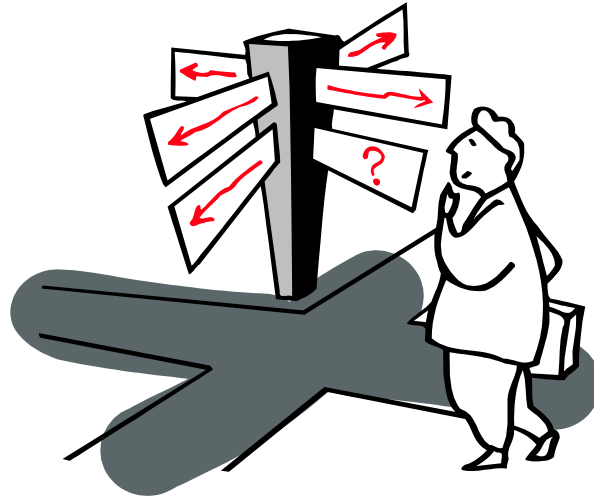


# INTERSECTION – No. 1 – April 2012

*Bringing Allies to Our Cause – Rassemblant nos alliés à la cause*



## **INTERVIEW WITH ROBERT MENZIES**



*Born and educated in Toronto, he moved to Vancouver in the early 1980s to take up a faculty position at Simon Fraser University, where he has since taught in the departments of Criminology, Humanities, and (currently) Sociology and Anthropology.*

*Menzies became interested in the critical study of psychiatry in 1978, when he was hired as a researcher at METFORS, a Toronto pre-trial forensic assessment agency. He later wrote a book about that facility entitled Survival of the Sanest: Order and Disorder in a Pre-Trial Psychiatric Clinic.*

*More recently he has been chronicling the history of psychiatric systems in British Columbia, with focus on the lives and experiences of people who were interned in the province's public hospital system from the late 19<sup>th</sup> century through to the 1970s. With Dr. Megan Davies of York University and other academics and activists-survivors around the country, he has been involved in developing a research and education website entitled History of Madness in Canada / Histoire de la folie au Canada. Robert Menzies lives on the Sunshine Coast of British Columbia with his partner, sociologist Dorothy Chunn.*

### **1) INTERSECTION: Could you briefly tell us about your project of an upcoming book on Canadian Mad Studies that will be published in May 2013?**

In May of 2008, thanks in large part to the generosity of the SFU Institute for the Humanities, I was privileged to host a public event in downtown Vancouver entitled *Madness, Citizenship and Social Justice: A Human Rights Conference*. This four-day affair attracted some 250 participants from seven countries, with a rich representation from local and national survivor organizations and a remarkable line-up of plenaries, papers, workshops, film screenings, theatre productions, and visual art exhibits.

On the strength of this life-changing experience, we came to realize how pressingly important it was to introduce this extraordinary wealth of Canadian talent in critical mental health advocacy, research and writing to a wider audience. With this goal in mind, over the past year Brenda LeFrançois (Social Work, Memorial University), Geoffrey Reaume (Critical Disability Studies, York University) and I have been busy editing a 23-chapter book entitled *Mad Matters: A Critical Reader in Canadian Mad Studies*. The collection showcases the work of Canadian survivors, activists, students, academics and professional writers – and even a dissident clinician. In so doing it engages a wide spectrum of human rights issues, and considers strategies of empowerment and resistance by and for people involved in the mad movement and the struggle against psychiatry. The manuscript is currently under review by a prominent Canadian academic publisher, with its release projected for early 2013.

## **2) INTERSECTION: What role do you think should be played by people who have experiences with psychiatric intervention?**

There is an old adage among ethnographers that people are the (sole) experts in their own lives. Again and again through human history, we witness the havoc that is wrought when self-designated authorities on ‘mental illness’ ignore this lesson, professing to know what is best for those of us whose states of mind are considered exceptional or who find our/themselves in emotional or spiritual distress.

We also learn how easy it is to objectify and demonize people deemed psychiatrically ‘different’, sometimes casting us/them outside the human condition altogether, warranting all manner of unspeakable interventions in the name of some higher cause (whether that be God, or science, or the person’s ‘own interest’, or the greater social good).

**In truth, we won’t fully emerge from this timeless story of ignorance, hubris and abuse until all people who bear psychiatric identities and labels are fully empowered to determine the circumstances and conditions of our/their own existence.**

Happily, progress is being made along this front, as we find self-identified and ‘out’ users/survivors increasingly involved in writing, teaching, grassroots organizing, social activism, legal reform, and policy-making – not to mention high-profile participation in all sectors of institutional and cultural life. Further, psychiatrized people and

empowerment advocates are more and more forging alliances with like-positioned people in other spheres of struggle, both contributing to and learning from the experiences of feminists, queer activists, anti-poverty groups, Aboriginal and anti-racist organizations, members of environmental movements, and so forth. This is an ongoing process, and it is not only about inclusion or anti-discrimination or celebrating difference (although it includes all of these goals).

At base, the movement in all its forms is pointed toward extinguishing the very possibility of sanism as a way of thinking about ‘normality’ and ‘difference,’ and toward overthrowing the oppressive systems that sustain it. And no one is better placed to understand this mandate, and bring it into being, than the untold numbers of people who have experienced the full force of these systems first-hand.

### **3) INTERSECTION: Overall, how do you view our current mental health system and where would you like to see improvements?**

The contemporary mental health system is in a shambles. In stating what I believe to be the obvious, I don't wish for one moment to discount the contributions of the countless Canadians engaged with that system – survivors and non-survivors alike – who are deeply committed to realizing visions of progressive health care, recovery, empowerment, and social justice by and for psychiatrized people.

Arrayed against all that political and institutional momentum (or, depending on your point of view, inertia), David Oaks' nonviolent revolution in mental health care will not come easily. Powerful interests are vested in sustaining the status quo and co-opting reform efforts; alternative paradigms and human rights issues continue to get marginalized; and 'mental health' is still seen by too many as a matter of unleashing medical technology and expertise to suppress or repair 'chemical imbalances' and 'broken brains'.

**But a psy complex that is dominated by the biogenetic model of 'mental illness', commanded by an entrenched and ever-expanding global psychiatry industry, fragmented by the forces of government 'downsizing' and privatization, and fuelled by billions of pharmadollars annually is like the proverbial supertanker (or cruise ship?) in need of a radical change of course.**

All of that said, I may be contradicting myself when I report (ingénue that I may be) that I have actually never been more optimistic about the prospects for achieving genuine and lasting change for the better.

**As we are witnessing across multiple fronts, the present levels of collective energy, creativity, cultural capital and political consciousness have never been higher as "the 99 percent" align ourselves in struggle against the mental health establishment, and work together to craft human-centred models of community, mutual aid, inclusion, recovery, and transformation that offer real alternatives to the mad-making machinery that is the 21<sup>st</sup>-century mental health system.**

### **4) INTERSECTION: What is your opinion on the Mental Health Commission of Canada?**

In Canada, as elsewhere, there is a longstanding tradition of top-down, State-centred mental health policy-making, programming and advocacy.

The Mental Health Commission of Canada, as I see it, represents something of a 'liberal-centrist' version of this paradigm. Some may argue that the MHCC under its guru, Michael Kirby, is a far sight preferable to the kind of 'mental health' strategy engine that might have been spawned in this country by the current Harper regime (perish the thought!). On that point I can't totally disagree. And to be fair, the MHCC has exhibited at least some disposition toward supporting and engaging with community activists, critical scholars and peer support groups; and in the 2011 draft of its *Mental Health Strategy* the Commission resisted buying hook, line and sinker into the impoverished biogenetic model still championed by institutional psychiatry,

big pharma and their many apologists (indeed, there were even gestures in that 2011 document toward incorporating the voices of psychiatric survivors).

Still, when all is said and done, the MHCC must be seen as yet another illustration of what Canadian sociologist Deborah Harrison and English cultural theorist Terry Eagleton have termed “the limits of liberalism.” However benevolent its designs, the reformist, integrationist, anti-stigma, public enlightenment mandate of the MHCC is incapable of addressing – much less unseating – the wider structural and cultural conditions which sustain an inherently flawed and corrosive ‘mental health’ apparatus. Moreover, the officials, professionals, knowledge makers and opinion leaders who drive the MHCC remain immersed within an intractable belief system that continues to construct ‘mental illness’ as brain pathology, and psychiatrized people (however deserving of recognition, treatment and support) as inherently different from our/their ‘normal’ counterparts.

**In brief, there is no transformative vision to be found here – no critical imagination, no capacity to entertain the far side of the possible. Instead, we encounter in the MHCC a political value system and an approach to programming and policy that, in the fullness of time, are far more apt to further consolidate the intolerable status quo – window-dressing it within a discourse of understanding and good will – than to change it in any meaningful way.**

#### **5) INTERSECTION: Any additional comments?**

***Our Voice / Notre Voix* is a provincial and national treasure. I couldn't be more honoured to be participating in this inaugural issue of INTERSECTION, and I look forward to many years of learning and benefitting from this wonderful forum of psychiatric survivor advocacy and culture.**

My thanks to Eugène, godspeed to INTERSECTION, and all the best of continuing success with your groundbreaking ventures.

**Do you believe in our cause? Would you like to be featured in INTERSECTION?**

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