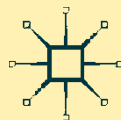# PSYCHIATRY INTERROGATED

An Institutional Ethnography Anthology

Edited by
BONNIE BURSTOW

Psychiatry Interrogated

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Editor

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An Institutional Ethnography Anthology

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This book is dedicated to everyone everywhere who has ever fallen prey to institutional psychiatry.

Acknowledgments

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Introduction to the Project: IE Researchers Take on Psychiatry

Bonnie Burstow

What you have in your hands is a relatively static object—a book. You picked it up, perhaps, because something in the title piqued your interest. Even though you can, metaphorically speaking, engage in conversations with it, nonetheless it belongs on some level to the category of "things." That said, no book is "just a thing." Every book was once upon a time a book project. Every book required people to perform certain tasks to bring it into existence. Moreover, there was a reason for writing it; there was "knowledge" that one hoped to disseminate, create, validate, or even, in some instances, to mandate. Such is the nature of all book projects. At the same time, what underlays this specific one is a particularly multifaceted project that goes beyond the book, yet that is critical to understanding it.

As an entry point into this larger project, at this juncture I introduce you to a section of the very first document produced in relation to it. In the opening months of 2014, hundreds of people from various walks of life received a letter that read in part:

> Dr. Bonnie Burstow, Simon Adam, and Dr. Brenda LeFrançois invite you to become involved as a potential contributor in an exciting and original project. … Combining capacity-building and knowledge production, the project will culminate in an anthology of institutional ethnography (IE) pieces on psychiatry. Each contributor will be writing about a different aspect of the regime of ruling, perhaps also out of a specific disjuncture or problem that occurs to a specific population (e.g., trans, gay, "intellectually disabled," Aboriginal, women, children "in care"), and inevitably with respect to texts that are activated in a very

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specific location (e.g., Quebec, British Columbia, New York, Poland, in the cells at Penetanguishene, in a nursing home in Bolivia). … You have been contacted because we feel that you could contribute something unique and important. This may be on the basis of past IE work. Alternatively, it may be on the basis of your expert critical knowledge of psychiatry. In this regard, this is a two-pronged project: a) providing IE training to people who are interested but lack the necessary IE knowledge, and b) producing an anthology. As such, it is an opportunity for old hands at IE to apply their well-honed skills to critiquing psychiatry, and for old hands at critiquing psychiatry to at once produce a stunning piece of work and acquire a handy new skill. (Burstow, Adam, and LeFrançois, personal correspondence with prospective contributors)

The document went on to invite those interested to a series of four free workshops (five-and-a-half days in total), three of which were to help people acquire or hone "institutional ethnography" skills (as well as to help them get started on their own particular research project), and one explicitly devoted to helping participants "unhook from psychiatry." With this, possible contributors found their entry point into the project. And with this, we have our entry point into this book.

This book contains a series of institutional ethnography inquiries into psychiatry. This being the introduction, by the time this chapter ends, you will have a good idea about what you will find in this book—that is, what themes run through it, what each chapter covers or attempts to make visible, what institutional ethnography (IE) itself is, why IE is being applied to psychiatry, and what the purpose of the book and the project are. Systematically, making all this visible and intelligible,[1] such is the work of this chapter.

To begin with the last of these, for we have already dipped into these waters, as suggested in the foregoing, the purpose of this book and the project underlying it is: (1) to shed a critical light on psychiatry and (2) to bring the power of institutional ethnography to bear in the process. In addition, the purpose of the project per se is to help those critically aware, especially those already involved in antipsychiatry or "mad" activism, to acquire a highly serviceable new tool with which to expose psychiatry; and also to swell the ranks of psychiatry's able critics by attracting old hands at IE into the area. The book, in this regard, is both an educational product and a way of injecting new life into a liberatory movement.

Why "Take on" Psychiatry?

Those of us who have been studying, combatting, and writing about psychiatry for years have little trouble answering the question posed in the heading, why "take on" psychiatry? Although psychiatry may seem like a lifeline to some and though its tenets and approaches have become so hegemonic—so like the air we breathe—that it may even seem counterintuitive to question them, as a critical mass of survivors have testified for decades now (e.g., see Fabris 2011) and as able critics have repeatedly demonstrated, psychiatry is a fundamentally

problematic institution. For one thing, it rips people out of their lives and whatever may or may not have been bothering them earlier; suddenly, they find themselves with a serious new problem—they have little or no control over their daily existence. A statement made by an interviewee during one of my research projects fully exemplifies this dimension:

> So I'd mouthed off! Not ideal, I agree, but it was nothing. It's not as if other guys haven't done something similar from time to time, and it's not as if there was no provocation. My co-worker, he had just made fun of my work, and like, I'm sensitive about stuff like that. Anyway, I go back to my desk. Then I start getting ready to take off for lunch when this ambulance pulls up. Seriously! And before I know it, these two men, they have me in restraints and are taking me to hospital. Anyway, we arrive at the hospital and I try to explain that some sort of mistake has been made, but this nurse is asking me these questions that make no sense to me. Then they are pumping these drugs into me—and I have no say whatever— drugs which are making it impossible for me to think straight, even to stand. And a couple of days later, maybe a week, they are telling me that my regular ways of handling conflict are but a few of the many symptoms of this disease that I have, also that I probably have to stay on these medications for life. Anyway, for two long months, I am forced to stay in this place, all the while staff insisting I take these meds, watching my every move, telling me where to go, what to do, and, like, calling almost all of my actions symptoms. Now finally, they release me. But the thing is, I am still on these meds—and these workers, they keep turning up at my home to ensure that I am continuing to be what they call "treatment compliant." So I have to ask, just what has happened to my independence? What has happened to my life? (interview with Lucas—pseudonym used)

What we see here, at the very least in part, is control being presented as "treatment." This story, I would add, is hardly unique. Nor is what has surfaced here the totality of what is wrong with this institution.

Difficult though it may be to wrap one's head around this, there is additionally something profoundly wrong with psychiatry "medically," also on what might be called the hermeneutic level. As shown by Breggin (1991), Whitaker (2010), Woolfolk (2001), and Szasz (1987), there is no valid science underlying psychiatry, no proof that a single one of these putative diseases arise from a chemical imbalance—this despite years of insisting that they do—nor indeed proof that *any physical correlate of any sort* exists. Nor do their categorization schema (e.g., diagnoses) hold any explanatory value—for they are intrinsically circular (in this last regard, see Burstow 2015, Chapters 4 and 5). To quote from an interview with me in this regard:

> **LS:** You refer in your book to the DSM [*Diagnostic and Statistical Manual of Mental Disorders*] as a "boss text." Could you elaborate?
>
> **BB:** As a central text, it sets practitioners up to look at distressed and/or distressing people in certain ways. So, if they go into a psychiatric interview, they're going to be honing in on questions that follow the logic of the DSM, or to use their vocabulary, the "symptoms" for any given "disease" they're considering. In

the process it rips people out of their lives. And so now there's no explanation for the things people do, no way to see their words or actions as meaningful because the context has been removed. In essence, the DSM decontextualizes people's problems, then re-contextualizes them in terms of an invented concept called a "disorder."

I proceed by offering the following example. "Selective mutism," I begin:

…is a diagnosis given to people who elect [to] not speak in certain situations. So, if I were a non-psychiatrist—that is, your average thinking person who is trying to get a handle on what's going on with somebody—I would try to figure out what situations they aren't speaking in, try to find out if there's some kind of common denominator, to ascertain whether there's something in their background or their current context that would help explain what they are doing. You know, as in: Is it safe to speak? Is this, for example, a person of color going silent at times when racists might be present? Alternatively, is this a childhood sexual abuse survivor who is being triggered? Whatever it is, I would need to do that. But this is not what the DSM, as it were, prompts. In the DSM, "Selective Mutism" is a discrete disease. So, *according to psychiatry,* what causes these "symptoms" of not speaking? Well, "Selective Mutism" does. Note the circularity. That's what all the "mental disorders" are like: No explanatory value whatever. (Burstow and Spring 2015, p. XX)

Now for some—not me—even the circularity evident here might be acceptable if the "treatments" actually helped people. However, far from *correcting* imbalances—the "treatments" have been shown conclusively to *cause* imbalances (see Breggin 2008; Whitaker 2010). They also give rise to highly uncomfortable neurological diseases (see Breggin 2008). Moreover, evidence suggests that in the long run, irrespective of "diagnosis," people who were never once on these substances fare better than people who either stay on them or use them for a short time (see Whitaker 2010; Burstow 2015). Put all this together, and what starts to become clear is that framing what is happening as "help" is at the bare minimum suspect.

By everyday standards, this is harm. Which is not to say that individual psychiatrists are never helpful to people—only that the evidence suggests that psychiatry overall does far more harm than good. People end up hooked on brain-damaging drugs for life. People end up losing the multifaceted life that they once knew. Indeed, as Foucault (1980) and Burstow (2015) suggest and, as Lucas's words exemplify, what is being called help would appear to be little more than control. Nor is that the whole of the story.

Probe further and what you find, as demonstrated by Whitaker (2010), Burstow (2015), and Whitaker and Cosgrove (2015), whatever else may be involved, vested interests underlying and associated with psychiatry are blatantly driving this pathologization agenda—whether it be those of the multinational pharmaceutical enterprises or those of the American Psychiatric Association (which alas, at this point are close to identical). That is, interests are being served that are far from those of the people hypothetically being helped—all the while with the aid of claims that do not stand up to scrutiny

and explanations that are circular. Still, psychiatry as an institution continues to wield incredible power—including the power to invalidate people's words, to drum people out of their professions (see Chapter 3), and to incarcerate people who have committed no crime. Moreover, firmly ensconced as an agent of the state, it continues to grow by leaps and bounds; and it continues to enjoy widespread credibility. The average person, that is, accepts the "knowledge" that it "mandates," the terms that it employs, the power that it wields. As such, anything that can help the average person step back and acquire a different view of psychiatry is a task worth doing.

Why Institutional Ethnography?

Which brings us to the pivotal question: Yes, whether we view psychiatry as something to be discarded or something to be reformed—and to be clear, the various contributors to this book have different positions on this question—psychiatry needs to be "interrogated." That in itself, however, does not explain why the initial instigators of this project, and why the many more who flocked to it, were so keen to bring an IE perspective to bear—for clearly it is the institutional ethnography focus that most distinguishes this book and this project. What has IE to offer? What have IE researchers to contribute that is not found, say, in the brilliant works by Foucault (1980), Szasz (1961, 1970, 1987), or Breggin (2008)?

The answer to these questions lies in what institutional ethnography as an approach is all about—how it is conceived, what is involved, what it is uniquely positioned to bring to light.

Introducing Institutional Ethnography

Significantly, no one versed in IE could have read the discussion of problems posed by psychiatry, as elucidated in the last few paragraphs, without "recognizing" that they were in quintessential IE territory—for the entire description has, as it were, "institutional ethnography" written all over it. So what exactly is institutional ethnography? The brain-child of Dorothy Smith, IE is an alternate way to "do sociology" (see Smith 1987), or to put this another way, a unique approach to conducting research. To elucidate a few distinctions between mainstream sociology and IE, while mainstream sociology is inhabited with abstractions, such as "society" or "roles," IE investigators rigorously avoid abstractions, sticking instead with the concrete "doings" of people. And while most sociologists operate in terms of the sociological literature (i.e., finding the research questions from them and understanding what they come across through that lens), IE investigators' reference point is the everyday world.

Institutional ethnography is a type of ethnography, but as the name suggests, it is particularly aimed at ferreting out and making visible how institutions work. Unlike with traditional ethnographies, correspondingly, which stay within the local to explain local phenomena (for a traditional ethnography,

see Spradley 1979), a guiding principle of IE is that critical though the local is, local problems cannot be understood by investigating the local only for regimes "rule" centrally, from what Smith calls "elsewhere and elsewhen" (see Smith 1987, 2005, 2006; Smith and Turner 2014).

To use the example of Lucas, if we restricted ourselves to the local, we would know, in general, that he was wrested from his life. We would know who picked him up, where he was taken, and what was done to him. We would not know, however, on what authority, how it is that something called "an ambulance" comes to pick someone up on the basis of what would appear to be fairly innocuous actions. Nor why one drug and not another. Nor from whence came either the pathologizing or the drug imperative.

If some of the concepts touched on to date sound familiar, it should be noted that IE has been profoundly influenced by specific movements and specific schools of thought of which you may be knowledgeable (e.g., the women's movement(s), standpoint theory, Marxism, ethnomethodology). To go through a number of these, beginning with the women's movement, from her experiences in that movement, Smith concluded that despite claims to universality, sociology, and indeed, all disciplines reflect the standpoint of men and systematically leave out and/or distort the reality of women. She generalized to other oppressed groups—thus the centrality of standpoint theory (to be discussed shortly). She incorporated from Marxism the commitment to tying everything to the materiality of our existence—additionally the kind of direction that comes from taking seriously such queries by Marx and Engels (1973, p. 30) as: "Individuals always started, and always start, from themselves. Their relations are the relations of their real life. How does it happen that their relations assume an independent existence over [or] against them. And that the forces of their li[ves] overpower them?" Think back to Lucas's question, "What has happened to my life?" and you begin to get the relevance.

Correspondingly, drawing on ethnomethodology (see Garfinkel 1967), Smith asserts that society is not a phenomenon with an independent existence, not an agent capable of action, but something in motion, something continually created and recreated through the concrete "work" of people as they go about their everyday lives. By way of example, should you and I enter a conversation, then stop because someone has just approached, saying, "Excuse me," all three of us are together bringing into being the social. Some concrete IE terms that I would introduce at this juncture are: "disjuncture," "standpoint," "entry point," "problematic," "regime of ruling," "ruling," "regulatory frame," "textual mediation," "boss texts," "mapping," and "institutional capture."

Institutional ethnography research is intrinsically concerned with what IE researchers call "regimes of ruling" (Smith 1987, 2006). Pragmatically speaking, how can you identify a specific complex as a ruling regime (also sometimes referred to as a "knowledge regime")? One way is by the power that it wields, together with the privileged discourse that it employs—discourse that presents itself as "knowledge" and that determines how people and actions are viewed. An example is the criminal justice system, together with words such as "crime,"

"infraction," "disturbance of the peace," and "officer of the law." Other examples are every single academic "discipline." Additionally, you can hypothesize a "ruling regime" when things are happening at the local level that overwhelmingly serve the interests of extra-local conglomerates. An example of obvious relevance to this project is people staggering around from mandated drugs, with the benefit accruing to the multinational pharmaceutical companies.

All institutional ethnographies eventually come to focus on a regime of ruling. This, however, is not where inquiry begins. All begin locally in the everyday lives of people. More specifically, IE inquiries begin with a disjuncture—a break or fissure in the person's life or people's lives. It is present corporeally, engages her or his bodily existence. On a simple level, maybe a mother has taken her children to their local park to play, to her astonishment, only to find a bulldozed area where the park used to be (for an investigation that began with this very disjuncture see Turner 2014). Herein lies an "entry point."

Just as IE inquiries begin with a disjuncture, they begin with the adoption of a standpoint, almost invariably that of the person(s) experiencing said disjuncture. Here is where feminist standpoint theory enters in. Feminist standpoint theorists privilege women's standpoint over men's, and more generally, the standpoint of the oppressed over that of the oppressor, the claim being that the former allows people to see farther. It is not that theorists are maintaining that the standpoint of the oppressed yields "objective truth," for standpoint theorists to a person are clear that all knowledge is situated and partial (e.g., Harding 2004; Smith 2004). Only, in the words of standpoint theorist Nancy Hartsock (2004, p. 37), that it yields a vision "less partial" and "less perverse" (e.g., less harmful).

A clarification: "a standpoint" is not the same as a "perspective," and it is standpoint that is crucial to IE. It is not, that is, what the person experiencing the disjuncture believes, but what can be seen by standing in their position while on the alert for traces of institutional rule. If I might use a term put forward by standpoint theorist Nancy Hartsock (and to be clear, Hartsock means something much more extensive and communal in nature than what Smith has theorized), it is an "achieved standpoint." To understand this from within Smith's frame, it is the vision, that is, which the person would be capable of "achieving" if he or she theorized carefully from his or her own positionality and proceeded to investigate—a task that IE researchers take upon themselves.

Starting from the disjuncture and the related standpoint, the IE researcher proceeds to search for what is known in IE as a "problematic" (see Smith 2005, p. 38 ff.; Campbell 2002, p. 46 ff.). What is meant by the term "problematic"? Because this is one of those terms that befuddles most people, I would stick with a fairly instrumental answer. It is a particular kind of puzzle that presents itself. Problematics are a line of inquiry that holds the promise of opening up the ruling regime; in essence, rendering the disjuncture and what surrounds it "researchable." By way of example, in Chapter 2, you will be introduced to a research project in which the researchers start with the disjuncture of people being horrified by the sudden appearance of an advertisement recruiting individuals for an

electroconvulsive therapy (ECT) experiment. How could this have happened? shock survivors asked. Pondering this enigma and wanting a line of inquiry that does not get stuck in individual psychology but is institutional in nature, the researchers proceeded to think of the "ethical review processes" that all proposed research must pass. They subsequently chose as the "problematic" how it is that the local Research Ethics Board authorized such a study and no higher authority in the ethical review hierarchy stopped it.

Armed with the disjuncture and a sense of the problematic, the IE researcher now "researches up"—that is, starts penetrating the various levels of the institution. With the understanding that in the modern era, ruling characteristically proceeds through centrally created texts, or, as IE puts it, is "textually mediated," the researcher is on the lookout for key texts. The focus, however, is not on texts in isolation but rather on relevant text–act sequences. How, for example, texts inform people's actions, which in turn are validated by those very texts. Questions explored include: Which institutional agent picks up which text? What do they do with it? Who do they pass it on to next? And, which other texts does it link up with? While all relevant levels of "textual mediation" are explored, of special significance are "boss texts"—texts high in the hierarchy on which lower subsidiary texts are modeled and/or in terms of which they function—for there is inevitably a textual hierarchy at play.

We have already come upon the concept of boss text—in the passage from my interview with Lauren Spring (LS) quoted earlier. Lauren, you recall, asked me about the emphasis that I put on the boss text in the DSM. In answering her question, I looked at one example of a diagnosis historically contained therein—Selective Mutism. What we saw from the example is that the text functions as a "regulatory frame" prompting the diagnostician to look for and to be prepared to find things called "symptoms" and to ignore everything else. As such, it legitimates what other institutional players proceed to do.

We noted the circularity—and indeed, circularity invariably characterizes institutional rule. The texts at once prompt the institutional players to look for certain qualities; willy-nilly, to "find" those qualities; to abstract those qualities from everything else in the person's life; and finally, at least in this case, to attribute them with causality. What causes the symptoms of not speaking in certain instances? In the world of the DSM, you will recall, "selective mutism" does. Now, although I did not cover this dimension in the interview, what makes a text such as the DSM a "boss text" is not only that it is frequently activated but also that subsidiary texts are modeled on it, with those additionally bringing the boss text into play—all the texts together engendering circularity.

A piece of research that demonstrates the circularity particularly clearly is George Smith (2014). The disjuncture? Police raiding the gay bathhouses in Toronto. On the everyday level, all that was happening before the meaning of the men's activities was reconstructed by the police was gay men pleasuring themselves. In his careful tracing of the text–act sequences, Smith demonstrates how this innocuous activity was constructed as a breaking of a law for which people could be charged.

The boss text being used by the police was the Bawdy House Law. The police entered a gay bathhouse with the intent of activating this text. As one section of the act[2] stipulates that a *bawdy house* is a place where people either buy sex or are engaged in "the practice of acts of indecency," the police were pointedly on the lookout for men, for instance, engaged in sexual acts behind booths whose doors were open—something, that is, that could be slotted under the category "acts of indecency." As another section of the law stipulates that anyone is liable to imprisonment of up two years in duration who is an "inmate" of a common bawdy house or *someone in control who knowingly permits this use of it*, they likewise focused in on the one worker present, observed what he saw—what his conduct could be construed as "knowingly" permitting.

The officer in charge proceeded to write up his "report" stating: "When the officers first entered the premises, they walked around noting … any *indecent activity*" [my emphasis, quoted from Smith 2014, p. 25], thereby drawing on the boss text definition of common "bawdy house." The officer then pointedly stated that there were people engaging in sex with the doors to their booths open. About the worker, he went on to write: "[DOE] walked past a number of rooms that were occupied by men [who] were masturbating themselves while others just lay on the mattress watching. At no time did [DOE] make an effort to stop these men or even suggest that they close the door to their booths" (quoted from Smith, p. 25)—an observation that fits, among other things, with the boss text term "knowingly permits the use of it," which in turn made DOE's actions or lack thereof actionable.

The point here is that the report, like the observation, was generated using the boss text categories, in other words, was so conceived as to "satisfy" the boss text criteria—which itself made what was transpiring "actionable." As such, the report led to charges against everyone. When, once again, all that was happening in the everyday world was gay men pleasuring themselves.

Smith (2014) diagrams the process, showing how it is put together, showing how the criminal code guides the observation, and how in turn the report fits with the sections of the criminal code and legitimizes the charges—all of it part of an ideological circle. This is precisely the kind of work that institutional ethnographers do—that is, what institutional ethnographers are able to show.

Generally, with the aid of visual diagrams, the institutional ethnographer "maps" the text–action sequences that enter into the ruling, unveils the circularity. In the process, she or he takes extra care not to get caught up in what IE calls "institutional capture"—that is, not to use the institution's words, concepts, ideology—but to stick with the disjuncture and concreteness of the text–act sequences, continuing to reach further and further into the extra-local so that all relevant levels are covered. In the process the researcher concretely demonstrates how the institution is, as it were, put together.

All well done IE research produces such understanding—thus, its value when addressing such hegemonic institutions as psychiatry, or what Parker (2014, p. 52) calls the "psy complex" (i.e., psychiatry, psychology, psychotherapy, psychiatric social work). All expose and provide ammunition for challenging.

One particular type of IE additionally makes activism integral to the methodology. Enter institutional ethnography George Smith-style—political activist ethnography—and, with a quick overview of it, I will end this depiction of IE.

George Smith, whose study of the bathhouse raids we just discussed, was a student of Dorothy's (no relation despite the same last name) and in what turned out to be a groundbreaking article, he articulated and provided us with concrete examples of how "grassroots activist IE research" could proceed (Smith 1990). In the unique approach to IE which he pioneered, research was in the service of activism, with the activist agenda at once dictating the research focus and functioning as the driving force that generates data. By way of example, in two separate studies, one challenging the bureaucracy's handling of the AIDS crisis, and the other, challenging the policing of the male gay community, he used not formal interviews but demonstrations and political face-offs to generate the data. He likewise used the documents that materialized in the defense of the people from the community being charged.

And, here we shift from institutional ethnography for understanding—albeit this variety can generate IE understanding that is every bit as intricate as the first—to institutional ethnography for social change. Other ways in which IE can culminate in social change include strategically using its findings for challenges and combining IE with activist approaches like participatory research.

Psychiatry, Institutional Ethnography, and the Historical Moment

The suitability of IE as an approach for interrogating psychiatry is demonstrable for psychiatry routinely causes disjunctures—indeed, horrendous disjunctures in people's everyday lives; it has both hegemonic and direct dictatorial power. Behind what we might initially see—a doctor or a nurse—lies a vast army of functionaries, all of them activating texts that originate extra-locally. The fact that IE as a method feels ready-made to unlock institutional psychiatry—and that's what I am suggesting here—is not accidental. Significantly, from early on, psychiatry was one of the primary regimes which Dorothy was theorizing as she went about developing her method.

Early pivotal works in this regard include: "K Is Mentally Ill" (Smith 1978), in which she examines the processes by which a woman is constructed as "mentally ill"[3]; "No One Commits Suicide" (Smith 1983), which explores the textual construction of suicide; and "Women and Psychiatry" (Smith 1975), which theorizes the special ruling of women. Now psychiatry has continued to be a focus in IE circles. Over time, nonetheless, it has become less central. One of the objectives of my previous book, *Psychiatry and the Business of Madness*, was to alter that dynamic.

With *Psychiatry and the Business of Madness* (Burstow 2015), the intent first and foremost was to write a psychiatry abolitionist text that would materially alter the landscape. At the same time—and these goals interpenetrated each other—it intended to use IE to open up psychiatry in a way that had not been done previously. In this regard, I wrote:

> The strategic use of institutional ethnography is critical. … Even where IE as a methodology does not appear to be involved, as, say, in the history chapters, it is there in the background now guiding, now deepening the inquiry. *As such, IE serves not only as a primary methodology but as the overriding epistemology of the book.* IE, that is, is the lens through which we view all aspects of the institution, whether it be the relationship with the government, hospital texts, the nature of "prescribing," the very act of "diagnosing" … and the point is, ultimately, it is only by holding all such aspects together that we arrive at a grounded and comprehensive evaluation. That IE grounding in itself, I would add, separates this book from all other works on psychiatry, while opening up whole new ways of knowing. (Burstow 2015, pp. 20–21)

The intention was to bring institutional ethnography to bear on psychiatry in a new and powerful way while at the same time reasserting the significance of this area of investigation to the IE community itself.

At the point when I originally started envisioning the current anthology project, my earlier book was still under consideration by Palgrave Macmillan (later to be accepted and published). My thought as I approached possible coeditors for this anthology was that the first book (*Psychiatry and the Business of Madness*) could pave the way for the second (*Psychiatry Interrogated*). I envisioned it, as it were, as a "one-two punch." Moreover, I sensed, rightly or wrongly, partially as a result of the work of some of us and every bit as substantially because of the current groundswell of opposition to psychiatry, that we had arrived at a historical moment when psychiatry could once again be central to the IE world, and more significantly still, where an IE revolution in psychiatric critique was possible.

It is in this context that people were invited to take part in this one-of-a-kind anthology project. And it is in this context that excitement started to build.

Psychiatry Interrogated: The Process

To pick up on the story of the project where I left off pages ago, in the opening months of 2014 the three editors sent out a very large number of invitations, and many people signed on to the project, some with the intention of simply taking the training, others hoping to be a contributor. That noted, shortly after the first round of invitations went out, the other two editors withdrew.[4] Feeling the loss but determined to "soldier on," as sole editor and educator, I proceeded to plan and deliver the four workshops. Now a dilemma presented itself early on—how single-handedly to handle the logistics of the workshops, especially given that many participants would be attending virtually. The problem was quickly resolved when, thankfully, three graduate students (Eric Zorn, Efrat Gold, and Kelly Kay) offered to assist in exchange for being allowed to take the free IE training—a clear and early indication that, indeed, excitement over IE was brewing. All but one student subsequently became contributors to this book.

The formal training began July 7, 2014, and ended September 13, 2014. It took place at the Ontario Institute for Studies in Education (OISE). About three-fifths of the people attended virtually, while the rest were physically

present. Major ingredients included: introduction to key aspects of IE; clarification of the project; and substantial experiential components where learners became skilled at recognizing institutional terms, at designing IE projects, at wrestling with problematics, at conducting interviews IE-style, and at mapping text–act sequences. Three components of particular note were: forming teams, beginning to draft projects, and the special workshop devoted to "unhooking" from psychiatry.

Identifying possible projects and the forming of teams occurred at the very last workshop. One reason that I opted for forming teams was that, given the huge turnout, we were in danger of having more research projects than could be easily accommodated in a single anthology. Another was that a transformative dimension enters in when research transpires communally. Although everyone, of course, created teams based on a common interest or passion, a configuration that I hoped would emerge were teams composed of both psychiatric survivors with expert knowledge of the institution but no knowledge of IE, on one hand, and skilled IE researchers who lacked the expert knowledge of the survivor on the other. A few such teams did indeed coalesce, and in each case, it was low on problems and high on mutual respect and synergy. By the end of the workshops, most contributors were part of a team.[5]

During the Unhooking from Psychiatry Workshop (the second to last one), it was clarified that people, of course, were *in no way obliged* to adopt an anti-psychiatry position but they *were obliged* not to fall down into institutional capture. An example of an exercise we did in this regard involved dividing into small groups, with each one working through a list of words that reflect institutional capture—everyday terms (e.g., "mental illness," "mental health," "psychiatric diagnoses," and "psychiatric medication")—then brainstorming what might be used in their stead. The small groups subsequently presented to the group as a whole. I likewise shared my own recommendations, which are shown in Figure 1.1.

Now, while the exercise proceeded relatively seamlessly, of course, as most of us were well aware, it was one thing to be able to avoid institutional capture when part of a large group of people with one and only one task at hand—keeping psychiatry at bay. It was quite another when relatively on one's own and in the grip of other agendas. The question still to be answered was: What would happen when the research and the writing were in "full swing"?

The workshops ended with us all reaching out for ways to support each other and beginning the nitty-gritty of the work. Support groups formed. People talked in the hall. People exchanged email addresses. People told each other about documents that might be of use. People stepped up onto the advisory team. People checked in with me, wanting to ensure that what they were calling a "disjuncture" genuinely was one. Excitement was high, as was determination.

What followed over the next year was a flurry of activity, with researchers working away at problematics, hunting for documents, picking up threads and following them, searching for new threads, restructuring, checking in, and/or

Institutional Lingo	Possible non-institutional Replacements
has ADHD	Has been labeled ADHD
is schizophrenic	Labeled schizophrenic
mentally ill	Has or seen as having emotional difficulties
mental illness	Emotionally distraught
has history of mental illness	Has a history of being labeled "mentally ill"
family history of mental illness	Whole family is attributed as suffering from a "mental illness:
ward	I'd leave as is, but never forget that it is an institutional term
meds	drugs
medicated	Put on drugs
nurses	(I'd tend to leave it as is also—just don't forget it's an institutional category)
symptoms	Ways of being that others find distressing
psychiatric treatment	Psychiatric "treatment"
incapable of deciding on treatment issues	Labeled "incapable"
effective treatment	"treatment" claimed to be helpful
psychosis	Ways of being, thinking, or acting that others not understand
acted out	Acted in ways that staff did not like
hallucinations	Seeing or hearing things others do not hear or see
diagnosis	label
dual diagnosis	Two labels
committed to an institution	Psychiatrically incarcerate
suffered a relapse	Return to way of acting or thinking that was defined as a problem
noncompliant	Actively rejects what the "mental health" professional asks of him/her

Figure 1.1   An example of material looked at during the September 12, 2014, workshop: Beginning to Think About How to Unhook From Psychiatric Discourse

altering the focus. Driven by a passion, generally related to the disjuncture that they so keenly felt, for several months various teams remained on the lookout for people external to the anthology project who were concerned about the same problem; the same disjuncture; and when it felt right, proceeded to blend them into the team, with some teams growing exponentially in the process. Even though some projects dropped out—and we all particularly regretted the disappearance of three projects in the Indigenous and Aboriginal areas—most teams continued, delighted by the knowledge that they were generating, and indeed, eager to share it. A development of special note in this regard is that long before this anthology was written or even under consideration by the publisher, already a large number of the contributors had presented findings of their research at academic conferences.