

Review of: "[Commentary] The “Mental Health Crisis” and the Non-Being of the Mad"

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Domingue et al.'s article “The Mental Health Crisis and Non-being of the Mad” is an amazing interrogation of the demerits of modernism. Albeit the authors make no reference to postmodernist tenets, the rationalization of madness and binaries that psychiatry establishes constitutes salient modernist attributes that postmodernism cross-questions. As the authors postulate, it indeed may be argued that the treatment of madness cannot always be attained through rational or scientific methods. According to Casey (2003), madness has been interpreted through times and across cultures in diverse ways. To some, it is possession by spirits, punishment for past wrongs, mystical experiences, spiritual imbalance, biochemical imbalance; to others: faulty genes, feeble mindedness, lack of self-control, social deviance, product of damaging interpersonal relationships and social environment, learned behaviour, faulty thinking, and the consequence of past traumatic experiences (92). Going by Casey's example, psychiatry cannot satisfactorily offer a definition of mental distress.

Indeed, among most African communities, madness is perceived from the spirit possession paradigm that is absolutely at variance with psychiatry. For instance, while psychiatry considers the presence of the other self in one's consciousness (the fragmented self) as Dissociative Identity Disorder--- “mental episodes where a person displays unexpected behavioural disturbances” (Gunning 2015, p.129), the spirit possession paradigm takes a different trajectory that describes the condition in terms of substitution of the patient's self with a foreign self or selves (Erlendsson 2003, p. 3). While modernists such as René Descartes disregard tradition, religion, and spirituality (Caputo 2015, 26), exorcisms demonstrate Erlendsson's postulation with regard to the replacement of agency among the mentally ill.

This article generally takes the view of scholars that reject medicalisation and rationalization of madness. These scholars include Foucault (1961), Fanon (1961), Laing (1960) and Roberts (1980). According to Foucault, madness is a social construction because 17th century Europe consigned all the poor and destitute to the mental asylum (7).

Difference was stigmatized and described as “madness”. This is what Domingue et al expound using examples such as Hamilton where the homeless are considered mad. The authors description of the “non-beingness” with reference to Butler (2009) delves into the concept of abjection. This reiterates Foucault's conceptualization of class otherness as madness. The concept of “ungrievability” further accentuates class otherness as society only mourns those who have lived an influential life. Laing (1960) informs Robert's thesis that madness is more subject to cultural and ideological underpinnings than medical considerations (16). For Laing, a careful examination at the mad person palpably displays the weaknesses inherent in our cultural landscape. In other words, instead of the Canadian modernist regime shooting or detaining patients such as Freddy Villanueva, Abdirahman and Nicous D' Andre, it should examine itself to eradicate

othering conditions that predispose its citizens to insanity. Fanon, like Roberts, singles out cultural conditions such as political and racial stigmatisation as prime causes of clinical madness (182).

Foucault's postulation takes the lead in Domingue et al. perspective on insanity in this paper as they argue that madness is a social construction. Psychiatry's role in their opinion is destructive as it accentuates othering and subsequent ostracization of those perceived as *others*. The authors therefore make a proposition that psychiatry should be abolished. But is it psychiatry or the attitude of these experts that is the problem? Staszak (2008) observes that otherness is due less to difference of the Other than the point of view and the discourse of the person who perceives the Other as such (2). Otherness (which to most modernists is madness) is not a problem in itself. It is the attitude (point of view) of the individual psychiatrist that should be rectified. Were Fanon and Laing not a psychiatrists? Why were they able to single out cultural aspects such as political and racial othering as prime causes of mental illness? Their attitude was different from the likes of Thomas Szasz who squarely blamed the insane for their condition. I contend that psychiatry ought not be abolished.

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