

Most everyone is Mad here: Celebrating Madness in social work practice and education

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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.

Discourse of Madness = criminal.



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.

(Allen, n.d.; Boschma, 2008; Dyck & Gibbons, n.d.; LeFrancois et al., 2013; Sonpal-Valias, 2019)

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.
- ♣ **furtheres 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).

(Burghardt et al., 2021; Campbell, 2008, 2009; Donaldson, 2011; El-Lahib, 2015; Goodley, 2012; Meekosha & Dowse, 2007; Poole et al., 2012; Russo & Beresford, 2015; Sonpal-Valias, 2019; Voronka, 2016, 2017)

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.**

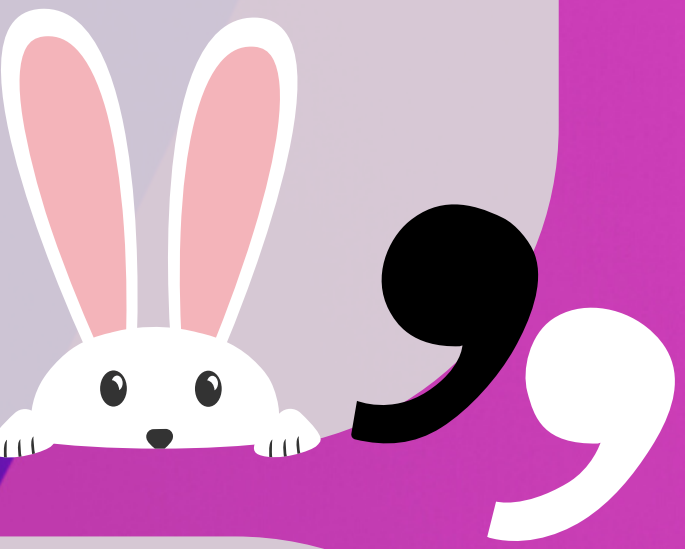
(Beresford, 2020; Donaldson, 2011; Joseph, 2019; LeFrancois et al., 2013; MacDonald et al., 2018; McWade et al., 2015; Poole et al., 2012)



Theory: Mad Studies & Critical Disability Studies



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 counsellor** 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 façade 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.



NOT CUT OUT FOR THIS WORK: "YOU SHOULD BE STRONGER, YOU'RE A SOCIAL WORKER."

Not cut out for social work if they were not strong enough.

Unsafe or unable to receive help when they needed it.

Fear of other therapists finding out they accessed services while working in this field.

Reaching out for help seen as indicative of **poor practice skills or professional suitability.**

BLANK SLATE: "THIS IDEA THAT SOCIAL WORKERS & THERAPISTS NEED TO BE PERFECT & UNTARNISHED..."

Expectation that they came to social work as a **blank slate**, meaning they had never experienced trauma or mental distress.

Surprised to realize the **internalized sanism** they experienced as a therapist themselves.

Assumption of being a blank slate **stopped them from practicing better** with their clients.

"GETTING IT": RELATIONSHIPS AS BEING THE MOST IMPORTANT PIECE OF THE WORK WE DO AS SOCIAL WORKERS

Better understanding of **what they would want as clients helped to build deeper relationships.**

Ability to **get it helped to connect without judgment and to authentically show up.**

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.



Initial Findings

Conclusion



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.

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