

BOOK REVIEW

Mad matters: a critical reader in Canadian mad studies, edited by Brenda LeFrançois, Robert Menzies and Geoffrey Reaume, Toronto, Canadian Scholars' Press Inc., 2013, 380 pp., CDN\$49.95 (paperback), ISBN 978-1551305349

Mad matters: A critical reader in Canadian Mad Studies is useful for university students, researchers and educators who are interested in understanding and examining issues related to mental health and madness in Canadian and international contexts. *Mad Studies* is a growing, evolving, multi-voiced and interdisciplinary field of activism, theory, praxis and scholarship. As the authors state, 'Mad Studies can be defined in general terms as a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating, and being' (13). This book details the history, perspectives, struggles and activist pursuits of Mad people in Canadian contexts. It discusses madness in relation to the dominance of medical models and asserts a need for the voices and knowledge of Mad people/mental health service users, consumers, survivors, ex-patients (c/s/x) to develop a platform for critiquing biomedical–psychiatric–clinical–power–knowledge systems. It is written for academic scholars, researchers, policy developers, activists and allies interested in mental health and Mad-related issues. Additionally, this book can be extended to anyone with interest in critically examining mental health issues in society. The book has 23 chapters and is divided into five parts. Part I: Mad people's history, evolving culture and language; Part II: Mad engagements; Part III: Critiques of psychiatry: practice and pedagogy; Part IV: Law, public policy and media madness; and Part V: Social justice, madness and identity politics.

Part I offers an overview of the historical and contemporary significance of the Mad people's movement in Canadian and international contexts. Concepts such as psychological oppression, asylums as instruments of social control, survivor activism, c/s/x narratives, language politics, resistance to domination and critical community formation are discussed. The role of social actors and activists is highlighted in challenging conventional medicalizing paradigms and discourses of mental illness and psychiatric power to expose 'systemic and symbolic violence' at the core of the psychiatric system (3). The Mad people's movement is also connected to intersecting experiences of gender, race, poverty, class, sexuality and disability.

Part II examines the epistemic fissures between psychiatric power and Mad activism to discuss psychiatrization as a form of epistemic violence where 'certain persons or groups within society are disqualified as legitimate knowers at a structural level through various institutional processes and practices' (123). The lived experiences of psychiatric survivors are highlighted using narrative and biographical accounts to discuss issues such as Mad grief as a way to contest medicalization of bereavement. Experiences of coercion,

repression, disempowerment, marginalization, punishment and identity stigmatization are also discussed. The personal accounts and stories of psychiatrized people powerfully reveal ways their knowledge and lived experiences are often subjugated and disqualified.

Part III highlights methods and strategies employed in critical thinking about psychiatry and mental health rights to engage in radical and transformative practice. This section problematizes institutionalization of individuals characterized as ‘mentally ill’ and discusses issues such as the use of electroshock, drugging and incarceration of survivors. Furthermore, elderly persons, women, children, teenagers and Aboriginal Canadians are disproportionately represented in psy-systems of medical power. The realities of psychiatric care are revealed as linked to oppression, isolation, humiliation and denigration of specific groups. For example, electroshock or electroconvulsive therapy (ECT) is denounced as a form of torture under the guise of therapy as it is ‘an unethical, if not criminal, assault on people’s brains, health, and lives, particularly when administered without informed consent, against a person’s will. Many shock survivors and activists call ECT torture’ (158–159).

Part IV discusses public politics of resistance and activism by Mad persons and their allies against medicalizing psychiatric powers. This section also discusses the often contradictory uses of Law and public policy in Mad struggles against inequality and discrimination. Issues of human rights, access, choice, liberty and freedom also emerge as salient. In addition, housing issues, zoning and land-use are connected to spatial regulation and restrictions where Mad people have experienced segregation/separation, intrusions and also integration. This section also highlights the use/administration of drugs by psychiatrists as a way to assert medical power and authority in ways aimed at subduing, transforming, managing and regulating the thoughts and actions of individuals deemed ‘mentally ill’. The potential use of the media as a resource for anti-sanist practice is discussed as a means of resistance and activism. Media may be used to communicate and assert that ‘Biological psychiatry cannot lay claim to the definitive explanations of what it means to be wholly, healthfully human’ (264) and launch critiques of the psychiatric system to promote alternatives to dominant psychiatric system and promote liberty and human rights. Importantly, communities of people involved in the c/s/x movement have spoken out and resisted dominant medico-legal discourses in ongoing struggles to ensure the protection of human rights.

Part V discusses Mad activism, Mad identity politics, issues of grassroots empowerment projects and antipsychiatric politics, Mad nationalism and the need for introspection on the part of individuals involved in Mad Studies to move the field forward. This section states the importance of recognizing diverse perspectives and voices within Mad Studies in ways that recognize gender, sexuality, disability, race and class as systemic oppressive structures. It is also important to critically recognize ways violence and madness are often conflated. Lastly, recovery is discussed in terms of neoliberal policy contexts in the mental health care system where ‘individualistic neoliberal political agendas and discourses’ may be positioned to ‘work against social justice in mental health’ (332).

Mad Matters demonstrates how particular people such as children, teenagers, elderly individuals, women, ‘Women of Colour’ (69) and others are often identified, categorized, individualized, pathologized, normalized, constructed as problems and subsequently targeted to be fixed through biomedical interventions by the psy-disciplines. The term *Mad* is reclaimed by people pathologized and psychiatrized as ‘mentally ill’ to take back oppressive language. Notably, Mad people’s voices are often absent education. Pluralities of Mad people’s perspectives need to be better represented in the field of education, to inform increasingly critical and inclusive curriculum, pedagogy, theory and praxis.

Acknowledging the voices, agency and counter-knowledge of Mad people in discussions of mental health in education and related policies may transform educational possibilities. Mad teaching may be a site of academic and activist political engagement. Thus, teaching madness in ways that recognize the often subjugated knowledge of Mad people through highlighting lived experiences may develop sites of resistance to psychiatric power and oppression and a way to challenge understandings of ‘mental illness’ in education.

Mad Matters offers a critical discussion of mental health and madness in ways that demonstrate the struggles, oppression, resistance, agency and perspectives of Mad people to challenge dominant understandings of ‘mental illness’. This book compellingly carves a space within academic literature for Mad people’s subjugated knowledge as a means to understand the ‘construct of normal as an oppressive ideal’ and open opportunities for Mad subversive acts and resistances against sanism (69). Notably, ‘Mad Studies is an exercise in critical pedagogy – in the radical co-production, circulation, and consumption of knowledge...the practitioners of Mad Studies are concerned with deploying counter-knowledge and subjugated knowledge as a strategy for contesting regimes of truth’ (14). As a new field, Mad Studies may provide Educational scholars with a critical lens to reexamine both theory and praxis surrounding mental illness and the influence of the psychosciences in education. Drawing from Mad people’s perspectives represents a way to challenge psychiatry and biomedical ways of understanding madness to open new possibilities for thought and action in educational systems and intervention programmes surrounding mental health.

Mad Matters begins to do the important job of critiquing the psy-complex and ‘Big Pharma’. However, extensions of this text and further work in this field may consider critically unpacking and mapping out dominant oppressive knowledge-power systems which are tied to academic research, funding and scholarship. Another area which requires greater consideration is Mad pedagogies. Specifically, how Mad Studies and Mad activism may confront epistemological violence through teaching. Questions to consider may include: What are Mad pedagogies? How might one develop Mad pedagogies? What transgressive and transformative possibilities do Mad Studies informed pedagogies present for academic teaching and learning?

The perspectives discussed within *Mad Matters* may encourage readers to position themselves and understand their lived experiences within the field of Mad Studies. I recommend this book for undergraduate students, graduate students and professors in the fields of Mad Studies, Critical Disability Studies and Education as it offers alternative non-psychiatric perspectives by drawing on the voices of Mad people to develop nuanced critical understandings of mental health issues often notably absent in these fields and particularly underrepresented in Education. This book may transform ways of thinking about clinical and pathologizing practices and the violence of psychiatry embedded within educational institutions, systems and regimes of practices.

Mark Anthony Castrodale

Faculty of Education, Western University, London, ON, Canada

mcastrrod@uwo.ca

© 2014, Mark Anthony Castrodale

<http://dx.doi.org/10.1080/15017419.2014.895415>