Reaction—Breaking Silence through Mad Disclosures: 

A Comment on Greg Procknow’s ‘Silence or Sanism’

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Like Greg Procknow (Procknow, 2017), I am implicated in any adult educational discussion of mental illness, having been diagnosed with clinical depression and anxiety. So it’s refreshing for me to see his piece appear in this journal. Like him, I’ve lamented the lack of sustained attention on how people learn to deal with a supposed absence of normality in their lives. Learning to live with a classification of mental illness is a multifaceted learning project involving everything from learning to undergo ideological detoxification to instituting biofeedback processes, working out the political calculus of disclosure to managing timings, dosages and combinations of medications. At its root of course, as Greg eloquently argues, is the challenging of the very notions of madness and sanity.

Most reaction papers in academic journals either take a position contrary to the original publication or take it in a very different direction. My reaction isn’t like that. Essentially it’s an endorsement and amplification of Greg’s work combined with some personal responses. So don’t look for a traditional point-counterpoint dialog here. I pretty much unqualifiedly endorse Greg’s paper and am grateful for its appearance. My response is a sort of ‘festschrift’ for his work and the work of those he discusses in his article. It’s also a personal plea for more mad disclosures by my fellow academics, researchers and practitioners, particularly men. It took me a long time to escape the twin clutches of patriarchy and the valorization of rationality so that I could own, and own, publicly my own condition of depression and anxiety. I had no male colleagues who spoke about depression with me and no publicly known male adult educator I was aware of who wrote and spoke about his own depression. As Greg argues mad disclosures like his are essential in breaking the silence around the sanism he identifies.

Let me start with some personal reflections on my own interest in this area. I first became interested in the issue of sanity and madness in the 1960s when as an undergraduate I read R.D. Laing’s classic The Divided Self: An Existential Study in Sanity and Madness (1965). I wasn’t studying psychology or involved in mental health, just reading the texts that were de rigueur in the counter-culture of the time. Laing, along with other counter-cultural luminaries like Herbert Marcuse (1964) and his student Angela Davis (1974) were questioning the bifurcation of sanity and madness, deviance and normality. All these thinkers wanted to analyze the manner in which advanced industrial society classified and incarcerated people according to politically constructed notions of normality. There was a lot of talk back then about the revolutionary dimensions of devi-

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ance and the ways in which dominant groups created *Folk Devils and Moral Panics* (Cohen, 1973) as a means to underscore the boundaries of legitimate, socially acceptable behavior.

Discussing the ideas in these texts seemed like a ‘normal’ activity in those days in the sense that they eventually came to be considered as unremarkable, as ‘telling it like it is’. I suppose in the late 1960s I imagined a historical trajectory waiting to unfold in which the awareness of the socially constructed nature of madness and the need to de-stigmatize mental illness would come to dominate public health provision. I lived in England at the time and it was a shock to wake up in the 1980s to find Margaret Thatcher savaging mental health provision and moving back to Victorian-style discourses that shamed the mentally ill for their inadequacy and weakness. Telling people to “snap out of it” didn’t really seem much of a paradigm for designing mental health treatment. Of course, we had Foucault (1988) to help us understand how ‘madness’ had gradually become institutionalized as behavior that was threatening to social order, something to be removed from everyday life for fear of its contagious effect. But despite the enormous influence Foucault’s work has had in academe things haven’t moved anything like as much as I’d imagined in the world outside. Something like *Crip Theory* (McRuer, 2006) might be accepted inside departments of cultural studies, gender studies, English and humanities; but to walk in queerness is still to follow a path bounded with danger.

So why does a widespread stigmatization of mental illness exist, and why is there so little attention to sanism, despite the influential work of Laing, Marcuse and Foucault cited above? Greg ends his piece with the simple but powerful aphorism “silence begets sanism” (p. 18). My own first instinct in understanding anything that puzzles me is to turn to critical theory’s emphasis on analyzing how much of our behavior is explained by our internalization of dominant ideology. In my own case why did I keep my own depression and anxiety silent, a secret from everyone except my wife and my brother? Even to them I felt the shame of being burdensome in their life and would constantly apologize for my condition, for my being unable to ‘beat’ it (as if it were a game) and for my dumping my woes on their shoulders. My wife’s frustration at being unable to help me was what finally caused me to seek professional help. But up till that time I viewed my inability to ‘cope’ as an indicator of deep personal weakness and a source of shame. Because I couldn’t be ‘normal’ and stand up on my own two feet I was fundamentally flawed and such damage needed to be hid.

I hid my condition from close friends and my children, basically because I didn’t want them to think less of me. I also hid it from my workplace and professional colleagues in my field. At its worst my depression takes physical form. I stop eating and lose enormous amounts of weight. To the degree that I look as if I’m wasting away I can’t hide my condition. But I can always explain it away by citing other physical conditions; sometimes I’d say I was trying to lose weight for health reasons, at other times I’d plead various digestive disorders. At one period my ‘reasoning’ voice convinced me that I did indeed have a chronic but undiagnosed digestive disorder and I spent months being tested. Finally, I ended up at the Mayo clinic and after exhaustive tests they convinced me that there was nothing physically wrong with me.

What was the ideological trick being played here to cause me, someone who’d written an award winning book on critical theory (Brookfield, 2004) to be unaware of what was happening? One was patriarchy’s convincing me that, as a man, I needed to be strong. Mental illness was explicable if located in the female body. I had several women colleagues who were open about their own depression and anxiety and who told me of how medication had helped them. So depression was feminized in my mind, something that it was okay for women to suffer from but not for men. As a dominant ideology patriarchy had inserted itself deeply into my worldview. Although consciously I rejected anything hinting that men were in any way superior to women, a nasty little patriarchal worm was buried deep in my consciousness. It communicated that men were stronger than women, and men were better able to control their emotions as they thought their way logically and objectively through problems besetting them.

So being strong and capable in the face of depression was inextricably bound up with the notion of being a reasoning being. And this brought in a double ideological whammy of patriarchy’s contention that men had superior reasoning capacities along with the ideological valorizing of technical rationality. I took on the task of curing myself by telling myself to reason my way through depression. Since I had a life of privilege there was no reason for me to be depressed; therefore, all I needed to do was to tell myself that I really shouldn’t be depressed and I’d be ‘cured’. My ontology was one of reason, reason, reason. Depression was essentially a failure of reason.
As an ideology of domination & exclusion sanism is connected to what critical theory has variously called bureaucratic rationality, the administered life, and the instrumentalization of reason. Theorists such as Adorno, Horkheimer and Marcuse all argued that in advanced industrial society the kind of thinking that was most valued was that devoted to fixing systemic problems to make current systems work better. This was One Dimensional Thought (Marcuse, 1964) the application of reason to addressing the inconsistencies and contradictions of capitalism. In Marcuse’s view an ability to fix problems without calling the system’s larger rationale into question was the kind of thinking most valued organizationally. The way to rise up the organizational or political ladder was by earning a reputation as someone who had an answer for every problem – a capable fixer.

Allied to dominant ideology’s privileging of rationality is the trivializing of Utopian thought as idealistic, essentially irrational. Speculating about fundamentally different ways of being, or alternative ways of living, is unproductive and those who do it are, by extension, in some way unhinged. Speculative thought is irrational and hence tinged with insanity. Thinking of Utopias is unproductive and, in a world focused on perfecting capitalism, what can be better evidence of flirting with some form of insanity? Just as patriarchy claims that men are naturally fitted to assume positions of power and authority because their superior reasoning powers allows them to make decisions untainted by irrational emotion, so one dimensional thought dismisses flirting with speculation as unmanly, feminine, queer. To question big categories such as madness and sanity, deviance or normality, was an example of unproductive divergent thought and thus tainted with irrationality and instability.

So, put together patriarchy’s insistence on a superior male capacity for untainted logical thinking, and one dimensional thought’s view of anything other than the application of reason as evidence of divergent deviance, and you have an explanation for silence about sanism. It didn’t matter that I’d been introduced to critical theory as a young adult and had been reading it all my adult life. My own supposed awareness of ideological manipulation was a reassuring illusion. In actuality I was just as imprisoned in these ideologies as anyone else. This realization has formed the basis of my own interest in anti-racist work where Whites making racist disclosures is just as important as the mad disclosures Greg writes about.

**Mad Disclosures**

Those of us interested in making mad disclosures have been helped by a recent body of work developed by the moral philosopher Robert Nash (2004) and his colleagues (Nash and Bradley, 2011; Nash and Viray, 2013, 2014). Nash argues for a particular kind of writing that he calls a Scholarly Personal Narrative (SPN). An SPN is a sustained exploration of one’s own narrative experience of a particular question, problem or dynamic that has broader social significance. Instead of talking to people who are struggling with this dynamic and reporting the general themes that arise in their comments, an SPN uses as its central data set the writer’s own personal experiences of working through the same struggle. Its scholarly nature comes from the fact that the narrative is constantly amplified or interrogated by reference to theory or research. As the narrative explores some aspect of a particular problem the writer constantly turns to scholarship that has something to say on the topic. There is not a separate section called ‘Theory’, ‘Research’ or ‘Literature Review’. Instead, the study moves back and forth between explication of the narrative and then theoretical commentary on it. Sometimes this scholarship underscores or extends the significance of the narrative events being recounted, sometimes it reframes the narrative in a way that changes its meaning, and sometimes it challenges the writer’s own reading of experience calling the narrative arc or logic into question.

An example of this is an SPN dissertation I supervised in which Sandra Unger (2014) wrote a narrative exploring the dynamic of relationship building across class and racial divides. She wanted to know how people of different racial and class locations learn to build reciprocal relationships and used as the data for her study a narrative description of a particular period in her life. This documented her move from the white suburbs to the east side of St. Paul to found a program for Black teens called the Lift. As a White middle class woman she wanted to work for racial justice by authentic building relationships with working class African Americans. As she worked through her narrative she moved back and forth between exposition and theoretical analysis drawing on research (amongst other things) regarding identity politics, the nature of interpersonal communication and the daily manifestations of White supremacy.

The question explored in an SPN must be one that has wider social implications. It should refer to some important dynamic in education, leadership, or the world at large that people are trying to figure out. Nash likes to say an SPN should focus on change or transformation of some kind. So in the context of Greg’s article a
question might be ‘how is silence about sanism created and maintained?’ If I were writing such an SPN I would constantly weave into my narrative reference to the ideological mechanisms of patriarchy and technical rationality already discussed. For example, a section documenting my own fear of having my children or colleagues discover my depression would probably draw on Foucault’s notion of disciplinary power and the nature of shaming (Ronson, 2016). This constant illumination of experience by theory or research does mean that someone writing an SPN needs to know the different theoretical areas that might pertain to her topic very well.

As already stated that the theory that is woven throughout the narrative should not always support the narrative as it is framed. The literature should also challenge the narrative thread, give markedly different perspectives on what happened, give multiple and contrasting readings of experience, and be critical of times when the narrative is becoming too neatly contrived. In my own case, a sustained exploration of silence about sanism would have to address the critique that mad studies can promote an uncritical celebration of mental states that are in fact destructive and disempowering. In this regard, the supervisor of the SPN plays a crucial role in identifying ‘inconvenient’ theory or research that challenges a writer’s presentation of their narrative, and insisting that they respond to it.

The constant turn to scholarship in an SPN means that the writer’s narrative is always deepening and changing. As the writer considers different research and theory that illuminates and questions the way the dynamic or question being explored, he or she continually builds that new awareness of complexity into how the narrative unfolds. Symbiotically, as new aspects of the experiences recounted are revealed, so the writer often branches into theoretical areas not identified in the initial proposal. If I wrote a book length SPN on my own efforts to learn about and manage the debilitating effects of my own depression and anxiety I would start with the learning tasks I have already outlined (Brookfield, 2012), but I have absolutely no idea where I might end up.

I don’t know if there’s ever been an SPN that’s a sustained exploration of a question such as ‘how is silence about sanism created and maintained?’ but it seems to me to be a perfect topic for an SPN. If I were to write such a manuscript I would select episodes in my life that illustrated (a) the ways that I was complicit in maintaining dominant ideology and (b) moments when I pushed back against ideological manipulation. One danger of all narrative writing is, of course, that of inserting oneself as the heroic center shaping events. Another is that of projecting a false dialectical trajectory of control and push back concluding with a synthesis of transformed self-awareness. Hence, an SPN exploring depression might overlay an easily understood sequence of illness and cure following steps or stages of transformation. The ending would be the writer’s restoration into sanity.

Such a narrative of course reinforces sanism by viewing depression as a temporary aberration or flaw to be treated and eliminated so that the person returns to normality at the end. It denies depression as a fundamental ontology. In my own case I am, and always will be, a person who is affected by depression and anxiety. My narrative framing them as demons and it doesn’t end with a slaying of these enemies. Depression and anxiety are my normality that to some degree frame who I am and how I experience the world. They are not external pathologies that visit me by chance and are then treated and removed. They are me, whilst not defining the whole of me.

Another danger, often attributed to R.D. Laing, is that of celebrating extra-rational states as inspirational, opening the doors to other realms of perception (Huxley, 1954). But, as a collection of interviews with Laing reveals (Mullan, 2017), he was acutely aware of this danger himself and was determined to acknowledge the injuries that mental illness can inflict. In my own case a state of depression leads to no increased productivity or insight. In fact, the opposite is the case. I am permanently listless, unimaginative and uninspired. I am never impelled to document some creative intuition, nor am I able to engage in authentic and satisfying relationships. I am just terrified, feeling frozen in terrified inaction by an eye that (to mix metaphors) burns on me leaving me squirming, unable to escape my misery. In Tolkien’s terms (I wonder if he drew from depressive experience?) I am immovable, fixed by the burning eye of Sauron. So mad disclosures, whilst challenging the othering function of bifurcations such as madness and sanity, deviance and normality, mustn’t shirk from an honest acknowledgment of the way that mad people are sometimes blocked from living the most fulfilling lives by their reality.
References


