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REFLECTIONS ON SURVIVOR KNOWLEDGE AND MAD STUDIES

Irit Shimrat

Survivor knowledge is more than just the accumulation and recounting of each of our stories of incarceration, torture, poisoning, electroshock, humiliation, etc., at the hands of psychiatry; the resultant terror, rage and angst; and how all of this can be used against us by “helping professionals” and hostile researchers. Our knowledge is essential beyond the importance of collecting, studying and exposing the evidence of psychiatry’s fraudulence and dangerousness. Our critiques of psychiatry, psychology, and related pseudosciences, of “community mental health services,” the effects of pharmaceutical marketing, etc., form the basis of innumerable ways in which survivors can assist, not only ourselves and each other, but also those people believed to be “sane.” Our knowledge can help all of us relate to ourselves and to others. It can teach all of us, not just to cope with extremes of emotion and difference, but to learn from them – to find in them meaning, insight, and sometimes even joy – and consequently to live better, richer lives.

As for Mad Studies, my initial reaction to the very idea is a wincing distrust of academia, fed by unpleasant memories of trying to read documents written in “social science” jargon. Many psychiatric survivors are repelled, or at least mystified, by the academization of our suffering and of our ideas. For example, a blog I follow recently elicited this comment from a reader: “This is great, what I could understand. Part of my hope is that we can also write so that everyone can understand. Academic writing, I am not so good at. But these are very important ideas.” Important ideas never require the use of jargon, and I have spent a portion of my editing life de-jargonizing academic writing. And I have written, in very plain language, essays, articles and even a book that have been used as texts in university courses.

Survivors who have been part of, or whose work has been used in, the area calling itself Mad Studies have made important contributions to the discovery and promotion of alternatives to psychiatry. Many have created wonderful organizations, publications, documents, websites, etc., that offer vital information, encouragement, advice, and interaction. Some are pushing to make the United Nations Convention on the Rights of Persons with Disabilities, and other pieces of legislation, work in our favour. Some have dedicated themselves to Mad Studies (and related areas of study) as such, doing meaningful qualitative research, having their work published in respected journals, earning academic credentials, becoming professors, and so on. Mind you, not all the psychiatric survivors I know agree with the name “Mad Studies.” Indeed, not all
Mad Studies and political organising

like either the word “mad” or the term “psychiatric survivor.” Nevertheless, I believe that all of
this work has some potential to prevent our lives from being destroyed by the “mental health
system.”

Of course, many decades before Mad Studies became a thing, recipients of psychiatric “care”
and the people who actually do care about us – including academics, dissident professionals,
enlightened family members and others – began speaking out and writing about the dangers
of, and alternatives to, psychiatry. And, despite all these efforts, more and more people have
been, are being, and are in danger of being subjected to the expanding grip of psychiatry,
whose practices just get more and more pernicious. (I think, for example, of the ubiquity
of polypharmacy and multiple simultaneous diagnoses, the increasing use of electroshock
“therapy,” and the invention and promotion of implanted electronic devices.) At the same time,
survivors are increasingly co-opted into the system, working in “partnership” with professionals
in situations where they have no real power but serve as mere window-dressing, providing an
illusion of co-operation and progress. This illusion is also at play when survivors are “trained”
to become “peer” workers in situations where they may be able to comfort psychiatric inmates,
but can never actually stop them from being held and drugged against their will.

Even outside of the mainstream “system,” new therapeutic modalities have sprung up in
which people who used to be patients make money off people who are trying to stop being
patients. I imagine this sometimes works out well for both sides. But many psychiatric survivors
are somewhat or very poor, and I know of situations in which people spend more than they can
afford on “peer services,” only to be abandoned, and end up back in hospital, when they get
too upset or behave too strangely. I’m sorry to say that I also know of instances of serious emo-
tional and even sexual abuse of survivors at the hands of “peer service providers” – an extreme
example of how holders of survivor knowledge can perpetuate the power imbalance inherent in
the “therapist/client relationship.” And of course the sense of betrayal and resultant despair can
be even more terrible than what is experienced within mainstream “services.”

I see a profound problem with the exchange of money for “care.” To me this is one of the
nastiest aspects of the commodification of everything in a society driven by the profit motive;
by market-driven ideology and greed and the delusion that infinite economic growth is pos-
sible or desirable, together with denial of the fact that the creation of extreme wealth requires
the existence of extreme poverty. The Covid-19 pandemic has epitomized this: workers who
make barely enough, or not enough, to live on are suddenly called “essential” and praised as
“heroes,” without any thought of more than (at most) a temporary wage increase. Meanwhile,
gargantuan corporations are bailed out as a matter of course. CEOs are assumed to have special
knowledge, skills and virtues, while those who actually do the work that keeps us all alive are
seen as unskilled and, if they get sick and die, easily replaced. These and other, equally awful
ideas are highlighted by increasingly vehement protests against all kinds of injustices, up to
and including state-sanctioned murder, perpetrated on the poor, and especially on those not
born with white skin; the darker the skin and the deeper the poverty, the more terrible the
oppression. Race- and class-based oppression, like the oppression of women, elders, foster chil-
dren, etc., plays out in psychiatry – and, indeed, in the psychiatric survivors’ movement – just
as it does in every other area of life.

We live in a world where citizens are seen as “consumers” of products and “targets” of
advertising and marketing schemes, and non-citizens are too often viewed as people who do
not deserve full rights, but who are needed to fill the kinds of jobs that citizens don’t want. It’s
hardly surprising that those whose behaviour – or protest – causes discomfort or inconveni-
ence can be molded into “consumers of mental health care services.” Or that those who refuse
such services can be forced into a life of psychiatric incarceration, outpatient committal, and
perpetual “medication” with substances that silence us by brutally damaging our brains, bodies, minds and souls.

Where do survivor knowledge and Mad Studies come into all this? Psychiatry keeps expanding its markets (to children, to the elderly, to prisoners – to everyone who must be controlled and kept down in order for the status quo to be maintained), and the ways in which it captures people keep getting sneakier and being met with less and less resistance. That is why the need for education is more urgent than ever. Students of all ages, at all levels and in every area of study, as well as the general public (any of whom may fall victim to psychiatry), should learn to distinguish between “mental health” propaganda and what is really needed to improve relations between people. And those who have survived “care” need our voices heard and our views considered and – dare we hope? – understood. Such learning has huge potential to make the world a better place, for everybody.

Psychiatric treatment, to which I have been subjected many times both in youth and in middle age, has been, unequivocally, the worst thing that has ever happened to me. My utter rejection of it, however, has led to many of the best experiences of my life. And this would never have been the case, but for the psychiatric survivors’ movement (or the Mad movement, as I named it in my book, mainly for the sake of brevity; again, there is no agreement on terminology). And some of the amazing experiences I’ve had certainly come under the umbrella of Mad Studies. Encounters and events at conferences attended partly or entirely by crazy people (including conferences and events arranged by academics and held at universities) have filled me with wonder and joy and hope. So has reading and hearing and seeing work created by other crazies, and sometimes by our allies. My own work in collecting, editing and publishing other survivors’ stories has given purpose, structure and meaning to my life. Almost always, everyone involved, including me, ends up feeling less alone and more alive.

And of course it has been a delight, always, to write and present my own creations. I get so much joy and strength, and such a sense of “okayness” – of being allowed to be in the world, without fear that my difference might result in incarceration and brutality – through expressing my views and experiences and beliefs. And then there is the understanding and appreciation I get from friends and allies; from those who had never thought about any of this except from the mainstream perspective; and, best of all, from my fellow survivors.

I consider myself wildly fortunate to have been invited to address students of sociology, nursing, psychology, etc. Sometimes I have even been paid for it! It is sweet to see people who are working towards achieving positions of direct or indirect power over others swayed by accounts of the personal experiences of those who have been subjected to such power. And inevitably after class, and very occasionally during, at least one person will confess to having been psychiatrized themselves, and thus especially moved by my words. I think nothing but good can come of such confessions, and of all opportunities to bring survivor knowledge into the consciousness of as many people as possible.

Survivor knowledge has also been an important part of my life in ways that have nothing to do with words. One of my favorite of the many fabulous things that happened when I was working with the Ontario Psychiatric Survivors’ Alliance occurred during a field trip to a “mental health clubhouse.” These outings always involved my colleague and I kicking all staff out of the room (the things we got away with!); telling our own stories of coming into, and then out of, psychiatry, and then into activism; and encouraging “clubhouse” members to start their own unsupervised, autonomous groups. But this one time we somehow ended up in the kitchen, making rhythms together by banging on pots and pans, and all of us together entered a state of bliss, and in that moment it didn’t matter one bit that some of us were still patients and some had graduated into activism.
Finally, on the topic of divisions and overcoming them, we must always keep in mind that anyone might become a mental patient, through circumstances beyond their control. And that the fear of other people’s madness comes in large measure from fear of madness in oneself. So, exposing people to the idea that madness is not something outside of “normal” human experience, but rather part of a continuum of thought, emotion and perception, is good for everyone. Ultimately, survivor knowledge can bring all of us together, and liberate all of us, by toning down the fear of difference, and sense of isolation, at the root of so much of what’s wrong in the world.