

# Article

## Disability Studies

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This chapter reviews major recent publications focused on madness and neurodiversity. It is organized into four sections that explore the boundaries of mad studies and disability studies. The first section, ‘Is Mad Studies Disability Studies?’, provides a brief introduction to mad studies and asks whether it should be considered a branch of disability studies or a separate field. The second section, ‘Voices’, reviews a special issue of the *Journal of Ethics in Mental Health* edited by Jijian Voronka and Lucy Costa to overview how various mad studies scholars are contesting and expanding the boundaries of the field. Who is the ‘us’ of ‘nothing about us without us’? Whose voices are included, and is inclusion enough? The third section, ‘Literatures’, reviews the anthology *Literatures of Madness: Disability Studies and Mental Health*, edited by Elizabeth J. Donaldson, and the monograph *Black Madness :: Mad Blackness* by Therí Alyce Pickens, calling for deeper attention to racial difference in mad studies and suggesting that real inclusion should be transformational. The fourth section, ‘Rhetorics’, goes outside the boundaries of mad and disability studies to review Jordynn Jack’s *Raveling the Brain: Toward a Transdisciplinary Neurorhetoric*. The chapter calls for future scholarship that is not only transdisciplinary but also attentive to the enmeshment of mind and body, madness and disability. I argue that, while the two fields should not be collapsed, disability studies should dialogue with mad studies wherever possible, and vice versa.

### 1. Is Mad Studies Disability Studies?

As a scholar of disability studies at an elite university that does not yet have an organized curricular program in that field, I am often asked whether it includes mental disability. I’ll be tabling at the activities fair with the student group I advise, Duke Disability Alliance, and students will see our logo—a modification of the international symbol for disability access, a white stick-figure in a wheelchair on a blue background—and ask, ‘But what *kind* of

disability does your club focus on?' Or I'll be promoting an event for the faculty working group I direct, the Disability and Access Initiative, and an administrator who has never attended a meeting will tell me I should make the group more inclusive of brain research and psychoanalysis. While the belief that the word 'disability' and the field of disability studies is *only* about 'the body' and not about 'the mind' is mistaken, I do understand it. As an undergraduate, I was interested in mental disability based on personal experiences, and when I first encountered a reference to disability studies, I assumed it was about disabled *bodies*. My college had no visible disability studies presence then, so I was not disabused of the misperception until I enrolled in a Ph.D. program that offered disability studies coursework. These experiences demonstrate the persistence of the Cartesian mind-body dualism, even among academics who should 'know better'. This chapter will therefore explore the potential of scholarship at the nexus of disability studies and mad studies to complicate the Cartesian split. Does the bifurcation of the two fields preserve that split? Would merging the two fields solve the problem of people thinking disability studies is just about the body? Or would unification only lead to erasure? Although the field of disability studies is now considered a burgeoning one, much work remains to be done to increase its presence and visibility at universities, *and in so doing confront the inherent ableism and sanism of universities*. A more purposeful engagement with mad studies is essential to that project.

To begin with, what is mad studies? Mad studies centers the perspectives of mental health service users and psychiatric system survivors, resisting the medical-model 'pathology paradigm' that inscribes neurological difference as deficit and renders the experiences of mad people as symptoms of disease. Medicalized psychiatry, mad studies scholars argue, has the effect of robbing mad people not only of their liberty, but also of their voices and their ownership of their stories. A diagnosis of mental illness has the power to invalidate a person's speech. As Catherine Prendergast put it in 2001, 'To be disabled mentally is to be disabled rhetorically' ('On the Rhetorics of Mental Disability', p. 57). The label 'mad' is therefore reclaimed and boldly asserted in a defiant act of reassigning meaning (see Simi Linton, *Claiming Disability: Knowledge and Identity*). The naming of mad studies as a field dates to about the mid-2000s, amidst proliferating scholarship by (mostly Canadian and British) activist-survivors both in and outside academia. This is not to suggest that similar resistance, activism, and scholarship had not been happening in prior decades and in other parts of the world. Even as it named itself, mad studies refused singularities of definition and purpose: Richard Ingram's 2008 paper calling for the establishment of the field

termed it an ‘in/discipline’ rather than a ‘discipline’, and gestured toward debts to disability studies (quoted in LeFrançois et al., *Mad Matters: A Critical Reader in Canadian Mad Studies*, p. 12). Most scholarship acknowledges the challenges of naming the community, suggesting a not-always-easy coalition between differing identities: the designation ‘c/s/x/m’ (consumers/survivors/ex-patients/mad) denotes contrasting relationships to psychiatry and medicine. There is a similar range of perspectives in the field. The anti-psychiatry strand of scholarship, for instance, which pre-dates the naming of mad studies by some forty years (see Cooper, *Psychiatry and Antipsychiatry*), sees psychiatry as an irredeemable source of violence and oppression that ought to be abolished. Bonnie Burstow, author of *Psychiatry and the Business of Madness*, a galvanizing as well as polarizing voice in antipsychiatry, sadly passed in the first days of 2020. Her legacy is on my mind as I continue this conversation; her voice is a felt absence in a conversation I see as *worth having* regardless of where opinions may fall.

Themes of madness, mental disability, and neurodiversity are prevalent in a large number of new publications within the field of disability studies, including special issues of the *Canadian Journal of Disability Studies* and the *Journal of Ethics in Mental Health* as well as at least six books. Two of the new books are anthologies authored by collectives of psychiatric survivors: *Side Effects of Living: An Anthology of Voices on Mental Health*, edited by Jhilmil Breckenridge and Namarita Kathait—both female poets from India—and *We’ve Been Too Patient: Voices from Radical Mental Health*, edited by L. D. Green and Kelechi Ubozoh. The former book provides invaluable cultural insights while the latter is more focused on critiques of mental health systems and their failures. Both provide essential first-person perspectives that should be consulted beyond the fields of mad and disability studies by anyone with a personal or professional interest in experiences of and responses to psychiatric distress. A third collection of first-hand accounts, *Autistic Community and the Neurodiversity Movement* edited by Steven K. Kapp, provides indispensable wisdom on the history and experience of neurodiversity, but was still forthcoming when this essay was drafted. Finally, *Madness, Violence, and Power: A Critical Collection*, edited by Andrea Daley, Lucy Costa, and Peter Beresford, is also recommended despite exceeding the scope of this essay.

Among these rich resources, I have chosen to highlight scholarship that clarifies the frontiers as well as the limitations of the field(s) of disability and mad studies. My next section, ‘Voices’, reviews a special issue of the *Journal of Ethics in Mental Health*, edited by Jijian Voronka and Lucy Costa, to overview how various mad studies scholars are contesting and expanding the boundaries of the field. Who is the ‘us’ of ‘nothing about us without us’?

Whose voices are included, and is inclusion enough? The following section, ‘Literatures’, reviews the anthology *Literatures of Madness: Disability Studies and Mental Health*, edited by Elizabeth J. Donaldson, and the monograph *Black Madness :: Mad Blackness* by Therí Alyce Pickens. These books perform mad and disability studies through rigorous intersectional, culturally specific engagements with literature. Both demonstrate the urgency of rejecting the whiteness of mad studies and resisting universalizing theories that erase difference. The fourth and final section, ‘Rhetorics’, reviews Jordynn Jack’s *Raveling the Brain: Toward a Transdisciplinary Neuro rhetoric*, a book that does not affiliate itself explicitly with either disability or mad studies, but which mobilizes a rhetorical-material approach that speaks back to brain science in productive ways. Featuring transdisciplinary scholarship that remains ostensibly outside the discourse of disability studies enables reflection on the boundaries of the field. To what extent are these boundaries limiting? To what extent does the discourse of disability enable expansiveness across the boundaries of traditional disciplines?

Bringing these texts together, I explore critical questions driving the field. Is ‘inclusion’ the end goal, or do we need radical transformation? What is the value of offering culturally specific rather than universalizing theories of disability? Is there room for frank discussion of colonial violence and intergenerational trauma in a field that has traditionally concerned itself with emancipatory frameworks for disability? To what extent should we read agency into a subject’s occupation of marginalized racial identities and disability statuses? In addition to raising new inquiries, this scholarship revisits old conversations on language, disclosure, and gatekeeping. Elizabeth Brewer, in her contribution to *Literatures of Madness*, remarks, ‘despite Linton’s broad definition of disability studies, the field has not agreed on who can comfortably occupy it’ (p. 27). Again, the question is one of boundaries.

While it may seem simplest to define mad studies as a branch of disability studies focusing on constructs of madness, mad-identifying scholars like Phil Smith prefer to let the field resist definition. According to Smith in ‘Defining Disability Studies and its Intersection with Madness’, mad studies is

an anti-methodology that is crazy as a motherfucker. a weigh to explore the bawdy lustiness of untoward bodyminds threw the outrageousness of impossible new imaginariums. opposed to the typical neoliberal corporatizm of increasingly commodified academe, it is a new kind of outsider onto-epistemology wutzit look like? if we knew, and could define it it wouldn’t be whatever it is that it wants to be. (para. 3)

The form of Smith's piece exemplifies how mad studies scholarship can playfully subvert the conventions of standardized language and academic scholarship, performing the field's rejection of enforced normalcy. To return to the question that heads this section: is mad studies disability studies? I am not suggesting that either field can fully contain the other, nor that all disability or mad studies scholarship should somehow include discussion of both 'mental' and 'physical' disability. To fully subsume mad studies under the heading of disability studies, if such a thing could be done, would mean neglecting the areas where the two fields do not precisely line up, and erasing some critical differences. But I do believe that both fields would benefit from being as conversant as possible, and that neither should shy away from the perceived stigma of the other. We have to resist the misperceptions that 'disability' pertains only or primarily to the body, and that madness, mental disability, and neurodivergence are not embodied. This chapter calls for future scholarship that is not only transdisciplinary but also attentive to the enmeshment of mind and body, madness and disability.

## 2. Voices

I open with a significant confrontation to the mental health service system and the mad movement alike. How has the language of the movement—its championing of inclusion in particular—been subsumed to support and strengthen the very systems we set out to critique? With the mantra of 'nothing about us without us', inclusion has always been foundational to the disability rights and mad pride movements. But disability citizenship, or the inclusion of the voices of disabled people, can also be capitalized on to legitimize the power of paternalistic and ablenationalist 'care' structures (see David Mitchell and Sharon Snyder, *The Biopolitics of Disability: Neoliberalism, Ablenationalism, and Peripheral Embodiment*). 'Including' disabled voices does not guarantee them equal *power*: so argue the contributors to 'Disordering Social Inclusion: Ethics, Critiques, Collaborations, Futurities', a special issue of the *Journal of Ethics in Mental Health*. Editors Jijian Voronka and Lucy Costa, both of whom have promoted service user inclusion in mental health systems in the past, and been participants and consultants themselves, ask, 'how is it that we have moved from Mad Pride to participation pride, where being asked to participate in projects, irrespective of how unhelpful or unethical the project is, is considered exciting and even liberatory?' (p. 4). The idea that including service users as research and focus group participants will fundamentally shift the power structures underlying mental health systems is a 'manufactured neoliberal fantasy', Voronka and Costa proclaim (p. 7).

Rather than pushing for mental health structures to include the voices of service users, the special issue's contributors challenge the ethics of these practices, and point out that 'inclusion' can be just another strategy for promoting the benevolence of mental health systems. If service providers can claim to work with those most impacted, their work is legitimized as being by and for the community. Psychiatrized individuals, frequently excluded from typical employment, are financially vulnerable and often eager for participatory opportunities that pay. And payment, even if it is low and short-term, entitles organizations to prevent participants from exposing the conditions of their work. Predictably, organizations tend to accept only 'ideas that align with dominant interests', while dismissing "unreasonable" demands that create discomfort' (Voronka and Costa, p. 3). Service user inclusion has been mainstreamed as a 'best practice' for many years, but it has not resulted in action around the basic needs of the community, such as housing. The self-congratulatory strategy of inclusion tokenizes multiply marginalized participants, who feel themselves subjected to 'systemic gaslighting' when their involvement leads to no significant change (p. 7). 'Is our incorporation about challenging systems of power, improving professional praxis, or gaining a toehold into the employment sector?' Voronka and Costa ask. 'These questions are especially pressing given that many of our employment opportunities require us to integrate within pre-existing "helping professions" that are tied to histories of violence' (p. 4). With this special issue, the editors resist the erasure of a long history of agitation from *outside* the system.

Several essays relate the authors' navigations of insider and outsider status as former patients who moved into academic or activist spaces. Diana Rose, for instance, in her essay on becoming a Professor of User-Led Research, expounds upon the difficulty of occupying a 'double identity', a dilemma that is never resolved but 'continually reshaped' (p. 3). Despite the persistent challenges of getting survivor knowledge recognized as valid in a scientific disciplinary culture of empiricism and evidence-based medicine, Rose ultimately asserts that 'the struggle' must 'take place inside existing practices if we are to do anything to lessen the grip of the social apparatus which frames them' (p. 14). Alternatively, Mathieu Bouchard offers an autoethnographic account of his experiences as an inpatient, outpatient, patient advisor, and finally Mad activist. His occupation of activist as opposed to academic space enables a more liberated stance. Reflecting on how his experiences of anger within the mental health system prompted his outward trajectory, Bouchard asserts that 'righteous anger' has an emancipatory potential that can be harnessed for more powerful 'spoiled-identity activism'

(p. 7). Bouchard's claims thus go beyond the importance of voice, toward an assertion of how our voices should be used. But voice is inadequate, according to Cherry Baylosis in 'Mad Studies and an Ethics of Listening', if listeners are not prepared to hear and respond to survivors' concerns. She therefore develops an ethics of listening based on cultural studies scholarship, which she insists mad studies should incorporate as a critical component of its emphasis on voice.

The collection is as much an interrogation of inclusion within the field of mad studies as it is a critique of the ethics of inclusion in mental health system spaces. Helen Spandler and Konstantina Poursanidou raise questions about gatekeeping in 'Who Is Included in the Mad Studies Project?' To what extent do we need to identify as mad to be mad studies scholars? Do we have to adopt a predefined mad-positive, antipsychiatry stance? What kinds of conditions and experiences 'count' as appropriate subject matter—is the field about psychiatric disability only, or are we free to go beyond the psycho-social realm and consider more 'organic' neurological conditions like intellectual and developmental disabilities, dementia, genetic disorders, chronic fatigue, myalgic encephalomyelitis, and 'drug related experiences' (p. 11)? (To this list I would add traumatic brain injury, cerebral palsy, chronic migraine, epilepsy, and other complex conditions that defy the brain/body binary.) The article identifies areas of productive overlap with other discourses, such as the neurodiversity movement, and argues that the potential to include a wider range of non-normative experiences outside the designation 'mad' is what makes the field exciting. The article anticipates what the field could be if it were to unsettle, rather than uphold, traditional binaries: 'it could seek to understand the specificity, as well as the commonality, within and between different experiences, i.e. their intersectionality' (p. 14). Mad-positive perspectives do important cultural work, providing alternatives to familiar tropes of tragedy and fear, but if these were the only permissible perspectives the field would create new normativities, demanding 'ideal' mad subjects. Similarly, if the field were to align itself entirely with antipsychiatry, it would not only alienate service users and consumers who feel they benefit from psychopharmaceutical interventions and medications—a population Sarah Golightley also defends in her article—it would also actively undermine the work of activists who are pushing to expand access to existing mental health services, which are typically less accessible to rural, poor, and racialized communities.

On the question of identification, Spandler and Poursanidou conclude that one does not have to identify as 'mad' to do mad studies, but allies must do everything they can to center survivor experiences. Since survivor

experiences are paramount, it is necessary to ask who is typically counted as a survivor, and what exactly constitutes ‘lived experience’—and Ameil J. Joseph does exactly that in his essay. Joseph makes the crucial argument that by privileging survivors of psychiatrization, and those who identify in some way with madness or other mental health labels, mad studies overlooks racialized, indigenious, and immigrant populations, who are overcriminalized and forced to ‘survive’ systems *outside* the mental health enterprise, such as prisons and the immigration system. If the field of mad studies continues to define ‘lived experience’ specifically in terms of mental health system survival, it will problematically elide everyone outside that predominantly white, Western context, and perpetuate the erasure of structural and intergeneration colonial violence. From Joseph’s piece, we can conclude that race, ethnicity, and place of origin play a critical role in who gets perceived as ‘mentally ill’ and who gets labeled as criminal, illegal, or otherwise deviant. As we have seen previously, such as in discussions of mass gun violence, there are situations in which labels of mental illness are actually a reflection of privilege in racial, religious, ethnic, and/or class contexts. Suggesting a person is in need of healthcare is a more sympathetic response than punishment or banishment.

Considering the access to healthcare that medical labels and diagnoses enable, the collection includes a posthumous article by Doran George (they/them) that asks, ‘is there any value in thinking of transgender as a disability?’ (p. 1). Summarizing an ongoing debate, George shares one story in which a transwoman appealed to the Americans with Disabilities Act to contest employment discrimination, as well as a story in which a prominent psychiatrist argued that gender reassignment surgery exacerbates mental illness. The first story exemplifies the potential advantages of transness as disability, while the second is an example of how that could backfire. George shares their own experience with gender dysphoria, insisting that each shift in gender identity across their life was ‘harrowing’ and involuntary (p. 2). ‘Yet, configuring transgender as a disability seems to me to risk justifying transphobic discrimination’, George admits (p. 2). The truth of that statement is a factor of the ableism that saturates our society. The pervasiveness of ableism in the medical profession justifies certain doctors’ transphobic responses. It would seem that declassifying gender dysphoria as a mental disorder could serve to liberate the community, like the declassification of homosexuality, but George points out that this resembles ‘the disavowal of disability in the fight for social inclusion’ (p. 3) that was such a troubling feature of twentieth-century identity politics. The *DSM-5*, in replacing ‘gender identity disorder’ with ‘gender dysphoria’, avoids stigmatizing an



identity, basing the diagnosis instead on the ‘clinically significant distress’ that can accompany disidentification with one’s birth-assigned sex (p. 5). George ultimately finds it helpful to interpret that ‘distress’ as being largely sociocultural, a consequence of the dominance of cisheteropatriarchal norms. This understanding of transgender-as-disability makes sense in a social model context while holding on to the helpful aspects of medicine: access to hormone therapies and sex reassignment helps resolve the clinical distress of dysphoria (p. 6).

As a whole, this issue of the *Journal of Mental Health Ethics* is a project of identifying and problematizing boundaries. The essays point to the various forms of diversity that exist within the mad and neurodivergent communities, and within mad studies. What defines mad studies as both an intellectual and political enterprise is its commitment to coalition, which has never been based solely on positive feelings of solidarity and camaraderie, but on the tension of genuine difference. Tension, as Martin Luther King Jr. famously wrote, is ‘necessary for growth’: ‘we must see the need of having nonviolent gadflies to create the kind of tension in society that will help men to rise from the dark depths of prejudice and racism to the majestic heights of understanding and brotherhood’ (‘Letter from Birmingham Jail’).

### 3. Literatures

The importance of observing rather than erasing difference is sustained in the literary scholarship under review here. *Literatures of Madness: Disability Studies and Mental Health*, edited by Elizabeth J. Donaldson, offers analysis of a range of literature on mental health themes from a variety of cultural traditions and genres of writing. With sections on ‘Mad Community’, ‘Mad History’, and ‘Mad Survival’, the collection interrogates as well as performs the affiliation between disability studies and mad studies. The essays in the ‘Mad Community’ section investigate themes similar to those outlined above. Elizabeth Brewer, in ‘Coming Out Mad, Coming Out Disabled’, explores questions of belonging, identity, and disclosure, asking, ‘Can I do disability studies?’ (p. 11). She describes her ‘messy’ relationship to disability after her brother’s suicide, which occurred shortly after he received a schizophrenia diagnosis. What is the status of sibling narrative in disability studies? What is the status of mental distress in a field historically focused on physical and sensory disability? Reflecting on scholarship by Margaret Price, Katie Aubrecht, and A. J. Withers, Brewer claims that ‘coming out’ as both mad and disabled heightened these scholars’ credibility and paved the way for ‘coalitional scholarship’ (p. 13). Her essay provides

useful arguments in favor of disclosure, echoing Corbett O'Toole's insistence that the choice not to disclose our relationship to disability in our scholarship reinforces stigma, and Eli Clare's emphasis on the importance of role models. 'I worry', Brewer writes, 'that we perpetuate fear about being discovered to have a messy or uncommon relationship to disability, when in fact these complex identifications can create role models and can catalyze interventions into debates, such as the border between madness and disability' (p. 27).

If the positioning of Brewer's essay as the first chapter sets up an inquiry about the relationship between mad studies and disability studies, the collection itself represents a mostly seamless merger of the two, exemplifying the 'coalitional scholarship' Brewer calls for. With its title, its inclusion in Palgrave Macmillan's Literary Disability Studies series, and the majority of its chapters, the book explores mad themes explicitly from the vantage point of disability studies. In this way, it lends the institutional credibility of disability studies to mad studies topics, while also helping to expand the terrain of disability studies itself, ensuring that scholars and students of disability include madness in their purview.

Like Brewer, PhebeAnn M. Wolframe advocates 'messier models of [. . .] identity and community' in her essay (p. 47). Wolframe, self-identifying as a psychiatric survivor, offers additional insights on the research ethics of inclusion. In her experience creating *MadArtReview*, a mad community blog, participants were frustrated by the confidentiality protocols, feeling it necessary to be open about their identities in order to connect and build community. One participant wrote about confidentiality as a 'mechanism of control' that breeds isolation and fear (p. 40), leading Wolframe to conclude:

the greatest impediment to developing and sustaining mad communities is not divisiveness along political or identity-based lines; rather, it is the subjectifying of mad people as 'vulnerable' (incapable of speaking in our own best interests; risky, at risk, and liable to be 'triggered') that prevents and fractures mad community. (p. 41)

Wolframe's essay also explores mad community in Persimmon Blackbridge's *Prozac Highway* (2000), a novel that navigates the politics of kinship in queer and mad spaces. The protagonist, Jam, experiences lateral marginalization between her online mad community and her 'meatworld' relationships, but both are forms of chosen family (p. 46). Eventually, Jam's queer family interacts with her online mad community on Jam's behalf, opening up understanding of how queer marginalization relates to madness and psychiatrization.

Connections to queer studies are also prominent in Tatiana Prorokova's chapter on lesbian identity in Ann Bannon's *Beebo Brinker Chronicles*. Her essay historicizes the discursive status of queerness as a classifiable mental illness, a sexual deviation or 'perversion' considered contagious. During the 'golden age' of lesbian pulp fiction in the 1950s and early 1960s—a time when the genre was largely pornographic, created voyeuristically by men—Ann Bannon's *Beebo Brinker Chronicles* (1957–62) exposed the homophobia and ableism of the period. Alcoholism played a significant intermediary role in these stories, between social ostracization, madness, and disability.

The majority of literature analyzed in the collection is authored by women, and a number of essays engage directly with feminism. Editor Elizabeth Donaldson's introduction opens with a discussion of Shulamith Firestone's *Airless Spaces* (1998), 'tales that are devastating in their brevity, for the monumentally small acts of courage and resistance and for the neglected moments of grief and loss that they encapsulate and record' (p. 1). Donaldson ponders the eighteen-year space between Firestone's 1970 publication of *The Dialectic of Sex* and *Airless Spaces*, a time in which the radical feminist was in and out of psychiatric hospitals with schizophrenia. The fact that Firestone was able to write again, and get published, is owing to the organic emergence of a feminist care network, a group of women who supported her and helped her survive. Later in the volume, Donaldson writes about another woman who authored a significant asylum narrative based on personal experience: Mary Jane Ward, author of *The Snake Pit* (1946). After the book was made into an Academy Award-winning film, Ward played her part in the history of mental health advocacy.

Confronting traditional feminist interpretations of madness, Rose Miyatsu's essay on Sylvia Plath's *The Bell Jar* (1963) insists that a woman's experiences of madness cannot always be reduced to rebellion against the patriarchy. She highlights Esther's attempts to find mad community as she comes to terms with her identity, not only as a woman, but also as a person with an enduring mental illness. Miyatsu's essay encourages uses of *The Bell Jar* that see the novel as an offering to the mad community, enabling 'connection through pain' (p. 59) and granting permission to reject compulsory positivity and productivity. Like Miyatsu, Karyn Valerius also resituates a feminist author into a mental health framework: revealing Louisa May Alcott's personal experiences with depression, suicidal ideation, and 'despondent moods' (p. 91), Valerius then analyzes these themes in the novelist's less well-known works. Women's madness, we might conclude, is neither independent of nor reducible to gendered forms of oppression.

Perhaps the most valuable attribute of *Literatures of Madness* is its exploration of experiences of madness in different cultures. The collection, while challenging overly individualized biological definitions of madness, also refuses to overgeneralize madness as something that transcends race, location, time, and culture. It includes essays on literatures from First Nation, Indian, Caribbean, and Jewish authors, illuminating the ways in which mental health experiences are shaped by unique histories of oppression and differing social norms. This is no small task, and the contributors demonstrate awareness of its significance. Erin Soros calls her piece on indigenous literatures of madness ‘a hesitation’ rather than an analysis: ‘I was torn between my wish to share the compelling insight found in the novels of a writer of such daring and skill as Lee Maracle and my sense that my knowledge of Stó:lō culture is inadequate to do so’ (p. 73). Although conversations on mental health in indigenous contexts often dwell on alcoholism, addiction, and suicide, Soros points out that the real tragedy is colonization. Recalling Alicia Elliott’s themes of intergenerational trauma in ‘A Mind Spread Out on the Ground’ (2017), and the violence of residential schools that enforced literacy by beating the native languages out of children, Soros is uncomfortable using a traditional academic approach to indigenous literature. Instead, she uses her platform to link to a collaborative hypertext, ‘a potentially unending series of conversations’ (p. 79).

The ‘power of cultural memory’ is central also to Gail Berkeley Sherman’s evaluation of Joanne Greenberg’s *I Never Promised You A Rose Garden* (1964) (Sherman, p. 177). By comparing the protagonist Deborah’s symptoms to a ‘dybbuk’, a Yiddish word signifying a haunted spirit, and evoking the memory of her grandfather’s humiliation by an anti-semitic Latvian count, the novel insists that what we call madness is historically, culturally, and geographically specific. On entering the mental institution, Deborah comes to know gentiles for the first time in her life, and pretends that they are Jewish ‘so that they could be close to me’ (quoted by Sherman, p. 173). Sherman equates this refusal to acknowledge difference to ‘indifference’. By insisting on sameness and repressing one’s feelings of hatred or discomfort with the other, a person refuses the opportunity to confront and resolve those feelings. It is a shame, in Sherman’s view, that the 1977 film removes all Jewish references, thereby erasing the novel’s critique of difference and indifference. Ironically, the film, in its attempt to tell a more universal story, overlooks the most important message of *this* story: namely, that difference enables ethics and moral behavior. Sherman’s essay therefore echoes my claim above that difference is not a challenge to, but a precondition for, coalition and democracy.

Essays by Srikanth Mallavarapu and Drew Holladay exemplify the extraordinary nuance of this collection's approach to intersectionality. Mallavarapu, reviewing Jerry Pinto's *Em and the Big Hoom* (2012) and Amandeep Sandhu's *Sepia Leaves* (2008)—two novels about mothers with mental illness in India—finds that storytelling complicates rather than resolves tensions between medical versus social model understandings of mental illness. 'The choice between dysfunction and defiance is an artificial one', Mallavarapu reflects (p. 193). While the mothers in these stories do struggle within the patriarchy and their prescribed family roles, and while India's 1970s political turmoil is a major theme of *Sepia Leaves*, Mallavarapu references the work of medical anthropologist Arthur Kleinman to argue that readers should not 'impose structures of meaning onto experience' (p. 195), or render 'patients as political actors with specific agendas' (p. 196).

Conversely, Drew Holladay's essay on Michelle Cliff's *Abeng* reminds us of the persistence of political forces regardless of personal agency: 'Cliff's "mad" characters clearly show how racial identity, sexuality, and class position strongly delimit each person's path' (p. 200). Cliff refuses the kinds of negative disability metaphors other Caribbean writers have relied on to critique the brutal cultural legacy of colonialism, such as Frantz Fanon's assertion in *The Wretched of the Earth* that mental disorders are 'the direct result of the colonial situation' (quoted by Holladay, p. 204). Neither does Cliff fall into the trap of representing madness as a positive symbol of rebellion. Going through the stories of the many characters in the novel who occupy different kinds of mad identities, and different racial, gendered, and class identities, Holladay posits that 'neither disability nor race are in themselves determinative but are instead interwoven in their effects on an individual' (p. 208). Ultimately, Holladay celebrates collectivity 'as a specifically Caribbean quality' (p. 208), not based on unity or shared beliefs, but 'a grouping steeped in difference' (p. 209). Her essay helps us to see that difference and collectivity are not necessarily at odds.

No discussion of recent scholarship on literatures of madness would be complete without consideration of Therí Alyce Pickens's *Black Madness :: Mad Blackness*. Pickens's claims resonate with Mallavarapu's refusal to 'impose structures of meaning onto experience' as well as Holladay's hypothesis that 'neither disability nor race are in themselves determinative'. The monograph subverts notions of what 'scholarship' should look like, enacting a 'distrust of linearity' (p. xi) and critiquing not only the traditional structures of the academic monograph, but also the conditions under which such works are constructed. The preface reflects on how pressures to get tenure force early-career academics to conform to a certain model of scholarship in order

to prove their belonging and earn their membership. *Black Madness :: Mad Blackness* represents a more liberated approach, after the tenure hurdle has been cleared. Pickens resists the masculinist, sanist compulsion to *have an argument*, which is after all a norm of Westernized, white-centric academic practice. The book's aims are clarified in Pickens's use of the double colon in the title, which 'questions the grammars and assumptions that lie dormant in thinking of [blackness and madness] as analogous' (p. 6). Unsettling the norms of academic publication, the book invites us to 'think Madly. Blackly' (p. xi).

How do we talk when we talk about race and disability? Pickens cautions that facile analogies between the two can facilitate erasure, prioritizing one experience over the other. Bemoaning 'missed opportunities for nuance' in the scholarship (p. 2), *Black Madness :: Mad Blackness* painstakingly revisits those opportunities, critiquing the inadequacies of various comparative or additive models. Theories of melancholia, for example, such as Anne Cheng's 'racial melancholia' and Paul Gilroy's 'postcolonial melancholia', while helpful in calling attention to internalized racism and imperialism, make melancholia, as a negative consequence of racism, more important than race itself (p. 16). Even intersectionality, lately an axiom of disability studies, has its shortcomings: intersectionality 'has been misused to recenter whiteness' and it 'does not move smoothly across transnational borders' (p. 18). Pickens declines to follow Jasbir Puar's example of using Deleuze and Guattari's theory of the assemblage in place of intersectionality, because the move represents an evacuation of black women's 'embodied theorizing' from an intellectual space that concerns them (p. 18). Pickens also disengages from Donna Haraway's theories of the cyborg: the desire to supersede the body, she reasons, 'has an antagonistic relationship with concerns at the heart of disability studies: pain, fiscal access, and the validity of embodied experience, to name a few' (p. 19). Moreover, the cyborgian future relies on middle- and upper-class privileges (p. 19). Rejecting all of these models, Pickens's careful explorations of blackness and madness follow a methodology of both suturing *and* parsing (p. 17), maintaining 'an elliptical openness that refuses linearity and progression toward traditional conclusions' (p. 22).

Rather than chapters, the book is organized into four 'conversations', each of which opens with an overview of critical perspectives before turning to literature. Pickens chooses novels by Octavia Butler, Nalo Hopkinson, Tananarive Due, and Mat Johnson, authors of 'Black speculative fiction that upends the erasure of Blackness in fiction writ large and the dismissal of madness as mere metaphor' (p. 13). Despite the turn from criticism to literature in each conversation, Pickens diminishes the dividing line between

these categories by characterizing the fiction as a part of the critical conversation, speaking back to theory and making an intervention. She refers to the authors as ‘theorist[s] working in the medium of fiction’ (p. 36). If, as Pickens writes, ‘the mad Black/Black mad subject is not simply standing at an intersection but also actively changing it’ (p. 22), the same could be said for the works of literature under analysis here.

Pickens’s overall resistance to linearity applies conceptually as well as structurally. Revisiting theories of mutual constitution, which suggest that race and disability construct each other or are constructed *at the same time*, Pickens calls attention to the ‘missed connections, erasures, and gaps’ (p. 29). In the interracial, multi-ability encounter, the two parties do not exist in time in the same way because ‘Blackness appears as the antithesis of history [...] whereas whiteness stands in for progression, being in time’ (p. 29). Using Deleuze’s concept of the fold, where ideas converge, and Fred Moten’s concept of the break, where history and narrative are intertwined, Pickens introduces Octavia Butler’s *Fledgling* (2005) to the conversation. The protagonist Shori, a female vampire (called Ina) who has been subject to experimentations that make her black and uniquely able to stay awake during the day, embodies this notion of a being out of time: she experiences severe amnesia, cutting her off from her own past, and has the appearance of a child, despite being in her fifties. Her presence among a white host family is disruptive of many norms, but significantly for Pickens, these disruptions are not a result of agency on Shori’s part.

Here it is important to make a distinction between Pickens’s characterization of the disruptive, transformative power of blackness and madness, and previously discussed characterizations of madness as rebellion. While Pickens does present madness as an ‘alternative to engagements with white racism’ (p. 14), she stresses that this is not the result of black mad agency, nor does it necessarily lead to liberation. Readings of black madness that represent these forms of otherness as indicative of the subject’s agency, or as having inherent transformative potential, can actually facilitate erasure: ‘the material conditions for celebration and agency require material resources not available to everyone, and mere knowledge of one’s situation cannot be proxy for freedom from it, nor does awareness equal agency’ (p. 35). Reading *Black Madness :: Mad Blackness* alongside the essays of *Literatures of Madness* forces a reconsideration of the ways in which some mad/disability studies scholarship has sought alternatives to pathological understandings of madness by settling on reductive readings of madness as power, or a sane response to an insane world. We cannot be satisfied with such assessments in cultures where madness is more likely to be met with loss of liberty than

with liberation. Setting aside recuperative projects that seek to identify figures of resistance in history, Pickens locates the task of imagining anti-racist, anti-ableist futures in the realm of black speculative fiction.

While a summary of all of Pickens's 'conversations' would require more words than remain in this essay, I will close with a brief overview of her interventions that are of greatest significance to disability studies scholars in the hope that they will engage with this book themselves. Her discussion of intraracial dealings with madness in Nalo Hopkinson's *Midnight Robber* (2000) provides valuable critiques of Western notions of ocularity, suggesting disability studies should rethink its emphasis on the distinction between 'visible' and 'invisible' disability, and recognize that there are other registers apart from sight which make disability legible (pp. 56–57). Pickens's exploration of Tananarive Due's representations of the nonhuman/immortal in *African Immortals* (1997–2008), challenging dominant definitions of the human, has implications for disability studies theories that posit disability as the basis for a more inclusive framework for human rights. While these theories rely on a universalizing of disability, Pickens questions 'how one arrives at universality if the so-called soundness of the bodymind is not the sole reason for exclusion' (p. 79). The final conversation on Mat Johnson's novels returns to topics of time and linearity by asking what happens to black mad subjects at the end of time. Johnson's willful disruptions of the novel form, like Pickens's disruptions of the monograph structure, refuse the onus on author-theorists to make meaning. In resisting conclusions and meaning-making, Pickens resists the *disciplining* of blackness, madness, mad blackness and black madness.

#### 4. Rhetorics

'[T]he future of disability studies must include scholars of rhetoric', Pickens asserts, 'who are at the forefront of work on intellectual disability with their explorations of autism, neuroatypicality, and mental illness' (p. 8). Madness and neurodiversity are often defined in terms of communication and rhetoricity, so rhetoricians have a lot of potential for shaping the conversation. This final section reviews Jordynn Jack's *Raveling the Brain: Toward a Transdisciplinary Neuro rhetoric*, a book that, curiously, does not situate itself within disability studies despite the author's previous work on autism. The book addresses the problem of 'neurohype', or overly essentialized claims about the nature and workings of the brain—a problem which Jack claims has origins not in popularized accounts of scientific research, but in the scientific literature itself (p. 4). I recuperate both the value of Jack's work



to the field of disability studies as well as the value disability studies could have lent to this book. This task entails revisiting the drawing of the boundaries of the field. Jack's choice not to situate the book explicitly within the field(s) of disability and mad studies strikes me as an effort to be broader and more expansive than those designations allow. For me, this prompts useful reflection on those boundaries and how we might envision them with greater flexibility.

Jack's prevailing methodological metaphor—raveling and unraveling—bears similarities to Pickens's strategy of both suturing and parsing. Metaphors of 'unraveling' the mysteries of the brain, common to neuroscientific literature, promise simplification, but Jack insists it is equally important to *ravel* the brain, a process she likens to literary analysis: 'In general, we do not simply *unravel* poems, teasing out meanings that move from complex to simple; we *ravel them*, tying images and ideas together, generating multiple interpretations, puzzling them out' (p. 2, emphases in original). While neuroscientific research, which Jack defines as 'social and cognitive neuroscience that uses fMRI' (p. 3), frequently describes itself as 'unraveling' the brain's secrets, Jack sees this as a masculinist approach that presumes 'the naturalness of objectivity guided by the neutral male gaze' (p. 2). Instead, she employs a rhetorical-material analysis of the network of 'interconnected discourses, arguments, bodies, tools, techniques, practices, theories, and traditions that neuroscientists use to do research. This rhetorical-material meshwork represents the grounds from which research problems are chosen, problems are framed, concepts are understood, and bodies (and their brains) are recruited to produce scientific knowledge' (p. 5).

What assumptions do neuroscientific studies leave unexamined? From where do they derive their persuasive powers? How do the limitations of scientific procedure lead them to make reductive or problematic claims? Jack's rhetorical-material approach builds a bigger framework around neuroscientific studies to call attention to the gaps and limitations that she argues could be rectified with greater incorporation of humanities methodologies.

Despite the relevance of Jack's interrogations of neuroscience to questions of disability justice and research ethics, the book only mentions disability (or 'disabilities') a total of four times, and always as part of a list rather than a direct engagement. Because Jack's goals in this book are to resist the overgeneralizing tendencies of neuroscientific literature, and to strive for complexity, these moments feel like what Pickens might call 'missed opportunities for nuance' (Pickens, p. 2). As Jack articulates the problem of the disciplinary divide, 'while rhetoricians value textual detail,

complexity, and ambiguity, psychologists tend to value generalizable types of arguments, clarity, and certainty' (p. 69). If the scientific approach in medicine has historically sought to define the parameters of states of normality, disability studies opens onto a much broader spectrum of differences. Including the field more purposefully in her purview would have created space for this broader range while also animating her analysis with consideration of the impacts of neuroscientific discourses on real people. For example, describing the importance of the development of psychometric testing to the establishment of psychology as a scientific discipline, Jack briefly acknowledges that these tests were invented to hierarchize forms of intellectual disability (p. 50), without delving into the felt human impacts and cultural legacies of the notion of IQ. Later, where Jack calls attention to the failures of scientific research to meaningfully study intersectional identities owing to science's need for clear controls and a limited number of variables (pp. 108–10), attention to the endless forms of diversity introduced by disability identities would have illustrated the point effectively. The book could have remained situated in the rhetoric of science while also incorporating disability studies analysis in key places.

Although *Raveling the Brain* is not a disability studies book, it does model transdisciplinary scholarship in a way that scholars in our field can learn from. Illuminating the shortcomings of neuroscientists in studying creativity, for instance, Jack lights on their 'reliance on the definitions themselves' (p. 54). Scientists, without a complex awareness of the history and multiple meanings of a concept as elusive as 'creativity', treat it like a 'single, measurable entity' (p. 54). Here is where the skills of the rhetorician come into play. Beyond the meanings of words, rhetoric is also about the structure of modes of inquiry—the starting points and directionality of theorized relationships. In the chapter on 'Neuropolitics', Jack engages with neuroscience scholarship that reductively suggests there are neurological explanations for people's political persuasions (p. 138). Jack asks whether the observed similarities among the brains of people favoring authoritarianism are innate or conditioned: 'in part through repeated exposure to such rhetoric [...] Does a "conservative" brain structure lead one to become conservative, or do one's conservative acts and behaviors shift brain structures?' (p. 139). Jack's humanities approach also enables criticism of neuroscientists' tendency to sever the brain from the body: in studies of sexuality, they proceed as though desire can be observed in the brain alone (p. 102). Jack's contestation of the bifurcation of brain and body demonstrates the value of rigorous transdisciplinary inquiry, which helps counteract the effects of hyperspecialization and disciplinary siloing.

Jack's disengagement from disability studies in this book is probably owing to her interest in the rhetoric of neuroscience as a whole, not neuroscience as it relates to disability. Ultimately, I am left reflecting on what it means for disability studies that the term 'disability' is often perceived as narrow and restricting. As a co-director of Duke's Health Humanities Lab, and the person on the team who represents disability studies, I have encountered this perspective coming from scholars and professionals on the medical side of the university, who have been familiarized with the health humanities but not with disability studies. Once, in a discussion of our proposal for an integrated disability and health humanities curriculum, a medical administrator said to me rather bluntly, 'I think disability is too narrow.' I disagreed and offered context, and it became clear that the person had never engaged with disability studies scholarship. Still, the conversation caused me to question the boundaries between these two fields, and the extent to which one might enclose the other. The answer is that disability studies can be both broader and narrower than the health humanities, and the health humanities can be both broader and narrower than disability studies. Insofar as words mean what people think they mean, and 'disability' is interpreted as signifying sustained functional impairment (as those on the medical side define it), it may seem to preclude the study of illness—cancer, HIV/AIDS, global pandemics, chronic health conditions, and even mental health conditions. But even relying on such a limited definition of disability, one still has to concede that its *disciplinary* range exceeds that of the health humanities. While the health humanities build a bridge between the health sciences and arts and humanities disciplines, disability studies, in addition to providing crucial frameworks for medical and bioethics, goes further to implicate design fields like architecture and engineering, legal fields like law and public policy, social service fields like education and divinity, as well as the environmental sciences and even business, advertising, and economics.

The relationship to mad studies is similar: we might perceive madness and neurodiversity as types of disability and therefore classify mad studies as the narrower field, but there are also situations in which mad studies seems broader than disability studies, accommodating a subtler variety of experiences that cannot always be characterized as disability experiences. Keeping these nuances in mind, my assertion is not that either disability or mad studies should strive to contain the other, but that it is to the benefit of both fields to engage in constant conversation, and resist the artificial obligation to construct a rigid boundary. Without difference there can be no coalition.

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