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Psychiatric Post-Anarchism: A New Direction for Insurrection in the Mental Health System

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Abstract

In response to the disappointments of the anarcho/critical/anti-psychiatry movements, we propose the development of a new understanding of political engagement in the context of psychiatric power, governance, resistance, and abolition. Psychiatric post-anarchism, we argue, is a praxical approach meant to shift the focus for social change in mental health from macro projects concerning institutions, stakeholders, and governing agents to the micro-political realms. Following Saul Newman (2011, 2016), we imagine the ways in which a focus on praxis and the 'here and now' shapes our conceptions of radical politics and emancipatory endeavours. Rather than succumb to what we see as failures in classical anarchist thought and some critical/anti-psychiatry movements that position people as sovereign actors against the state, we argue that contemporary Mad Movements must be willing to constantly challenge their own ontological presuppositions when critiquing the social forces that render some forms of understanding as mad. Our ambition is that this praxis will help Mad Movement activists and scholars see the potential in destabilizing the everyday power relations between psychiatric agents and survivors, without institutional destruction as the necessary and impending goal.

Keywords: Post-anarchism, mad studies, psychiatric abolition, critical psychiatry, praxis

Introduction

For those who have studied the genealogy of the psychiatric apparatus,[1] the notion that psychiatric power could be central to state-funded social control efforts is hardly surprising (Castel et al., 1982; Foucault, 2006; Smith, 1978; Szasz, 1965). Neither is it surprising to see this power expressed in a highly coercive manner.[2] Most agents acting under the guise of medicine and therapy (orderlies, nurses, security officers, physicians, and psychiatrists, to name a few) will at some point use physical or symbolic violence, degradation, infantilization (or some combination thereof) to control how people[3]

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[1] We use the terms 'psychiatric apparatus' and 'psy-complex' to make it clear to readers that our critique extends to the related disciplines and governing institutions that, in some way, tend to draw on, reinforce, or enforce the ideas and practices of psychiatry (i.e., psychology, social work, nursing, counselling, care, and so on). That is not to say that everyone who is employed by, or benefits from, these professions endorses psychiatric knowledge, but we recognize that psychiatric power strikes us in the most basic areas of our life, wellness, family, education, and social governance. Hence we intend that our ideas speak to (rather than 'Other') a wide range of interdisciplinary audiences, with the hope that they will become more involved in the global struggles and resistances of mental health users and psychiatric survivors.

[2] Perhaps for reasons surrounding patient confidentiality and varying provincial/state governance, it is difficult to pinpoint exact statistics concerning how many psychiatric survivors are involuntarily committed to hospitals (and for how long); the percentage of survivors who experience psychiatric violence during their institutionalization (and to what degree); and how complex decisions are made to enforce such outcomes (Røtvold & Wynn, 2016). The Canadian Institute for Health Information (2015) cites that 18 percent of inpatient hospitalizations for children and youth aged 5–24 were for mental health concerns, while the asylum population of the United States shrunk from an estimated 550,000 in the 1950s to 30,000 by the 1990s (Testa & West, 2010). We stress that the length or number of times one is abused during psychiatric detainment does not necessarily speak to the extent to which survivors experience trauma, pain, humiliation, and stigma from these events. The first author, who participated in restraining psychiatric survivors during his tenure as a security guard in an Ottawa hospital, documented the practices of physical and chemical restraint as being quite common and relied upon by hospital staff (Johnston, 2012, 2014). He was triggered to resign from his position when one woman experienced having her buttocks exposed and being forcibly injected by several healthcare staff as a sexual assault (Johnston & Kilty, 2014).

[3] We avoid adopting the harsh and stigmatizing labels of "mentally ill" and "patients" when referring to individuals who have experienced mental health suffering, or have been involuntarily committed to the psychiatric system. Using these terms implies knowledge that there is always cooperation between a person and their caregiver, when in reality we cannot assume that each person who experiences mental pain, anguish, and suffering accepts that they are ill, or wishes to be treated in accordance with the established psychiatric diagnoses, treatments, and discourses available. Instead, we refer to these people as "people," "mental health sufferers," and "psychiatric survivors."

under their 'care' behave and understand their relationships with those around them (Holmes et al*.,* 2012; Joseph, 2014; Liegghio, 2013). The various control and fear techniques include the administration of physical/chemical restraints, medications that shorten life and alter reality, intensive surveillance practices, the use of involuntary incarceration in mental institutions, beatings, infantilizing punishment and reward systems, and moral judgement (Ashcraft & Anthony, 2008; Johnston, 2014; Johnston & Kilty, 2014, 2016; Due et al*.,* 2012; Burstow, 2016; Holmes & Murray, 2011; Holmes et al*.,* 2014; Mason, 2006; Meyer et al*.,* 2005). Without these instruments of power readily available to them — many of which retain legislative authority in mental health acts (Chandler, 2014; Federman, 2012; McSherry & Weller, 2010; Peay, 2003; Szasz, 1989) — psychiatry would struggle to exist in its current regulatory and professionalized form.

Alongside these institutional concerns and indignities, the ability of the mad to resist those who conceive of madness as an ontology or space that must *always* be fixed and exited begs further attention. Psychiatric power is problematic for people who do not want to be 'treated,' do not feel that they are ill or suffering, or if they are sick, believe that the treatment, forms of institutionalizations, and stigma are, in many cases, worse than the onset and continuation of symptoms. Then, of course, there is the complex, messy, and potentially irreducible 'in-between' (Brown & Tucker, 2010) — those individuals who may sometimes desire intervention on their own terms (such as in the community instead of a hospital), or at other times want complete intervention by system officials when the 'badness of madness' overwhelms them and compromises the safety of themselves or others.

In this article, we ask: what kind of subversive praxis can acknowledge madness as a source of both ruin and enlightenment, and something we may need to recover from and move past in order to live a manageable and viable life? Even more crucially, is there a way to find space between radical constructivist and abolitionist

approaches to self-determination, and perspectives that value medicine and biomedical understandings of consciousness, without succumbing to centrism?

We respond to these questions by proposing the development of a new understanding of political engagement in the context of psychiatric abolition; namely a post-anarchist approach to the study of psychiatric power and resistance. Psychiatric post-anarchism, we argue, is a praxical approach meant to shift the focus for social change in mental health from macro projects concerning institutions, stakeholders, and governing agents to the micro-political realms. Following Saul Newman (2011, 2016), we imagine the ways in which a focus on praxis and the 'here and now' shapes our conceptions of radical politics and emancipatory endeavours. Rather than succumb to what we see as failures in classical anarchist thought and some critical/anti-psychiatry movements that position people as sovereign actors against the state, we argue that contemporary Mad Movements must be willing to constantly challenge their own ontological presuppositions when critiquing and mobilizing against the social forces that render some forms of understanding as mad**.**

But of course, for our psychiatric post-anarchism to survive as something more than mere polemics, we must first situate such a framework within the historical and present contexts and resistances that have shaped Western mental health systems, and then specify how an anarchist position remains both possible and useful today. It is to this task we now turn.

Existing Criticisms of Mental Health

Old and present mental health systems mostly emphasize psychiatric survivors as passive recipients of psychiatric care, perpetuating the assumption that people who suffer from serious mental afflictions are unable to comprehend their own sickness, recovery, and behaviour better than psychiatric experts (Cohen, 2008; Kirmayer, 2000; LeFrançois et al*., 2013*). Those suffering from mental affliction are

"excluded from the discursive practices, disciplinary hegemony or dominant regimes of truth within the mental health system" (Joseph, 2014, p. 273), which creates a psychiatric model impenetrable to criticism, and institutions where acts of violence, humiliation, and coercive authority inevitably prevail over compassionate healthcare discourses.

In rallying against the abuses of the psy-complex, the 'anti-psychiatry' movement emerged in the 1960s. While the scholars engaged in this counter-political movement generally sought to dismantle and eliminate psychiatry as an academic discipline and medical practice (Cooper, 2013; Guattari & Deleuze, 1996; Laing, 1960; Szasz, 2008), some, more than others, still saw value in treating mental health suffering.[4] Many of these people developed new ideas and investigative lenses that emphasized experiences with madness as a spiritual gift or potentiality that can teach us about (or how to transgress) the limitations of everyday consciousness (Deleuze & Guattari, 2009; Farber, 1993, 2013; Laing, 1967). Although still heavily under-researched, the recent emergence of mad studies in Canada vis-à-vis critical disability studies and some forms of narrative inquiry continues to challenge the master narratives of the psychiatric apparatus by positioning voluntary and involuntary users of healthcare systems as privileged authorities on their own state of being (Adame, 2014; Burstow, 2016; Cohen, 2008; Crossley & Crossley, 2001; Farber, 1993; Kirmayer et al*.,* 2015; LeFrançois et al*.,* 2016; McKenzie-Mohr & Lafrance, 2017; Steele, 2017).

While the anti-psychiatry movement is far from dead (see especially Burstow, 2015), it is imperative to acknowledge that its reputation

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[4] It is important not to conflate terms such as madness, mental illness, insanity, and lunacy. Whereas mental illness implies the presence of a mental defect or disease of the mind, madness (to the spectator) is a liminal term referring informally to either a state of craziness/bizarre behaviour or very severe mental affliction. Insanity is a purely legal term describing a person whose mental state precludes them from being held criminally responsible for their actions. Therefore, rationality and insanity are defined through a relation of negative externality. The presence of rationality is the condition of impossibility for madness and vice versa. To be rational is to not be insane. To be insane is to not be rational.

has been tarnished and discredited due to the problematic ways in which its ideas were managed historically. Thomas Szasz, perhaps the most notorious and criticized pioneer of the psychiatric abolitionist movement, mobilized the anti-psychiatry ideology to have people killed and criminalized by the state (Szasz, 2004), or deinstitutionalized without adequate community care and support (Novella, 2008; Schaler, 2004; Stroman, 2003). In his fifty years of writing, he worked tirelessly to dismiss widely and professionally established ideas about mental health suffering as symptomatic of disease, illness, and pathology, claiming that mental illness did not exist at all but rather constituted everyday problems of living which are part and parcel to the human condition (Szasz 1972; 1994). By calling into question psychiatrists' power to remove accused subjects from the punitive legal and penal apparatuses — which could sometimes spare them from the death penalty — Szasz insisted anti-psychiatry movements must buy into the moral-rationalist notion that all people are coherent enough to accept responsibility for their actions.

Michel Foucault (1975; 1988; 2006), whose politics were arguably much more discrete, contended that scientific and contemporary understandings of madness were generated by the very rational politics and truth regimes of which madness can, by definition, play no part. He showed, through his historical nominalism, that scientific practice for determining madness was not the result of the internal validity of the knowledge itself and its correlate in perception, but as a result of the historical *a priori* categories that determine the applicability of valid judgements. In his celebrated lecture "The Subject and Power," Foucault (1983, p. 216) identifies the basic kernel of praxical action as "promot[ing] new forms of subjectivity through the refusal of this kind of individuality which has been imposed on us for several centuries," namely by the state. Yet his transcendental structure, privileging of perception, and separation of knowledge from ontology — meaning only those things we perceive

do we know and thus can we speak about as existing — renders such praxis all but meaninglessly radical.

As Margolis (1989, p. 373) notes, by identifying all modes of thinking as ideological or normalizing, Foucault sees any liberal or Marxist achievement as "another entrenched achievement to be overcome" and another form of abstract individuality to be untied from the state. However, the theory of post-anarchist praxis we forward here — one near to that which Margolis finds already in Marx — is one that prefers not to view thinking with "cognitive priority over the conditions of their effective survival in the world" (Margolis, 1989, p. 377). The theory of praxis views cognitive behaviour not in the Foucaultian sense as a reflection on an external and unknowable world but rather as (re)productive and generative because it activates the latent potential of human beings themselves.

In trying to explore both the potentials of madness and materialize them into institutional forms and practices, Ronald Laing (1967) and Gilles Deleuze and Félix Guattari (2009) approached madness as an expression of an existential impasse created through relationality and epistemologies of 'becoming.' But, as is the case with many critical ventures that "promise too much" (Bracken & Thomas, 1998, p. 17) and rush to production, many of these experiments succumbed to cooptation (Guattari, 1996). Any reforms that operate, at least in part, under the influence of the biomedical model always seem to encounter this problem (Fennell, 1996; Foot, 2015; Lawton-Smith et al., 2008; Novella, 2008).

Therefore, our reconceptualization of psychiatric resistance is interested in the 'surplus' that enables praxis in the first place and privileges the autonomy of the subject without resting on humanist assumptions that become entrapped within the cynical politics of finitude. Asserting our distance from institutions is not so much of a revolutionary procedure as it is an insurrection. As Newman (2016, p. 56, emphasis in original) sums it up within his post-anarchist frame,

it is "a withdrawal from the game of power and counter-power altogether…[to] an *indifference* to power."

Psychiatric Post-Anarchism as a Desirable Future

So what is post-anarchism? Simply, it is the position that presupposes anarchy as an inherent condition of social order. Rather than viewing anarchy as the end result of a series of political actions, post-anarchist politics becomes the actualization of an always-already innate freedom (Newman, 2016). It should be clear enough that such a position necessitates a break with forms of political action that rely on either metaphysical conceptions of subjectivity or supreme moral or normative principles guiding praxis. Yet to endorse such a position, we are presented with some problematic questions: particularly, is it possible to cross the aporia separating perspectival knowledge from legitimate truth? If so, on what *foundation* can such a truth be based?

Coming up with an answer to this question is crucial if we are to develop a new political praxis for psychiatric abolitionism, particularly one that situates itself in the anarchist tradition. However, given the present analytic suspicion towards meta-narratives (Newman, 2001), we have to be clear about what this foundation would look like. Woodcock (1962, p. 7) describes three essential components of any potential 'anarchism': first, it must be a criticism of existing society; second, it must have a view of a desirable future; and third, it must propose a way of transitioning from one to the other. Since we have already satisfied the 'criticism of existing society' in the second section of this paper, it is with the latter two of Woodcock's (1962) triad that we are now concerned.

Classical anarchist thought is typically criticized on the basis of its supposedly naïve or otherwise facile commitment to a utopian world in which hierarchical systems of authority are abolished. The negation of these hierarchical systems of authority, principally represented by the state and its "bodies of armed men" (Engels, 1981

[1942], p. 230), is popularly understood to be done in furtherance of a world marked by chaos, disruption, and destruction. In other words, anarchist thought is marked colloquially by *negation* and does not, and indeed cannot, put forth any *positive* conceptions of social order (Williams & Arrigo, 2001). The singular focus on negation often results in the anarchist being represented as a cynic. A very old but apt joke might help make this clear: a fellow goes into a restaurant and says to the waiter, "Coffee without cream, please." The waiter replies, "Sorry, we're out of cream. Could it be without milk instead?" Here the anarchist is that person more concerned with the lack or absence of something and is therefore marginalizable as a scoffer or misanthropist (see Johnston & Johnston, 2017). Our goal in this article is to capture something more positive and life-affirming in anarchist negation.

But what sort of anarchism is even possible today? Nineteenth-century anarchists floundered as a consequence of their binary conceptual divisions that distinguished between natural and artificial authority and essential versus oppressed human nature; that is, the idea that 'Man' was possessive of an innate morality and rationality. For anarchists like Bakunin (1953), this hidden kernel of 'Truth' was simply oppressed by the existing power centres of society such as the Church and the State. His desirable future consequently was one in which anarchism goes beyond the limits of the Church and State to allow for innate human morality to actualize itself.

> The moral law…is indeed an actual law, which will triumph over all the conspiracies of all the idealists of the world, because it emanates from the very nature of human society, the root basis of which is not to be sought in God but in animality. (Bakunin, 1953, p. 156)

Rooting the position of resistance to forms of order imposed from without animality, or otherwise material aspects of human subjectivity, was crucial to establishing a theoretically justifiable political position from which to oppose the Church and State.

However, as Vaccaro (2013, p. 126) recently argued, the establishment of an ontological arché or "counter-foundation of being" in these forms of anarchistic thinking is problematic because it tends towards transcendental abstraction. Rather than engender a new form of order from within the inherent chaos that marks human social systems, these early anarchists succumbed to reformism by imposing another form of authority from without, that is, a substitution of 'rational power' for the 'power of authority' (Newman, 2001; Schürmann, 1987).

To incorporate post-modernism's scepticism towards meta-narratives and sweeping claims into the development of an anarchist political position, we still have to accept that our anarchism would be one that would abandon epistemological foundations in the legitimacy of science and rationality as master-discourses (see Hacking, 1983; Feyerabend, 1975), and ontological bases in the acceptance of an originary and primitive human nature. So to answer our earlier question in the negative: no, we can never cross the aporia separating perspectival knowledge from legitimate 'Truth.' So what does this mean for our vision of a desirable future? And how do we transition to this future? If anarchism is no longer the destruction of hierarchical systems of authority to be replaced by the mutually cooperative behaviour of innately good human beings, what does post-anarchism offer today?

What we need to do is perform a Žižekian move by assuming this difference between perspectival knowledge and legitimate truth has the fundamental structure of a Kantian antinomy. No longer can we reduce one side of the antinomy to the other by saying we either have one perspective from which to view the world or the naïve realist view that there 'really is' an ultimate truth that human finitude *prevents us* from accessing. Instead, we must assert the difference as irreducible, and "conceive the point of radical critique not as a certain determinate position as opposed to another position, but as the irreducible gap between the positions themselves" (Žižek, 2006, p.

201). This position opens up a new domain that traverses the binary between real/illusory by undermining its distinctiveness. The importance of the Žižekian move here is that the ontological status of human being is marked by a terrifying excess or traumatic, non-symbolizable kernel that thwarts any attempt to define it, but still remains inherent to the conditions of *being and becoming* human.

If madness finds us, we can no longer find madness, nor claim the worthiness of knowing truth the way it does. This is why our post-anarchism must be one that relinquishes classical anarchism's *a priori* assumption of an innately moral-rational human subject. Anarchy as a political position is not a *telos* or a *means* to an end but the *actualization* of an always-already innate human freedom possessed by virtue of its own traumatic excess. This type of freedom must not be misunderstood as the classical anarchist or liberal political economic sort. We are not 'born free and everywhere in chains' (Rousseau, 1998, p. 49). However, and contra the assertions of social constructionist arguments, neither are we completely discursively constructed subjects. As such, ontological post-anarchism locates itself somewhere amidst the anarchist-cum-liberal understanding of a free and autonomous individual at the centre of history and the social constructivist position of a totally discursively interpellated subject.

Psychiatric Post-Anarchism: How Is It New and How Do We Transition?

Perhaps the 'post' in psychiatric post-anarchism does not in-and-of-itself connote something 'new.' The 'post' is nothing more than an exercise in re-signifying anarchism in light of the knowledge that the ontological preconditions of anarchism — the moral-rational human subject — have never actually existed! Of course, we do not just want to preserve a specific lineage to the past, but we want to revitalize anarchist ideas in ways that were never intended. That is, by using our Žižekian conception of the subject as always-already both inside and outside relations of power alongside Newman's (2016) anarchism, which does not presuppose an innate human

agency, we mobilize a new political position from which to critique the coercive psychiatric apparatus.

The newness we describe here is a praxis for psychiatric resistance that, as done in the past, raises concerns over how our world can be such that psychiatric practice appears so intelligible and holds true at all times for the person to whom such perceptions are normal. Yet under these conditions of power, psychiatric post-anarchism operates on a platform that carefully and seriously weighs concerns for recovery and the unpredictable circumstances that accompany mental health suffering, against the risks and harms of enduring psychiatric coercion, violence, institutionalization, and normalization. We are forwarding a political position that values the legitimization of multiple forms of resistance and even conformity, and accepts that different outcomes will work for different people.

What we believe is the biggest question here, and one that is of most relevance to critical criminologists of this age, is: to mobilize such a political mode of engagement, must we not abandon the historical tug of war that exists between reformists, abolitionists, and supporters of the establishment? Does the merger between abolitionist and post-anarchist thinking lie in its approach to struggle? In thinking about Woodcock's (1962) criterion of transition, if the goal of psychiatric post-anarchism is to generate peace *and* insurgency, it follows that re-coding and re-mapping the intensities of political movements is imperative to doing away with the power, authority, and battles from within that escalate tensions and constrict so many social movements (Gavrielides, 2008; Nagle, 2016; Piché, 2016).

Our point is that the only true position for an emancipatory political critique of psychiatric power is through the recognition of cognition as something that itself has presuppositions — presuppositions that require a fundamental gap in the individuals themselves as a result of their existence as relational beings. Madness is a type of relation to an uncertainty (science), and its conditions of validity are historico-

specific. Yet even if we do not identify as mad, madness is our neighbour and thus a fundamental component of us at all times, which means that we can always *mobilize it*. The grounds for political emancipation must be rooted in a conception that (1) suspends the idealist assertion of perception as the root of knowledge and (2) is effective because it grounds its conception of agency in an ontological 'surplus' or 'excess,' that, like the obverse of a mirror, is present but un-symbolizable within the frame.

Our model, therefore, is one that works hard to relinquish personal authorities, theoretical cynicisms, and inner fascisms (Deleuze & Guattari, 2009) that have spearheaded dogmas trying to define the 'best practices' of political struggle. There has to be some acceptance of the agency of others to resist or accept the system within the means that are available to them, even if this means circulating (to some extent) the hidden or macro agendas of political and institutional stakeholders. An example of a relevant movement embodying these principles is Psychiatric Survivors of Ottawa (2017), which is a community organization of peers who use their "lived experiences with the mental health system to support one another in moving towards [their] full potential." Driven by the values of self-determination and respect for the survivors' varying identities and relationships with the mental health system, they provide alternative recovery and wellness programs (e.g., art, spiritual outlets, music, movies, exercise, games, community transitions), as well as a diverse range of peer and family support networks and workshops.

From a post-anarchist position that starts with a non-acceptability of coercive power in order to open up "space[s] of contingency and freedom rather than following a set pattern of anarchism" (Newman, 2016, p. 15), the success of a critical psychiatric post-anarchism movement cannot be measured by its capacity to abolish the entire (macro) psychiatric apparatus. Let us evaluate it instead by its capacity to promote autonomy, self-determination, alliance building and growth, and heal people in the 'here and now' by transforming

the immediate circumstances and relationships of actors entangled within the system. It would be easy to advance Szasz's old abolition by suggesting, as the anarchists long before us did, we remove the state altogether instead of merely severing the link between the state and psychiatry. But psychiatric post-anarchism can do more by focusing its concentration on the present moment forms of action and insurrection instead of single-issue revolutionary projects.

> There is no problem with utopian imaginaries, and, indeed, a certain utopian impulse is central to all radical politics in the sense that it punctures the limits of our current reality. However, what guarantees are there that the realization of the stateless society — to the extent that this is a possibility — would not bring with it its own unforeseen coercions?… What is central for me in anarchism is the idea of autonomous thinking and acting which transforms contemporary social spaces in the present sense, but which is at the same time contingent and indeterminate in the sense of not being subject to predetermined logics and goals. This does not mean that anarchism should not have ethical principles or be impassioned by certain ideals — but rather, that it should not, and perhaps any longer *cannot*, see itself as a specific programme of revolution and political organization. (Newman, 2016, pp. 12–13, emphasis in original)

It should be unsurprising to our readers that this perspective, like others (Kirmayer et al*.,* 2015), sees the enactment of alliances between activists, scholars, and caregivers as a strategy to discover new forms of organization, genres of freedom, and techniques for bargaining with authorities. Negotiation is not a permanent commitment, nor does it have to compromise the subject's values through an acceptance of the sanist discourses that were built on gendered, heteronormative, neoliberal, racialized, and colonial foundations of reality (Bennewith et al*.,* 2010; Burstow et al*.,* 2014;

Deleuze & Guattari, 2009; Drescher, 2013; Johnston & Kilty, 2015; Joseph, 2014; McKenzie & Bhui, 2007; Russell, 1995; Whitaker & Cosgrove, 2015; Ypinazar et al*.,* 2007). But the ideas and beliefs we cannot tolerate or surrender to sometimes come from people who, like us, make mistakes and still seek to improve the conditions of living.

Conclusion: What Does the Future Look Like?

We should emphasize that it was not our intention to imply we are always/already critical of those who take a firm and unwavering stand against the formal mental system — some people have just simply had enough of psychiatry *because of* what psychiatry has done to them or their loved ones. Madwomen in the Attic (2017), a grassroots feminist support group in coalition with the Network Against Coercive Psychiatry (n.d), continues to publicize how women "have been victimized, traumatized, harmed, shamed, or otherwise affected negatively by the psychiatric industry at large…[that] misuse[s] mental health treatment as a form of social control, policing, or bullying into submission." Yet by making post-anarchism the departure point for action rather than imagining a society without power relations, we turn more to a Mad Movement that questions all the ways in which power is accepted, admissible, inevitable, and distributed — including the ones we create and promulgate. Sometimes the greatest prisons we face are ontological: in the everyday, inner struggles for power and control that strike our sense of being must first be overcome before we can imagine how massive networks of social control can be meaningfully changed. Such a "micro-political transformation of the self in relation to power" (Newman, 2016, p. 54) helps us become more aware and critical of the political consequences that could arise from sweeping macro change or destruction.

The answer to finding a balance between treatment and coercion, to organizing mental wellness without domination, power, and coercion, we argue, begins with challenging the macro discourses of madness through micro-political resistances. Put simply, if bigger and broader

changes are going to ensue, then the smaller changes have to happen first. Bonnie Burstow (2017) stresses that we need to prioritize raising our children in caring (not corrective) environments, teach them how to appreciate (and not dismiss) others' emotions, creativity, and different capacities for learning in schools, and encourage one another to develop active listening skills and befriend those in distress. She emphasizes that when these humanistic values are adopted, services will unfold in ways that do not always give precedence to psychiatric expertise but rather emphasize community participation and responsibility — whereby conflict management and "people's welfare [are] everyone's concern" (Burstow, 2017, p. 37).

Something as simple as re-directing day-to-day power relations between mental health users and doctors through survivors' voices and struggles could certainly be counted by the Mad Movement as a valid form of resistance to the myths, stigmas, and labels that circulate throughout our institutions. Intervoice (2018) (The International Network for Training, Education and Research into Hearing Voices) and the Hearing Voices Movement have gained prominent ground in Europe to challenge the assertion that hearing voices is always a sign of mental illness. They educate psychiatric professionals, the public, and people with mental health concerns that not everyone who hears voices is overwhelmed. Some are able to draw on alternative strategies to manage their voices, while others actually need their voices to help construct a deeper understanding of their life experiences (Blackman, 2001; Jenkins, 2015; Jenkins & Barrett, 2004).

If the Mad Movement is tenacious and empathetic in its approach, psychiatric apparatuses will have more incentive and will to learn from its dogmas, and help vulnerable populations in the present moment under conditions that trust and respect the autonomy and expertise of psychiatric survivors. As found in the historic anarchist traditions, this perspective is still unapologetic in its idealism. We sustain our confidence that the day will come when mental health

sufferers are afforded the capacity to be skeptical of the psychiatrists' solutions and cures, refuse them at times, and negotiate all the available options so that they are comfortable with what tries to make them better, especially within spaces that are less violent and stigmatizing than many psychiatric hospitals. After all, an insurrection that is impossible to defeat is one that refuses defeat, but to do so it must remain in motion and travel in unpredictable directions, unafraid of its intersections, divergences, and oppositions.

To wrap up, our goal in this article was not to adopt a self-righteous relativist approach to understanding and resisting mental health suffering: "far from appearing as merely a repressive or negative force, psychiatry can often direct its interventions at willing subjects" and those who believe the expertise will help them (Scull, 1991, p. 169). However, the coercive application of psychiatric treatment to people who do not support it, or cannot communicate their lack of support, walks a thin ethical line. While these are points of sensitivities to be aware of as we embark on this insurgency, they are not, as Bonnie Burstow (2013, p. 85) remarks, "reason to dispense with these words, nor reason to tone them down, nor even reason to bypass the ones not yet adopted by the community as a whole." Make no mistake about it, we will never be able to understand everything about the mind and body, be it our own or others'. Yet the myriad ways in which others speak about the mind and resist discourse can all work together to demystify understandings of madness that put our dignity in peril. For the sake of both moving forward and starting over, we have to believe in our capacity to create something new and better. We cannot do this with eyes that refuse to gaze at the unbearable pains of affliction, stigma, and suppression, and ears that ignore the meaningful sounds of irrationality and uncertainty. While the insanity of reason and stability decays, the sense and glory of madness await our discovery.

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