

BROKEN RECORD:
AN ARTS-INFORMED AUTOETHNOGRAPHY OF ADOLESCENT
INSTITUTIONALIZATION

by

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Bachelor of Arts, Ryerson University, 2017

A Major Research Project Paper

presented to Ryerson University and York University

in partial fulfillment of the
requirements for the degree of

Master of Arts

in the joint program of
Communication and Culture

Toronto, Ontario, Canada, 2019

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ABSTRACT

Broken Record: An arts-informed autoethnography of adolescent institutionalization

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“Broken Record” is a Masters Research Project in which I explore my experience in an adolescent psychiatric institution using an arts-informed autoethnographic method. The final project is a 200-page artistic exploration of language, meaning, identity, and psychiatry. This component of the research outlines the critical objectives of the project and grounds the work in a body of existing literature. The primary contribution of the paper is its presentation of Madness as Method, a distinct approach to autoethnographic research on madness and psychiatric survival that mobilizes mad subjectivity to generate knowledge from a place of embodiment, distress, memory work, and academic research. I outline this methodology at length, identifying and exploring its four stages: unravelling, integration, narrative, and reckoning. I conclude this paper by situating my Masters Research Project in the context of my Masters training and my professional goals beyond the academy.

ACKNOWLEDGMENTS

I am grateful for the wisdom and patience of my many mentors and friends, who held space while I moved through a research protocol that was reckless and messy and excruciating. My supervisor, Art Blake, bore witness with tenderness at all stages of this process, reminding me always that my truth was knowledge. Monique Tschofen, a longtime mentor, stood still and strong while I navigated the most painful stages of this process, knowing me and waiting for me and visiting my lonely planet. Nancy Halifax brought beauty and critical rigor to an oral defence that was unwordably transformative. Kathryn Church, David Reville, Elena Demke, Jenna Reid, and Michel Ghanem are the Mad Studies scholars and activists who gave me permission to bring my whole self into the academy, where it can feel so very *impolite* to be electric and raw. They continue to show me the power of integration and alliance.

I am grateful to my Communication and Culture colleagues who have become dear and unexpected friends: Calla Evans, Meera Govindasaamy, Jana Vigor, Nick Wong, and Frankie Collura have made this research feel peopled and safe. Calla has generously and unrelentingly infused this process with warmth and love, and these relationships have transcended the realm of cognition, professionalism, and empirical knowledge production, allowing me to do the same in my personal work.

Most of this research took place outside of the academy – in community, on the phone, in people's living rooms, on park benches, in my body, in the world. To everyone who met me in these places, I am grateful. To be fed and witnessed and forgiven while unraveling is to be radically loved. I thank Sarah Hicks, my mentor and friend, for loving me fiercely and unconditionally and for showing me how to be a human and how to be gentle and brave.

Finally, I thank the psychiatric consumer/survivor/ex-patients who have bravely moved and continue to move through a lonely world. To the mad women in my family, to the mad women in my life, and to the mad women with whom I was confined – thank you for teaching me rawness and vividness and courage. This project is for you.

DEDICATION

For J.

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Introduction

“Broken Record” is an arts-informed autoethnographic account of my experience in an adolescent psychiatric institution at the age of 14 and 15. In its pages, I “break” my official medical records, the 438 pages that document 76 days in confinement, and create scholarship from their fragments. What emerges from this research process is an epistemic crisis rendered tangible. It floats and simmers between cognition and emotion, between brain and paper, between now and before. I work from a place of fear and anger. What do I know? What is true? What is sane? What *happened*? This project is my answer to these questions. It is inconclusive and incomplete, as all truths are.

I discuss in this paper my attempts to approach this content from a distanced and cognitive perspective. I tried to perform conventional research that would allow the continued management of my embodied subjectivity and its profound effects when I was young. When my body (my hands) met this resource (its pages), I tumbled into the critical and embodied inquiry that would become this project. Using my body, my feelings, and my memories, I deconstruct these records – painfully, gradually, viscerally – and re-story the events that they document. In this act of textual deconstruction, I disassemble my *pathology* and re-story my subjective perspective, finding new words for the parts of me that were defined and confined and pathologized. I reclaim epistemic authority and create scholarship from the parts of myself that have long been hidden away, turning the scariest parts of me into truth and beauty. I live my madness, and I give it space to “scream and sing,” in the words of one of my committee members.

Had I embarked upon the project with more confidence in my ability to *know*, I might have proposed to submit the final text as a thesis unto itself, rather than a creative project

requiring supplementary justification in traditional academic form. This act of reflection, discrete from my telling, feels like a betrayal. My knowledge is knowledge, all on its own.

Just in case, I justify. Just in case, I explain why I did what I did, how it worked, and what I plan to do with my knowledge. I do this because I am ready to be done with this work. My body and my brain and my self have changed as a result of this research, and I am ready to be done. I have found stillness and forgiveness, and I want to put this away and try to help others, because I am lucky, and because my truth has been tended to. Most of the people who live what I have lived do not have the privilege of allowing their madness to scream and sing, not in a form that might be received by any meaningful audience. I want to try to help them.

And so, for the final time, I present my self to an institution for assessment. I stand bare, beheld, and I try to explain, and I hold my breath while papers that word the unwordable are signed or not signed and I am deigned fit or unfit. For the final time, I try to explain.

Objectives

Four objectives structured this project.

- a) My first research objective was to mobilize the theoretical tenets of Critical Mad Studies and contribute to this field of study a critical examination of youth-specific psychiatrization and confinement.

In their introduction to *Mad Matters*, Menzies, LeFrancois, and Reaume (2013) identify the core theoretical tenets that comprise Mad Studies-based inquiry. This work is characteristically critical of psychiatry, psychology, and the medicalization of emotional distress. Mad Studies is interdisciplinary, encompassing research in medicine, law, and the humanities, and it is intersectional in focus, incorporating questions of race, gender,

and sexuality in its critique of hegemonic psychiatry. The primary motivations propelling research in Mad Studies are political and praxis-based. Its scholars work with an eye to empowering the mad, producing a "counter-knowledge" of "mental illness" through the animation of marginalized voices, and undermining the institutions and clinical practices that many of its practitioners view as oppressive and outdated.

These themes shape my theoretical orientation to the research at hand. As a psychiatric survivor, collecting data through autoethnographic research is an inherently political gesture: in this work, I become the *subject* of my own experience, reclaiming my authorial agency after years of being the *object* of clinical observation. Mad Studies scholars (Fricker, 2007; Liegghio, 2013; Palmer et al., 2009; Russo, 2012; Stefan, 2002) have critiqued the "epistemological violence" built into traditional patient-psychiatrist relationships, in which the clinical specialist articulates the subjective reality of the Mad patient. In this work, *I* construct the narrative of my hospitalization and its effects, speaking back to the hundreds of pages of medical records that have been composed on my behalf.

To this body of research, I humbly contribute an arts-informed counter-knowledge of madness and youth confinement. The project defies the conventions of traditional (textual) academic research, and so it might best be placed on the margins of Mad Studies literature, but it is *within* the margins by virtue of its content, its theoretical orientation, and its foundational assumptions. This critique is more abstract and less explicit than conventionally publishable research, and to me, this feels apt: writing madness madly.

- b) My second research objective was to contribute a communications and culture perspective of adolescent institutionalization to an existing body of traditionally clinical research on mad youth and hospitalization.

“Broken Record” presents a perspective of confinement that is far from traditionally clinical. The project is driven by questions about power, identity, and psychiatry as a constructed cultural system. In presenting madness as ephemeral and political instead of biomedical *fact*, I implicitly undermine the illusory objectivity that undergirds research in psychiatry, psychology, social work, and nursing.

My research orientation as a psychiatric survivor and not a clinical “expert” fundamentally differentiates this work from traditional research on institutionalization and mental health, which is conventionally built upon a dynamic of knower and known, subject and object, expert and patient.

- c) My third research objective was to develop theoretical foundations that will enable meaningful professional engagement with “mental health” and patient advocacy after the completion of my degree.

This project animated the abstract theoretical tenets of Mad Studies in a way that was personal and powerful. Critical and cognitive ideas became embodied and weighted, simmering in my day-to-day life as I worked through questions of my own sanity, credibility, and subjective validity as an ex-patient. This process informed my approach to a Winter 2019 Field Placement with LOFT Community Services, a Toronto-based social service agency that provides housing for community members with histories of psychiatric engagement, addiction, and homelessness. In my role as consultant

researcher, I interviewed four survivors of psychiatric institutionalization, seeking insight into the effects of hospitalization on identity and self-stigma and presenting recommendations for Personal Support Workers in aiding with transitions out of institutions. I deliberately framed this research as knowledge co-creation, making space for participants to articulate their own truths and their individual needs as they transition out of confinement. My own process of reclaiming *authorship* over my experiences in hospital amplified my commitment to animating the voices of the survivors I spoke with during this placement.

Just as my personal research informed my work for LOFT, the clients who contributed to this placement motivated my Masters Research Project. Field placement interviews coincided with the most painful and confusing stage of my research process (see “Unraveling”, p. 23). I privately grappled with my own epistemic authority and with the academic value of my inquiry, which felt self-indulgent at times. Speaking with fellow ex-patients, none of whom have had the privilege of pursuing a postgraduate degree, affirmed the applicability of my experience to a broader community of service consumer/survivor/ex-patients. These conversations imbued my personal research with a more political imperative that transcends my individual experiences.

My work with LOFT, theoretically informed by this Masters Research Project, has led to an opportunity to formally consult with the organization on Personal Support Worker training and the effects of psychiatric confinement upon the clients that it serves. This opportunity reflects the professional application of the ideas explored in this project.

- d) My final research objective was to develop a distinct arts-informed autoethnographic research methodology that fuses creative narrative with critical theory.

I developed a methodological approach to creative autoethnography that is dynamic and distinct. For more on methodology, see “Madness as Method” on page 23.

Literature Review

This project was motivated in large part by the paucity of research in communications and cultural studies on youth-specific psychiatric institutionalization conducted from the perspective of service consumer/survivor/ex-patients. Years before this work began, I looked for versions of myself and my story in existing academic literature, and I found only pieces, spread across disciplines and never united. I work to fill this gap by interweaving the themes of youth, madness, institutionalization, and medical records as textual practice, and by engaging an arts-informed autoethnographic method in my approach to this conceptual fusion.

Research related to medical records as textual practice supports my critical approach to this component of my data, queering the illusory objectivity of clinical writing in specialties both physical and psychiatric. Leder’s (1990) study of diagnostic protocols in physical medicine presents a concept of medicine as “hermeneutical enterprise”, dependent upon subjective and *linguistic* interpretation and not reflective of immovable and observable truths. This notion is specifically applied to psychiatry in Barrett’s (1988) analysis of admissions procedures and psychiatric write-ups, by which the patients in his study are practically and linguistically interpellated as schizophrenic. The cultural assumptions that shape and are shaped by psychiatric records are explored in Coker’s (2003) analysis of disparate worldviews that converge in discursive constructions of Egyptian psychiatric patients. Daley, Costa, and Ross (2012)

similarly politicize their reading of psychiatric records in their analysis of patient identities constructed around gendered and racialized terms. These texts represent existing literature on the topic of medical records as textual practice that participates in broader processes of psychiatric interpellation.

A noticeable characteristic of this research is its publication by authors who do not explicitly identify as psychiatric service consumer/survivor/ex-patients. All of these studies are conducted and presented in traditional academic form and style, and their methodologies are discursive and textual, with scholars analytically exploring language that describes anonymized patients. I aim to challenge these epistemic dynamics (knower/known, expert/patient, researcher/subject) by critically examining my own documents, drawing from these foundational studies to present an alternative perspective of being *written* as medical phenomenon.

Critical research that interrogates conventional psychiatry and its effects on “psychiatrized youth” (LeFrancois & Coppock, 2014, p. 165) represents a relatively recent theoretical juncture: Brenda LeFrancois, one of the most prolific contributors to Mad Studies research on young consumer/survivor/ex-patients, writes with Coppock (2014), “The rights of children diagnosed with psychiatric disorders are a neglected area of childhood studies and the sociology of childhood” (p. 165). Similarly, Mad Studies resources focus primarily on adult consumer/survivor/ex-patients, with a paucity of research specific to youth and conventional psychiatry. The growing body critical research on young consumer/survivor/ex-patients, largely engaged with Mad Studies-informed theoretical frameworks, is similar to the textual inquiries cited above in the epistemic assumptions reflected in ethnographic methodologies. These epistemic conventions are justified by the grounding of this body of research in praxis and policy change: its authors (LeFrancois 2006, 2007a, 2007b, 2008, 2013; Mills, 2014b; Polvere, 2014)

present and analyze ethnographic observations of ongoing clinical practice and occupy positions of advocacy for young patients who are often denied participation rights in their own “treatment.” These researchers work to animate the voices of their participants in alignment with the Mad Studies theoretical framework, and in the context of seminal sociological and policy-related research, the framing of their findings in an accredited and authoritative tone upholds their material emancipatory aims. This work translates subjective experiences of madness and confinement into language that “makes sense” in sociological terms, and this act of translation is necessary in attaining material aims at a level of clinical policy and human rights.

This body of emancipatory sociological research helpfully contextualizes my arts-informed autoethnographic inquiry, demonstrating broader patterns of treatment and “treatment” among psychiatrized youth and engaging with a breadth of data and practical applicability far greater than I claim. Questions of human rights violations (LeFrancois, 2014) and notions of agentic reclamation (Palvere, 2014), as well as extension of these inquiries to a global context (Mills, 2014b), infuse my endeavor with a political imperative that transcends my own subjective experience. United with this work in theoretical foundation, political orientation, and subject matter, my research is distinct from existing critiques of psychiatrized youth in its arts-informed methodology and in my identification as a survivor of adolescent confinement. Here, I engage with a different body of “data”, present my findings in a form and style that defies academic conventions, and testify for *myself*, having surpassed the juncture at which I could have benefited from external advocacy.

While I diverge methodologically from Mad Studies-informed approaches to youth-specific institutionalization, I diverge theoretically, methodologically, *and* politically from research conducted within traditionally clinical disciplines: social work, psychology, psychiatry,

and nursing research (Danzon & Wilkus-Stone, 2014; Lekhwani, Nair, Nikhinson, & Ambrosini, 2004; Mohr, 2009; Moses, 2015; Read, van Os, Morrison, & Ross, 2005; Solesvik et al., 2016) take up questions of “mental illness” and hospitalization among young service users and survivors. These inquiries dominate existing literature on the intersection between youth and confinement, with critical cultural studies contributing ethnographic research quite recently, and my project aims to fill the gaps in this body of inquiry by exploring the experience of adolescent institutionalization from a subjective and critical perspective that challenges biomedical models of therapeutic intervention. Animating my own voice as a survivor of adolescent psychiatric confinement contributes an alternate perspective to research on a phenomenon that is predominantly examined from the perspective of “experts” and professionals.

Arts-informed research that reflexively examines subjective experience informed my approach and the presentation of my final project. Conventions of academic writing and the primacy of cognition over body-knowledge and feeling-knowledge are bent and pressed and deconstructed in a number of arts-informed studies: Halifax’s *Disability and illness in arts-informed research: Moving toward postconventional representations* (2009) was particularly influential, and I discuss the author’s contribution to my methodological approach in the following section. An artistic orientation to research is wed with an autoethnographic methodology in Leggo’s (2006) “Learning by Heart: A poetics of research”, which similarly challenges the linear conventions of academic knowledge and its rhetorical representation. In “On women and domestic work: Growing up in an Italian Kitchen” (2006), Luciani stories her gendered and embodied experience as an Italian woman, presenting external research in the margins of her narrative. The author’s spatial division between her subjective data and their theoretical implications and influences represents a challenge to the organizational customs of

academic research, and this challenge reverberates in the final form of my project. Finally, Minge's (2007) embodied autoethnography of rape survival is distinct from my work in subject matter, but the author's autoethnographic approach to trauma-related bodily data mirrors my own methodological framework, as explored below. Minge's incorporation of creative writing provides another useful example of arts-informed autoethnographic research that challenges linear data presentation and conventional authorial tone and style. These works give me permission to present my research in stanzas, in drawings, in fragments, and in sensation. To this body of creative autoethnographic research, I contribute an inquiry into subject(ive) matter that is distinct — as all subjective matter is.

Research that contests the dualistic tradition is enabled by foundations in feminist theory, postmodern theory, and phenomenology. Relevant feminist, postmodern, and phenomenological resources apply these theoretical lenses to psychiatry without engaging the autoethnographic method. Chesler's (2005) *Women and Madness* provides a useful feminist perspective of psychiatry, and Foucault's postmodern discursive analysis of psychiatric systems in *History of Madness* (2005) contributes to the foundational theoretical assumptions that uphold Mad Studies. Ideas about the epistemic value of marginalized and silenced subjectivities, the impossibility of linear and uncontested truth, and nontraditional modes of representation as scholarship are central to the body of arts-informed research that has emerged from these feminist, postmodern, and phenomenological foundations.

Phenomenological approaches to psychiatry and madness include McLane's "The voice on the skin" (1996) in which the author uses Merleau-Ponty's (1962) gestural theory of language to argue that self-inflicted violence can be interpreted as embodied expression of unwordable feeling. Richter's (2017) concept of "mad data" similarly reframes psychiatrized "symptoms" as

embodied and pre-linguistic knowledge, and the epistemic privileging of non-neuro-typical bodily expressions exemplifies creative animations of madness as rich communicative resource. Such research supports my mobilization of body-knowledge, emotional distress, and pathologized subjectivity as data sources.

The interdisciplinary movement towards subjective authority is further politicized by seminal work in Critical Mad Studies. Invocations of “epistemic agency” and “epistemic violence” (Fricker, 2007; Lieggho, 2013; Palmer et al., 2009; Russo, 2012; Stefan, 2002) argue for the redistribution of truth claims to service consumer/survivor/ex-patients, whose perspectives of reality are dissected, invalidated, and “treated” through processes of institutional psychiatrisation. This redistributive gesture is well-suited to an arts-informed autoethnographic method, which accommodates subjective expressions that are nonlinear and not conventionally “reasonable.”

Mad Studies research that foregrounds the voices of consumer/survivor/ex-patients as legitimate “knowers” can be traced to the earliest mainstream anti-psychiatry research of the 1960s. Goffman’s *Asylums* (1961), Szasz’s *The Myth of Mental Illness* (1961), Laing’s *The Politics of Experience and the Bird of Paradise* (1967) and Foucault’s *History of Madness* (2005) represent the earliest formally academic attempts to render psychiatric systems peculiar and political, and their foundational ideas inform all critical examinations of pathologization and identity. Goffman’s (1961) ethnographic study of institutions in *Asylums* is particularly influential to this project. Goffman identifies practical and symbolic mechanisms by which institutionalized patients are dispossessed of their identities and inculcated into bureaucratic systems, and his ethnographic model of institutional transformation inspired my earliest interrogation of my own experiences and their effects on my self-concept.

Most similar in content and methodology to my own work is Leanne Simpson's (2016) Masters Research Project, "Autoethnography & Goffman's asylums: Re-storying mental illness." Simpson structures her research as a series of letters and anecdotes addressed to Goffman, both animating and undermining his 1961 ethnography of institutional life with her experiences in a psychiatric hospital. The author's mandate to reclaim agency over her own narrative and challenge knower-known dynamics is similar to my own, but her work is more traditionally academic in tone and style than my own, which I present as distinctly arts-informed, incorporating drawings and poetics along with prose. More importantly, Simpson largely adheres to medical models of emotional distress, engaging with the very rhetoric that I work to interrogate in my research. In this way, our theoretical orientations to madness and confinement are distinct. Fabris's (2012) autoethnography of "experiences labeled psychosis" similarly intersects with my research in method and focus. While his text is more traditionally academic in form and style than both Simpson's and my own, Fabris engages with radical Mad politics, operating from a theoretical perspective that aligns with the foundation of my approach.

In this work, I integrate some of the interdisciplinary elements reviewed above, drawing from disparate bodies of theory, method, and content to present an arts-informed autoethnographic account of adolescent confinement that fills a gap in existing research.

Methodology

My methodological orientation to this work, outlined below, was shaped by an extended and excruciating negotiation with the nature of *knowing*. I began this work in my brain, trying to critically engage with my experience from an organized and cognitive perspective, and ultimately fell into an arts-informed method that mirrored my experience with madness and

allowed me to animate truths that could not be collected using conventional ethnographic tools. Through this method, I reclaimed my epistemic authority, unleashing feelings and thoughts from a place of “anxious uncertainty” (Halifax, 2009, p. 11) and allowing them to take the shape of my project in its final form. Mobilizing my own madness as method was ontologically and epistemologically disruptive, and I conclude this project with a thoroughly transformed understanding of my self, my truth, and what it means to know.

Arriving at “Anxious Uncertainty”

In its most general methodological orientation, this project qualifies as an autoethnographic inquiry: “the study, representation, or knowledge of a culture by one or more of its members” (Buzard, 2003, p. 61) broadly encapsulates the work at hand. In mining my own subjective experience as an “insider” of institutionalization, and in presenting this “data” in a deliberate framework structured by the critical assumptions that uphold Critical Mad Studies, I perform the blend of self-storying and research that characterizes autoethnography as a methodological approach.

In the oft-cited “Autoethnography: An Overview” (2010), Ellis, Adams, and Bochner identify a number of common autoethnographic forms, which they distinguish on the basis of their balance between subjective reflection, critical analysis, external field notes, interviews, and context (p. 5). The authors describe personal narratives as “the most controversial forms of autoethnography for traditional social scientists, especially if they are not accompanied by more traditional analysis and/or connections to scholarly literature” (p. 5). The need for analytical rigor to critically justify autoethnography as research is made clear in this overview, which outlines in detail interdisciplinary skepticism about this methodology.

Building on this resource and others (Bochner, 1997; Buzard, 2003; Davies, 1998; Denzin, 1989; Ellis, 1991; Ellis & Bochner, 2006; Tullis Owen, McRae, Adams, & Vitale, 2009; Spry, 2001), I tried to select an autoethnographic form and method that might render this project cognitive, systematic, and “rigorous”, allowing me to approach my embodied experience as sociological data. This impulse was driven in part by concerns about adhering to conventional academic standards, and also by a simmering fear about immersing myself in my story without designing a systematic analytic protocol to contain it. I worried about both the legitimacy and the intensity of what I might find in my story if I did not establish a cognitive structure to protect me. My inner researcher (subject) worked to design its management of my inner researched (object).

During the very earliest stages of this research, I created a systematic protocol for self-study, informed by Bourdieu’s (1992) notion of *habitus* and de Certeau’s (1984) sociological approach to the study of everyday life. This preliminary methodology, theoretically and procedurally complex, involved spreadsheets and scales by which I planned to track my embodied experience as an ex-patient. I was certain that I could make this project feel safely navigable, if only I could establish the “right” research protocol that would transform feelings into facts. I wanted to control the data as it emerged. I wanted to plan for what was inside of me, and to swiftly transform it into academic content.

My efforts to quantify my embodied experience, to wash it instantaneously with fact and distanced critique, were inhibitive and maddening. I realized, with help, that my body could not be turned into numbers, and I needed to make more space for my visceral reactions. I still hoped to create a systematic and sociological approach to my data, quantifiable or not, and later iterations of the research design borrowed from Hokkane’s (2017) embodied autoethnographic protocol, which calls for multi-format data collection and iterative movement between subject

and object, between living and observing, feeling and analyzing. Hekkane demonstrates her methodology of “the embodied interpreting researcher [as] the research instrument” (p. 33) by outlining and analyzing three affective and somatic experiences from her own autoethnographic fieldwork, transforming feelings into episodes that are processed in three discrete subsections. This methodological effect – of turning feelings into data that is then systematically processed from a distinct researcher orientation – is mirrored in Wacquant’s theory of carnal sociology (2014), which calls for the researcher to “deepen her anthropological grasp by attending to her own fleshly and sentient comprehension, and sifting them through her analytic filters” (2014, p. 9). While these methods allow more space for embodied experience than conventional autoethnographic approaches, they presume both containment and duality, engaging the researcher as a feeler and a knower who is capable of moving strategically and deliberately between two distinct perspectives.

My attempts to design a “rigorous” autoethnographic protocol were first disrupted by Tamas’s “Writing and Righting Trauma: Troubling the autoethnographic voice” (2009), in which the author problematizes autoethnographic conventions in research related to trauma. Tamas contends that traditional autoethnography performs a “splitting” (p. 5) effect between researcher-as-subject and researcher-as-object, morphing messy lived experiences into tidy academic terms in a gesture of division that ultimately alienates the researcher (and her readers) from the excruciating truths that she works to articulate (p. 5).

The most impactful element of Tamas’s argument is her warning of the authoritative autoethnographic voice as *harmful* to the trauma researcher. She writes, “My work needs to be unsanitary, compromised, because otherwise it compounds my injuries” (p. 7). Tamas expands upon the idea of epistemic-distance-as-harmful in “Biting the tongue that speaks you” (2011), in

which she argues that imposing modernist rationality on unfathomable subjective experiences is an act of violence and repression, insulating capital-k Knowledge from ideas that threaten hegemony and “[cleaning] up otherness” (p. 444). The notion of traditionally autoethnographic trauma writing as *injurious* illuminates the epistemological and political importance of resisting the impulse to systematically render my embodied knowledge comprehensive and comprehensible.

Beyond the apparent infeasibility of designing and enforcing a methodology that might allow me to “be beside myself, standing there with a notepad, and inside myself at the same time” (p. 5), my efforts to create such a method represented a reenactment of the very epistemological violence that I work to interrogate in this project. My brain and my body and my feelings have *already* been flattened into spreadsheets and graphs and diagnoses. I have been turned into data, comprehensible and measurable and textual. I have been systematized and tidied, consolidated into 438 pages of documentation. Trying over and over again to approach my embodied experience from a place of clinical distance “compounds my injuries.” To quantify, organize, and classify my experiences in line with traditional autoethnographic conventions would be to compound the injuries inflicted by my pathologization.

As an alternative to the “sociological introspection” (p. 5) traditional to the autoethnographic method, Tamas proposes an arts-informed approach to critical research about trauma. She writes, “I might use creative methods, not in order to be clever, but because I myself don't know the story that is sliding around in me, looking for an opening. Art is not a tool that can pry out recalcitrant truths and put them on display like a tray of impacted teeth” (p. 6). Arts-informed engagement makes space for the inconclusiveness of reverberant and visceral pain,

resisting standardization and the academic impulse to sterilize human truths with distanced critical analysis.

Tamas builds upon her foundational proposition (2009) of engaging arts-informed methods in “Biting the Tongue that Speaks You” (2011), supplementing her condemnation of the traditional autoethnographic voice with five alternative entry points to trauma writing. In place of systematic efforts to “make sense” of experiences that *transcend* sense, she argues for “writing wonder, writing art, writing dirty, being haunted, and troubling genre” (p. 431). Tamas (2009) expands upon these entry points, writing,

“Such work thrives on its own vagueness, incompleteness, and uncertainty, bending genres, blending the mundane and the abstract, making space for the disorganized, the messy, the emotional, and the embodied, without either inserting them neatly into orderly constructs or abdicating the responsibility to think critically. It seeks a poetic rather than mimetic relation to ‘reality,’ adopting a generative texture.” (p. 444–445).

These gestures generate “rogue elements to disrupt and complicate the story” (2009, p. 435), formally and epistemically resisting “the staid safety of conventional academic writing” (p. 441), and this is the *truest* approach to representing abstract notions that disrupt and complicate human life. “Catastrophic knowledge” is most ethically and accurately storied *catastrophically*. An arts-informed approach to storying my trauma allows me to embrace my own unknowing and create outside the lines of traditional scholarship, animating my embodied knowledge in a shape and form that feels true.

The epistemic uncertainty generated by an arts-informed approach to research is central to Tamas’s methodology. She writes, “These sorts of stories...would require us to take seriously and enact our theoretical commitment to unknowing and refusal of mastery” (2009, p. 6).

Critically writing trauma in a way that resists “compound[ing] my injuries” (2009, p. 7) requires engagement with postmodern and feminist resistance to the illusion of *mastery*. I cannot be mastered. My body and its story cannot be processed using a formulaic protocol. Tamas’s critique of the conventional autoethnographic voice gives me permission to accept that I do not know, and I will not know, and it’s not because I haven’t designed the “right” sociological approach to my self, but because it is unapproachable, unstructurable, and untidy-able, this thing that happened.

Exploring arts-informed methods led me miles away from the definitive spreadsheets conceived in the project’s earliest days. The methodology that evolved throughout the course of this project, as outlined below, was inspired in large part by Nancy Halifax’s (2009) arts-informed research on disability, in which the author identifies a method of “anxious uncertainty, epistemic doubt, wonder, and breath” (p. 2). Interweaving visual art, poetry, prose, reflection, and critical theory, Halifax critically creates and engages with her own narrative and that of her narrative subject, Rose, in a dance that is gestural, sensory, intuitive, multimodal, and iterative, layering feeling and movement and thinking and writing. She deliberately engages with “discontinuity, incoherence, and fragmentation” (p. 5) in a postmodern orientation that fiercely resists the dualistic tradition, literally and effectively hyphenating thought and feeling throughout the text.

The phenomenological centrality of *embodiment* to Halifax’s methodology provides a new entry point into the theoretical privileging of body knowledge in Hokkanen and Wacquant’s sociological approaches explored above. The knowledge that we hold in our skin is not critically valuable *only* when passed through cognitive “filters” (Wacquant, 2014, p. 9) in a unidirectional process of analysis; it blends and resists and collides and diverges from cognition. “Born within

this body” (p. 11), Halifax’s method of “anxious uncertainty” holds these places of collision and diversion as epistemically generative and most truthfully animated through arts-based research.

I write often in the project about losing my body at the age of 14. One of the facets of my madness is disembodiment, clinically classified as dissociation, derealization, and depersonalization. When my nervous system is overstimulated, I float up to the ceiling and watch my physical self from above, or I feel insulated from reality, separated from my skin by an impenetrable layer that nobody can see. I began to experience this before my first institutional encounter, but it got markedly worse after confinement. I learned in the hospital that my body was not safe, and that if I experienced powerful emotions or sensations, I was in danger. I lost my family and my home and my freedom to my feelings, which were madness, and only when I embraced a cognitive and clinical framework of my emotions and my dis-ease was I able to return to social life. My body has long believed, on a pre-language level, that my visceral experience is safe only after being passed through “analytic filters”, cognitively “mastered” and transformed into language – evaluative, diagnostic, and removed. This has kept me from my body and from the world for a long time.

My body stirred when I first engaged with my medical records. I touched their pages, and I *felt* – deeply and physically. I felt grief and fear and anger. These were not feelings that I could fathom processing through “analytical filters”, not in any kind of systematic way. I felt and thought of “anxious uncertainty”, and I felt and thought of Tamas’s resistance to writing that allows us to “[observe] the storms on the other side of the glass” (2009, p. 3) and, in a moment of impulsivity, I proposed a project that would send me into the storm of my self. I proposed chaos and terror and courage and nonsense.

I returned often to the methodological notions contributed by both Halifax and Tamas as I moved through the project, unmoored and intermittently regretful. “A method of anxious uncertainty” – a quiet refrain – became a source of solidity and grounding when I feared that this project was not academically rigorous, when it felt unsafe, when I was sure that I could not transform my body knowledge into Masters-level research. This was particularly useful in my negotiations with the tone of epistemic authority in my medical records as a data source. Psychiatric records are generically *certain*, rhetorically rendering subjective distress as measurable, articulable, and classifiable. Some *selfhood* is healthy, and some is sick. Some is safe, and some is dangerous. Clinical writing transforms the ambiguity of being a person in pain – its inherent “anxious uncertainty” – into concrete symptoms, diagnoses, and prognoses. My clinical narrative was, at times, hard to interrogate due to this characteristic tone of finality, and due to my own sense of epistemic unreliability. Throughout the project, I was confronted by the extent to which I had internalized psychiatric sign systems – viscerally, intellectually, emotionally. The reduction of my subjective experience to checklists and symptoms at a young age transformed my sense of self and my sense of the world around me, and these *senses* live in my body. I watched myself pathologize my bodily knowledge, and I returned to my method, and I insisted on uncertainty.

To tell this story from an embodied place of “anxious uncertainty” was to engage with a method that felt like madness. In doing this research, I returned to a subjectivity that was once deemed insane. I re-lived the part of my life and the part of my self that I have discredited and vilified out of necessity. I gave myself permission to live in this space. I lost my mind. It was painful and terrifying and utterly transformative.

Madness as method

I did not enact insanity on purpose. As explored in the section above (too neatly, when compared to the process itself), I tried my best to avoid it: unraveling. But I unraveled. I unraveled because I needed to unravel, and then I reassembled. I unleashed my un-tidy self, my body and my feelings and my mind, and I created in a way that looked like utter madness. I cried often while I was writing. I got angry. I re-lived emotions that were disciplined and pathologized during my institutionalization, and I used my *pathology* to create knowledge.

I outline my method in the sub-sections that follow, but its stages were not discrete. I moved back and forth between thought and feeling, between past and present, between paper and screen, and between generation and revision.

Stage 1: Unraveling

My research began at the intersection of my medical records as preliminary data source and my body. I reviewed the clinical narrative of my hospitalization, flagging themes and patterns, and I moved between this text and the data that it stimulated in my body. I read about my parents' involvement in my continued confinement, and I mourned this, and this truth made its way from paper to body to paper, written frantically and intuitively. I discovered that "anger" was the reason I was sedated against my will, and I *wrote* the anger that I felt about this. I read and I felt and I wrote. I generated personal truths that were prompted by external observations of my body by the authors of my medical records. I argued in writing with this account, which felt offensively dissonant with my memories.

External research supported my embodied engagement with the medical records. I looked at a diagnostic family tree that felt obscene, and I considered my family as a network of

diagnoses. I *felt* this legacy, and I researched family trees as a visual genre (Bouquet, 1996; Mitchell, 2014), and I interwove intuitive writing and drawings with academic sources. After learning about my anger as pharmaceutical “target”, I researched women and institutionalization (Chesler, 2005), and I read a memoir (Scholinski & Adams, 1997) about a young woman who was hospitalized for being a tomboy, collecting information about gender, sexuality, and psychiatry as patriarchal and heteronormative discipline. I read pages and pages of notes about my “affect”, and I researched etymologies, and I read about affect from clinical (Nima, Rosenberg, Archer, & Garcia, 2013; Silk, Steinberg, & Morris, 2005) and critical (Ahmed, 2004; Ngai, 2005; Probyn, 2004) perspectives. I thought about semiotics and the types of amorphous meaning that can never be languaged, and I read about semiotics, cognitive science, and psychology (Bouissac, 1998; Brinkmann, 2014; Cunningham, 1998; Valsiner, 2005). I returned to my mother’s mother and her mother in my heart and in my mind and in conversation. I read and I felt and I wrote.

Performing embodied research and writing required deliberate un-learning. Throughout the project, I found myself intermittently trapped in cognition, thinking and thinking and thinking in circles, trying to figure out the *logic* of this experience. It didn’t make *sense*. Not cognitively. In these moments, I involved my body in my research by working with the physical copy of my medical records. Touching their pages, holding the weight of this story, I could not help but *feel*, both tactically and emotionally. I engaged physically with the data, and I responded physically to it, and I worked to translate these feelings into words, integrating thought and feeling to the best of my ability.

Writing by hand enabled an iterative and integrated approach to this research. My cognition was less censorious without a screen, and I gradually compiled a first draft in

fragments without being able to impulsively scroll through my work or begin to consider structure and chronology. Working outside the confines of a screen allowed me to experiment with spacing, drawing, and form, organically and intuitively, without needing to consciously *decide* to defy conventions by selecting tools or adjusting margins. I'm certain that my cognitive self would have undermined these impulses if they required deliberate decisions. I produced knowledge in my body, and I transferred it onto paper using my body, touching it with my body. Creating space for my intuition and working to bypass my cognitive filter, which was significantly informed by my experiences of psychiatrization, was an act of reclaiming epistemic authority and epistemic *safety*. This process required that I trust myself to feel and to create without vigilance and fear.

I wrote in frantic spurts, working from back to front in five different notebooks, often re-writing the same passages multiple times, drawing pictures, making lists, and crossing things out. I wrote without reviewing what I had already created. Sometimes I could not bring myself to work for days (or weeks) at a time, and at other times I was up in the middle of the night, interrupted by a pattern or a memory that felt important, even if I didn't understand why or how. I spread 438 pages across the floor of my bedroom, and I touched them and rearranged them and made notes and felt deep grief. I taught myself, gradually and painfully and clumsily, that this feeling was not sickness, but it was grief, and that it was also wisdom. It was knowledge.

Unlike my experience with traditional (empirical) research, I could not just *choose* to leave this work at my desk. This process could not be contained to one realm of my life. I felt deeply, and I felt whether or not I was formally working. I lived in a state of reflection and reflexivity, watching myself shift as I put words to experiences that had been largely wordless.

This storytelling reverberated into every area of my life. I suffered over the course of many months as I worked to understand my suffering.

I tried to be critical and curious about my emotional and bodily reactions to this research as it emerged. I watched myself intuitively pathologize my feelings as I worked: in my personal journal, I worded difficult days as possible “depressive episodes.” I attributed memories and their effects to post-traumatic stress disorder. After finishing a draft, a worthy reason for elation, I wrote about worrying that I was manic. I realized in later stages of this research that my first draft was written entirely in the present tense, which reflects the sense of immersion that I experienced in the abstract re-enactment of this embodied experience. I felt certain, at one point, that I needed to check myself into CAMH. What I felt was what my *body* remembers as madness: grief, euphoria, entrapment, danger. These experiences terrified me, and then they intrigued me, and then they infuriated me. I claimed anger.

Continuing to write required a powerful and ongoing process of radical self-revision. In order to complete this project, I needed to give myself permission to feel and to create and to push through moments and feelings that I have always terminated out of fear of my own insanity. I needed to teach myself that my truth is truth, and that my truth is wisdom, and that my body holds knowledge about my madness that is not just pathology, does not need to be extinguished for my own safety.

Stage 2: Integration

In the second stage of this research, I began to work through my “catastrophic knowledge” (Tamas, 2011, p. 431), the emotional and embodied writing that I had collected over the course of three months. I transcribed my writing, typing the fragments I had accumulated,

and combined and rearranged scattered sections. I identified themes and patterns, and I moved between these themes and those that I had identified in my medical records. I continued to perform external research, exploring points of intersection and dissonance. I began to consolidate mind and body and heart and memory. I began to transform my truth into a document that felt slightly more *certain* than its first iteration.

This description makes the process of integration sound quite tidy, but reassembling that which I had unraveled was incredibly chaotic. I created a master document in which I consolidated the pieces that felt like truth, that might go together, and this is the space in which things began to feel more certain. Everything *around* this document was frenetic and frenzied, a flood of ideas and attempts that felt absolutely nonsensical at times. The project in its final form is saved to a folder on my computer that contains 673 files: documents, images, notes, and outlines are the “fragments” that I worked to integrate in this stage of my research. New files abounded, and I watched myself work frantically and without a clear plan. As in the first stage, I gave myself permission to perform what felt like madness (“a method of anxious uncertainty, a method of anxious uncertainty”). This meant compulsively typing new documents, copying and pasting, saving and deleting and recovering and trying again and again and again. It meant labeling hundreds of images and teaching myself how to use Photoshop and returning to the first stage, to the unraveling, touching the records, feeling my body, feeling my feelings.

Transcribing handwritten work on my screen involved decisions about form and style that challenged my training in academic writing. Scribbling shapes and lists on paper was one thing, but to *type* in sentences that did not “make sense” went against my embodied associations with academic drafting. Many of my abandoned files represent attempts to transform my nonlinear handwritten content into traditional academic tone and style, moments in which my brain

knowledge resisted my body knowledge and refused to dance with it. I allowed my cognition to flail against wonder and uncertainty in these moments, and I frequently calculated whether I had time to write a more traditional academic thesis, and I saved every file, just in case, before returning to the uncertain narrative that was beginning to take shape.

Establishing a preliminary chronology from my fragments revealed gaps in my story. I reviewed my draft, and I read it in tandem with the original records, and I noticed gaps and dissonances. What did it mean that we went to school every day and learned about nothing in particular? What do I remember about those lessons? Why was there a nun on the unit? What did I think of God? Where was my brother? What did he know about where I had gone and why? I returned to these gaps and I probed them and wrote more by hand and by feeling. At this point, I also pushed myself to flush out moments and elements of this experience that were difficult to explore in the preliminary research stage. I looked at truths that were especially painful, embarrassing, and private. The integrity of the work that was emerging required that I open boxes that have been kept closed for a very long time. Re-storying my story catalyzed the uncovering of particular plot points and scenes that I had been afraid to revisit and articulate, and in this way, the research process and my personal process of integration were mutually influential.

In working to find *sense* in writing that felt like nonsense, I discovered that my understanding of reality was not as sinister and dangerous as I had long feared. The material held in my body and my memory contributed to what began to look like a cohesive arts-informed autoethnography.

Stage 3: Narrative

In the third stage of this research, I created the formal and temporal structure that upholds the project in its final form. Medical records as a genre are episodic and organized by author: The months unfold from the perspective of my clinician, and then they start again with nursing charts, and again with medication logs, and on and on. The official records do not have a linear trajectory. I had intuitively mimicked these conventions in the first stages of writing, collecting observations and memories on a number of themes and distinct moments, and in the final stage, I united these sections with a more consistent narrative voice while maintaining a fragmented style that reflects the nature of memory and the nature of my particular madness. I continued to rearrange sections and incorporated refrains that mirror the cyclical structure of this story as it lives in my mind and my body.

This methodological stage represented the final act of reclaiming my epistemological agency. I placed my feelings and thoughts and perspective in time and space, and I told the story from beginning to end. I turned flashes of truth into a story that “makes sense” in a mad and chaotic sort of way, a story that is real and true and grounded in a time and location. This process of organization is offset by an insistence on formal disruption that refuses to “make sense” according to the rules of traditional scholarship. The final shape of my project is spatially and formally mad. The work stretches over many pages, but its word count is not exceptionally high, and very few pages are actually filled with text. Stylistically, I enact my version of what Tamas calls “writing wonder, writing art, writing dirty, being haunted, and troubling genre” (p. 431). Formally, this is a work full of *absence* and blank space. In this text, space is time, dead and hanging and empty, and space is the blankness created by the sedatives that I did not want to

swallow, and space is all that I have forgotten in the years that have passed, and space is the unwordable.

Framing memories and moments in the past tense required extensive adjustments to the rough draft of the project. This process of revision was tedious but powerful. One sentence at a time, I disentangled my “adult” self from the memories that I had animated, insulating the feelings and memories that I had re-lived through my research. These sections had felt so very *present*, so touchable and real, as I had worded them at the beginning of the process, and as I completed the project, I reclaimed the chronology of my institutionalization.

Stage 4: Reckoning

The first draft of this paper concluded with a grand declaration of liberation from the effects of confinement and pathologization. I wrote, “Now that I am finished, I am free.” The final stage of this research, an addendum to that preliminary draft, involved a visceral and excruciating negotiation with the epistemic violence that I enacted upon my *self* as I worked to untangle and reassemble my truth.

In the weeks between my first submission and my oral defence, I was briefly hospitalized following a car accident. I was strapped to a stretcher, and suddenly I was small and I was sick and I was stuck, my body returned to this place that I had told myself I had excavated and renovated. I felt deep disappointment. I felt fear and shame. In the days after this encounter, I confronted the ways in which I had inadvertently attempted to “[clean] up [my] otherness” (Tamas, 2011, p. 444) in meeting the stylistic conventions of this assignment. I mourned the impossibility of mastering my self and my madness and this thing that happened. I will never master it. Beyond the genre of an academic assignment such as this one, I don’t want to.

In this stage, I returned – painfully, viscerally – to a place of “anxious uncertainty, epistemic doubt, wonder, and breath” (Hallifax, 2009, p. 2). I finished unsure. This was the only sincere way to finish.

Relationship to Academic Program

My training in the Communication and Culture program has been one of critical thought. I have learned to read culture with skepticism and rigor. I have developed tools to interrogate texts, ideas, and assumptions, and to look for what is missing, and to turn traces of hidden truths into language. I have learned to ask questions, and I have learned how to think about answers that might be slippery and unwordable.

This project represents my application of these skills to my own lived experience. I interrogate the ideas that structure my approach to the world, and I ask questions about power and knowledge and social life. I use my training to perform research that is formally distinct, and I acknowledge that it is incomplete and inconclusive, as all communication and cultural studies are. More specifically, this project contributes to my academic program in its animation of Critical Mad Studies, engaging theory to critically probe the data in my body and my self. My spring/summer 2018 Directed Reading in Mad Studies provided me with the theoretical foundations that I apply in my gesture of epistemic reclamation, and together these experiences shaped my field placement with survivors of institutionalization at LOFT Community Services.

A common critique of Critical Mad Studies as a theoretical framework is its apparent insulation from the reality of emotional distress and from the practical and financial limitations of social service organizations. Mad Studies scholars present compelling and theoretically sophisticated ideas that challenge notions of sanity, reason, and power, and while these ideas are,

in one sense, *enough*, the space between academic theory and emancipatory praxis remains troubling and persistent. Madness and psychiatric violence have very real material effects on those who experience emotional distress, and theoretical explorations can feel removed from these effects. For the consumer/survivor/ex-patients who can't afford to buy academic books or access library databases, the progress generated by critical academic research has little immediate effect. *Ideas* aren't housing; they're not food; they aren't, of themselves, community.

As a psychiatric-survivor who has long been trapped in cognition, I could *only* have discovered critical perspectives of psychiatry in an academic setting, structured by familiar writing conventions and administrative procedures. This process had to start in my brain. I stand now in that slippery space between theory and praxis, evaluating my own work and questioning its applicability to the material conditions wrought by parallel experiences of confinement and pathologization among consumer/survivor/ex-patients less privileged than I.

And so I present my own project with humility. This work will not radicalize broader cultural understandings of "mental illness." It will not measurably disrupt abusive psychiatric practice, emancipate children confined to institutions, or recover the years that I have spent distrusting my body and my self. This project has, however, radicalized my self-concept. I will never completely eradicate the traces left by a period of confinement that lasted for far too long, a period unwarranted by the actual nature of my subjectivity, but I have wept and mourned and reclaimed to the best of my ability. I have made beauty of my madness.

Contribution to Professional Practice

After completing this Masters of Arts in Communication and Culture, I hope to apply my skills in critical inquiry to a praxis-based professional context, specifically one that tends to the

needs of low-income survivors of psychiatric institutionalization. I have known since I was 14, surrounded by intersectionally oppressed children and teenagers who almost universally lacked the many privileges afforded to me, that I am incredibly lucky. I speak in this project to the abstract internal shifts wrought by bureaucratization and confinement, but I have been protected by racial, financial, and colonial privilege from many of the *material* effects of psychiatric institutionalization, including severe economic precarity. In her chapter about neoliberalism and the “recovery” paradigm, Morrow (2013) writes, “Mental distress is intimately tied to social inequities such as poverty, homelessness, racism, homophobia, and sexism” (p. 323). My ability to pursue a postgraduate education exemplifies my relative social privilege among those who have been confined and pathologized. As I complete this program, I am motivated to engage with psychiatric consumer/survivor/ex-patients who live with the effects of institutionalization *without* the many social and financial resources I have been afforded.

I have particular interest in professionally supporting elderly consumer/survivor/ex-patients. The material and symbolic effects of institutional life are particularly potent for those confined before the final years of deinstitutionalization, when in-patient psychiatric confinement was traditionally prolonged and clinical practice frequently involved coercive “treatment” and isolation. Having thoroughly investigated the ways in which confinement shaped my sense of self and of my role in social life, I am motivated to apply the tools discussed in the section related to my general academic program to supporting survivors of experiences much more profound and complex than my own.

Through collaborative knowledge production, program assessment, and advocacy initiatives, I am interested in implementing organizational policies related to accommodating institutional trauma in the provision of transitional care to aging ex-patients. I have recently

embarked upon a research project involving elderly consumer/survivor/ex-patients transitioning out of psychiatric care, and I hope to continue to explore the realities of psychiatric violence and contribute to activist movements that work to fuse theory and praxis.

Before engaging in any type of work related to institutionalization and advocacy, I needed to confront my own perceived monstrosity. I needed to interrogate the ideas that I held in my mind and my body about what it meant to be who I was. I needed to disempower the effects of institutionalization and rewrite the story that I have been telling myself about why I was taken away from my parents. Speaking my truth through this project equips me to support others. This is, perhaps, the most significant impact of this endeavor.

Conclusion

Since completing the early stages of this project, I have collected my medical records from my bedroom floor. They are on my desk, surrounded by books and books and books, the ideas that guided my approach to this project. I see them every day, and I feel nothing. I have spent months immersed in their pages, learning to decode their authors' penmanship, learning to navigate their disparate sections, learning their patterns and disciplinary dialects. I have mastered them. I have transcended them. When I submit my final revisions, I will put them back in their brown cardboard box, and they will go under my bed. They have become a stack of paper. They are not the verdict.

"Broken Record" is the closest I will ever come to explaining. It was risky and, in some respects, quite careless: putting a deadline on my self-revision. Going mad in order to understand my madness and my history and my grief. I did not "recover" from myself, from my madness,

from my trauma. I resisted, and I insisted. This story will live in my body and in its wisdom,
which I have learned to trust. I have language what I could never language, and I have testified.

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