

DOWN THE RABBIT HOLE

A Journey into Art and Madness



by Nicki Chaput

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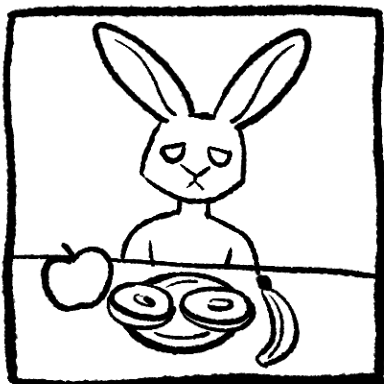
ΔΥΣΘΥΜΙΑ

I was diagnosed with dysthymia, known in the DSM-5 as persistent depressive disorder, when I was 13 years old. Basically, dysthymia is like major depressive disorder, but less acute and longer lasting. Maybe it's just because I'm a Greek nerd, but I like the term "dysthymia" more than "persistent depressive disorder." The word comes from dys- (δυσ-), meaning "bad," and thumos (θυμός), meaning "spirit." Spooky stuff. It's easier to say and sounds more whimsical, although I suppose PDD is more straightforward.

I've understood the past nine years through the lens of the biomedical model of mental illness: the idea that because of biological factors such as abnormal hormone levels (which causes one to wonder whom the "normal" levels are based on) and/or reactions to trauma I am "ill," and that I can be diagnosed and treated, if not cured, of my "illness." In many ways, this model has improved my quality of life: I found out that there was a reason I felt little joy in doing things that I had previously loved or that I had little energy despite living an active and balanced lifestyle. When I first started taking citalopram, a selective serotonin reuptake inhibitor, my mother said "the light came back into my eyes," and despite the myriad of struggles I faced during high school caused by both internal and external factors, various combinations of talk therapy and anti-depressants helped me enjoy my life.

However, despite feeling satisfied with my diagnosis and treatment, over the years I've

what my dysthymia looks like



eating the same relatively bland and innutritious meals every day



scrolling through YouTube's recommended videos despite having around 30 in my to-watch list along with hundreds of movies and series



not showering every day (which is better for your skin!) despite knowing I smell



lying in bed for hours thinking about all the stories I want to write and illustrations I want to draw and then never getting around to them

begun to question how the “psy disciplines”—psychology, psychiatry, cognitive science, etc.—pathologize many aspects of our lives that have nothing to do with how much serotonin our brains do or don’t produce, for example. As Mimi Khúc notes when discussing the WHO, “we are always being measured by our ability to work, our ability to appear “normal” and acceptable in a culture that conflates

what my life would look like without dysthymia (so I've been told)



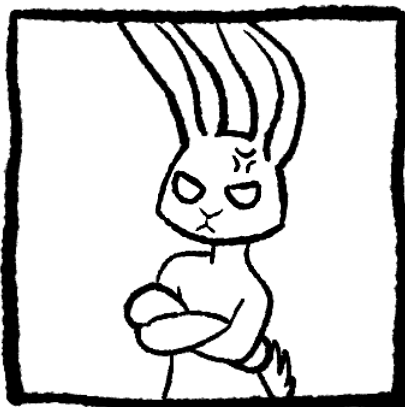
waking up wanting to do yoga, create art,
or watch a series I've been meaning to
get to



actually wanting specific foods instead of
just trying to fill the void in my stomach
with calories



being a productive, healthy member of
society that isn't a burden to anyone



... wait, what was that last one?

wellness, idealness, and productivity.”¹ How can I and others like me escape ghosts at the center of the biomedical model of mental illness while still taking care of myself and my community?

One potential solution is to turn to “a strand of human experience and history that pre-dates and challenges psychiatric dominance:”² **MADNESS.**

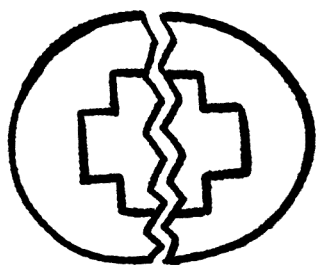
What the hell is madness?

When I hear the terms “mad” or “madness,”

I know I tend to think of antiquated depictions and discussions of mentally ill or “insane” people. Characters such as the Mad Hatter and the Joker spring to mind, embodying a kind of nebulous craziness that defies the rules of logic or common sense. And then there are the characters who “go mad,” like Giselle from the ballet of the same name or Jack Torrance from *The Shining*, who are sane one moment and insane the next.

So what, then, is mad studies? Mad studies is “a meld of activism and intellectual activity originating in Canada” and “a field of scholarship, theory, and activism about the lived experiences, history, cultures, and politics about people who may identify as mad, mentally ill, psychiatric survivors, consumers, service users, patients, neurodiverse, and disabled.”³ Unlike modern psy disciplines such as psychology and psychiatry, mad studies “centres knowledge produced by mad people/the mad community,” “challenges the pathologization of mad people[,] and calls into question the ways madness is interpreted almost exclusively through the medicalized framework of mental illness.”⁴ Mad studies strives to offer a multitude of counter-narratives about madness and/or mental illness, emphasizing the importance of multiple ways of knowing and making meaning of our lives.⁵

What’s wrong with psychology and other psy disciplines? Well, like most modern medicine, the origins of psy disciplines are rooted in ableism,



MADNESS should retain its aura of mystery, and it should always leave room for different views and stories, where some 'MAD' people or 'survivors' want a place in the exploration of the unknown, where there is still room to laugh about one's MADNESS, and where some 'patients' want to offer different stories, different perspectives, different views on 'MADNESS,' sometimes mysterious, but sometimes very mundane.

Ekaterina Netchitailova



misogyny, and white supremacy. As Therí Alyce Pickens writes, "The strands of what would become modern medicine worked to differentiate bodies from each other, specifically normal bodies from abnormal ones, where abnormal was constituted in gendered, raced, and abled terms."⁶ There's also the tenuous nature of what constitutes a "mental illness," "mental disorder," and/or "mental disability." According to Ekaterina Netchitailova, "It was Foucault, the French philosopher, who said that how we view madness, is defined by social constructs of any given time,"⁷ and as Pickens notes, "anyone who deviates from agreed upon norms is treated as mad."⁸ We can see this constructed classification of sanity in the historical and present-day pathologization of queerness, among many other things.

There's also the matter that many mad people aren't helped by the biomedical model of mental illness. In a study of mental health survivors, "most felt a biomedical model dominated both public and professional thinking and was stigmatizing and unhelpful. There was much stronger support for a more social approach to understanding distress."⁹ The biomedical model can also be reductive of individuals' experiences: "The current system of diagnoses tries to make out of madness a chemical chart, where we have 'bipolar disorder', 'schizophrenia', or 'schizoid disorder', hiding behind the classification many different lives, totally distinct from each other's stories, and various people with often fascinating narratives."¹⁰ In contrast, "Madness like disability but unlike bio-medical understandings, allows for social understandings [of mental health and illness] and encourages appreciation of how we can be made mad by society and our circumstances in it."¹¹ However, the social model of disability is

not enough to combat the shortcomings of the biomedical model of mental illness, as it “privileges a particular kind of mental agility and cognitive processing to combat the stigma and material consequences that arise as a result of ableism.”¹² Mad studies, by contrast, reaffirms madness as a “viable subject position”¹³ and privileges knowledges beyond those that require the “mental agility and cognitive processing” Pickens outlines such as those found in universities.

Mad studies centers marginalized voices. In the psy disciplines, patients’ knowledge of their bodyminds is subordinate to their doctors’, who are “the only experts”¹⁴ on their patients’ mental health. Mad studies recenters the patients/survivors’ knowledge of themselves, asking the question, “Who should we believe: the psychiatrists or a person telling us his own story, his visions?”¹⁵ In this recentering of mad people rather doctors, mad studies “aim[s] to “uncivilize” mental illness by imagining mental distress within more expansive frameworks than bio-psychiatry.”¹⁶

Moreover, mad studies overlaps with social justice-oriented disciplines such as Black studies, postcolonial studies, and third world studies. For example, the intersection of Black studies and mad studies emphasizes the importance of creating a critical vocabulary for “describing Blackness and madness simultaneously”¹⁷ where one identity isn’t assumed to take priority over the other. Moreover, mad studies shares concerns with postcolonial studies and third world studies regarding how “the western psych-system has been exported and imposed wholesale on the Southern hemisphere often without reference to people’s indigenous

cultures, responses and arrangements”¹⁸ and stresses the importance of “decoloniz[ing] mental health.”¹⁹

Mad studies takes many forms, some of which aren’t directly called “mad studies” but still fit within the umbrella of the term. For example, Mimi Khúc’s “pedagogy of unwellness” is essentially a form of mad studies with “a disability studies, disability justice, and ethnic studies approach” that started with Khúc “thinking specifically about Asian American mental health but has grown outward to encompass an entire way of being in the world, grounded in the understanding that we are all differentially unwell.”²⁰ Like its Canadian cousin, the pedagogy of unwellness “asks us to move beyond the medical model of individual pathology, to reconceive mental health in the context of historical and structural violence—and in the context of community meaning making and practices of survival.”²¹

While mad studies might seem like an entirely theoretical concept, it actually has many applications in the so-called Real World™. Anthropologist Erica Hua Fletcher conducted an ethnographic study of the organization The Icarus Project, an online grassroots community “that challenges bio-psychiatric ontologies and epistemologies by fostering more expansive views of acceptable mental states.”²² The forum is a place for members with, as they describe it, ““neurodivergent processing,” “diasporas of distressing symptoms,” “sensory/cognitive/emotional trauma,” or “cognitive-emotional terror””²³ to congregate and discuss their situations in ways that work in tandem with the biomedical model of mental illness or outright reject it. Fletcher notes, “While many Icarus

contributors have found relief through the use of psycho-pharmaceutical interventions and other bio-psychiatric technologies, they also have experienced the limitations of medical paradigms and language to recognize the fullness of their lives."²⁴ Thus, The Icarus Project fills in the gaps that are left in the wake of traditional psychiatric care. One way many mad people fill those gaps is with art.



art and madness

I didn't want to just talk about mad studies in this zine. I wanted to talk about madness in relation to my greatest passion in life: art. Art and madness have an intrinsic connection with one another: as Netchitailova writes, "The art world is the world where madness belongs, where it should belong: in the narrative of the 'unknown', of the unexplored... The art world is one world that still shows us the mystery of madness, and our fascination with it as human beings."²⁵ Netchitailova's emphasis on art as a means to play with mystery, exploration, and interpretation of madness²⁶ contrasts with the biomedical model, which strives to "understand" madness/mental illness. Analysis of art, media, and literature is another important strand of mad studies praxis, as can be seen in Therí Alyce Pickens's examination of the novel *Fledgling* by Octavia Butler as part of her work on Black mad studies in "Conversation 1: Making Black Madness."

But the place of art in mad studies goes beyond analysis of madness in art. As Reid et al. note in "Mobilizing Mad Art in the Neoliberal University," "Emphasis [in academia] has been placed on critically analysing disability in the arts, with few projects actually centring the artistic production of disabled artists. Thus the transformative possibilities for how disability studies takes up art, and/or how Fine Arts takes up disability are limited."²⁷ Creation of art by mad (and disabled) people is also a major part of the relationship between art, madness, and mad studies. In her reflection on the collaborative multimedia project *Open in Emergency*, Khúc talks

about the importance of “creating structures to have community engage the process of knowledge making and cultural production”²⁸ through art and writing, which is how *Open in Emergency* went from “dreaming sessions” to a tangible piece of art, scholarship, and activism.

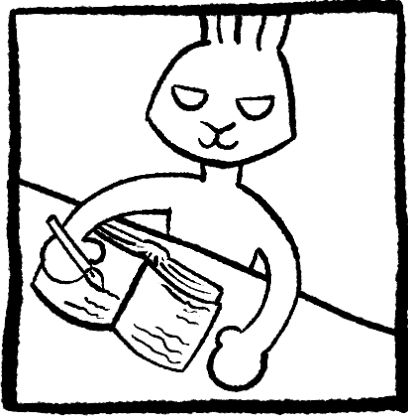
Art can also be a form of healing or self-care for mad people. As Fletcher writes about one forum member of The Icarus Project, “For her, creative writing and online expression were strategies to stay sane through a contentious divorce, to prove her own existence, to theorize clouds as proof of a god’s existence, and to reach out to others whom [sic] may be going through similar states.”²⁹ For this woman and many others, art truly functions as a form of healing, defined by Khúc as “the endless process of care by which we try to make life feel more livable, in all the ways we need, whenever we need.”³⁰ I myself have benefited from formal art therapy for the past several months, working to understand and communicate my emotions and feelings visually rather than with traditional talk therapy. However, art as therapy has a somewhat fraught history. As Reid et al. write, “the emergence of art therapy is unavoidably linked to the treatment and management of mental patients,” and “psy-based disciplines used creative production as a tool for diagnosing and charting *deviant behaviours*”³¹ (emphasis added). Essentially, creative expression became a tool for pathologization in asylums and other medical institutions.

The correlation of mad art and art therapy excludes the possibility of mad artists. Because “it is commonly assumed that mad art is inherently curative and beneficial to the artist... mad art has

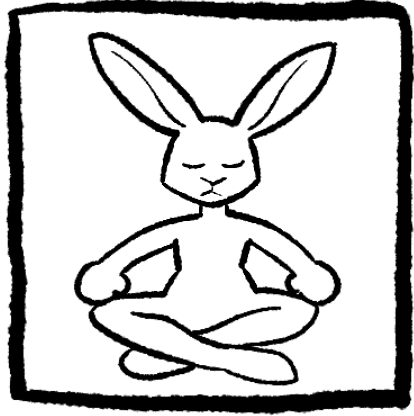
become synonymous with art therapy, making it difficult to conceptualize mad art as actual artistic practice"³² or "consider the skill, technique, and practice of the mad artist,"³³ furthering the exclusion of mad and disabled people from the fine arts. For example, one of the most famous contemporary mad artists, Yayoi Kusama (1929-), "embodies the ableist and capitalist myth of "overcoming," that is, "transcending, disavowing, conquering" ... mental illness, racism, sexism, poverty, and immigration, becoming, against the odds, a celebrity artist."³⁴ That is, when her mental illness isn't being ignored altogether. The discussion of Kusama's mental illness in the context of her artistic work often seeks to relegate her madness to the background, which urges me, like Jerreat-Poole and Murphy, to ask: "Mad or artist: why can't we be both?"³⁵

Why bother, then? Well, the status of mad art in the world of the fine arts isn't all gloom and doom. For example, "Contact between the formal art world and the asylum initially came about through the movements of Outsider Art and Art Brut, both of which were informed by Hans Prinzhorn's writing about mental patient art. Moving beyond art therapy, he was one of the first to take up mad art for its aesthetic elements by considering it through artistic and creative practices."³⁶ Art also has the potential to be a potent form of activism: "art has always been an integral element to social justice work within and alongside mad community,"³⁷ and in disability studies, "art is seen as a key methodological tool through which critical perspectives of difference are best understood and expressed."³⁸

ways I try to take care of myself
(in addition to meds and/or therapy)



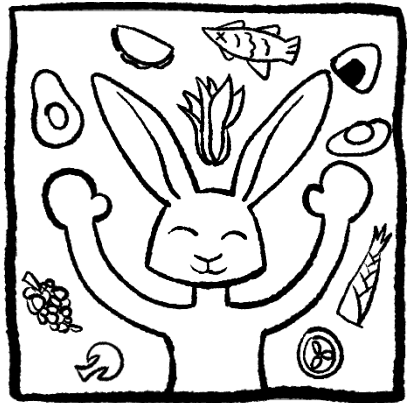
journaling (dear
diary...)



meditation (it's
backed by science!)



daily exercise and/
or yoga (a work in
progress)



eating a well-
balanced diet (it'll
happen someday...)

So, keeping all of this in mind, am I mad?

Using the nomenclature of mad studies, I might consider myself mad, although from dipping my toes into the discipline I have felt like most of the usage of the term seems to apply to people with what the biomedical model calls psychosis, not mood disorders like depression. Still, I think that there is a sort of power in the reclamation of a derogatory term like mad; I consider myself queer, for example, with gusto. I also like the term because of its ability to apply to people who might not fit the diagnostic criteria for specific conditions in the DSM but still feel “mad” compared to the rest of society. And finally, while the term mad certainly conjures images of asylums and other forms of institutionalization, it forefronts madness as an identity and a state of being rather than as an illness to be cured like the term “mentally ill” does. However, this very phenomenon also complicates my appreciation of the term “mad.”

My dad is an alcoholic. He hasn’t had a drink in over 30 years, but he’s still an alcoholic. Likewise, I believe I will always be dysthymic, even when I’m not literally depressed. Even at my most content I will still have to work harder than sane people at meditating, exercising, eating well, journaling, etc. to have the quality of life I desire. Even in a vacuum where I would have nothing to be “depressed about,” as my abuelo put it when I saw him last, this would still ring true. Mad studies needs to acknowledge that not all unwellness stems from inequality or oppression; sometimes your brain is a little fucked

up and doesn't give you as much happiness juice as everyone else. Therapy and medication are never going to cure me, never going to permanently rid me of excessively low moods, but at least they can alleviate the worst of it. Sometimes the solution *is* an SSRI or psychiatric art therapy, and unfortunately, without the psy disciplines, mad, depressed, mentally ill—whatever you call folks like me—people wouldn't have access to those legitimate forms of care.

I believe psy disciplines shouldn't exist without mad studies, and mad studies shouldn't exist without psy disciplines. Practitioners of psychology, psychiatry, and other psy disciplines need to learn about the ghosts in their textbooks, challenge the alleged objectivity of their fields, and show an interest in "the knowledge produced in the arts and humanities"³⁹ on neoliberalism, colonialism, and other issues affecting mental health. Likewise, psy discipline-based tools like medication and cognitive behavioral therapy can be valuable to mad people in conjunction with the social approach to madness advocated by mad studies and disability studies that questions the pathologization of certain people, cultures, and lifestyles.

For example, I am a mad artist who also happens to participate in art therapy. I started this form of therapy a few months ago, and I am enjoying it more than the regular talk-therapy I had been doing on and off for the last eight years or so. Outside of my therapist's office, I create art that is decidedly non-therapeutic, like screenplays with deadlines that set my heart racing or Chinese brush paintings that literally make me jump in bed and cry because I can't get the stroke to look right or the colors to

blend properly. I also create art with no aesthetic value, for myself and sometimes my therapist, to get things off my chest that words can't quite communicate: scribbly pencil drawings indicating the physical sensations I feel when overwhelmed stress or childlike marker-drawings of hearts depicting a pie-chart of emotions rolling around through my head. And then I create art that is a mixture of both, like the little comics and doodles littered throughout this zine, both concerned with aesthetics and meaning to a certain degree but also serving as a medium to vomit my guts out without hanging my head over a toilet.

If we could combine the biomedical understanding of mental illness, which understands unwellness in relation to biological factors such as hormones and diet and exercise, and mad studies, which understands unwellness in relation to oppression, violence, and environmental conditions such as neoliberal capitalism and white supremacy, I think that one day, we could all be as close to alright as we can.



*example of something
I drew in art therapy*

Endnotes

- 1 Mimi Khúc, "Making Mental Health through *Open in Emergency*: A Journey in Love Letters," *The South Atlantic Quarterly* 120, no. 2 (2021): 384.
- 2 Jenna Reid et al., "Mobilizing Mad Art in the Neoliberal University: Resisting Regulatory Efforts by Inscribing ART as Political Practice," *Journal of Literary and Cultural Disability Studies* 13, no. 3 (August 1, 2019): 262, <https://doi.org/10.3828/JLCDS.2019.20>.
- 3 Peter Beresford, "'Mad', Mad Studies and Advancing Inclusive Resistance," *Disability and Society* 35, no. 8 (2019): 1337, <https://doi.org/10.1080/09687599.2019.1692168>.
- 4 Reid et al., 261.
- 5 S.N. Snyder et al., "Unlearning Through Mad Studies: Disruptive Pedagogical Praxis," *Curriculum Inquiry* 49, no. 4 (2019): 486, <https://doi.org/10.1080/03626784.2019.1664254>.
- 6 Therí Alyce Pickens, "Conversation 1: Making Black Madness," in *Black Madness::Mad Blackness* (Durham, NC: Duke University Press, 2019), 25, <https://doi.org/10.1215/9781478005506>.
- 7 Ekaterina Netchitailova, "The Mystery of Madness Through Art and Mad Studies," *Disability and Society* 34, no. 9–10 (November 26, 2019): 1513, <https://doi.org/10.1080/09687599.2019.1619236>.
- 8 Pickens, 31.
- 9 Beresford, 1338.
- 10 Netchitailova, 1509.
- 11 Beresford, 1340.
- 12 Pickens, 32.
- 13 Pickens, 32.
- 14 Khúc, 383.
- 15 Netchitailova, 1509.
- 16 Erica Hua Fletcher, "Uncivilizing 'Mental

Illness': Contextualizing Diverse Mental States and Posthuman Emotional Ecologies within The Icarus Project," *Journal of Medical Humanities* 39, no. 1 (2018): 30, <https://doi.org/10.1007/s10912-017-9476-y>.

17 Pickens, 34.

18 Beresford, 1340.

19 Khúc, 371.

20 Khúc, 370.

21 Khúc, 371.

22 Fletcher, 29.

23 Fletcher, 31.

24 Fletcher, 30-31.

25 Netchitailova, 1510-11.

26 Netchitailova, 1514.

27 Reid et al., 260.

28 Khúc, 376.

29 Fletcher, 36.

30 Khúc, 385.

31 Reid et al., 258.

32 Reid et al., 257-258.

33 Reid et al., 259.

34 Adan Jerreat-Poole and Sarah Brophy, "Encounters with Kusama: Disability, Feminism, and the Mediated Mad Art of #InfiniteKusama," *Feminist Media Studies* 21, no. 6 (2020): 909, <https://doi.org/10.1080/14680777.2020.1770313>.

35 Jerreat-Poole and Brophy, 917.

36 Reid et al., 258.

37 Snyder et al., 498.

38 Snyder et al., 496.

39 Khúc, 381.

Acknowledgements

I would like to thank my father for allowing me to tell his story. I would also like to thank (with some sense of irony) all of the therapists, psychologists, psychiatrists and doctors who have helped me on my journey to mental well-being, along with my parents for supporting me along the way. And finally, I would like to thank my classmates and professor from my foundations in disability studies course for helping me learn enough to create this zine.

The road ahead is still long, but we are not alone on the journey.

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