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HOW IS MAD STUDIES DIFFERENT FROM ANTI- PSYCHIATRY AND CRITICAL PSYCHIATRY?

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What are the differences between anti-psychiatry, critical psychiatry and mad studies? This question matters because by describing the distinctions behind each of these approaches their underlying impetus reveals the extent to which mad people have reclaimed knowledge that was more often *about* rather than *by* us. When distinguishing between anti-psychiatry, critical psychiatry and mad studies, it is important to point out from the start that these areas are significantly diverse within their own schools of thought to the point of being difficult to pin down as having a specific set of overarching doctrines. Part of this is due to the diffuse nature of the writers and activists in this area and the absence of one central person as an ideological leader to follow as the ultimate source of original reference. In many ways this is a positive aspect of this field of criticism since it does not require that anyone must meet a particular ideological litmus test measured against one esteemed person's beliefs. There are, nevertheless, a set of beliefs that do underline what it means to identify as being in one, or more, of these critical camps. When discussing these developments, it helps to point out in regard to many of the references cited herein that this chapter is written from a Canadian perspective, while also taking account of views beyond this country. Keeping in mind the above point about the immense diversity of views within the topics to be discussed helps to provide some awareness of the plurality of views as to what each of these fields represent, beginning with the oldest of these three areas.

The term "anti-psychiatry", coined in 1967 by radical psychiatrist David Cooper, has been used to categorize hugely diverging critiques of institutional psychiatry's history and contemporary practices (Cooper, 1967). This has ranged from using this term to describe critics from within the mental health profession such as Thomas Szasz, Cooper and RD Laing as well as academic theorists such as sociologist Erving Goffman and philosopher Michel Foucault (Szasz, 1961; Cooper, 1967; Laing, 1960, 1961; Goffman, 1961; Foucault, 1965; Shorter, 1997). Anti-psychiatry has also been used to describe a writer critiquing aspects of her own personal experiences within the psychiatric system, such as Kate Millett (Millett, 1991; Murray, 2014). It has also been used to refer to well-known activists engaged in the mad and psychiatric survivor communities, such as Judi Chamberlin, and still other activists who commemorate the histories of asylum inmate labourers from the past (Chamberlin, 1978; Dain, 1994; Flis and Wright, 2011). It is worth noting that ascribing someone, or a group of people, as "anti-psychiatry"

does not mean those so described agree with this identification. Szasz, for instance, being one of the most well-known figures in this category and who was also a psychiatrist, repeatedly rejected the use of this externally imposed descriptor for most of the last fifty years of his life, instead referring to himself as “anti-coercion, not anti-psychiatry” (Szasz, 2010: 230).

Given the vast differences in outlook and motivations behind what is a diffuse group of people described as anti-psychiatry, it should be no surprise that this term ends up in many cases to be confusing at best or meaningless at worst. It has been used as an easy way of slapping a convenient, intellectually inconsistent, and even unexplained label on critics of psychiatry in a way that is intended to diminish the seriousness of such criticisms (Dain, 1994, Shorter, 1997; Flis and Wright, 2011). Perhaps the most egregious example of this is when critics of those who have been described as anti-psychiatry, are equated as being in league with members of the Church of Scientology, a sort of ‘reds under the bed’ form of medical McCarthyism (Brean, 2010). Szasz did at one point in his career support Scientology in its efforts to attack psychiatry, though he was never a member of the organization itself; nevertheless this association with a cult-like group cost him significant credibility (Carey, 2012). It is worth observing that individuals in the mad movement whom this writer has met who have described themselves as being anti-psychiatry have mentioned at different times that they are not and have no interest in being Scientologists. If we put aside the misinformation about, and distancing from, this imposed descriptor by some of the supposed initiators of anti-psychiatry, as well as their significant overall ideological differences – Szasz being a libertarian free marketeer, Cooper being a Marxist revolutionary, for example – there remains the point of needing to figure out just what is meant by the term “anti-psychiatry”.

At its most basic, anti-psychiatry in its most radical form advocates for the abolition of psychiatry (Burstow, 2005, 2015a). In this sense, it is distinct from mad studies which has no such unequivocal agenda, though there are similarities in regard to both camp’s opposition to the medical model of mental illness and abolishing forced treatment, though even here there is room for differences. One of the basic critiques of the diverse group of people defined as anti-psychiatry is that psychiatric treatment should not be forced, though some, such as Laing would argue for exceptions to this argument (Double, 2006). Laing argued that madness was not biologically based but should be humanely treated and, like Szasz, rejected the notion of there being such a thing as mental illness as pathology. Szasz, however, differs from anti-psychiatrists like Cooper in that he regards madness as being due to problems in daily living on an individual basis, not a social level, a significant point of departure from critics who took a broader societal view of causation linking madness, poverty and marginalization (Laing, 1960; Szasz, 1961; Cooper, 1967; Double, 2006). Others who identify as being anti-psychiatry, such as Bonnie Burstow, clearly argue for the abolition of psychiatry and the creation of community supports run by mad people and allies who reject coercion in working with people in psychic crisis (Burstow, 2015b). An overarching critique by all of the above is in regard to the connection between legal systems, medicine, coercion and the impact of the pharmaceutical industry on contemporary treatments of people in psychiatric facilities or under psychiatric jurisdiction in the community. This is a common position of those who are identified as being anti-psychiatry regardless of whether or not this term is accepted by those so regarded (Szasz, [1965] 1988; Double, 2006).

More recently the development of critical psychiatry since the 1980s has sought to distance itself from the either/or debate about whether one is pro-psychiatry or anti-psychiatry (Ingleby, 1980). Instead, critical psychiatry attempts to remain respectable within the mental health profession, in a way that anti-psychiatry has never sought from mainstream psychiatrists. Critical psychiatry argues for a place within a hospital setting, while critiquing aspects of the mental

health system, ranging from opposition to forced treatment, excessive use of medications particularly in regard to children, and systematically challenging the western orientation and racism in the mental health profession. This latter focus in particular reflects the influence of psychiatrist Suman Fernando whose anti-racist and ethno-psychiatric work has been of major importance in the field (Fernando, 1991, 2003, 2017; Moodley and Ocampo, 2014). Unlike some of the more radical activists who identify as anti-psychiatry, there are no advocates for the abolition of psychiatry among proponents of critical psychiatry; they are reformists from within the system. Like the group of people identified as anti-psychiatry, however, both groups started among academicians and mental health professionals and only later sought out mad people as direct participants in their line of inquiry. This in turn leads to the most significant distinction between anti-psychiatry, critical psychiatry and mad studies – the initiators and sustaining momentum behind the existence of each field.

In the first two fields discussed thus far, it is clear that while some activists who identify as psychiatric survivors have had engagement with anti-psychiatry, the main impetus for anti-psychiatry and critical psychiatry have been people who have not themselves been psychiatric patients, survivors, users or mad people. Mad studies does not claim to originate “solely” amongst mad people, particularly given the ongoing contributions from people who have never identified as mad (Menziés et al, 2013: 2). It is essential to point out, however, that the main premise of mad studies *from the start* has been and remains the centrality of empowering and engaging individuals who have had direct experience of the psychiatric system in the development of this area of study and fostering its practical application beyond the academy. It is this distinguishing feature at the source of mad studies that sets the field apart from what were professionally initiated concepts based within the mental health profession. Anti-psychiatry and critical psychiatry are initiatives that were originally externally developed concepts by people who later saw themselves as allies of mad people who critiqued the psychiatric system. This is unlike mad studies which has evolved from the activist histories and thinking of mad people ourselves in conjunction with allies. In other words, anti-psychiatry and critical psychiatry equals professionals first as central facilitators; mad studies equals mad people first as central facilitators in harmony with allies. As will become evident, this is not the only distinction but it is one of the most significant distinctions since all that follows is influenced by this difference in which an identifiable group has been central to developing and inspiring the field.

There are, of course, allies who have worked in mad studies to advance the field who do not themselves identify as mad – Robert Menziés, who was the primary initiator of the co-edited 2013 book, *Mad Matters*, is one example (LeFrançois et al, 2013). Mad studies, however, from its pre-history in the late twentieth century to its conscious inception in the early 2000s has always been based on the thoughts, theories and activism of mad people first. As such, the focus, while drawing intellectual support from aspects of anti-psychiatry in particular, is nevertheless distinct from it and critical psychiatry by placing mad people’s interpretations at the centre of inquiry. It is therefore necessary to briefly note how these distinctions have evolved.

When considering how these critiques of psychiatry first self-consciously developed in each of their specific historical contexts – anti-psychiatry during the 1960s, critical psychiatry during the late 20th century and mad studies in the early 21st century – it is essential to point out that all of them were preceded by a long history of mad people expressing public critiques about their contemporary treatment dating at least to the 18th century. This is particularly evident as first, mad houses, and then, during the 19th century, the establishment of public insane asylums, raised concerns about the nature of madness, who decides, and how people so defined were treated by the developing profession of psychiatry, the state and legal systems which became intertwined in establishing this apparatus (Peterson, 1982; Porter, 2002; Reaume, 2017). By

the second half of the twentieth century, then, public criticisms by ex-inmates, by some family members, and by some civil libertarians about the mistreatment and abuse of mad people, had a long history well before the existence of anti-psychiatry, critical psychiatry or mad studies. The radicals of the 1960s counter-cultural movement were not the first to attack institutional psychiatry by any means. They were, however, caught up in a political environment that was particularly advantageous to the wider reception and spread of the ideas they propagated. The social milieu in which these ideas evolved is important to underline. Anti-psychiatry caught on during the 1960s wider spirit of anti-establishment rebellion and civil rights protest, even though writers like Goffman, Laing, Foucault and Szasz had all been writing before the decade of the 1960s came to be a romanticized symbol for radical revolt against the existing order. Their initial publications by the early 1960s were not written at a time when the term “the sixties” had the rebellious connotations it did by the end of that decade and thereafter. It was only later on, as the tumultuous decade unfolded for all to reflect upon that their ideas came to be seen as reflecting the spirit of this period (Dain, 1994; Jones, 1998).

Yet, for all of their radicalism, this professional-led revolt against psychiatry had a degree of elitism. People in positions of power who did not experience madness themselves were telling the mad masses what was, or was not, good for them. Is this any different from mad studies? Time will tell, and those who will do the telling should be mad people outside of the academy rather than those of us inside for it to have any meaning beyond self-justification. In one most important comparative respect, mad studies has been advocated by academics and activists, some of whom are also “inside” the mad community and who have experiences of madness ourselves. Thus the connection between our subject of research and our own experience is not as distant as it was among the early anti-psychiatry theorists. This factor has the potential to lessen top-down preaching. Yet, as plenty of experienced activists can relate, elitism can take place within communities when individuals achieve higher socio-economic status than their peers with whom they have worked. It is this mad community activist history, in its more recent incarnation from the 1970s especially, that bears the most importance in possibly checking elitism when considering how this past continues to transform and challenge our work today.

Mad studies grew out of a later 20th century and early 21st century evolution of decades-long activism among mad people whose self-identity as mad sought to reclaim knowledge from professional outsiders of all persuasions (Menzies et al, 2013; LeFrançois et al, 2016). This was even though some mad studies activists/writers became, or were already, insiders within the academy and other places of power and privilege. On the other hand, the power and privilege which anti-psychiatry proponents enjoyed from the outset of their rebellion was related to their largely being a collection of white, European and North American males. Anti-psychiatry was very much “a guy thing” as far as who made the most publicized pronouncements which came to define the field in its heyday of the 1960s and early 1970s (Jones, 1998: 290). This makes it distinct from critical psychiatry and mad studies in which addressing race and gender have been at the forefront of analysis from the beginning of the development of these fields, undoubtedly because both of these fields’ originators were not comprised solely of white males. Sexual orientation has also been a major part of the analytic approach of mad studies from its earliest inception, something which only later came to be the case for anti-psychiatry due to the activism of people in the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities whose history of pathologization is as old as psychiatry (Burstow, 1990). Mad studies is particularly distinct in this regard since women, members of the LGBTQ community and racialized people who experience madness have been part of the foundational process in a way that eschews the domination of one privileged group from determining the field’s ideas, as happened with anti-psychiatry. Yet, mad studies, like disability studies, continues to be predominantly white

and focused on northern theories and concerns, though this too is changing from within (Lee, 2013; Gorman, 2013; Tam, 2013; Mills, 2014; Joseph, 2015; King, 2016; Stefan, 2018).

Given the prominent role of women in defining mad studies from the beginning, something which took longer among anti-psychiatry proponents, there has been a far greater focus from the outset on gendered and racial issues at the core of the field's critique than originally existed within anti-psychiatry. This later changed with contributions by Phyllis Chesler, along with other feminist critics of psychiatry (Chesler, 1972). Anti-psychiatry, critical psychiatry and mad studies have all had a significant analysis of class issues, particularly with writers like Cooper (anti-psychiatry) and Menzies (mad studies), reflecting Marxist influences in aspects of each field (Cooper, 1967; Menzies et al, 2013). While criticisms of the western medical model-oriented psychiatric system are a primary feature of mad studies there is no overarching call to abolish the entire psychiatric system as there has been among some anti-psychiatry activists. The most important distinguishing difference between anti-psychiatry and critical psychiatry, on the one hand, and mad studies, on the other hand, is the essential importance of prioritizing from the start of this field of inquiry, the first person critical analysis of mad people in all aspects of understanding our past and present contexts. This includes both individual and collective critiques. (e.g., Chamberlin, 1978; Farber, 1993; LeFrançois et al, 2013; Psychiatric Disabilities Anti-violence Coalition, 2015). In both anti-psychiatry and critical psychiatry, the focus is on a professionally based critique of the mental health system in its medical model orientation. Mad studies, by contrast, focuses on the experiences of mad people both as interpreters of our past and present and as active agents in bringing about change. There has been an effort in mad studies to open the doors to as wide a constituency of critics of psychiatry as possible, so long as the experiences and perspectives of mad people are at the centre of critiques. Burstow's description is appropriate to compare in this regard: "...what distinguishes antipsychiatry from other critical positions is the conviction that critiques of psychiatry are sufficiently conclusive, compelling, foundational, and damning to render psychiatry as an institution inherently undesirable and irredeemable" (Burstow, 2015a: 36). Thus, psychiatry cannot be reformed. Burstow also notes that, as a movement, anti-psychiatry is "floundering" in part due to past lack of respectful engagement with other members of the community, which, she argues, has changed, along with the entrenched power of psychiatry and the absence of an anti-psychiatry model to "guide its action" (Burstow, 2015a: 35). At the same time, it would be inaccurate to portray anti-psychiatry as a perpetually ineffective, marginalized influence wherever its proponents are engaged.

Given that mad studies is "steadfastly arrayed against biomedical psychiatry" its close connection in this respect to anti-psychiatry is evident (Menzies et al, 2013: 13). Critical psychiatry, on the other hand, while strongly critical of the predominance of the western medical model, continues to remain a willing part of the mental health system, seeking to change from within (Ingleby, 1980; Double, 2006; Moodley and Ocampo, 2014). At the same time, anti-psychiatry, as described above, provides a more definitive determination about what to do with psychiatry – get rid of it – than does mad studies, at least so far. Mad studies, amidst denouncing the power of psychiatry to medicate, control and confine people, calls for the

radical restructuring of the 'mental health' industry [...] [and thus] continues to be very much a project of abolition and transformation.

(Menzies et al, 2013: 17)

At the same time, mad studies provides no single answer about what to do about psychiatry. Instead, it

subsumes a loose assemblage of perspectives that resist compression into an irreducible dogma or singular approach to theory or practice.

(Menzies et al, 2013: 13)

Thus, while inclusive of anti-psychiatry theories, mad studies resists focusing solely on tearing down the mental health system as the principal aim of the movement, an objective that has come to characterize the most well-known feature of anti-psychiatry. Though mad studies as a field is relatively new, its close inter-disciplinary relation with other critically oriented fields in the humanities and social sciences from which it springs has been central to its development within the academy and beyond (Menzies et al, 2013; LeFrançois et al, 2016). It is this “beyond” that is particularly important to mad studies that sets it apart from the other two fields discussed here. Anti-psychiatry, particularly as practiced by RD Laing at Kingsley Hall, London, England, from 1965–70 did make a concerted effort to have theory match practice, and thus be a part of the local community (Miller, 2004; O’Hagan, 2012). There were also grassroots activist groups which identified as anti-psychiatry which also sought to organize amongst mad people (Shimrat, 1997; Dunst, 2016). Overall, however, anti-psychiatry was an academic pursuit without extensive, sustained involvement in the community of mad people, perhaps reflecting its origins from within the “psy” professions in the academy by academicians who did not themselves identify as mad. By contrast, mad studies from its earliest days began as an outgrowth of the broader mix of ex-patient activism within the psychiatric survivor community during the late 20th century, many of whom did not categorically subscribe to the call for the abolition of the psychiatric system, partly due to avoiding a stance that sounded all-encompassing and authoritarian (Campbell, 2011).

Related to this, the development of mad studies in the early 21st century coincided with the rise of mad pride, which originated as psychiatric survivor pride day in 1993 and had, by the early 2000s, spread to different places as mad pride. While mad pride as an organized movement may have had its day at the time of this writing, it nevertheless was an important catalyst within the wider mad community in several large cities in Canada, the United States, United Kingdom, Brazil, New Zealand, and elsewhere, for providing mad people, or users of psychiatry, with an idea of the potential for celebrating the abilities of mad people in ways that other movements up to then had not done (Finkler, 1997; Dellar et al, 2001; Abraham, 2016). It was not just about being “anti” but also “for” – an essential point in regard to mad people’s inclusion and recognition in wider society. Depending on the locale, mad pride was, for over twenty years, a regular feature of efforts to fight discrimination in local communities, like Toronto, while also celebrating the place of mad people wherever we live. Mad pride’s influence and legacy in mad studies is reflected in regard to efforts to ensure that mad people’s perspectives, histories and critiques become part of the wider discussion around mental health and madness in the academy and beyond. This also happened at a time when alternatives to psychiatry were being promoted among psychiatric survivors and users (Farber, 1993; Stastny and Lehmann, 2007). Where anti-psychiatry places an overriding emphasis on critiquing the power of psychiatry and how it needs to be dismantled, mad studies, while also contributing to these ideas, goes further by having as pride of place, as it were, the experiences and perspectives of self-identified mad people. It is this “pride” in ensuring that mad perspectives are the primary inspiration for this field of studies that links mad pride with mad studies in a way that was not engaged by either anti-psychiatry nor critical psychiatry. This has ensured from the outset that the wider community of mad people are part of this endeavour.

Yet no matter how much the wider mad community is invoked, it is obvious that, so far, the main forum for published debate is where most of the money is for this purpose: the

academy. Here, mad studies has become broadly based in a relatively short period of time. While anti-psychiatry and critical psychiatry have both been interdisciplinary, including academics from a range of fields, it is apparent how the foundational ideas emanating from both critiques have been initiated and largely sustained by mental health professionals. This is unlike in mad studies where mental health professionals, while welcome to contribute are not in leading positions as activists and writers in the field. Of course, mental health professionals can identify as mad people too, and indeed the increasing number of peer support workers underlines a further topic of analysis in regard to how mad people work within the psychiatric system as employees (Voronka, 2019). Generally speaking, however, when referring to mental health professionals, this usually identifies the person as a psychiatrist, psychologist or nurse who works within the system, a few of whom have contributed to mad studies already (Warme, 2013; Adam, 2015). Unlike the leading figures identified with anti-psychiatry during its earliest phases, no psychiatrist or psychologist has anywhere near the prominence or domination of Szasz or Laing, for example. Instead, the field includes people ranging from mad students and people who work in areas as varied as social work, sociology, law, the performing and visual arts, political science, literary studies, health policy analysts, cultural studies, women and gender studies, queer studies, disability studies, nursing and history. Thus it is a broad tent, intentionally so. These broad perspectives are also a sign that the reach of mad studies is intended to move far beyond the western academic tradition in a way that anti-psychiatry has not done.

This leads to another important point of distinction which is that anti-psychiatry in theory and practice has historically been focused on mental health diagnoses in a western context in the northern industrialized world. In contrast, mad studies, like disability studies more recently, seeks to incorporate a global approach, with a critical analyses of how madness is experienced and interpreted outside of a western oriented medical model approach in both the north and south (Nabbali, 2013; Mills, 2014). This leads to asking: Will mad studies appeal to more people than has anti-psychiatry in both the north and the south who have experienced and live with madness? Of course, this is impossible to answer without a much longer duration of time to reflect upon mad studies which, in name at least, is barely a decade old (Ingram, 2008). Given the wider demographic and geographic base of people who are participating in debates around what is now called mad studies, there is a potential for much broader interest in different parts of the world by a more diverse representation of mad people than have been attracted to anti-psychiatry, based as it is in the industrialized north. Mad studies, at present, may also be seen to be more current than anti-psychiatry with its reputation based on 1960s counter-culture, a context which, while of much historical interest, will be less and less relevant to the daily lives of more and more mad people as time goes on.

There needs to be some caution with this last point, however, and some humbleness. History has much to teach us about the need to be humble when thinking about our current place in the world in comparison to those who have gone before. It is worth observing that mad studies is more current with contemporary issues across the field – gender, race, sexual orientation, trans-national and global south approaches, for example, in large part because more recent activists and writers can reflect on what and who was left out of major consideration from earlier activist and theoretical efforts. Those of us involved in mad studies therefore should avoid a morally superior attitude towards anti-psychiatry or other critiques of institutional psychiatry. We have benefited from earlier generations' criticisms of psychiatry, while also seeking to correct and improve upon earlier omissions so that the field is more broadly relevant than before. Activists in decades to come may very well take a new critical approach by improving upon what mad studies proponents are doing now during a future we can only vaguely imagine. This is another

reason for humbleness when reflecting upon our collective efforts to improve our world for ourselves and future generations of mad people when we distinguish mad studies from anti-psychiatry and critical psychiatry – none of us can predict whether or not mad studies will appeal to mad people in future decades. We cannot even predict if mad studies will appeal to many mad people today beyond its current advocates. By distinguishing between these three fields, however, we can see from the past how we have arrived at this present juncture in the hope that mad studies will become relevant for mad people in a practical way that goes far beyond what it is at the beginning of the 2020s.

References

- Abraham A (2016) Remembering Mad Pride, The Movement that Celebrated Mental Illness. *Vice*. https://www.vice.com/en_uk/article/7bxqxa/mad-pride-remembering-the-uks-mental-health-pride-movement. Accessed: 22 February 2019.
- Adam S (2015) From subservience to resistance: Nursing versus psychiatry. In B Burstow, B LeFrançois and S Diamond (eds) *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution*. Montreal & Kingston: McGill-Queen's University Press, 65–76.
- Brean J (2010) Delusional: Movement to depose psychiatry emerges from the shadows. *National Post* 8 May.
- Burstow B (1990) A history of psychiatric homophobia. *Phoenix Rising: The Voice of the Psychiatrized* 8(3&4): 38–39.
- Burstow B (2005) Feminist antipsychiatry praxis: Women and the movement(s). In W Chan, D Chun and R Menzies (eds) *Women, Madness, and the Law: A Feminist Reader*. London: Glasshouse, 245–258.
- Burstow B (2015a) The withering away of psychiatry: An attritional model for antipsychiatry. In B Burstow, B LeFrançois and S Diamond (eds) *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution*. Montreal & Kingston: McGill-Queen's University Press, 34–51.
- Burstow B (2015b) *Psychiatry and the Business of Madness: An Ethical and Epistemological Accounting*. New York: Palgrave Macmillan.
- Campbell D (2011) *Unsettled: Discourse, Practice, Context and Collective Identity Among Mad People in the United States, 1970–1999*. Unpublished PhD thesis. Faculty of Environmental Studies, York University.
- Carey B (2012) Dr Thomas Szasz, Psychiatrist who led movement against his field, dies at 92. *New York Times*. <https://www.nytimes.com/2012/09/12/health/dr-thomas-szasz-psychiatrist-who-led-movement-against-his-field-dies-at-92.html>. Accessed: 22 February 2019.
- Chamberlin J (1978) *On Our Own: Patient Controlled Alternatives to the Mental Health System*. New York: Hawthorn.
- Chesler P (1972) *Women and Madness*. Garden City, New York: Doubleday.
- Cooper D (1967) *Psychiatry and Anti-psychiatry*. London: Tavistock.
- Dain N (1994) Psychiatry and anti-psychiatry in the United States. In M Micale and R Porter (eds) *Discovering the History of Psychiatry*. Oxford: Oxford University Press, 415–444.
- Dellar R, Leslie E and Watson B (eds) (2001) *Mad Pride: A Celebration of Mad Culture*. London: Spare Change Books.
- Double D (2006) Historical perspectives on anti-psychiatry. In D Double (ed) *Critical Psychiatry: The Limits of Madness*. New York: Palgrave Macmillan, 19–39.
- Dunst A (2016) 'All the fits that's news to print': Deinstitutionalisation and anti-psychiatric movement magazines in the United States, 1970–1986. In D Kritsotaki, V Long and M Smith (eds) *Deinstitutionalisation and After: Post-War Psychiatry in the Western World*. Cham, Switzerland: Palgrave Macmillan, 57–74.
- Farber S (1993) *Madness, Heresy, and the Rumor of Angels: The Revolt Against the Mental Health System*. Chicago: Open Court.
- Fernando S (1991) *Mental Health, Race and Culture*. Houndmills, UK: Macmillan.
- Fernando S (2003) *Cultural Diversity, Mental Health and Psychiatry: The Struggle Against Racism*. New York: Brunner-Routledge.
- Fernando S (2017) *Institutional Racism in Psychiatry and Clinical Psychology: Race Matters in Mental Health*. Cham, Switzerland: Springer.
- Finkler L (1997) Psychiatric survivor pride day: Community organizing with psychiatric survivors. *Osgoode Hall Law Journal* 35(3/4 Fall/Winter): 763–772.

- Flis N and Wright D (2011) 'A grave injustice': The mental hospital and shifting sites of memory. In C Coleborne and D MacKinnon (eds) *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display*. London: Routledge, 101–115.
- Foucault M (1965) *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Pantheon.
- Goffman E (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Garden City, New York: Doubleday.
- Gorman R (2013) Mad nation? Thinking through race, class and identity politics. In B François, R Menzies and G Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars' Press, 269–280.
- Ingleby D (ed) (1980) *Critical Psychiatry: The Politics of Mental Health*. New York: Pantheon.
- Ingram R (2008) Mapping 'Mad Studies': The birth of an in/discipline. Paper presented at Disability Studies Student conference, Syracuse University.
- Jones C (1998) Raising the anti: Jan Foudraire, Ronald Laing and anti-psychiatry. In M Gijswijt-Hofstra and R Porter (eds) *Cultures of Psychiatry and Mental Health Care in Postwar Britain and the Netherlands*. Amsterdam & Atlanta: Rodopi, 283–294.
- Joseph A (2015) *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems*. New York: Palgrave Macmillan.
- King C (2016) Whiteness in psychiatry: The madness of European misdiagnoses. In J Russo and A Sweeney (eds) *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies*. Monmouth, UK: PCCS Books, 69–76.
- Laing R (1960) *The Divided Self*. London: Tavistock.
- Laing R (1961) *The Self and Others*. London: Tavistock.
- Lee J (2013) Mad as hell: The objectifying experience of symbolic violence. In B LeFrançois, R Menzies and G Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars' Press, 105–121.
- LeFrançois B, Menzies R and Reaume G (eds) (2013) *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars' Press.
- LeFrançois B, Beresford P and Russo J (2016) Editorial: Destination mad studies. *Intersectionalities* 5 (3): 1–10.
- Menzies R, LeFrançois B and Reaume G (2013) Introducing mad studies. In B LeFrançois, R Menzies and G Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars' Press, 1–22.
- Miller G (2004) *R.D. Laing*. Edinburgh: Edinburgh University Press.
- Millett K (1991) *The Loony-Bin Trip*. New York: Touchstone.
- Mills C (2014) *Decolonizing Global Mental Health: The Psychiatrization of the Majority World*. London: Routledge.
- Moodley R and Ocampo M (eds) (2014) *Critical Psychiatry and Mental Health: Exploring the Work of Suman Fernando in Clinical Practice*. London: Routledge.
- Murray H (2014) 'My place was set at the terrible feast': The meanings of the 'anti-psychiatry' movement and responses in the United States, 1970s–1990s. *Journal of American Culture* 37(1): 37–51.
- Naballi E (2013) 'Mad' activism and its (Ghanaian?) future: A prolegomena to debate. *Trans-Scripts* 3: 178–201.
- O'Hagan S (2012) Kingsley Hall: RD Laing's Experiment in Anti-Psychiatry. *The Guardian*. <https://www.theguardian.com/books/2012/sep/02/rd-laing-mental-health-sanity>. Accessed 25 February 2019.
- Peterson D (ed) (1982) *A Mad People's History of Madness*. Pittsburgh: University of Pittsburgh Press.
- Porter R (2002) *Madness: A Brief History*. Oxford: Oxford University Press.
- Psychiatric Disabilities Anti-violence Coalition (2015) Clearing a path: A psychiatric survivor anti-violence framework. <https://torontoantiviolenccoalition.files.wordpress.com/2016/02/clearing-a-path-dec-2015.pdf>. Accessed: 7 May 2019.
- Reaume G (2017) From the perspectives of mad people. In G Eghigian (ed) *The Routledge History of Madness and Mental Health*. London: Routledge, 277–296.
- Shimrat I (1997) *Call Me Crazy: Stories from the Mad Movement*. Vancouver: Press Gang Publishers.
- Shorter E (1997) *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons.
- Stastny P and Lehmann P (eds) (2007) *Alternatives Beyond Psychiatry*. Berlin: Peter Lehmann Books.
- Stefan H (2018) A (Head) Case for Mad Humanities: Sula's Shadrack and Black Madness. *Disability Studies Quarterly* 38(4): 1. <http://dsq-sds.org/article/view/6378/5123>. Accessed 25 February 2019.

- Szasz T (1961) *The Myth of Mental Illness: Foundations of a Theory of Mental Illness*. New York: Hoeber Harper.
- Szasz T ([1965] 1988). *Psychiatric Justice*. Syracuse: Syracuse University Press.
- Szasz T (2010) Psychiatry, anti-psychiatry, critical psychiatry: What do these terms mean? *Philosophy, Psychiatry, & Psychology* 17(3): 229–232.
- Tam L (2013) Whither indigenizing the mad movement? Theorizing the social relations of race and madness through conviviality. In B LeFrançois, R Menzies and G Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars' Press, 281–297.
- Voronka J (2019) The mental health peer worker as informant: Performing authenticity and the paradoxes of passing. *Disability & Society* 34(4): 564–582.
- Warne G (2013) Removing Civil Rights: How Dare We? In B LeFrançois, R Menzies and G Reaume (eds) *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars' Press, 210–220.