

Containing Madness

Gender and 'Psy' in
Institutional Contexts

Edited by Jennifer M. Kilty and Erin DeJ



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Editors

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MADNESS UNCONTAINED

Containing Madness is a collection about the power of various types of carceral institutions, filtered through the lens of a critical account of the ‘psy’ complex. Understanding the containment of ‘mad’ and ‘bad’ bodies in carceral spaces, and the meanings and material effects of incarceration, has a long history. In his book *Discipline and Punish*, Michel Foucault predicted that the body would be less the subject of physical institutional controls over time, and that the mind would become the object of external control and self-control (Foucault 1979). His ideas about subjectivity and its formation and the impact of the discourses grouped together within the ‘psy’ disciplines became the focus of a genealogy of subjectivity advanced by social theorist Nikolas Rose in *Governing the Soul: The Shaping of the Private Self* (Rose 1990).

Following these interventions, in this book, the editors and authors examine the premise that ‘psy discourses and practices and different forms of institutionalization form a complex web of gendered and racialized oppression and social control’ (see Chap. 1). Separate authors take up the ideas advanced by Foucault in *The Birth of the Clinic* (Foucault 1963), with the ‘medical gaze’ an example of psychocentrism in the present. A number of the chapters analyze institutional case studies using Foucauldian perspectives, combined with feminist and post-structuralist methodologies, deepening the accounts of social control by advancing detailed readings of forms of power in context. The ‘complex web’ of oppression, as described by the editors, presents opportunities for intersectional analyses of power and medical regimes. Disciplinary discourses, practices and technologies continued long after the rise and fall of eighteenth-century

prisons and nineteenth-century asylums, as evidenced by both physical and psychological practices, including techniques of punishment, used inside contemporary institutions. Yet the accounts of discipline included in this book also remind readers that madness is rarely contained. It spills out and over, across and into the available spaces of a blurred and indistinct set of power relations. Anything approximating ‘containment’ therefore becomes desperately impossible, for instance, in the case of homelessness and mental illness.

In fact, this new account of institutional contexts zeros in on the core tenets of the institution: its structures of power. Scholarship about institutional power invites a careful unpicking of these structures, formed through categories such as sexuality, gender, race/ethnicity and class. This volume takes the case studies of people confined as mentally ill as well as prisoners, including political detainees and immigrants in detention; it examines the experiences of women and men, queer and transgender peoples, the violent and those who have been subject to present and past violence, including that produced by the after-effects of colonialism.

Further, this book extends our awareness of regimes of discursive power inside institutions. These regimes demonstrate the hegemony of the ‘psy’ disciplines as they engage in various practices defined as violent, such as mechanical and chemical restraints, and are imbued with the power to define subjectivity, such as normative sexualities, through devices like patient charts. The continuation of colonialist violence has found expression in the late twentieth century, and in the present, in immigration detention facilities. These are places where the demonstrable effects of the carceral environment, such as detention centres, turn on the fear of Otherness, and perpetuate the foreign element: that is, the proposition that illegal immigrants are dangerous and criminal, with the threat of immigrants tied to much earlier claims about ‘race’ and eugenic ideas. The fact that postcolonial nations also have a poor record of treatment of displaced Indigenous peoples, often more vulnerable to policing and detention, underscores the global problem of perceived racialized threats from mobile peoples.

The volume also examines the legibility of queer sexualities inside patient case notes or medical charts, questioning the tendency towards the occlusion of same-sex intimate partner violence. Larger samples of patient charts also reveal patterns of diagnostic explanations of individual experiences. In seeking the performance of patient ‘insight’, for example, medical personnel look for conformity and compliance with the expected behaviours of inpatients, an institutional practice dating back to the earliest

days of the asylum. Social identities are triggers for medical control and also provide some potential for rehabilitation—although the meanings of patients’ self-reflexivity are only explicable through institutional discourse and categories. In these and other ways, psychocentrism promotes the pathologies of individuals rather than exposing the structural inequalities that shape social and cultural experiences. A number of the chapters take up feminist approaches to interrogate this psychocentrism and to investigate inside the ‘sickening institutions’ that were historically and are continually embedded within structures of power, with their own internal power relations.

Carceral institutions historically did more than ‘contain’ individuals and groups. They performed the intense work of segregation, classification, monitoring and capturing subjects. From physical restraints, which never really disappeared from view, to strategic forms of effecting difference within institutions through spatial arrangements, the expectation was that to be confined was to be herded and controlled. Staff who worked in institutions for the insane came to be part of these ‘total institutions’, in Erving Goffman’s words (Goffman 1961), and the totalizing oppression also bore down on them, making it difficult for any questioning or eruptions of dissonance, though these did occur. Tommy Dickinson, for example, writes elsewhere about the nurses who disrupted the chemical and social ‘cures’ of queer patients by subverting treatments (Dickson 2014, 181–188), and in the process offered chinks of light on the dominant discourses of normative sexuality.

In this volume, we read an account of state-sanctioned violence inside isolation wards in prisons, the most severe form of segregation. Acts of violence against isolated women signify the objectification of confined women; this form of visual record of violence against women in prisons is akin to torture against racially othered, imprisoned terror suspects. Such acts of spectatorship become evidence of injustice, but they are also stark mechanisms of control. Strip-searching, too, is an invasive mode of coercion, and a tool of the medical gaze. Despite the increased internalization of modes of ‘self-control’, bodies are made vulnerable to gendered and punitive techniques of the institution within which they are contained.

Current critical assumptions about the meanings of the modalities of institutions are tested in this collection. Generations of historians of the asylum and prison have been concerned with the institution’s capacity to order space, to use and deploy clinical language, and more recently, to understand social identities (Coleborne 2015). Taking questions about

gender and sexuality, feminist genealogical approaches, queer linguistic interpretations and intersectional analyses of race, gender and sexuality, these contributions posit new formulations of the web of oppression represented by various institutions. Some of the most interesting work in this volume considers the spaces between institutional and home-worlds, such as extra-institutional care and out-of-home care. This collection includes a piece about homelessness and masculinity, which reminds us of the inescapable ways in which the ‘government of self’, as proposed by Rose, is interpellated and practiced: men seeking to fashion masculinities under duress who bring power relations into spaces where ‘normalized’ power, such as economic, affective and cultural power, is unlikely to exist. In the outdoor lives of those without homes, making meanings out of the formations of power on the street becomes its own objective. Likewise, community treatment in community-based settings sometimes reinscribes institutional forms of gendered power: the repeated description of men with mental illness as ‘violent’ rather than the recipients of social, political and other forms of violence further marginalizes the unwell. In the ‘sickening society’, psychocentrism underlines the politics of psychiatry, psychiatric expertise and psy-praxis.

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Introduction: Psy, Gender, and Containment

Jennifer M. Kilty and Erin Dej

It is now well documented that mass incarceration has resulted in increasing numbers of individuals with mental health diagnoses being housed in carceral and forensic or psychiatric institutions across the globe. Often, those identified as mentally ill are subject to exceptional forms of detention, including the frequent use of segregation or solitary confinement and physical or mechanical restraint measures (e.g., the WRAP and the Pinel Board¹) as well as mandated forms of ‘treatment’ typically by way of prescription psychotropic medications (and forced chemical injections when the patient or prisoner refuses said prescribed medications) and mandatory cognitive-behavioural programming (Arrigo and Bullock 2008; Etter et al. 2008; OCI 2013; Vogel et al. 2014). Relatedly, there are increasing numbers of individuals receiving mental health services in the community and living on the streets or in precarious forms of housing (Davis 2013). This particular phenomenon is due in part to the deinstitutionalization movement that occurred between the 1960s and 1990s, whereby in-patient psychiatric bed space was reduced in order to

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provide more mental health support in the community rather than in spaces of physical confinement (Rogers and Pilgrim 2010; Sealy and Whitehead 2004; Wilson 1996). Unfortunately, those individuals who are unable to find adequate care in the community are often taken up by the criminal justice system, an unintended consequence that is commonly referred to as ‘transcarceration’ (Kilty and DeVellis 2010; Lowman et al. 1987; Stroman 2003) and that the late Stan Cohen (1985) described as a result of the incessant widening of the carceral net in the era of mass incarceration.

Within historic spaces of confinement as well as in more contemporary institutional and transcarceral sites, the medical model remains the dominant explanatory approach for interpreting and understanding human behaviour and the preeminent analytic tool and modality for ‘treatment intervention’. Given the medical model’s propensity towards individualized and essentialist understandings of emotional and psychological distress (Rimke and Brock 2012; Tew 2005), it is important to make sense of the ways in which the different forms of social control that are born from the medical gaze are gendered and the material experiences of those who are caught up in and by its oppressive institutions, discourses, and practices. The chapters in this edited volume take up this call by examining the psy discourses (by which we mean the language and diagnostic structures inherent to psychiatry, psychology, and other biomedical explanatory modalities), associated practices, and experiential accounts of varied forms of institutional confinement (e.g., the prison and other forms of detention and holding, the forensic or mental hospital, the homeless shelter, and even by way of community-based interventions) as they are mediated by gender and other markers of structural oppression—namely race, ethnicity, Indigeneity, class, and sexuality.

Broadly speaking, this book investigates the intersection of ‘psy’ interventions, practices, discourses, gender, and institutionalization. Specifically, the collection explores the discursive production and treatment of mental illness, which, following Jane Ussher (2010, 2011), we conceptualize as distress as it is mediated by gender in different institutional and transcarceral contexts. A critically oriented and feminist-inspired collection of analyses, contributors speak to different issues germane to the multiple interlocking oppressions that result in the diagnosis and medical, psychological, and/or psychiatric treatment of individuals constituted or constructed as ‘mentally ill’. Contributors draw from a variety of critical bodies of literature—notably, critical and feminist criminology, critical psy and mad scholarship,

critical disability studies, critical race studies, critical nursing studies, feminist post-structuralism, and gender studies (i.e., gender performativity and the ‘doing gender’ literatures).

The scope of this book is intentionally broad in order to provide innovative insight into the diverse ways that psy discourses and practices are mediated by gender and institutional and transcarceral settings. Together, the discussions offered herein accomplish two large goals. First, the chapters in this book work to reformulate the traditional notion of institutionalization so as to move beyond strict conceptualizations of what are typically described as spaces of confinement or containment. As ‘total institutions’ (Goffman 1961) the prison and the mental hospital (i.e., the asylum and contemporary forensic and psychiatric hospital facilities) are long-standing disciplinary sites (Foucault 1976, 1979, 1988) that warrant continued investigation of the gendered, raced, and heteronormative ways in which men and women experience psy-care. In addition to this effort, in this book we take up Cohen’s (1985) call to examine the long shadow of incarceration by casting a wider net vis-à-vis institutional containment in order to consider other discursive and physical sites of social control that are related to, but distinct from, the prison and the asylum. Chapters in this collection also consider how the language and technologies of psychiatric diagnosis and practice and spaces such as the homeless shelter and actors in the wider community take up psy’s grammar in uniquely gendered ways and thus provide new avenues for considering how psy-discourses and practices act as dynamic forms of governance in a multiplicity of institutional and transcarceral settings.

Second, this book approaches the notion of gender fluidly. Often, books focus exclusively on a single gender. Historically, much of the literature on carceral settings addressed only male prisoners (Adelberg and Currie 1987), while much of the critical psy and ‘madness’ scholarship studies the material experiences and disproportionate number of mental illness diagnoses amongst women (for an excellent example see Chan et al. 2009 edited book, *Women, Madness and the Law: A Feminist Reader*). At times, however, this research inadvertently reinforces gendered notions of madness and badness. Moreover, there is little scholarship that assesses how individuals who exist outside of the gender binary experience distinct forms of oppression. This collection aims to critically engage with the broader parameters of gender by considering norms of masculinity and femininity, the institutional experiences of transgender/gender non-conforming men and women, and the effects of heteronormativity in order to

examine the ways in which they mediate psy discourses, diagnoses and intervention strategies, and disciplinary technologies.

While the book is international in scope it contains a great deal of uniquely Canadian content that will be of great value to Canadian audiences. We have enlisted the contributions of several internationally renowned authors to explore the similarities and differences in how psy, gender, and institutionalization manifest in various political, economic, social, and geographic contexts. There are a number of similarly critical edited book collections on the market, for example *Mad Matters* (edited by LeFrançois et al. 2013) or *Disability Incarcerated* (edited by Ben-Moshe et al. 2014), that consider how evolving political rationalities shape the confinement and incarceration of marginalized peoples and that share our interest in critically exploring forms of containment beyond the prison and hospital. These texts are tremendously valuable in that they set the stage for a number of the discussions raised in this book (notably, those centred on the interlocking systems of social and psy control and confinement), yet they do not specifically examine the impacts and effects of the intersection of gender (diverse performatives thereof) and psy, although these themes do emerge in some of their chapters. By contrast, the content of this edited collection centres analytic consideration at the intersection of gender, psy, and varying forms of institutional containment. In what follows we provide an overview of the book's contents.

CHAPTER ORGANIZATION

In order to organize the varying discussions presented throughout this collection, we divided this book into three overarching parts: (I) Historical 'Psy' Discourses Revisited; (II) Containing Bodies; and (III) The Asylum and Beyond. The chapters contained in Part I are exceptionally useful in setting up the broader approach and critical narrative taken up throughout the contents of the rest of the book. In effect, these three chapters help to set the stage for considering the historicity of psy's power to identify and define madness, to locate its roots and causes, and to determine the common methods of intervention and treatment, as well as the dominant technologies of discipline that are used to subordinate and control risky, at risk, and otherwise resistant peoples. The three chapters do this by way of intersectional analyses that consider how psychiatric discourses and practices are mediated by gender, race, class, and heteronormative sexuality.

Heidi Rimke's feminist genealogy of psy hegemony in Chap. 2 analyzes how the notion of pathological individualism emerged in the nineteenth century and challenges the assumptions of psychiatric diagnoses, discourses, and institutions. Her discussion situates women's distress as the result of socially structured problems rather than the consequence of a flaw or defect of abnormal individuals. The chapter interrogates Rimke's own theory of psychocentrism to politicize and critique the culture of therapy that has proliferated within neoliberalism as producing a kind of "sickening society" that capitalizes on individualism, stigmatization, and pathologization. Rimke advocates for feminist intersectional approaches to interpreting and treating women's emotional distress and suggests that these approaches should instead concentrate on creating a non-psychocentric world whose objective is collective care, concern, and cooperation.

Chapter 3 examines the parallel trajectories of eugenics and colonial discourses and the ways they are bound up in the detention of racialized immigrant bodies. Critical race scholar Ameil Joseph analyzes the historical continuity of immigration practices in Canada and how they are rationalized as necessary for the assessment and examination of immigrants who might present a threat to the public. Against the contemporary backdrop of deaths occurring inside immigration detention centres, Joseph questions the purpose and conditions of these holding centres and the human rights protections for the people being detained. The chapter discursively analyzes historic documents and positions contemporary immigration detention as a continuation of colonial population regulation practices that is fueled by the fashioning of a confluence of gendered threats to the "Canadian public" and sustained by racial, sanest, and eugenic thinking that constructs racialized people and those identified by the biomedical psychiatric system (mostly young men) as inherently violent. Joseph argues that this outcome is achieved by advancing the patriarchal fantasy of the Canadian state as protector that is only made possible by (re)forging historical ideas about a savage threat to an innocent and largely white Canadian public.

In Chap. 4, critical disabilities studies scholar Michael Rembis trains his analytical eye on the formation of the Groupe d'Information sur les Prisons (GIP) in the early 1970s. The GIP was founded by preminent French philosopher Michel Foucault and other critical prison scholars and practitioners as a way to investigate and make the public aware of the intolerable nature of the French prison system. Taking up Foucault's

methodological approach of ‘the investigation’ as a means of documenting and making known the deplorable material conditions of France’s prisons, the GIP aimed to challenge the very notion of the prison as an organizing concept in French society. Using recently translated archival documents, Rembis recounts how the intellectual organizers of the GIP, while intending to give prisoners and their families ‘the floor’ and empowering them to ‘speak for themselves’, remained the key political figures in the organization, interpretation, and public discussion of the conditions of confinement in French prisons. Long criticized by feminist scholars (Harding 1986; Hill-Collins 2000) Rembis intimates the irony of the notion of ‘giving voice’ in the title of his chapter, in which he quotes Foucault: ‘You’re going to tell me it is the intellectuals who are molding this discourse ... Big deal! The intellectual, in a given society, is precisely the “discourse officer”’. Problematizing this construction of the intellectual as discourse officer for marginalized prisoners, Rembis follows Spivak’s call not simply to ask whether the subaltern can speak, but rather what happens when they do speak. Rembis maintains that for all of their stated goals about giving prisoners the floor, the GIP reinforced masculinist and ableist ideas about protest, revolt, and agency in ways that have deeply affected how activists and scholars work to critique, reform, and denounce the prison and that the GIP were primarily concerned with organizing able-bodied male political prisoners, despite their repeated nods toward a more inclusive protest.

Part II, entitled ‘Containing Bodies’, includes three diverse yet topically and or theoretically related chapters. All three of these chapters critically examine some of the more punitive aspects of incarceration and methods of restraint and control that occur across two different sites of physical confinement, namely, the contemporary in-patient emergency psychiatric hospital and prison. Chapter 5, authored by Jean-Daniel Jacob, Dave Holmes, Désiré Rioux, and Pascale Corneau, documents women’s material experiences of being mechanically restrained in acute and emergency forensic psychiatric settings. The chapter offers a post-structural feminist analysis of patient perspectives and privileges their phenomenological experience(s) of mechanical restraint use. In this text, the authors examine the patients’ positive and negative views of mechanical restraints, and both the environmental and interpersonal dimensions that shape those interpretative experiences. Considering the role of place, gender, and power, the chapter exposes the ways in which power is embedded, produced, and reproduced in practices of care and suggests that the visibility and uses of

mechanical restraints embody the authoritative (masculine) psychiatric culture that reminds us of the gendered nature of institutional practices that officialize and operationalize the domination of one group (nurses) over another (patients).

In Chap. 6, Jennifer M. Kilty provides a visual criminological analysis of the historical continuity of state-sanctioned acts of violence against women in prison segregation settings. Her chapter combines the visual criminology literature with the nascent scholarship on ‘critical hauntology’ (Lincoln and Lincoln 2015) to examine two infamous cases of prisoner mistreatment and carceral abuses of power in Canadian federal prisons for women; namely, the 1994 illegal cell extraction and strip searches of eight women by a male institutional emergency response team in the now closed Kingston Prison for Women and the tragic 2007 death of Ashley Smith in Grand Valley Institution for Women. Using image stills extracted from the correctional videography of the events as they unfolded in real time, Kilty identifies the haunting parallels between the two cases with respect to illegal uses of force against women housed in maximum security segregation cells that eventually led to legal attempts to prevent the public from viewing the videos in both cases. Despite the federal public inquiry into the 1994 incident and the subsequent restructuring of federal corrections for women in the decade that followed, the Smith case demonstrates the steadfastness and historical continuity of extra-punitive carceral control discourses and associated practices as they are applied to women prisoners deemed mentally ill, unruly, and dangerous. Kilty contends that the cinematic images of incarcerated women stripped naked, physically and chemically restrained, and permanently isolated act as a form of secondary haunting that provided the public with visual and ‘haptic’ (Young 2010) evidence that correctional officials broke the law through the use of morally depraved, yet bureaucratically sanctioned, carceral control and strategic management tactics. As mainstream media outlets began showing video clips and image stills on primetime news programs, public outrage grew and helped to solidify the political will to call for public inquiries into the illegality of the events that took place.

Chapter 7, by Kyle Kirkup, similarly considers regimes of power in the Canadian federal prison system, this time focusing on the problematic ways in which carceral spaces are segregated on the basis of sex. Kirkup contends that the administrative state produces a series of identity documents that confirm the truth of the medical gaze’s initial sex designation and inform decisions about where and how to admit, place, and classify

those ensnared in the apparatuses of the criminal legal system. Using the stories of two transgender women, Katherine Johnson and Synthia Kavanagh, both of whom were placed in men's prisons, this chapter analyzes the ways in which non-normative genders are constituted using biomedical discourses in carceral spaces. By segregating individuals on the basis of sex, using diagnostic categories such as 'gender dysphoria', and imposing surgical requirements on those who refuse to be subjugated by essentialist gender norms, Kirkup argues that carceral spaces participate in a larger corporeal project. The chapter concludes by arguing that the advent of carceral policies that move away from gender essentialism, along with a broader project of decarceration, constitute important sites of resistance to the imposition of biomedical medical discourses on transgender people.

Part III, entitled 'The Asylum and Beyond', pushes traditional conceptualizations of institutional containment to consider spaces and institutional management technologies and practices that occur within and outside of the prison and mental hospital, effectively demonstrating psy's transcarceral nature. In Chap. 8, authors Andrea Daley and Lori E. Ross conduct a case study of one patient's psychiatric chart to examine how psychocentric understandings of mental distress and heteronormativity intersect to preclude mental health service providers' recognition of and response to same-sex intimate partner violence. The authors conduct a critical discourse analysis informed by Queer linguistics to problematize the psychiatric legacy of pathologizing and regulating Queer sexualities. The case study of 'Sheena's' psychiatric chart demonstrates how the biopsychiatric knowledge and practices operationalized within the heteronormative space of the psychiatric institution by various actors (i.e., psychiatrists, nurses, and social workers) discursively work to erase recognition of intimate partner violence from their understandings of 'Sheena's' distress, and consequently, her queerness. Considering how documentation practices are informed by and reproduce heteronormative gender relations within the psychiatric setting, the authors uncover how documentation related to Sheena's telling of physical and emotional abuse perpetrated by her partner accomplish heteronormativity. The authors conclude the chapter by considering how distress related to same-sex intimate partner violence is reconfigured as 'mental illness' and the consequences this has for Sheena.

Part of the same large research project, Chap. 9, by Merrick Pilling, Andrea Daley, Margaret Gibson, Lori E. Ross, and Juveria Zaheer, examines the psychiatric institution's method of assessing patient insight and

judgment. Drawing on data from 120 inpatient charts from a psychiatric institution in Toronto, Ontario the authors examine how ‘insight’ is understood as the degree to which patients believe they have a mental illness and comply with psychiatric treatment, meaning that ‘insight’ is linked to patient acceptance of the medical model interpretation of mental illness. Likewise, the authors find that ‘judgment’ is assessed as the patient’s ability to make logical decisions and appreciate consequences and it too is evaluated in relation to patient compliance with physician directives about hospitalization and treatment. The analysis shows that professional processes of attributing insight and judgment in psychiatric charts may be fundamental to the extent to which patients are granted control over their own treatment. The authors conclude by way of drawing attention to the fundamental role these constructs play in justifying coercive measures such as involuntary detention and compulsory treatment.

Chapter 10, by Erin Dej, considers how men experiencing homelessness and who identify as mentally ill perform (hyper)masculinity in vulnerable spaces where exaggerated forms of physical strength, aggression, and emotional detachment are not easily expressed. Dej found that the men she interviewed were unable to use traditional ‘macho scripts’ (Zaitchik and Mosher 1993) for a number of reasons, including the lack of financial resources, diminished personal autonomy in homeless shelters, and the lack of opportunity for heterosexual intimate relationships. She also considers the role that mental health treatment programs play in creating a level of emotional openness and vulnerability that is opposed to gendered discourses that position emotionality as a feminine and thus inferior trait. Despite these limitations, many of the men performed hypermasculinity by situating their homeless status as a direct result of malignant women, by objectifying and demeaning women mental health professionals, and by minimizing the role of emotion work (Hochschild 1979) in their efforts to manage their distress. This chapter also presents the counter-narrative offered by men who rejected hypermasculine performatives in favour of a more complex understanding of masculinity.

Chapter 11, the final analytic chapter, authored by Chris Van Veen, Mohamed Ibrahim, and Marina Morrow, examines coercive practices that are most often associated with institutional and inpatient forms of care as they are routinely used in community-based mental health care efforts. The authors examine data collected by the British Columbia Ministry of Health that shows that the incidence of involuntary psychiatric commitments and community treatment orders under the *Mental Health Act* have

significantly increased over the past ten years, a trend that coincides with increased poverty and homelessness and the introduction of Assertive Community Treatment (ACT) teams, which now include the police as part of their professional complement. This chapter explores the intersections of masculinity, psychiatric diagnosis, and discourses of dangerousness as they play out in coercive practices in community-based settings. Their intent is to expose the ways in which these damaging practices crop up in new and innovative ways in community-based mental health, giving lie to the promise of recovery and person-centred models of mental health care. The authors contextualize the discussion through an historical examination of the role of psychiatric confinement and its links to colonialism and intersecting forms of oppression and discuss the implications of ‘new’ forms of psychiatric violence and coercion for the lives of men diagnosed with mental illness.

The book’s concluding chapter (Chap. 12) aims to tie together some of the main connective threads that run throughout the substantive discussions offered by the stellar collection of contributors. We use the conclusion to more concretely conceptualize the very notion of ‘containment’ in its different capacities and forms—be it discursive in nature or physical incarceration in a total institution, the use of segregation cells, mechanical restraints, psychotropic medications, or force. Using the transcarceration literature as a starting point, we reconsider what it means to live within an institutional context and to experience institutionalization. We take care to consider how gender intersects with other markers of systemic oppression, including race, Indigeneity, sexuality, and class to impact how we think about and discursively constitute different groups of people as mad, sick, or mentally ill and how these discursive characterizations and classifications contribute to institutional/ization efforts to contain, surveil, control, and otherwise re/transform marginalized bodies. Drawing from the discussions offered throughout the chapters we consider how this plays out differently for men, women, and transgender people, noting similarities across different institutional sites. It is our hope that this collection will inspire critical discussion about the role and power we continue to afford psy discourses and practices to name, identify, classify, and intervene upon the lives of disparate groups of people and how gender and other identity and status markers come to affect the material experiences of men and women caught up in different institutional forms of containment.

NOTE

1. The ‘WRAP’ consists of applying restraint belts beginning at the individual’s feet, all the way up to her shoulders, ceasing all possibility of bodily movement; a hockey helmet is placed on the head to prevent injury in the event that they topple over and to prevent the subject from biting anyone. The Pinel Board involves strapping an individual to a board in five-point restraints (hands, feet, head, chest, hips, and legs) to cease bodily movement.

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PART I

Historical ‘Psy’ Discourses Revisited