

## Appendix B: Audio File Transcript

My project is an aural collage that teeters between fiction & non-fiction and uses both film and T.V. clips to weave together an extended journey through psychiatric institutionalization. Although some of these films are considered fiction, most of them are composed of various elements of reality. I think this project, but more importantly activism projects in general are important because they engage us in the exercise of truth-telling and bearing witness – something I think is essential for survivors but also practitioners as well. People’s stories and experiences and injustices need to be heard. I think artists have the capacity to capture that in many ways in order to move people to really feel and think about the topics they are engaging with. That is why I think activism and this project can be important – It’s a way of communicating; storytelling, its education and its resistance for the people and by the people.

This piece was heavily informed by a lot of what I’ve learned from my courses around trauma-informed work, including the history of madness and its relationship with control and harm. However, a lot of the aspects of this audio story were also informed by real testimonies experiences, including my own. For example, a large part of this project was actually inspired by a mother who shared with me her experiences around her son’s suicide. Her story revealed just how quickly labelling everyday feelings and responses to trauma such as responses to death, could trap someone within the psychiatric system against their will for an extended period of time, despite their protests, and despite their family’s protests. You can actually find a detailed account of this story in Bonnie Burstow’s book *Psychiatry and the Business of Madness*, if you’re interested. Storytelling can be such a great resource for allyship and activism work.

I interrogate language a few times during my piece using clips that use the term “crazy” and insane. It’s not so much about using the word “Crazy”, though we can agree that this is an inappropriate term to describe anybody; but it’s more about the things that people refer to when they use the word crazy; the list of requirements or symptoms that put someone in that category or place them in that camp. I think it’s important when we think of the “norms” and “standards” for wellness and even its counterparts “illness”, “disorder” or “syndrome”, that we also think about what these norms & standards are, who these norms & standards were established by and

who they serve; more importantly we should also think about who is excluded from these norms & standards, who is harmed by them, and even whether being outside of them constitutes pathologizing or institutionalizing them.

I think this piece is primarily about power – a lot of power is taken from us when we start to look at all or even some of our responses to trauma as an illness or a disorder or “crazy”, especially when in many cases they are completely normal and common responses to traumatic events. We see this with women and people of color, who often endure insidious trauma on the daily, and whose responses are portrayed as a disorder rather than a product of their environment and histories. Why should we set standards that exclude or do not consider these groups, especially when sexual violence and racism is so rampant? As a woman of color and a feminist, one thing I wanted to make sure to include within my piece was how labelling and diagnosis has been used throughout history and is still used to control women by pathologizing their behavior and their emotions. I used a few lines from a scene from the movie *Girl Interrupted* that kind of exemplifies this, where the main character describes a list of symptoms associated with BPD (short for Borderline Personality Disorder), but that are also often associated with ‘wild women’. Ambiguous “symptoms” were weaponized against women like “excitable”, “an instability of self-image”, and even “uncertainty about goals”, which quite frankly seem like pretty normal symptoms to me considering the current state of the world. What I did was couple this clip with another few from the movie *Alice in Wonderland* about Female Hysteria, because historically this diagnosis functioned the same way - it pathologized women’s affections to place them in asylums.

But it’s not just women, right? It’s also queer folks who don’t fit normative standards and men who have gone through significant trauma who are also subjected to institutionalization or other ‘medical’ treatments as a result of labelling and diagnosis. When we consider the fact that slaves were diagnosed with Drapetomania – a disease of the mind that allegedly induces the slave to run away from service – and then whipped as a form of treatment, we can more easily wrap our head around treatment being rooted in some form of control. For example, I included content about lobotomies (also referred to as leucotomies) within my art project which was featured in the Amazon Originals Series *Lore* and adapted from the *Lore* podcast. The purpose of lobotomies was to lessen the symptoms of mental disorders, but as a surgical procedure that involved severing

the connections in the brain's frontal lobe with an icepick like tool, it often came at the cost of one's intellect and personality. It wasn't designed to rehabilitate people; it was designed to solve the "mental illness" problem by incapacitating the patient and silencing them. The sheer violence of the procedure is terrifying enough, but the apathy toward their quality of life after the fact I think speaks volumes in itself.

I used audio because I think there is a kind of sensational value inherent in audio alone that differs from film, or written work. For example, Anthony Bates in 2017 provided a list of benefits for using audio in teaching- one of which is its capacity to change learners' attitudes by presenting information in a novel way or from an unfamiliar perspective. I think this kind of benefit is ideal for counter-hegemonic work – that is work that challenges dominant discourse and ideologies. Audio can be this really intimate medium too because it provides people with feelings of 'personal closeness' which may better connect the listener to the content and evoke stronger emotions. I chose to use audio for this project because I think it can lure the listener into an experience that feels intimately close and familiar, while at the same time slightly uncomfortable. We need discomfort to learn and to stretch our learning and I think audio, but even just art in general, can do a great job of that.

If people are going to take anything from this project it should be this: in the same way, we need to consider who fits outside of the norms of mental wellness; we have to think about what norm and standard is being set in terms of appropriate responses to trauma like death, sexual violence, poverty, homophobia, racism... It's strange to look at it this way, right? like *what* is appropriate? How am I *supposed to* respond? And *who* says so? I think when we ask these questions, we can really start to formulate how we look at "common" mental disorders like anxiety and depression for example. I am not saying there is no such thing, but rather than looking at anxiety and depression as leading illnesses in the world; maybe we should look at what it is about the world that is making us live in states of depression and anxiety. I think We need to, in so many ways, control the narrative around trauma and put the onus on larger institutions to take accountability for how we - as a society, as women, as black folks, as people of color, as queer folks, as de-housed and gentrified etc. - are responding mentally, emotionally, and physically to our lack, to our injustices and inequalities and to institutional violence and oppression.

It's about starting a conversation with others about their experiences and their ideas around this. Before we do anything, we should always ask where we might be doing more harm than good; where we may be overlooking the experiences of those who have been traumatized, who have been discriminated against, who have been oppressed...If there is one thing to take from this, it is that the world is a traumatizing place for many, many people, and so we MUST consider this reality when we make evaluations of "normal", or "wellness", "illness" and "disorder" ...