Sasha Durakov Warren · May 23, 2021

Open Propositions for a Strategic

Madness

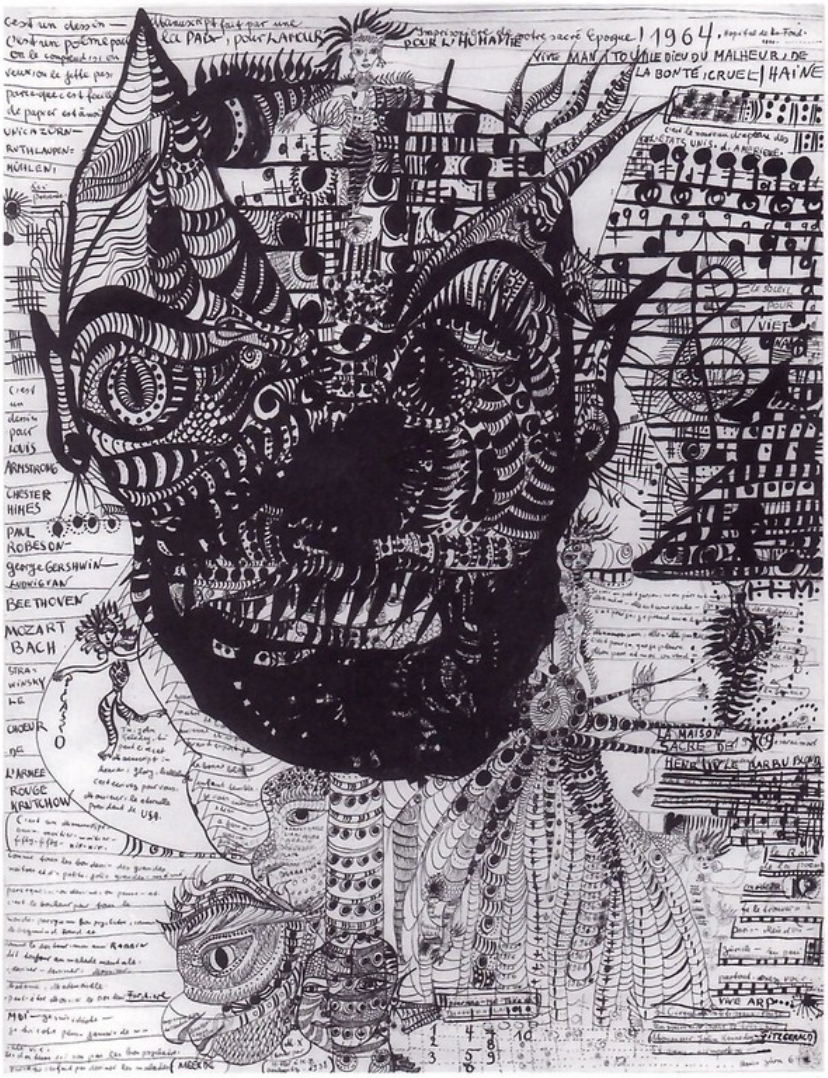
> "Though this be madness, yet there is method in't." - William Shakespeare, Hamlet.

In lieu of the (hopefully) coherent syntheses of historical and critical material I've written for the presentations up to this point, what follows will be a series of open-ended propositions integrating these divergent projects and approaches I've covered into a mad method, or, rather, a strategic manner of approaching the question of mental health. These propositions are intended neither as statements of fact about the state of things nor as prescriptions for budding radicals and activists, but merely as distilled reflections, as questions, and as provocations.

1. Madness is itself a strategy.

This bit of wisdom is as old as the concept of madness itself. In the *Phaedrus*, Socrates remunerates forms of beneficial, necessary madness: the manic art of prophecy, the Bacchic swell of poetry, and refuge or "relief from the greatest plagues of trouble" (244c-e). What are the madnesses in *I Never Promised You a Rose Garden* by Joanne Greenberg, *A Question of Power* by Bessie Head, or any of the stories by Anna Kavan besides trips along unpaved, densely wooded pathways to a new life and an escape from the old horrors? In mystic tours through inner Hell and the nest of unreason that shelters from the Hell without alike, madness is best understood as a strategic event. Even some psychiatrists and psychoanalysis know this. Freud, in his text on Schreber, wrote that "delusion-formation, which we take to be a pathological product, is in reality an attempt at recovery, a process of reconstruction" (147). R.D. Laing recognized the same: "without exception the experience and behavior that gets labelled schizophrenic is a special strategy that the person invents in order to live in an unlivable situation" (95). Mad strategies are methods of survival and healing. The poet Jody Chan has picked up on this theme quite explicitly in a new poem called "Madness is a Strategy." They remind us that sometimes madness is warranted as an explosion of rage, or even needed as a "structure of possibility" which "can force us to build bonds

that outlast periods of crisis, political projects, the constrictions of capitalism." To view madness in this way is not to reduce the experience of insanity or mental illness to a matter of conscious choice for the mad person nor to call it a happy choice. We do not often get to choose the strategies that sustain us, and it is a common occurrence that one must make sacrifices in order to survive the game.



Unica Zürn, untitled drawing

2. Strategies can appear as madness.

It can happen that what is *called* madness is a pathologization of resistant acts. Here, madness is a distorted reflection of militant strategies, which are pathologized. This is notoriously common in revolutionary situations and anti-colonial wars. During the Paris Commune, Briere de Boismont wrote:

> There are still fanatics who dream of remaking the world through workable schemes, these being the first elements of demagogic insanity; but there is above all a multitude of individuals who hold ideas about the family, property, individual freedom, intelligence, and the constitution of society that are so opposed to human nature that madness alone can explain them. (In Murat, 216)

Fanon's psychiatric work lingers on the undecidability that comes with trying to recognize madness within a colonial system of immense, daily violence and degradation combined with the colonial administration's desire to diminish the legitimacy of resistance by characterizing it as the expression of the mentally disturbed. Colonial psychiatry is tasked with naturalizing the racial inferiority of the colonized, on the one hand, and pathologizing the toxic effect it has on their bodies and minds (See: Warren, "Healing"). But we cannot simply say that this is a matter of misapprehension, either, for madness expresses a position in relation to sanity. It often happens that the person most assured of their own sanity is believed to be mad by the world without; there is no true or just mechanism for deciding this once and for all. Bonaventure Ndikung reminds us that sanity and sanitation are related through the Latin root *sanus* (28): sanity is what results when the social world has been sanitized, cleaned of corrupting influence. Insofar as the colonial administration represents sanity and sanitation, the resistance against it can be seen as the revolutionary delirium overtaking and subsuming a survivalist insanity-the moment when a people happily lost "in a dreamlike torrent" become "unhinged" from this world and reorganize themselves in "blood and tears" (Fanon, 56).

3. Sanity, feigned or "real," is also a strategy.

In her article "Sly Normality: Between Quiescence and Revolt," China Mills lists the common tactics undertaken by the mad to assure their bodily integrity and liberty: putting pills under the tongue, lying that the voices have stopped or that one is no longer suicidal, performing obedience. Everyone who has been interned in a hospital ward or stood before a judge in a commitment court knows that normal is a negotiation between warring parties. Everyone who has needed support or services from one of the agencies set up to manage disability and homelessness has learned the phrases and key words one must say to effect specific outcomes or avoid others: I'*m not hearing the voice anymore* for a reduction or stay in medication, *I haven't had any suicidal thoughts* to avoid the hospital or probing questions, and so on. Sanity is not an absolute state but a position in a battlefield, like the "white mask" a colonized or racialized subject wears on the dangerous stage of racial capitalism to register as sane (King, 18). *All the world's a stage* is the wisdom of fools. *All is folly*, but not because we are "really" insane passing as normal-which would imply that sanity and insanity are really existing states- but rather because we're mimicking the manners we've learned to perform to survive (Mills, 212).

4. On the one hand, we face the threat of non-being; on the other, the threat of having to be.

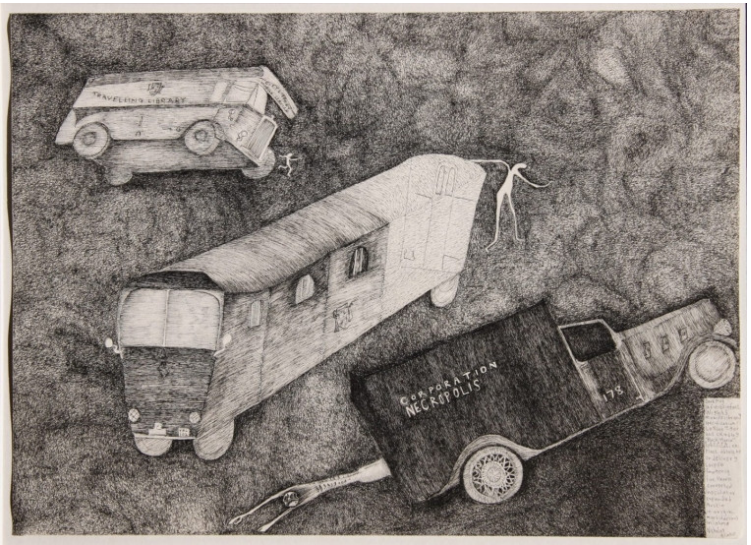
The gift of help is so often a Faustian affair. In order to help the mad or disabled, non-profits, state agencies, and advocacy groups ask us to stand before crowds at conferences or galas or anti-stigma billboards or inspirational videos and *be the disability they see in us*. We must avoid the invitation to put on the rogue's cloak if it means getting trapped in a dialogue whose dimensions and limits are already laid out for us, for then we would merely perform "an anti-psychiatry that is a construction of psychiatry," (222) as Mills put it. Beneath the anti-stigma campaigns' offer to *be the self one keeps hidden* is the treacherous demand to confess. It is absolutely vital that we increase the network of places where it is acceptable and expected to be mad, but we also need spaces for we can be something other than what we are, for it is here

where the madness of madness lives. I helped start and have been participating in the Hearing Voices group in the Twin Cities since 2018. Typically associated with extreme psychotic disorders like schizophrenia or bipolar, voice-hearing (and later all extra-sensory experience) in this model is presented as an experience with a parallel but no longer essentially connected history with psychiatry. It is a ridiculous exercise to go back in time and identify Socrates, Joan of Arc, or the prophet Mohammed as schizophrenic, but each can be adequately and fairly described as voice-hearers. The group is explicitly framed as a social assemblage, unlike the more clinical support groups; we are friends and potential friends first. At times, it is important for the participant to challenge their medical experience, to taper medications or escape thinking of oneself as essentially defective. Voice-hearing is an alternative subject-position that centers the concrete experience as it is actually lived above any clinical significance, but demedicalization is certainly not the goal for all; sometimes, the group is an auxiliary or counter-weight to clinical supports, validating and offering support for the life crises doctors don't ask about. Here, we collect and process information about byzantine laws or clinical processes, offer what supports we can, or simply listen. For others, the group is a space where they can freely explore the spiritual or existential significance of an experience, perhaps delegitimated or ignored elsewhere. In describing peer support groups in Chile, Christian Montenegro refers to one as a "deliberative space" where "every meeting re-started the group." This is the ethical kernel of the problem of madness and identity: how to love and cherish one another, how to build power, while permitting everything and everyone to be at all times a little bit more, a little bit less, or a little bit different than they are.

5. Psychiatry is a strategic assemblage.

In Brazil, something complicated is called a "beast with seven heads" [bicho de sete Cabeças]. Psychiatry is not a Leviathan holding us in awe, it is a Hydra whose many heads peer in all directions. Echoing an observation by Foucault, we can say that psychiatric power does not flow downhill like a single rushing river, but is constituted by many rivers, their tributaries, and frozen reservoirs. We fall into its capillaries, many of

which are not officially psy-spaces at all. Psychiatric power flows outside the offices and wards of psychiatrists, just as political power flows quite readily outside parliaments and town halls. The unity of psychiatric power lies in its diversity and capacity for adaptation. Its indeterminacy and shifting boundaries between delimited institutional space to potentially universal applicability works to its advantage in times of crisis. If we want a clearer image of a functional ensemble-as opposed to just one part-perhaps the best place to look is not the densely packed asylum of yesterday or the enduring image of the psychotherapist's couch, but rather the observation units of hospital wards and polyclinics, for it is here where patients are brought to be examined, briefly observed, before being labelled, given medications, given recommendations, released, or sent to court. Some of them will be transferred to a higher security facilities, others will be given restrictive outpatient orders that require them to check in or go to therapy or take medications. It is here where the police usually bring the crazies they pick up off the street and where people admit themselves when they aren't sure what else to do. When it's time to cut costs, vans, busses, and trains head out to big hospitals where indentured labor is performed, or, in the more extreme cases, to camps or offices where the unproductive are sterilized or even killed. When soldiers can't hold it together anymore, send in the psychiatrists and they will flip their entire understanding of mind for a decade just to hold the violent world together at its shredded seams. Agents of the same discipline can administer electroshocks to political prisons in one space and sell personal optimization schemes to managers in another while claiming inner unity. If we want to find its unitary logic, it won't be found in the ledger books of drug companies or diaries of superintendents, but in its flexible responses to historical crises. Whether as a classificatory schema for organizing behaviors in the world, a governing logic for managing surplus populations, a medical excuse for a parallel carceral system, a predictor of future violence through school or workplace surveillance, or a casual linguistic tool for stigmatizing abnormality, psychiatry aims to diffuse tensions, to resolve conflicts through technical means when political action is needed and technical solutions only confuse the matter.

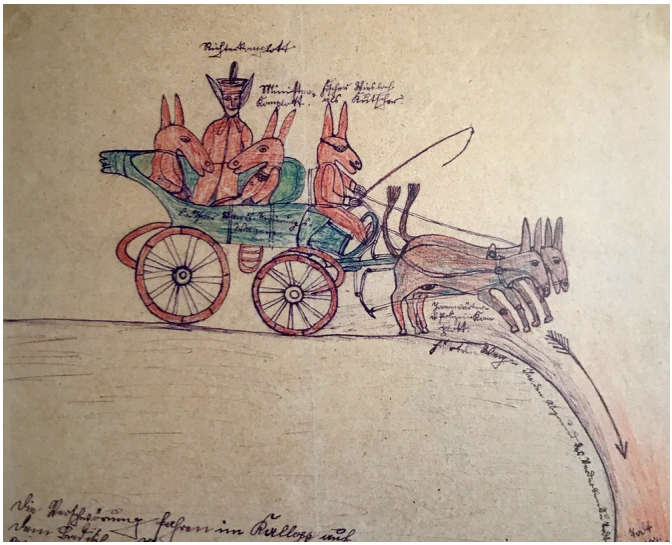


Corporation Necropolis by Nick Blinko

6. The character of resistance corresponds to the contradiction in question, and can deepen it or resolve it by other means.

To resist psychiatry is to embrace abandonment in the wilderness. Humbleness is warranted on this point: the "official" anti-psychiatry or radical psychiatry projects we've examined, and all the groups that exist today, are drops in the ocean of those affected by psychiatry and of those who resist it. The history of minor hospital sabotage, time theft, secret romances, feigned and mocking participation, ward riots, and escapes has yet to be recounted; much of it is doubtless lost. Most of us respond in daily life to immediate problems and conflicts-to that one cruel, abusive nurse at the regional treatment center, to an all-knowing judge who thinks they know what's best, and so on-not to "psychiatric power," and certainly not in the main as the mad, but from myriad subject positions. In Minneapolis, a group called Remembering With Dignity, made up of disabled self advocates, dug through the archives and found the names for thousands of the unmarked graves at asylums around the state and have performed rededication ceremonies over the years. Similarly, in Canton, South Dakota, Native people ride every year into a golf park under which their ancestors are interred to honor the

dead at the former site of the Hiawatha Asylum for Insane Indians. Although asylum labor was technically halted with *Souder v. Brennan*, indentured servitude is still practiced in prisons and sub-minimal labor continues in sheltered workshops and day centers. The history of the treatment of the mad echoes in these struggles, but they are all too often recounted separately from the history of psychiatric survivors and peers. Why? Representations of race have always included a marked distance from, a total identification with, or a hereditary relation to madness. The identities and fates of so-called addicts, criminals, sex-workers, delinquents, and queers are all, in part, determined by psychiatric power or resist its pull. A static, binary vision of the historical conflict between psychiatrists and inmates or pharmaceutical companies and patients desensitizes us to the way psychiatric power actually manifests in each case. Despite its instability, it has and continues to play a key role in the structuring and restructuring of hospitals, prisons, schools, the home-in short, psychiatric logic flows through the entire social and institutional field. Binary oppositions tend to clean up the blurriness at the point when our language fails us: the landlord with a Bipolar diagnosis is not a peer to the student suspended for causing a schoolyard ruckus, except in the most immaterial and impoverished sense of the word. Attunement to the operation of power and the contradictions in question keep us grounded in the world's flux, and lights up new paths in the wilderness.



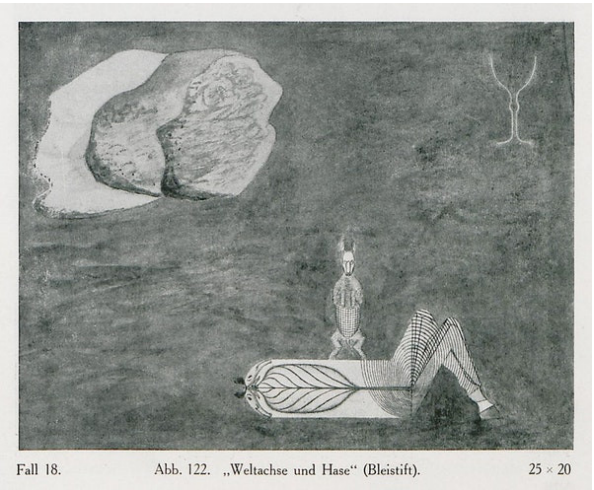
Jakob Mohr, The Conspiracy of Fake Judges Drives. Text: "Conspiracy of asylum warders and police drive by way of doom and death: Death, Revolution, Hell and Jail. The conspiracy drives in gallop on the Baden state car in the abyss of the revolution of the people & the uproar &

7. There is much to destroy, but this entails neither a celebration of violence nor its naive denunciation.

Madness and violence have always been tied together, whether in the form of the raving maniac or the unpredictable modern-day schizoid or psychopathic murderer. The prediction of future danger has been one of the major criteria for commitment for decades, and activists are constantly on the defensive, ready to distance the category of "mentally ill" from "violence" after mass shootings. We must begin with the facts: the present is saturated in violence. Just in my own country: beatings and mysterious deaths take place in the prisons; the land is stolen and conceals mass deaths beneath banal developments; close to 50,000 people commit suicide in the US every year; thousands die and are injured in dangerous workplaces; the police force-medicate loonies with coma-inducing drugs like ketamine without their consent and kill over 1,000 people a year; children are put in holds or isolation chambers in school; homeless encampments are evicted seemingly weekly; children die of gunshot wounds; so many people feel pursued, unsafe, aggressed upon but all this is dismissed as background noise. We should not get roped into denying or proclaiming violence or destruction on another's terms, because it's clear that killing isn't murder when profits or order are at stake, and death isn't mournable when the dead aren't "innocent" and the violence isn't legible. To point this out is not to suggest that any act is permitted against overwhelming violence, nor is to celebrate "violent" acts against it simply because they are defined as such, for these positions still accept the terms and definitions handed down to them and stake out a position already predetermined. An "anti-violent," "non-destructive," or "positive" approach does the same from the opposite angle: innocence and passivity cannot be the condition for solidarity when a world-destroyer defines what it means to be violent. Acts that threaten a violent system will always be branded as violent. Remember: "That things are `status quo' is the catastrophe," Walter Benjamin reminds us, it "is not not an ever-present possibility but what in each case is given" (473). To lack awareness of how the language of violence determines who we mourn and who we scorn weakens our sensitivity to the way psychiatric power helps to structure the catastrophe that is our present.

8. Take heart: we are compromised and impure in madness

HVN groups have limited reach and applicability with limited resources, but, as a new book *For Health Autonomy* by the Carenotes Collective demonstrates, they can play a strategic role in moments of crisis in addition to helping individuals reframe their experience or receive needed supports with no strings attached. There, they discuss how, in conditions of austerity, a Hearing Voices group in Greece was a critical element of implementing a centrally social form of health care in the network of solidarity clinics, neighborhood health assemblies, and social spaces for health. This makes sense. Crises destabilize the common ground; those who organize around madness have already learned how to build cities with sand, even if it means rebuilding a bit everyday. In spaces where madness is the common language, one learns what it means to communicate and build bonds with zero assurance of being understood and just as little of waking up sane tomorrow. Attachment to codes, adherence to limited vocabularies or models handed down from above or from the past are neuroleptic because they look straight ahead and behind. The skewed approach of madness moves from nooks and corners and up the wall. To embrace and work with madness means to accept that nothing is to be taken as given. Our commonality is not determined in advance, but built as we go. Our impurity-the ongoing catastrophe that is our lives-is not an impediment, but our greatest advantage as the world falls apart.



"World Axis and Rabbit." Crayon. From Artistry of the Mentally Ill by Hans Prinzhorn

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