To know us is to know an ocean: A racialized social worker’s unruly, Mad, decolonial autoethnography

by

Aman K. Sharma
B.A., University of British Columbia, 2010
B.S.W., University of Victoria, 2015

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF SOCIAL WORK

In the School of Social Work

The University of Victoria

We acknowledge and respect the lək̓ʷəŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

To know us is to know an ocean: A racialized social worker's unruly, Mad, decolonial autoethnography

by

Aman K. Sharma
B.A., University of British Columbia, 2010
B.S.W., University of Victoria, 2015

Supervisory Committee

Dr. Cindy Holmes, Supervisor
School of Social Work

Dr. Mehmoona Moosa-Mitha, Departmental Member
School of Social Work

Abstract

This research explores the implications of my life as a racialized social worker with lived experience of psychiatrization, practicing in the mental health field in British Columbia. Situated in the context of BC’s involuntary treatment regimes and relevant conversations about the intersections of race, madness, and social work, I centre subjective experience in a way that intentionally disrupts rationalist notions of objectivity. This method represents part of the activist aims of my thesis, which include joining other efforts by people with lived and living experience to assert our voices into conversations affecting our communities, and confronting and contesting the master narratives about our experiences. To achieve this goal, my thesis illuminates my stories through an autoethnographic methodology, a qualitative ethnographic and/or arts-based research approach that relates personal embodied experience to broader cultural, political, and social contexts. My autoethnographic approach specifically grounds itself in Mad, decolonial perspectives. I employ this approach to examine my intersectional experiences as a racialized social worker who has experienced psychiatrization, and investigate how my embodied experiences challenge, disrupt, and problematize the normative assumptions of social work. Poetry, contextualizing documents, emails, journals, writing, and memories all stimulate the collection of the stories I use. In my analysis of these autoethnographic accounts, I distinguish themes that operate as both a means of accessing insights contained within my stories, as well as acting as Mad, decolonial praxis. My work concludes by imagining and discovering possibilities and opportunities for future social work theory, practice, and education using the unruly, Mad, decolonial ethic that my work articulates.

Table of Contents

List of Figures

Acknowledgments

So many people made this personally, professionally, and academically challenging task easier than it could have been.

First, deep thanks to my supervisor Dr. Cindy Holmes for agreeing to go on this journey with me. Cindy possesses myriad strengths, but above all, she listens like few do. This ability makes her an exceptional teacher, and a singular mentor. She heard when I needed a push, she understood when I needed permission to take care of myself, and she listened for opportunities to innovate thesis supervision. This last instance of listening proved a most remarkable quality that made this experience more dynamic than I ever expected. As we progressed through this work, Cindy's unique blend of humility, conviction, and courage taught me with a gentle kindness that suited me perfectly. I genuinely cannot imagine a better person to have learned from.

Much gratitude as well to my committee member Dr. Mehmoona Moosa-Mitha. Mehmoona's incisive questions focused me and led me to lines of inquiry that dramatically improved my understandings and my work. Her keen editorial eye also encouraged me to rectify my shortcomings, and most buoyingly, exercise my strengths. Together, Cindy and Mehmoona helped me sharpen and elevate this thesis to a point far beyond anything I could have managed independently. If you can find any quality in this work, its provenance lies with them.

I must commend my family for their contributions. My earliest memories involve my mother Dharma Sharma cultivating my love for the schoolroom, without which I can confidently say I would be lost. My mom has taught me continuously over the years, despite my mulishness. Hopefully this latest degree will help me learn her lessons more efficiently. My late father Yogendra Sharma bears both credit for my love of language, and blame for my grandiloquence. I regret that I may not have an answer to his question echoing in the mist, "where's the PhD?" My brothers Neil, Roby, and Shashi, and their families – Mel, Tiffany, Aija, Brynn, Clyde, and Kaycie – played major parts, and should know of their irreplaceability. My mother- and father-in-law, Joyce and Henk van de Graaf, have provided shelter, sustenance, and an endless supply of encouragement through two social work degrees and a fair bit of living; their generosity and commitment to family sets an example for me to follow. Rachel, Lisa, Bob, and Corbyn, Joshua, and Josie have all sustained me through the hours of work, while brother Joshua has changed me in unexpected ways, and I know he will continue to do so. Aunty Barb, Monica, Joe, Olivia, Justin, and Nathan have all kept my feet on the ground, and deserve ice cream to mark this occasion. I will also pause to recognize Lucia, Malky, and Alice as the unsung heroes of this thesis, for without them, I may never have seen the outdoors.

I would be remiss if I did not mention my previous teachers and professors. From Mrs. Wilson and Ms. Gettings in Kindergarten and Grade 1 to Cindy and Mehmoona today, I have had the privilege of working with the best educators in the world. Some have given me accolades, while others have flunked me out of their classrooms. Wonderfully, I have learned from all of them, and all of them have my gratitude for bringing me to this point in my learning. I owe specific thanks to Dr. Joel Martineau, who taught me the craft of academic writing, among many other lessons.

Thanks also to my classmates, friends, and co-workers, particularly my colleagues at Health Justice, for advancing my knowledge and understanding in so many ways.

Most of all, thanks to people with lived and living experience for having the perseverance and resilience to share your perspectives in an environment that shows it still has much to learn. Your voices and visions will change the world.

Dedication

For Rebecca. I lack the skill to capture your meaning to this work. Yet, I try with a poem:

submitted in partial fulfillment of the requirements of a breath

Feels like an everyday task now
Doing difficult things with you
Refill the hummingbird feeder
Take down the holiday decorations
Do master's degrees
Learn to see ourselves in others
even the people
who do harm

I figure we were unsparked flames
Embers covered in ash
We just needed each other's breath
For fire to catch on

This metaphor kinda works, see, because
since then
you opened doors
to prevent asphyxiation, and
gently whispered
into my lungs
when I've been unconscious

We make our music
Party blower and penny whistle duets
Singalongs with the singers who can't sing
Then steam the windows
And reminisce about smoking

All to say
you should know
this breath,
like all that were
and will come,
Bears your name
in some

official script

Introduction

The researcher

I begin by acknowledging I am a newcomer to Xwsepsum, lək̓ʷəŋən, and W̱SÁNEĆ territory. I offer gratitude and thanks to these First Nations and people for allowing me to study, work, and recreate on their lands and waters. My life has also taken me to xʷməθkʷəy̓əm, Sḵwx̱wú7mesh, and səlilwətaɬ territory for a substantial period of my life, and I am profoundly grateful to these First Nations for allowing me to visit. I also offer thanks to the Dakelh people, as well as the q̓ic̓əy̓, q̓ʷɑ:n̓ƛ̓ən̓, Máthkwi and se'mya'me First Nations for allowing me to visit while I spent my formative years on their territories. It proves extremely difficult for me to express the magnitude of the impact the Indigenous people of these territories have had on me. The influence that their grace has had on my lifelong learning cannot be overstated.

As an entry into the intimacy the autoethnography provides, I offer some contextualizing details about myself that align with the Autobiographical Timeline in Appendix A. My ancestors came to Fiji from northern India and Nepal as indentured servants, at the behest of the British early in the last century. Several generations lived and worked in Fiji until my parents separately moved to Canada in the 1970s as young unattached adults. They met and married in Vancouver, and our family lived rurally in the Lower Mainland for several years, until we moved to a tiny bush town in northern British Columbia, outside of Prince George, named Willow River. I lived there until I graduated high school, when I moved to Vancouver to attend the University of British Columbia (UBC).

While there were a handful of years where times were less lean than others, most of my childhood and adolescence involved contending with the realities of poverty and low socioeconomic class. While we had many Indigenous classmates, most of the time my brothers and I were either the only, or among the very few, otherwise racialized people in our small rural schools. While there was much more diversity by the time I started attending the large senior high school in the city, racism was a daily feature of my life throughout my experiences of public school. The intersections of racial and socioeconomic difference have been written into my skin.

Nowhere has this script been written more indelibly than when my brother Neil died by suicide. While this thesis does not serve to provide a genealogy of the circumstances of Neil's death, the interconnectedness of race, religion, economics, societal norms, culture, care, and education has been self-evidently apparent to me since I was a nine-year-old boy, discovering the body of my 12-year-old brother. The last 34 years have been spent, often infuriatingly, attempting to articulate the destructive processes that could lead to this tragedy. Not just this tragedy specifically, but the cascading multitudes of tragedies these processes cause across our world.

My focused training in this work began as an accident. I began my post-secondary education in 1997 at UBC, thinking I was supposed to be a medical doctor. However, my first university class ever was an English class focusing on literary theory, taken to fulfil a requirement. From that first class, I realized that there were others trying to describe and contend with those ephemeral ideas that also affected my life. Through a typical undergraduate process of trial and error, I learned that I suited to two disciplines: English literature and cultural anthropology. My motivation, from the very beginning, centred around stories. At every turn, I sought to describe the invisible processes I was held down by.

Engaging in this work took a toll. For several years, I lived with mental distress, which extended my graduation date by almost a decade. After finding some resolution for my distress, I did graduate with a major in English literature and a minor in Anthropology in 2010. My lived experience of distress motivated me to come to social work, and I completed a Bachelor of Social Work with Distinction from the University of Victoria in 2015. I focused on topics of mental health at every opportunity in my BSW.

I worked in Vancouver’s health authority for several years, in a range of roles on inpatient and community settings. Most of my experience in health care focused on mental health care. When I started in the health authority, I thought that I would work there until I retired; on the outside looking in, it seemed to uniquely provide me with the opportunity to earn a comfortable, secure living supporting the health and wellbeing of people who experienced similar distress as I had. However, a few years of hard-won experience showed me that the realities of working in health care as an agent of state power were more fraught than was advertised. When I saw an opportunity to work as part of a newly formed non-profit’s efforts to reform British Columbia’s *Mental Health Act*, using an approach that centred lived experience, I applied enthusiastically. Since then, my work at Health Justice has edified and rewarded me on an ongoing basis.

This précis should show that well before I had even heard the word autoethnography, lived experience drove my interests and motivations in life. While I still grapple with the massive forces causing harm in our world, growing older has made me realize my limitations. The examples of many wise scholars before me have encouraged me to focus on the relationship my small sphere of experience has with these massive forces, rather than trying to address the world at large. By staying in conversation with other scholars and building off the teachings I have accumulated over the years, perhaps I can come closer to understanding those problems that were exposed in an instant to my nine-year-old self.

Research context

This thesis takes an autoethnographic approach that some readers may find unfamiliar. Autoethnography involves “the use of personal experience to examine and/or critique cultural experience,” and does so in work ranging from social science analysis to the portrayal of art such as poetry, film, dance, and many other aesthetic pursuits (Jones et al., 2013, p. 22). For many autoethnographers, the process represents much more than a method, instead conveying a way of knowing and being in the world, as well as a response to existing knowledge production and delivery regimes that exist within the academy (Jones et al., 2013; Dutta & Basu, 2013). Even at its most positivistic, autoethnography centres subjective experience in a way that disrupts rationalist notions of objectivity.

Rationalist, objective, positivistic, and neoliberal approaches represent standard practice in clinical social work, and health care generally. Mental health care in BC embodies many of these rationalist characteristics emphatically, using dated methods entrenched through the process of colonization; namely, methods grounded in coercion, control, and discipline in order to deliver treatment (Community Legal Assistance Society [CLAS], 2017; Joseph, 2014). My autoethnography explores my intersectional experiences as a racialized person who has experienced psychiatrization both as a person who has received voluntary and coercive treatment as a patient, and also as a person who has delivered voluntary and involuntary treatment as a social worker as an agent of the mental health system. In order to engage with these intersections, I employ stories, stimulated by poetry, and gathered from contextualizing documents, emails, journals, writing, and memories.

Significance of research

The significance of this work arises from a constellation of needs. First, people with lived and living experience of psychiatrization have been excluded from essential conversations (Milne & Johnston, 2020). This thesis joins other efforts by people with lived and living experience to assert our voices into conversations affecting our communities, and to challenge the master narratives about our experiences. As such, a key part of this process is reclaiming stories and experiences related to a part of my existence that many in society would label as subhuman, or detritus, because it sources from someone regarded as mentally ill. Another role that stories play comes from their part in bringing visibility to 'outlier' communities who face erasure at the hands of normative, positivistic, quantitative data gathering and analysis (Curley, 2019). Storytelling not only centres a specific and particular approach to an issue, but also brings richness and texture to the conversation, in a way that emphasizes relationality – the idea that nothing exists in isolation. As such, employing stories meets the need of providing a point of connection with people who have unique lived and living experience: that of the complex world that life as a racialized social worker with lived experience of psychiatrization who practices in the field of mental health. I know the experience of isolation and stigma very well, and thus some of the significance of my research lies in building connection for a group of professionals who, to my knowledge, has usually worked either in isolation or covertly.

The research around professionals with lived experience who provide mental health care also represents a reason to complete this thesis. Much of the academic discourse around people with lived experience of psychiatrization who also provide mental health care generally congregates around two terms: wounded healers and professional/consumers, or "prosumers." I have found limited current research exploring the experiences of professionals who have lived experience of psychiatrization, and the existing research approaches represent the population of professionals with lived experience (that includes social workers) in relatively limited terms, generally along the binary axes of their pathology and their professional capacity. Much of the existing research carries a tone that the research was written for the cultural dominant (i.e. people who do not have lived experience of alterity through racialization and/or mental illness) and much of the research contributes to othering and stigmatization. As a result, this research indicates some of the problematic normative assumptions about providing mental health care as a professional. In response to this narrow representation, my autoethnographic research aims to better understand my experiences as a member of this group of social workers as an entry point to understanding more about the intersections of racialization, disability, class, and normative mental health social work practice. By employing an autoethnographic approach, my research adds a unique and powerful perspective to the existing body of knowledge on the subject that critiques existing knowledge production regimes and provides another means of relating to the subject matter.

Guiding questions

In order to focus my research, I generated two questions to guide my work:

What does it mean to be a racialized social worker with lived experience of psychiatrization, practicing in mental health? How do my embodied experiences challenge, disrupt, or problematize the normative assumptions of social work practice?

These questions spurred the lines of inquiry throughout my thesis, from reviewing the literature exploring the nature of normative social work, to my autoethnographic methodology, and into my findings and outlook for future research opportunities.

Explanation of terms/glossary

In this document, I use a range of terms that may feel unfamiliar to some readers. In this section, I explain how I use these terms so that readers can better understand my connotations in the coming pages. Since all of these terms have contested definitions, this glossary will attempt to locate meaning with nuance and clarity, rather than concrete accuracy.

Consensus reality – While related to the philosophical debates on reality and how this term is used in such discussions, I use this term in a basic sense. In this thesis, consensus reality refers to the aspects of reality which have been accepted as fact by wider society. It stands in contrast to the individual realities experienced by people, including people in distress (see "distress" glossary definition). These individual realities may not align with consensus reality, but both consensus and individual realities are experienced as realities – not as pathologies or aberrations, but as self-evident as gravity on the surface of Earth.

Distress/mental distress – distress relates to the more pathologizing term of mental illness (see "mental illness" glossary definition); however, it should not be seen as interchangeable with the term "mental illness." I use distress to describe the range of negative feelings – physical, spiritual, mental and emotional – associated with mental illness. If an individual accepts the defining symptoms of what psy-disciplines label as mental illness (such as hallucinations, depression, delusions, mania, etc.) and experiences them in an unhelpful or challenging way, they could say they experience distress. Yet distress can also include the disabling consequences of being labeled with a mental illness, whether the person experiences and/or accepts specific symptoms or not. For example, if a person felt anguish over the experience of being under the supervision and control of psychiatry services, they could identify the experience as distress.

Mad/madness – I use the term madness to refer to the cultural experiences associated with distress, mental illness, and psychiatrization. Madness includes the range of experiences, from generative and supportive aspects to challenging and distressing ones. I struggle to find an appropriate example that would encapsulate madness, in the same way that it would prove difficult to find a paragon example of Blackness, whiteness, or Indigeneity. These terms necessarily describe diverse experiences. I use the term Mad to signify the cultural identity of madness.

Mental illness – In this thesis, I avoid using the term mental illness because it applies a narrow, reductive, pathologizing view of experiences that I have experienced at different times as edifying, communal, and instructive, as well as distressing, isolating, and challenging. The restrictive, medicalized term of mental illness contrasts with the more open term of madness, which many Mad people identify with more. When I do use the term mental illness, it is either used in direct quotations or in the context of the medical/psychiatric system. For further reading on the implications of the term, Kanani (2011) provides a concise account of mental illness as a socially constructed concept, with roots in societal control.

Normative social work – Later in my thesis I go into greater depth articulating the implications of normative social work. However, to state matters concisely, when I refer to normative social work, I refer to social work connected to the functions of the state. This could mean social work done directly by government employees, or by practitioners in health care systems. This type of social work stands in contrast to the work done in the margins by social workers practicing with more radical concepts and methods.

Person/people with lived and/or living experience/PWLLE – I use the terms person/people with lived and/or living experience (PWLLE) to refer to people who have experienced psychiatrization. On one level, I use this term to avoid the connotations of the neoliberal capitalist term “consumer.” While I recognize that many people identify with the term survivor, I want to honor the members of my community who identify more with the range of embodied/lived experiences, both positive and negative, that the PWLLE term opens itself to. As such, PWLLE stands out as a particularly inclusive term. It can include the range of experiences associated with psychiatrization, and therefore include people who use drugs (PWUD), people who have lived experience of suicidality, people who have been criminalized, Indigenous people, Black and racialized people, people with brain injuries, disabled people, LGBTQ2IA+ people, and many others.

<u>Psychiatrization</u> – The experience of being subject to the control of psychiatric authority comes with a unique set of experiences, including disempowerment, debasement, and abjection. While psychiatrization often includes the experience of coercive involuntary treatment, I use this term in a broader sense, recognizing that the coercion involved in psychiatric treatment begins before involuntary treatment is ever considered, since the threat of coercive involuntary treatment lurks in the background. As such, this term includes the experience of receiving any psychiatric treatment, including the attendant stigma associated with such treatment.

<u>Psy-disciplines</u> – I use this term to refer to any professional disciplines involved in the delivery of psychiatric treatment. This includes psychiatry, nursing, social work, occupational therapy, recreational therapy, dietetics, pharmacology, and others. The distinguishing factor of psy-disciplines lies in the ways their professions exert control, or *discipline*, over PWLLE.

<u>Tonglen</u> – This term describes a Buddhist practice of meditative relationality, employed to re-establish a sense of connectedness when human suffering has made it difficult to feel a sense of unity. A range of approaches to tonglen exist; however, all of them involve an

individual connecting with the suffering of others to invoke a deep sense of collective empathy. In general terms, when considering a person facing difficulties, “the practitioner brings this person to mind, allowing the person’s suffering to open the practitioner’s heart to compassion. The practitioner, with empathy, feels the suffering of the other person and wishes to relieve the person of all suffering” (McKnight, 2012, p. 14). For specific instruction on tonglen practice, one may consult the many Buddhist teachers who have written and spoken about tonglen (McKnight, 2012; Omega Institute for Holistic Studies, 2009).

This glossary provide a common basis for understanding some of the terms I use in the thesis. In my next section, I express a common understanding of the intentions of this work.

Research intentions – onomatopoeia and embodied understandings

In this segment, I articulate what I intend my research to *do*. This represents a complex matter for me, as I hope that this thesis will in fact *perform* or *act* through its statements.

What do I mean by this idea? I have two examples that can support understanding of this concept. In the first, the linguistic term onomatopoeia serves as the basic metaphor. Onomatopoeia refers to a word that makes the sound that it describes. Examples include words like *clap*, *sizzle*, and *buzz*. An onomatopoetic word signifies through its meaning, while also performing its signification through its utterance. In doing so, onomatopoetic words have fascinated me from an early age, in their ability to provide an embodied understanding of an idea.

The second example I have comes from my adolescence. On the verge of becoming a teenager, I visited my paternal grandparents alone in San Francisco one summer. My grandparents deeply held traditional Hindu religious beliefs, and I spent much of my month-long stay receiving education from my grandmother. During the stay, my grandparents had decided to hold a ceremony in their home, where close family, friends, and elders from the community participated in the recitation of the *Ramcharitmanas* in their entirety. They recited the epic poetic tale using traditional metre, continuously, with no breaks in the recitation from when it commenced until it finished. Several people sat cross legged on the floor and recited at the same time, so that if one person's voice faltered, the verse continued. The process continued day and night for several days. While I could not read the ancient language or recite the verse, I listened for extended periods. The experience taught me many lessons, but the embodiment of the experience stands as the relevant learning here. The family and community experienced the epic journeys and trials of the *Ramcharitmanas* in their bodies and in their voices, for days. They not only read the story, they felt it – through the metre, through their strained voices, and through the intense physical trial of the experience. That they sang the verse together proved the most poignant lesson of all.

Like onomatopoeia, traditional storytelling has shown me that stories work best not only when they tell, not only when they show, but most often when they *do*. Many storytelling traditions manifest and perform their resistance and power, rather than only saying or showing it. I hope my thesis performs these acts in some degree, for my community and me. Through its arguments, through its methodology, and also through its silences, I intend for my thesis to perform an activist role. I intend for it to perform resistance to hegemonic colonial social narratives. I intend it as an act of liberation.

From this point of intention, I begin my thesis journey. While I know it will plunk at times, and it definitely plops at certain points, I have gratitude for the brief moments where I have heard a faint whizz, or even a buzz.

Situating My Research

This research explores the implications of my life as a racialized social worker with lived experience of psychiatrization, practicing in the mental health field in BC. In order to set the stage for discussion of my autoethnographic research, this section examines literature from several key areas impacting social workers with similar social identities and contexts, in order to provide exposition of the conversations impacting us. First, I describe the general landscape for mad people in BC who come into contact with state mechanisms of discipline, control, and treatment. Then I articulate the context of racialized people coming into contact with state mental health controls, and discuss the relationship between psy-disciplines and colonialism. I then connect social work as a tool of the state, describe the landscape of normative social work practice, and briefly look at social work's relationship to madness. I then examine literature specifically about people with lived experience of psychiatrization/mental illness providing professional helping support in fields like social work and counselling, and close with a brief review of related topics in Mad Studies.

Mad people in BC and their encounters with the state

Madness in BC often means losing your civil liberties under the *Mental Health Act*. Under the *Act*, a person whom a physician perceives has a mental disability can be detained indefinitely in a facility designated by the BC government. This authority to detain has been described as "an extraordinary and intrusive exercise of state power in any context" (CLAS, 2017, p. 5). However, these powers extend beyond simple detention. Once in detention, BC's *Mental Health Act* authorizes extraordinary measures such as denial of access to a telephone or the internet, denial of visitors or access to the outdoors, and denial of access to your own clothes (CLAS, 2017, p. 5). Furthermore, it empowers staff to forcibly remove your clothing and/or forcibly administer psychiatric treatments, including injections and electroconvulsive therapy (ECT) (CLAS, 2017, p. 5). It allows the facility staff to use mechanical restraints that tie you down, or put you in seclusion (a form of isolated detention where you have no contact with other people) (CLAS, 2017, p. 5). The *Act* requires that facility staff complete a series of forms in order to document the suspension of a person's civil liberties; some of these forms also function to inform the individual of their rights and the details of their detention (British Columbia Office of the Ombudsperson [Ombudsperson], 2019).

The BC Ombudsperson's 2019 investigation into the rights of involuntary patients showed that the number of involuntary admissions to designated psychiatric facilities have steadily increased, while voluntary admissions have stagnated (Ombudsperson, 2019, p. 14). Government data also shows that involuntary admissions have increased at a rate that has outpaced the rate of BC's population growth. Between 2005/06 and 2016/17 BC's population increased 15%, while involuntary admissions increased 71% (Ombudsperson, 2019, p. 15). The situation appears more dire for children and youth, as another report documents a 162% increase in the use of involuntary treatment for children and youth between 2008/09 and 2017/18 (British Columbia Representative for Children and Youth [RCY], 2021, p. 5). Alarmingly, the rate of detention for girls and young women aged 10 to 19 increased 222% over the same period (Health Justice, 2022, p. 20). The overall trend has continued. In the fiscal year 2020/21, the BC government recorded 28,154 involuntary admissions, with almost 20,000 of those admissions recorded as different individuals detained (i.e., more than 8,000 people were detained multiple times) (Wyton, 2021). This information shows that the BC health authorities have come to rely upon coercion as the primary mechanism for delivering mental health treatment to certain populations. Exactly which populations have been affected by this trend towards coercion remains somewhat unknown, as the government has yet to share data beyond basic headcounts, such as race data, despite requests from advocates (Wyton, 2021). However, in the case of young people, particularly girls and young women, Health Justice (2022) shows that coercion intensifies for these more vulnerable populations.

Several reports have detailed the many abuses happening in BC’s mental health system. The Ombudsperson’s 2019 report outlined how BC health authorities have not adhered to the safeguards intended to protect the rights of people receiving involuntary treatment in BC. This breakdown stems from failures to properly complete legally required forms and notify people of their rights when their civil liberties have been suspended through the certification process (Ombudsperson, 2019). The 2019 Ombudsperson’s report set out 24 recommendations to increase the mental health system’s accountability, and ensure that people encountering the mental health system are “treated with fairness and respect” (Ombudsperson, 2019, p. 91). In July 2022, the Ombudsperson released a Systemic Investigation Update to the 2019 report, where they found that the BC government and the various health authorities had only fully implemented eight of the 24 recommendations, with incremental progress made on 13 other recommendations, and no work done on the remaining three (Ombudsperson, 2022). The Representative for Children and Youth also criticized the lack of regulation around the use of seclusion and solitary confinement for children and youth (RCY, 2021, p. 59). While these conclusions provide insight into important flaws in the process of involuntary treatment, they do not speak to the lived experience of people receiving involuntary treatment.

The Community Legal Assistance Society’s 2017 report *Operating In Darkness* illuminates the connections between faulty processes and some of the devastating experiences of involuntary treatment. The report outlines a wide range of experiences, from the propensity of health care providers to certify patients with a history of detention (regardless of health need) and the adversarial positioning of care providers (CLAS, 2017, p. 31), to the various forms of punishment experienced by involuntary patients, such as seclusion and restraints (p. 44) and the removal of personal property and clothing (p. 52). Other documented abuses include the threat of physical force and injected medication to maintain medication compliance (p. 81) and using various tactics to dissuade patients from pursuing their legal rights (p. 103). However, while *Operating In Darkness* documents a number of experiences of people with lived experience throughout the report, they are usually relayed second hand by legal representatives of involuntary patients and other professionals, an essential detail that highlights the dearth of firsthand accounts of PWLLE in the literature of the public discourse in BC.

There have been two recent exceptions to this trend. Most recently, the BC non-profit Health Justice's (2022) *A Path Forward* publication incorporated significant participation from people with lived and living experience, both through direct, supporting quotes and analysis, and through the creation of the document which proposes eight guiding principles for BC's mental health legislation. Lived experience grounds each one of the principles, both through the participation of one of Health Justice's governance groups, the Lived Experience Experts Group, as well as through the implementation of an in-depth engagement process with other PWLLE, which I led in my role within the organization (p. 9). Additionally, the 2020 *In Plain Sight* report, which documented Indigenous-specific racism in BC's health care system, includes firsthand accounts (Turpel-Lafond, 2020). While the report focuses on health care in general, mental health care services appear repeatedly in the report. Two of the lived experience accounts of racism documented Indigenous people seeking health care support for physical health concerns, who were then diverted into the involuntary psychiatric system for no discernable reason (Turpel-Lafond, 2020, p. 49 & p. 54). This data shows how BC's involuntary psychiatric system is a tool of colonial subjugation and punishment, and links psychiatry to race, as I discuss further below.

Intersectionality

Prior to introducing the relationships between race, psychiatry, and madness, it will prove helpful to introduce a concept foundational to this thesis: intersectionality. Crenshaw (1989) first coined the term "intersectionality" in the context of the scholarly legal discourse of critical race studies. Citing a legal case, she used intersectionality to describe "the entwined form of oppression black women experience both because of their race and also their sex," (White, 2021, p. 78). Intersectionality attempts to capture the idea that social locations such as race, gender, ability, and socioeconomic status (as well as others) can all simultaneously intersect to create unique, often oppressive, experiences for people. However, the concept has deeper roots, and grew from the activism and theoretical work of Indigenous women and feminists of colour in North America in the 1970s, but its origins stretch much further back to Indigenous feminist resistance and Black women's resistance (Holmes, 2012). The Combahee River Collective articulated new language to work with these established ideas when they referenced "interlocking oppressions" (Holmes, 2012). Interlocking oppressions refer to the idea that some oppressions, like the economic oppression of capitalism and the social oppressions of racism and white supremacy, advance each other's interests intentionally, and thus operate in an "interlocking" fashion. For example, one of the lived experience accounts from *In Plain Sight* demonstrates the intersections of Indigeneity, gender, socioeconomic status, and geography. In the account, an Indigenous woman living in Vancouver's Downtown Eastside seeks COVID-19-related support from a hospital, and hospital staff subsequently detain her under the *Mental*

Health Act (Turpel-Lafond, 2020, p. 30). The woman's experience occurs at the intersection of her multiple social locations, and under such interlocking oppressions as white supremacy and neoliberal economics. The implication being, that her location at the intersection of being an Indigenous woman living in the socioeconomic and geographic context of Vancouver's Downtown Eastside made her a target for the specific interlocking oppressions of the health care system in that moment. The concept of intersectionality and its related idea of interlocking oppressions thus ground my approach to understanding the relationship between race and madness, while also helping to elucidate the forces oppressing Mad people.

Race and madness

The examples from *In Plain Sight* show how race and madness powerfully intersect at the nexus of involuntary treatment, and despite efforts to normalize and homogenize its practices, many Black people, Indigenous peoples, and People of Colour (BIPOC people) experience psy-disciplines as compounding factors of racism and white supremacy. This section first explores some of the trends in literature about race and madness within involuntary treatment regimes that share similarities to BC, then discusses some of the literature that examines the theoretical underpinnings of the relationship between race and madness.

While BC has not yet publicly shared or studied the race disaggregated data on involuntary admissions it recently started collecting (Wyton, 2021), I turn to other jurisdictions that have similar Eurocentric cultures and mental health legislation based in colonial law to observe the patterns of race and involuntary mental health treatment. Health Justice (2022) notes that coercion increases towards BIPOC communities in jurisdictions outside BC (p. 21). In the same vein, Dhand (2016) describes racialized people in Ontario as experiencing higher rates of involuntary treatment, higher likelihoods of being diagnosed with a psychotic illness, more incidences of seclusion and restraint, and a higher likelihood of receiving emergency medication administration (pp. 25-26). Furthermore, in studying access to justice issues for psychiatric consumer/survivors in Ontario, Dhand (2011) points out that the mental health system reinscribes systemic discriminations, and provides anecdotal evidence that racism embedded within the system leads to stigmatizing misdiagnoses for racialized people (pp. 150-151). Data from the UK mirrors these finding as well, with racialized people detained at higher rates than white folk (National Health Service, 2021). Mental health systems using colonial legislative frameworks to govern detentions tend to incarcerate racialized people at a higher rate, mirroring police (Walia, 2021) and criminal justice trends of institutional racism (Reasons et al., 2016).

This relationship between racism and madness should not appear revelatory, however. Frantz Fanon observed the link between race-based discrimination and madness in *The Wretched of the Earth* (1963), rejecting causal links between race and mental illness and instead connecting the experience of mental distress with the experience of white French racism against Black Algerians. Joseph (2014) points out one of Fanon's key contributions in establishing this link between colonial violence and mental distress: "the effect of social and political reality on mental states, while recognizing the inherent violence within colonial projects that compels, through its very composition, a violent response" (p. 279). Joseph goes on to distinguish an essential learning from Fanon's work; that "[t]o speak of the individual as separate from this context constitutes a denial, an erasure, a form of violence" (p. 279). Joseph observes that Fanon was a psychiatrist himself, albeit one practicing in a different, psychoanalytic context than modern psychiatric regimes. The illuminating work of Kanani (2011), however, excavates the relationship between race and psychiatry itself, elucidating the assumptions of the discipline and examining its role in maintaining a white colonial order in Canadian and US society.

Referencing the work of Michel Foucault and Thomas Szasz, Kanani problematizes psychiatry's claims to objectivity, and establishes that mental illness is a socially constructed notion. Kanani goes on, defining colonizination and underscoring that "the symbolic process of colonization involves the creation of both the racialized Other, who is constructed as less than human, and of the dominant white settler" (Razack, 2002, referenced in Kanani, 2011, p. 5). Chapman and Withers (2019) also describe how early psychiatrists equated psychiatry with colonial efforts to civilize, discipline, and control (p. 213). These foundational observations launch an invitation to consider how race and racism have cast mental illness in society. By outlining psychiatry's efforts to both form popular derogatory assumptions about racialized people, and also to maintain control of the authoritative knowledge production about the behaviours of racialized people, Kanani establishes its role as enforcing discipline in colonial society. Similarly, Chapman and Withers describe psychiatry's role in framing the relationship between racialized (particularly Indigenous) people and colonizers as one of a child to a generous, authoritative father figure. They state, "narrating colonized or confined peoples as childlike allowed white ruling classes to disregard voices of resistance and to legitimize their actions as benevolent and beneficial to society. They were often even imagined to benefit those confined or colonized" (p. 213). Kanani touches upon psychiatry's role in endorsing the slave trade, and then goes on to discuss its role as sanctioned violence in maintaining social order for racialized people in the colonial state, citing specific examples that include stark abuses to Indigenous, Black, and Chinese people in Canada and the US. Joseph adds to this conversation, illuminating the processes by which Indigenous, Black, and racialized people have been overrepresented in contemporary mental health settings, and connecting the history of involuntary psychiatric treatment in Canada to overtly colonial processes enacted by the highest levels of legal, medical, and psychiatric professions. Joseph further connects contemporary mental health regimes to 19th century European capitalist economic theory, stating “[t]he mental health system follows a similar genealogy that developed during colonization, produced laws, methods of calculation, and government regulations that separate notions of mental health and the disciplinary powers that control the mental health system from society” (p. 282). These works prove foundational to my own, as the genealogy of psychiatry combined with current data shows that its fraught relationship with mad and racialized people continues to this day.

Social work & normativity

The relationship between colonialism and psychiatry extends to social work’s beginnings as well. In their incisive genealogy of social work *A Violent History of Benevolence: Interlocking Oppression in the Moral Economies of Social Working* (2019), Chapman and Withers show that psychiatry and social work have been intimately related, as early social workers worked as agents of asylum systems in North America (pp. 264-265). Early social work rationality and psychiatric rationality thus share ancestry through their common investment in the homogenization of neurodiversity within society. On one level, evidence of this approach comes from Canadian and US legacies of eugenics, and then later rehabilitation, in order to make the range of human behaviours, emotions, thoughts, and beliefs consistent and controlled (Chapman & Withers, 2019). Chapman and Withers articulate the ways that by taking up the cause of rehabilitation, social work assumes the capitalist cause of reclaiming productive citizens (p. 246) and furthermore individualizes the responsibility of both disability and recovery onto those being rehabilitated (p. 254). Through regulating human behaviour, directing it towards capitalist production, and individualizing responsibility, social work participates in the discipline and control of a vulnerable part of society. On a deeper level, these actions connect with efforts in

Canada and the US to delegitimize anything that does not source from European origin, by casting everything of European origin as inherently “universal, objective, or neutral, and also as unquestionably superior” (Chapman & Withers, 2019, p. 296). The fact that these values represent the perspectives of a very narrow subsection of humanity (“white ruling class men”), and thus do not constitute a democratic representation of a diverse society, is observed by the authors (p. 296). Notably, these observations refer to Canadian (as well as its geographic neighbour and cultural relation, the United States’) social work culture(s), as normative social work in these countries generally functions in concert with government and state apparatuses, and social work operating outside or between these official boundaries is generally considered non-normative (Moosa-Mitha, 2014).

By subscribing to rationalism, making claims of objectivity through purportedly value-free efforts like rehabilitation, and supporting Eurocentric interests by advancing the intersecting agendas of homogenization, capitalism, and assimilation, normative social work aligns itself with colonial, white supremacist values. Chapman and Withers (2019) observe the inherent paradox in the colonial effort to homogenize, clarifying its intention not to unify and equalize, but to keep white folks culturally and economically distinct and dominant. Drawing on Thobani’s work on the acclamation of the white subject, Chapman and Withers state, “white people must continuously be exalted as morally and politically superior so that the homogenizing violences of the colonial state can be rationalized” (p. 300). Normative social work, while wearing the garb of benevolence, often takes the form of “instrumental violence, and it routinely depends on and consolidates oppressive moral economies such as that of white supremacy” (Chapman & Withers, 2019, p. 21). Thus, as a tool of the colonial state, normative social work may take homogenizing actions, but in doing so it serves the purpose of separation and division.

The ancient colonial maxim of “divide and conquer” runs through the structures and practices of many colonial organizations and instruments, and normative social work does not differ. The foundations of normative, organized social work have been built upon the power differentials and boundaries between helper and helped (Chapman & Withers, 2019, p. 360). To practice in a normative manner means to maintain these hierarchical boundaries, so much so that they have been enshrined to varying degrees in social work codes of ethics across Canada. David (2021) documents how the Canadian Association of Social Workers (CASW) *Code of Ethics* (2005) provides the template for a division of personal and professional selves. David also describes how the *Code* conflates ethics with professionalism, which serves the dual purposes of distinguishing between professional/ethical versus unprofessional/unethical, as well as professional versus client. Through the course of their research, David critically asserts that “a primary response to the ideological question ‘who are we as social workers?’ is ‘not clients’” (p. 58). This binary of social workers located in opposition to clients establishes the boundaries of professionalism that governing bodies demand; however, it also establishes alarming hierarchies of power where hegemonic systems condition social workers to unconsciously view clients as abject and themselves as virtuous. Such a binary contradicts the aims of social work theory and practice.

Social work and madness

The notion that social workers are “not clients,” however, is demonstrably false. Reid and Poole (2013) show that people have experience as clients well before they have been officially titled social workers, entering their social work education programs as PWLLE. Reid and Poole further show that these social work students come to their studies exceptionally attuned to the overt and covert aggressions and microaggressions present within social work culture, beginning at the education stage. Research shows that professionals deal with another level of threat. For example, Chapman et al. (2016) describe discrimination that helping professionals with lived experience of psychiatrization can receive from regulatory bodies if details of mental distress become public, including loss of livelihood. Poole et al. (2021) continue in the vein of this research and include the implications for social workers who have experienced pathologized mental distress, finding a neoliberal focus on both individual responsibility for wellness, and demand for productivity (pp. 180-181). Demands for productivity, however, raise questions. Voronka et al. (2014) find that many service users want practitioners who have lived experience, and further note that "such provision should also be provided by those who have lived experience of interlocking oppressions: such as those of race, class, gender, sexual, national and/or cultural identity, and who are also working within frameworks outside of dominant Western clinical models" (p. 273). It remains clear that many social workers have lived experience of psychiatrization, and they relate it to their work directly, despite exhortations to compartmentalize and commodify their professional identities from professional bodies and employers. This suppression of lived experience in social work indicates the chilling climate for unsanctioned diversity such as madness and/or neurodivergence within normative social work generally, and reinscribes the medical model's deficit-based pathologization of difference. Excluding lived experience thus effaces the intersectional richness that invigorates professional ways of knowing and practicing.

Wounded healers/prosumers

While the issue of social work practitioners with lived experience of psychiatrization remains a burgeoning field of study, there is a legacy of study on the topic of helping professionals who have experienced various forms of distress themselves.

Existing literature generally employs two main terms in describing social workers and other professionals living with mental illness who provide mental health care: *prosumers* or *wounded healers*. The term prosumer represents a portmanteau combining the words professional/provider and “consumer” of mental health services (Boyd et al., 2016). Carl Jung brings the wounded healer archetype (sourced from Greek mythology) into the realm of psychotherapy (Zerubavel & Wright, 2012). We now see widespread use of the term (Boyd et al., 2016; Cain, 2000; Richards et al., 2016; Zerubavel & Wright, 2012). Additionally, Harris et al. (2016) employ the term “provider with lived experience,” while Adame (2011) uses “survivor-therapist” in their work. These terms provide insight into the assumptions of the field, as literature on this topic often interacts with study subjects in dualistic terms. The binaries of professional/consumer, wounded/healer, and survivor/therapist contain ecosystems of experience within them, yet as they have been used in the literature, these terms have come to signify a narrow range of experiences that focus almost exclusively on the dual axes of pathologization and healing. By focusing the conversation on a binary of pathologization and healing, the discourse reinforces notions that professionals with lived experiences of psychiatrization all fall within the realm of a psycho-medical clinical world primarily concerned with pathology and deficits. Such an approach forgoes any consideration of the intersectional locations that shape an individual professional’s ontology and epistemology.

The literature reviewed reinforces this deficit-based view of this community, by repeatedly raising the question of the professional effectiveness of the prosumer/wounded healer as a care provider to people living with mental illness. Some touch upon issues of overidentification and countertransference (two concerns of professional counsellors related to not maintaining psychological distance between counsellor and patient), linking these issues to professional errors and poor effectiveness (Adame, 2011; Cain, 2000). While Cain (2000) acknowledges that many of the study's participants believed that identifying strongly with clients could only enhance the therapeutic bond, the study does not include their accounts. Zerubavel and Wright (2012) continue the trend of questioning the effectiveness of the wounded healer by devoting time to justifying the establishment's concerns about the stability of the care provider as it relates to client care, as well as describing the wounded healer's mental health as precarious and uncertain.

Boyd et al. (2016) approach the effectiveness of the prosumer from a different angle, instead gathering objective data on the productivity of this group, evidenced through publications, funding, and leadership opportunities. Boyd et al.'s study takes an overtly economic view to the effectiveness of the prosumer/wounded healer, and one can identify its neoliberal, capitalist underpinnings through its tracking of productivity. However, the research by Adame (2011), Cain (2000), and Zerubavel and Wright (2012) also participate in this capitalist discourse, albeit in a more coded manner. While couched in a language of concern about client care, the authors' dialogue about effectiveness carries an undercurrent of capitalist anxiety. Concerns about efficiency, risk management, and insurance liability lurk in the subtext of these articles, without overt statement. Zerubavel and Wright hint at non-wounded therapists' investment in the work of wounded healers, stating, "The key issue for wounded healers, and for *other professionals* [emphasis added], is whether or not the manifestations of the wound interfere with or enhance their ability to provide effective and appropriate therapy" (p. 485), indicating that this concern about effectiveness and appropriateness represents a source of anxiety for individuals in the field who may be associated to wounded healers by profession. This discourse of risk, cloaked in a narrative of concern and care for the client, paternalizes both the client and professional with lived experience of distress.

Furthermore, introducing questions of effectiveness highlights concerns about individual productivity and efficiency, while simultaneously pathologizing these professionals. As an example, Cain's (2000) research closes with a suggestion that future research directly compare the effectiveness of "healthy" therapists with wounded healers. Conspicuously, in spite of signaling an anxiety about their effectiveness, none of the researchers establish that prosumers/wounded healers actually work ineffectively. This lack of evidence reinforces my belief that concerns with the effectiveness of care providers with lived experience of psychiatrization occur commonly, and source from fear, stigma, ableism and colonial centrism. To this point, both Boyd et al. (2016) and Harris et al. (2016) note that their results demonstrate they could not consider the care providers they studied as "impaired" employees, with Harris et al.'s results indicating no difference in work engagement between care providers with and without lived experience of mental illness. These observations highlight the stark power differential between the dominant abled, colonial establishment and the disabled, Othered subaltern. Those helpers deemed ineffective or incompetent have been labelled so before the fact, due to their mental health status being known, and they have no voice in their being marked as such. The power to deem competence and assign impairment lies with abled bodies that assume a positionless, neutral stance, and their colonial, rationalist processes for determining validity. As I have noted, this neutral position supports a homogenizing therapeutic culture which tacitly endorses neoliberal and white supremacist approach to care. In short, by not stating an overt position on societal issues affecting professionals (such as racism, ableism, etc.), the work supports culturally dominant (i.e. white supremacist, neoliberal) views and treatment of both the issues and wounded healers themselves.

One study on wounded healers stood out from the rest. Gilbert and Stickley (2012) studied social work and nursing students, and took a decidedly holistic approach to their inquiries, interrogating the relationship between lived experience of mental distress and therapeutic practice. Their qualitative approach avoided pathologization and encouraged participants to explore the connections between painful experiences, vulnerability, and connection with and support for people receiving services. However, similarly to other studies reviewed here, Gilbert and Stickley did not explore intersectional aspects of participants' social locations, such as examining how race, gender, socioeconomic status, and other locations interact with the experience of mental distress and therapeutic practice. This omission indicates an opportunity for future research.

These related issues of pathologization and deficit-based perspectives reflect a neoliberal preoccupation with productivity and efficiency, the implications of rationalist neutrality, as well as an underutilization of intersectional approaches, and speak to some of the entrenched normative assumptions within the field of mental health social work.

Mad Studies

My brief review shows how the discipline of Mad Studies speaks back to these assumptions. The history and raison d'etre of the discipline speaks to issues of pathologization, while other Mad Studies scholars chart how neoliberalism interlocks with the sphere of madness. Scholars from around the world and from a broad range of disciplines contribute to the work of Mad Studies, demonstrating the strength of its eclectic approach. Specific to this thesis, scholars affiliated with social work have contributed significantly to the conversation. While social workers internationally have furthered the discussion, within Canada social work scholars such as Dr. Amiel Joseph, Dr. Bren LeFrançois, Dr. Chris Chapman, Dr. Jennifer Poole, and Dr. Jijian Voronka have advanced the discourse significantly. As I look at how mad approaches to lived experience and personal narrative speak back to the idea of rationalist neutrality and pathologization, I rely heavily upon the work of these scholars, as well as the work of others (Chapman et al., 2016; Chapman & Withers, 2019; Joseph, 2014; Joseph, 2019; LeFrançois & Voronka, 2022; Poole et al., 2021; Reid & Poole, 2013; Voronka, 2016; Voronka, 2019; Voronka et al., 2014).

As an extension of the anti-psychiatry and disability rights movements, Mad Studies beginnings stretch back to the 1960s and 1970s (Beresford, 2021; Menzies et al. 2013). The formal assertion of Mad Studies as a discipline began in Canada in the late 2000s as a radical scholarly effort to incorporate psychiatrized voices into the academy (Reville, 2013). In delivering a presentation at Syracuse University, Ryerson University disability rights scholar Richard Ingram (2008) called for the formation of an academic discipline. He proposed that this new field take lessons from Deaf studies' relationship to the principal field of disability studies, stating that the goal for Mad Studies was "not to fracture disability studies into multiple, discrete disciplines. Instead, the power-knowledge assemblages of Deaf studies and Mad studies need to develop on the basis of their specificities, in addition to exploring communalities under the over-arching heading of disability studies" (Ingram, 2008, p. 1). From these beginnings, Mad Studies has grown to "develop a philosophically and ideologically grounded movement with the capacity to take effective action based on survivor-led understandings of madness and human wellbeing" (Beresford, 2021, p. 6). The movement claims the language of madness as a source of power, as "[f]ollowing other social movements including queer, black and fat activism, madness talk and text invert the language of oppression, reclaiming disparaged identities and restoring dignity and pride to difference" (Menzies et al., 2013, p. 10). Thus, the past, present and future of Mad Studies has been concerned with depathologization and the reclamation of power by people with lived and living experience of psychiatrization through diverse and eclectic means.

Mad Studies scholars have also contextualized the experience of madness and psychiatrization within structural processes, including the individualizing and atomizing processes of neoliberalism. Morrow (2013) notes how the neoliberal approach to recovery has moulded systemic social problems (such as homelessness and poverty) as individual health concerns (such as mental illness), thus placing the responsibility for recovery squarely upon the individual's own capacity to overcome. Morrow further notes how neoliberal approaches to recovery generally destabilize public support systems in favour of market approaches, which leads to exceptional precarity for PWLLE, who already face significant barriers due to loss of civil liberties and reliance on the welfare state because of their psychiatrization. Relatedly, McWade (2016) delineates a neoliberal approach to recovery taken in the United Kingdom, where the removal of civil liberties and the introduction of mandated treatment is marketed as empowered, independent choice. In this scheme, "madness and distress continue to be understood as a consequence of mismanagement of the self" (McWade, 2016, p. 73). The neoliberal paradigm has thus constructed a nearly perfect prison for mad folks. The state removes agency for us to operate independently within society, fosters our dependency upon the welfare state, and then simultaneously erodes public supports, while demanding that we individually overcome. This disempowerment and abjection of PWLLE represents a form of covert social control, where many of our community members spend so much of their time attempting to survive on intentionally marginal support dollars that they have almost no energy, time or resources left for anything else, whether it be self-improvement through education (a somewhat state-friendly method), or through activism and advocacy (methods the state could wish to curtail). The neoliberal ideal of the commercially productive, economically efficient, autonomous individual is thus foreign to the experience of most Mad people, because many of us have become trapped in the system that advertises free will, but practices a nefarious sort of bondage.

Mad people's actual lived experience, however, proves an effective means of speaking back to some of the harms of neoliberalism and rationalism. Several articles demonstrate reflexive awareness of the role of personal narratives of people with lived experience of psychiatrization in creating political change, signalling an increased consciousness of both the impact and implications of sharing lived experience. (Costa et al., 2012; Joseph, 2019; Voronka, 2016; Voronka, 2019). These articles identify the various ways in which the stories of people with lived experience become commodified and become functions of the neoliberal economies present in the mental health care system (Costa et al., 2012; Voronka, 2016; Voronka, 2019). Voronka (2019) speaks specifically to the ways in which stories of lived experience become co-opted into pre-established narratives of resilience and recovery, and thus rendered relatively static commodities. Voronka (2019) models an alternative where stories of lived experience stay in dialogue with the audience, thus resisting commodification and stasis. By opening up the discussion to the issue of neoliberalism in the mental health care system, these articles encourage analysis of the interlocking oppressions associated with the discourse. How do racism, gender discrimination, heteronormativity, and colonization play into the commodification of lived experience? Voronka (2016) asserts that the reification of the category of people with lived experience has contributed to the erasure of these oppressions. Voronka (2016) goes on to add a significant layer of depth to the discussion by interrogating how using lived experience as a basis of authority commodifies it as fact, and thereby disassociates lived experience from the resistant and liberatory processes which define it. Joseph (2019) questions how lived experience has been constructed as a coherent, individualized category by psy-disciplines, and argues for a decolonial approach to lived experience that recognizes the heterogenous and intergenerational nature of Indigenous, racialized, and colonized lived experience. Joseph further recognizes how critical perspectives on disability and mental health have excluded Indigenous, racialized and colonized voices, and when it has, it has done so in an effort to appropriate. Joseph's analysis of the colonization of lived experience proves worth quoting at length:

> It is from the critique of how lived experience has been appropriated by psy professions as essentialized narratives that rationalize psy intervention that we can tell another story of lived experience and how its colonization represents a historical continuity, a confluence of historical trajectories that convene in the now, manifesting in a separation, a segregation in thinking and analysis that positions intergeneration [sic] forms of lived experience of racism, genocide, and colonialism outside of what should be valued and heard through a system of continuing white supremacy. (p. 14)

Finally, Joseph astutely observes that by using psy-disciplines' values of what constitutes a valid lived experience account, we "participate in the superiorization of this mode of domination" (p. 15), and cautions to take care before limiting how racialized and Indigenous people access lived experience as a means of liberation. Resistance thus requires us to challenge not only the content, but also the process and the form of the oppression.

Gaps, limitations, and ways forward

Reflecting upon this chapter as a whole, there have been many limitations, strengths, and ensuing opportunities presented in the literature I have reviewed. For example, while not quite total, the absence of voices from PWLLE in the existing public literature speaks loudly. In particular, very few publications in BC's public sphere incorporate firsthand accounts from people with lived experience. Amplifying and increasing the number of voices of people who have experienced BC's uniquely dated approach to psychiatrization can only serve to shed light on a dire situation. My own work can thus contribute in this regard.

Taking an intersectional approach represents another opportunity to contribute. Existing literature has explored relationships between race and madness, the relationship between madness and social work, as well as the relationship between race and social work, the intersections between race, madness and social work remains unexplored to my knowledge. The topic of wounded healers has been covered with limited breadth, yet most of this work often takes an approach that de-centres lived experience, highlights deficits, and prioritizes positivistic and decidedly neoliberal approaches to research. The one study I found that differed in these approaches did not incorporate a consideration of intersectionality, a quality shared by all the wounded healer research I reviewed. My research can help address these gaps.

Mad Studies and Mad approaches to research provided inspiring examples for me to follow. Mad scholars approached the issues facing my community with inclusive, radical approaches that simultaneously existed in the spheres of scholarship and activism. They grappled with the polysemic nature of madness in resistant and generative ways. My ensuing efforts will attempt to learn from the gaps, strengths, and opportunities presented in all the works reviewed here.

Methodology

This thesis seeks to simultaneously participate in and dialogue with the structures of academia, while simultaneously resisting, questioning, and transforming them. In its most basic terms, I tell stories that have been collected using the benefit of poetry, journals, emails, and significant life events. I then analyze these stories both reflectively and by using scholarly literature. I strive for my work to decolonize as it communicates, and for it to disrupt the established hegemonies of mental health, psychiatry, and normative social work it travels within. To achieve these goals, I turn to a Mad theoretical framework and established principles of autoethnography to execute a methodology that incorporates Mad, decolonial, autoethnographic principles in an activist effort. I describe these techniques in this section, while also describing my data gathering and analysis techniques, and discussing the ethical considerations of this thesis.

An unruly, Mad approach

By virtue of its status as an outsider approach, Mad approaches have a unique relationship with established means of creating, validating, and sanctioning knowledge. One of the primary assumptions of the Mad Studies theory underpinning my methodology is an explicit rejection of the primacy of a solely biomedical approach to understanding Madness and distress, and instead inviting knowledge from a wide spectrum of academic disciplines and other approaches (Beresford, 2021, p. 7). These other approaches include specific emphasis on first-person lived and living experience of survivors, as well as welcoming the first-person experiential knowledge of all those allied with the Mad movement (Beresford, 2021, p. 7). Expanding the community of knowledge-creators and redefining the basis of sanctioned knowledge both have dramatic impacts on the state of power-relations within which knowledge is inscribed, distributing power from its hegemonic centres of ability/sanity, wealth, and whiteness, towards the margins (LeFrançois and Voronka, 2022, p. 106). This Mad process of democratization disrupts the status quo. In particular, its redefinition of what we consider valid invites existing knowledge-creation regimes to examine how their own practices have participated in the coercion, silencing, and subjugation of people with lived and living experience.

Through this willingness to employ radical means to transform not only our discourse, but our terms of relation, we see one of the foundational characteristics of Mad epistemologies: an ethics of unruliness. LeFrançois and Voronka's (2022) articulation of this ethics of unruliness is worth quoting comprehensively. They show this ethics of unruliness:

> to have emerged from the margins as a critique of and resistance to simplistic rule-based normative ethics, which focuses on rational, logical understandings of universal ethical rules and which dominate social science and medical research. It is important to consider that the term unruly contains a multiplicity of meanings that are important for our purposes here. Moreover, as a term it is unstable, indeterminate, and polysemic. For instance, unruly may imply to be without rules or to reject formulaic, predetermined or universal laws. From a perspective of (forced) psychiatric treatment, to be unruly may imply the refusal to be controlled, managed, regulated, and governed, including resisting and out-rightly refusing treatment. At the same time, and also of reclaimed importance in our analysis, the psychiatric gaze deems mad people as unruly in the sense of being read as 'unstable', 'disordered', 'unpredictable', violent, dangerous, and lacking in rationality. From an activist perspective, to be unruly may imply civil disobedience, rebelliousness, recalcitrance, and a refusal to be ruled. Regardless of the

> context, unruliness always contains the suggestion of acceptance of the disorderly or an adamant refusal to follow orders…it argues for a radical departure from the urge to make mad subjects both knowable and governable, or to make sense of that which cannot and should not be reduced to the rationalist's desire for uniformity, consistency, universality, and conformity to the dominant logics of the sanestream. (pp. 107-108)

This ethics of unruliness has been imprinted into the DNA of this thesis. From the act of speaking back to systems of power, to the ways it problematizes knowledge production, to its insistence on crossing and refuting boundaries of many sorts, this thesis resists, and strives beyond containment through its Mad approach. Its unruliness represents some of the foundational tenets that have not only motivated this thesis and this degree, but which have sustained my existence. As such, a Mad approach can be an unsettling, empowering, transformative process as I not only attempt to enhance our collective understanding of the experiences of a racialized mental health social worker with lived experience of psychiatrization, but also as I try to understand how such experiences can both disrupt and reinforce the normative assumptions of social work practice.

Autoethnography

Autoethnography is a qualitative approach that has relationships with ethnography, narrative inquiry, self-study, and hermeneutics, in that it examines how humans understand themselves in relation to their communities and social structures. (Hughes & Pennington, 2016a, p. 3). To contextualize the process further, Ellis et al. (2011) break down autoethnography into its constituent elements, describing it as "an approach to research and writing that seeks to describe and systematically analyze (graphy) personal experience (auto) in order to understand cultural experience (ethno)," (p. 273). The autoethnographer thus occupies a unique space of simultaneous subject and analyst in examining and contextualizing the consequential stories of their experience.

Remembering the events of a painful past represents the starting point of analysis for many autoethnographers (Flippo, 2018), and for my Mad autoethnography, reflecting upon these events in broader cultural, political, and social contexts has launched me into a complex process of growth. Narratives that were previously sacred elements of my origin and identity have become subject to scrutiny by audiences with whom I have little to no reciprocal relationship, due to the relatively one-way quality of my published text with most readers, except for the professors evaluating this work. Hence, the process of accessing my intensely personal stories and subjecting this autoethnographic data to analysis requires “courage, fortitude, patience, and self-love” (Flippo, 2018, p. 24). Hughes (2017) further cautions autoethnographers to prepare for the pain of unearthing these stories in a critical context; however, through the process of bringing these experiences to light, and reviewing them and interpreting them multiple times, Hughes describes common experiences of catharsis, transformation, and working towards new purposes, but warns new autoethnographers about the inherent messiness of the process.

Autoethnographers engage in a wide-ranging bricolage when gathering their data, drawing from personal memories, poetry, fiction, art, photography, documentation such as journals and email, as well as fieldnotes and participant interviews (Ellis & Bochner, 2000; Ellis, 2012; Anderson & Glass-Coffin, 2013). These researchers employ this material as a means of using their individual lived experience to access a deeper understanding of large-scale societal and cultural happenings, in a synecdochal manner (Butz & Besio, 2009). Researchers have described the methodology as a reflexive approach that takes an insider perspective to interrogate both group and wider societal issues (Ku, 2019). As autoethnographers blur lines between previously concretized dichotomies like researcher/subject, objective data/subjective story, and insider/outsider, they challenge established norms of research (Ellis et al., 2011). Ku (2019) observes how autoethnographies can serve as both “political acts and destabilizing narratives,” and goes on to point out the methodology’s utility in working with issues of multivocality and hybridity in relation to the experience of intersectional social locations, particularly those including race and ethnicity in contemporary metropolitan contexts (p. 144). Ku illustrates this point with autoethnographic accounts of being a member of the Hakka community in Toronto, which contain layers of hybridity and multivocality that transgress national, racial, ethnic, and cultural boundaries. Conceptual boundary-crossing represents a key feature of autoethnography, as Anderson and Glass-Coffin (2013) assert that this methodology spans the borders between personal and academic, as well as between scientific and spiritual, occupying multiple spaces simultaneously.

Similarly, autoethnography has a well-established practice of questioning the tightly-held definitions of traditional research. The usual tenets of reliability, validity, and generalizability are modified in autoethnography, instead considered in terms of credibility, verisimilitude, and relatability (Ellis et al., 2011). Autoethnography is evaluated on the basis of its effects. Rather than using the strict, rationalist, Eurocentric terms of reliability, readers ask, do the autoethnographer’s experiences appear plausible, given the evidence provided? Rather than evaluating validity in the objectified world of data, evaluators of autoethnography operate in the world of both data and narrative, asking, do the stories and analysis presented describe a lifelike, realistic experience; can the reader see the autoethnographer’s point of view? And perhaps most importantly, autoethnography asks readers to consider generalizability differently. As Ellis et al. (2011) assert, “[generalizability] is determined by whether the (specific) autoethnographer is able to illuminate (general) unfamiliar cultural processes" (p. 283). In short, how well does the autoethnographic study relate to the reader? These approaches invite readers to evaluate our research from a radically humanized perspective.

In this sense, the autoethnographic approach problematizes positivist research and elucidates insights about research and the knowledge creation process at the same time as it explores the subject matter at hand (Witkin, 2014, p. 7). Autoethnography thus represents a resistant methodology when considered in the context of conventional research approaches. Witkin (2014) observes that autoethnographers consider neutrality "not a statement of fact but a claim to a 'positionless' position," whereas autoethnography assumes that "all writing is interpretive and expressive of value positions" (p. 9). Autoethnography subverts traditional research paradigms by lifting the veil of neutrality and bringing the inherent positionality of all research to the forefront through its radically subjective position.

Reflexivity as rigor

A focus on subjectivity and questioning notions of neutrality within research paradigms highlight autoethnography's inherently reflexive ethos. However, while autoethnography's practices question and disrupt traditional research, they also have brought increased scrutiny to its practice. As such, legitimation stands out as an important consideration in this type of research (Hughes & Pennington, 2016b, p. 1). Hughes and Pennington (2016b) document the ideas and literature supporting the concept of "reflexivity as rigor," establishing a multivalent approach specific to the qualitative processes of autoethnography that values the precise characteristics that make a worthwhile, rigorous autoethnography.

They describe one of the factors making autoethnography unique in its basis of reflexivity as rigor is that "the rules and norms of engagement require an adherence to the pursuit of equity and justice as the standard for adequate participation" (Hughes & Pennington, 2016b, p. 7). This responsibility runs through my work, and drives my pursuit for reflexive authenticity. As such, my research applies the seven following requirements of autoethnographic research proposed by Hughes and Pennington:

- Fairness
- Ontological authenticity
- Catalytic authenticity
- Educative authenticity
- Tactical authenticity
- Methodological rigor
- Aesthetic rigor

(2016b, p. 9)

In an effort to clarify, I will provide brief definitions for these terms:

- Fairness: "The extent to which the presence of different values and different social constructions of reality are named during the evaluative writing process. This self-evaluation process is integral to credible writing that represents conflicts over claims, concerns, and issues" (Hughes & Pennington, 2016b, p. 9). I will gauge fairness by continuously considering if I have told my own story, versus representing the realities of other people.
- Ontological authenticity: "The extent to which a researcher's own values and social constructions of reality are improved, matured, expanded, and elaborated, in that they now possess more evidence-based information and have become more comprehensive,

complex, and/or sophisticated" (Hughes & Pennington, 2016b, p. 10). To assess ontological authenticity, I will judge if I have demonstrated a new way of being in the world through my stories.

- Catalytic authenticity: "The extent to which action is stimulated and facilitated by the evaluative writing process, whereby the purpose of the self-evaluation is some form of action or decision making" (Hughes & Pennington, 2016b, p. 10). I will determine the success of this requirement by gauging the extent to which my autoethnography leads to proposed concrete actions for social work theory and practice.
- Educative authenticity: "The extent to which participants' (i.e., autoethnographers' and their readers') sense(s) of understanding and appreciating the social constructions/assumptions of others outside their stakeholding affinity groups are challenged and enhanced" (Hughes & Pennington, 2016b, p. 10-11). I will estimate educative authenticity by the extent to which I have elucidated my subjective positions as a racialized, Mad, social worker practicing in mental health, through my dialogue with my supervisors and through the thesis defense process.
- Tactical authenticity: "The extent to which stimulation and facilitation of action are evoked by the critical self-evaluation process to the next step of empowerment to act on the needed change(s) that emerged" (Hughes & Pennington, 2016b, p. 11). I will appraise this requirement based on how this thesis moved me to substantive action.
- Methodological rigor: "The extent to which methodological self-evaluation standards provide a bridge between more traditional conceptions of validity, reliability, and generalizability and standards for methodological rigor that are more reflective of interpretive and constructivist inquiry" (Hughes & Pennington, 2016b, p. 12). I will

assess this requirement by questioning how well I balance the expectations of traditional research paradigms and my own unruly, Mad values.

- Aesthetic rigor: "The extent to which an accepted standard for literary quality is adhered to, including the standard juxtaposition between critical social research and evocative literature" (Hughes & Pennington, 2016b, p. 12). To gauge this requirement, I will both self-reflect and rely upon feedback from my thesis supervision committee to evaluate if my writing impacts readers emotionally and intellectually, and carries a sense of verisimilitude.

This approach takes a clear departure from traditional approaches to establishing rigor in research, and expands its definition dramatically, from assertions of objectivity towards qualities of relationality, fairness and authenticity.

Relational, situated approaches to establishing rigor in research has predated this recent work in autoethnography significantly, with Indigenous and feminist researchers long challenging positivist, masculinist, and imperialist paradigms that view research as an objective and scientific process producing value-neutral, ahistorical knowledge detached from experience (Smith, 1999; Wilson, 2001; Hesse-Biber, 2006). Both Griffin (2012) and Cruz et al. (2016) stand out as more recent examples of Black feminist autoethnographies continuing in this tradition. They reinforce relational knowledge validation processes, considering multi-dimensional matrices that include factors like actions, effects, experience, space/place, and temporality when critiquing or validating knowledge. Autoethnographies like these problematize and disrupt the nature of traditional research.

Mad autoethnography

In describing some of the Mad values underpinning my methodological approach, autoethnography fits well with an ethics of unruliness that a Mad approach assumes. By calling into question the singular objective authority of biomedical sources, autoethnography would appear as a perfect complimentary method to a Mad methodology. However, I have purposefully called my methodology a Mad autoethnography because my work depends upon the study of myself, in addition to my Mad theoretical framework and epistemology (Hughes & Pennington, 2016a, p. 9).

I can trace the thread of my relationship with autoethnography back very far. As a child, stories captured me more than anything else, so much so that my parents would sometimes encourage me to spend less time reading. It continued through adolescence, to the point where when I went to UBC, I looked forward to my English literature classes the most. The excitement of these literature classes led me to seek opportunities to immerse myself in stories through other classes, and I found a second home taking anthropology courses. Soon I was making connections between the poems and novels of my literature courses and the ethnographies of my cultural anthropology courses, seeing stories from different angles. My time as a mental health patient, and later as a social worker and mental health clinician, gave me a very different view of stories. I saw the dangers of when stories are written about the marginalized, by those with power, for the privileged few to read. By the time I entered my Master of Social Work (MSW) program (with decades of experience with madness, psychiatrization, and storytelling), and learned about autoethnography, the combination of a Mad approach and autoethnography felt like a natural fit.

Looking at this account, one could choose to see a series of loose associations, that sprouted from a childhood preoccupation. A cursory look may give the impression that my use of

Mad autoethnography could be a work of whimsy, or at worst, bring up the common charges of narcissism leveled at autoethnographers. Chang (2016) responds to the assertion of navel-gazing by pointing out how autoethnographers connect personal experiences to significant societal issues. Ellis (2009) connects the inward aspects of autoethnography to community and political action that moves towards social change. Dull (2021) sees autoethnography as an embodiment of their epistemology, accurately reflecting the values they bring to their research, which in itself represents a more transparent process.

My own response to these critiques combines the responses of these more experienced autoethnographers. Closer examination shows this thesis as an unruly, activist, decolonial response to both acquired and intergenerational traumas. By taking the simultaneous perspectives of both patient and clinician, it serves as a means of speaking back to the global neocolonial regimes that choose to take restrictive, coercive approaches to delivering treatment, even though alternative approaches exist (Davar, 2021, p. 37). By centring lived experience and subjectivity, it challenges the rationalist assumptions of the empire (and its various incarnations) that saw fit to indenture my brown ancestors into labour, and deny them the rights of a white human. And by enacting a Mad autoethnography methodology, I disrupt (even marginally) the continuum of colonial violence that Davar (2021, p. 37) points out was embedded in our laws generations ago, and whose scientific racism formed the basis of psychiatry (LeFrançois & Voronka, 2022, pp. 109-110). In doing so, I hope I contribute to a space “where mad theory as methodology is foundational and where comfort with unruliness may open up possibilities for a subversive ethics that eschews epistemological/methodological sanism and racism” (LeFrançois & Voronka, 2021, pp. 113-114).

Unapologetic, decolonial approach

Taking up the subversive work of Mad autoethnography uprooted assumptions that had been ingrained in me by well over a decade of university study, and I did not self-generate the courage to assert these views and this approach. While I gathered support from a broad range of scholars mentioned throughout this thesis, I wish to pay particular attention and respect to the Indigenous scholars and leaders from whom I took much inspiration. First and foremost, the work of both Bowler (2020) and Wastasecoot (2017) illuminated a path for me, as both of these scholars took powerful, creative, innovative approaches to their graduate research, encouraging me to see decolonization as embedded within the forms and processes of my research, rather than just the content. Bowler employed Indigenous beading as an emancipatory methodology, while Wastasecoot employed an Indigenous storytelling framework to deliver an autoethnographic study. Both of these scholars demonstrated tremendous courage, and taught me the unapologetic quality of decolonial work through their steadfast confidence, and their insistence that their perspectives contained justice and value. Simpson (2017) describes this unrepentant quality of Indigenous decolonizing work in describing the Indigenous reclaiming of PKOLS (colonially known as Mount Douglas) in WSÁNEĆ territory (Greater Victoria) on May 22nd, 2013: "[t]hey did not ask the city of Victoria for permission. Their authority to do so came from the leaders of the SȾÁUTW nation" (p. 240). Simpson further analyzes the action, stating "[t]he PKOLS reclamation was a generative refusal. It is an example of radical resurgent organizing and mobilization" (p. 242). Simpson describes how Indigenous practices of disruption through refusal lead to change, what they term "generative refusal" (p. 242).

In their refusal to acquiesce to academic norms, Bowler (2020) and Wastasecoot (2017) have generated, innovated, and decolonized. Significantly, their work has inspired me to move past my own acquiescence and into a space of grounded confidence. Some of my approaches may be outside the norm; however, they represent a conscious response and resistance to dominant discourses in this moment. As a racialized non-Indigenous scholar, I am addressing the relationship between colonialism and psychiatrization. As such, Mad people’s interests are inextricably tied to the complex work of decolonization, and my investment extends to my other social locations both as a person who has experienced the myriad effects of poverty and also as a descendent of colonial indentured servants. The Indigenous scholarship I have described in this subsection has dramatically shifted my way of approaching my research as a racialized, Mad, social worker, and I make no apology for my methods.

Mad epistemologies and ideas of reference

All ways of knowing by Mad people are Mad epistemologies. For example, there have been periods in my life where I have considered myself a devout rationalist, in a sense that would adhere very closely with normative mores of society. Even still, I consider this way of knowing as a Mad epistemology, because even though it may not have been resistant in the moment, it contributed to my overall resistance as a Mad person by helping me survive. While I do not relate to that singularly rationalist way of knowing any longer, it served a purpose in my journey, just as other ways of knowing have, and just as my current ways of knowing support my current existence.

One process that has supported my survival both in times of distress and in times of wellness is a notion that the psychiatric complex has pathologically labeled “ideas of reference.” Ideas of reference “refer to a spurious sense of self-reference in otherwise neutral events in one's immediate environment. Typical presentations include feelings of being talked about, receiving hints, and being targeted in mass media” (Wong et al., 2011, p. 158). For the purposes of my thesis, I pay attention to receiving hints, where an individual assigns meaning to coincidences or observed references in their life. On one hand, these experiences have been used as an indicator of mental illness for mental health professionals in my life, a diagnostic factor in labelling me with schizophrenia. My subjective experience of ideas of reference has been more complex, however. They have contributed to my distress at times. In other moments, they have illuminated insights and helped me feel a sense of connection, often helping ameliorate my experience of the very illness they indicate.

Ideas of reference form part of my epistemology, regardless of whether I occupy a state of distress or not. They make up part of the way that I see and read the world, and they exist alongside and in harmony with my rationalist ways of knowing. As such, I employ ideas of reference in the same spirit of multivalence and unruliness, as a concept, in my Mad autoethnography. Some of the connections between ideas may seem less than concrete. Some of them may seem coincidental, metaphoric, or poetic. They demonstrate how a Mad person can move through the world, and more importantly, how a Mad person does research: occupying many spaces concurrently.

Data gathering & data analysis

The autoethnographic process characteristically involves an iterative, dialectic relationship between data gathering and data analysis (Chang, 2016). Similarly, Denzin and Lincoln assert that “the processes of analysis, evaluation, and interpretation are neither terminal or mechanical. They are always emergent, unpredictable, and unfinished” (cited in Chang, 2016, p. 112). Hughes (2017) additionally describes the non-linearity of the work and encourages the use of assemblage as a means of interpreting data. Hughes likens assemblage to archaeological contextualization, whereby meaning is created through a constellation of data sources, rather than a unipolar source.

Similarly, analysis occurred throughout many points in my engagement with data, with increasing depth and specificity. Indeed, analysis in its roughest form took place at the outset of my data gathering. While I heeded Chang’s (2016) advice “not to impose external categories too soon so as to avoid losing sight of meanings emerging from raw data” (p. 116), by gathering poetic artifacts, I stimulated further data gathering, forming three threads that three triads of stories congregate around.

The process of artifact and story selection had many steps. I took an approach of employing poems I had written in the past as the seeds of my inquiry. These poems would stimulate memories, themes and ideas from which my autoethnographic stories would be gathered. My model for using this approach came from Brogden (2008), who employed "curricular artifacts” (i.e. mementos, documents, and such) from grade school to stimulate the gathering of their autoethnographic stories. As such, I chose to call my poems “poetic artifacts.” First, I selected several poetic artifacts (poems) based on their meaning to me and their connection to the experiences of my adult life, and the experiences of mental distress in particular. These poetic artifacts stimulated a broad range of stories. However, my approach further incorporated the concept of ideas of reference, as the poetic artifacts created evocative links between stories. An element of reciprocity exists between the poetic artifacts and the stories as well, as some (while not all) of the stories referenced may have influenced the original creation of the poetic artifact, depending on the time the story occurred and when the poetic artifact was created. This approach recognizes the transience and fluidity of my idea of reference, honoring the tenuous and sometimes ephemeral links between the ideas. At this point, some of my stories existed in the form of notes, others in more finished form. I subsequently charted the relationships between each of the potential stories and poetic artifacts, as some stories had multiple relationships with multiple poetic artifacts. The purpose of charting these relationships was to evaluate the salience of each story to its poetic artifact.

Despite a powerful connection to these stories, at this point my charted connections contained more poetic artifacts and stories than was practical. I continued to rely upon sound autoethnographic practice to guide my story selection. As I journeyed through these complex periods of my past, I identified stories that met guidelines put forward by Hughes (2017) as selection criteria for effective autoethnographic accounts. These guidelines acknowledged the unique context of autoethnography in the academic sphere (as a reflexive approach in an environment that privileges external objectivity) and put into practice Hughes and Pennington's (2016b) idea of "reflexivity as rigor" (p. 7-8) by employing Hughes' (2017) CREPES guidelines, summarized here:

Figure 1: CREPES Selection Guidelines for Autoethnography	
C	Critical reflexivity. Being able to look at oneself to search for answers to very personal questions within one's social context
R	Role. Positioning oneself as a vulnerable, complicit self. Being implicated in the problem.
E	Education. Attending to one's context and multiple levels of education. Representing different forms of knowledge, learning, and understanding, and ways of knowing.
P	Privilege and penalty. Concepts draw from Patricia Hill Collins (1990). Acknowledging earned and unearned privileges (such as race, class, gender) and penalties (such as race, class, and gender) that we all carry with us.
E	Ethics.
S	Salient stories. Critical incidents, where you felt something, and it meant something.

In my next step, I eliminated many stories based on ethical concerns. For example, many stories from my work as a registered social worker could not be included as they involved the stories of clients. Other stories I chose to exclude to maintain a level of cultural, emotional, and psychological safety for myself and my community. I continued in this vein, working through each of the CREPES selection guidelines in order to find the most critically meaningful stories to include. With my selection complete, analysis and data gathering continued in concert, with an analytical perspective applied through the transformation of the stories into their fully-formed iterations, and the reflective notes that I took in my research journal. I noted impressions and experiences of the data gathering process, and the notes themselves also represented a form of data. I returned to my stories several times, continually recording impressions in my research journal.

A framework for analysis

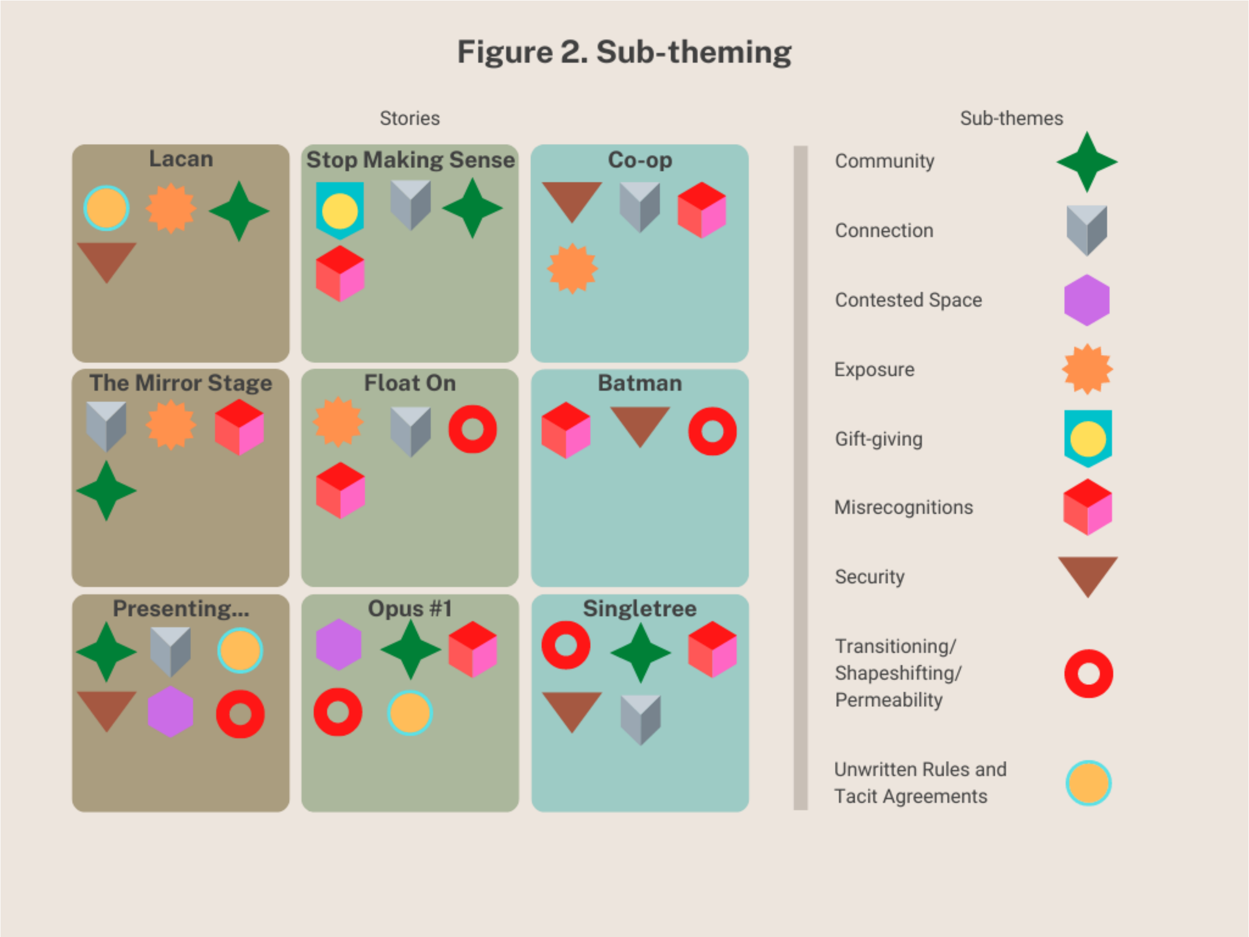
I now hope to relay the foundation upon which my Findings are based. In the next phase of analysis, I reviewed my research journal notes, and coded the reflections upon my stories. Three lines of inquiry resulted, and thereby guided my in-depth inquiries: vulnerability, relationality, and boundary dwelling. These themes featured prominently in my stories, and they represented points of analytical strength for other autoethnographies (Ku, 2019; Ellis, 1999; Doloriert & Sambrook 2009; Ellis et al., 2011; Ellis & Rawicki, 2013). My analysis deepened, as I coded the stories with each of the three main themes and developed sub-themes from them. The sub-themes I discovered within the stories looked like this:

- Vulnerability
    - Unwritten Rules & Tacit Agreements
    - Exposure
    - Security
- Relationality
    - Community

    - Gift-giving
    - Misrecognitions
- Boundary Dwelling
    - Connection
    - Contested Space
    - Transitioning/Shapeshifting/Permeability

These sub themes occurred in many of the stories, but all did not occur in all stories. I have charted the distribution of the sub-themes in this graphic:

Figure 2: Sub-theming



Since the distribution of the sub-themes did not correspond to any particular pattern, I chose to analyze a single story as the most salient example of each of the sub-themes. This approach allowed me to focus on each story more deeply, rather than more broadly applying my analyses multiple times to the same stories. To this point, this map of my data and analysis can help readers navigate the chapters that follow:

Figure 3: Map of Stories & Findings

Title of Group	**Three Reflections**	**Reason Won’t Save Us**	**Reputation Buyer**
Artifact	Poem: “all of you”	Poem: “Reason Won’t Save Us”	Poem: “Bourgeois Panhandling”
Narrative	Lacan^ Fall 1999	Stop Making Sense+ Spring 2011	Co-op☜ Spring 2009
	The Mirror Stage* Spring 2008	Float On🏳 2015	Batman◆ Summer 2012
	Presenting…✌ 2017	Opus #1🖐 2018	Singletreeॐ Summer 2021
Findings			
Analytical Themes	Vulnerability		
	Unwritten Rules & Tacit Agreements^ (Lacan)	Exposure🏳 (Float On)	Security☜ (Co-op)
	Relationality		
	Community✌ (Presenting…)	Gift-giving+ (Stop Making Sense)	Misrecognitions◆ (Batman)
	Boundary Dwelling		
	Connection* (The Mirror Stage)	Contested Space🖐 (Opus #1)	Transitioning/ Shapeshifting/ Permeabilityॐ (Singletree)

Significance of framework

While I recognize my tactics leave some of the interrelatedness of the stories inexplicit, it is worthwhile to note that after all of these layers of selection and analysis, I also purposefully leave the relationship between the poetic artifacts, and the groups of stories unexplained. The point of this omission is not to offer an opportunity for definitive decoding, by which all answers will be illuminated. I foster the hope that the reader will interact with the writing, bring themselves into the analysis, and recognize connections through their own participation with the text. My unruly, Mad purpose is clear: for at least part of the thesis, the reader can imagine possibilities, rather than be handed answers.

Imagination stands at the centre of this framework. Through curiosity, inquiry, and participation with the text, readers may see the poetry, slippages, and polyphonies contained within the themes and theming. In doing so, readers may have some insight into these experiences that some find intrinsic to racialization and madness. I hope this analysis will not describe boundary dwelling, but instead perform it. I hope readers can see my attempts at relationality, not only with racialized mad folk, but also those who resist commodification in its many forms, particularly the commodification of knowledge (Russo, 2021, p. 26). I hope that by trying my best to live and write my truth, readers can see the various vulnerabilities Mad, racialized folk live with — how our epistemologies and ontologies are vulnerable to the structures and processes that intend to give them space and voice. Even as I conform to academic convention, resistance weaves through my work.

Using these foci, in my Discussion I go on to synthesize my analyses in an attempt to answer my research questions: What does it mean to be a racialized social worker with lived experience of psychiatrization, practicing in mental health? How do my embodied experiences challenge, disrupt, or problematize the normative assumptions of social work practice?

Ethical considerations

The ethical considerations surrounding this autoethnographic research that I will discuss in this section focus on the magnitude of the risk, primarily to myself, but potentially to others as well. The risk centres around the sensitive aspects of my life connected to past trauma that will show up in my narrative accounts. The topics I cover include losses and harms I have experienced in my life, including loss of loved ones, as well as trauma I have experienced, through the experience of distress, the associated stigma, and the other disabling factors of distress.

The harm I have suffered as a result of this research has been managed as well as possible, however. I sustained the loss of a close family member by suicide during the writing of my thesis. It struck me hard, and compounded by the loss of other loved ones in the past, required me to take several months break from this project. During the break I sought and received significant support from my network, including counseling support and significant support from my spouse and family. I returned to my research with a sense of purpose and honesty that has continued in many aspects of my life.

As such, the main concerns of social, economic, and psychological harm have been brought up, and addressed. These topics represent familiar territory for me. I have taken a fairly active role in my community, and it is unlikely that the publication of this research will provide revelatory information to my social network. While the extended timeline of my project has required further tuition to be paid, budgeting and a graduate student award gratefully received from the University of Victoria have helped mitigate some of the economic concerns. While it has proved difficult revisiting past events, I did not undergo any acute psychological distress, and was able to manage the everyday and exceptional stresses that arose during the research with maintenance and support.

While my narrative accounts focus on my own experience, I have taken care to anonymize details where other people are involved. The potential for inadvertently identifying individuals without their knowledge or consent does exist, however. Chang (2016) identifies that autoethnographies pose a unique set of challenges, in that since my identity has been disclosed from the outset, others connected to me may be identified by association. In order to protect against this potential harm, I prepared the consent form in Appendix B for distribution to involved individuals to ensure that they were aware and consenting.

Ethics of possibility

At the same, I must acknowledge the insufficiency of this normative treatment of the ethical demands of my project. Prioritizing risk underscores the potential for harm and damage, and speaks to an institutional fear of legal and therefore financial liability, bringing ethics more into the sphere of insurance underwriting than moral responsibility. The assessment of risk in the context of an autoethnography also feels somewhat conspicuous given that the communities of people with lived and living experience of psychiatrization and/or mental distress has been dealing with risk to their life, liberty, and bodily security daily, for literally centuries. Only very, very recently have institutions like universities begun to explore risk mitigation strategies for our communities. Moreover, the emotional labour and psychic harm of peer work continues to go unacknowledged and unrecognized with adequate care and compensation. Yet, our community engages in this work regardless. We have many reasons for doing this sort of work, but one important reason is our responsibility to each other, and our responsibility to a broader sense of wellness in society.

Thinking in terms of risks does not satisfy our ethical responsibilities. We have accountabilities to our current peers and community members. We have responsibilities to our ancestors and predecessors who shared our experiences in the past. We have debts to the people in our lives who have passed, whose gifts the world lost. We have a determined duty to our future, to both ourselves and the people who will come after us, to create a better situation for us all. As such, thinking solely in terms of risks frames my relationship to my community in terms of harm and damage, when in reality my ethics are much more motivated by kinship, responsibility, and liberation. More than anything, my ethics are motivated by possibility.

Levinasian ethics provides a model for understanding this ethics of possibility. In explaining Levinasian ethics, Rossiter (2011) distinguishes between Levinas's characterization of totalizing processes and Infinity. Totalizing processes, by treating others as extensions of predetermined schemas (which may be individual perceptions or theoretical models), "kill" the other person by failing to recognize their uniqueness, their capacity for infinite possibility (Rossiter, 2011, p. 985). By making a person knowable, by placing boundaries on their ability, totalizing processes confine, detain, and regulate them into nonexistence. As such, by moving my ethics beyond risk, harm and damage, I attempt to acknowledge the possibility we all contain, and move towards an "unsettled" social work practice (Rossiter, 2011) that embodies unruly, Mad principles in its commission.

This speaks to one of the main ethical concerns of this thesis – protecting the best interests of the participants. As I represent both the researcher and the central participant, I navigate the tension between the desire for a thoughtful, compelling, impactful study and my own self-preservation. As I went through the process of this study, the question of how much to share frequently arose. As you will likely notice, the study contains several seductive avenues left unexplored. For example, references to my experience of involuntary treatment make their way into the thesis several times, yet I do not deal with the matter in a fulsome or satisfying manner. While I do not doubt the value and importance of exploring these types of topics, particularly for the benefit of our wider community, at this moment I choose to leave certain subjects for other friends and colleagues to explore. To this point, I take advice from Levinas through Rossiter (2011), and attempt to preserve my capacity for possibility by leaving parts of my story unanalyzed, unexposed, and untold to the wider public. With these concerns in mind, I progress to presenting the heart of my research – my autoethnographic stories.

The Stories

The following nine stories have been arranged into three groups. I have titled the groups “Three Reflections,” “Reason Won’t Save Us,” and “Reputation Buyer.” Each group of stories starts with a poem I wrote in the past, that stimulated the remembrance and inclusion of the stories into the thesis, while also providing a central point around which the stories gather.

Three Reflections

all of you

by Aman Sharma

i love
all of you

all of you who
pulled a blade
across your own skin
to lessen the pain
all of you who after
wore long sleeves
and those who
wrote fiery verse
to replace the comfort
of a slash

all of you who
know the gravity
of hollow braid
polypropylene

around
your neck
and you
who knew
the same

i love all of you
who have felt
silver bracelets
cinched tight
as neighbours
watch you
disappear
i hold dear
all of you
that have
felt the pressure
of explaining
an ocean
of knowing
in a minute
to a doctor
who is only
gathering evidence
of sewage

and for
all of you
that feed
off hunger

to the point
where your urine
has the sweetness
of angel’s breath
you have my heart

and so do
all of you
who took
the medication
as instructed
and watched as
the water rose
as adipose
became the next thing
in the fat
book of things
they said were
wrong with you

my heart glows
for all of you
who keep us safe
by imagining
the terrible scenes
which never happen
by making sure
there are
eight dinner plates
in the cupboard

five chopsticks
in the drawer
nine toothpicks
in the container
four drinking glasses
in the sink
and waiting till
three
black-topped taxis
pass the window

Yes
to all of you
you know who
whom They call
violent depraved
borderline non-normative
labile garrulous
bizarre obese
dysphoric blunted
illogical magical
referential egomaniacal
grandiose perseverative
profound retardation
unsettled word salad
i want to say
i love the blue notes
amongst the sublime tune
in the nonstandard of you

that's just to say
I love
all of you

Lacan – Fall 1999

The glare of fluorescent lighting in the econo-box building feels just about as subtle and imaginative as the panoply of right angles that make up its post-war architecture. But within those brutal walls, beautiful shapes take form inside my head. We are now discussing Jacques Lacan's "The Mirror Stage" in our critical theory class. A handful of classmates and I engage in colourful, sparkling debate, applying Lacanian psychoanalysis to a poem. I participate with energy, confidence and competence, and I think to myself, is this what athletes feel like?

Our debate subsides, the professor begins to speak, and with the certainty of a sunset, a familiar darkness seeps in.

I don't belong here.

I know it in my body. The evidence proves stark. Earlier this week, I saw someone leave the student parking lot in a Mercedes-Benz 500SL. The previous week the same person was driving a Porsche 911 Turbo. Those two cars are probably worth more than my parents' house. I know that my clothes and shoes have many more miles on them than those of my classmates, and while they wear their marques proudly, I hide my pretender's labels. I glance around and remark that I'm the only South Asian person in the room. Did I miss the memo stating that Foucault didn't go with my complexion? I start to think about the home where I grew up. The two winters in a row where our water line froze, hauling 700 litres of water twice daily from a spring for our family and for our farm animals. I think of mucking a barn full of sheep shit, and gathering truckloads of firewood. I think of the school years with misplaced racial epithets like N-word and “Paki” spat at me daily, and being mocked for abstaining from eating beef. I think of my older brother, lost to suicide. Do you understand these realities from the embrace of a Recaro leather bucket seat?

French psychoanalysis? Jacques Lacan? What does any of this have to do with me? This isn’t the space for me. I’m South Asian, whose ancestors were transplanted to Fiji, then immigrated to Canada. I’m South Asian, but I study English Literature. I write, speak, and think in English, but I relish speaking both French and Hindi. I’m a farm hick who loves the big city. Why is it that I feel that I’m insisting, intruding in these spaces? I’m in so many places at once, I don’t fit in any of them.

When the bell rings, the weight I feel has my head hanging low. My well worn shoes become more scuffed, because I’m having trouble lifting my feet off the ground. This feels worse than previous times. Deeper, bigger, and darker.

I shuffle my way to the bus loop, and lift my head towards the university hospital, where the student health centre resides. This is one of the biggest, most prestigious universities in the country, with a medical school. They’ll know what to do, right?

The Mirror Stage – Spring 2008

It is 2007, and I am walking down Main Street, towards home.

I see a black 1997 Chevrolet Z24.

In 1997 I started my first year of university, when I also participated in a dormitory-wide game where I cheated by pretending my last name started with the letter Z. The game took place on the second day of school, and no one knew my name, and there was an opportunity to win a meaningless game for our house, so I took it, and won the game. A couple weeks later, we had house shirts made up for our intramural teams, and I chose the number 24. Instead of putting my last name on the shirt above the number, one of my housemates put the single letter Z, in honour of my gambit. Later, another housemate makes fun of me for having the name of an underpowered, wannabe sports car on my shirt. I tell him that it suits me.

Back in the present day, I consider the black Chevy again. They are mirroring signifiers of myself back to me. I am on the Mirror Stage.

I continue walking, and the mirroring continues. I try to control my breathing, in and out through my nose, steady and measured. The pain in my chest is sharp. As I breathe, I focus my breath on easing that pain.

I see a bald man wearing a brown hoodie, and I recognize him as a tonsured monk in a habit. A connection to university, I recognize...they want me to return to school. I will register for courses, in order to finish my English degree, immediately.

My heart is in my throat. I open my mouth slightly and take a deep breath in. Don’t freak out.

I approach a man, leaning over a white, fixed-gear bicycle with hammered metal fenders. I remark that he is a Black man, with a short mohawk, some piercings on his face, wearing a denim jacket with the sleeves cut off, over a black t-shirt, and jeans. He looks at me with a knowing half-smile, and gives me the slightest of nods. I nod back, and analyze the situation. His mohawk is an homage to my Rhodesian Ridgeback Luce, who wears her own defiant mohawk with the strip of hair on her back running against the grain, a genetic trait, a phenotype. But the man’s mohawk isn’t a phenotype, it’s a haircut, a choice. But both he and I share the phenotype of being marked by our skin colour, which embodies a running against the grain. Which inherently carries a resistance to power and normativity. This is what they are trying to mirror to me with the man’s counterculture style. Wait a minute...like this man, and like me, Luce is a hybrid of colonialism. Dutch farmers in South Africa created her breed from an indigenous African dog and European hounds...we’re all reflections of each other...

The pain in my chest sharpens. I can’t take more of this. I need to get off the street. I’m almost home. Please, no more reflections.

Yes. It all makes sense.

Presenting… – Somewhere around 2017

I’m sitting at my desk, in my office, and one thought rings clear to me:

I’m in over my head.

I’ve got a client in difficult circumstances. In three days, I have to make a presentation to my colleagues, to discuss a course of action to present to this individual.

What even makes me qualified to do this work?

I’m flirting with middle age, but as a social worker, I’ve only got a couple of years under my belt. Yeah, I’ve been in university since Jean Chrétien’s second mandate, but the grades in my transcript read like a collection of guitar chords, instead of the 70’s Swedish pop group they should. The things that give me confidence — knowing what it’s like to be crazy and brown — don’t hold much water in this medicalized setting.

So far, I’ve approached the presentation like I would an assignment for school. I’ve gathered information from experts, the doctors and other clinicians, as well as various other reports from clinical sources. There’s so much hard data in front of me. Every time I try to figure out a path forward, a different piece of data tells a different story, leading in a different direction. I think about all of the possible outcomes, and I get dizzy.

So I pull myself out of the data, and go to the staff kitchen. I look through the cupboards, and see an unmarked package of vanilla creme wafers. Those will taste so good. Immediately pleasing. I reach for the wafers, but have a difficulty opening the cellophane. I look through the drawers, and there isn’t a sharp knife or pair of scissors anywhere, but plenty of dull butter knives. Why is the kitchen full of tools you don’t need? A thought occurs to me. I’m a fraud. I’m no expert. I don’t actually even believe that I can possibly know what’s best for my client. I give up on the wafers, and think of my apple in the fridge. While grabbing my apple, I see a jar of natural peanut butter marked “For Sharing,” so I wash my apple, and use a butter knife to brutally halve it and deseed it. I put some peanut butter in the cavities of the apple halves, wash my implements, and return to my desk.

I munch my first half apple. I’m no expert. But I do know some things. I know what it’s like to be a patient. I know what it’s like to have decisions taken away from me. I know what it’s like to have the parts of my story that don’t mean much to me, become very important. And I think, we all want to be seen.

I know that I don’t have an answer, or even a proposal. But I can tell a more complete story. My colleagues hearing the story need to be seen, so I know it’s important to communicate in the language of health care, in a structured, organized, and logically flowing presentation, with visuals and data from all the authoritative sources. But it’s imperative that my client is seen as more than a collection of data, and that my colleagues see my client's humanity. I will use their name at every opportunity. I will centre each topic around stories from my client's experience and history. I will facilitate discussion that centres my client's experience of any proposal.

I bite into the second half with satisfaction. This is a good plan. I allow myself to bask in the potential congratulations for a well-wrought process.

After a moment, I think, it's all a little too neat. Something's missing.

My breathing becomes a bit more laboured. My blood pressure rises. I feel a sense of impending doom, as I realize, I haven't shown up anywhere in this plan. I'm not implicated. I'm not expressing any solidarity, when I know I can. I'm just playing the role of a detached facilitator. And I know that if I haven't invested myself in this, I haven't truly done my job. In the span of a moment, the presentation has quickly gone from an opportunity for personal professional triumph to something much more complex.

I look downwards, where a blob of peanut butter has landed on my shirt, staining it indelibly. No one's around to see, so I transfer most of the blob onto my finger and swallow the evidence. In the kitchen, I do a horrific job of cleaning up the accident site, with tiny bits of brown institutional paper towel and a water mark forming a rondel with the poorly-dealt-with peanut butter in the centre of my chest. I sigh when I make the connection. Nothing is simple.

Reason Won't Save Us

Reason won't save us
by Aman Sharma

A bird's egg broken

The branch of a cherry blossom severed
A clear stream muddied
There are times when these actions all
make perfect sense
disrupting the whole
for nourishment
adornment
or a crossing
we persist by refuting these
irrefutable justifications
we know it’s unreasonable to keep
the world whole
because we live as unreasonably
as an earthquake during your trip
to the amusement park
or a rained out
birthday barbecue
serving as uncomfortable reminders
of our responsibility to something
bigger
so, stick around, if only because
it doesn’t make sense
for many of us
our illogicality is the only
reason
we’re still here

Stop making sense – Spring 2011

I'm still having trouble identifying how I'm feeling, especially when feelings contain multiple emotions. The words just don't work. It would be easier to use images. Right now, I wish I could say I feel "a cold, late fall day in a saltmarsh, after it's rained, and the sun shines brightly, but your feet are wet in your shoes." But that could be seen as crazy. And I'm definitely not crazy anymore. So when my spouse Rebecca asks me how I'm doing, I say, "It's difficult to describe. Kind of good, but kind of uncomfortable."

I've just decided to decline a permanent, secure job with a pension, benefits and decent salary in favour of finishing a contract that will end in three months, because I know that I was not suited for the permanent job. Six weeks ago, my father died. What would he have thought of this decision? A year ago, my biggest, wildest, most unreasonable dream was to have a secure job with a pension. A year ago, I was just getting used to speaking to unfamiliar people again. Am I actually crazy? Is this decision an indication of mental illness? Debilitating anxiety waits for me around every corner. I lapse back into an old habit and reality check with Rebecca. "Do you think this is kind of crazy? Turning down this job? I mean, do you think it's a sign that I'm getting sick again?" I smile nervously, terrified of the answer.

Rebecca responds with the same certainty as if I'd asked her if I was king of the world. "No. You're not getting sick. I think this is a great decision, precisely because you're thinking about your own mental wellness and happiness." She puts her arm around me and gives me a squeeze. "Have you thought about what you want to do now?"

I'm shaken. "What do you mean?"

"Well, you'll be done your contract in 3 months. If you could do anything you wanted, what would you do?"

For a moment, my equilibrium tilts, and my vision scrambles, just slightly. I feel getting my drivers license and breaking the speed limit for the first time. I feel taking off in a plane for the first time. No one has asked me a question like this, ever. This feels like every Christmas morning and every birthday party I've ever known. I'm the crazy, fat, schizophrenic, dependent, disabled, sick, freak, and you're just assuming that I can accomplish anything? I've never received a gift like this.

I'm not in distress, though, so I corral my heart and mind, and answer as honestly and cogently as I can.

"Being an admin assistant is hard for me. But I think I have more to give, and I think a different line of work will be easier for me. If I could choose anything…"

"Yeah?"

"If I could choose anything, I think I'd like to work in mental health."

"That's amazing! What do you want to do in mental health?"

"If I could do anything, I'd combine my experiences and knowledge of mental illness with professional training, and help change policy from both perspectives. But I'd want a real seat at the table. That's why I'd want to get the professional training. I want the degree to back me up."

"You're describing a perfect situation for yourself! We will make this happen! Have you thought about reaching out to some people to figure out what profession might make sense for you?"

Rebecca’s question proves a single, perfectly placed neutron in the abundance of fissile material that is our life. Questions react with other questions, which explode into action.

Before I know it, I’m both walking and cutting a path.

Float On - 2015

I’m sitting in my car. I check my watch. My appointment is for 11:00, and it’s 10:17 now. The music is quite loud in the car, but I’m parked far away from others in the hospital parkade, I don’t see anyone around, and at this point I’m so nervous that I’m not concerned about how I’m perceived by passersby. Songs are important. Songs transport me. Songs give me confidence that I have no right to. My playlist now dishes up Destroyer’s “Song for America.” Bouncy tunes come through the speakers, the sort that have filled me with courage previously. My heart is in my throat still, but my breathing feels a bit easier. I look to my phone again and flip to my page of questions.

What theoretical models would you use in this position?

Can you give an example when you’ve worked in an interdisciplinary team?

Can you name one instance when you’ve had an ethical dilemma and how you worked through it?

What are some resources in the community you can turn to?

What do you do when you don’t know the answer to a question, or how to deal with a situation?

I’m talking to myself, saying my prepared responses to these questions out loud, using repetition in an attempt to compensate for the changes in my mind. My mind, which used to be so sharp on the spot, now requires deliberate contemplation and preparation, and time, so much more time. Was my mind affected by organic changes from my distress, or by the trauma that came from the treatment of my distress? As I reflect on my mind, I start to ask other questions, unwanted at this tense hour.

Who do you think you are, thinking you can get a job as a social worker?

What makes you assume you belong here?

Do you actually believe you can handle this work?

These are remnants, echoes of pollutants left in my mind from my stay in the hospital. Effluent released into my life by a social worker. A social worker who didn't take time to talk to me. A social worker who assumed I'd never work again, that I'd never study again. A social worker whose response to one of my questions was an application for disability benefits.

For a few moments, I think about the immensity of pain I've endured. I remember trauma and points of regeneration, and wonder about how fragile my path was all along, and probably still is. I realize that my presence at this point in time is somewhat absurd, and the only reasons I'm here are because against reason, Rebecca believed in me, and also because I was crazy enough to believe in myself. I struggle to recall a well-known Latin phrase to describe what I mean...I start searching the web on my phone.

A couple attempts and I find it. *Credo quia absurdum*. I believe because it is absurd.

I laugh aloud. It's strange to think that an early Christian from a couple millennia ago and I have shared a sliver of an idea. The shuffle function on my playlist starts up Modest Mouse's "Float On," the song that I played over and over before my first date with Rebecca, to reassure myself.

The music helps me feel a sense of carefree equanimity. I've prepared so much already. Even getting to this point is kind of ridiculous...I might as well feel confident. I've already made my way through several hells, so even if this falls apart, I'll probably be fine. I hope. My sense of self-doubt is a powerful solvent for anything that makes me feel good.

In that moment, a thought pops into my head. I think about the Buddhist practice of *tonglen*, an idea that Rebecca and I learned together. I give it a whirl, and try to feel a sense of empathy with all of the other people around the world who are in a similar situation to me. There are probably hundreds…no, thousands, of people who feel like their worlds are riding on getting a job right now. I feel a sense of connection with all of these unknown friends. We're all experiencing such anxiety. I think about all of them, and wish them stability and calmness as they're going through this difficult time.

I let the song finish. I gather my portfolio, check my hair in the rearview, and straighten my back. As I enter the building, and walk down the hall to where decisions are made, I think to myself: *this is probably not as big a deal as you think it is.*

Opus #1 – Sometime in 2018

The workweek is overripe by an hour, and I am looking at a mountain of urgent paperwork from the matter I'm currently working through. Meanwhile, I'm stuck on hold, waiting for the police non-emergency line to pick up my call. Friday afternoons are always the busiest. It will be a longish evening of overtime that I will likely not bother attempting to claim, due to the inevitable additional paperwork associated with the process.

I type with the phone muted and on speakerphone, typing as quickly as I can while trying to maintain a method to my work and finally drink some water. The ubiquitous hold music provides a soundtrack to my work. What is that tune that I hear everywhere? I momentarily detour from my tasks to search “electronic handclap hold muzak,” and quickly learn that it’s a tune connected to the technology company Cisco, titled “Opus Number One.”

A flat, monotone voice interrupts the masterpiece, and I proceed with the call. Somehow, even though it’s the same city, the same police department, and it may even be the same day, each of the calls associated with recalling someone from Extended Leave provisions of BC’s *Mental Health Act* is different. Never wildly so, but just enough to make you wonder why the process hasn’t been more ingrained.

“Where were they last seen?”

“Physical description? Any scars or tattoos? What were they last wearing?” I do my best, based on memory and whatever we have recorded.

“Race?” I answer, based on subjective assumptions.

“Gender?” I answer, again, based on subjective assumptions.

“Are you high risk?”

I’m confused. “Pardon?”

“I said, ‘Are they high risk?’”

I’m stumped by this one. What does this question mean? I ask for clarification.

“I don’t know. I guess they mean, are they a risk for violence? Are they a risk for suicide?”

Now I think I know what they mean. They probably want to know, will this person attack the police officer? Is there a chance this person will have a weapon? But they're hiding behind purposefully vague language. What I really want to do is put responsibility on to them; when you ask, 'are they a risk for violence,' do you mean a risk for receiving violence? If so, most definitely. When you ask about suicide risk, do you want me to mention factors like being alienated by state services that are supposed to support everyone, but only end up helping specific groups of people? The call taker didn't sign up for these conversations, though. However, I feel terrified answering, because I don't know the real-world implications of my answer. How does an officer process the details of what I say? Will it lead them to use force or draw a firearm more or less readily? How does the information I provide follow the individual around in the age of electronic records?

Each time I answer a call taker's questions, I consider them as though they will affect me and my family personally. For me, this supposedly routine call carries the weight of a life. I know some people will think this perspective is an impairment, but I choose to see it as an advantage. Maybe I'm crazy to think so.

Eventually I realize that in this moment, in the absence of a good understanding of the implications, I can only answer with as much integrity as I can muster. I consider the details of the individual's history, what I know about them and the current situation, and provide a nuanced answer to the call taker's yes/no question.

The possibilities haunt me.

Reputation Buyer

Bourgeois Panhandling

by Aman Sharma

Can you spare 2400 square feet?
I’m Desperate — I need a south-facing backyard
So that the sun shines maximally
On my organic kitchen garden
I’m Hungry — I’ve never known taste of bread
Proofed in a chef’s kitchen and
Baked in a gas convection oven
I’m Tired — I need a warm place to sleep
With a walk-in closet
And dual sink, rain-shower-equipped ensuite
Only these
Features
Can bring
Shelter

Co-op – Spring 2009

The young man sits in a chair at the window, overlooking the street, up among the treetops. He is in a tiny attic apartment that belongs to a housing co-operative in East Vancouver. Leaves have only recently begun to unfurl from the tips of the branches of the trees.

The young man struggles to find words to describe his state. Words to describe anything, really. Mostly he feels sad and empty. He can’t help but look back with regret at the past, and how his life has been razed. He has few remaining relationships, save his wife, his family, and less than a handful of friends. He has no job, no prospects, and an incomplete education. He knows he is experiencing negative symptoms, and possibly anhedonia. He does things that used to interest him, by rote, in the hopes of rekindling the blaze of curiosity he used to be known for.

For today, that means reading two hockey articles, two news articles, and working up the courage to say hello to the cashier when he buys an onion later today.

Reaching out to other people is important, his doctor says. But how does he talk about everything he's been through? Everyone will look at him with revulsion. But he decides to dip a toe in online, by silently seeing how old acquaintances are doing, on Facebook. They all look happy. One friend is having a child. Another has bought a new car. Another has bought a home. Another posts pictures of a tropical vacation. Their lives are so different, they seem like aliens from undiscovered planets to the young man. He finds it difficult to breathe.

When his wife returns from work, he is able to keep his composure through their meal of daal and rice. After the meal, she gently inquires what he went through in his day. In their bedroom, he fights tears as he unburdens his anxieties.

"I just want you to know, I understand if you can't stay with me. I don't expect you to stay with me. If you stay with me, I don't know if we'll ever be able to buy a home. Or have kids. Or go on a vacation. Or buy a new car. Living in a co-op like this is the best we'll probably ever do. So I get it if you have to leave." His lip quavers, and tears leak silently from his eyes.

She looks at him with concern, and says without hesitation, "This is all I've ever wanted. I'm not concerned with any of that. Being with you is what's important to me. I'm not going anywhere."

Batman – Summer 2012

You can still feel the pavement radiating warmth into the evening air as we step out of the temperature-controlled movie theatre. I kiss my wife, happily. "What did you think?"

“It was pretty entertaining! Not my usual speed, but I can see what the fuss is about. How about you?”

I play it cool as we stride across the parking lot, but she knows me so well that she can feel the energy I’m suppressing. “Yeah, it was good.” Words that understate the excitement I feel.

I press unlock on the key fob, and then with another button, flick open the switchblade key. I slide into the driver’s seat of the shiny, black car, and start the engine. LED lights glow red and blue, and a greeting message flashes across the screen in front of me. I note with satisfaction how there isn’t yet a speck of dust on the dash. We’ve just bought this car, our first new car, and I can’t help but think that my dad would have been so proud of me. New car. Bought a condo earlier this year. Social work school. Things are good.

I work the six-speed in concert with the clutch, and peel out of the parking lot with swagger.

My wife smiles and laughs. “Do you feel like Batman?”

I laugh. She’s observant.

Then I think about the differences between Batman and me. He’s a white, chiseled, genius billionaire who dresses in black. I’m a brown, obese, schizophrenic, who dresses white, trying to start a new career at age 32. If it weren’t for the hard work of my spouse, I’d be walking, not driving. I probably wouldn’t be able to afford going to see a movie. My smile melts. My driving changes, from athletic to pedestrian.

“More like Fatman,” I rejoinder, deflated.

Singletree - Summer 2021

“If there’s one thought that I can leave you with, consider writing in your research journal. You may use it, or you may not. I’ve found it very helpful in the past.”

Cindy, my thesis supervisor, tells me what I need to hear. I know it’s good advice. I don’t want to listen to it right now. But I know it’s good advice. A different, former professor once told me, “You don’t find answers after you’ve finished writing. You find them through the process of writing.”

I know it’s good advice. Write. It’s still tough to get going. It sticks in my brain like one of those factory-made pop songs. A couple of days later, I start a new word processing page, and begin typing what’s on my mind.

Suicide. I write about suicide. Someone I love dearly, someone very close to me, has died by suicide recently. It’s hard to describe the mix of sadness and powerlessness I feel. There’s another emotion mixed in there, which I don’t normally feel. Anger. I’m not angry at my loved one. I’m angry at us, at our society. So I write big ideas. Big, sweeping ideas, without references or research, about our collective responsibility when people die by suicide. About what suicide means to us as a society. What it tells us. Big, crazy ideas, that I usually don’t let out of my head, not out of my mouth, and definitely not in print. Because you don’t have big ideas when you’ve got a psychiatric diagnosis. You have neat, tidy, little ideas. Humble ideas. Because they have a name for big ideas...they’re called “grandiose.” I put aside these fears for a moment, and give myself permission to write what I need to.

Writing helps, so I do it again. And then a couple of days later, Rebecca shows up with an amazing gift. She has gone to a stationery store, tried dozens of pens, and selected six of the best for me, and put them in a pen case. She has also brought me a fine, bound journal with ruled pages. I am a sap for such things, and moved to words by it. I write, often as I can.

Weeks later, I catch myself thinking, once again, about something I've thought about for a long time. How my social work, and especially my MSW, has been an attempt to advance myself, to pull myself out of the abjection of psychiatrization and mental illness. I realize that these thoughts pre-date the classroom. I pull up my old MSW application, and re-read my personal statement, and see where I outline how an MSW is an avenue of liberation for me. I talk about developing "a seat at the table where substantive decisions are made about mental health policy," and how with an MSW, "I will have a more effective voice in driving change for the oppressed members of this community that I share so much in common with." I feel shame, embarrassment. Back then I had the pretensions of a saviour. Hindsight has me feeling incredibly foolish. I thought that I could help by being important.

I go on to reread some more recent writing, my journal entries, and come upon one where I talk about a piece of equipment from our farm that used to fascinate me. The implement was called a singletree, and it was given to us by a family friend. We used it to help with the skinning and dressing of lambs, but it's original use was in the carriage trade. From my journal:

> *...the singletree, in it's* [sic] *limited motion, in its redistribution of force (or perhaps pressure?), in its quiet work in concert with driver, horse, carriage, and rigging, plays an essential role. I've never been much of a driver, or a horse, but I have tried hard to be a singletree. Most of us will never be charioteers, or horses for that matter, we are the anonymous and replaceable rigging. These are the people and roles I have always respected, the small pieces without which our vehicle cannot move forward.*

Part of me feels like this degree has played a part in helping me realize the person I have always been. Another part of me feels that since my loved one has passed, I have questioned my ability to play any meaningful part at all. I feel at once both coherent and fractured, indeterminate.

Transforming experience

These stories have played significant roles in my identity. In my next chapter, Findings, I engage with the stories more deeply to explore their connections to my wider world.

Findings

We make meaning from our lived experience, interpreting the stories of our lives in ways that hold personal significance for us. Voronka (2016) cautions, however, that people with lived experience of distress/psychiatrization do not make up a monolithic or consistent group of perspectives. As we reflect on our experiences and make meaning of them, some of us will find that our experiences endorse and support the approaches of the current mental health system. Others will find that our experiences call for an outright abolition of the system. Many of us will find our experiences do both, as well as the range of nuanced actions between these two directions.

One of the purposes of this thesis is to use critical analysis to consider how stories from my lived experience both disrupt and reinforce the normative assumptions of social work practice. As part of this research, I shared nine stories from my lived experience of madness and psychiatrization, all of which shared three overarching themes of Vulnerability, Relationality, and Boundary Dwelling. To support analysis of these themes, I identified nine relevant sub-themes (Fig. 2), and each story to the sub-theme that it best represented (Fig. 3). Within this chapter, I introduce and progress through each theme, providing my critical analysis within the framework of these themes and sub-themes, drawing upon relevant literature to animate the discussion of how my lived experience both disrupts and reinforces the normative assumptions of social work practice.

Vulnerability: Moving towards vulner•abilities

The theme of vulnerability commonly brings up notions of exposure, fragility, and precarity. These characteristics connect to the feeling of abjection that many of us racialized people with lived and living experience know well through the lack of agency and voice we experience in Euro-canadian society. The exposure associated with seeking care for very poorly understood and heavily stigmatized experiences of distress can shake our faith. The delicate fragility of our sense of connectedness, which we see with remarkable clarity, can frighten us. And realizing how this connectedness is under attack, recognizing the precarity of our individual and collective survival, can immobilize us.

These ideas present themselves in the three stories within this theme, readily apparent. However, vulnerability ties these stories together both in the conventional sense of the word, but also in my alternate reading of the word as vulner•ability, or a rethinking of exposure that enables agency and/or possibilities. A note that this idea of vulner•ability is an emic, insider process, meant for individuals and communities to practice of their own volition. It is not appropriate for practitioners, therapists, or clinicians to suggest this process to people with lived and/or living experience. I feel it necessary to make this distinction, based on the potential for this concept to be used as part of coercive treatment practices.

Such vulner•abilities do not always, or even often, yield positive, hopeful end results. Indeed, some stories may yield happy results more readily than others. However, the process proves hopeful because it provides an avenue for reclaiming agency. Whether an individual story sees me laughing or crying at the end, the stories within the Vulnerability theme connect on the basis that I have been able to reconceptualize exposure, fragility, and precarity into meaningful agency, which has cumulative effects for me.

Sub-theme: Unwritten rules & tacit agreements – Story: Lacan

My first analysis works with “Lacan,” the story where I describe my life as a young undergraduate in an English literary theory class, at odds with the racial and socioeconomic realities of the university I attend, experiencing an episode of distress and considering reaching out to the student health resources at the university hospital. This story provides a glimpse into the very first moments of a significant vulnerability that most people experience in life; when they contemplate asking for help from a health care professional. In those moments of need that have been cast as weakness, in those moments of uncertainty, I made an association that many people in our world depend upon. I associated health professionals with answers to my problems. By engaging with healthcare professionals, I unwittingly and without full understanding of its implications, entered into a tacit agreement. I accepted that the distress I experienced sourced from me individually, and the solution to my distress would come from treatment applied to me individually. The terms of this agreement never made it to a printed page, nor were they ever spoken about explicitly. It was just one of the many assumptions of receiving "care."

By acquiescing to this agreement (which I had no choice but to accept, due to my need to alleviate my significant distress), I placed myself in a pervasive state of vulnerability. On one hand, this story marks the beginning of a lifelong stigmatization. As soon as a clinician enters the first account into the medical record, I wear indelible stigma for life, subject to the assumptions and judgments of health care professionals who come to their jobs with their own entrenched biases towards PWLLE. From the moment I seek help, I will forever be stigmatized, because when a health provider, insurance company, similar institutional organization, or non-empathetic member of the public ever learns that I received treatment for "serious mental health issues" (as if there were a way of quantifying the experience of distress solely based on its diagnostic label), it will have material, drastic impact on my choices and opportunities. When I sign up for a driver's license, I have to confess my diagnoses, and be approved by my doctor — what does this mean when I am stopped by police and they run my license? If I should like to purchase insurance, premiums may prove prohibitively expensive, if I am able to secure any at all – what magnitude of risk do I incur based on the judgments of others? If my child gets injured, and I take them to the hospital, I will face much more scrutiny from child protective services than a person without my diagnoses – assuming the worst does not happen, and I maintain custody of my child, how do these stresses affect our family dynamics?

These stigmatizations represent examples of external vulnerability. The internal vulnerability proves just as difficult to deal with, for when I agree to the individualization of the health care system, I have put myself into a paradox by effectively disavowing those systemic issues that I know as the cause of my distress. Health professionals don’t treat systemic racism and neoliberal capitalism, they treat individuals. If I want help, I have to accept the tacit understanding that my feelings around these systemic issues source from a pathology. In short, in order to accept “care,” or “help,” I must accept that I am crazy for believing that society has anything to do with my experiences, and testify to my individual responsibility. In order to receive relief, and be accepted within the boundaries of society, I must imbibe the neoliberal dogma that sustains the systems that cause me harm. This represents one of the fundamental unwritten rules of mental health treatment, that we accept this master narrative that our madness lies only within us. In their illuminating work *The Becoming*, Luongo (2021) grapples with the institutional narratives that get superimposed over the embodied truths Mad people experience. Luongo states, “*how can you discern whether your insanity is a product of mental illness when you live in a fucking war zone?*” (emphasis in original) (p. 12). No matter what type of war zone you exist within, the mental health system will assign responsibility for both the source and solution of the disorder within the individual, which is in itself the manufactured vulnerability of isolation.

Sub-theme: Exposure – Story: “Float On”

The story of “Float On” recounts the nervous moments I spent in my car, outside the office where I would have my first job interview to become a social worker. In the story, I recount my preparations, recollections, and emotions as I search for groundedness in a time when I felt exposed and untethered.

In moments like these, community usually serves as a protective factor for vulnerability. While in British Columbia there has been a long history of Mad activism since the 1970s (Choi & Boschma, n.d.), the mental health community has only had more widespread visibility relatively recently, with initiatives like Bell Let’s Talk and sports teams like the Vancouver Canucks bringing mental health into the corporate mainstream. The motivation for shining the corporate spotlight on mental health raises worthwhile questions, and while such initiatives have been cast as corporate altruism, they generally centre middle-class mental health concerns, or in more clear terms, the threats to productivity in the corporate workforce. Psychological health problems have represented the single biggest cause of absenteeism in Canada (Mercer, 2018), and corporate Canada’s sudden concern for mental health dovetails well with a number of their interests.

The experience for people with lived experience of involuntary treatment and the intersections of racialization and professional privilege have existed almost exclusively in the shadows, however, with little opportunity for community to form. The pressure from professional normativity and the overt control of the state and mental health systems has created stigma and very real risks to safety and security that have proven powerfully silencing for people who share these experiences. The individualization begins when we ask for psychiatric help, and it repeats and amplifies as we enter the workforce, both through the internal culture of health care and the stigma it propagates. The concomitant preclusion and/or dispersal of community that ensues only serves to perpetuate dominant neoliberal values. Inhibiting community through the forces of normativity represents a reliable process to maintain intersecting structures of dominance like sanism, racism, and neoliberalism, by continually reinscribing the harms and traumas of normativity to those living in difference.

"Float On" shows this reinscription in action. In one of the moments marking my crossing into the professional space of social work, the hospital reasserts itself into my experience. I note the changes in my brain, for which my care team readily assigned individual responsibility to me. Except for recognizing side effects of medication (which were presented as necessary evils), my care team disavowed any negative effects of the treatment itself. My lived experience recognizes a complex truth, that carceral health care has adversely affected me. I recognize how exposed I was when I reflect upon the source of my self-criticism. The injuries from the hospital were so deep that I still recited their narrative at the supposed apogee of my recovery, when I believed I was about to make the mythical transformation from patient to clinician. The normative pressures of sanism and the expectations of a capitalist culture of productivity destabilized my preparations to improve my situation; I was exposed even when supposedly safe, with no one around, no visible threat present.

During the pressure-packed moments before the interview, I exhibit a range of responses. One familiar response is to internalize dominant objective rationality, and judge myself harshly when I have difficulty. I critique my ability to measure up, and learned behaviour of how to subvert progress starts to take hold. However, I have also woven durably resistant ways of relating to myself into these harmful patterns. These resistant efforts share the quality of creativity. On one level, the story shows how I have relied upon the survivor's skill as a virtuoso bricoleur, making opportunistic use of the available material in our lives to move forward, whether by millimeters or by miles. Some of those found objects we survivors put to use may be considered beautiful by the rest of the world, like if we sell a piece of art. Other items we employ may be seen as the foulest sort of waste, such as when we put our distinct and maligned traumas to work for us. Those of us familiar with the journey of survival try to accept everything used in the process. I pull from available sources and subjectively recontextualize in order to bring myself to an emotional centre. By connecting with the memories associated with music, and connecting with the experiences of others through the practice of *tonglen*, I creatively relate to my situation in the moment, and feel connected to both a sense of community and myself. In doing so, I bring myself to a place that risks the vulnerability of viewing the world in a different, more communal sense, rather than accepting the dominant individualized social work rationality of the time.

Sub-Theme: Security – Story: "Co-op"

"Co-op" captures a time when I had just moved from the hospital, and an intensely individual space of mental distress that I could not share with anyone, and had begun the difficult process of reintegrating into a more consensus reality at the home my wife Rebecca and I shared at our co-op. In the story, I describe isolation and expansive days, and the experience of reconnecting with society through viewing social media. I palpably feel the tension between the individual and the shared throughout this group of stories, but the friction feels particularly strong for me in "Co-op".

Returning to consensus reality was a difficult transition. Even though most of the details of my life – my clothes, my home, my neighbourhood, many of the people – had remained the same, my relationship to them shifted profoundly. After spending years living under different assumptions of mental distress, I had returned to the world I left behind. The dominant consensus reality held individual accomplishment as a virtue. I felt, crushingly, that this reality valued the independent individual above all. I knew people distinguished themselves as worthy individuals through work, academics, charisma, and financial prestige, and I had none of the required attributes. I was dependent, disabled, and vulnerable, and I could not see why anyone, even my wife, would value my company. Thus, I moved from the isolation of mental distress to the isolation of the modern world.

While accurately capturing the profound sense of isolation accompanying the return home from hospital, “Co-op” demonstrates my lack of recognition as well. As alone as I felt, at this point in my journey I do not recognize the people that were present. While this story does not capture the experience, I survived on my connections with the small group of family and friends present in my life at this time, looking forward to each encounter with a mixture of eagerness and anxiety, and feeling replenished afterwards. These essential connections also helped both Rebecca and I make an intentional shift in our lives. One or two months after the encounter portrayed in “Co-op”, Rebecca and I had a conversation where we made a choice to intentionally foster the positive relationships in our lives, and contribute to our communities. We reconnected with many old friends, in the process of moving forward towards a new life together. By strengthening our communities we strengthened ourselves and our sense of security.

After reflecting on “Co-op”, I can see that so much of the story centres around security. The trauma of psychiatric detention assaulted my sense of security, and even after I had left the hospital and returned home, many of the external factors that had once given me security either no longer existed (such as my job) or existed at a much diminished level (like my friends and sense of community). As such, at the time of “Co-op”, my life resembled a blank page. For some, a blank page signifies potential and possibility. At the time of the story, I did not see it from this perspective. When I saw the blank page of my life, I could only remember all the work that had been erased, and the 29 years I had lived to accomplish so little. The blank page of my life looked like an indictment to me, a marker of everything I had not done. I looked at the situation in the neoliberal terms of individual material productivity, and I assumed that those conventional markers of productivity would assuage my feelings of vulnerability, and bring me security and peace of mind.

However, as she has done so many times, Rebecca provided a radical alternative to the dominant paradigm. She affirmed that the values that originally brought us together would keep us whole. This moment, where Rebecca reinforced the love we have for each other – our love that grows, resists, confounds, defies and provides – has shown me more security, health and wellness than any medication or property ever has.

Relationality: Connectedness through discontinuities

Vulner•abilities in the preceding theme enabled some significant agencies for me, including increased ability to recognize the ways systems individualize us, as well as the capacity to recognize and appreciate commonalities and connections between myself and both communities and individuals. The next theme, Relationality, builds on and continues this idea.

I define relationality as the idea that nothing exists in isolation, or a recognition of the intrinsic connectedness of our existence. The stories within this theme connect on the basis of relationality, but not in the conventional sense. Instead, these stories recognize how the journey to relationality has proven remarkably complex for me. It did not arrive in an ecstatic epiphanic moment of oneness. Instead, my ongoing road to relationality has included both smooth and rough track. It involves disharmonies and continuities, alienations and resonances, as well as a substantial amount of hubris. To this point, the analyses that follow in this theme explore accounts where I engage in normative social work, the colonial implications of which I have outlined in earlier sections. They also explore how I participate, very actively, in neoliberal capitalism, which I have critiqued. Yet from this motley collection of beautiful and difficult experiences, my communities and I created durable and productive relationalities. Even though these stories may characterize an experience or encounter as overtly negative at first glance, further analysis can illuminate deeper relationality.

Sub-theme: Community – Story: "Presenting…"

In "Presenting…", I attempt to navigate the complexities of preparing to present care planning possibilities for one of the clients I work with for discussion with my coworkers in my capacity as a mental health clinician. In doing so, I stand at a nexus, trying to balance the identities of social worker, racialized person with lived experience, and advocate.

My experience of madness first compels me to implicate myself in the experience of the person that I am serving as a professional, and at the same time, my experience of madness also helps me reflect upon my situation by reading my world like a work of literature. Even though I spend so much time in an analytical space, after I eat my apple and soil my shirt with peanut butter, part of me cannot help but see the poetry in how I have marked myself (as an outsider to mainstream health practice, and also as implicated in the lives of my clients and colleagues) in my attempt to feed myself (by my employment as a social worker). The two worlds often feel at odds with one another.

Thus by bridging otherwise discrete spaces, my experiences problematize some debates. By recognizing my multiple social locations as a person with lived experience and as a racialized person, but also as an agent of the state, a coworker, and a social worker, my location illuminates the entanglements, connections, and implications of polarized debates. Identifying the tensions of being both a social worker and a racialized person with lived experience requires me to forgo the comforts of essentialism, but in doing so, seemingly weakens some of the polemic rhetorical positions (i.e. a fundamental 'lived experience' position, whether it be pro-psychiatry, anti-psychiatry, abolitionist, recovery/rehabilitation model, etc.) of the oppressed communities I belong to by recognizing the genuine complexities of social work practice. Voronka (2016) calls attention to the pitfalls of 'strategic essentialism,' demonstrating that an authoritative, monolithic identity of "person with lived and/or living experience" can serve to reinscribe white normative values by being more easily co-opted into existing narratives and dominating processes, and thus have the effect of subduing/disciplining Mad unruliness. As such, even though I may compromise my lived experience bona fides through having worked in mental health treatment, in the same action I call into question the nature of polarized argument itself. In doing so, I assert my belief that systems change involves moving away from the combative colonial model of discourse, and moving towards a model of reciprocal dialogue based in the multiplicities and heterogeneities of true community, while attending to the need for particularity in the discourse that Voronka similarly identifies.

While my experience of the community of people with lived and living experience of psychiatrization has been that we generally encourage and celebrate difference as a group, "Presenting…" further provides an example of where I bore the risks of advancing the conversation in a health care setting individually. In this situation, I occupy a clear position of authority, with the ability to facilitate a conversation with professional colleagues that could show leadership in conventional terms. I have familiarity with the so-called "rules of the game" in these settings, and in my early conception of the presentation, my actions are performative. I conceive of simple rhetorical strategies to create bonds between the clinicians in the room and the person that I support. A utilitarian process, where I wield the individual's identity and experience like a chess piece in order to wring out what may have been an improved outcome for them, and do my individual duty (and in doing so, advance my career by degrees). I commonly see this sort of process in institutional and corporate settings, and I have participated in it many times.

Later in the story I demonstrate a different approach. By deciding to show up in solidarity with the individual I am supporting, I bring a host of vulnerabilities to the surface. Questions about my suitability, my objectivity, and my performance come more into focus when I question the imaginary boundary between clinician and client. Part of me understands that these risks I assume largely take the form of emotional and psychological vulnerabilities, since I also have weighed the risk to my employment status and gambled (with more faith than calculation) that policies will favour me. Since I already carry the stigma of psychiatrization, I set out in the hope that some of my privilege as a clinician will transfer to this individual, and after making the snap association between me and the individual, my colleagues will try to get to know them a little better. My employer has taken no part in this effort to foster understanding and dialogue, and both they and professional regulatory bodies instead create barriers to establishing a sense of community through practices and polices that range from supporting unjust mental health laws, to involvement of police in health interactions, to questionable ethical guidance. However, I take on this individual responsibility and risk in the (possibly quixotic) hope of advancing a sense of community between my community of people with lived and living experience and my professional colleagues. In doing so, I stand with the members of my community and professional colleagues with lived experience who share the embodied knowledge that the slimmest of margins separates the privileges that health care staff enjoy from the challenges that the people they support contend with.

Sub-theme: Gift-giving – Story: "Stop Making Sense"

I know the story of "Stop Making Sense" very well, as I have told it a number of times, and thought about it for years. It marks a consequential moment in my life, a moment when I found myself at a crossroads of leaving my job as an administrative assistant and the possibilities for the future – a moment when Rebecca asked me a liberating question. The story took place relatively soon after I was last hospitalized, and the months after my hospitalization were filled with tediously frequent check-ins with my wife Rebecca about my thinking and perceptions. This analysis has helped me unpack other knowledge contained within the moment. Notably, it recalls the experience of questioning my thinking.

My doctors endorsed my check-ins with Rebecca as part of the healing process, and I accepted their word as gospel. Thoughtful reflection and analysis leads me to a different possibility, however. I questioned my thinking out of crushing anxiety, anxiety which consumed me to the point where I had no choice but to reach out to Rebecca for support. The anxiety mainly sourced from the ideas that I personally had done something horribly wrong because I experienced distress, and that I had been punished with certification and the trauma of hospital. I have many times heard this debilitating anxiety described as "healthy fear," because it spurred me to behave conservatively. Yet, if Rebecca had not been there for me, with effectively limitless availability, kindness, patience, and love, I have no doubt I would have required some significant form of individualized medication and treatment for these "healthy fears."

The generosity Rebecca shows in “Stop Making Sense” contrasts with the isolated approach of health care. In a vulnerable moment, I receive respect, consideration, support, and an opportunity to shape my own future from Rebecca. I attempt to honour Rebecca’s gift by trying to be generous in my own ways. I do not intend to suggest that my actions have been purely altruistic (because I advance my own interests and situation significantly in the process), but my choice to commit to the study and practice of social work was motivated by a desire to participate in my community, and employ my lived experience in support of the interests of my community of people with lived and living experience of psychiatrization. In his book *The Gift,* Hyde (2007) brings together a constellation of the principles of reciprocity in gift-exchange from around the world. Some of these principles include that a gift must be used, and a gift must be passed on, to grow and continue with the same spirit of generosity with which it was given (Hyde, 2007). Rebecca’s gift proved an exceptional starting point – a gift given with an open heart, a gift of hope, love, and possibility. Such a big gift has spurred on a sense of inspiration and responsibility to pass on the gift, so that others might share in its spirit.

Yet this spirit of gift-giving has been a tension for me throughout my career. While I have attempted to bring integrity to my work, the fact that I receive compensation for my effort complicates any spirit of generosity I bring to my work at best, and at worst, remuneration compromises and pollutes pretensions of “giving back.” Responsibilities to colleagues, employers, and colonial law also bring layers of complexity to the notion of gift-giving, in that in many instances, that which I intended as a gift to my community has caused everything ranging from obligation (to the norms of sanism) to violence and harm (through the trauma of involuntary psychiatric treatment). A compelling case can be made that the entire spectrum of effects falls into the category of violence and harm.

As such, the idea that mental health social work can be a practice of gift-giving proves profoundly problematic. Chapman and Withers (2019) provide an example of how non-physical means of exerting control (read as abuse) have been rationalized as being for the benefit of those abused by the control (p. 191). They go on to assert that these rationalizations "actively shape people's actions and ethical narrations" (p. 193). The narrative that you are bravely doing the selfless and thankless work of saving people from themselves shows up prominently and seductively in the mental health sphere. As mental health social workers, we replay this narrative without question in order to justify our actions, and our paycheques. It runs unopposed in most health care spheres.

Challenging this narrative by turning it on its ear can prove fruitful, however. Rather than perpetuating the dominant assumption that normative social work actions contain the spirit of gift-giving, we can question and expand its definitions. As it stands, normative conventions assume that the gift originates with social workers (or other professionals). Tynan (2020) calls our attention to Indigenous ontologies that experience relationality beyond the scope of basic human interaction and into interrelationships between the land, seas, kin, and ancestors. Rather than the model of the gift as commodity, Tynan describes a model of relationality as process. As such, framing the idea of gift-giving instead as a process based in questions providing orientation for social work practice can prove beneficial. For myself, asking three questions from Hyde's (2007) parameters for reciprocity modified heavily by Tynan, has guided me. What have I received in a spirit of generosity? How have I used what has been given to me? How can I pass on these actions and materials in the spirit in which they were given, that honor the people and places from which they come? These questions subvert normative assumption that the professional is the origin of the gift, instead situating the social work process in a continuum of relationality and responsibility. Upon reflection, I have found that people with lived and living experience give gifts to social workers more often than they receive them. For Rebecca's gift to me, the last question provides ongoing encouragement to listen to the people I work with, and do the work of supporting goals – fundamental social work practice.

Sub-theme: Misrecognitions – Story: "Batman"

"Batman" portrays the early stages of when Rebecca and I started our move into the middle class. I remember the excitement of exiting the theatre after watching the latest superhero blockbuster, a brief moment when I reveled in the pride of home ownership, the unique joy of a new car, and the delight of going out to a movie.

These privileges spurred me to think of my recently passed father. I knew that these material signifiers would have meant something to him. For my late father (as is the case for many racialized former immigrants), these markers of wealth would have represented hopes and dreams for his children, as we had struggled on many fronts for much of our lives. Not only financial struggle, but also being seen as subhuman in dominant, white, Canadian society. Being associated with the institution of health care and pursuing a professional designation would have carried much significance for my father, after seeing me struggle for a number of years.

As such, the transition into the middle class, then and now, feels like an incomplete departure. In part, I have habits, culture, and community that I acquired growing up poor that never left me. Another aspect to this picture shows the fear associated with ascending class ranks. Our capitalist society instills the terror that the security and comfort we have worked to acquire will, by our own missteps, evaporate. Throughout my life, I heard torrents of cautionary tales, people who went from riches to rags. The terror of rehospitalization parallels the terror of re-impoverishment. I similarly live with a baseline level of fear that somehow I will be plucked from the freedom and comfort of my life, and detained indefinitely once again. I thus live life between poverty and wealth, between freedom and detention.

Traveling between places, “Batman” portrays a misrecognition. The story describes my joy and ensuing disenchantment with my attempts to measure up to the capitalist ideal. In one moment, I delight in markers of achievement and success, and with an abrupt turn, I realize that by the standards of rugged individualism, I am an imposter. I possess many of the markers of productivity that I lacked previously, and work towards acquiring more. I bask in the satisfaction of property, and imagine the approval my late father would finally have bestowed upon me, if he were still alive to see me. For a moment, I believe I have overcome. Yet, this neoliberal equation does not compute. I realize that any so-called success I have is contingent upon the work of others, and therefore I have counterfeited my individual accomplishment. Furthermore, I recognize my sense of security, which in the neoliberal myth depends upon individual actions of acquisition, as a work of imagination. I see myself as dependent upon others, and therefore my security depends upon others, and I become dejected by the thought. In so capably manifesting my role as a neoliberal citizen, I have misrecognized my anticipated avenue of liberation for the reinscription of control that it represents. Chapman and Withers (2019) cite Margolin in calling attention to normative social work’s subscription to the “healing power of class,” and assert that such notions of healing have been grounded in the culturally dominant group’s pretend sense of superiority (p. 126). Ascending class ranks changed some of the outward details of my life, but did little to heal. Instead, I found that the healing, wellness, and ultimately, sense of superiority that I assumed would be transferred through the property markers of class were instead contained within interlocking vectors of class which I had marginal or no access to, such as whiteness, ablebodiedness, elitism, etc. On many levels, I was (and still am) in the process of understanding that conventional signifiers of productivity and status such as property, job titles, and post-nominal letters are often essentially empty of value for certain non-dominant (disabled, racialized, gendered, Indigenous, Mad, etc.) groups of people, since their fungibility and liquidity is married to the dominant (white, male, moneyed, heteronormative, etc.) institutions that issued them as currency. Recognizing that our (disabled, Mad, racialized, gendered, Indigenous, etc.) economies operate on different value systems and means of exchange and reciprocity rather than that of transactional commerce, has been an ongoing process. In one sense, "Batman" marks a moment of dissatisfaction with my own misrecognition of the landscape at the time, leaving me at odds with my place in the world.

Subsequently, the story involves another, essential misrecognition. I misrecognized that my "failures" bring me in closer relation to many people. What some consider failures in one context are seen as points of relationship in another. For example, in this story I take on the perspective of outsiders who see me as financially dependent upon my spouse, and make any number of unstated gendered assumptions, seeing them as failures. I do not acknowledge the deep, complex, long-lasting, loving relationship that Rebecca and I have built, where we truly share life together, rather than as two individuals. Considering this perspective, I also choose to see "Batman" as a complex portrait of a moment shared between two people walking through life together, rather than only as a scene of my individual turmoil. Similarly, other characteristics that I see as individual failures in the story have proven powerful points of relationship. Both my mental diagnosis and my body shape (points of derision from the culturally dominant perspective) have led to genuine openness, connection, and friendship with many people I have encountered. My experience of living without financial means connected me to the land with intimacy, through farming, fishing, and hunting. And I know that my failure to meet the ideal of a neoliberal individual resonates with and connects me to innumerable people around the world. At the time this story took place, I had no idea of the community I would encounter through these supposedly unacceptable aspects of my life. Reflection brought (and brings) me closer to the values of our communities of alterity.

Boundary Dwelling: A means of persisting

The stories from the previous theme show how I experience the discontinuities of the harms and traumas I have experienced alongside the relationalities they create; they exist in relationship with one another. In doing so, my stories demonstrate one of the ways that I embody boundary dwelling, by showing how I occupy multiple spaces simultaneously. My experience of vulner•ability also underscores this reading of boundary dwelling, in the showing ways I simultaneously occupy spaces of exposure and agency.

This next group of analyses centres around the various multivalent states that I occupy, describing dynamics that often prove difficult to articulate. In the first sub-theme of Connection, I excavate my complex, often fraught, efforts to reach through the isolation of distress towards relationship. The next sub-theme of Contested Space probes the network of tensions between competing responsibilities as a racialized social worker with lived experience, recognizing that in my work, lives are at stake. In the final sub-theme, I delve into the intricacies of my decisions to prioritize my individual advancement through academic and professional ascension, in an attempt to recognize how boundary dwelling supports my needs holistically. In true boundary dwelling fashion, these analyses may invite multiple readings.

As such, in considering this final section I request readers keep in mind that boundary dwelling is not a vanity, or a fashion trend to be cast off in due course. For us boundary dwellers, it represents how we know the world, a means of persisting in a world obsessed with categorization. It provides us a way of being with, for, about, and of ourselves and our various communities. For us, life within boundaries may cause us to struggle, whereas we thrive living on and across liminal space.

Sub-theme: Connection – Story: "The Mirror Stage"

Including "The Mirror Stage" in this thesis feels profoundly difficult. In this story, I share my internal experience of a period when I was in acute distress, walking through the streets of Vancouver. While it does not represent the most vulnerable moment of my distress, it feels incredibly personal, tender, terrifying, and filled with the range of emotions associated with stigma: embarrassment, shame, guilt, and more.

However, at its heart, "The Mirror Stage" reaches and strives for connection. The story shows me searching for myself in my surroundings, whether living or not. Through the avenue of my past experience, I connect with a passing car. Through my identity and through my beloved pet, I attempt to relate to someone experientially, even in its fraught and imperfect way. A further layer exists to this reach for connection as well, not only through the action portrayed in the story, but also through my action of including it in this thesis. By sharing this story here, I hope to provide a glimpse of connection and relation for people who both have and have not experienced distress. I assert that this story shows that madness consists of similar thought processes that one might hold privately, even when not in distress. It holds the unspoken assumptions contained within society, the fears, rationalizations, and theorizing, including those that take place in in the charged spaces of race and colonization, that we may never process or publicly acknowledge. To this point, it proves personally difficult to include a story where I make pronouncements about a Black person's experience, even if it was done in a spirit of solidarity, during a state of distress. However, I include the story in order to render visible the errors, imperfections, and missteps in making connections within our Western societal context. While I do not believe in or condone speaking on behalf of anyone, I contend that we are educated, encouraged and empowered in speaking on behalf of others in a society that privileges and lionizes analysis that claims to be objective. This analysis, however, asserts value judgments under the auspices of being value-free. As other scholars have observed, assuming an objective viewpoint not only expresses value positions, but also inscribes violence (Witkin, 2014; Chapman & Withers, 2019). Contrary to popular belief, rather than being a "break" from, madness interacts with, reproduces, and embodies the society and culture within which it occurs. Rather than being a Mad aberration, in many ways "The Mirror Stage" represents a prototypical example of connection in modern society – ersatz bonds, made awkwardly, in isolation. I make these assertions in a spirit of reaching across boundaries, so that readers of this thesis might recognize themselves in the story, and in the work.

Reciprocity, however, stands out as a key concern. Experience has taught me to anticipate that while the work will speak to some, other readers may take the common stance of distancing themselves from madness through rejection, or the sanitizing, White-washing approach of equivocating a very specific experience of madness and race with generalized versions of normativity, sanity, and/or clinical accounts, in the belief that it establishes common ground. I know these responses not only from professional and lived experience of people's responses to sharing my stories, but also from the experiences of madness and racialization themselves. While "The Mirror Stage" may portray a striving for connection, that striving goes unrequited. The experience of madness as a racialized person, when actively in distress, when employed as a social worker with lived experience, when doing the work of activism and advocacy, can be incredibly isolating.

Yet, people have raised their voices to signal that we have friends in this work. Scholars such as Tam (2013), Joseph (2014), and Joseph (2019) who have articulated and argued processes to bring complexity to the understanding of race and madness share in the experience through their work and ability to foster dialogue. Tam in particular brings up relevant ideas for this sub-theme, in calling attention to the harmonies that Black, Indigenous, and racialized people like myself have in our experiences and struggles against colonization. More importantly, however, Tam invites us to show respect, care, and accountability to the people and communities we encounter in our work. While the telling and analysis of "The Mirror Stage" brings up difficult emotions connected to race and madness, it represents a tiny measure of accountability towards the man I encountered in the story, and hopefully a better show of solidarity than my original encounter. As I move through this work, I recognize that navigations of the complexities of connecting with the people, identities, and communities we meet may feel difficult, yet they stand out as some of the most relatable boundaries we all cross.

Sub-theme: Contested space – Story: "Opus #1"

Demonstrating a familiar strategy of boundary dwellers, "Opus #1" calls my attention to the code switching that I employ in order to move in the social work space. In describing my interaction with the police non-emergency line call-taker, my silences speak volumes. I do not locate myself as a racialized person with lived experience to the call-taker, instead inhabiting the role of social worker. In this sense, I recognize the interaction as one based in objectivity, and part of me makes a decision to try and avoid confounding the exchange with the questions of subjectivity that fill my mind. I play my role well, observing codes or conduct in the same way I would at an event with its own sociocultural mores, such as a rock concert or religious ceremony.

In playing my role, I both reinforce and challenge certain spaces. On one level, I fail in my duty to the person I support by not voicing every objection I have with the system. The BC College of Social Workers' *Code of Ethics and Standards of Practice* (2009) requires that registered social workers "maintain the best interests" and "respect the intrinsic worth" of the people they serve (p. 1). By allowing the call to proceed without directly challenging the call-taker and the system at large, I reinforced the oppressions that people with lived and living experience face to both their best interests and their intrinsic worth. However, taking this approach only recognizes the relationship I have with the person whom I support. Conversely, my choice to acknowledge my multiple relationships and locations enabled me to contest some of the boundaries of the space. By fulfilling my prescribed role of social worker, and then breaking the prescribed liturgy and speaking back to the call-taker with a question, I contested the professional space that assumes and privileges authoritative, objective, expert knowing. In doing so, I briefly pulled us back into our subjective human selves, where we live as fallible, uncertain individuals, whose existences depend upon imperfect knowledge. Furthermore, simply asking a question when my role was to answer questions contested the space of authority; I, as a member of the public, briefly inverted the flow of information (which police always intend to flow towards them) by admitting my genuine confusion. In doing so, the interaction illuminated complexities of my relationship to the person whom I am calling about. It kindled empathy and reflection, and destabilized the foundations upon which many of my actions as a clinical social worker have been built, by centring empathy based on subjectivities of my lived experience of racialization and psychiatrization. The usual rational objective analysis has given way to a much more contingent, implicated experience of the situation.

The sense of relatedness does not only extend to the person whom I am calling about, however. I feel connection with the call taker, who has been trained to compartmentalize. I think about the police officer, who has been trained to assess risk, safety, and violence at every turn. I feel empathy for the person whom I am recalling from Extended Leave, who will be facing an encounter with police and likely a terrible hospital stay. Moreover, I feel responsibility to everyone involved. I owe it to the call taker to answer their questions on their terms, because they did not make up the questions they are asking. My profession, my organization, and my team’s leadership fosters responsibility to the police because they consider them community partners at minimum, and at most they are positioned as professional colleagues. I have an ethical responsibility to my client from my professional college, but I have a deepened responsibility because of my own lived experience. I feel responsibility to my client as a member of my oppressed community of psychiatrized people, as someone whom I share a unique experience with.

These responsibilities get very tangled with my own interests, however. I do not simply choose which responsibilities I accept. For example, if I want to be a registered social worker, my ethical standards are mandatory. Others are less definite. As a social worker within the health authority, the act of interrogating my responsibilities to these groups has impacts on me. For example, if I openly question my responsibility to police with management or certain members of my team, and highlight my responsibility to protect the interests and security of my client, I may face social censure, and lose opportunities in my workplace. I face distinct pressure to direct my responsibility to coworkers and adjacent professionals like police first and foremost. The logic of the workplace is to look out for the interests of those who will protect me individually, those who will secure my safety. The dominant logic exhorts me to pursue self-interest. Anything but self-interest proves irrational in this case, and for a person with a diagnosed mental illness, assertions of irrationality can adversely affect their safety, security, health, and personal liberty. This pursuit of self-interest represents one of the foundational tenets of capitalism, and as such, I feel the invisible hand of the market pushing my social work practice towards supporting the security and economic interests of fellow professionals, rather than the wellbeing of my clients.

My place on the boundary thus contests the terms of normative social work. Recognizing and interrogating the networks of relationships I have in an interaction like “Opus #1” problematizes the embedded and automatic processes of normative social work practice, by bringing up the question of what truly is in the best interests of the people we support. As such, this process of acknowledging connections has contested the dominant neoliberal logic of normative social work practice. In an ironic turn, contesting this dominant logic helps me meet the ethical obligations set out by social work institutions like the BC College of Social Workers, in a substantive and nuanced manner. By contesting the space of normative social work through relationality, I move closer to maintaining the client’s best interests and respecting their intrinsic worth. This process of acknowledging my multiple simultaneous locations and responsibilities helps question the processes we have in place that purport to help individuals, and in doing so, works to recognize the full spectrum of their needs as humans.

Sub-theme: Transitioning/shapeshifting/permeability – Story: “Singletree”

“Singletree” describes the transition I find myself in currently, which in some ways stands as a microcosm of the transition I started over a decade ago. In this story, I describe my thought processes as I grapple with the recent loss of a loved one who died by suicide. I also reflect on my own writing, and efforts to become a social worker, earn an MSW, and improve my situation and my community’s situation. However, at the same time as I critiqued and railed against them, I put energy into ascending hierarchies. I climbed economic and social hierarchies, but the ranks of academia were the primary mode of ascension for almost all aspects of my life. My choice to use academia was second nature, as education has been seen as a reliable, reasonably democratic means for improving one's situation by South Asian communities around the globe.

At the outset, the rationale proved sound. By becoming a social worker, I could satisfy multiple goals simultaneously. I desperately wanted to work in a job that held meaning for me, where I felt intrinsic motivation to do the work. Social work provided a commitment to community that I valued, which few other careers offered. I also sought to rehabilitate my individual status in the world, and part of me looked to scholars with lived experience like Deegan (1988) and Linehan (2021) as inspirational examples to follow. Social work provided a remarkable fit, as the admission requirements for the BSW at the University of Victoria leveraged my recently completed BA in English and Anthropology (and I would later learn there was overlap in the theory between the two degrees as well). Social work also leveraged my pre-existing strength in school, and would anoint me with the prestige associated with academic achievement. In the workplace, I had planned to work in health care early on, and the authority and respectability associated with both the professional designation and working in a health authority would work in service of my goals. Finally, a health care social worker earned a decent middle-class income, with a pension and benefits. An MSW was another logical step in this process, a solidifying factor in my career and status. In short, by clothing myself in the garb of institutional power, prestige and economic ascension, I had fully subscribed to the myth of what Chapman and Withers (2019) term “healing power of whiteness,” or the fallacious idea that the characteristics of the dominating power leads to liberation for the oppressed (p. 152).

Practicing as a racialized social worker with lived experience of psychiatrization instructs you in a multitude of other ways, however. At the same time as I transitioned academically, socially and economically, I transitioned epistemologically as well. “Singletree” identifies a key moment where I recognize an imbalance. Reading my MSW application and remembering my individual sense of mission sobered me. It became clearer to me that at the point when I started my MSW, I began to conflate my individual ambition with commitment to my community. With the benefit of hindsight, I know that many factors played into this shift towards individuality. My acculturation into the worlds of health care and the middle class played a big role in guiding me towards a more self-interested worldview. Until relatively recently (when I left health care for the social justice work in the world of non-governmental organizations) my social work career has seen me act as an agent of state power. Given that so much of my work has required me to reinforce the neoliberal principles of the state, it comes as no surprise that the statements I made in my MSW application aligned with the seductive promises of “trickle-down” economics – that through my own individual ascension, the rest of the world will benefit.

This point hits me particularly hard. I started this work not only to improve my individual status, but also because I recognize a responsibility to my community. That recognition has changed and deepened as I feel the responsibility to my brother and other close family member who had died by suicide. I recognize a responsibility to the generous individuals and families who share their lives with me, over the course of my career. Increasingly, I see how these responsibilities problematize simplistic and linear social, economic, or academic ascension.

“Singletree” shows how, when I near the end of my graduate degree and transition into an increasingly privileged space, the utter folly of my pursuit strikes me. In my responsibility to all of these people, I have seen how the pursuit of individual wealth and notoriety has created harm. Yet without supporting myself individually, my ability to participate meaningfully in the lives of my community members would be diminished.

Thus, my path has been that of the quintessential boundary dweller, travelling between the realities of implication in the damage associated with propping up myself as an individual, and the attempt to mitigate those damages with the benefits of living with a responsibility to the collective. It proves difficult to calculate how much of my self-interest exceeds the amount I need to maintain the sense of security I require to meet my responsibilities to my community. Instead of keeping a precise balance sheet, I choose to treat the boundaries between individual self-interest and community responsibility as permeable, and move between them relatively freely. I feel the demands of each state, but look for ways in which I can meet both of their needs.

In navigating this permeable boundary, I have found comfort in the metaphor of the singletree, as our family experienced the implement. When we received it, the singletree was weathered and rusted, and looked like something that others might hang on the wall as a nostalgic ornament of a bygone time. Our family, like so many people who live in alterity and non-dominance, saw a seemingly useless object in a useful light. We repurposed it, put it into a new context, transformed it into something helpful to our family. Though my efforts to transition through ranks of class and prestige have been misguided by master narratives at times, my willingness to transform and shapeshift to meet my needs, my family’s needs, and the needs of my community, have sourced from stories like that of the singletree. The idea that we can exceed our definitions, reimagine our purposes, and cross the boundaries that contain us, drives me.

Embodied learnings

In addition to all of their particular observations and understandings, I hope these findings also serve to communicate one of the key results of this research process: that the learnings have not only been analyzed and documented, but also experienced and embodied. The themes of Vulnerability, Relationality, and Boundary Dwelling did not only serve as discrete products of the methodological process, but also emerged as a praxis running through this entire thesis. For example, the autoethnographic methodology employs vulnerability and works to establish relationality. In doing so, it questions the conventional academic boundaries between author and audience, in an effort that questions the processes of social work practice from the perspective of a marginal insider. By engaging with these stories, I also trouble temporal boundaries, reflecting on my past, actively in my present, in order to affect my future. From yet another perspective, my work often evades concretization, in its effort to keep boundaries permeable and transgressable, which as a person between so many categories, ensures my survival. Calling attention to these factors, and opening them to critique, represents another example of vulnerability. These echoes within my thesis have illuminated fundamental aspects of an unruly, Mad, decolonial approach to social work. To assist in realizing the advancement of such an approach, my concluding chapter will look forward to opportunities in social work, particularly for those wishing to challenge and transform the discipline.

Looking Forward

This chapter begins with another story. Unlike the previous stories, this chapter's fictional narrative imagines an aspirational hope of what social work could look like, rather than reflecting on what has been. The story intends to imagine a discrete social work scene, if BC's mental health system incorporated some of the insights I gathered from my findings. After sharing this story, I reflect upon the fictional account using the three themes of Vulnerability, Relationality, and Boundary Dwelling to further elaborate upon some of the general themes in the story. The chapter concludes with a discussion of three real-world topics where social workers in BC can initiate change.

Somewhere, between: A fictional narrative

The lights. The unforgiving, fluorescent lights shout down from their recesses, blinding and white. The artificial light fills the windowless, featureless, institutionally blank walls. I sit in one of the identical, ancient chairs crammed around the too-tall table that's too wide for the narrow room. The chair provides no comfort, the seat raked at an angle that doesn't allow my feet to fully rest on the ground, while putting my back into a stress position. I have no other options, unless I perch on the table, which I feel would make me appear a shade too crazy. My appearance represents a key concern for me, for I am back at the hospital. I am about to be evaluated.

Interminable minutes pass. When will someone arrive? Even though the room is at a precise twenty degrees Celsius, I start to sweat. Nerves. What will they ask? Who will do most of the talking? I remember that hospitals and waiting pair together like messiness and Christmas. The time continues to pass, and as I mentally prepare the angles of my defense, I hear footsteps in the hall outside. The door to this uncomfortable room finally opens.

A person with the youthful glow of someone about half my age walks in. The fluorescent lights make their dark eyes and hair dance and gleam. “Aman? There you are! The front desk told us you checked in, so we were just waiting…sorry that it took us a while to track you down! We’re meeting a few floors up!”

I extricate myself from the chair with the grace of a vertiginous giraffe, and shake hands with the newly-met Machhie. They wear a vintage green blazer over a grey t-shirt and tan slacks. Machhie asks how I came to be in the basement of the administrative building. “Oh, I was told Room B9 of this building. I assumed it meant Basement, and I found B9.”

“Ah. Isn’t that funny? We’re meeting in 9B. I don’t know the last time we even used the basement! I think it’s where we usually store old furniture and other relics.” We proceed to the elevator.

Entering 9B couldn’t be more different. The outer walls of the room are glass, accented with warm wood. The room is spacious, and from the ninth floor, would clearly provide a dramatic view of the city and ocean on a clear day. However, it rained this morning, so today the view comprises of thick shifting mists and shafts of light; a dynamic aspect in its own right. Next to the window several comfortable-looking chairs have been arranged in conversation circle, with glasses of water on a low table in the middle. Machhie invites me to join the two other people in the circle already.

Before sitting down, I shake hands with Liya and Padraig. Padraig wears a rumpled flannel shirt, jeans, and sneakers. Liya sports a Roky Erickson t-shirt, jeans, and well-worn oxfords. I’ve heard about Padraig before, and I mention a mutual acquaintaince. Liya and I have worked together before, and while we haven't met often lately, we consider each other friends. We exchange fond hellos, and settle into our seats. The chair feels remarkably comfortable.

Machhie takes the lead. "So, Aman. First of all, how are you feeling?"

"Pretty nervous, actually. I know this may seem weird, but do you mind if I take off my tie? I almost never wear one. I wanted to show you that I take this meeting seriously, but honestly, it's just adding to my stress."

Everyone chuckles. Liya makes a joke about how they don't think they've ever seen me wear more than four buttons at a time until today. I take off the tie and undo my top button. I take a deep breath.

Machhie speaks again. "So Aman, why don't you let us know your understanding of why you think you're here?"

I swallow hard. "Well, I guess my understanding was that under the new *Mental Health Act*, there's a lot more oversight over the application of the coercive measures of the *Act*. I understand that in this meeting you evaluate my certification decisions. Like, you check if I was justified in sending people to the hospital or recalling people from community treatment orders, back to hospital. And I guess if my decisions aren't justified, there's some sort of disciplinary process." I'm sweating again. I take a big drink of water from the glass on the table.

Padraig speaks up in a gentle voice. "Yeah. There's a lot of stories floating around out there about how this goes." He takes a deep breath, and looks me in the eye. "We *are* here to chat about some of the treatment decisions you've been part of, but this isn't a court, or some kind of tribunal. Liya, Machhie and I have all been through the psych ward and come out the other side. Our job today is to go through the few times you were part of someone going to hospital in the past year, and see if there are ways we can help you find a different way of doing things than the hospital. We are not here to punish anyone. We're here to teach, and to make sure that people spend as little time in hospital as possible."

Machhie chimes in. "I think the point of this exercise is to be creative. Try to think of it as a collaborative brainstorming exercise. We're all bringing years of experience with distress and the mental health system to this room. Hopefully we can fill in the training gaps that the health care system and our universities leave, in a way that's a heck of a lot more productive than a four-hour online course or writing another essay. Honestly, aren't we all alarmingly good at doing webinars and writing essays at this point? We're thinking it might be worth trying to hash things out in a conversation. How does that sound to you?"

I've stopped sweating. "It sounds really encouraging, actually. I was kinda terrified walking into this meeting, I was expecting to defend myself professionally. While I was waiting in the other room, I was actually expecting a courtroom. But it sounds like that's not the point of this discussion at all. You're trying to help me come up with new ideas, specific to me and my practice, for helping the people we're supporting."

Liya brings another perspective. "You're getting it, Aman. Another thing though. Machhie is literally describing professional development. You know you can use this meeting for your BC College of Social Workers Continuing Professional Development hours, and that you can use it to meet your Ethics requirement? If things go well, we're going to be going deep…looking at what lived and professional experiences you're bringing to your decisions, and hopefully bringing more mindfulness into the picture. We'll be using relational ethics a lot."

I'm starting to get excited. I've unbuttoned my cuffs, and turned up the sleeves on my dress shirt. "It sounds so different, this approach. The weirdest thing about it is that we're not working to control people, to keep people under supervision, surveillance, or coercion. It feels like we're starting to look out for the best interests of the people using the system. If it works, it could lead to less use of health resources while improving outcomes."

Machhie smiles. "Not 'could,' Aman. It already has."

I sit back in my chair and look up. The mists have shifted just enough to give me a glimpse of the clearing day at the horizon, where the ocean meets the sky, a vision of hypnagogic blue. I realize in that moment that my hosts have kindly, purposefully, given me the best seat in the house.

Opportunities

This story could be taken literally; however, I see greater benefit to using it as symbolic for the types of changes that could benefit everyone touched by and involved in mental health care. As such, I wrote this story in the hope of illustrating opportunities. While a situation such as this, where people with lived and living experience evaluate, teach, and mentor social workers (and other professionals) from a position of security and safety, runs rife with possibility, I will have a relatively narrow focus in my discussion. This subsection will explore the general opportunities this story represents, using my established themes of Vulnerability, Relationality, and Boundary Dwelling.

The opportunities for the social worker showing vulnerability in the story share values of authenticity and community membership. To help grasp the requirements of joining a community, I refer to McMillan and Chavis' (1986) requirements of community membership, which they identify as “boundaries, emotional safety, a sense of belonging and identification, personal investment, and a common symbol system” (p. 11). While determining insiders and outsiders, ensuring a sense of security, and developing culture and identity all represent fascinating topics, I wish to focus on the requirement of personal investment. McMillan and Chavis use fraternity hazing and home ownership as examples of personal investment, both requiring a significant level of exposure and vulnerability known by all community members (p. 10). In professional society, being open to the scrutiny of the community, and being willing to receive honest critique and feedback on your work from the community, is a level of vulnerability usually only reserved for relatively closed-membership communities like those of artists, writers, and academics. As excoriating as these processes of critique might be, it intends to produce quality work. The personal investment required by authentic, quality work significantly contributes to its producer being accepted into a particular community. The opportunity for the social worker is no different than a writer, or a musician, or a person living in any number of communities, professional or otherwise. Their actions dictate their acceptance by the community. Currently, as people with lived and living experience, we have no way of validating the people and professionals who are inserted into our lives. We must simply accept the people who have been imposed upon us as benevolent. The story I shared, however, provides a metaphor for both accountability and reward. The social workers who would participate in an ongoing process of learning with the community, who would welcome change, who would symbolically demonstrate just a fraction of the vulnerability and personal investment that people with lived and living experience have extracted from them daily, would have opportunities. They would have the opportunity to participate in the community, rather than simply act upon it. They would have the opportunity to mitigate some of the conflict and moral distress of doing their work, and do more of the work they presumably intended to do when they submitted their applications to their respective social work degree programs. They would have the opportunity to serve not only the community, but also themselves, receiving recompense that reached beyond financial remuneration and into the world of authentic relationship, and community.

The story shows the community of people with lived and living experience meeting its own needs as well, by having the opportunity to practice its spirit of relationality. The oft-repeated rallying cry “nothing about us without us” expands its meaning into “we will help you help us.” The well-established culture of peer work shows the lived experience community’s desire to participate in solutions; however, this story shows the opportunities to fulfil as-yet unrealized potential in this regard. For example, the story models a scenario where PWLLE have the opportunity to use subjugated knowledges to substantively shift normative processes. Furthermore, knowledge that universities and professional bodies hold as a tradeable commodity, operating in their hegemonic neoliberal economies, would have to be validated by the community it has been imposed upon. In doing so, our community would have the opportunity to introduce a de-commodified approach to maintaining our wellness.

For example, my story makes a particular point about de-commodification through its subtext. Near the end of the story, I comment on the effectiveness of the approach my mentors are taking, and make a comment about reducing health care costs. To this point, the common discourse in BC focuses on how much PWLLE “cost” the system, whether through police encounters, court time, emergency room visits, hospital admissions, or other public expenditures. This conversation individualizes the responsibility for these costs on PWLLE. It proves somewhere between an epic failure of imagination and outright conspiratorial that for all the years of grousing about costs, the system has completely failed to examine how its own systemic practices sustain these ever-increasing expenses, while largely ignoring those best informed to reduce said expenses by supporting the wellness of the community – the members of the community themselves. Rather than the current approach where patients are treated like cost and risk liabilities first, and their humanity is among the last in importance, I believe a lived experience approach would invert those priorities. It would invert purposefully so, since through honouring humanity, wellness improves, which mitigates both cost and risk. Despite the many indignities at the various stages of public treatment, many people in our community recognize that we all exist in relationship, and have an openness to doing the sort of relational work that my story describes.

Relatedly, boundary dwelling through blending subjugated and sanctioned knowledge in social work practice represents uniquely powerful opportunities, particularly when the subjugated knowledge has power in the professional sphere. However, as may be the case with many communities, with PWLLE subjugated *knowledge* might be better described as subjugated *epistemologies*. One cannot consider the subjugated knowledge of PWLLE fungible with sanctioned knowledge, since it comes with its unique set of experiences that shape knowing. The consequence of this distinction shows up when we see the opportunity for social workers to speak back to hegemonic systems. With exposure to different epistemologies, social workers have the opportunity to first relate meaningfully, and then subsequently gain agency to advocate for change through their increased understanding of and empathy for the client's and community's situation. By better understanding the subjective circumstances of a client and their community, social workers are better equipped to look out for their best interests. Taking leadership from PWLLE thus signifies a genuine opportunity for social workers, in that it has the potential to meet the needs of the client and community while invigorating practice by aligning it with advocacy and activism.

This approach is not novel, however. The Indigenous approach of “two-eyed seeing” has long been used to incorporate mainstream and Indigenous epistemologies (Hatcher et al., 2009; Bartlett et al., 2012). The two-eyed seeing approach encourages learners to view the world using the strengths of mainstream ways of knowing with one eye, and the strengths of Indigenous ways of knowing with the other eye (Bartlett et al., 2012, p. 335). Its focus on strengths aligns with fundamental social work theory and provides a profoundly useful paradigm for social work boundary dwelling. Social workers able to employ the strengths of both mainstream and lived experience perspectives could prove remarkably effective in delivering service, advocacy, and activism.

Translations

The learnings from all of the stories contained within this thesis translate into practical concerns for the discipline of social work. As such, in this section I discuss three real world implications of this research for future social work practice and education. I begin with a discussion of isolation for racialized social workers with lived experience of psychiatrization, exploring the questions that isolation raises. I then transition into a conversation about social work education that examines the supervision process of this thesis as vulnerability, relationality, and boundary dwelling in action. I then close with an examination of ethics, building on the discussion of transformative social work practice earlier in this chapter and querying the tensions of mental health social work practice.

Isolation and social work

Isolation has been related to many of the stories I presented in this thesis and has shown up frequently in my practice and social work education. Isolation shows up in many ways. In one sense, writing and academic work itself stands out as a solitary task, time spent away from friends and family, instead in the company of one's own thoughts and the scholarly friends available through literature. The lonely task of writing this thesis felt somehow amplified, as it took place over the course of the COVID-19 pandemic; I met my supervisor in person only twice over the course of writing my thesis, and to date I only know my committee member through video conference and email. The untold millions of us students who have navigated school without the benefit of in-person interaction over the past two years have been transformed by the experience.

Another form of isolation comes from the polyvalent isolations connected to the stigma associated with mental distress, and the racism accompanying life as a racialized person in a sanist, white-dominant world of health care. These pathologizing Western therapeutic approaches often consider alternative modalities with suspicion, and regularly meet non-canonical approaches with derision. These Western medicalized approaches have been built up through universities, on the foundation of positivistic science that claims to be value-neutral and ahistorical. Schools of social work have been subject to this positivistic hegemony, and while unconventional social work research like this thesis, or some of the work of Mad Studies in general, has been done by a small number of passionate and supportive social workers, there has been no excess of affirmation of this work through the public discourse. For a racialized social worker with lived experience of psychiatrization, social work can often feel like a forbidding space. The structural elements within social work make it forbidding, rather than the intentions and sentiments of our fellow social workers.

Part of social work's forbidding nature connects to its propensity for compartmentalization. For example, much of mental health social work practice involves prioritizing the individual from a Eurocentric lens; health care job postings prioritize individualized practice such as counselling, assessments skills, case management, and individual advocacy. While I have discussed some of the neoliberal assumptions of mental health care earlier in this thesis, much more can be said about the individualizing effects of the specific approaches of mental health care in BC, upon both service recipients and social workers alike. Mezzo- and macro-level work mostly happens in non-profit organizations, where remuneration does not approach the levels offered by the health care system. Thus, the neoliberal apparatus continues its work, with social workers individually incentivized to focused on individualizing work, and a wide gulf existing between normative, establishment social work and the more radical approaches of social work on the margins. For example, since I left my job at the health authority for the non-profit world, my explanation of how social work encompasses more than just government or health care social work has quickly grown well-worn. Increasingly it feels as though some of us only hold provisional membership in social work's imagined community.

The issues contributing to isolation for social workers like myself run remarkably deep. It would prove foolhardy to suggest that I have a reliable solution that could remedy such entrenched issues. However, I hope that I do raise some productive, if imperfect, questions with my work. As social workers, can we see past the boundaries that have been constructed for us? Can we see past the imaginary boundary between service user and social worker, and realize that at some point, all of us have been or will be a recipient of services of some sort? How can these realizations affect our practice? Can we show solidarity with the range of social work practitioners by having the humility and vulnerability to critique our practice, and to enter into critical conversation with the goal of improving the profession and discipline? What insights will this lead to for social work research, practice and education?

Dialogic thesis supervision as trauma-informed praxis

This thesis has demanded vulnerability, relationality, and boundary dwelling from me, my supervisor, and my committee member, not only in its content, but also through the writing and revision of the work. For example, the act of sharing personally significant, valuable, and sensitive stories held challenges for me, in communicating them accurately and intelligibly. As a group, my supervisor (Dr. Cindy Holmes), my committee member (Dr. Mehmoona Moosa-Mitha), and I went through a difficult process of navigating feedback for the stories which were often foundational elements in my personal ontology and epistemology. I had formed my relationship with both Cindy and Mehmoona through deep respect for both of them as people, scholars, and mentors in my life. I had taken courses with both of them, and asked them to participate in my thesis specifically because of my respect for them and their unique abilities in supporting and improving my writing and arguments. However, through the proposal revision process, I quickly found the usual professor/student hierarchy uncomfortable as I received feedback in the usual “red ink” process of submitting writing and receiving written comments back. None of us could have anticipated the difficulty beforehand, as I had been publicly discussing these matters for years, including in academic contexts. However, for writing dealing with painful and traumatic periods in my life, the usual feedback methods proved too abrupt.

Over the course of several discussions, Cindy, Mehmoona and I developed a more trauma-informed process. The process we arrived upon was neither overwrought nor complicated. I determined that the problem with the usual red ink process was that it removed a sense of relationship and dialogue from the process, and in doing so placed unbalanced emphasis on the end product (the completed thesis) rather than honouring the difficult journey. The red ink method therefore had an extractive quality to its approach and did not communicate the care and respect that Cindy and Mehmoona had for my work. When I communicated these concerns and suggested we review draft chapters verbally, providing opportunities for discussion and clarification, both Cindy and Mehmoona eagerly welcomed the new process. Cindy and Mehmoona would prepare their feedback, review it with me verbally, and after the meeting, provide me with a red ink version. The written feedback served an important function in the process as well, as it supported my accessibility needs and documented the process.

Our new process dramatically shifted my experience of the thesis. It energized me for completing work, and helped me appreciate both Cindy's and Mehmoona's perspectives in reviewing my writing. This appreciation for their perspectives early on helped me better prepare subsequent chapters. Most importantly, however, this process of dialogic thesis supervision helped move the project out of the space of mining and exploiting my experiences, and instead transform it into the continuation of a long, liberatory process.

In a wonderful example of the thesis performing its findings, Cindy, Mehmoona and I realized this significant transformative achievement through a process of Vulnerability, Relationality, and Boundary Dwelling. It took a significant amount of vulnerability for the three of us to break out of our defined, hierarchical student/professor roles and frankly discuss the impacts of the mainstream thesis supervision model. Cindy and Mehmoona both demonstrated remarkable humility in opening up the process to change. Through our process, we transformed our relations. After we shifted our practices, I had a distinct feeling that I was no longer working *for*, but instead working *with* Cindy and Mehmoona. I felt as though my relationship was one of an experienced apprentice learning their trade, rather than a student to whom teachers downloaded information. We honoured our connections beyond achieving the task of completing a document, which in today's drives for efficiency and productivity, does not often happen. And our willingness to question boundaries helped us honour our connections. As a student, I had insights to offer my professors, putting me in the role of teacher for a moment. Cindy and Mehmoona received direct feedback, which is not usually the case in student/professor relationships. We committed to employing both written and dialogic feedback, breaking usual trends. However, while we made definite plans, our execution of those plans suited the needs of the moment. There was a time I received written feedback first, and we discussed my questions about the feedback afterwards. There was a time we video recorded our feedback discussion, and I received no written feedback. Our awareness of and willingness to operate across our boundaries defined the praxis of our dialogic thesis supervision. Through this awareness and willingness, we cultivated our sense of reciprocity. I tried to give Cindy and Mehmoona my best work, and in exchange they honoured me with their effort, time, and considered attention. They participated with my work meaningfully, which in turn transformed it.

Our dialogic supervision process raises worthwhile questions for social work education. The first question involves lessons both from the story and Cindy's and Mehmoona's examples. It asks, can we realize some of the benefits of a more dialogic approach to student and instructor/professor interactions? The benefits stand out clearly, mirroring some of those from the fictional story earlier in this chapter – a dialogic approach could create greater student investment in their own education, fostering a sense of mutual responsibility, accountability, and reciprocity between students and their instructors/professors. The quality of the work improves, as does the experience and effectiveness of the learning. The follow-up question muddies the water considerably, however. Will instructors/professors have the time to invest in their students' work? While Cindy, Mehmoona and I did our best to plan our meetings efficiently, accommodating one student's needs starkly contrasts with meeting individually with multiple classrooms worth of students, in addition to the significant research, supervisory, and administrative duties that professors contend with. Once again, conclusive answers fall well beyond the reach of my limited understanding. However, I can say that such dialogic practices effectively resist neoliberal institutional workplace cultures prioritizing productivity, efficiency, and top-down, unilateral decision making over human relationality. Dialogic social work education achieves this resistance by giving learning social workers the lived experiences of being heard, having the opportunity to participate in their own outcomes, and seeing the effectiveness of questioning hierarchies – useful embodied knowledge to take into social work practice.

A Mad reconceptualization of risk

The notion of questioning hierarchies relates to the ethical tensions of mental health social work practice in BC. Registered social workers have a mandate to "maintain the best interest" and "respect the intrinsic worth" of their clients, through the first two articles of the BC College of Social Workers' *Code of Ethics* (BCCSW, 2009, p. 1). Most often in BC mental health settings, the question of best interests is positioned as a concrete truth: that involuntary treatment is always in the best interests of clients, and that health care professionals always act in the best interests of clients. However, the data about and voices of people with lived and living experience of involuntary treatment challenge this narrative. We know that mental health treatment in BC often does not recognize the basic rights and dignity of people in the system, and many clients describe being harmed by mental health treatment (CLAS, 2017; Ombudsperson, 2019; RCY, 2021; Health Justice, 2022). Given that mental health treatment operates under the fiction of always being in the best interests of clients, it leaves me asking has state-sanctioned treatment conflated client’s best interests with what is politically, financially, and administratively expedient for the health care system and the state?

In September 2022 I brought this issue up in a session I co-presented with my colleagues from Health Justice to the British Columbia Association of Social Workers. My colleagues covered information on the legal background of mental health law in BC, as well as going through an embodied learning exercise to model a brief approximation of some of the experiences of involuntary treatment. From there, I brought up the paradox of the mental health system assuming best interests, and people with lived and living experience reporting otherwise. I then contextualized this situation to the experience of social workers, identifying the disharmonies of the situation we see.

Social workers see these disharmonies playing out in real time. We experience the moral distress of participating in a system that harms, as it claims it helps. These tensions and distresses can have dramatic impacts on our mental, physical, and spiritual health as we rationalize the irrationality of the system in our own attempts to make our way through the world, supporting ourselves and our families as we attempt to support our clients. The notion that we help, not harm, justifies our relative privilege, particularly our total compensation. As such, when the realities of the harms of our work confront us, whether through analyzed data, published reports, or direct feedback from PWLLE, overarching narratives of social work benevolence disintegrate. As a result, social workers practice in a situation where we hold the pretense of best interests of the client, but instead practitioners exist in a state of conflict with clients. Social workers often act as proxy agents in the battle between the agendas of massive institutions (to whom our employment is often bound) and the individual interests of clients. These massive institutions (such as governments, health authorities, and police) often see PWLLE as elements of risk – to public safety, to private property, or to a general sense of establishment order – that require control. When social workers act on behalf of these interests above the specific needs of the client, it puts us in a clear ethical conflict based on the relevant codes of ethics in BC.

These conflicts lead to the exhaustion, lack of personal accomplishment, and depersonalization of clients that can result in burnout (Maslach & Jackson, 1981). Indeed, a familiar insider's refrain in front-line mental health positions in BC is "everyone has a shelf-life in this job," meaning that front-line mental health practitioners persist in the field with great difficulty – a sentiment confirmed by research in other parts of the world (Evans et al., 2006; Coyle et al., 2005). While members of health care circles understand that the tensions that stem from this work can result in health professionals experiencing mental distress and/or self-medicating, I uncovered an almost total absence of research on this topic, save for the work of Poole et al. (2021). Once again, social workers find themselves in a dilemma; reporting an illness, even one caused by systemic workplace issues, can lead to loss of professional registration, and subsequently, loss of livelihood (Poole et al., 2021). In these situations, institutions also see social workers experiencing distress as matters of risk, which require elimination.

Indeed, much of this thesis would be considered risky by conventional rationalist standards. Objectivist, positivistic, rationalist frameworks often view human behaviour and relationships as potential points of failure. Demonstrating empathy or allyship can taint a person with the risks of bias and partiality. Studying something as imprecise as stories comes with the risks of being unscientific. However, as Mad people, we live with risk every day. We feel acute risk for our life and safety when we encounter police. We feel our liberty at risk when we come into contact with doctors and health care professionals, even for routine physical health matters. We feel risk when we express emotion beyond a very narrow range.

As such, possibilities for future research could incorporate a Mad reconceptualization of risk; one that takes an unruly, decolonial approach to risk. A Mad approach would recast those seen as risky as a source of unique knowledge and expertise, that could support the learning, growth, and liberation of our communities and societies. These risky individuals and communities would include those who have been marginalized and pathologized by mainstream approaches to service delivery, justice, and research because they have been seen as problems. They would include people with lived experience of psychiatrization, people who use drugs, people who have lived experience of suicidality, people with communicable diseases such as HIV/AIDS and hepatitis, criminalized people, Indigenous people, Black and racialized people, disabled people, LGBTQ2IA+ people, and others who have been viewed as risks by mainstream society.

Rather than taking the colonial extractive approach of strip-mining whatever value risky people and communities have for the benefit of those considered safe, a Mad, decolonial approach would go beyond current mainstream approaches of marginal inclusion where consultation or participation stands as the goal, and power remains in normative hands. A truly Mad, decolonial approach would follow the leadership of Indigenous decolonial research models. A powerful example of Indigenous leadership centres principles of ownership, control, access, and possession (OCAP) for communities (Schnarch, 2004). An OCAP approach would prove transformative for our communities, particularly in addressing institution-centric approaches to research with the goal of learning and meeting the needs of our communities (Schnarch, 2004). Applying OCAP principles would provide our communities with the agency to participate in solutions affecting our lives. It would disrupt existing power dynamics dramatically, to the point where some might accurately claim that the inmates are running the asylum.

"The inmates running the asylum" may be the most succinct summary of my conceptualization of a Mad, decolonial approach, and research under an OCAP model feels like a path to that goal. When I think of the possibilities for research under such a model, my imagination sparkles. However, my experience working in my community has shown me that the wonderful prospects I imagine will pale in comparison to reality, given the chance. Though in order to realize our potentials, we all need support. Experienced researchers can contribute to the expansion of our body of knowledge by following the lead that my spouse Rebecca showed in my autoethnographic story "Stop Making Sense." In this story, when I was at a crossroads in my life, Rebecca asked me a transformative question. A question that removed barriers, that opened up possibilities for me. Experienced, non-Mad researchers can play this integral role in the lives of PWLLE, encouraging, supporting, and removing barriers. Asking liberatory questions like the ones Rebecca modeled proves a good place to start.

Departure – what an unruly, Mad, decolonial monument looks like to me

As my thesis concludes and I depart for other challenges, I reflect on the role that experienced, non-Mad researchers can play in future research by PWLLE. It brings to mind my belief that my Mad, decolonial approach does not exclude non-Mad people; in fact, its insistence on making connections between seemingly discrete or opposed elements stands out as one of its defining features. In the recently published *Routledge International Handbook of Mad Studies,* Beresford (2021) articulates this stance of alliance in a manner worth quoting in detail:

> Mad Studies is survivor-led but it is not limited to survivors. Because Mad Studies has a place for all our first hand experiential knowledge, it makes it possible for a wide range of roles and standpoints to contribute equally to Mad Studies – if they accept its core principles. It isn't only us as survivors/ mental health service users, but allies, professionals, researchers, loved ones, and so on that people can be part of Mad Studies. (p. 7)

This passage hearkens back to my earlier point about authentic personal investment as a requirement for community membership. We welcome those invested in a movement led by people with lived and living experience, and seek to build connections with them.

This Mad insistence on making connections has long been labeled a pathology, with making "loose associations" accepted as a negative symptom of schizophrenia for decades (Lewine et al., 1983). Ideas of reference, where Mad folk see themselves deeply reflected in the world around them, also represents a way that our propensity for making connections has been characterized as malignant (Wong et al., 2011). Yet some research has gone so far to characterize this type of associational thinking as beneficial, creative, and productive if manifested by "normal" (i.e. non-Mad) people (Mohr et al., 2001). While Mohr et al.'s conclusions carry some troubling associations by querying an "evolutionary advantage" to associative thinking (suggestive of social Darwinism), a Mad approach sees the strengths of recognizing connections in a more communal sense.

A Mad approach sees a responsibility to wider community. We see it with people engaging in productive academic theorizing and discourse, recognizing connections across disciplines and across boundaries to support understanding. We see it with people forming community across different types of experience, while maintaining respect for the uniqueness of each type of experience. We see people investing time, money, energy, and effort into developing skills to support their community through work, volunteer, friendship, and family commitments to help people in distress. This responsibility to community stands at the heart of the unruly, Mad, decolonial approach I have sought to embody. Mad spaces have been unruly spaces for me exactly because they have resisted through the decolonial praxes of community and mutual support, and also by including non-Mad people as community members.

My assertion here, as well as my contentions through much of this thesis, state that both Mad and decolonial approaches share many of the same goals and assumptions. Both resist colonial modes of domination because they share the quality of being located in a state of difference from oppressive colonial rationalities which aim to maintain inequity (Tam, 2013). As such, us people who identify and align with Mad society do the work of decolonization, in our effort to create a more equitable and just world not only for our Mad community, but for society in general. In different terms, we work in concert with those communities that resist colonial domination because as Mad people, our intersectional identities include us in these communities. While it may not have been (and often, may still not be) safe for us to identify our Mad identities publicly, we use efforts like this thesis to engage in a gradual process of including our madness into our burgeoning collective efforts to decolonize.

To this point, from when I started this degree in 2017, the public conversation on decolonization has changed dramatically. From a relatively esoteric part of academic discourse, public awareness of decolonization has mobilized people to action. Here in Lekwungen territory (colonially known as Victoria, BC) on July 1st, 2021, a crowd of activists removed a statue of colonial explorer Captain James Cook and threw it in the downtown harbour (Dickson, 2021). The fact that public awareness has shifted so much that such a poetic protest could occur in

Victoria on Canada Day has me wondering what an unruly, Mad, decolonial monument could look like.

The answer, of course, is that there would be no monument at all. There would be no chiseled, muscular, masculine, conquering individual heroes to be cast in metal for centuries. It would simply not happen, because our bodies and minds do not fit moulds. We blur and confuse these tropes. Our strengths are located in the body that is the changeable, generous sea of our collectivity, rather than the single edifice. Like a sea, our potential exceeds the boundaries and restrictions of hospitals. Like a sea, though most treat us as a void into which they throw trash, we know we depend upon one another for survival. Just like the blue expanse, we resist commodification through our fluidity. And like the shadowy depths, we are capable of things great and small, for we can float twigs and sink ships. To know us is to know an ocean.

References

Adame, A. L. (2011). Negotiating discourses: The dialectical identities of survivor-therapists. *The Humanistic Psychologist*, *39*(4), 324-337. https://doi.org/10.1080/08873267.2011.618038

Anderson, L., & Glass-Coffin, B. (2013). I learn by going. In S. H. Holman Jones, T. Adams, & C. Ellis (Eds.), *Handbook of autoethnography*, (pp. 57-83). Walnut Creek: Routledge.

Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences, 2*(4), 331-340. https://dx.doi.org/10.1007/s13412-012-0086-8

Beresford, P. (2021). Introduction. In P. Beresford & J. Russo (Eds.), *The Routledge international handbook of mad studies* (pp. 1-16). Routledge.

Bowler, S. (2020). *Stitching ourselves back together: urban Indigenous women's experience of reconnecting with identity through beadwork* (Master’s thesis, University of Victoria).

Boyd, J. E., Zeiss, A., Reddy, S., & Skinner, S. (2016). Accomplishments of 77 VA mental health professionals with a lived experience of mental illness. *American Journal of Orthopsychiatry*, *86*(6), 610-619. https://doi.org/10.1037/ort0000208

British Columbia College of Social Workers. (2009). *Code of ethics and standards of practice.* https://bccsw.ca/wp-content/uploads/2016/09/BCCSW-CodeOfEthicsStandardsApprvd.pdf

British Columbia Office of the Ombudsperson. (2019). *Committed to change: Protecting the rights of involuntary patients under the Mental Health Act.* https://bcombudsperson.ca/assets/media/OMB-Committed-to-Change-FINAL-web.pdf

British Columbia Office of the Ombudsperson. (2022). *Systemic investigation update: Report on the implementation of recommendations from committed to change: Protecting the rights of involuntary patients under the Mental Health Act.* https://bcombudsperson.ca/assets/media/Committed-to-Change_Report-Update_July21-2022.pdf

British Columbia Representative for Children and Youth. (2021). *Detained: Rights of children and youth under the Mental Health Act.* https://rcybc.ca/wp-content/uploads/2021/01/RCY_Detained-Jan2021.FINAL_.pdf

Brogden, L. M. (2008). art·I/f/act·ology: Curricular Artifacts in Autoethnographic Research. *Qualitative Inquiry, 14*(6), 851-864. https://doi.org/10.1177/1077800408318301

Butz, D., & Besio, K. (2009). Autoethnography. *Geography Compass, 3*(5), 1660-1674. https://doi.org/10.1111/j.1749-8198.2009.00279.x

Canadian Association of Social Workers. 2005. *CASW Code of Ethics.* https://casw-acts.ca/en/Code-of-Ethics

Cain, N. R. (2000). Psychotherapists with personal histories of psychiatric hospitalization: Countertransference in wounded healers. *Psychiatric Rehabilitation Journal, 24*(1), 22.

Chang, H. (2016). *Autoethnography as method.* (Vol. 1). Routledge.

Chapman, C., Azevedo, J., Ballen, R., & Poole, J. (2016). A kind of collective freezing-out: How helping professionals' regulatory bodies create "incompetence" and increase distress. In B. Burstow (Ed.), *Psychiatry interrogated* (pp. 41-61). Palgrave Macmillan, Cham.

Chapman, C. & Withers, A. J. (2019). *A violent history of benevolence: Interlocking oppression in the moral economies of social working.* University of Toronto Press.

Choi, R. & Boschma, G. (n.d.) History of Mental Health Survivor Groups in B.C. *Spotlight on mental health.* https://www.spotlightonmentalhealth.com/history-of-mental-health-survivor-groups-in-b-c/

Collins, P. H. (1990). Black feminist thought in the matrix of domination. *Black feminist thought: Knowledge, consciousness, and the politics of empowerment, 138*(1990), 221-238.

Community Legal Assistance Society. (2017). *Operating in darkness: BC's Mental Health Act detention system.* https://clasbc.net/operating-in-darkness-bcs-mental-health-act-detention-system/

Costa, L., Voronka, J., Landry, D., Reid, J., Mcfarlane, B., Reville, D., & Church, K. (2012). "Recovering our Stories": A small act of resistance. *Studies in Social Justice*, *6*(1), 85-101.

Coyle, D., Edwards, D., Hannigan, B., Fothergill, A., & Burnard, P. (2005). A systematic review of stress among mental health social workers. *International Social Work*, *48*(2), 201-211. https://doi.org/10.1177/0020872805050492

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1*(8), 139-167.

Cruz, J. M., Okoh, O., Gooden, A., Spates, K., Elue, C. A., & Rousseau, N. (2016). The Ekwe collective: Black feminist praxis. *Departures in Critical Qualitative Research*, *5*(3), 77-100. https://doi.org/10.1525/dcqr.2016.5.3.77

Curley, K. M. (2019). Methods to re-center the "Other:" When discarding outliers means discarding already marginalized stories. *Journal of Critical Thought and Praxis, 8*(2). https://doi.org/10.31274/jctp.8795

Davar, B. (2021). Shifting identities as reflective personal responses to political changes. In P. Beresford & J. Russo (Eds.), *The Routledge international handbook of mad studies*, (pp. 34-40). Routledge.

David, K. M. (2021). *Weaving and unraveling dominance: A critical analysis of personal and professional social work identities in Alberta, Canada* [Masters thesis, Carleton University].

Deegan, P. E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial rehabilitation journal*, *11*(4), 11. https://doi.org/10.1037/h0099565

Dhand, R. (2011). Access to justice for ethno-racial psychiatric consumer/survivors in Ontario. *The Windsor Yearbook of Access to Justice. 29*, 127-162.

Dhand, R. (2016). Creating a cultural analysis tool for the implementation of Ontario's civil mental health laws. *International Journal of Law and Psychiatry*, *45*, 25-42.

Dickson, C. (2021, July 2). Protesters toss statue of explorer James Cook into Victoria harbour; totem pole later burned. *CBC*. https://www.cbc.ca/news/canada/british-columbia/victoria-captain-cook-statue-vandalized-1.6088828

Doloriert, C., & Sambrook, S. (2009). Ethical confessions of the "I" of autoethnography: the student's dilemma. *Qualitative Research in Organizations and Management: An International Journal.* https://doi.org/10.1108/17465640910951435

Dull, A. (2021). Informing without conforming: Applying two frameworks to enrich autoethnography. *Qualitative Report*, *26*(11), 3307-3317.

Dutta, M. J., & Basu, A. (2013). Negotiating our postcolonial selves. In S. H. Jones, T. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 143-161). Walnut Creek: Routledge.

Ellis, C. (1999). Heartful autoethnography. *Qualitative health research*, *9*(5), 669-683.

Ellis, C. (2009). Fighting back or moving on: An autoethnographic response to critics. *International Review of Qualitative Research*, *2*(3), 371-378. https://doi.org/10.1525/irqr.2009.2.3.371

Ellis, C. (2012). Autoethnography. In L. Givens (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 49-51). Thousand Oaks, CA: SAGE.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: an overview. *Historical social research/Historische sozialforschung*, *36*(4), 273-290.

Ellis, C., & Bochner, A. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733–768). Thousand Oaks, CA: SAGE.

Ellis, C., & Rawicki, J. (2013). Collaborative witnessing of survival during the Holocaust: An exemplar of relational autoethnography. *Qualitative Inquiry, 19*(5), 366-380. https://doi.org/10.1177/1077800413479562

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T., & Katona, C. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *The British Journal of Psychiatry, 188*(1), 75-80. https://doi.org/10.1192/bjp.188.1.75

Fanon, F. (1963). *The wretched of the earth* (C. Farrington, Trans.). Grove Press. (Original work published 1961).

Flippo, A. (2018). *Ocean of tears: An autoethnographic journey through cumulative grief and loss* [Doctoral dissertation, University of Nevada, Reno].

Gilbert, P., & Stickley, T. (2012). “Wounded healers”: The role of lived-experience in mental health education and practice. *The Journal of Mental Health Training, Education and Practice, 7*(1), 33-41. https://doi.org/10.1108/17556221211230570

Griffin, R. A. (2012). I AM an angry Black woman: Black feminist autoethnography, voice, and resistance. *Women's Studies in Communication, 35*(2), 138-157. https://doi.org/10.1080/07491409.2012.724524

Harris, J. I., Leskela, J., & Hoffman-Konn, L. (2016). Provider lived experience and stigma. *American Journal of Orthopsychiatry*, *86*(6), 604-609. https://doi.org/10.1037/ort0000179

Hatcher, A., Bartlett, C., Marshall, A., & Marshall, M. (2009). Two-eyed seeing in the classroom environment: Concepts, approaches, and challenges. *Canadian Journal of Science, Mathematics and Technology Education*, *9*(3), 141-153. https://dx.doi.org/10.1080/14926150903118342

Health Justice. (2022). *A path forward: Human rights-based guiding principles for BC's mental health law and services*. https://www.healthjustice.ca/guiding-principles

Hesse-Biber, S. (2006). Exploring, interrogating, and transforming the interconnections of epistemology, methodology, and method. *Handbook of Feminist Research: Theory and Praxis*, 1-26.

Holmes, C. (2012). *Violence denied, bodies erased: Towards an interlocking spatial framework for queer anti-violence organizing*. [Doctoral dissertation, University of British Columbia Okanagan].

Hughes, S. A. (2017). *Sherick Hughes discusses autoethnography* [Video]. SAGE Research Methods. https://dx.doi.org/10.4135/9781473985070

Hughes, S. A., & Pennington, J. L. (2016a). Introduction and overview. *Autoethnography: Process, product, and possibility for critical social research*. Sage Publications.

Hughes, S. A., & Pennington, J.L. (2016b). Second Guiding Process: Legitimizing Autoethnography With Three Approaches. *Autoethnography: Process, product, and possibility for critical social research*. Sage Publications.

Hyde, L. (2007). *The gift*. Vintage.

Ingram, R. (2008). Mapping "mad studies": The birth of an in/discipline. In *Syracuse University Graduate Disability Studies Symposium.*

Jones, S. H., Adams, T., & Ellis, C. (2013). Introduction: Coming to know autoethnography as more than a method. In S. H. Jones, T. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 17-48). Walnut Creek: Routledge.

Joseph, A. J. (2014). A prescription for violence: The legacy of colonization in contemporary forensic mental health and the production of difference. *Critical Criminology*, *22*, 273-292. https://doi.org/10.1007/s10612-013-9208-1

Joseph, A. J. (2019). Constituting "lived experience" discourses in mental health: the ethics of racialized identification/representation and the erasure of intergeneration colonial violence. *Journal of Ethics in Mental Health, 10*(1), 1-23.

Kanani, N. (2011). Race and madness: Locating the experiences of racialized people with psychiatric histories in Canada and the United States. *Critical Disability Discourses*, *3*, 1-14.

Ku, J. (2019). Journeys to a diasporic self. *Canadian Ethnic Studies, 51*(3), 137-154. https://doi.org/10.1353/ces.2019.0024

LeFrançois, B. A., & Voronka, J. (2022). Mad epistemologies and maddening the ethics of knowledge production. In T. Macias (Ed.), *Unravelling research: The ethics and politics of research in the social sciences,* (pp. 106-129). Winnipeg: Fernwood.

Lewine, R. R., Fogg, L., & Meltzer, H. Y. (1983). Assessment of negative and positive symptoms in schizophrenia. *Schizophrenia Bulletin*, *9*(3), 368-376.

Linehan, M. M. (2021). *Building a life worth living: A memoir.* Random House Trade Paperbacks.

Luongo, N. (2021). *The becoming: A memoir.* Inanna.

Maslach, C. & Jackson, S. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour, 2*(2), 99–113.

McKnight, D. (2012). *Tonglen Meditation's effect on levels of compassion and self-compassion: A pilot study and instructional guide* [Doctoral dissertation, Upaya Buddhist Chaplaincy Training Program]. https://www.upaya.org/uploads/pdfs/McKnightTonglenThesis.pdf).

McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology, 14*(1), 6-23.

McWade, B. (2016). Recovery-as-policy as a form of neoliberal state making. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice, 5*(3), 62-81.

Menzies, R., LeFrançois, B. A., & Reaume, G. (2013). Introducing mad studies. In B. A. LeFrançois, R. Menzies, & G. Reaume (Eds.), *Mad matters: A critical reader in Canadian mad studies,* (pp. 1-22). Toronto: Canadian Scholars' Press.

Mercer. (2018). *How much are you losing to absenteeism?* https://www.mercer.ca/content/dam/mercer/attachments/north-america/canada/ca-2018-health-management-how-much-are-you-losing-to-absenteeism.pdf

Milne, K., & Johnston, L. (2020, June 27). Detaining youth for problematic substance use. New bill 22 is more of the same. *Vancouver Sun*. https://vancouversun.com/opinion/kendra-milne-and-laura-johnston-detaining-youth-for-problematic-substance-use-new-bill-22-is-more-of-the-same

Mohr, C., Graves, R. E., Gianotti, L. R., Pizzagalli, D., & Brugger, P. (2001). Loose but normal: a semantic association study. *Journal of Psycholinguistic Research, 30*(5), 475-483.

Moosa-Mitha, M. (2014). Using citizenship theory to challenge nationalist assumptions in the construction of international social work education. *International Social Work. 57*(3), 201-208. https://doi.org/10.1177/0020872813519464

Morrow, M. M. (2013). Recovery: Progressive paradigm or neoliberal smokescreen? In B. A. LeFrançois, R. Menzies, & G. Reaume (Eds.), *Mad matters: A critical reader in Canadian Mad Studies*, (pp. 323-333). Toronto: Canadian Scholars' Press.

National Health Service. (2021). *Mental Health Act statistics, annual figures: England, 2020-2021*. Retrieved from NHS website: https://files.digital.nhs.uk/ED/8F6815/ment-heal-act-stat-eng-2020-21-summ-rep.pdf

Omega Institute for Holistic Studies. (2009, July 24). *Pema Chödrön: Tonglen meditation*. [Video]. YouTube. https://youtu.be/QwqlurCvXuM

Poole, J., Chapman, C., Meerai, S., Azevedo, J., Gebara, A., Hussaini, N., & Ballen, R. (2021). The professional regulation of madness in nursing and social work. In P. Beresford & J. Russo (Eds.), *The Routledge international handbook of mad studies* (pp. 177-189). Routledge.

Reasons, C. E., Hassan, S., Bige, M., Paras, C., & Arora, S. (2016). Race and criminal justice in Canada. *International Journal of Criminal Justice Sciences.*

Reid, J., & Poole, J. (2013). Mad students in the social work classroom? Notes from the beginnings of an inquiry. *Journal of Progressive Human Services*, *24*(3), 209-222. https://doi.org/10.1080/10428232.2013.835185

Reville, D. (2013). Is Mad Studies emerging as a new field of inquiry? In B. A. LeFrançois, R. Menzies, & G. Reaume (Eds.), *Mad matters: A critical reader in Canadian Mad Studies,* (pp. 170-180). Toronto: Canadian Scholars' Press.

Richards, J., Holttum, S., & Springham, N. (2016). How do "mental health professionals" who are also or have been "mental health service users" construct their identities?. *Sage Open, 6*(1), 1-14. https://doi.org/10.1177/2158244015621348

Rossiter, A. (2011). Unsettled social work: The challenge of Levinas's ethics. *British Journal of Social Work, 41*(5), 980-995. https://doi.org/10.1093/bjsw/bcr004

Russo, J. (2021). The international foundations of Mad Studies: Knowledge generated in collective action. In P. Beresford & J. Russo (Eds.), *The Routledge international handbook of mad studies,* (pp. 19-29). Routledge.

Schnarch, B. (2004). Ownership, control, access, and possession (OCAP) or self-determination applied to research: A critical analysis of contemporary First Nations research and some options for First Nations communities. *International Journal of Indigenous Health, 1*(1), 80-95.

Simpson. (2017). *As We Have Always Done: Indigenous Freedom through Radical Resistance.* University of Minnesota Press. https://doi.org/10.5749/j.ctt1pwt77c

Smith, L. T. (1999). *Decolonizing methodologies: research and indigenous people.* Dunedin, NZ: University of Otago Press.

Tam, L. (2016). Whither indigenising the mad movement? Theorizing the social relations of race and madness through conviviality. In B. A. LeFrançois, R. Menzies and G. Reaume (Eds.), *Mad matters: A critical reader in Canadian mad studies,* (pp. 281– 297). Toronto: Canadian Scholars Press Inc.

Turpel-Lafond, M. E. (2020). *In plain sight: Addressing indigenous-specific racism and discrimination in B.C. health care.* https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf

Tynan, L. (2021). What is relationality? Indigenous knowledges, practices and responsibilities with kin. *cultural geographies*, 28(4), 597-610. https://doi.org/10.1177/14744740211029287

Voronka, J. (2016). The politics of 'people with lived experience': Experiential authority and the risks of strategic essentialism. *Philosophy, Psychiatry, & Psychology, 23*(3), 189-201. https://doi.org/10.1353/ppp.2016.0017

Voronka, J. (2019). Storytelling beyond the psychiatric gaze. *Canadian Journal of Disability Studies*, *8*(4), 8-30.

Voronka, J., Wise Harris, D., Grant, J., Komaroff, J., Boyle, D., & Kennedy, A. (2014). Un/helpful help and its discontents: Peer researchers paying attention to street life narratives to inform social work policy and practice. *Social Work in Mental Health*, *12*(3), 249-279. https://doi.org/10.1080/15332985.2013.875504

Walia, H. (2021 August 20). Down the rabbit hole of police governance: The saga of BCCLA's street checks complaint. *BC Civil Liberties Association.* https://bccla.org/2021/08/saga-street-checks/#:~:text=On%20May%2024%2C%202018%2C%20the,of%20the%20population%20of%20Vancouver.

Wastasecoot, B. I. (2017). *Showing and telling the story of Nikis (my little house): An arts-based autoethnographic journey of a Cree adult educator* [Doctoral dissertation, University of Toronto].

White, W. L. (2021). Re-writing the master narrative: A prerequisite for mad liberation. In P. Beresford & J. Russo (Eds.), *The Routledge international handbook of mad studies*, (pp. 76-89). Routledge.

Wilson, S. (2001). What is an indigenous research methodology?. *Canadian journal of native education*, *25*(2).

Witkin, S. L. (2014). Autoethnography: The opening act. In S. Witkin (Ed.), *Narrating social work through autoethnography*, (pp. 1-24). New York: Columbia University Press.

Wong, G. H., Hui, C. L., Tang, J. Y., Chiu, C. P., Lam, M. M., Chan, S. K., ... & Chen, E. Y. (2012). Screening and assessing ideas and delusions of reference using a semi-structured interview scale: A validation study of the Ideas of Reference Interview Scale (IRIS) in early psychosis patients. *Schizophrenia Research*, *135*(1-3), 158-163. https://doi.org/10.1016/j.schres.2011.12.006

Wyton, M. (2021 November 23). Forced mental health treatment spikes. *The Tyee.* https://thetyee.ca/News/2021/11/23/BC-Forced-Mental-Health-Treatment-Spikes/

Zerubavel, N., & Wright, M. O. D. (2012). The dilemma of the wounded healer. *Psychotherapy*, *49*(4), 482-491. https://doi.org/10.1037/a0027824

Appendix A: Autobiographical Timeline

Early 1900s	My ancestors arrive in Fiji from northern India and Nepal
Mid 1970s	My parents emigrate to Vancouver, meet there, and marry
Mid 1970s - mid 1980s	My brothers and I are born, and we live in rural Lower Mainland
February 1989	My brother dies by suicide; shortly after we move to northern BC
August 1997	I leave northern BC, move to UBC for school
Fall 1999	My first encounter with psychiatry; diagnosis of Major Depression
Fall 2000	I take a hiatus from university to work full-time
Fall 2002	I return to UBC
Summer 2003	My admission to UBC is revoked due to poor grades
May 2004	Rebecca and I meet
September 2004	We adopt our dog Luce
Early 2005	I start working at UBC as an administrative assistant
September 2006	I successfully reapply to UBC as a student
November 2006	I am involuntarily hospitalized due to psychosis
December 2006	I am discharged from hospital
May 2007	I lose my job at UBC, related to my illness
December 2007	I start working in the DTES for the Portland Hotel Society
August/September 2008	Rebecca and I get married
December 2008	I go on medical leave from PHS due to mental distress, and do not return
February 2009	I am hospitalized with a diagnosis of schizophrenia
March 2009	I return home from hospital, no longer experiencing acute distress
September 2009	I return to UBC to finish my degree
June 2010	I graduate from UBC with a BA, Major in English Literature, Minor in Anthropology
September 2010	I return to work as an administrative assistant
May 2011	My father passes away
September 2011	I return to school to complete prerequisites for a BSW
January 2012	Rebecca and I move into our condo
May 2012	I start the BSW program at UVic
May 2012	I start working at VGH as a Mental Health Rehabilitation Worker
July 2012	Rebecca and I buy our first new car
December 2014	I finish my BSW studies
March 2015	I start working as a Registered Social Worker in the Health Authority
May 2015	I graduate from UVic with a BSW (with distinction)
May 2016	I start working as a mental health Social Worker
August 2017	I start my MSW at UVic
January 2019	My last grandparent, my grandmother, passes away
October 2020	I leave the health authority and start working at a social justice non-profit; we move to Victoria
June 2021	A close loved one dies by suicide
March 2023	I finalize my thesis manuscript

Appendix B: Participant Consent Form

University
of Victoria

Participant Consent Form

Intersectional Perspectives of a Racialized Social Worker with Lived Experience of Psychiatrization: An Autoethnography

You are invited to participate in a study entitled “Intersectional Perspectives of a Racialized Social Worker with Lived Experience of Psychiatrization: An Autoethnography” that is being conducted by Aman Sharma.

Dr. Cindy Holmes is a faculty member in the department of School of Social Work at the University of Victoria and you may contact her if you have further questions by phone at 250-472-4674 or by email at cindyholmes@uvic.ca.

As a graduate student, I am required to conduct research as part of the final requirements for my Master of Social Work degree. It is being conducted under the supervision of Dr. Cindy Holmes. You may contact my supervisor at 250-472-4674 and you may contact me by telephone at XXX-XXX-XXXX, or by email at ********@****.**.

Purpose and Objectives

The purpose of this research project is to examine, portray, and enhance the collective understanding of the nuances and tensions of the experiences of a racialized social worker with lived experience of psychiatrization, who practices in mental health.

Importance of this Research

Research of this type is important because it will generate new knowledge that will inform social work practitioners and educators who are working with people with lived experience of psychiatrization across Canada, and beyond.

Participants Selection

You are being asked to participate in this study because my research takes the form of an autoethnography, which examines stories of my own experiences. These stories, while focusing on my experience, sometimes involve other people as I tell them. I will make all efforts to remove identifying information so that individuals will not be identified in the stories. However, sometimes individuals may be inadvertently identified in my stories. I am sending you this form to advise you that you have been anonymously mentioned in one of my stories, and while I have made every effort to remove all identifying information from your role in my stories, you still may be identified. I write to ask for your consent to include you in my research.

What is involved
If you consent to voluntarily participate in this research, your participation will include being mentioned anonymously in a story.

Inconvenience
Participation in this study may cause some inconvenience to you, including time required to review the report after the research has been completed.

Risks
There are some potential risks to you by participating in this research and they include emotional and psychological risks associated with the discomfort of recalling difficult times from the past. To prevent or to deal with these risks the following steps will be taken. You will have the opportunity to review the research before it is finalized, and you may choose to remove references to you from the research before it is circulated. I will also provide you with free and low-cost mental health supports available in your area or virtually.

Benefits
The potential benefits of your participation in this research include a greater sense of community for racialized social workers with lived experience of psychiatrization through the sharing of stories. Another benefit may be improvement in the state of knowledge of social work theory and practice for this community of social workers.

Voluntary Participation
Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used. To withdraw, you can contact me at XXX-XXX-XXXX or at ********@****.**.

Anonymity
In terms of protecting your anonymity, your name and any information linking you to your identity will be removed from the story. Your identity may still be discerned although descriptions of events will be changed and even when no names are used. You can also consent to be identified in the study.

Consent to be identified

I consent to be identified by name / credited in the study. My name and information linking me to my identity (such as my relationship to the researcher, Aman Sharma) will be known to readers of the study.

______________ (Participant to provide initials)

Confidentiality
Your confidentiality and the confidentiality of the data will be protected by keeping any information linking you to this study under password protected files, on a computer protected by biometric (fingerprint) security.

Dissemination of Results
It is anticipated that the results of this study will be shared with others through my thesis defense, as well as the publication of my thesis on the University's UVicSpace website.

Disposal of Data
Data from this study will be disposed of by erasing all electronic data and shredding any paper documents.

Contacts
Individuals that may be contacted regarding this study include the Principal Investigator and Supervisor, Dr. Cindy Holmes (phone: 250-472-4674), and my Committee Member, Dr. Mehmoona Moosa-Mitha (phone: 250-721-8041). I am available by telephone at XXX-XXX-XXXX or by email at ********@****.**.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.