Policy & Discourse: Sanism

Policy has influenced the ways that we view Madness in both the professional and social worlds we interact with. By analyzing discourse in policy, we can trace the ways that sanism operates in our field as social workers.

1907 ALBERTA INSANITY ACT
- Incarceration of Madness.
- Mad folks as “dangerous lunatics.”
- Overcrowding of facilities.
- Support workers were not available, so families elected to have their loved ones incarcerated as well.

1919 ALBERTA MENTAL DEFECTIVES ACT
- Developmental disability and Madness are separated in policy.
- People with developmental disabilities are removed from the Ponoka asylum.
- Adoption of disability as a medical issue vs. Madness as a criminal issue.

Discourse of Madness - still criminal and different from a medical issue.

2020 ALBERTA MENTAL HEALTH ACT
- 1907 Alberta Insanity Act laid the foundation for the 2020 Alberta Mental Health Act.
- Carceral language used to determine who can be involuntarily hospitalized or treated.
- 1919 Alberta Mental Defectives Act seen throughout the differentiation of traumatic brain injury and Madness.

Discourse of Madness - still criminal and different from a medical issue.

CRITICAL DISABILITY STUDIES
- critique of ‘normal’ or ‘typical’ constructions of personhood (abled), which therefore shape what is “abnormal” or “deficient” (disabled).
- challenges the notion that ‘deficits’ can be ‘cured’ or “made up for” by medical professionals, who are the experts.
- constructions of normality are defined in terms of the person’s economic contributions to capitalist societies, rooted in the British Poor Laws.
- furthers the colonial project of situating ability and productivity as measurements of worth (such as in immigration); centers westernness + whiteness.
- ableist discourses legitimize the separation between nondisabled professional and disabled victim through assumptions and power (see: Foucault).

MAD STUDIES
- everyone can (and likely will) experience mental distress and it is a reasonable reaction to inequality and oppression in the world.
- Madness and mental distress are feared, medicated, surveilled, and policed; particularly for Black & Brown bodies.
- subjugation of a Mad person’s capacity to know and experience their own realities.
- advocacy for community care (not just self-care), disability justice, Mad liberation, access intimacy, peer support, and person-centered care.
- holding mental health professionals accountable for the role they (we) play in sanism, epistemic violence, coercive/abusive treatments, and the subjugation of Madness.

Theory: Mad Studies & Critical Disability Studies

NOT CUT OUT FOR THIS WORK: “YOU SHOULD BE STRONGER, YOU’RE A SOCIAL WORKER.”

Discourse plays an important role in social attitudes and constructions of who is fit or unfit to perform a particular social role (Garland-Thomson, 2011). By constructing Madness as criminal and separate from that which can be cured or fixed, and by requiring social workers to be a blank slate for practice, we miss the kaleidoscopic ways that Madness can be supportive for practice, as well as the ways we can support social workers who carry heavy loads while walking with clients on their healing journeys.

God forbid we start struggling - or continue to struggle with these things on our own. Because if I can say that the stuff that I've been through is a huge way that I'm the relational and empathetic and supportive counselor that I am now to these youth... I can directly tie that back to the challenges I went through when I was younger. But being in the field when that stuff bubbles up, especially in social work... I felt like I couldn't talk about my trauma because I had to keep on this facade of this like... shiny therapist that has no errors and then this fear of what other people are going to think if they see me as someone who isn't perfect or still struggles with these things? And I think that prevented me from getting support in the first place, too.

BLANK SLATE: “THIS IDEA THAT SOCIAL WORKERS & THERAPISTS NEED TO BE PERFECT & UNHARNISHED…”

“Getting it”: relationships as being the most important piece of the work we do as social workers

“Love-hate relationship with social work: resisting saviourism in social work practice

Lack of critical analysis on the role of power and oppression during and after their social work education.

Social workers have a tendency to miss out on the ways they are recreating systems of power and oppression by taking on a saviour role.

Resisting the role of expert in their practice to work with and alongside their clients.

References


Beresford, P., Donaldson, T., Joseph, J., & LeFrancois et al., 2013; MacDonald et al., 2018; McWade et al., 2015; Weir, H., & Weir, H., 2019.


https://doi.org/10.1080/10428232.2015.1063355

https://doi.org/10.1080/10912-000701574267

https://doi.org/10.1080/09687599.2014.1000512

https://www.researchgate.net/publication/262374063_Sanism_mental_health_and_social_workeducation_A_review_and_call_to_action

https://doi.org/10.11575/sppp.v12i0.68184

https://doi.org/10.1835/jemh.10.1-23

https://doi.org/10.1007/s10912-009-9088-2

https://doi.org/10.1007/s10910-011-9254-0