identity by People with Psychiatric Diagnoses” (2003) 44:3 *Wm & Mary L Rev* 1341. Stefan’s essay does not engage directly with the consumer who fashions a public, political identity out of his/her mental health status.

disability. The survey was directed at “people who perceived themselves as psychiatrically disabled, who had a diagnosis of serious mental illness, or who thought others perceived them as psychiatrically disabled.”¹⁰⁰ Stefan identified patterns in the responses reflecting Erving Goffman’s distinction between the discredited (“people whose stigmatizing features are public knowledge”) and the discreditable (“people who can conceal their stigmatizing characteristic”).¹⁰¹ She classed as “discredited” those who had been subject to overt, egregious stereotyping and exclusion or had experienced violence (physical and epistemic) in the name of psychiatric treatment. She classed as “discreditable” the roughly equal number of survey respondents who may have accessed mental health services, including hospital treatment for “serious mental illness,” but whose diagnosed conditions were not public knowledge because of circumstances making it possible for them to choose whether or not to disclose (i.e., those able to “pass”).¹⁰² The discrimination experienced by those classed as “discreditable” tended to take the form of disbelief or discrediting of their claims to mental health problems, resulting in denial of accommodations or supports.¹⁰³

What precisely the circumstances are that allow some the ability to pass is not something Stefan could determinatively assert. However, she writes:

[T]he distinctions between discredited and discreditable individuals do not arise from differences in severity of diagnosis, symptomology, or bizarreness of behaviour. Like the discredited, discreditable people have hallucinations and delusions, attempt suicide, cut themselves, have multiple personalities, and experience mania and hospitalization.¹⁰⁴

100. *Ibid* at 1357.

101. *Ibid* at 1350, citing Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, NJ: Prentice-Hall, 1963) at 4.

102. Stefan, *supra* note 99 at 1344, writes: “Issues surrounding self-revelation and ‘coming out’ are crucial to many people with invisible disabilities. These people may go to enormous lengths to conceal their disabilities from their colleagues at work and even their families.”

103. Stefan, *ibid* at 1360, reports that while “accounts of ‘traditional’ discrimination and forcible commitment and treatment amounted to just more than half of the responses,” the rest were from people who “identified their experiences with discrimination in what seemed to be precisely the opposite way.” She adds:

Virtually all of these “different” responses were submitted in response to the Internet posting, and many came from people currently employed as lawyers, social workers, academics, and in other professional fields. These respondents experienced discrimination as the failure of others to take seriously their reports of suffering and difficulty. Their experience of discrimination was of being treated as an ordinary, normal person who was oversensitive or subject to hypochondria. There were told to cheer up, to stop being lazy, or to stop goldbricking.

104. *Ibid* at 1354.

Drawing on her experience as a human rights academic and lawyer, Stefan speculates on what factors may influence whether or not one is able to move relatively seamlessly from intensive psychosocial disturbances and related interaction with the mental health system back to one's daily life without attracting public identification. The factors she suggests include socioeconomic status (and with this, in the U.S. context, ability to access private hospitals and so avoid "substandard state institutional conditions"¹⁰⁵—although Stefan indicates that wealth is not a necessary or sufficient condition for avoiding discredited status); also race, gender, and culture; familial or parental supports; and mainstream employment.¹⁰⁶ However, she observes that "[b]y far the greatest determinant" of whether individuals come to enter the ranks of those who are discredited on the basis of psychiatric disability status—those who are othered or identified as oppositional to the norm (and who may defiantly self-identify as such)—is the experience of forced treatment. Echoing the accounts surveyed earlier of physical and epistemic violence issuing in radicalization, Stefan speculates that the experience of involuntary psychiatric interventions may stimulate a critical analysis of psychiatry, or in particular of involuntary or otherwise coercive interventions, as abuse and oppression, so producing a resistant identity.¹⁰⁷

Stefan's reflections are valuable in bringing the identity of the psychiatric dissenter or survivor into contact with other ways in which identity may be conditioned by psychiatric knowledge. Specifically, she suggests that a diagnosis of psychiatric illness may provoke a range of responses in terms of integration or non-integration into one's identity and one's politics. Referencing William Styron's *Darkness Visible*,¹⁰⁸ Stefan observes that some "who concede that their lives have been profoundly affected by psychiatric disability appear to deny that it plays any part in their continuing personal identity."¹⁰⁹ Still others "believe that psychiatric disability is central to [their] identity, but consider it an illness with no political meaning."¹¹⁰

105. *Ibid* at 1351.

106. *Ibid* at 1354-1356.

107. *Ibid* at 1355-1356.

108. William Styron, *Darkness Visible: A Memoir of Madness* (New York: Random House, 1990).

109. Stefan, *supra* note 99 at 1347. Stefan cites a statement from near the end of Styron's book: "Save for the awfulness of certain memories it leaves, acute depression inflicts few permanent wounds." (Styron, *supra* note 108 at 75, quoted in Stefan, *supra* note 99 at 1347). Stefan adds, "It did, however, have enough impact on him to lead him to write a book." (Stefan, *supra* note 99 at 1347, n 18)

110. Stefan, *supra* note 99 at 1347.

Against this background, Stefan writes compellingly of the fragility of mental health-based group identification as a basis for social justice claims:

The determination by experts that a person has a “mental illness,” sometimes after fifteen minutes of evaluation in a hospital emergency room, unites into one category millions of people with extraordinarily divergent personal experiences who might otherwise never think to identify with each other.¹¹¹

Developing this theme, Stefan observes that

[e]xperiences of stigma and discrimination, identity, and political agendas presently vary greatly between people in the “discredited” and “discreditable” categories. Ultimately, social structures play each group off the other, rendering both categories politically weaker than they would be if they were to unite and proceed as one bloc of millions of people.¹¹²

In sum, Stefan suggests that integration of the political concerns of the discreditable with those of the discredited is stymied by contestation around “the question of who does or does not have a psychiatric disability”; by the possibility that even persons so identified may not see “any political connection between [their] disability and its social consequences”;¹¹³ and by the reality that “the ex-patient movement’s concern with minimizing or halting forced psychiatric treatment is essentially irrelevant to the millions of people who are discreditable.”¹¹⁴ Nonetheless, she holds out some hope for an expanded and strengthened identity-based social movement bringing together the discredited and discreditable, or what I have termed radicalized psy-subjects and mental health consumers. Specifically, Stefan argues that shared political identity might be constructed upon the common experience of epistemic violence—that is, expert discrediting of the individual’s intimate appraisal of his/her own mental states, whether that appraisal consists in denial or assertion of illness. Such common ground, she speculates, might inform an unprecedented resistance movement bringing together the radicalized critique of psychiatric coercion with more moderate calls for meaningful, accessible, voluntary services and supports.¹¹⁵

111. *Ibid* at 1345.

112. *Ibid* at 1350.

113. *Ibid* at 1348-1349.

114. *Ibid* at 1351 [footnote omitted].

115. *Ibid* at 1378-1380.

But even if we put aside the practical questions about how the requisite solidarity might be generated among those who reject all or much of psychiatry as coercive and those who look to psychiatry for life-saving supports, we might ask: is expansion of a singular identity-based movement a promising response to the parallel world politics of the radicalized and consumer classes? Might such a mega-movement be more likely to suck the radical politics out of the radicals than to radicalize the consumers? This concern is heightened on considering the rapid expansion of psychiatric categories for defining self-understanding in ways that are perfectly pitched to the neo-liberal ethic of work on the self.¹¹⁶

Might there be another way, beyond expansion of a singular group-based identity under the sign of psychiatric (or for that matter, psychosocial) disability, to integrate the justice claims of the consumer class with those of the radicalized? What if the common project were instead to *disengage* the work of social justice from the constructs of mental health—to disrupt the coherence of the category, as such to shift from the logic of identity/difference to a common ethic of building resilience and promoting the flourishing of all?¹¹⁷ Might such efforts provoke more intensive engagement with socioeconomic inequality—not because such inequality functions as a “determinant of mental illness”¹¹⁸ (with this term’s inbuilt redirection toward individual deviance and treatment) but because it is inherently unjust? Might such a politics more squarely address the injustice of poverty and un- and underemployment (domestic and global); accelerating environmental degradation; increased reliance on and subjection to technology; and the interaction of these and other social problems with race, gender, gender identity, and other forms of oppression both familiar and emerging—the critique of which has arguably been blunted or colonized by our growing preoccupation with “mental health”?

The worry animating this section on mental health consumerism is that our ability to engage in social justice critique in and beyond mental health law and policy has been subverted by the operation of a master code (“mental health”) insinuated deep in our identity and our politics. Might a post-identity (or post-mental health) politics, oriented to displacing the

116. See “Part I,” *supra* note 1 at 637-639.

117. See Martha Albertson Fineman, “The Vulnerable Subject: Anchoring Equality in the Human Condition,” (2008) 20:1 *Yale JL & Feminism* 1 [Fineman, “Vulnerable Subject”]; Martha Albertson Fineman, “Beyond Identities: The Limits of an Antidiscrimination Approach to Equality” (2012) 92:6 *BUL Rev* 1713.

118. On the tendency for the discourse of population mental health to redirect from social determinants to the priorities of biopsychiatry and psychopharmacology, see Wildeman, “Protecting Rights and Building Capacities,” *supra* note 52 at 49-52.

preoccupation with mental health or mental health status in favour of renewed attention to political economy, and to the flow of power through identity, be better equipped to rethink the foundations of social justice? And what would it take to activate such a politics? Here once again we contemplate the funhouse of “queering” (or “madding”)¹¹⁹ at the frontiers of psychiatric subjectification.

3. *Liminal subjects: The suggestible and the spectral*

The last category in my political taxonomy is the liminal subject, standing at the threshold of psychiatric subjectification. I identify two sub-types: the suggestible and the spectral.

The suggestible are those poised to join the ranks of the mental health consumers: the not yet active or activated consumers—psychiatric subjectification’s ripest fruit. They are not (or not yet) involved in seeking out psychiatric diagnoses or treatments; however, as in the case of my casual encounter with Adult ADHD (described in Part I), they are in many senses prepared for the moment when a diagnosis falls into their laps. This is a constituency (if it can be called that) that promises to swell and spill over rapidly into the ranks of more robust mental health identities in the face of developments like the expanded diagnostic categories and criteria of DSM-5.¹²⁰

The more challenging category in the liminal zone, the spectral, speaks to latent transformational possibilities at the limits of psychiatric subjectification. This is a status or subject position that places “mental health” into question, as such pausing at the threshold of constitutive exclusion as if to recreate, through an act of imagination, the moment before the dichotomy of reason and madness sorted human diversity through the logic of domination and subordination. “The spectral identity floats beyond the poles, not leaving them behind but reflecting on their provisionality.”¹²¹ “Spectral” here signifies an emptying out or dematerialization of identity: phantasmic, ghostly, a state of suspension as between identity and non-identity, normal and abnormal. This is not to portend the wholesale collapse of difference into indifference, but the possibility of episodic entry into reflection on the provisionality of mental health identity, and a politics of shared ends not rooted in identity (or “mental health”). Rooted in what, then? Our creative capacity for self-(re)fashioning? Our common

119. On queering, see the references at note 81, *supra*. For an original take on the common cracked foundations of queer studies and mad studies, see Lynne Huffer, *Mad for Foucault: Rethinking the Foundations of Queer Theory* (New York: Columbia University Press, 2009).

120. See “Part I,” *supra* note 1 at 637-639.

121. *Ibid* at 642.

materiality? I suggest that giving content to the (shifting) shared ends of social justice in the liminal spaces of spectral identity requires both activation of our capacity for unfixing identity categories (our capacity for queering or madding identity)¹²² and attentiveness to the material or socio-economic foundations of this and other human capacities.¹²³ One might say that to occupy the space of spectral identity is to reflect on our materiality from the standpoint of immateriality, of possibility.

And so my political taxonomy issues in the idea that all the classes of mental health identity surveyed contain latent possibilities for transformational politics. All are sites at which we can and should be plotting our next move: if not a determinative rejection of identity as a basis for our politics, then at least a willingness to take a break, now and then, from “mental health.”

Thus we arrive again at the question: What would it mean to wean ourselves, individually and as a society, from our addiction to mental health? Might we come to ask different questions of the social and political order, or to ask those questions more urgently than we are presently? Might we become more sensitive to othering and exclusion, not just in the domain of mental health law and policy but along the full continuum of human capacity and vulnerability, power and oppression?

The prior question is how to activate our capacity to explore these questions: how to enter into the liminal zone.

III. *From spectral identity to agonizing identity*

Earlier, I noted WNUSP representative Tina Minkowitz’s defense of “disability” as a vehicle for social justice claims-making among radicalized psy-subjects. Minkowitz argued that the category can accommodate diverse interpretations and applications, making space even for those who hold a strong nominalist or social constructionist understanding of mental/psychiatric disability. However, she acknowledged the residual concern that reliance on this or other identity categories marked as vulnerable to domination or subordination may function to perpetuate the conceptual structures through which oppression is legitimized. In what follows, I explore this concern (and some initial responses to it) further, before turning to a couple of final suggestions for redressing the more corrosive aspects of the politics of identity and difference—suggestions I position as

122. See the references at notes 81 and 119.

123. See Fineman, “Vulnerable Subject,” *supra* note 117 at 12 (we are “born, live, and die within a fragile materiality that renders all of us constantly susceptible to destructive external forces and internal disintegration”).

bridging the liminal state of spectral identity with the collectivist ethic of agonistic pluralism.

1. *Agonizing (mental health) identity revisited: Quit cold turkey?*

In taking up the possibilities for an emancipatory mental health politics (viewed from the speculative perspective of spectral identity), we might first consider the proposal that we quit our mental health identity habit “cold turkey”¹²⁴—that is, just say no to the conceptualization of personal and social problems or departures from dominant norms in the language of psychiatry or mental illness/health, even mental or psychosocial disability.¹²⁵ I have noted already antipsychiatry scholar Bonnie Burstow’s concerns about the recuperative potential in the discursive strategies of *Mad Pride*.¹²⁶ Burstow further provides a list of rough analogies for matters at the core of antipsychiatry advocacy, framed in turn in the discourse of medicine, government, *Mad Pride* (“reclaiming”), and antipsychiatry (“refusal”).¹²⁷ She argues that those opposing coercive psychiatry should adopt antipsychiatry’s strategy of “refusal,” so avoiding language that might reproduce hegemony in favour of language that expressly exposes and denounces coercion. Thus what for medicine and government are “psychiatric hospitals” are in antipsychiatry-speak “psychoprisons” (not *Mad Pride*’s “looneybins”); what medicine and government call “treatment” is “intervention/assault.” (Here Burstow lists no reclaimed term for *Mad Pride*—a gap suggesting its further parting ways with antipsychiatry.) And mental illness, mental disorder, and mental disability become “a way of being or processing that psychiatrists do not see as ‘normal’” (*not Mad Pride*’s reclaimed “disability”), while mentally disordered and mentally ill translate to “troubled, having emotional problems, having problems in living, having a spiritual crisis” (not *Mad Pride*’s “Mad, lunatic, psycho, crazy, nutter”).¹²⁸

The theoretical stakes of this line of argument are elaborated by Shelly Tremain in a critique specifically targeting identification under

124. The roots of this expression apparently reach both to candour or directness of purpose (as in “talking turkey” which for shadowy reasons connotes directness of speech), and the pale, goosebumpy appearance of one who is in withdrawal from an addictive substance. Similarly, an abrupt shut-down of mental health talk might result both in more direct expression of the root causes of problems, and significant physical and psychological distress. (Matt Soniak, “Why is Abruptly Quitting Something Called ‘Going Cold Turkey’?,” *Mental Floss* (18 October 2012), online: <mentalfloss.com/article/12798/why-abruptly-quitting-something-called-going-cold-turkey>.)

125. See the references at note 48, *supra*.

126. See the text accompanying notes 38-39, *supra*, discussing Burstow, “Rose by Any Other Name,” *supra* note 38.

127. Burstow, “Rose by Any Other Name,” *supra* note 38 at 83.

128. *Ibid* at 82-85.

the descriptor “disability.”¹²⁹ Tremain argues that, like the sex/gender divide critiqued by Judith Butler, the social model of disability asserts the political and cultural contingency of “disability” (viewed as an interaction between individual impairments and social and attitudinal environments) in a manner that problematically relies on an individualized and naturalized “impairment.” The disability movement concedes too much—indeed it concedes the field—when it accepts a naturalized model of impairment rather than striving to expose the cultural and political forces that construct impairment. Tremain further draws on the Foucauldian concept of governmentality to suggest that “subjects are produced who ‘have’ impairments because this identity meets certain requirements of contemporary social and political arrangements.”¹³⁰ She adds: “Indeed, it would seem that the identity of the subject of the social model (‘people with impairments’) is actually formed in large measure by the political arrangements it was designed to contest.” Ultimately, Tremain warns, “a social movement that grounds its claims to entitlement in that identity will inadvertently extend those arrangements.”¹³¹

But, once again, what is the alternative? While Burstow argues for a discursive shift that might cure us of our addiction to mental health, her proposed alternatives do not (as yet?) have much social or political resonance, even within the social movement in resistance to psychiatric coercion. That is, as indicated by the convergence of “users and survivors” in advocacy organizations like WNUSP, many in the movement continue to rely on the language and institutions of the mental health system to access therapies, social supports, and accommodations.¹³² More generally, across contemporary North America, mental health and disability discourse is so deeply embedded in our self-conceptions and in our public institutions that it would be no more possible to step entirely outside this discursive field than to step outside our bodies.

2. *Reversibility*

Anna Mollow pushes back at Tremain’s arguments on the need to wholly detach from the conceptual and institutional apparatus of impairment (and with it, the social model of disability informing much critical disability

129. Shelley Tremain, “Foucault, Governmentality, and Critical Disability Theory: An Introduction” in Shelley Tremain, ed. *Foucault and the Government of Disability* (Ann Arbor: University of Michigan Press, 2005) 1 [Tremain, “Foucault, Governmentality, Critical Disability Theory”]. See also Shelley Tremain, “On the Government of Disability: Foucault, Power, and the Subject of Impairment” in Lennard J Davis, ed. *The Disability Studies Reader*, 2nd ed (New York: Routledge, 2006) 185.

130. Tremain, “Foucault, Governmentality, Critical Disability Theory,” *supra* note 129 at 10.

131. *Ibid.*

132. See Diamond, “Building Solidarity,” *supra* note 25 at 72.

scholarship).¹³³ Specifically, she redeploys Foucault and Butler to argue for the reversibility of dominant categories of discourse, and so the ability of the oppressed to reclaim the language or concepts through which their oppression is partially enacted (in “a reworking of abjection into political agency”).¹³⁴ Thus Mollow observes:

Tremain does not explore the possibility ... that the production of specific impairment categories might have multiple, competing effects, including, paradoxically, the contestation of assumptions on which these categories are based.¹³⁵

In this vein, Mollow, drawing on Foucault, asserts that just as psychiatric discourse “brought into being the ‘homosexual,’” thereby producing both “the strong advancement of social controls” and a resistant politics or reverse discourse, so the manifold other “disease entities” of contemporary psychiatry and other medical disciplines are subject to reversal or subversion.¹³⁶ This is of course the premise of *Mad Pride*.

Mollow elaborates through a close reading of Meri Nana-Ama Danquah’s *Willow Weep for Me: A Black Woman’s Journey through Depression*.¹³⁷ She notes that “Danquah’s autopathography... depends on biomedicine’s construction of depression as a disease entity.”¹³⁸ One might say Danquah gives voice to Stefan’s class of the “discreditable” in narrating her struggle to have her experience of deep mental anguish recognized as a “legitimate illness,” and so to be vindicated as neither a “flake” nor a “fraud.”¹³⁹ Along the way, Danquah does battle with racist stereotypes operating to invisibilize black women’s depression. On Mollow’s reading, Danquah’s anchoring her narrative in a claim to legitimate illness “resists the normalizing effects” of biopower, instead operating to expose the “imbrication of her illness with political oppression.”¹⁴⁰ In effect, Danquah’s text performs an intersectionality analysis of the social

133. Anna Mollow, “‘When *Black Women Start Going on Prozac*’: Race, Gender, and Mental Illness in Meri Nana-Ama Danquah’s *Willow Weep for Me*” in Lennard J Davis, ed, *The Disability Studies Reader*, 4th ed (New York: Routledge, 2013) 411.

134. *Ibid* at 422, quoting Judith Butler, *Bodies That Matter: On the Discursive Limits of “Sex”* (London: Routledge, 1993) at 21.

135. Mollow, *supra* note 133 at 420.

136. *Ibid*, citing Michel Foucault, *The History of Sexuality, Volume I: An Introduction*, translated by Robert Hurley (New York: Random House, 1978) at 101-103.

137. Meri Nana-Ama Danquah, *Willow Weep for Me: A Black Woman’s Journey through Depression* (New York: Random House, 1999).

138. Mollow, *supra* note 133 at 420.

139. *Ibid*, citing Danquah, *supra* note 137 at 144.

140. Mollow, *supra* note 133 at 420.

structural forces converging around disability, race, and gender to produce a unique form of oppression.¹⁴¹

Yet even as Mollow raises arguments in defense of personal and social movement strategies complicating the divide between embeddedness in and resistance to psychiatry, a residual concern is conveyed in a footnote to her text (itself a kind of “dangerous supplement” or site of critical reversal).¹⁴² There Mollow relates that Danquah’s book includes a supplement in which the author is interviewed “by the Director of the Lilly Center for Women’s Health, which is part of Eli Lilly, the pharmaceutical company that manufactures Prozac.”¹⁴³ Mollow further reveals that Danquah has “given book tours in conjunction with the National Mental Health Association Campaign on Clinical Depression, which is funded by Eli Lilly.”¹⁴⁴ Mollow takes a few lines to rise to Danquah’s defense, arguing that she is clearly not “biased” in favour of Pharma, as her narrative focuses more on the cultural and political dimensions of her experience than on psychoactive treatments; moreover, Mollow notes, Danquah expresses concern and ambivalence about medications—giving some prominence, for instance, to her experience of negative side effects of (Eli Lilly’s competition, Pfizer’s) Zoloft. Yet it is difficult to wholly put away the concern that Danquah’s important work exposing the cultural forces operating to invisibilize black women’s depression has been in a significant sense captured or harvested by Pharma according to its unwavering logic of profit, in an effort to colonize the hearts and minds of an underdeveloped market—as such, to bring depressed black women “out of the shadows” and into the psychopharmacological economy.

The result is to compromise the force of Mollow’s arguments on the power of reversibility in this field, or at least to situate her nuanced analysis of Danquah’s text in light of a wider view of who is occupying the field—in particular Pharma, obviously highly expert and staggeringly resourced when it comes to enacting what might be termed reverse-reversibility. Despite this, I suggest that Mollow’s rejoinders to Tremain continue to resonate, particularly on the problematic normative and political implications of the radical critique of “impairment” in delegitimizing the complex and deeply-felt lived experience of one such as Danquah, her hard-won activation of agency (or of the experience of agency—is there a difference?) amidst a set of interlocking socioeconomic barriers.

141. See Tara Earl, David Williams & Stacey Anglade, “An Update on the Mental Health of Black Americans: Puzzling Dilemmas and Needed Research” (2011) 37:4 J Black Psychology 485.

142. Mollow, *supra* note 133 at 425, n 13.

143. *Ibid.*

144. *Ibid.*

3. *Agonizing identity*

To close off these reflections on the possibilities following from our (spectral) capacity for critical reflection on our own and others' mental health identities, I turn more directly to what it might mean to activate a post-identity politics across the complex and contested field of psychiatric subjectification. Or if not strictly a post-identity politics, then a radically agonistic democratic politics. Here I look to Shaindl Diamond on the potential for heightened attentiveness to inter- and intra-group pluralism among radicalized psy-subjects, and to Bonnie Burstow and others on expanding the politics of psy-critique beyond identity-based limits to admit a range of critical interlocutors crossing the expert/lived experience divide.

a. *Identity politics is a plural*

Shaindl Diamond draws on her critical ethnographic work in Toronto to observe that those who stand back from Mad-identified activism despite having experienced mental health interventions as violence include persons whose prior or more fundamental political allegiances are built around race, gender, sexual identity, class, or other forms of political identity.¹⁴⁵ In the radical projects and insights of these oppositional subjects, psychiatric power may be regarded as interacting with a wider set of power relationships in ways that cannot be disentangled; however, the forces productive of psychiatric subjectification or “mental disability” are not experienced as activating a discrete form or strand of political identity or solidarity.¹⁴⁶

Diamond builds on this observation to urge attentiveness, within the movement of resistance to coercive psychiatry, to the potential that framing madness as a master identity may flatten or render invisible other dimensions of institutional and social structural power dynamics in and beyond the domain of psychiatry or mental health. The result, she suggests, may be to impair the movement's capacity for critical engagement with the structural roots of oppression beyond the state-psychiatric apparatus.¹⁴⁷

In this, Diamond is not so much counseling a severing of political aspirations from the construct(s) of shared identity as advising sensitivity to the homogenizing effects that identity-based politics—even a politics of Mad identity—can produce. Correspondingly, she argues that other identity-based movements must attend to their own propensity to assert a master status and so to flatten or silence intra-group experiences of

145. Diamond, “Building Solidarity,” *supra* note 25 at 69, 71, 73-74.

146. *Ibid* at 69.

147. *Ibid* at 71, 75.

psychiatrization—or even more problematically, to ground bids for recognition or equal rights in strategies of constitutive exclusion that reproduce the abject status of the Mad.¹⁴⁸

Taken together, these messages point toward a project of mutual consciousness-raising among activists and social movements in recognition of the interpenetration of conceptual, institutional, and social structural forces to produce multi-textured forms of oppression. Diamond joins with others, such as veteran Mad scholar and activist Lilith Finkler¹⁴⁹ and a growing cadre of activists and scholars concerned with the interaction of psychiatrization, racism, and colonialism,¹⁵⁰ to call for increased attention to complex and multiple “oppressive practices”—including “sexism, racism, ablism, classism, adultism, misogyny, transphobia, and heterosexism”—putting “people at greater risk of violence and marginality” within and beyond the psychiatric system.¹⁵¹ Diamond suggests that promoting the critique of psychiatric oppression through engagement with other identity-based social movements may generate greater sensitivity to how this form of oppression interacts with and reinforces others, and serve as a bridge-building mechanism among and within plural identity-based social movements.

This is not as such a post-identity politics, but a vision of what it would mean to move beyond fractious and fragmenting identity politics. In its attention to both intra-group and extra-group pluralism, Diamond’s analysis recalls Chantal Mouffe’s “agonistic pluralism,” introduced

148. *Ibid* at 75, and see Shaindl Diamond, “Feminist Resistance against the Medicalization of Humanity: Integrating Knowledge about Psychiatric Oppression and Marginalized People” in Burstow, LeFrançois & Diamond, *supra* note 37, 194 at 199-203.

149. See Lilith Finkler, “Mad Pride: A Movement for Social Change,” *The Consumer/Survivor Information Resource Centre of Toronto Bulletin*, bulletin 398 (15 July 2009) 1, online: <www.csinfo.ca/bulletin/Bulletin_398.pdf>. In an essay marking Mad Pride Day in Toronto in 2009, Finkler argues that as Mad Pride establishes its own culture of solidarity, it will be further strengthened by alliances with anti-poverty groups and other anti-oppression activists:

For example, we can work with Black organizations to address community policing, since both our communities have suffered in the justice system. We can reach out to members of the blind community since some psychiatric survivors have blurred vision and need an alternative to print communication. We can build alliances with immigrant advocates. Some applicants are declared medically inadmissible to Canada. Similarly, if our psychiatric history is known, we may be refused entry into other countries we wish to visit.

150. See e.g. Louise Tam, “Whither Indigenizing the Mad Movement?: Theorizing the Social Relations of Race and Madness through Conviviality” in LeFrançois, Menzies & Reaume, *Mad Matters*, *supra* note 25, 281; Ruby Dhand, “Colliding Intersections in Law: Culture, Race and Mental Health” (2011) 2 *Annual Rev Interdisciplinary Justice Research* 100; Ruby Dhand, “Access to Justice for Ethno-Racial Psychiatric Consumer/Survivors in Ontario” (2011) 29:1 *Windsor YB Access Just* 127; China Mills, *Decolonizing Global Mental Health: The Psychiatrization of the Majority World* (London: Routledge, 2014).

151. Diamond, “Building Solidarity,” *supra* note 25 at 73.

earlier as a variant of radical democratic theory advancing the imperative of opening identity-based social justice claims to ongoing reflection on constitutive exclusion.¹⁵² And yet Diamond's approach is not wholly rooted in agonism, if this is taken to mean infinite iterations of we/they. It is also, indeed arguably more fundamentally, rooted in an ethic of "empathy and understanding across difference."¹⁵³ That is, while Diamond acknowledges "the significance of different experiences, understandings, roles, and access to privilege among differently situated communities," she emphasizes the importance of exploring "ways of fostering empathy and understanding across difference that are useful in attempts to develop analysis and strategy that account for different (partial) truths emerging from a multiplicity of standpoints."¹⁵⁴

Perhaps most importantly—in terms of what it means to, if not wholly de-materialize identity in and beyond contemporary mental health politics, then to ameliorate identity's most corrosive aspects—Diamond suggests that the mere collation of standpoints is not enough to build a radically pluralist politics. Rather, it is necessary (in order to bridge agonism and empathy on the way to pluralist solidarity) "to subject each experience or perspective to a process of critical interpretation and theorization, taking into consideration its historical and material basis, before it can become part of the foundation for solidarity and struggle."¹⁵⁵ This is an important gesture beyond identity even as the base of identity politics is retained: a commitment to building solidarity not around a pre-defined identity or experience, but instead, around a shared commitment to critical interpretation and theorization of one's own and others' positions. In this way, unanticipated perspectives or experiences, viewed in light of their historical and material basis, may be determined to fit with or enrich the (shifting) normative commitments of political movements viewed independently and in coalition.

I consider Diamond's work situating Mad identity politics within a wider field of radical social movement coalition politics to be exemplary of the work of agonizing identity. The effect is to endorse a Mad or Mad-curious pluralism, wherein the desire for social justice is conveyed in part as a desire to go, or to be taken, beyond one's (identity-based or experiential) limits.

152. Mouffe, *supra* note 5.

153. Diamond, "Building Solidarity," *supra* note 25 at 73.

154. *Ibid.*

155. *Ibid* at 75.

b. *Cracking open Mad Studies*

A second and final insight into the latent potency of spectral identity arises in connection with the self-consciously new (yet, at the same time, historically and politically grounded) school of inquiry already referenced herein: Mad Studies. Some background is provided by Bonnie Burstow and Brenda LeFrançois in the introduction to their recent co-edited collection, *Psychiatry Disrupted*.¹⁵⁶ There the authors recall the historical and ongoing importance of identity politics for the social movement formed around resistance to coercive psychiatry:

The need to keep “other” theorists with “other” identities (or those who refuse to identify) at bay may be most keenly felt by people who openly identify as psychiatric survivors, mad, or “service users.” People who identify as such often do not want sane-identified people theorizing or engaging in activism on their behalf. This is understandable given the history of harm, domination, and co-optation by seemingly like-minded radical therapists and academics who have benefitted from inequitable alliances with psychiatrized people over the past half century. ... Indeed, there are times in every movement, and there are times in the lives of oppressed people, where it becomes important to keep people who do not share that oppressed identity at bay.¹⁵⁷

Yet Burstow and LeFrançois raise concerns about identity politics taken as the central organizing principle of radical opposition to psychiatric-state coercion. The authors are careful to “underscore how critical the psychiatric survivor voice is in engaging in a psychiatric survivor analysis.”¹⁵⁸ However, they add:

identity politics alone will not win this fight. ... While honouring the enormous importance of madness-related identity politics, accordingly, we theorize resistance against psychiatry as we would any other (r)evolution: something that demands the attention of all who are critical and where everyone has a role to play.¹⁵⁹

Thus the authors propose an enhanced orientation to critique proceeding from multiple sites and along multiple lines of inquiry, in part through a reinvigorated relationship between activists and the academy:

Neither is it tenable to artificially create dichotomies and divisions between activists and academics, between the openly psychiatrized and

156. Bonnie Burstow & Brenda A LeFrançois, “Impassioned Praxis: An Introduction to Theorizing Resistance to Psychiatry” in Burstow, LeFrançois & Diamond, *supra* note 37, 3.

157. *Ibid* at 4-5.

158. *Ibid* at 5 [reference omitted].

159. *Ibid*.

those who may refuse classification of their experiences or those who have escaped psychiatrization. The point is, given that we are all at risk of psychiatrization, we cannot afford to exclude the work and theorizing of anyone engaging in radical or mad activist scholarship, if we are to succeed.¹⁶⁰

Diamond, Burstow, LeFrançois, and others (including Erick Fabris) have in recent years come together to formally constitute such a community of enlarged mentality under the banner of Mad Studies. They have brought into the fold a range of activists and academics, some who identify as Mad or as having lived experience of oppression within the psychiatric/mental health system, and some who do not. Mad Studies is described as

an umbrella term that is used to embrace the body of knowledge that has emerged from psychiatric survivors, Mad-identified people, antipsychiatry academics and activists, critical psychiatrists, and radical therapists. This body of knowledge is wide-ranging and includes scholarship that is critical of the mental health system as well as radical and mad activist scholarship. This field of study is informed by and generated by the perspectives of psychiatric survivors and Mad-identified researchers and academics.¹⁶¹

Here and in other accounts, Mad Studies is rooted in the historical and political location of those who have experienced radicalization through encounter with the mental health system. As the editors of *Mad Matters: a Critical Reader in Canadian Mad Studies* state in their introduction:

[W]ithout the foundation of critical knowledge and action built up over many years through the grassroots advocacy of psychiatrized people, a viable field of Mad Studies would be unimaginable. In Canadian Mad Studies, the political values, canonical texts, methodologies, forms of communication, and blueprints for action—not to mention the heroes of the movement—have all emerged, in various ways, from survivor culture and history.¹⁶²

However, the historical and ongoing participants in this deliberative arena also include a range of allies otherwise coded as experts (critical psy-professionals and academics). This dimension of Mad Studies speaks to the possibility of spectral identity, or to the inchoate foundations of personal and collective identity on the way to a strengthened politics of

160. *Ibid.*

161. “Glossary of Terms” in LeFrançois, Menzies & Reaume, *supra* note 25, 334 at 337. See also the identification of emerging themes in Mad Studies in the editors’ introduction: Menzies, LeFrançois & Reaume, “Introducing Mad Studies,” *supra* note 53 at 13-18.

162. Menzies, LeFrançois & Reaume, “Introducing Mad Studies,” *supra* note 53 at 14 [references omitted].

resistance. As such, Mad Studies evinces the capacity of the radical social movement in resistance to state-psychiatric oppression to reach beyond settled psy-identities to a range of experiential and normative bases of critique.

This model of activist/academic, identified/non-identified interlocutors coming together to engage in critical inquiry complements Diamond's articulation of an intersectional, coalitional politics pursuing new strategies for countering oppression in and beyond the mental health system. Neither model is likely to wholly transcend the politics of identity or render irrelevant the forms and processes of political identification through which individuals and groups may come to adopt a shared set of social justice commitments. Indeed, it would be absurd to suggest that a movement that has its origins in intense and localized experiences of epistemic and physical violence should forgo the politics through which such experiences are transformed into a collective purpose. Thus claims to identity-based or experiential standpoints will likely continue to raise tensions around who can speak for the group, who is a legitimate interlocutor, and when the direction taken in inquiry or discussion is intolerable or offensive. However, the models of social movement pluralism advanced here nonetheless express a commitment to interrogating the moves of constitutive exclusion, including those that may be instantiated in the claims to subjugated knowledge giving rise to this politics.

What is common to Diamond's account of coalition-building across difference and the recent efforts to crack open the discursive spaces of Mad Studies, then, is a simultaneous endorsement of the value of standpoint and acknowledgment that every standpoint is partial—a commitment to keep listening for constitutive silence. It is just this emphasis on exploring the historical and material bases of claims that may test or complicate one's political commitments that creates the conditions for what I have called spectral identity. This is to locate the deliberative-agonistic sources of our capacity for a politics beyond the politics of friend and enemy, or for self-alienating critique in the company of other minds.

Conclusion

Part I of this essay concluded with my reflections on a felt discordance between the complex and shifting symbolic and relational bases of my subjectively perceived self-constitution and the putative strict binaries of reason and madness. I suggested that such autoethnographic inquiry may inform the radically emancipatory work of agonistic pluralism: the work of bridging one's critical insights and aspirations with those of others in an

effort to reconstitute (to disrupt, to reimagine, to mad) identity along with mental health law and policy.

In Part II, I have inquired into the varieties of political subject positions marking mental health politics—specifically, those amenable to characterization as directly affected by the coordinate medico-legal domain of mental health law and policy. I have suggested that there is no simple answer to the question: Is mental health identity getting in the way of social justice? This question engages the concern that mental health has increasingly come to inform the politics of need, risk, and harm in ways that individuate and moreover medicalize the social body, so depleting our capacities to discern the complex roots of, and to devise deep systemic responses to, social injustice. Moreover, the question engages critiques of identity politics—as potentially reifying subordinated identity categories, in addition to obstructing critical analysis and coalition-building across the wider social structural fields in which group-based oppression is located. Yet to counsel a wholesale shift from the politics of mental health to a post-identity politics would miss the rootedness of this politics in localized sites of power and solidarity. And in any case, the social justice implications of politicized identity necessarily differ across different sites, in and beyond the politics of mental health.

That said, I have suggested, building on the work of Susan Stefan, that this politics might be refreshed and its radical potential strengthened by way of an anti-identitarian ethic of resistance to epistemic violence—or more radically still, an ethic of resistance (tentative and episodic as it may be) to framing social justice problems in the discourse of mental health. These suggestions find some support in work of Shaindl Diamond, Bonnie Burstow, and others promoting intensified exploration of inter- and intra-group pluralism in and beyond the class(es) of radical psy-subjects. Such proposals turn upon our shared capacity to enter into what I have termed spectral identity, moments in which we call our personal and political identities into question and reflect on our habits of constitutive exclusion in light of alternative modes of identification and action.

Thus while it is impossible to simply undo the intricate interpellation of the self with psychiatry and political economy, or as such to shear that part of the bio-psycho-social complex that produces “mental health” away from our personal and political lives, it is possible to endorse vigilant and persistent interrogation of the forms of identity and difference we construct and reconstruct along these lines. What would be the effect of activating such agonistic deliberative spaces? We might find that there are more possibilities in our laws and in ourselves than we had thought. Perhaps we would be moved to take more seriously such proposals as

the repeal of involuntary psychiatric hospitalization and treatment laws in favour of a continuum of voluntary, responsive supports, respectful and welcoming of diversity. Perhaps we would recognize that we are ourselves unstably positioned along a continuum of material and psycho-social vulnerabilities. In any case, the ambition of agonizing identity in mental health law and policy is not to abruptly unseat all of the identity-based distinctions constituting this field, but rather to spur renewed inquiry into the legitimacy of these distinctions.

In sum, I conclude, with Diamond, Burstow, and others engaged in Mad Studies, that we should forge new, Mad-pluralist discursive and institutional spaces wherein we may place in issue the norms and aspirations in which we ground our laws and policies, in and beyond the politics of mental health. Again, the point is not to suddenly wholly transcend the conceptual apparatus of “mental health,” but to reflect critically and from a plurality of perspectives on how the dichotomy of reason and madness, the deep logic of othering, is expressed in our political and legal institutions—and in ourselves. For it remains that, whether we stand at the white hot radical core of psy-resistance or in the cool spaces of mental health consumerism, we ourselves are at the heart of the puzzle with which I began: the puzzle, framed as emancipatory imperative, of undertaking the critical ontology of ourselves in the thick of biopower.

