

**Madness and Poverty in Toronto: A Narrative Analysis.**

by

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A dissertation submitted in conformity with the requirements  
for the degree of Doctor of Philosophy

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## **Abstract**

This research is a culmination of my experience with Madness and its presence in the world. I question what it means to experience mental health ‘trouble’ in a world that seeks to live under the guise of normalcy. Trouble, as I can most clearly navigate it, happens when something steps outside of the boundaries of normalcy. When life is experienced by an individual as something outside of social convention, the individual becomes ‘marked’ with difference based on a shared perspective of what is correct.

My doctoral research therefore examines this phenomenon to understand how one lives a ‘spoiled identity’ in a world that seems to be in defiance of it. I carry out a narrative analysis of textual data to question the *unquestioned* and ubiquitous presence of mental health narratives within contemporary Western culture. I have not lived in poverty but I take up its narrative in connection to Madness as an intrinsic precursor to something amiss in our society. In addressing these social inequalities, I utilize key conceptual tools such as stigma/spoiled identity, narrative prosthesis, and the interplay between ‘I’ and ‘We’ narratives. As an Interpretive Sociologist, I use the lenses of ethnomethodology and phenomenology to engage in this discussion.

The data collected explores and combines the individual and social experience, with Madness and poverty being the phenomena that depict this understanding. My data comes from present-day Toronto newspapers and mental healthcare programming information packages collected from four research sites in Toronto. I utilize newspapers as an object of my research because of their powerful role in narrating public and dominant views. I couple these narratives with an analysis of mental healthcare programming information packages to see where these dominant views appear within society-at-large.

## Acknowledgements

The research, organization and writing of this dissertation was one of the most exhausting and yet, exhilarating processes of my life. I experienced many ups and downs throughout the course of this work. Without the unwavering support of my committee, department, family and friends, I would not have made it to the finish line. For this, I would first and foremost, like to pause and thank everyone who made this research possible for me.

The first thank you I want to give is to my supervisor, Dr. Geoffrey Reaume. Geoffrey met me when I was part way through my doctoral program and offered me some invaluable feedback at a scholarly conference we were both in attendance at. When a drastic change occurred in my committee membership, he graciously accepted to supervise me based on my work in Disability and Mad Studies (even though I had never taken a course with him and he is faculty at York University). I continued to experience roadblocks throughout my academic journey but Geoffrey never gave up on me. He was understanding, encouraging and offered me some of the most enriching expertise that I had not received from anywhere else. Thank you so much for not giving up on me, Geoffrey. I did it; I finished.

I am also tremendously grateful for the help and guidance of my other two committee members, Dr. Peter Sawchuk and Dr. Abigail Bakan (both from the Ontario Institute for Studies in Education at the University of Toronto). Peter played an unusual role as my second reader by liaising between myself and my department because my supervisor is from another academic institution. Peter gave me sound, detailed and truly helpful feedback, especially in the final stages of my revisions. Most of all, like Geoffrey, Peter encouraged and supported me throughout this work such that I made it through. He too, joined my committee at a later stage in my work and never left me hanging. A big thank you to him for taking the extra steps on my behalf, I am so very grateful. Abbie joined my committee in the final stages of my writing due to a sudden change in my committee membership. Abbie has thoughtfully seen my work through to its completion. I thank you for helping me get through to the end. You have also helped me administratively over the years being the Department Chair of Social Justice Education and once again, I want to say thanks for taking the time with each and every application I submitted by taking a leap of faith with my work.

In terms of committee membership, I would also like to extend a very special thank you to Dr. Janice Hladki (McMaster University) for her years of work on my committee. Janice had to resign due to personal circumstances, but her support and feedback over the years has been irreplaceable to me. And her friendship. To this day, Janice still checks in to see where I am at with my work and I am pleased to announce to her that it is finally finished! Thank you for taking me under your wing when I needed it the most.

In addition to my committee members (past and present), I would like to show my appreciation to the Department of Social Justice Education (formerly the Department of Sociology and Equity Studies in Education) and all of its faculty and administrative staff who have helped me along the way. In particular, I would like to thank Kristine Pearson (now retired) for her hours of support and kindness in helping me navigate the institution administratively. Thank you also to Sezen Atacan, who took over Kristine's role and has been very helpful in these final stages of my work.

I would also like to make mention that Dr. Margrit Eichler (Ontario Institute for Studies in Education at the University of Toronto, retired) encouraged me to apply for this doctoral program in the first place. Thank you for putting this desire on my radar, Margrit. I never thought it was possible, but your encouragement showed me the way.

The support of my friends and colleagues was also pivotal at every stage of this work. In terms of my academic colleagues – relationships that introduced me to some of the strongest women I know – I would like to thank Dr. Ana Laura Pauchulo, Susan Ferguson, Jacqueline Cahill and Abbe Edelson for all of the intellectually supportive conversations we have had over the years. Further, I would like to thank some of my other friends for your hours of listening, support, kindness and generosity of spirit: Sergio Bastias, Deborah McEwan, Leanne Jeans, Howard (Howie) Hershorn, Victoria Richardson, Paulette Savoie and Laura Jones. A big and special thank you to my dear friend, Aaron Prodanovic, who often gave me the extra push I needed to get this work done.

Mentally and emotionally, I could not have completed this work without my family. This work is dedicated to them, and I would like to extend the biggest thank you to my parents, Yolanda and Brian Abbey. Last and most importantly, I want to tell them that this is all for you. You raised me to be the person that I am today and through thick and thin, you are always there. You love me, you help me, you listen to me, and you encourage me. You wiped away my tears, you picked me up whenever I fell, you gave me everything you had to support me and you applauded me when I finally made it on my own. Every success I have ever experienced is because of your love. I have finally finished this academic journey and I will forever treasure every morsel of support that you gave me that has allowed for the completion this work. Mum and Dad, you truly are the most important people in my life. I love you.

## Dedication

This dissertation is dedicated to my parents, Yolanda and Brian Abbey, the most loving and supportive people I have ever known. You have watched my experience with Madness and did everything you could to try and understand it. This work is about me making sense of the space of Madness from my socially inscribed perspective. I hope this helps you to better understand me and I want you to know, that it was your persistent love and support that allowed me to give this work – these ideas of mine – a place within my culture.

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# Chapter 1

## The Overview of this Study

### Introduction

This dissertation introduces the Interpretive Sociological inquiry that is my doctoral research. Working specifically from a Disability and Mad Studies perspective, this inquiry focuses on the unquestioned and ubiquitous presence of mental health narratives within contemporary Western culture. Most simply put, the narratives I am interested in studying are those that led me to question the appearance of mental health as an indicator of poverty, and how that, in turn, translates into mental health programming (or a lack thereof). To navigate my way through this, my main research question is: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming? I will continually return to this question because it reminds us that this work is an exploration of mental health as it is being represented and produced by the narrations of commonsense knowledge (or, our culturally produced sense of everyday givens that make these representations seem natural and banal in their usage). I will also loosely, but very purposefully, be using the terms, ‘our’ and ‘we’ throughout this work. I do so to suggest the presence and connection of both an “I” and “We”<sup>1</sup> to all forms of representation. For, representation can be understood as an image that is individually read through its shared sense of meaning (Natanson 1970).

My approach to this research is derived from my background as both a sociologist and student of Disability Studies specifically. Starting with the work of Disability Studies, I would like to begin this dissertation by departing from our conventional ways of knowing the disabled and disordered mind and body – as something that is inherently problematic and socially troublesome. Instead, I would like to engage with embodied representations of mental health as phenomena that can teach us. Because, as Disability Studies scholar, Rod Michalko says (2009, p. 66):

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<sup>1</sup> The relationship between the I and We are well captured by the term “sociality”. In essence, sociality is “what happens *between* selves” (p. 47) – in other words, what happens *between* individuals as they exist amongst one another. This idea is relevant within my work because it has helped me to link how the I and We co-exist in a semiotic relationship. For a more in-depth understanding of how this relationship works, see Natanson (1970), pp. 47-67.

Disability is here; it is in our societies, in our cultures; it is in our organizations, our institutions and in our everyday lives; disability is in our world; it can be nowhere else. Disability always appears, makes its appearance, in the midst of others. Disability is not only here, it is everywhere and is so even when we 'see' it nowhere.

Disability, disorder, and representations of the abnormal mind and body are all concepts that have something to show us. To illustrate this, embodied language is an example that is likely one of the most seemingly natural ways to respond to our everyday experiences. It is from these seemingly 'natural' responses that we can learn about the very purposeful acts of representation that are set into motion through words and phrases. For example, that which seems tedious can easily be represented as unpalatable if captured in the form of a bodily ache or pain. Of this, one might make the following comment to another: "In and amongst everything else I have to do, I have to find time to also get all of the laundry done. What a pain in the neck!". Who enjoys neck pain? Nobody. The point gets across the implicitly tedious experience of doing laundry "in and amongst everything else" and translates into something explicit based on the ubiquity of pain.

Mental health is another such example of this unnoticed and yet, ubiquitous part of our everyday communication. Like the previous example, the mind is also a part of the body that is taken-for-granted as working 'normally' or not. For example, the mental health disorder of anxiety is often used as a reasonable way to respond to unreasonable situations. In the very same way that one would convey the tediousness of doing laundry "in and amongst everything else", another might experience the exact same situation with a great sense of panic, given how much one has to do. Said person might then make the following comment instead: "In and amongst everything else I have to do, I have to also get all of the laundry done. It just drives my anxiety levels through the roof, trying to constantly figure out what I need to do next!" Anxiety makes perfect sense here because anxiety represents that which we want to rid ourselves of. Interestingly, anxiety also captures the feeling of panic that is desired for the full effect, making anxiety, and thus, mental health disorders, culturally *necessary* functions of language (even as we wish to erase them). Here, where anxiety appeared as a natural stress response, my work likewise serves to show how mental health disorders are actually very carefully selected facets of language, even when we are

using them unconsciously. Here, at this intersection is a paradox and my work will delve into a Disability Studies analysis of such representations. Recognizing mental health disorders as phenomena that exist as both bodily<sup>2</sup> conditions to be rid of and yet, as *required* parts of linguistic expression, my work will illustrate the importance of mental health disorders as part of a Disability Studies conversation. Accordingly, mental health, as a social phenomenon, materializes as an object of language that we can take notice of to analyze how disability and disorder are culturally produced and organized.

Being a student of Disability and Mad Studies, my primary research audience is these two areas of scholarship. This research is a response to all that I have read and studied in these arenas of work. I will address some of the gaps still present in the Social Model of Disability<sup>3</sup> and build upon other existing theories from Disability Studies such as David Mitchell and Sharon Snyder's (2006) "narrative prosthesis". I have taken up the area of Mad Studies to identify myself and my work through its political lens, as offered in works such as Geoffrey Reaume's (2002) discussion of emancipating nomenclature used to capture the authentic experience of Madness. I also make use of complimentary analysis tools such as those found in Interpretive Sociology, phenomenology and ethnomethodology. I take up the sociological perspective of Erving Goffman's (1963) "spoiled identity" to think through what it means to live with stigma. I do this by applying all of these areas of scholarship to the textual examples of my research, specifically at the sites of: 1) Crime/Policing; 2) Racial Issues/Immigration; 3) Addiction; 4) Homelessness/Housing; 5) Politics; and 6) Community Development/Awareness. These were the 6 main themes that emerged from my data, that will be addressed in detail in Chapter 4.

Drawing upon Interpretive Sociology, my dissertation will focus on newspaper narratives that make sense of or are propelled by mental health narratives. These narratives will then

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<sup>2</sup> For the purposes of this work I would like to make it clear that bodies include minds. Thus, when I speak of disordered bodies, I conceive of the mind as a part of the body and therefore, as a possible qualifier for the 'disordered' body and all of its embodied metaphors.

<sup>3</sup> For a full description of what this theory entails, please see pp. 27-28 of this dissertation.

be examined through mental healthcare programming information packages to see how these stories are being done within the society from which they were generated. Applying this topic to the theoretical enterprise that is Disability Studies, my work will explore how the ubiquity of mental health narratives evokes our shared sense of reality. I will do so to better understand how common-sense knowledge is itself, a social construct. Engaging with the idea that as we produce certain knowledge, we often utilize mundane ways to arrive at making cultural (an in turn, individual) sense, this dissertation will work to show how everyday discourse (through text) is culturally organized. Put another way, my research attempts to reveal how the social act of textual narration can organize how the I and We *simultaneously* interpret embodied metaphors. Working through this understanding, my research will ultimately move toward a grander critique of everyday media discourses in terms of how We all gloss over and miss the extraordinary activities going on within our seemingly mundane readings and interpretations of embodied metaphors.

According to Lennard J. Davis' text, *The Disability Studies Reader* (2006, p. xv):

Disability studies is a field of study whose time has come. The act of assembling a body of knowledge owned by the disability community as opposed to one written about that community by 'normals' is a part of an ongoing process that includes political actions involving the classroom, the workplace, the courts, the legislature, the media, and so on ... this [work] appears at the moment that disability, always an actively repressed *memento mori* [translation: a reminder of death] for the fate of the normal body, gains a new, nonmedicalized, and positive legitimacy both as an academic discipline and as an area of political struggle. As with any new discourse, disability studies must claim space in a contested area, trace its continuities and discontinuities, argue for its existence, and justify its assertions.

As an area of critical work that is therefore about the legitimization, empowerment and recognition of disability, mental health makes an exciting contribution to Disability Studies because it *is* a discourse that is so often taken-for-granted as a marker of abnormality. As an under-discussed area of embodied representation, mental health narratives serve as an occasion to address how textual images of disability are produced, and consequently, how ideologies about normalcy and abnormalcy manifest themselves within society. Mental health, as a

phenomenon relatively rarely examined for its socially produced, ubiquitous narrative, provides the conversation that is Disability Studies with another way to contest our collective ways of ‘knowing’ disability. For the purposes of this work, I will therefore conceive of mental health disorders as a form of disability<sup>4</sup> because of their iconic status as something abnormal and alarmingly amiss.

I would like to take a moment to point out the language I will be purposefully using throughout this dissertation. I use the term Madness with a capital ‘M’ because I identify with this political movement. I use this term to refer to the movement of language now being taken up by consumers/survivors in insulence of the Individual or Medical Model of disability<sup>5</sup>. I use the term Madness as described by Geoffrey Reaume (2002) to redefine, “older terms as a form of defiance, while also coming up with different terms that stress themes ranging from oppression to choice and adapting them according to one’s experience of psychiatry” (p. 425). In others words, through this work I am exercising this ‘defiance’ to locate disability in the social realm, rather than as a wholly individual problem. I am also demonstrating how language is often overlooked as an innocent activity. Through my own location as a Mad person, my Bipolar disorder and its surrounding politics have guided this work and so, I use the term Madness with a very cognisant emphasis.

Saying that, I must also acknowledge the everyday nomenclature that describes Madness. The terms ‘mental health’ and ‘mental illness’ are most often used within my data. The reason being, they are the lexicon of the general public, or the “sociality”<sup>6</sup> of how we refer to Madness (Natanson 1970). The experience of ‘mental health’ is one that the I and the We can relate to. It is the signifier of ‘trouble’ both in the body and in our society. When something is described as amiss with mental health/illness, we can always relate. Recall my pain in the neck example.

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<sup>4</sup> Again, in working with mental health disorders as a form of disability, I will take them up as a disorder of the mind and therefore, as stated in my last footnote, as a part of the disabled body, inclusive of any of its embodied lexicon.

<sup>5</sup> This comes from the discussion about the “medicalization” of disability (Oliver 1990). The Individual Model of disability, also called the Medical Model, places emphasis on identifying disabled people with a medicalized and treatment-oriented view of embodied disorder. See pp. 27-28 of this dissertation for a full explanation of this theory.

<sup>6</sup> Recall from footnote 1, p. 1 of this dissertation that Natanson (1970) describes “sociality” as the relationship between the I and We.

Nobody likes a bodily ache or pain, and this is a universal experience. It is something that we can understand as individuals and collectively. Akin to this, I have therefore chosen to utilize the universality of mental health as it is being described in my data in order to address it, unpack it, and question it.

Turning to mental health disorders or Madness as a means to make sense of that which seems to be normal or abnormal, its manifestation provides us with an interesting opening through which to enter into a discussion about disability, as it is being conceived of and represented by North American culture. As a sociologist, I am compelled by this area of Disability Studies to make use of an interpretive approach because, as Kieran Bonner (2001) describes of such a theoretical framework, Interpretive Sociology concerns, “the interpretive understanding of social action ... because of the subjective meaning attached to it by the acting individual (or individuals), it takes into account the behaviour of others and is thereby oriented in its course” (p. 268). In other words, Interpretive Sociology affords me with an area of theory where I can raise questions like my opening research question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming? This particular sociological approach encourages me to recognize what a shared reality is: An interaction between the I and the We that are conventionally understood as separate entities but, through interpretive methods, can be brought together and examined for the ubiquity that they evoke *simultaneously*.

Of disability representations, Ato Quayson (2007, p. 36) further suggests that, “disability in the real world already incites interpretation, [thus] literary representations of disability are not merely reflecting disability; they are refractions of that reality”. As a “refraction of reality”, newspaper narratives, propelled by particular reference to Madness, allow us to pause with mental health’s cultural manifestations as a Disability Studies perspective encourages us to do. Listening to Quayson’s suggestion, attending to textual (or “literary”) appearances illuminates mental health as not just a “reflection” of how we should respond in a given context, it “refracts” how we *actually* respond to certain versions of “reality”, making that conflict a phenomenon of importance for social inquiry. In other words, while textual appearances of Madness are busy

telling us how we need to behave around this phenomenon, what Quayson suggests is that we pay closer attention to the cultural refraction of this phenomenon or what is *actually* happening (the appearance is not a mirror like we think it is but a deflection of what is really going on). Thus, while my research engages with the theoretical arenas of Disability Studies and Interpretive Sociology, Quayson's representational analysis will weave together these analytical threads by exploring the semiotic relationship of our taken-for-granted understandings and their animation through various acts of interpretation. Digging deep into mental health representations as they are interpreted or read through certain media (newspapers), and likewise understood through the mental healthcare programming information packages I collected, my analysis will allow the invisibility of mental health disorders to materialize into a social construct that we can actually 'see' and learn from (as Michalko 2009 suggests). For, disability is generally imagined as an experience that looks like a physical or sensory limitation. Canes, wheelchair access symbols, and closed-captioning all serve as immediate representations that come to mind when we think about what disability is. What my research intends to do is trouble the invisibility of Madness within the Disability Studies' conversation such that emotional disorders are being made present when we critique and consider how representations of disability are being done in the Western World.

Part of my data collection was to compile textual representations of Madness, paying particular attention to newspaper stories that ask readers to think about the treatment of mental health as a whole. Medicalized, homogenized and hypothesized, through these narratives Madness grows roots in a commonsense discourse that compels it to be understood as a marker of poverty. Madness as a marker of poverty shows us how an embodied metaphor can be an object of desire and erasure all at once. The broader medical discourse of mental health difficulties stems from a need to treat, manage and eradicate it<sup>7</sup>. Paradoxically, Madness is needed and very much desired when it tells the story of poverty – as an indicator of where a lack of treatment leads to an unmanageable life of poverty, or so the newspaper articles tell us. My interest is piqued by this progression because, based on this assumption, how available is treatment to those who have

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<sup>7</sup> This idea comes from the broader discussion of the "medicalization" of disability, as will be discussed a bit later in this dissertation. To get a better sense of disability being something to 'treat, manage and eradicate', see Oliver (1990), pp. 3-5.



mental health issues and who also live in poverty? Accordingly, my second set of data informs us what I have also observed through newspaper text. My methodology will describe the textual analysis of mental healthcare programming information packages that was performed for my research. The purpose of this analysis is to better understand the impact of mental health narratives upon the actual organization of treatment programming for mental health disorders. In particular, this analysis will attend to attitudes that exist about mental health disorders to query how such attitudes or commonsense narratives translate into real-life results: programming for mental health disorders or a lack thereof.

Due to my social location, I am compelled to understand mental health as a narrative whole. My recent experience being diagnosed as Type I Bipolar has shaped my life in a particular way. Where my past work has been focused on anxiety narratives (having been diagnosed with Generalized Anxiety Disorder), my recent experience with Madness has provoked me to listen to the narratives being produced about this topic more generally, and interestingly, as they get taken up in real-life events. Where anxiety has taught me how disorder can story a past trauma that requires sense to be made of it, Madness shows me how bigger social questions can likewise get shaped with embodied meaning. No longer are the roots of poverty found in a haze of questions; today they are linked to a number of cultural symptoms, in this study one of them being mental health disorders. As I witness this discourse as something that breathes life into the epidemic of social disorder, interesting is the link between Madness and poverty. Much like the way I am able to attribute certain problems in my life to my mental breakdown, the financial breakdown of those around me have become textually attributable to Madness (and vice versa). One need only open-up a newspaper to see the headlines that narrate these urban poverty tales: “Poor more likely to be treated for depression” (Picard 2009) and “Psychosis higher in urban areas, researchers find” (Bielski 2010). Which leads to more questions: What about programming? What programs are out there to support people with mental health disorders? How are these programs made accessible and visible for all to use? What attitudinal barriers prevent people from using these programs? It is at this intersection of questions that I would like to further delve into the narrative of Madness. It is here that I would like to not only point out where we have come with this narrative, but where we are proposing to go, and what this might mean to the meaning being made of mental health as a whole. This is where the analysis of the mental

healthcare programming information packages will shed further light onto my work, by taking up the social/personal narratives of Madness and tying this whole discussion together in terms of the meaning that gets made of disability and what that knowledge actually translates into.

In terms of my social location, I must also make mention that working from the position of being Bipolar I am compelled to name this as something that brings both strength and limitation to my research outlook. My social location as a Mad person has inspired my recognition of disability as it resides within and beyond my body. Part of that experience has been an interest in navigating the various discourses that mental health is assumed to be. Being a longtime newspaper lover, I continually take notice of mental health narratives as they circulate within these texts because of the shared reality that these representations take on for me: As a metaphorical bridge between my disability and the anxieties of my culture, brought together by textual meaning and sense-making out of that which may resist certain types of meaning or appears senseless (much like my personal diagnosis did to my formerly erratic lived experience). Living my disability as both a medical diagnosis and as a tool for collective meaning-making affords me with a nuanced position where I can almost intuitively bring these two realms of phenomena together and into conversation with one another. But I must take care to acknowledge my participation within the discourses I am interrogating. Where I detail how these discourses place normative confines around our everyday representations of the body and mind, I must admit that I struggle, not infrequently unsuccessfully, to move beyond these discourses. Without these discourses I would not understand my own diagnoses as I do; without these discourses, I would likewise not understand the workings of my culture. True, I do not have a choice about participation within my culture; society is everything that we are and that we know. Still, one of my major research limits is that I cannot separate myself from the very cultural actions I am critiquing. Accordingly, a large part of this research and its analysis involves me reminding myself (and my readers) that this work is about a start rather than an end point. Finding somewhere to start from allows us to think disability anew – beyond our conventional desire to fix it and find solutions to manage it. But, as I have already suggested about commonsense knowledge, thinking anything anew requires a point of departure. Thus, I make mention of these research strengths and limitations to suggest that without them, my research would have no point of departure. Recognizing this involves me keeping this

understanding at the forefront of my work at all times because the understanding that is the conversation between my self and my work is the crux of paradox that ultimately forms the entirety of my research.

## **1.1 My Narrative of Madness**

The story of my diagnosis is not a unique one but it's a narrative of my life which in a sense, makes it a story that is uniquely mine.

Taking us back a few years, I had struggled with my mental health for a number of years before I was diagnosed as Bipolar. The 'trouble' started in my early twenties when racing thoughts and sleeplessness became a daily experience for me. Racing thoughts became panic attacks, and the constant worry about it became an inability to focus on much of anything for long periods of time.

Although I was trying to keep this experience private, it began to wear me down. I was trying to go through school for my undergraduate degree at the time, so I finally told my family doctor a bit about some of the panic and worry I was experiencing. She told me that I had a set of symptoms that were named Generalized Anxiety Disorder with a subset of symptoms known as Obsessive Compulsive Disorder (OCD). Concerned about how these diagnoses were starting to affect my everyday life, my doctor recommended I see a psychiatrist for a formal prognosis. I left the doctor's office feeling confused. I had worked in Autism Services for a number of years and worked with many clients that had anxiety and OCD. I just couldn't imagine it in my own body, there had to be some mistake!

I saw the psychiatrist for two years and told him everything about my childhood and adult life. He made no recommendations for further treatment, so I assumed that I had sorted out whatever had been 'bothering' me and that I must be a lot better. And I felt better. My mind still raced, but it raced with creative energy! I stayed up late at night reading and writing and I decided that my set of symptoms weren't diagnoses at all – they were the passion I had for life and my work.

Shortly thereafter I entered graduate school. My Masters degree went by in a flash. I didn't think anything of the fact that I could stay up for days on end without sleeping; I was getting my work done so I was obviously fine. Better than fine, I was doing great! I did so well, that I finished my Masters in one year and was admitted to my department's doctoral program for the following September.

The summer between my Masters and the beginning of my Ph.D. program however, my panic attacks returned. One day, I was in a local mall and a rush of energy went through me causing me to bolt to the bathroom in fear. I felt a great weight on my chest, became dizzy and fainted, splitting my lip on the sink during my fall. I woke up to three women around me asking if I needed help. Embarrassed, I lied and said I had low blood pressure and would faint on occasion. I must have been convincing because the women took my word for it and let me clean myself up and leave. But I wasn't better when I left. I felt numb. What was going on with me? Why had these panic attacks returned?

The first year of my Ph.D. program I began to experience an inability to focus on my work. Through doctors' notes and extensions, I managed to get through my course work and comprehensive exam, but then I found myself really stuck. By the end of my second year I was no longer sleeping for more than a couple of hours a night, and the creative energy I once had was completely drained. All I could think about was everything but school, so I went back to my family doctor to ask for help.

This time, my doctor prescribed me medication for Attention Deficit Disorder (ADD). I was so confused. I thought I had anxiety and OCD – now ADD? What next? But I was compliant and decided to take the medications as I was starting to get really frustrated with my inability to focus on anything.

But the symptoms got worse. I slept less and worried more. I worried about my house and everything going on in the world, as my life had become newspapers. I became obsessed with following tales that used anxiety as its metaphor, and it was somehow the only thing that seemed to alleviate my stress. Then a new experience happened. I hit lows. I figured that the meds were working because I finally started sleeping some nights. But I didn't want to leave my house or my bed. I told my partner I was sick but he knew what I was – I was depressed. He urged me to go back to my doctor because the meds I was on obviously weren't working.

Sure enough, my doctor decided I needed yet another pharmacological intervention. But instead of decreasing my ADD meds, she added in anti-depressants and occasional-use anti-anxiety medications. So now I was on a cocktail of medications, and I felt really nervous about the whole thing.

So what did I do? I went the holistic way to try to supplement my life so I could one day get off these meds. I took a number of naturopathic supplements and physically exercised constantly, hoping for relief. Instead, I entered my thirties having panic attacks, going from really high to really low moods, not sleeping and then sleeping excessively, and generally not being able to concentrate in many areas of my life. But the worst was yet to come.

I stayed on all of these medications for a year and found myself abusing my anti-anxiety medications. When I ran out of meds between my appointments, I had taken to buying other prescriptions off friends, and then a dealer. I had completely stopped participating in my schoolwork and lived in my own private world of drug abuse and trying to seem 'normal' to everyone on the outside. In my school program, because I was at the point of writing the proposal for my dissertation, I was able to lie and pretend that I was busy with it all of the time. It was independent work so I could say I was in the process of writing, even though I was privately struggling to get through each day. Drug abuse turned into major depressive episodes which turned into losing track of where I was sometimes which turned into the end of my marriage. Living on alimony and not really caring about anything, my life took a downward

spiral that turned into months of drugs, partying and being only ever half-lucid for what seemed to be some very serious new symptoms happening to my mind. In addition to the drug use, I noticed I was acting very erratic. I was doing all sorts of things I never thought I'd do. I was dressing like I was sixteen and I was starting to wind up in random places not knowing how I got there. Literally, I was losing small periods of time. And I stopped sleeping again. I slept for a couple hours here, and a few alcohol-induced hours there. I was a mess, I was on my own, and I knew I was having some serious mental health issues. But I had no idea where to start tackling the problem.

One day, a friend that I used drugs with turned to me and very ironically said, "If your medications were working for you, would you really be using them to party with?". I was insulted, but it got me thinking. Another friend begged me to get some help and in particular, to go to my doctor and get honest about all of my symptoms and the experiences I had been having. So I did.

My doctor was very concerned because I had stopped going to her for a while and when she heard about everything going on in my life – the sleepless, the non-lucid elation, the depressive lows, the drug use – she wrote me a requisition to take to a local hospital Emergency Unit which read: "Possible Bipolar? Addiction management needed". I was speechless. There had to be some mistake. I wasn't Bipolar! But I agreed to go voluntarily to the hospital, and I did that very day. I was tired of everything and had finally been worn down.

The nurse at the hospital told me it took a lot of courage to walk up to Emergency and check myself in so openly with such conditions. I didn't feel courageous, I felt beaten. But 72-hours later, I finally had a prognosis that made sense of everything I had been experiencing. Type I Bipolar, with "current addiction problems". I started pharmacological, outpatient, psychiatric and addiction-recovery treatment that very day. Although my current story includes some continued problems with depression and relapse into addiction, today I am two years clean off drugs and my state of mental health is for the most part, under control. My mind doesn't race

and I haven't had a panic attack since. I sleep. With the help of a mood stabilizer, I have some control over my state of being for long enough periods to be a contributing member of society.

I tell you all of this so you know my story. I am motivated by this research from a very personal place. But, like the sociologist I consider myself to be, I also recognize that my experience is mediated by the social realm (Arendt 1958) and that the whole story I told you, although uniquely mine, was facilitated through the world in which I live. Without the story of medicine, I would not have known my evolving mental health as I did. Without the story of addiction, I would not have known my drug use to be the problematic force in my life that it had become. And without the cultural tales of mental health, I would not have followed them in the media the whole time, allowing this research to take shape as I was doing my own research on what it is to live with Madness.

## **1.2 Worlds Colliding: My Madness Meets Itself in the Media**

Prior to my recent illness and recovery, I had spent a great deal of time fascinated with the story of anxiety as it was being narrated by print news media through ideologies of terrorism, worry and panic. It had, in fact, been the focus of my doctoral work up until I left school for the period during which I was not well. During my illness, I never stopped collecting articles that storied collective trauma and panic through anxiety, but as my diagnosis of being Bipolar finally emerged, so too did my interest in understanding the real-life outcome of attitudes generated by media stories. As my diagnoses continued to change, so too did the focus of my interest. My scope evolved from anxiety to disorder to the more specific of disorders – Madness. There I could glean the experience of any type of mental health issue, but I could still try to work through the ramifications of collective understandings being generated about various types of mental health disorders. At the same time, I also knew that I wanted to examine information packages being distributed for mental health programs to better understand how stigma plays a role in accessing mental health services (because my experience had been that I did not want to admit that I had a mental health disorder so it stopped me from getting the proper help I needed for a number of years). I just didn't quite see yet how that fit in with my passion of collecting media stories about mental health issues.

Then one day, a pattern emerged. I noticed that mental health narratives were telling the story of poverty – in much the same way that I had noticed anxiety telling the story of such things as terrorism or environmental fear. I knew there was a correlation between poverty and mental health, but I asked myself, *how* did I just ‘know’ this? Much like the cultural story of disability being something that we understand as inherently ‘troubling’, Madness was being storied as one of the ‘natural’ precursors to, or outcomes of, living in poverty.

I did a search of *Globe and Mail* articles from the recent past and found an interesting narrative development: “...research confirms what is well-established, that low-income individuals are walloped particularly hard by mental illness” (Picard 2009). “People living in urban neighbourhoods are more likely to develop psychotic illnesses ... The researchers believe the causes include poverty” (Bielski 2010). Like I had noticed anxiety telling the story of various other fears, disability (through Madness) as ‘trouble’ was being used to tell the story of poverty.

### **1.3 Services Tell the Tale**

As I came to better understand that poverty and Madness are an intertwined narrative, I needed to see it in action. Not only was I interested in where this particular form of narrative came from, I also wanted to know where it actually lived and got shaped into action. In other words, *how* was this story being enacted in the world? Returning to Goffman (1963) (introduced on p. 3 of this dissertation), I decided to delve into the ‘spoiled identity’ to see where and how stigma or the “attributes [of the] deeply discrediting” (p. 3) materialized into something tangible and actionable. I decided to look at the services available to those living with mental health issues in high-poverty neighbourhoods in Toronto to glean the perspective of ‘trouble’ at work in my society.

Accordingly, my fascination didn’t just end with the newspaper articles I was collecting. I began to go around to mental healthcare clinics in Toronto and collect their programming information packages to see how such services were also telling this (tangibly actionable) tale of trouble.



‘Trouble’ in the sense of requiring solution to a complicated set of problematics. The information packages that I collected are literally the information given to anyone who comes into the mental healthcare clinics I chose to study asking for information about their services. Thus, throughout this dissertation, when I refer to “mental healthcare programming information packages”, I am referencing the brochures, leaflets and websites offered to potential clientele to disseminate services offered<sup>8</sup>. I poured through these brochures and leaflets and found the same story being told by a completely different medium – the story of Madness and living in poverty. A story that includes and dismisses these social locations all at once. As one brochure puts it, their programming is for “people with psychiatric disabilities who live in our community ... [and require] affordable and safe supported housing” (Package # 2). Common catch-phrases like that really resonated with me. It got me thinking about who is the “our” in the community-at-large, as well as within the individual understanding? Who belongs, who does not, and in what ways do we make such distinctions? Enter normalcy. Normalcy is the story that tells us that *we* can keep our communities safe by diagnosing “psychiatric disabilities” and providing “affordable housing”. Put another way, those marked by poverty and experiencing Madness can be included *through such services* to become a part of ‘we the normals’. With all of this in mind, I also looked at a variety of information packages to uncover how community services are equally busy telling the tale of the “spoiled identity” (Goffman 1963) with Madness and poverty being the markers of this narrative. And so, this research culminated. In my second year away from school (my first year of recovery), I spent a great deal of time collecting articles that narrated poverty through Madness in the same type of ways as quoted above. My interest was piqued to understand the impact that stigmatizing attitudes have on access to mental health programming in high-poverty neighbourhoods. With the help of an extremely gracious and understanding Ph.D. committee, I am now able to tell my story and the story of others who live through their Madness.

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<sup>8</sup> To see the complete list of mental healthcare programming information packages collected by location, please refer to Appendix A.

## 1.4 Chapter Summaries

This dissertation approaches Madness and poverty as social phenomena in need of examination for their intertwined textual appearances within contemporary Western culture. More specifically, this dissertation offers the perspective that these textual appearances are signals of ‘trouble’ within North American society, and my research disseminates this idea through a textual examination of local Toronto newspaper narratives and mental healthcare programming information packages given out to the general public by the clinics I studied. Utilizing the lenses of Disability and Mad Studies, along with Interpretive Sociology, phenomenology and ethnomethodology, these appearances will come into focus for the reader such that they will be guided through my interpretation of ways in which Madness and poverty are being socially constructed.

*Chapter 1* begins at the work of Goffman’s (1963) “spoiled identity” to introduce how we collectively do markers of difference. This chapter is an overview of my research premise that led up to my overarching research question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming? Introducing my use of Disability Studies as my research approach, then Mad Studies as the framework of my political stance, I explain how I will take up an Interpretive Sociological lens as well as implement the analytical tools given to me by phenomenology and ethnomethodology to explore the ubiquitous presence of Madness and poverty narratives within my sociality<sup>9</sup>. I do so by breaking down this chapter into four parts: 1) *My Introduction* which sets up the focus of my research; 2) *My Narrative of Madness*, the second section that details my experience with one of the phenomena being studied (Madness) and accordingly, describes my social location; 3) *Worlds Colliding: My Madness Meets Itself in the Media*, the third section that explains how I came upon this research through my own readings of local Toronto newspapers in observing a connection between the two phenomena being studied (Madness and poverty narratives); and 4) *Services Tell the Tale*, the last section of this chapter which highlights my desire to see the tangible action of the intertwined narratives of Madness and poverty as

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<sup>9</sup> Again, Natanson (1970) uses the term “sociality” to refer to the interconnection between the I and the We within the social sphere. See footnote 1, p. 1 of this dissertation for further explanation.

recognizable through texts made available to the general public (through leaflets, brochures, etc.). This last section explicates my choice to utilize these other media to enhance my overall understanding of the topic.

*Chapter 2* is my *Review of the Literature* and is broken down into four parts: 1) *Making Sense of Disability Through Disability Studies* is my opening section and departs at the work of Rosemarie Garland-Thomson (2002) to backdrop how Disability Studies is an area of work interested in the ‘conflict’ of the socially procured ‘broken’ body. I take up this literature to question how the disabled (and inclusively, the Mad) body can be understood through this cultural rhetoric to illustrate how Madness often represents something that is both desirable (as a form of sense-making in textual narration) and expendable (as something ‘abnormal’) all at once. I engage with Ato Quayson’s (2007) ideas around cultural “refraction” and David Mitchell and Sharon Snyder’s (2000, 2006) “narrative prosthesis” to address this theoretical concern. I take up the work of Mike Oliver’s (1990) Social Model to explain the roots of Disability Studies and to interrogate the gaps in this work by inserting my research premise into this scholarly conversation. 2) The second section, *An Interpretive Sociological Perspective*, sets the scene for the Interpretive Sociological lens through which I analysed my data. Building upon the call of Bonner (2001) to use ethnomethodological and phenomenological practices, I explain how it assists in understanding how Madness and poverty become cultural manifestations of ‘trouble’. Taking up the ethnomethodological works of Harold Garfinkel (1967) and Dorothy Smith (1999), I use their literature to implore that textual language must also be explored when searching for illumination of commonplace or ‘shared’ understandings. I weave this into the phenomenological arguments of Maurice Natanson (1970), Hannah Arendt (1958) and Max van Manen (1990) to illustrate how the ‘I’ and the ‘We’ work together in a semiotic relationship to perpetuate collective knowledges, such as those that surround Madness and poverty. 3) *A Narrative Analysis of Madness* is the third section of this chapter in place to further delve into the notion of textual narration being a research site that can yield much useful data. Thinking through textual examples of storytelling such as those provided by Interpretive Sociologist Jack Katz (1999) and Critical Autobiographical Theorist Kathryn Church (1995), this brief section gives rise to Madness (and in turn, the intertwined story of poverty) being stories that are so personal and yet, so publically (and therefore, socially) mediated. 4) The final section of this

chapter, *The Face of Mental Health Narratives*, pulls together the idea that Madness and poverty are two ‘unsolvable’ issues that ‘trouble’ us collectively. I do so by explaining the dominant discourse or ‘face’ of Madness as taken up through the story of medicine. Applying the literature that is detailed in the previous three sections of this chapter, I explore how the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (2013) is the edifice of Madness or ‘mental health’ as We collectively know it, asking us to prevent, treat and diagnose it away. I question this face of Madness in suggesting a crux of paradox: That it is impossible to erase the ‘trouble’ that mental health is said to be (by medicine) when the narrative of Madness is host to other collective narratives, such as the story of poverty. I exemplify this in closing the chapter with a discussion around stigma and stereotypes, as taken up by Stephen Harper (2009) and Simon Cross (2010). I end on this discussion to think about how various social narratives piggyback off one another and bring us to this crux of paradox where Madness and poverty are narratives we want to culturally utilize and expend all at once. This paradox begets us to look for new ways to interpret, understand and explore these social narratives.

*Chapter 3* is the chapter that I detail my *Methodology and Methods*. This chapter is divided into five parts. 1) The first section, *Theory to Practice: Data Collection*, details the methods that I undertook to do my doctoral research. I readdress my overarching research question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming? I do so by explaining my use of textual analysis through phenomenological and ethnomethodological practices. 2) *Data and Data Collection*, the second section of this chapter, accounts for the two sets of data and parameters through which this research is based (local Toronto newspapers and the mental healthcare programming information packages I collected from four chosen sites in Toronto). 3) The third section of this chapter describes my *Procedure* through which I chose my four research sites to expound where I found the real-life textual outcomes of Madness and poverty’s narratives at work in our society. 4) In the fourth section of this chapter, I explain my *Analysis* through the 6 themes that I identified within the newspaper sources (my first set of data) that gets taken up in Chapter 4. I also outline the four criteria through which I analysed the mental healthcare programming information packages (the second set of data). I do so to explore how the narratives of Madness and poverty work together in demonstrating the production of collective

understandings. 5) *Limitations of the Research* is the final section of this chapter, briefly outlining my choice of textual analysis but the possible benefits of interview data for future research in this area.

*Chapter 4* presents my *Research Findings*. Following a brief introductory section, this chapter is organized into six more parts that coincide with the 6 themes that were laid out in Chapter 3. In Chapter 3, I explain how I found these themes through my reading of the newspaper narratives (my first set of data). In Chapter 4, I then explore how these themes can also guide us through the mental healthcare programming information packages (my second set of data) to identify the narratives of Madness and poverty as collective sense-making devices. I do this by introducing each theme in its own section: 1) *Crime and Policing: Giving Face to the Senselessness of Trouble* is the title of the first theme. I begin at this research finding to think about Madness and poverty's intertwined story giving a 'face' to the seemingly senselessness of criminal trouble in our society. I look at how Madness and poverty are taken up by both sets of data as sense-making devices to *explain* the dangers of criminal activity, policing as a form of the social organization of crime, and the stereotypes that get perpetuated of the criminal as something alarmingly amiss in society. 2) *Racial and Immigration Issues: A Body of Discrimination* is the second theme and third section of this chapter. This research finding highlights the earlier discussion of "narrative prosthesis" (Mitchell and Snyder 2000, 2006) in exemplifying how embodied markers of difference, in this case racialization, are borne of social conventions that can be identified through Madness and poverty's linked narrative. I unpack this idea through examples from both sets of my data to look at how racialization and immigration issues are made sense of through the Madness and poverty narrative. 3) *Addiction: The Scene of 'Double Trouble'* is the third theme and fourth section of this chapter. I entitle this section as 'double trouble' because as social indicators of trouble, disability (Madness) and addiction go hand-in-hand. Poverty plays a huge role in narrating the collective sense being made of addiction in Toronto. Looking at both sets of data to gain a better understanding of how Madness and poverty make sense of the stories of addiction, I question how it is that these phenomena intrinsically fit into this issue. 4) *Homelessness and Housing: A Tale of Two Cities* is the fourth theme and fifth section of this chapter. I name the issue of homelessness and housing like that of two cities or two key parts in one uncomfortable space. To wade through this discomfort, I

present how Madness and poverty show us that there is no easy solution to the divide of ‘the housed’ and ‘the homeless’. Although Madness and poverty are narratives utilized to give a reasonable response to why this divide exists, the discourse of homelessness and housing once again shows us how these narratives can only *depict* something that we want answers for, they do not offer solutions. 5) *Politics: An Arena of Trouble* is the fifth theme and sixth section of this chapter that offers some rich data in thinking about how we socially organize ourselves. Looking at political candidacy, local political heroes, and political language as conveyed to consumer/survivors, Madness and poverty bring together the collective and individual experience of the political sphere as a signal of ‘trouble’ in this realm. 6) *Community Development and Awareness: A Space for Mad Pride?* is the sixth theme and final section of this chapter which unpacks the ‘hot topics’ of community development and awareness as presented in the newspaper data studied. Although these findings are taken strictly from my newspaper data, I chose to present these findings because of the hope that they offer – hope and insight into Madness and poverty telling a social story other than trouble – as something to *learn* from and rebuild commonplace understandings.

*Chapter 5* is my dissertation’s final chapter. It is where I take up my *Discussion* of the previous chapter’s research findings, as well as where I draw my *Conclusions*. Of my *Discussion*, following a brief introduction, I again organize this chapter into six sub-sections to discuss the findings of my research as presented in Chapter 4: 1) *The Criminalization and Madness of Poverty*; 2) *Racialization and Immigration Speak to the Poor, Disabled Body*; 3) *Addiction as ‘Double Trouble’*; 4) *Homelessness and Housing: A Location of Madness and Poverty*; 5) *The Politics of Disablement Through Class-Structure*; and 6) *Community Development and Awareness as a Marker of Change*. In the seventh and final section of Chapter 5, I discuss my *Conclusions* of this research. I conclude that the collective sense being made of and through Madness and poverty was more often than not, wholly negative. But based on all the literature provided to conduct this research, I suggest that we clearly cannot just erase social disorder, whether it is embodied (like Madness) or structured (like poverty). Having spent a great deal of time working through the first part of my overarching research question: “How does mental health become taken-for-granted as a shared social phenomenon...”, I conclude by addressing the latter part of the question: “... and how does that in turn, determine access to mental health

programming?”. I do so by naming what I was witness to: That access to ‘mental health care’ is prevalent which I saw in how many programming information packages I was able to collect. But I end by questioning if it is true ‘access’ when a Mad person, experiencing poverty, reads these brochures and only ever understands themselves as a ‘problem’, ‘challenge’ or ‘struggle’ to be fixed. I poise the final suggestion that in re-thinking the space of Madness and poverty narratives, that perhaps we can take up these stories as something we can learn from to question old ways of thinking and open up a place for new questions and possibilities for these narratives. I will now turn to an exploration of the literature that helped me understand this topic the way that I do in order to provide the foundation for the research of my doctoral program.

## Chapter 2 Review of the Literature

### 2.1 Making Sense of Disability Through Disability Studies

Disability Studies theorist Rosemarie Garland-Thomson notes, “As a culture, we are at once obsessed with and intensely conflicted about the disabled body” (2002, p. 57). As a field of knowledge interested in the “conflict” of the ‘broken’ body, Disability Studies connects my work to already established disciplines (like sociology and phenomenology) while it attends to disability and its social representations in some unconventional ways. Drawing upon the theoretical and methodological insights of Interpretive Sociology and phenomenology (via ethnomethodology), as they will be outlined shortly, Disability Studies guides me toward understanding that this “conflict” of the disabled body and mind cannot simply be stopped, managed, or treated away. Disability Studies is a theoretical perspective that engages with the disabled body in the ways that it is known through cultural rhetoric because the disabled body is “one of the most universal [and] fundamental of human experiences ... we will all become disabled if we live long enough” (Ibid.). I am thus, compelled to break contemporary conventions about certain minds and bodies – disabled, disordered, broken or whatever we want to name ‘abnormalcy’ – because Disability Studies continually teaches me to look to both the erasable (the representation of Madness as something that is expendable) and the desired (Madness as a meaning-maker through its representations) to find common ground to make the move to *unconventionally* know Madness as something else (a teacher?). Accordingly, my research attends to newspapers as a type of media through which we as North Americans culturally express our shared “obsessions” with images of Madness because of our intense conflict with how we should know disability. I will trouble our collectively one-dimensional attitude toward embodied disorder – as in, how it is that we continually convince ourselves (at the levels of both I and We) that disability is an image to only ever read as a problem when it paradoxically exists as other forms of meaning. Given then, that Disability Studies begets us to take notice of “the impaired body” as it “calls into question the nature of the unimpaired body and the ordinary, taken-for-granted features of its enabling and sustaining presence in thought, perception, and language” (Swan 2002, p. 287), I would like to think about Madness and its role in the everyday discourses being highlighted above. With newspapers being a “refraction” of “thought, perception and language” as we all share it (Quayson 2007, p. 36), Disability Studies



reminds us that the mind is always being negotiated through a discourse of normalcy. This refraction – this discursive dependency on disability to provide order and sense – is best captured in the Disability Studies conversation that discusses a theoretical concern known as “narrative prosthesis”.

At its most basic level, David Mitchell and Sharon Snyder (2006) describe narrative prosthesis to be “shared characteristics in the literary representation of disability” (p. 205). Not only does this Disability Studies understanding touch upon the very phenomenon I am keenly intrigued by – textual (literary) appearances of mental health narratives – it allows us to think about these occurrences as a part of a discourse to address how we produce knowledge about the mind and in turn, how we represent what is normal and ‘abnormal’. Of this, Mitchell and Snyder note (2000, p. 15):

Disability’s prominence in narrative discourses and the relative absence of critical commentary upon this ... suggest that disability is, for the critical enterprise, both promising and discomfoting – as proves true of all prosthetic interventions. In this sense, disability studies in the humanities shares an approach with literature, which is to expose rather than disguise the prosthetic relation of disability and [its] characterization as a contrivance. This inverse ideal grounds our concept of narrative prosthesis...

“Narrative prosthesis” – a theoretical understanding that unpacks the naturalized conventions of narration that do so much to constitute something we come to know as disability – will therefore be utilized within my dissertation to exemplify Madness as a cultural manifestation of these contrived conventions. The emotional state of Madness provides us with a “promising and discomfoting” way to know the world. Madness promises to provide us with an ordinary way to name the discomfort of the unknown and extraordinary. As a literary prosthetic, Madness serves newspaper narratives in this way by promising a readily available metaphor to make sense of the discomfort that is our collective concern about an issue. To witness this, let us return to the *Globe and Mail* excerpts from the previous chapter. If we work through the causes that the researchers cited of poverty, the extraordinary event of experiencing Madness becomes the ordinary event of a narrative about “low-income individuals” (Picard 2009). Thus, Madness materializes as something more than a mere reaction to the situation. It becomes an *expected*

part of this story – a promise of a means to make sense of our concerning narratives that detail our shared discomforts. Akin to other disability narratives, Madness evokes a familiar way to orient to that which has disoriented us. Thus, what makes mental health narratives interesting contributors to the Disability Studies conversation and its discussion of narrative prosthesis, is its appearance as both a prosthesis for meaning-making and its simultaneous representation of something ‘breaking down’. For, it does so in how it gains its recognizability from the image of a broken mind.

The paradoxical existence of Madness points us in the direction of *something else* – the promise of learning about disability as something *other* than trouble or discomfort. This paradox – this recognition of disability as something other than discomfort – is the learning we can do to see disability as a way to understand cultural practices around representation and how this translates into very real areas of our social organization (e.g. where and how mental health programming will be delivered, how education is delivered and to whom, the social cachet of the ‘expert’ medical opinion, etc.)<sup>10</sup>. Our contrived ways of knowing Madness, and all forms of disability, allow for a shared way of knowing bodily disorder as something wholly negative that we need to get rid of and erase. Recognizing and learning through the “contrivances” that Mitchell and Snyder (2000) call our attention toward reveal how our taken-for-granted and seemingly natural ways of knowing disability are actually representations of our collective doing. Recall again what Quayson’s (2007) analysis says about representation as a “refraction” of our culture. Quayson suggests that literary representations of disability are not just reflections of what we speculate disability to be; they are evoked to refract what we ‘know’ they are. This produces some very dangerous assumptions about what disability is thought to be and what its diagnoses can mean: As constructing an object to quantify, objectify, treat, manage and solve<sup>11</sup>. But even more precarious than our unquestioning trust in these seemingly banal assumptions is the understanding of worthlessness that gets generated through these negative representations of disability. For, disability is always taken-for-granted as something problematic, even as it is

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<sup>10</sup> For a detailed account of the dangers of medicine assuming itself as the “expert” about the disabled experience, otherwise known as the “medicalization” of disability, see Oliver (1990), pp. 3-5.

<sup>11</sup> Again this comes from the discussion about the “medicalization” of disability (Oliver 1990). Another good discussion about this, which also takes into account a critique of this perspective, can be found in Shakespeare (2006).

validated as an identity marker and reasonable way to experience the world. As an example of this, Disability Studies has been taken up as “the ludicrous extreme of identity politics” (Mitchell & Snyder 2000, p. 35). Although pride has been re-appropriated by many identity statuses (including the Mad movement<sup>12</sup>) that were historically treated by those in power as worthless, disability markers still represent “an undesirable state of being” that even the most supportive of allies, and many disabled people themselves, believe as some truth or fact about disability in their dismissal of its production through everyday discourses (Ibid.). Thus, situated within such paradox lies the power to re-present Madness and learn from it, rather than simply working to resolve and erase its existence (e.g. replacing derogatory terms with politically-correct<sup>13</sup> terms is a fruitless exercise without questioning the cultural need to make this linguistic move in the first place).

In another conversational thread that works through the taken-for-granted understanding that is disability, Disability Studies scholar, Tanya Titchkosky (2009), addresses the paradox of disability representation in a similar way. Of the icon for access that is used across North America – a pictorial image of a white stick-person in a wheelchair, most often situated on a blue background – Titchkosky reminds us that (p. 79):

For a sign to point toward access, there must be an assumption of a general lack of access. Insofar as this image of disability gains its sensible use by being situated *between* the promise of access and some assurance of its absence, the paradoxical space of the appearance of this image and any one’s imaginative negotiations with it *is* a complicated social scene.

Disabilities like mental health disorders gain their sensibility by promising us that it is alright to understand being “low-income” through the experience of being “walloped particularly hard by

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<sup>12</sup> For accounts on the history of the Mad movement, see Campbell (2011), Everett (2000), Fabris (2011), Morrison (2005), Shimrat (1997) and Reaume (2002).

<sup>13</sup> I use the term “politically-correct” to engage my readers as it is a recognizable saying (in the last few decades) as something analogous to social change. However, I use it with trepidation. In an insightful and recent article in *The Guardian*, political-correctness is captured as “a term used [by Republicans] to drum into the public imagination the idea that there was a deep divide between the ‘ordinary people’ and the ‘liberal elite’, who sought to control the speech of regular folk” (Weigel 2016, p. 5). The article goes on to describe how current U.S. President, Donald Trump, is very strategically using this understanding of anti-authoritarianism in his own “anti-political-correctness” agenda (p. 7). Accordingly, I do want to acknowledge that this is an extremely loaded term and must be thought through carefully if we are going to use it in an authentic and positive way.

mental illness” (like the story Picard 2009 tells us). Like other disabilities, Madness represents what it is to engage with normalcy, even as its metaphors move back and forth between being a normal response to poverty and being something we should avoid and plan around at all cost. It is “between” these representations of Madness, as both a promise (as a meaning-maker) and as a discomfort (as an understanding we ‘should’ avoid engaging with), that mental health narratives come alive as a part of the Disability Studies conversation of dismantling common-sense depictions of disability that locate it as a problem within disabled individuals.

The Social Model, a well-established Disability Studies theory, allows us to think about the production of normalcy as it is currently being done through such representations of disability. Of the Social Model, Mike Oliver (1990), a parent of this theory, tells us that society typically “locates the ‘problem’ of disability within the individual and ... sees the causes of this problem as stemming from the functional limitations or psychological losses which are assumed to arise from disability” (p. 2). Oliver calls this version of disability the Individual Model and shows us how this typical way of locating disability gets illuminated through the Social Model. As suggested by Oliver, disability is “society’s failure to provide appropriate services and adequately ensure [that] the needs of disabled people are fully taken into account in its organization” (Ibid.). In contrast to our common-sense ways of ‘knowing’ disability, the Social Model names the disabled identity to be a social one. Thus, Disability Studies, and more specifically, the Social Model, gives us a way to see how it even became possible for disability to be generated in these ways in the first place: As a promise of understanding – a response that illustrates discomfort – or as both of these societal ‘refractions’ that paradoxically work together to furnish Madness with its common-sense position in the world. Utilizing a Disability Studies perspective to understand cultural manifestations of mental health narratives – like those that I have located so far in the newspaper articles – ‘my Bipolar Disorder’ becomes something that can only ever appear amidst others<sup>14</sup>, making Madness and all that can be named a ‘disability’ a social phenomenon. My research thus, builds upon an understanding of the social construction of disability as emphasized by the Social Model. However, in stating this I feel I must take stock of the problems also associated with this theoretical model in order to address why I am building

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<sup>14</sup> For a detailed account of personal experience and its mediation through the intersubjective world, see Schutz (1970), p.72. To further explore this interlockular relationship between our private and public selves, also see Arendt (1958), pp. 22-23.

upon it in several specific ways rather than merely letting it entirely guide my work. Further, this will give explanation as to why I have chosen to include several other areas of theory rather than focusing in on one specific area of critical thought.

There exists a large body of work critiquing the Social Model for its neglect of “the everyday experiences of disabled people” (Barnes 1998, p. 76). With particular reference to the omission of gender, racial/ethnic/minority statuses, sexuality, and the diversity of what ‘impairment’ means within our culture, the Social Model has been taken up by this area of scholarship as a theoretical perspective in need of reflexivity and growth (French 1993; Morris 1991, 1996; Shakespeare et al. 1996; Vernon 1996, 1998; Vernon & Swain 2002). The Social Model states that, “people become disabled through encounters with disabling barriers, rather than through any necessary causal connection with their individual level of physical or cognitive functioning ... its effects may be reduced or eliminated by building a more inclusive society” (Priestley 2003, p. 3). Of this, critiqued is the idea that the difficulties and open prejudices experienced by disabled people will dissolve if we merely think more ‘inclusively’. Working closely with Sally French’s (1993) critique of this area of Disability Studies, I would like to concur with her sentiments about the lack of depth offered by the Social Model to build upon it and make sense of it within my research observations and analysis. French approaches this issue by thinking about her position of being low-vision. She comments on the Social Model as such (p. 17 & p. 19):

... some of the most profound problems experienced by people with certain impairments are difficult, if not impossible, to solve by social manipulation. Viewing a mobility problem as caused by the presence of steps rather than by the inability to walk, or regarding the inability to access information as due to the lack of sign language rather than to a hearing impairment, is easy to comprehend. Examples such as these are frequently put forward when the social model of disability is being explained. However, various profound social problems that I encounter as a visually impaired person, which impinge upon my life far more than indecipherable notices or the lack of bleeper crossings, are more difficult to regard as entirely socially produced or amenable to social action ... When discussing these issues with disabled people who adhere strictly to the definition of disability as ‘socially imposed restriction’, I am either politely reminded that I am talking about ‘impairment’ not ‘disability’, or that the problems I describe have nothing to do with lack of sight but do indeed lie ‘out there’ in the physical environment and social environment; my lack of perception of this is put down to my prolonged socialisation as a disabled

person. Being told that my definitions are wrong, that I have not quite grasped what disability is, tend to close the discussion prematurely; my experiences are compartmentalised with someone else being the judge of which and which are not worthy of consideration. This gives rise to feelings of estrangement and alienation ... Regarding disability solely in terms of 'socially imposed restriction' [means] that many people who define themselves as disabled ... are not regarded as such by other disabled people, a situation which many regard as oppressive ... is it not for people with impairments to decide whether or not the problems they experience amount to disabilities?

French's thoughts raise some interesting complications worthy of consideration. As I proceed guided by the Social Model, like French, I feel it is of the utmost importance to observe where Madness can bridge the scholarly debate between disability being something that materializes from both 'out there' and 'in me' or, the We and the I. This debate is, in itself, somewhat incongruous with itself. For example, one might ask, why would Disability Studies scholars and activists return to locating impairment within the individual? Because, when we do not factor the individual experience of disability into its cultural manifestations – when we name a disability as something that is *entirely* socially procured – we miss out on yet another learning/teaching experience. The individual experience of disability is an equally critical experience to know because it describes a positionality amidst others (Arendt 1958), authenticated by certain experiences that are not readily available and are therefore, often dismissed as falling within the parameters of what defines the identity category of disability.

In my research, I have therefore chosen to address this critique of the Social Model because it raises an important question that opens up a theoretical space for the participation of Madness within the Disability Studies conversation: *Which* disabilities give ordinary meaning to the extraordinary experience of abnormally defined minds<sup>15</sup>? By orienting ourselves toward this theoretical critique, we are reminded to think about disability through social references that

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<sup>15</sup> I have raised this question to think along with theorists like French (1993) in critiquing the Social Model, not to make a hierarchy of disability or to pin one disability against another. I wish to call attention to the disabilities that are not the 'typical' representations of disabled imagery (like Bipolar Disorder) in order to consider how *all* disabilities need equal recognition to adequately discuss the disabled experience. Thus, my question here is meant to provoke a more inclusive outlook when we think about representation and disability, which serves as both a critique of the Social Model (which typically discusses issues of physical impairment) and of Disability Studies as a whole (to generate more participation of atypical disabilities within this arena of conversation, such as Madness, which my subsequent paragraphs will address).

depict its many meanings within our everyday lives. Thus, as French's (1993) non-detectable disability gets "compartmentalized" and defined by "somebody else", my mental health disorder of being Bipolar is an experience of disability that is non-detectable and delegitimized with similar reason. Like French's low-vision, 'my Bipolar Disorder' is not the icon of your typical disability experience. 'My Bipolar Disorder' *does* conjure up some readily available understandings of depression, hysteria and mental suffering but it typically does not come to mind as an ordinary way to imagine disability. So how then, do we explain the ease through which we all understand French's blindness? As Titchkosky (2009) and other Disability Studies scholars have shown us (Brueggemann, 2006; Brueggemann & Moddelmog, 2003; Linton 2006; McRuer 2006; Michalko 1998, 1999, 2002, 2009; Mitchell 2002; Snyder and Mitchell 2006; Swan 2002; Titchkosky 2000, 2003, 2005, 2007, 2009), there are many forms of disability in the world that take shape beyond images of physical immobility and sensory impairment. So the beauty in French's critique is that even though French felt alienated and even cheated by being told her disabled experience came from "out there" or beyond herself, it is this 'beyond' that accounts for disabilities like Madness not being conjured up when we typically imagine disability, which affords us with the opportunity of thinking about disability as something that can also be understood as a non-visual appearance in the world (like cognitive, learning, and emotional differences). This is why I treat Madness as an emotional disability within my work; I am moving toward uncovering the manifestation of the imagined reality that makes *all* forms of disability possible and necessary in the first place.

The legitimization of all disability narratives is an important part of the ongoing political project that is Disability Studies. For, as Titchkosky again reminds us, "disability ... serves as an occasion when we might critically examine the cultural provision of dominant ways of keeping ourselves together" (2007, p. 13). If we move beyond our typical ways of knowing and representing through disability, images of disability can move beyond being a mere happenstance of visual symbols and physical obstacles. Its taken-for-granted presence can help us make sense of the sense that we are making (through newspaper narratives, for example). A Disability Studies perspective allows us to attend to disability in ways that suggest so much more than common-sense reasoning does. Disability Studies is way to orient toward this process. As I have already gone into, in one sense, Disability Studies is a perspective that is historically

grounded in and continually referenced by its theoretical concerns with dismantling common-sense depictions of disability that locate its problems within disabled individuals. But, as a theoretical background that sees how images of disability get generated in the first place, Disability Studies can also serve our individual struggles with disability – as French (1993) calls our attention toward – by helping us ‘see’, even when we cannot, that disability and personal impairment are always mediated and understood through our connections to culture; that Madness and all that can be named a disability are phenomena that are always engaged with through sociality. Thus, whether we wear a wheelchair or a diagnosis, disability marks our bodies and minds as abnormal, which is the message from Disability Studies that I want to reside with and unpack.

So far, I have considered Madness from a collective orientation, as something that I will subsequently illustrate through my data as both a sense-making device (Garfinkel, 1967)<sup>16</sup>, and a tool for depicting contemplations of the contemporary world. In a similar way, I have also suggested that Madness can be used to make sense of and depict the state-of-affairs of an individual, much like the experience of French (1993). Working all of this through a bit further, let me now turn to an examination of Madness’ role as the phenomenon par excellence for depicting abnormalcy.

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<sup>16</sup> Although Garfinkel (1967) introduces a sociological method by which to depart from “the objective reality of social facts [as] sociology’s fundamental principle” (p. vii), as posited by classical sociologist Emile Durkheim, there has been scholarly discussion around the ways in which more recent sociological methods (like Interpretive Sociology) are different from positivist ones and yet, can still fit together in certain ways. For example, Anne Rawls (2004) describes of Durkheim’s *The Elementary Forms of Religious Life* that “Durkheim begins ... with the idea that the social being is transformed by social relations in which it finds itself. Therefore, an epistemological analysis must begin with the social forces that transform the individual” (p. 258). Although Rawls later discredits this, stating that Durkheim’s social “reality” is often only analysed “at a general or conceptual level” (which she says, Erving Goffman “fell victim to”) (p. 333), she raises a good point that I would like to address before I move onto my next section. Even though my work is grounded in methods (like Garfinkel’s) that attempt to move beyond knowing the social world only ‘objectively’ and as wholly socially procured, I have to admit that there is merit in thinking about how positivist methods have influenced Interpretive Sociology and can fit into some of this perspective. For, as another scholar puts it, “Durkheim’s daring sociology in *The Elementary Forms* ... [bears] fruitfulness [in that it] lies in combination of social determinism with a space reserved for some autonomy and even causal significance for cultural factors” (Thompson 1998, p.93). Accordingly, while I will be utilizing an Interpretive Sociological lens through which to analyse my data (as will be described in the next section of this chapter), I must be cautious not to entirely dismiss the roots through which this discussion is grounded.



## 2.2 An Interpretive Sociological Perspective

What sets Interpretive Sociology apart from traditional sociology is its availability as a more reflexive conception of social relations, transformed by the use of more ethnomethodological and phenomenological practices (Bonner 2001, p. 270). Allowing me to build upon certain theoretical demands, like those of French (1993) – a call for a more well-rounded approach to examining the personal-collective action link – Interpretive Sociology departs from the more Weberian and some Durkheimian-based sociologies that focus themselves primarily on the autonomous character of social processes<sup>17</sup>. Instead, Interpretive Sociology accounts for the cultural presence of individual agencies<sup>18</sup>, offering social theorists like myself, a more balanced mode of scholarly inquiry. Saying all this, Interpretive Sociology does remain grounded in the basic tenets of sociology<sup>19</sup>, which I will borrow from Jonathan Turner’s well-known textbook *Sociology: Studying The Human System* (1981, p. 6):

...sociology is the study of social relationships ... in all of their complexity and majesty. [As sociologists we] are interested in understanding how and in what ways social relationships among individuals, groups, governments, corporations, communities, nations, or other social units are created, maintained or changed. In other words, we are interested in *the human system* – The types and forms of social relationships we have created in the course of our existence on earth.

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<sup>17</sup> Max Weber’s “value free” sociology, as taken from *The Protestant Ethic and the Spirit of Capitalism* (see pp. 182-183 for its summary), is impossible, according to Interpretive Sociology. Although it is good practice to separate oneself from his or her values in conducting social research (Berger & Kellner 1981, p. 55), Interpretive Sociology tells us that it is impossible to remain entirely objective because the researcher is intrinsically tied to all of the phenomena that he or she explores (pp. 52-53). Likewise, where Emile Durkheim’s book *Suicide* debunks the individual’s place within research of the “state *sui generis*” (that is, “the collective”) (p. 51), Interpretive Sociology says this is also impossible because it omits the experience of individual subjectivity (Berger 1963, pp. 39-41). Thus, Interpretive Sociology departs from these two schools of sociological thought because it is a branch of sociology that accounts for the I and We always working together.

<sup>18</sup> In the context of my use of the I and We being in a semiotic relationship, the understanding of an individual’s actions might best be captured by the use of the term “agency”. Agency can best be understood as a form of subjective action produced and reinforced by culture. Thus, an individual’s ‘agency’ or ‘independent thought or action’ is always animated through their social interaction, much like Natanson’s (1970) discussion of “sociality”. To glean a better understanding of agency in context, see Weedon (1997), pp. 176-178.

<sup>19</sup> Again, not to dismiss where this method came from, I must acknowledge that although Weber and Durkheim’s sociological methods are in some ways, rejected by Interpretive Sociology (see Berger & Kellner 1981), I wish to utilize the Interpretive Sociological lens to *build* upon the tenets of positivist sociological traditions in not only thinking about the ways that the social reality is derived from the collective experience, but are likewise enacted through the individual experience. In other words, I am working to bring the experience of the I and the We together. I would like to attempt to find this balance in my work such that it affords the possibility of listening to the organized activities of everyday life that Garfinkel (1967) suggests, and the ethnomethodological observations of ‘settings’ as taken-up by Dorothy Smith (1999) that will be detailed later in this section.

Interpretive Sociology does not stray from these theoretical roots of analyzing the social relationships we produce and maintain – *the human system*, to use Turner’s words. But, what alters its position as a sociological method is its departure from positivist traditions<sup>20</sup> to encourage the reflexive exchange between introspection and group identification. The importance of including the individualized sense of experience as a part of the social whole that makes up this ‘the human system’, as Bonner (2001) notes, “[is] the basis of the life-world ... taken for granted by both common sense and science” (p. 272). In other words, methodologically, Interpretive Sociology might be described as something like the study of individual and collective orientations through non-objective observance. For, Interpretive Sociology reveals to us that understanding ‘the human system’ requires us to approach collective ideologies through the understanding that individual parts make up the whole and thus, individual enactments produce, organize and maintain those institutions that we are so often trying to critique and debunk through social inquiry.

As an interpretive methodology, what Interpretive Sociology lends to an inquiry about collective and individual enactments of Madness – as based on their narrative relationship to contemporary North American newspaper plots that represent mental health as a modifier for poverty or ‘trouble’ – is a means to organize my work around the basic ethnomethodological and phenomenological notion that there is no world without our interpretation of it (Natanson 1970, p. 65). As a sociologist interested in the cultural manifestation of shared interpretations that take shape through metaphors of Madness, Interpretive Sociology guides me to approach this topic with some trepidation. I am reminded that my work serves the critical perspective of word choice and phraseology in that, these areas of language are important to observe as these actions are rarely accidental; writing is not an innocent activity. Thus, how we approach the world and attempt to make sense of it invites the use of interpretive methods to illustrate the basic sociological understanding that social narratives pre-suppose the existence of non-social narratives. Yet, in a world that can only ever exist through our interpretations of it – through a culture where “every reference to the ‘real world’ ... is a reference to the organized activities of

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<sup>20</sup> Most simply put, ‘positivism’ is a research tradition that values objective empiricism over experiential knowledge. Much of the ‘scientific method’ is based on such an outlook. Interpretive Sociology departs from this methodology because it places research value of the interconnected lived-experiences of the I and We. For a full description of the evolution of the Interpretive Sociological method, see Berger & Kellner (1981), pp. 1-16, 29-32.

everyday life” (Garfinkel 1967, p. vii) – non-social stories are impossible. Our social narratives or, our conversational ways of understanding the world (through text or otherwise) are therefore, always in contact with other related stories. These ‘contacts’ are what give context to our narratives, allowing us to make meaning, for better and for worse.

Of Ethnomethodological observation – the study of social organization as it is accomplished through exchanges and practices of the everyday (Garfinkel 1967, p. 11) – Dorothy Smith (1999) suggests that, “activities occur in settings and cannot be treated independently of them *and* that settings themselves are constituted as settings through members’ activities” (p. 146). Smith proposes this to encompass her sociological observance of language as an action that is *always* facilitated by and for its “setting” (or ‘audience’). Smith illustrates this by pointing toward lexicon as terms that “locate categories of a person” and act as “carriers of an inter-individual organization of consciousness” among a given social group (p. 144). As a method of observing social phenomena, ethnomethodology serves the exploration of language by providing it with a framework to understand it in interpretive and sociological ways. Language, as Smith tells us, must not be ignored when we theorize, imagine, and *re-imagine* our cultural organization. Like other group phenomena, language is organized by groups and maintained by the individuals that comprise these groups. Thus, we can never dismiss the lexicon of one person because to do so would be to ignore the social knowledge that the individual has reiterated from their group affiliations. For nobody does themselves alone (Arendt 1958). Social inquiry invested in the violence and prejudice that is the result of contemporary language (e.g. wars that are waged upon ideologies represented through collective terminology, like ‘terror’) must therefore be examined in holistic and ethnomethodological ways. As a discipline committed to this kind of approach, Interpretive Sociology ensures that the object of such research (Madness) is properly situated within its setting (newspaper narratives making sense of shared worry like poverty causes) in order to unpack all that it is and all that it might become.

The phenomenological foundation of Interpretive Sociology likewise directs my work toward a methodology that considers how the collective and individual animation of language relies upon the other for meaning. Collective mental health narratives give meaning to both my individual

experience with a medical diagnosis of Bipolar Disorder and its representations that live beyond my body for the world to make sense through. Allowing myself to acknowledge my personal Madness – to name it as the experience of *my private life-world*<sup>21</sup> – means that there is an image that already exists in the world called ‘Madness’ which I can draw upon to guide what this experience means to me. Where ethnomethodology reminds us of this relationship to knowledge as it can be observed through research practices, phenomenology reminds us of this in its call to attend to the interrelationship of groups and individuals within the various discourses about phenomena of everyday life. In his book *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, Max van Manen says, “In drawing up personal descriptions of lived experiences, the phenomenologist knows that one’s own experiences are also the possible experiences of others” (p. 54). Accordingly, the right metaphor – the right representation – of what it means to be ‘Mad’ (as others also know it), gives sensibility to ‘my Bipolar life’ as it is situated in the world. Thus, as I think about Madness, as it is known in the world – as a means to address a collective conscientiousness about poverty – I am further compelled to know Madness beyond such medically and empirically, derived representations. I would like to know Madness as “a direct description of our experience as it is” (Merleau-Ponty, 1962, p. vii). I want to understand Madness for its *collective relevance* or as a metaphorical ‘bridge’ between everyday occurrences and senselessness in search of meaning. And as an individual I feel that I need to work through how it is that the disorders of Madness can live in the world as phenomena that are *both* appropriate and inappropriate as emotional responses; as phenomena that are both contextually normal and abnormal, understood as both one person’s extraordinary experience while also being a metaphor applied to everyday discourse. I want to understand how it is that such embodied language goes unnoticed within our contemporary, North American newspaper culture. Working toward this through a methodology that encompasses both the collective and individual production of understanding gives me room to orient toward this. For, as Berger and Berger remind us (1972, p. 7):

The world in which we live is, above all, constituted by meanings that are attached to others ... quite early in life we discover that this fairly small world of our immediate experience is surrounded on all sides by much larger, often quite complicated or even

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<sup>21</sup> The phenomenological term of an individual’s ‘life-world’ is defined as “the world of lived experience” (van Manen 1990, p. 53). In other words, a life-world is the experience of I in the world of We.

incomprehensible patterns of relations between people ... these wider worlds ... are the foundations of the little world that we experience directly.

Accordingly, dominant and often overtly medicalized representations organize the ways that we collectively and individually orient toward disability. But, as phenomenology and ethnomethodology remind us, the world did not just happen on its own. So Madness, as an emotional disability and as a human event, was culturally produced such that it has now been achieved as a part of our shared sensibility – our taken-for-granted responses to that which causes us to socially and individually lean toward it being a means to understand poverty. Much like phenomenologist, Alfred Schutz (1970) asks of our individual ability to discern meaning from our cultural understandings: “How am I to distinguish my behaviour from the rest of my experiences?” (p. 65), I would also like to ask: How does Madness come into the world for all of us to ‘see’? Grounded in an Interpretive Sociological method, my research works through this sub-question to attend to our interpretation of language and its textual representations as they animate our everyday realities through the narratives of newspaper media.

One such place where we can locate this animation, is in ‘mental health literacy’ (MHL) programs that have become a recent and commonplace reference in Western news media. As described by Kimberly White and Ryan Pike in their book chapter, “The Making and Marketing of Mental Health Literacy in Canada” (2013, p. 239):

The explicit political aim of MHL programs is to ensure all Canadian citizens know how to recognize, prevent, and seek “proper” (usually meaning professional) help for mental disorders ... In the context of MHL we predominantly find closed interpretations of madness, where madness is reduced to a mental illness, and mental illness is reduced to a disease ... [Our intention here is] to show how the systemic corporatization of state institutions, operating in accordance with efficiency models and social marketing strategies, in effect limit the possibility of establishing meaningful ideological diversity in MHL.

Taken from an area of scholarship known as Mad Studies, this analysis of MHL programs allow us to ‘see’ how Madness already exists within the recent Canadian media<sup>22</sup>. With the objective of establishing “meaningful ideological diversity in MHL”, White and Pike critique the making and marketing of MHL so far to illustrate how Madness can once again, be understood as a cultural phenomenon. Detailing the establishment of the Mental Health Commission of Canada (MHCC) in 2005, White and Pike explain how the MHCC’s MHL programs re-establish the societal claims it wishes to dispel. The MHCC name Madness as a “disease” to “help lift associated feelings of shame and reassure Canadians that the experience of mental illness (directly or indirectly) is relatively common, that we are all the same” (p. 245). Yet, as White and Pike point out, “we are not all the same” (Ibid.). Through various examples of Canadian newspaper representations of this push toward a kind of “naturalization” of Madness, as mandated by the MHCC (Ibid.), White and Pike detail how “representations of mental illness and those deemed ‘mentally ill’ are [routinely] maintained and disseminated through the production of institutional knowledge” (p. 246). In other words, even in attempts to better understand Madness in modern society, it continues to remain subject to our shared sensibility of what we already think it ‘is’. As detailed above, some of our collective media orientation toward Madness – as an anomaly to pay close attention to such that we all become “the same” – demands that we take a closer look at *how* we came to this orientation in the first place. Thus, as I continue to address the question: How does Madness come into the world for all of us to ‘see’? (as a sub-portion of my overarching research question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming?), one way to orient toward ‘seeing’ this version of mental health is to unpack how it is being made legible and ‘known’ in the world. To do this, I would like to spend some time detailing some of the shapes that Madness culturally assumes. However, first I will very briefly situate myself in this work by my use of a narrative analysis.

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<sup>22</sup> Starting at the *Globe and Mail*’s series, “Breakdown: Canada’s Mental Health Crisis” from June 2008, this article details Canadian newspapers’ portrayal of Madness in the last decade. For a more detailed account of these articles, see White and Pike (2013), pp. 245 – 249.

### 2.3 A Narrative Analysis of Madness

Aboriginal storyteller, Thomas King (2003) says, “The truth about stories is that that’s all we are” (p. 2). Stories are indeed about ‘who we are’ but it is the *particular* stories we tell that rationalize our common-sense ways of reasoning and materialize into representations that we recognize as ‘givens’. Mental health is one of these stories. It is a story about who ‘I’ am and it is a story about how you or ‘We’ can feel in particular “settings” (to borrow from Smith 1999). We ‘see’ Madness in our lives when we feel most vulnerable, and often, when we feel alone. But nobody’s story is theirs and theirs alone. Recall that throughout these last two chapters, I have remarked on Hannah Arendt’s (1958) observation that nobody does oneself alone. Given then, that the stories we tell live on through others and consequently, become ‘all that we are’, the story of Madness – like all disability narratives – is a story that is inextricably linked to everyone else. Still, *how* it shapes us and our common-sense ways of knowing the world depend upon the ways that we attend to Madness’ narration and interpret the language that surrounds it.

Applying an interpretive lens to this dissertation’s attempt to ‘see’ Madness as a particular knowledge, as illustrated by our shared cultural values, Interpretive Sociologist Jack Katz (1999) provides a good template for me to work from to bring this discussion into focus. Taken from *How Emotions Work*, the following is an excerpt of his well-known narrative analysis of being “pissed off” when driving in Los Angeles (p. 18):

Becoming “pissed off” when driving may be an unfortunately inescapable fact of public life in many places, but in Los Angeles it is a naturally occurring cornucopia for social psychology. Because this form of anger is known in memorably dramatic instances by virtually everyone who drives in L.A., because it is a brief and infinitely recurring experience, and because angry responses to other motorists are typically felt so deeply justified that they can be recounted readily to strangers without concern for loss of face, the experience of becoming “pissed off” while driving provides extraordinarily useful data for exploring fundamental issues about the nature and contingencies of anger as it emerges and declines in social interaction. The near universality of experience means that we can examine its workings across a wide range of ethnic, gender, socioeconomic, age, and personality divides, in a

diverse set of driving circumstances, and at very different moments in drivers' quotidian routines and life histories.

Katz's brief introduction about his analysis of driving – one of the more mundane activities of contemporary life in the industrialized world – quickly shows us how seemingly banal experiences can translate into very rich data when the context of what is being *represented* within such activities is evoked for our consideration. Our everyday stories are rich in data because they do the taken-for-granted knowledge that is the connection between the I and the We. We can laugh at the above example and picture our own driving (or passenger) experiences. We find this kind of anger funny because of the way the story is situated as a “naturally occurring cornucopia” of life in L.A. We picture the busy highways and all the cars cutting one another off, drivers giving each other the finger and other rude gestures. We can picture this so easily because the “universality of experience” is something that we learn from in our culture. Every individual knowing has come from a collective understanding that was taught to us.

This is why stories are “all that we are” (adopted again from King 2003). Our internal narratives and understandings are those that we glean from beyond the walls of our body through sheer experience of living in the world. The beauty of utilizing phenomenological and ethnomethodological perspectives is that we can ‘see’ the merit of including personal narratives into understanding the larger stories of the collective. Of critical autobiography, an area of work utilized to narrate personal experience into critical theory, scholar Kathryn Church (1995) shares why personal stories are such a vital part of academia, particularly in the area of mental health work. She says (p. 5):

Critical autobiography is vital intellectual work ... The social analysis accomplished by this form [of work] is based on two assumptions: first, that it is possible to learn about the general from the particular; second, that the self is a social phenomenon<sup>23</sup>. I assume that my subjectivity is filled with the voices of other people<sup>24</sup>. Writing about myself is a way of writing about those others and about the worlds which we create/inhabit.

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<sup>23</sup> Here, Church quotes Stivers (1993).

<sup>24</sup> Here, Church quotes Lionet in Stivers (1993).



This is why I shared my story in the previous chapter and why I intend to examine programming information packages for those identifying with mental health disorders from high-poverty neighbourhoods. Because, the story of the individual is part of the story from the world in which they live (to echo Church). In order to understand and observe the cultural phenomenon of Madness as it is understood in the world, I am paying attention to a few of the stories that make it what it is: My story, the media's story, and the stories of the programming information packages geared toward entrance into 'helping environments' for mental health survivors/consumers. Because Madness is so personal and yet, so publicly generated, the literature informs me that a narrative analysis seems the most fitting for this type of research.

## 2.4 The Face of Mental Health Narratives

“If historians of madness – and most media critics – agree on one point, it is that madness has been systematically stigmatised in Western culture” (Harper 2009, p. 2). Most would agree that Madness wears a face of stigma in North American culture. Hence, the articles of concern linking Madness and poverty together – two ‘unsolvable’ issues that ‘trouble’ us collectively. I agree, too, that Madness wears a face of stigma, which is why it is the premise of my work. However, what I am in wonder about is not this particular face of Madness but the many faces that it wears and how it is that we ‘just know’ Madness in all of its various settings (Smith 1999).

One such setting is that of medicine. The discourse of medicine is one of the primary ways in which we know disability and disorder. Today, the main narrative told about mental health is that which is prescribed by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Through this manual, doctors are able to tell patients what their disorder is; through this manual the ‘expert’ opinion of medicine is able to tell the story of mental health to the collective<sup>25</sup>. The I and the We participate in the stories of the *DSM* by allowing this discourse to guide our individual and collective understandings of what these disorders are. I do not make this point to discredit what the *DSM* contains nor to put down the idea of medicine helping those with mental

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<sup>25</sup> Again, to see a discussion about the dangers of the “medicalization” of disability and our cultural reliance on medicine as the “expert” about the disabled experience, see Oliver (1990), pp. 3-5.

disorders. I positioned the opening chapter of my dissertation this way because I am curious about how it is that medicine is the primary narrative of mental health disorders. How is it that when I generate a picture in my mind about Madness, I am immediately compelled to think about it as a cluster of symptoms and an experience always mediated by medicine? Because, if we return to Quayson's (2007) theory that "disability in the real world already incites interpretation" (p. 36), then our understanding of mental health disorders already comes from somewhere and culturally, we have invested our reliance in the discourse of medicine to tell us "who we are" (King 2003)<sup>26</sup>.

In the introduction of the *DSM-5*<sup>27</sup>, there is an interesting remark that the culmination of the *DSM* happened with a variety of settings in mind (p. xiii). A "goal" of the *DSM*, as stated in this introduction, is to facilitate: "... an official nomenclature [that] must be applicable in a wide diversity of contexts ... [and in] different orientations ... intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings" (Ibid.). Thinking back on the observance of "settings", as Smith (1999) theorized, we can observe of this citation that the *DSM* indeed has a collective audience in mind. The various 'settings', that Smith's ethnomethodological perspective would have us observe, contain all the various 'settings' that the *DSM* hopes to touch. For, as does all disability, mental health can live "nowhere else" but in society (Michalko 2009). The story of mental health as the *DSM* tells it touches us all given that, as the Social Model tells us, medicine is the dominant story of disability (Oliver 1990). Looking at another well-used medical text, *Current Diagnosis & Treatment in Psychiatry*, mental health services research is described as such: "[consisting] mainly of those studies examining the effectiveness of the health care system in the prevention, diagnosis, and treatment of individuals

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<sup>26</sup> As described on p. 27-28 of this dissertation, along with the Social Model of disability, there exists the Individual Model of disability. The Individual Model is a way for Social Model theorists to explain how disability is typically understood as impairments within individuals while the Social Model views impairment as the social oppression experienced by disabled people. This is not to say that the Social Model denies impairments of the body (Oliver 1996, p. 35). Rather, the Social Model acknowledges that these impairments are restricted by the social convention of understanding disability as an individual problem rather than as a mere part of the social landscape (Oliver 1983, p. 56). Again this discussion can be brought back to understanding disability through "medicalization" (Oliver 1990). What the Social Model shows us is that the Individual Model exists because the discourse of medicine tells disabled individuals "who they are" (King 2003) rather than allowing the experience of disability to be mediated by disabled people themselves, even today. For an in-depth discussion of the importance of this understanding, see Shakespeare (2006).

<sup>27</sup> "DSM-5" meaning the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (2013).

at risk of mental disorders<sup>28</sup>” (p. 80). In other words, the story of mental health, as applied within the setting of medicine is to “prevent, diagnose and treat” it away. Given then, that the edifice of mental health as told by medicine is the main way that We know it, how is it that we want to ‘prevent, diagnose and treat’ it away when this particular narrative hosts other collective narratives, like the story of poverty? At this crux of paradox lies one way in which we ‘know’ Madness, and yet, have not fully paid attention to the double meaning of such competing narratives. It is at this crux of paradox that we can ‘see’ the story of mental health at work; both as an individual matter, and as a matter that not only affects the collective, but is *engaged* by the collective in its many uses as a narrator of various tales. The medical story of Madness allows us to see how mental health can wear many faces – as something we want to ‘treat’ away and yet, as a metaphor par excellence to understand other issues, such as poverty. Thus, in order to understand how Madness gets stigmatized, as phenomenology reminds us, we need to pay attention to how Madness as a phenomenon is being narrated in a number of ways.

There are certainly a number of other ways that mental health is ‘known’ in the world as a shared narrative. One narrative is that of the Madness identity marker – as a marker of difference. Of this, Simon Cross describes (2010, p. 131):

Consider, for a moment, the sort of images that we conventionally associate with madness: wild unkempt hair, tattered clothing, red veined staring eyes, muttering imprecations, fists shaken at ‘things’ that are *not there*, outspoken dialogues to the different parts of oneself. These are stereotypical conceptions that make it clear how madness is seen: as *visible differences* of appearance and behaviour, which demarcate a symbolic boundary between ‘us’ and ‘them’.

The ‘us’ versus ‘them’ narrative is a popular one. It is the story of difference used to marginalize many different groups. However, in the case of Madness, the above noted images or stereotypes belong to a narrative of permissible prejudice. One of the many faces of Madness is its story as a stereotype to describe something or someone being amiss, without censorship of lexicon. The story of Madness is one that still gets typecast with images of “visible differences” as described by Cross (2010), easily tangible in the slang we still use in the mass media to capture these

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<sup>28</sup> Cited as taken from Kelleher and Long (1994), p. 133.

differences. Terms like ‘crazy’ or ‘psycho’ are socially acceptable terms used daily in the mass media (Reaume 2002). Thus, the stereotype of Madness being an ‘other’ is one of the faces of Madness. I bring this story up not only to critique this ‘othering’, but also to show where the tangibility in Madness’ narrative is.

Returning to the “stigma” that Harper (2009) describes, such stereotypes of Madness give us a point of departure to now ‘see’ how stigmatization is a culturally necessary narrative. Of this stigma, Simmie and Nunes (2001) describe that: “In some ways, we haven’t made much progress. We still brand people. The physical markings may be gone<sup>29</sup>, but an invisible stamp of ‘the other’ is often squarely applied to the forehead of someone with a mental disorder. It remains the most common concern voiced by consumers<sup>30</sup>” (p. 294). True, we’ve only made some progress. But it is in taking notice of this stigmatization that we recognize the cultural need for this face of Madness. Much like the medical narrative of Madness, the stereotypes of Madness show us the social need to erase this disability – the collective need to cure, manage and treat away the ‘crazy’ person with ‘unkempt hair and red eyes’. Nevertheless, if these cultural images tell us that something is amiss and needs to be remedied, how is it that mental health narratives *also* exist as a culturally preferred phenomenon to understand issues of poverty through? This is an example of paradox where disability (through Madness) exists as something that we culturally want to erase and utilize at the same time. Thus, sharing a few of the faces of Madness guides me in explaining how I have come to recognize it in the world, along with the world, such that we may be able to work with these faces to understand them better.

Thus far, this chapter has been describing the literature from which I will draw upon to support the research I did. Through this literature, I have demonstrated how Disability and Mad Studies and Interpretive Sociological frameworks will operate within my work. I have also taken time in

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<sup>29</sup> Here, the citation is referring to the word “stigma” being of Greek origin to describe the practice of burning or cutting a mark into the flesh of socially deviant people (Simmie & Nunes 2001, p. 294). For an in-depth understanding of the concept of ‘stigma’, see Goffman (1963).

<sup>30</sup> “Consumers” is another term used in the Mad movement to describe mentally ill people who identify with the Mad movement in that they do not want to be described as ‘mentally ill’ because it prescribes a wholly medical discourse, however, they are ‘consumers’ of psychiatry in that they willingly receive medical treatment. To better understand the history and the workings of this concept, see Reaume (2002), pp. 418-421.

the latter part of this chapter to situate myself into this work, and to introduce some of the more common mental health narratives or its many ‘faces’. I have done so to establish how the I and the We can instantly spot a mental health narrative, like my research does through newspaper stories and examining information packages for local mental healthcare programming in high-poverty neighbourhoods. Bridging theory with practice, my next chapter will turn to the methodology through which I did my research.

## Chapter 3 Methodology and Methods

### 3.1 Theory to Practice: Data Collection

This chapter will detail the methods I used to undertake my doctoral research. In keeping with King (2003) who says, “The truth about stories is that that’s all we are” (p. 2), this research was performed to listen to the story of Madness through the narrative of poverty. That is why I selected the use of a narrative analysis. I wanted to attend to these stories through methods that are grounded in the tenets of language and its purposeful usage. When we hear a story, we inherently make meaning of it. Through this research, I would therefore like to demonstrate how experiential knowledge – the stories we generate about the I and the We – can be found in the stories that we tell to one another through media generated to enhance our social organization. Put another way, my research locates itself in the story of Madness and poverty and the methods that I used to unpack these phenomena will take up the literature described in the previous chapter to illustrate the work of cultural storytelling through texts where we can see tangible and actionable institutional organization such as what I found in newspapers and mental healthcare programming information packages.

In attempting to address the question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming?, two methods of data collection were used. The first method of data collection involved a textual examination of newspaper articles. The articles that were examined are those that I had collected to show the narrative of Madness telling the story of poverty. As already described, I am interested in following the story of Madness because it is an example of how disability is positioned in our world as something that is both erasable and desired – as a phenomenon we want to be rid of and yet require as a means of storytelling. Poverty gives us this example. There are many examples of what Madness narrates but it happened to be the story of poverty that caught my eye, over and over again (recall from my opening chapter, *Worlds Colliding: My Madness Meets Itself in the Media*, Section 1.2). I have been following these narratives in newspapers because newspapers are one of the dominant voices of our culture. Albeit, there exists research about the internet offering “easy accessibility [and] immediacy of

information that no other news medium can match” (Sagan and Leighton 2010, p. 119). Unlike newspapers, with the advent of internet news consumption, readers are offered more control over their navigation and dissemination of information which has been made more readily available (Hoffman 2006, p.61). Still, the literature in this area explains that “more research is needed to understand the motivations and usage patterns of consumers toward the Internet and how they contrast with with other traditional media outlets” (Bush and Gilbert 2002, p. 1), and I am one of those consumers who grew up reading on paper rather than a screen. Even though the internet has offered a revolutionary platform by which to consume news at an explosive rate (Sharma, Singh and Bhabhra 2007, p. 29), people are still buying their daily papers because they are comfortable with this medium. Although I am basing this on my anecdotal experience, I feel that along with others, the physical newspaper continues to be one of several sources of dominant news media because of reader comfort and familiarity. Therefore, I use this medium to explain how the narrative of Madness is established as socially intelligible; specifically, how it can exist as both an I narrative (the experience I have when I read a newspaper) and a We narrative (the experience We publically do through this shared medium). In other words, newspapers (my choice of news consumption) are a medium that is both an individual and collective experience.

Accordingly, I chose to look to newspaper articles for the first half of my data because it addresses the first half of my research question in showing us how mental health can be taken-for-granted as a shared social experience – in this case, over the telling of the story of poverty. Having a collective understanding of the story of Madness (e.g. via the story of medicine, its stereotypes, etc.), we have an already available representation of ‘trouble’ by which to forecast the predicaments of poverty with. This storyline is a profound example of taken-for-granted or banal knowledge in action, which I will exemplify in the second part of my data set, the collection of information packages for local mental healthcare programming. Lastly, given that ethnomethodology is: “the investigation of the rational properties of indexical expressions and other practical actions as contingent ongoing accomplishments of organized artful practices of everyday life” (Garfinkel 1967, p. 11), newspapers are the epitome of an organized discussion about the mundane actions of everyday life. This is why I have spent so much time detailing the theoretical approach that is included within this work. It is through this kind of observation that we can ‘see’ the value of pausing with the richness found in data that explores the goings-on of

everyday life. Put another way, this textual analysis affords me with the opportunity to examine everyday stories about the collective and in turn, the individual experience which tangibly demonstrates Garfinkel's "ongoing accomplishments of organized ...everyday life" (Ibid.).

### **3.2 Data and Data Collection**

The newspapers that the first half of my research is based on come mainly from the *Globe and Mail*, the *Toronto Star* and local newspapers from my research sites. The timeframe of these articles is 2012-2016. The reason for my choice of newspapers and time period had to do with when I was reading these papers and took notice of Madness telling the story of poverty, and then started collecting articles as a result. I would read an article and notice that it was telling the story of my experience (Madness) by telling it through the cultural narrative of poverty (my research interest). At first, this was happening in my more anecdotal readings of the physical newspaper in my spare time. In my new fascination with this topic however, I began to specifically search for articles in on-line search engines where I used the key-words of 'mental health' and 'poverty' and my collection grew tremendously. I surmised that there was definitely an actionable collective narrative at work within this data set so I continued on until I further decided I needed something *even more* tangible to see if this were true of other everyday texts. This is when I decided to engage with my second set of data, the mental healthcare programming information packages to see if this narrative could also be found within another public medium, which I will describe in more detail shortly.

I did not limit what I included to these newspapers and time period, however. Several great pieces were also recommended to me from other North American newspapers dating as far back as 2008. I set my research parameters when I originally proposed and was approved to do this research but as I collected more and more articles, I came across articles like those that date as far back as 2008 that were useful primary resources. I also made use of newspapers other than the *Globe and Mail* and *Toronto Star* because the story of Madness and poverty were being addressed at an even more local level than a city-wide newspaper, helping me understand the intricacies of neighbourhoods I was not from. These other newspapers were recommended to me



in that I had interested neighbours and friends who found articles on the topic as I explained to them what my research was about. I therefore chose to include these articles because they deepened my understanding of the topic at a more local and historical level. Accordingly, the bulk of my research findings come from the *Globe and Mail* and *Toronto Star* from the time period of 2012-2016, although there are a few pieces that I have included from outside of these data parametres.

The second half of my data is a collection of mental healthcare programming information packages made available from three chosen neighbourhoods in Toronto, and City of Toronto as whole<sup>31</sup>, which I collected to better understand the narrative of mental health as telling the story of poverty. For, newspapers are a voice of the collective and tell us that Madness is an indicator of poverty. Thus, this second set of data was collected to glean some insight as to whether this is actually happening. Given that collective stories come from an already available image or “refraction” of our culture (Quayson 2007), I am curious where this story comes from and if, in turn, this story is having an impact on individuals with Madness who live in poverty. I want to bridge theory and practice by attempting to look at the second half of my research question: Do collective attitudes about Madness affect access to mental health programming? I am interested in this because I think it reveals two very curious phenomena: 1) The latter part of the question demonstrates the real-life consequences of our collective narratives; and 2) These real-life consequences of access to mental health programming tell us even more about the story of Madness and poverty. Because the newspaper narratives follow the story of poverty as something that can be explained by having mental health issues, does someone living in poverty who is diagnosed with a mental health disorder *actually* have adequate access to mental health programming or does such a narrative get in the way of that access? In other words, I looked at mental healthcare programming information packages from high-poverty neighbourhoods in Toronto to ‘see’ what stories they are derived from. Recall also from Chapter 1<sup>32</sup>, these mental healthcare programming information packages are the literal information given to prospective clientele who come into these clinics in search of their services. This set of data is therefore another form of text being used to convey to the general public what Madness and poverty ‘is’.

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<sup>31</sup> For location map, see Appendix F.

<sup>32</sup> See p. 16 of this dissertation for a fuller description of this choice of medium.

### 3.3 Procedure

In addressing these areas of interest, I will analyze how disability is being conceived of (specifically, at the site of Madness) and how the narrative of Madness and poverty are actually at work in their life-world<sup>33</sup>. The neighbourhoods where I collected information packages from are high-poverty neighbourhoods in downtown Toronto, and City of Toronto as a whole. The City of Toronto in Ontario, Canada is an amalgamated city made up of sections that contain the smaller neighbourhood sites I will describe<sup>34</sup>. The smaller neighbourhoods that are the sites of my research all fit into the boundaries of the amalgamated city limits. Geographically, I chose the sites I did for two reasons: 1) Toronto is where the newspapers from my first set of data are from; and 2) A glimpse into three of Toronto's high-poverty neighbourhoods informs my work about the story of poverty in Toronto from a front-lines perspective. The first of the smaller neighbourhoods I went into was Lawrence Heights/Manor in north Toronto<sup>35</sup> as I already did research in that neighbourhood as a Research Assistant on the Anti-Poverty Community Organizing and Learning (APCOL) project<sup>36</sup>. Having spent one year involved with the APCOL project, part of that work was as a Site Coordinator for its survey research that went on in Lawrence Heights/Manor<sup>37</sup>. I therefore draw upon my Lawrence Heights/Manor experience in having visited their various mental health programming centres and collected information packages to illustrate how Madness is being enacted as I was witness to it in my work on the

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<sup>33</sup> Here, I am using "life-world" as brought up in Chapter 2, as van Manen's (1990) phenomenological way of describing how every individual participates in their own life through the lens of a worldview. Hence, 'my life' and the world 'out there' are always interconnected – a "life-world".

<sup>34</sup> See Appendix F for City of Toronto sections and boundaries.

<sup>35</sup> See Appendix C for location map.

<sup>36</sup> APCOL was a Social Sciences and Humanities Research Council-funded (a body of Government of Canada), multi-level project that explored how "poverty emerges, and how citizens can self-organize, struggle and create positive change in their communities and economies" (Sawchuk & Simpson 2009, p. 9). As the title of the project suggests, in essence, APCOL was trying to understand how high-poverty neighbourhoods come together through self-organizing and learning practices to try to fight poverty. To undertake this research, the project had a survey that asked both qualitative and quantitative questions of random respondents from eight sample high-poverty neighbourhoods in Toronto. I worked for a year on this project and gleaned some personal insight into the 'workings' of Madness within the discourse of poverty through many of the answers I was exposed to within the data from these surveys. My connection to this project was an interesting place to re-visit how Madness is *actually* being enacted within high-poverty neighbourhoods in Toronto.

<sup>37</sup> Because APCOL was a community-university research partnership (where three universities and multiple community agencies were involved in the culmination of this work), a big part of the uniqueness of this research was having people from each community trained and conducting the survey. As a part of my work on this project, I helped to train and coordinate the community researchers in Lawrence Heights/Manor. Accordingly, I utilized my knowledge of this community to attain program information for my own research.

APCOL project. The next two of the smaller neighbourhoods that I collected information packages from are in Toronto's downtown: West-end, in Parkdale<sup>38</sup>, and in the east-end, Moss Park<sup>39</sup>, because these two areas are well-rounded with various types of mental health programming. There are also many types of identity-specific programs (e.g. programs for women-only, Aboriginal peoples, etc.) so I felt I could gain a fuller understanding of the context under which the story of Madness and poverty coexist. I lastly chose to collect information packages from City of Toronto<sup>40</sup> as a whole in order to take the lens out a bit and 'see' what is happening in the collective experience of this city.

The goal of bringing these two sets of data together is to reveal the real outcome of narratives within our culture in terms of what we become able to see by attending to them. By pausing with the large-scale newspaper narrative of Madness being a factor in poverty, and then examining information about mental health programming made available to people from high-poverty neighbourhoods, my research attempts to 'see' if these two narratives actually affect one another and perhaps, how they are generated and continue to reproduce *together*. As already mentioned, but worth noting again, one of the key things that we will notice from this research is how narrative both comes from and *is* culture. My doctoral research therefore demonstrates the phenomenological understanding that "one's own experiences are also the possible experiences of others" (van Manen 1990, p. 54) through hands-on material made available to consumers/survivors (for the personal experience) and a newspaper analysis (for the collective representation) to show us how the I and We work in a semiotic relationship.

Returning again to my use of the Interpretive Sociological lens, the goal behind bringing these two sets of data into conversation with one another is to open up a space to think about the possibility of a shared narrative that mediates both the collective and individual experiences of Madness and poverty. That said, the ethnomethodological and phenomenological approaches of

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<sup>38</sup> See Appendix E for location map.

<sup>39</sup> See Appendix D for location map.

<sup>40</sup> See Appendix F for location map.

Interpretive Sociology remind me that I am always taking into account the settings (Smith 1999) and individual positionalities of the medium. Thus, although Interpretive Sociology has taught me to listen to the I and the We within shared narratives, my work still cautiously approaches the data utilized, for it can always contain its own biases and the agenda of both the writer and the reader. Accordingly, the epistemology and methodology I make use of in this research still takes into account the need for conventional notions of my analysis being objective, valid and reliable (as found in the positivist Sociological tradition<sup>41</sup>). Nevertheless, my work does depart somewhat from these empirical notions because it has to. Even though my data and literature are cited properly, I do not have an entirely objective stance (based on my own experience with Madness) which means that I am inextricably linked to the semiotic relationship between the data sets that my research illustrates.

### **3.4 Analysis**

Because I worked with two sets of data, there are two sets of textual analyses used in this study. The first textual analysis was of 20 newspaper articles I collected (out of 79) to understand the link between ‘mental health’ (Madness) and poverty. I chose the 20 newspaper articles I did as my primary sources because they were the most prevalent in highlighting this link. These 20 articles consistently told the story of Madness and poverty to explicate the themes I will describe below. Although all 79 articles did somehow make mention of both ‘mental health’ and poverty, their link to one another was not always evident. Thus, I chose the 20 newspaper articles I did because through the themes (or stories) they were describing, Madness and poverty were always intertwined. My analysis therefore consists of drawing out the connections being made between mental health and poverty, and working to better understand this through the literature that has been reviewed for this dissertation. I do so by ‘looking’ at Madness and poverty working

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<sup>41</sup> As I made reference to in Chapter 2, although my work looks through an Interpretive Sociological lens, I do not dismiss the positivist roots from which this method came from (see footnote 16, p. 31 and footnote 19, p. 32 of this dissertation). While I do not make use of an empirical methodology, I still see the value in the positivist traditions such as those described above. Therefore, I note here that I have done my best to remain as cognisant as possible of the need for my work to be objective, valid and reliable. I do so by citing everything accurately and supporting my critiques with the relevant literature. I admit that this may not be entirely objective, as my experience has mediated this work, but it is reliable and valid such that my own biases and trustworthiness come from my engagement with the primary and secondary sources I cite and discuss.

together to produce a narrative of ‘trouble’ and the call for social recognition in the following 6 areas:

1. Crime/Policing
2. Racial Issues/Immigration
3. Addiction
4. Homelessness/Housing
5. Politics
6. Community Development/Awareness

I chose these themes based on their continued prevalence within the 79 articles and because of the mode by which these stories all utilized the Madness and poverty narrative as a vehicle to propel the story at hand. Although there were many more themes that emerged from this set of data, these 6 themes gave the most explicit examples that engaged me with the topic.

The second set of data that was analyzed is the mental healthcare programming information packages that I collected from my four sample neighbourhoods (Lawrence Heights/Manor<sup>42</sup>, Moss Park<sup>43</sup>, Parkdale<sup>44</sup> and City of Toronto<sup>45</sup> as a whole). As mentioned in Section 3.2 of this chapter (on p. 48 of this dissertation), I chose this second set of data to see if the link between ‘mental health’ (Madness) and poverty exists in other sources of collective media (in this case, through leaflet literature made available to the general public about mental healthcare programming). I wanted to explore another tangible text that spoke to my topic and picked-up on the themes I had chosen to focus on. I wanted to see what I had observed in the newspapers articles in action in another medium. Of these 20 packages, I utilized 13 packages as primary sources<sup>46</sup> because they were the only ones of this secondary set of data that spoke to the 6 themes that are the focus of my research findings and discussion.

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<sup>42</sup> For location map, see Appendix C.

<sup>43</sup> For location map, see Appendix D.

<sup>44</sup> For location map, see Appendix E.

<sup>45</sup> For location map, see Appendix F.

<sup>46</sup> To see which 13 mental healthcare programming information packages were my primary sources for this data set, see Appendix A.

Because these packages are textual, like the newspaper narratives, the text has been analyzed according to significance and prevalence of themes in relation to the first set of data (the newspapers). Of the 20 information packages I collected, I looked at the following 4 criteria:

1. Who is the audience?
2. The construction of 'poverty'
3. The production of 'trouble' (in the form of the disabled body)
4. How Madness (referred to as 'mental health') and poverty work together to produce a social narrative

Because both sets of data are textual and qualitative in nature, the upcoming chapter will take the 6 themes of my first set of data, along with the 4 criteria I used to analyze my second set of data and will be compared against my dissertation's overarching research question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming? The two data sets will be related to one another to work through this question. The results from the information packages will be analyzed in connection to the newspaper articles to explore how the narrative of Madness and poverty work together, having significance together as demonstrated through its prevalence in the newspapers, which makes an impact on the real-life narratives of mental health consumers/survivors (e.g. through access to social programs, the decision to make use of mental health programming, etc.).

### **3.5 Limitations of the Research**

I was limited in this study in that I only had the opportunity to study textual representations of Madness and poverty. I would have liked to have heard the true lived experience of Madness and poverty from those who actually live it. Although I live myself as mediated through my culture (North American society), it is still only my experience. In future studies, I would therefore recommend utilizing interviews to get the real-life narratives of people experiencing the world through Madness and poverty. A Canadian example of this where interviews were successful is in the dissertation of Elizabeth Tobin LeBlanc Haley (2017). LeBlanc Haley's doctoral research is about the experience of Madness utilizing a feminist political economy lens to understand this perspective. Much of her insight comes from the interviews she conducted

which she did with the goal of “bringing the voices and histories of people with mental illness labels to the centre of [her] work” (p. 20). She bases this goal on Kirby and McKenna’s book *Experience, Research, Social Change. Methods from the Margins* (1989), who state that, “Research from the margins is not research on people from the margins, but research by, for and with them” (p. 28). When using interviews to enact this approach, Kirby and McKenna illustrate that, “the interview is a discussion or guided conversation in which *both* the interviewer and the person being interviewed share information *and* contribute to the research process” (p. 66). The work of Mark Castrodale, another Canadian dissertation centred in Mad Studies, speaks to the importance of the interview process in that it counters “individualizing models of disability and challenge[s] the ways of dominant ableist discourses [that] construct madness” (2015, p. 150). Based on these couple of examples of interview-centred work, I see a lot of value in the first-hand perspective that kind of data provides. Still, a textual examination of this topic *did* show me that writing is not an innocent activity and that words, even from the everyday realm, hold much power and political insight so I am grateful for the data that I was able to collect in putting together this research.

## Chapter 4 Research Findings

### 4.1 Introduction to Research Findings

In the previous three chapters, I have given the rationale for my doctoral research, reviewed the relevant literature and described the methods by which this study was performed. I will now turn to the findings of my research to address my overarching research question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming? In doing so, I hope to build a bridge toward understanding how Madness and poverty are a narrative that is doing a social phenomenon of ‘trouble’ within North American culture. By examining the newspaper articles and mental healthcare programming information packages<sup>47</sup> that I have collected to do this research, I will demonstrate the ‘doing’ of text through the construction of images that are located in both the I and the We of society. As a sociologist, I will work to unpack these cultural goings-on and raise questions to think about the direction of future possibilities in this area of interpretive work.

This chapter will be divided into 6 more sections according to the narrative themes of the newspaper articles that were outlined in the previous chapter: 1) Crime/Policing; 2) Racial Issues/Immigration; 3) Addiction; 4) Homelessness/Housing; 5) Politics; and 6) Community Development/Awareness. To give a brief outline of each theme, why I chose them and how they are relevant findings, allow me to briefly outline these themes by section heading:

*Crime and Policing: Giving Face to the Senselessness of Trouble* is the title of the first theme, Section 4.2. Here I think about Madness and poverty’s intertwined story giving a ‘face’ to the seemingly senselessness of criminal trouble in our society. I look at how Madness and poverty are taken-up by both sets of data as sense-making devices to *explain* the dangers of criminal activity and policing as a form of the social organization of crime, as well as the stereotypes that get perpetuated of the criminal as something alarmingly amiss in our society.

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<sup>47</sup> Recall that these information packages are the brochures, leaflets and website information offered to prospective clients who come into the clinics I studied. For a fuller description of these information packages and their locations, see p. 16 of this dissertation.



*Racial and Immigration Issues: A Body of Discrimination* is the second theme of this chapter, Section 4.3. This research finding looks at the earlier discussion of “narrative prosthesis” (Mitchell and Snyder 2000, 2006) in discussing how embodied markers of difference, in this case racialization, are generated from social conventions that can be identified through Madness and poverty’s linked narrative. I work through this theory using examples from both sets of my data to look at how racialization and immigration issues are made sense of through the Madness and poverty narrative.

*Addiction: The Scene of ‘Double Trouble’* is the third theme of this chapter, Section 4.4. I called this section ‘double trouble’ because as social indicators of trouble, disability (Madness) and addiction go hand-in-hand. Poverty plays an enormous role in narrating the collective sense being made of addiction in Toronto. Looking at both sets of data to glean a better understanding of how Madness and poverty make sense of the stories of addiction, I question how it is that these phenomena inherently fit into this issue.

*Homelessness and Housing: A Tale of Two Cities* is the fourth theme of this chapter, Section 4.5. I suggest the issue of homelessness and housing being like that of two cities or two key locations in one uncomfortable space. To reside in this discomfort, I present how Madness and poverty illustrate that there is no easy solution to the divide of ‘the housed’ and ‘the homeless’. Although Madness and poverty are narratives that enact a reasonable response to why this divide exists, the discourse of homelessness and housing offers us an opportunity to see how these narratives can only *depict* something that we want answers for, they do not offer solutions.

*Politics: An Arena of Trouble* is the fifth theme of this chapter, Section 4.6. It offers some good insight into thinking about how we socially organize ourselves. Looking at political candidacy, local political heroes, and political language as conveyed to consumer/survivors, Madness and poverty connect the collective and individual experience of the political realm as a signal of ‘trouble’ in this sphere.

*Community Development and Awareness: A Space for Mad Pride?* is the sixth theme and final section of this chapter (Section 4.7) where I look at the ‘hot topics’ of community development and awareness as presented in the newspaper data I researched. Although these findings only presented themselves within my newspaper data, I chose to include these findings because of the

hope that they offer – hope and insight into Madness and poverty telling a social story other than trouble – as something to *learn* from and rebuild commonplace understandings.

Accordingly, within each of these sections, I will also weave in my analysis of the 4 criteria I used to read through the programming information packages I collected: 1) Who is the audience? 2) The construction of poverty; 3) The production of ‘trouble’ (in the form of the disabled body; and 4) How Madness (referred to as ‘mental health’) and poverty work together to produce a tangible and actionable institutional narrative. This narrative will be exemplified through the real-life textual examples of Madness and poverty in Toronto. Let us now turn to these findings to see how Madness and poverty perform this collective sense of ‘trouble’.

#### 4.2 Crime and Policing: Giving a Face to the Senselessness of Trouble

*Crime is that action or lack of action which in some way violates not only the moral code or the individual rights but also violates the code which safeguards the interests of the whole social group. It is entirely a social action, or better, an anti-social action. Sin becomes crime when the moral code violated has become the established code of a majority of the group.*<sup>48</sup>

This scholarly interpretation of crime is an interesting place to begin. Although this quote is not taken from my data, I find it useful as a backdrop to illustrate the topic of discussion as a social convention. Like Madness and poverty, ‘crime’ is *assumed* as a site of ‘trouble’. We inherently *know* this. Crime violates the “individual rights” as well as the “code which safeguards the interests of the whole social group”. Here, the I and the We are working together to collectively produce an understanding of something amiss through the criminal element. As a site of trouble, Madness and poverty highlight this “code” being violated. They are the story by which we *make sense* of such violations. Madness and poverty give a face to the seemingly senselessness of criminal trouble in our society.

I start at this theme not because it was the most prevalent one. Although I found several articles that detailed criminality and policing as a direct result of the narrative of Madness and poverty, it

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<sup>48</sup> This direct quote is cited from the dissertation of Philip A. Parsons, *Responsibility for Crime: An Investigation of the Nature of Causes of Crime and a Means of its Prevention*, pp. 12-13.

was not a theme that often came up as often as the others in the mental health programming information packages I collected. Still, crime is a good place to begin when thinking about the ways that we just ‘know’ the world. As I just demonstrated in the above-noted citation, crime is a taken-for-granted or everyday arena of trouble. It is just a given. What I was therefore intrigued by in collecting my data is how easily Madness and poverty *explain* what crime ‘is’.

As is emphasized by one of the articles I collected, “Every sociologist knows that poverty breeds crime” (Davis & Appleby 2011, p. M1). This article details the dangers of criminal activity happening in the Toronto Community Housing Corporation (TCHC). It is a media call for attention to some very serious issues: Murder, violence, arson and rape. In the beginning pages of the article, poverty is used to explicate where such crimes “flourish” (Ibid.) and how this ‘breeding’ occurs. The article describes these crimes as such (Ibid.):

Often dispiriting, life in Toronto public housing can be perilous: A tenant is at least four more times as likely to be murdered as someone living elsewhere in the GTA<sup>49</sup>, statistics suggest ... Few however – certainly not the police – were surprised about where the city’s 23<sup>rd</sup> homicide of the year<sup>50</sup> took place. Data analyzed by The Globe and Mail, including months of security reports obtained through a freedom of information request, show that among the 164,000 Toronto Community Housing Corporation tenants, the likelihood of falling victim to violent crime in general, and murder in particular, far exceeds that of the rest of the city’s population ... [But] safety issues extend far beyond homicide. Arson accounts for 20 percent of fires on TCHC property (second only to unattended cooking) ... After a murder on Birchmount Road<sup>51</sup>, tenants in a building on lockdown couldn’t pick their children up from the school bus; violence at 4301 Kingston Rd.<sup>52</sup> left “a large amount of what appeared to be blood” on the walls and floor; at 460 Jarvis St.<sup>53</sup> a woman was raped in an elevator lobby.

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<sup>49</sup> GTA is the acronym for Greater Toronto Area.

<sup>50</sup> The year of this article was 2011.

<sup>51</sup> Birchmount Road is located in Scarborough, a part of the City of Toronto. To see where Scarborough is located, see Appendix F.

<sup>52</sup> Kingston Road is in Toronto’s east-end, near Scarborough. It falls under City of Toronto. Again, refer to Appendix F to see City of Toronto boundaries.

<sup>53</sup> Jarvis Street is located within my research site of Moss Park. To see where Jarvis Street is located, refer to Appendix D.

When we ‘see’ the full picture of the crimes being committed in these housing complexes, poverty gives readers a means by which to interpret what is going on vis-à-vis why this is going on. In explaining the criminal behavior of Toronto’s underprivileged, a twist is then cited: “Mental-health issues remain an enduring issue for the [TCHC], accounting for hundreds of incidents each year. A 2009 TCHC report cited residents who were ‘isolated, ignored and shunned by their neighbours and staff; tenants who had committed suicide, who live in squalor, or whose mental illness had been taken over by drug dealers and pimps, or became crowded by homeless people’ ” (Ibid.). Thus, mental health makes sense of the poverty that is deemed to be the reason for the “neighbourhood’s violent history” (Ibid.). The solution? “TCHC is undertaking revitalization efforts, including one at Alexandra Park, a maze-like tangle of buildings adjoining downtown Kensington Market<sup>54</sup>, and another in Lawrence Heights” (Ibid.). Rich is the data when we pause with *how* Madness and poverty are being utilized to narrate the senselessness of these crimes. Although “revitalization efforts” are underway, what is being revitalized? A neighbourhood ridden with poverty and ‘mental health issues’. Disordered bodies and low-income housing give everyday meaning to this site of trouble (Lawrence Heights/Manor<sup>55</sup>), and the social ‘codes’ that have been violated are once again preserved.

When we think about how this moral or social ‘code’ is organized, we must also consider how it gets enforced. Policing was another theme that continued to make appearances within the newspaper articles I was reading, which makes perfect sense in terms of the cultural organization of crime. In one Parkdale article<sup>56</sup>, police are described as bridging “the gap between at-risk individuals and local community agencies” (Anonymous 19 July 2016, p. 1). This ‘bridge’ is described as identifying (p. 2):

... individuals, groups and places that are at high risk of anti-social or criminal behaviour as either victims or perpetrators. It also helps address underlying issues of addiction, mental health, unemployment, poverty, gang involvement or homelessness by directing them to the appropriate agencies. From there the agencies decide whether one or multiple agencies are needed to respond [sic] the individual or group in crisis.

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<sup>54</sup> Alexandra Park (near the Kensington Market neighbourhood) is located near the central part of City of Toronto boundaries. For location map, see Appendix F.

<sup>55</sup> For location map, see Appendix C.

<sup>56</sup> For location map, see Appendix E.

The question then becomes, who are the “at-risk individuals” and how do ‘they’ break the moral code of the group? Put another way, how do we administer the shared social phenomenon of criminal behaviour through commonplace understandings of the I (the individual who enacts what is inherently known as ‘wrong’) and the We (the collective who have organized a means to punish this behaviour)?

If we return to everyday stories as our guide into understanding such social narratives, we can draw upon examples such as the story of medicine being a dominant voice in attempting to circumscribe the human condition. Recall from Chapter 2 how the story of the *DSM-5* was one way that I made sense of ‘my Bipolar disorder’. As one of the dominant voices in our culture, medicine told me the story of who I was and what I was experiencing. Medicine bridged the I (my disordered body) with the We (my disordered body made sense of by a collective understanding of what it ‘is’ to be Bipolar). Likewise, in the newspaper articles I read and the one that has just been cited, the story of medicine invokes what it means to have individuals acting amiss – the story of medicine has also medicalized the criminal. At once we can ‘see’ that criminality is related to medical issues such as addiction and mental health, and the audience can then make sense of who the criminal ‘is’. The criminal – the ‘marked’ individual in our sociality – is one who suffers their difference from the norm in being narrated by the story of Madness. The police are therefore, the means by which we can *makes sense* of how to organize the criminal as a medicalized individual. The article appeals to its readership to entrust the police to do this as such (Ibid.):

[This] initiative, which aims to reduce crime and victimization, is built off of a model that’s been in place in Rexdale<sup>57</sup> since 2013 ... The police’s 14 Division<sup>58</sup> and the Parkdale community were chosen for this initiative because of the amount of services available to help the at-risk population in the area ... One of the main

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<sup>57</sup> Rexdale is a neighbourhood in City of Toronto’s north-west end, above Etobicoke. For location map, see Appendix F.

<sup>58</sup> This police division is located just outside of Parkdale in the City of Toronto on Dovercourt Street. This police division services the Parkdale area. To see City of Toronto boundaries, refer to Appendix F. To see the neighbourhood of Parkdale, refer to Appendix E.

concerns brought up in [a] meeting from agencies in attendance was the issue of wide spread distrust of police in some communities and how the initiative plans to confront it. The answer, [Officer] Smith gave was simple: building trust through strong community relationships. “We understand that some agencies might be distrustful of police, we know that. But the experience in Rexdale and Scarborough<sup>59</sup>, at least amongst the agencies, [sic] that distrust has been replaced by trust,” he said. “With time they realized we’re being generous and we’re just trying to help people, not arrest people. We just want to be a part of the solution, which is helping connect people to support (teams and systems in the community).”

The police are a vehicle by which we can make sense of what to do about criminal behaviour. They are the means by which we collectively interpret how to organize and enforce “solutions” in the fight against crime. In this article’s appeal to trust the police in the officer’s quote of how they are “just trying to help people, not arrest people”, we are once again brought into the dominant discourse to help the police help us by marking the criminal such that they are brought to the appropriate services for at-risk individuals. What remains *undiscussed* however, is how Madness is being used to make this appeal. Because readers already ‘know’ Madness as a phenomenon amiss in our society, the police are able to appeal to our collective desire to erase any cultural misbehaviour in rooting the criminal within an understanding of the criminal requiring medical intervention. What has been overlooked then, is the means by which Madness (in medicalizing the criminal) propels the narrative of criminality in terms of how to ‘manage’ it.

Building upon this further we see that poverty too, is a related rationale for the cultural anomaly of criminal behaviour. As has been suggested thus far by this dissertation, where we find Madness, poverty is regularly intertwined into its story. Although the above noted article further cites agencies as being required to determine if police are needed to “respond” to the crisis of a criminal (Ibid.), recall that these agencies are those that serve the unemployed, impoverished, gang affiliated or homeless (Ibid.). All of these groups are markers of poverty and like Madness, and they too, explicate how certain individuals require social intervention as they are ‘at high risk’ of breaking the cultural convention of laws. Poverty and Madness illuminate who are the markers of risk (the criminal), what kind of risk-management is needed (the police), and what it means to break such social codes (the law). My interest in Madness and poverty narrating stories

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<sup>59</sup> Scarborough is a part of the amalgamated City of Toronto. For a site map, see Appendix F.

of crime and policing comes not from finding solutions to criminality but in *how* these phenomena are incited as markers of something amiss within North American society. Madness and poverty are a means to give reasoning to some very unreasonable acts. Although we are fascinated with crime as a society, we listen to its stories but then turn away from it in horror. I want to pause with these stories and attend to what these narratives are actually busy doing, not to offer solutions to crime but to unpack where stigmatizations are born and what this means in terms of *how* we create knowledge about the ‘marked’ members of our social whole. For, as Dorothy Smith (1999) reminds us, “activities occur in settings and cannot be treated independently of them *and* that settings themselves are constituted as settings through members’ activities” (p. 146). Recall from Chapter 2 (p. 34 of this dissertation) that Smith suggests this as her sociological observance of language. The action of language is *always* facilitated by and for its ‘setting’ (or ‘audience’). Thus, although we turn away in horror when we hear yet another media story about the criminal, we can relate to this story because we are not independent of these actions. By virtue of our participation and location in the social, we become inextricably linked to the crime. But the social act of crime is too insidious to exist without reason so the ‘setting’ requires a sense making device. Madness and poverty ‘do’ this for the audience. When we pay close attention to the language of the setting, as Smith recommends, we can pay closer attention to how the criminal is being ‘done’ and where the roots of our social stereotypes come from.

In another Parkdale article, a call for a “mental-health strategy” is deemed as necessary for “low-income Ontarians with psychiatric problems” who are described as a “disproportionately criminalized and incarcerated” group (Anonymous 27 March 2015, p. 1). In essence, Madness and poverty are being utilized to explain the “disproportionately criminalized and incarcerated”. Given that medicine is one of the dominant voices of disability and embodied disorder, what is the rationale for including poverty into the discussion? Money. Money matters in a capitalistic society such as North America. The monetary call is for more funding to legal-aid clinics around the city that service low-income clientele with mental-health issues, including those in Parkdale (Ibid.), used to overcome their leap into the criminal realm. Money matters in these stories because it proposes a solution to the fight against crime. The appeal is delivered to the reader as such (Ibid.):

[John McCamus<sup>60</sup>] said he would stretch Legal Aid Ontario's budget to deliver more services – local offices in every courthouse, a toll-free help line offering up to 20 minutes of legal advice, mediation for divorcing couples and a network of family-law info centres. He did. He said he would strengthen Ontario's 76 community legal aid clinics. This month, Legal Aid Ontario (LAO) announced \$4.2 million in new funding for the clinics in greatest need. "This year's investment is an important first step in LAO's strategy to expand financial eligibility, access to justice and clinic law services across Ontario," McCamus said. "Ontario's [legal] clinics are the foundation of poverty law in this province and we are committed to helping them." The overworked lawyers who run those clinics – once his fiercest critics – are starting to come around. Lenny Abramowicz, executive director of the Association of Community Legal Clinics of Ontario, who accused LAO of overlooking "the poorest and most disempowered clients" five years ago, greeted McCamus's announcement with unreserved praise. "With these resources, community clinics will be able to provide more services to more of the most vulnerable people in our province," he said. "This new money is an important step along the road toward increased access to justice and poverty reduction here in Ontario."

Similar to the prior policing example, the appeal to the reader here is to collectively think about how to manage criminality through an expansion of legal-aid services in Ontario (with Parkdale being cited as one area in Toronto where clinics will receive funding<sup>61</sup>). The appeal is to our collective and individual understanding that more money will 'fix' criminal behaviour, in that it will provide more access to legal-aid clinics and therefore, information and rehabilitating services. But, like Oliver (1990) suggests in opposition to the Individual Model of disability, we cannot simply treat, manage and erase disorder if we are ever going to understand its presence. The qualifying link that engages readers with the good that this new funding to legal-aid clinics will do is making sense of this clientele as criminals, as "vulnerable", as people with mental-health issues, and as "the poorest and most disempowered clients". Thus, the reason we cannot treat, manage and erase the disorder of criminality emerges when we attend to how articles like these represent crime. It is through the sense-making devices of Madness and poverty that we re-present these ways of living as wholly problematic (and not as something to learn through, for example). Perhaps then, we can do better in understanding the presence of Madness and poverty within such narratives by identifying what is actually being 'done' through their usage.

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<sup>60</sup> John McCamus has been the Chair of the Legal Aid Ontario Board of Directors since July 2007. He was reappointed for another two-year year term in September 2016.

<sup>61</sup> See 27 March 2015, p. 1.



Another article about Moss Park<sup>62</sup> speaks to this ‘doing’. It is the story of a homeless man who “suffered with some form of mental illness and ended up beaten to death in a Toronto park” (Anonymous 21 April 2008, p. 1). The article describes this criminal act as such (pp. 1-2):

The trial of three army reservists charged in the death of Paul Croutch ended after two of them pleading guilty to manslaughter. By plea bargaining, the Crown<sup>63</sup> betrayed the official distaste for disgracing the image of the military. This was a senseless and brutal crime against Croutch, an innocent homeless man who was asleep when the reservists began to beat him. If this case involved the beating of a prominent person, I don’t think the charges would have been reduced. And does the fact that the men were under the influence of alcohol make them any less responsible for their actions? It’s been said a society is judged by how it treats the least fortunate among us. This case has shown that we are failing as a society. The weight of the law should have been brought to bear on the men who beat Croutch to death.

Of this “Moss Park killing” (p. 1), the article goes on to describe how this act was “extreme hatred toward the poor ... [which] speaks about all of us. Young men, given military training to serve in the defence of this country, hyped with a bit of booze, vented their extreme displeasure not at the injustice of poverty but at its product” (Ibid.). To use the words of the author, this “senseless and brutal crime” is made sense of through an understanding that the victim suffered “mental illness” and as a homeless person, represented some of the extreme poverty in Toronto’s Moss Park. The senselessness is questioned of the reader in trying to understand how we could fail Paul Croutch in that his murders got a reduced sentence. But, this failing is explained as the hatred not of how unjust poverty is, but of its “product” (Paul Croutch, a mentally-ill, homeless man). Thus, we have sense making devices (Madness and poverty) to once again, give reason to why such acts would even occur.

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<sup>62</sup> For location map, see Appendix D.

<sup>63</sup> The Crown is the attorney that represents the Crown (the court charging the accused) and acts as prosecutor in proceedings under the Criminal Code in Canadian (and likewise, provincial) criminal trials.

How is it however, that like Madness, poverty is inextricably linked to crime (and its acts) and tells its story? *How is it* that we just ‘know’ crime to be rooted in and around poverty? Unlike the articles, the programming information packages do not bring up the criminal element. But, they do speak to poverty and the fight against discrimination based on being a ‘marked’ individual like the criminal. One information package from *Progress Place* (City of Toronto<sup>64</sup>) in particular, speaks of providing employment, education and housing programs to those members who were told “they would never work again” (Package # 18). Madness and poverty come alive in this package as key ingredients of a recipe of the intelligibility of the ‘criminal world’ because those with a criminal records have some of the most trouble securing employment and accordingly, also fall short in acquiring the basic necessities of education and housing. In this same information package, the audience is “people living with mental illness” (Ibid.). Thus, the construction of poverty is made inherent in that this clientele was often told “they would never work again” and the ‘trouble’ is that they are deemed unemployable because of mental-health issues. The social narrative being produced by these small excerpts from a brief brochure detailing these programs in point form is one where Madness and poverty explain what it means to be that ‘marked’ person. Criminal behaviour, whether it is the act of or the criminal themselves, is an example of the ubiquity of Madness and poverty within our social narrative. Because the criminal is a marked person, they may “never work again”. They are not deemed as productive within the social strata where money equals productivity. To live with Madness or in poverty inherently explains the narrative of under-productivity – it gives meaning to the marked person and acts of “extreme hatred toward the poor”, as noted in the previously cited story of the “Moss Park killing”. On the one hand, we can ‘see’ the complication of the matter: That Madness and poverty can play both the perpetrator and victim in these stories. On another hand, we *dismiss* this complication and allow anyone from these categories to be erased in one brushstroke. The “Moss Park killings” were because of “extreme hatred of the poor” and the target was a man with “mental illness” (Anonymous 21 April 2008, p. 1). For this crime, we are given motive. But, in having motive we only construct the ‘why’ these killings took place which negates the *how* we came to this resolve in the first place. It is a collective move whereby we are all taught the moral code, uphold it together, and then as we read these articles on our own, we

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<sup>64</sup> For location map, see Appendix F.

maintain the collective thought. The same holds true for the programming information package just cited. We can *assume* the criminal to be ‘mentally ill’ or ‘unemployable’, like those who are the audience of these packages, because they all share the same demarcation – disorder.

Disorder of the mind, disorder of the body, disorder of behaviours. Packaged in this way, it is all a violation of the collective moral code which we are inextricably linked to. For, as Arendt (1958) again reminds us, we never do ourselves alone. We are individuals who ‘know’ ourselves amongst the collective thought, and by virtue of this, we are always upholding the moral code of laws because it is a means by which the I and the *We do* our everyday living.

The social narrative of Madness and poverty demonstrates some complicated challenges in our social realm when we think about its link to crime. One challenge is that this link highlights who the criminal is. In a culture that wants to identify those who are ‘marked’, Madness and poverty locate criminal behaviour in social elements that are inherently amiss. To return to the literature of Disability Studies, recall Quayson’s (2007) analysis about embodied representation as a “refraction” of our culture. Quayson describes this ‘refraction’ as, “dominant protocols of representation within the literary text [that] are short-circuited in relation to disability” (p. 15). This refraction can therefore be understood as the location of something amiss in our society utilizing ‘disordered’ representations to deflect that this is actually being done. It is a ‘refraction’ because such representations illustrate deflection rather than acceptance of disability into the collective understanding. In other words, we mark the embodied representation with difference and work to fix or erase it. This is the cultural norm. But, as suggested in the very first pages of this dissertation, I want to try to think about disability in an *unconventional* way. Thus, when we think about the representations that Madness and poverty are, we can see how the criminal is this refraction. When we read about a criminal and want to glean an understanding of who they are, Madness makes sense of this and provides a social location to slot this refraction into. Poverty, too, is being used as a banal representation of something we wish to erase from our culture. Albeit, poverty is not a place that one wants to reside. Still, my work is not about curing our social disturbances, it is about *questioning* their representations as markers of abnormalcy that we ignore or leave unnoticed. Delving deeper then, into who the criminal ‘is’, they are people touched by Madness and poverty in some way, according to my data. Each story about the criminal details how such marked people come from neighbourhoods like those that this research

focused on, where “mental health counselling” is needed (Vincent 2010, p. G8) and “employment resources” are scarce (Ibid.). In areas around Toronto “that face challenges with crime, poverty or unemployment” (Ibid.), and in this citation, from the area of Lawrence Heights/Manor<sup>65</sup>, the criminal is someone who is described as coming from neighbourhoods like Lawrence Heights/Manor where “there is tremendous poverty” (Ibid.). Accordingly, the criminal has been represented as intimately linked to the story of Madness and poverty because *then* we can make sense of this marked person who commits social injustices *because of* these socially troubling identifiers.

These ‘identifiers’ or *representations* of the criminal do not stop at who she or he is. The story of Madness and poverty secondly tell the story of the victims of crime. In another Parkdale<sup>66</sup> article, “a string of violent attacks” are described (Agrell 2011, p. M1) and their victims are named as such (Ibid.):

The unprovoked brutality of [these] crimes, which happened on the same isolated one-way street, targeting the same type of victims, made Victor Willis, PARC’s<sup>67</sup> executive director, wonder if the perpetrator had passed through his doors, one of approximately 3,000 clients with mental-health issues who have sought help through the centre during the last 18 months ... Since Jan. 4<sup>68</sup>, six attacks have taken place near the intersection of King and Jameson<sup>69</sup>, including one this week. Two were caught on surveillance tape and another, on March 18, resulted in Mr. Wass’ [one of the victims] death a few days later. In each case, a man with his face covered by a balaclava or scarf has rushed at his victims from behind, leveling them with a fierce blow proceeding to kick and punch them remorselessly, without stealing a thing. Three [victims], including Mr. Wass, were residents of a boarding house on Maynard Avenue<sup>70</sup> occupied by people suffering from mental illness. The other three [victims] lived at a rooming house occupied by low-income residents, directly across the street.

Of these same attacks, another article similarly details that this crime was “targeting people with mental illness” and that the situation had “created anxiety across Parkdale, home to many of the

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<sup>65</sup> For location map, see Appendix C.

<sup>66</sup> For location map, see Appendix E.

<sup>67</sup> PARC stands for the Parkdale Activity Recreation Centre.

<sup>68</sup> The year of this article is 2011.

<sup>69</sup> This intersection is in Parkdale. For location map, see Appendix E.

<sup>70</sup> Maynard Avenue is in Parkdale. For location map, see Appendix E.

city's neediest residents" (Alamenciak & Appleby 2011, p. A14). Thus, Madness and poverty tell the tale of the victims in these two articles in that they help us make sense of 'why' such terrible acts could occur. Even when Madness and poverty are now the victims rather than the perpetrators, they are continually utilized as those 'refractions' of our culture. Again to echo Quayson (2007), something has "short-circuited" within the literary text in relation to use of the disabled or 'disordered' body and we now have a reasonable representation to work with. Whether Madness and poverty are committing the offence or themselves being violated, *disorder of representation* is hard at work within these texts giving probable cause to its audience and in turn, being an everyday sense-making device. Thus, Madness and poverty serve as examples of *how* we make this sense. Put another way, Madness and poverty are the narratives that *do* the meaning behind the criminal realm in these stories because they are tangible and readily-available marked characters within the dominant discourse of our sociality.

A third and equally important challenge when considering Madness and poverty's link to crime is in the organization of crime itself. Returning to policing, there is a call for better services in the "handling of the mentally ill" (Humphreys 2015, p. A8) due to "violence, poverty and fear" amongst neighbourhood residents (Ibid.). This call for better services is described of 51 Division, the Toronto police designation for the area of Moss Park<sup>71</sup> and Regent Park (Ibid.). Of this call for better service in "handling of the mentally ill", better policing of 51 Division is described as such (Ibid.):

"We're not rushing around from call to call, trying to keep up with everything that is going on," says [Officer] Crawford, 50, who joined the [Toronto Police] force after an unsatisfying career in banking. "We're interacting as closely as possible with residents. Policing has evolved and working with the community has become such an essential part. The loss of trust through the years is something that we have to work hard to get back and this is a really essential way to do it." Often this means her job looks more like social work and addictions counselling than policing. But "it's policing if it reduces our calls for services," says [Captain] Byrne [the Police Captain of 51 Division].

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<sup>71</sup> For location map, see Appendix D.

Once again, the reader is asked to entrust the police to protect us against criminals. If it “reduces our calls for services” it means, the criminals are off the streets and Madness and poverty are again being managed – this time by better policing. When we think about how we socially organize ourselves, better policing is the obvious solution to keep crime rates down. But again, my interest with this data source is in *how* Madness and poverty tell the tale of keeping crime rates down through better policing. The tale of how we enforce the shared moral code includes Madness and poverty in order to give reason or representation as to ‘why’ we need better policing. ‘Why’ we need better policing is self-evident but how we *do* this call for police enforcement is something that is less obvious. When we think about the “handling of the mentally ill” and the “violence, poverty and fear” (Ibid.) that demand stronger policing, what is actually at play here? Again, Madness and poverty are being utilized as representations of that which is erroneous within our society. This poses a challenge to readers because, like the last two examples, the disordered mind (Madness) and financial positionality (poverty) are being used to *explain* the criminal element and are thus, affirmed as an everyday problematic. The challenge is to therefore, to *recognize* what is being *done* by perpetuating these stereotypes. To reflect once again, on the description of this given by Simon Cross in Chapter 2, “stereotypical conceptions [make] it clear how madness is seen: as *visible differences* of appearances and behaviour, which demarcate a symbolic boundary between ‘us’ and ‘them’ ” (2010, p. 131). The “boundary between ‘us’ and ‘them’ ” becomes glaringly obvious when we attend to the discussion of Madness and poverty’s representations so far. We can easily see the boundary that enforces stereotypes, but the challenge for readers is to pay closer attention to where the stereotypes are being generated. The everyday discourse of text cannot be dismissed as something that is casual and inherent – it is a very purposeful act. When we write down our individualized and in turn, collective thoughts, the I and the We work together – in this case, to propagate social deviance – which has detrimental affects on any such marked group. I will address these detrimental effects in my next chapter. Let us now turn to another such example of my research findings that exemplifies this mundane and yet, powerful ‘doing’ of trouble in our culture.

### 4.3 Racial and Immigration Issues: A Body of Discrimination

Trouble, as it has been described so far by this dissertation, is a social phenomenon that exists based on its ‘known’ quality as a marker of abnormality or ‘difference’. Racial and immigration issues are another theme that emerged within my data that speak to the ‘doing’ of difference. Recall Mitchell and Snyder’s (2000) discussion of “narrative prosthesis” from Chapter 2 (pp. 24-26 of this dissertation). As a theoretical understanding that questions the supposedly naturalized conventions that are disability, racial and immigration issues are yet another story that highlights these conventions whereby Madness and poverty are the ‘narrative prostheses’ of how these tales are constructed. Where one body of discrimination is being described (acts of racism), *other* bodies of disorder (Madness and poverty) are being applied to tangibly act out such narratives.

In one newspaper article detailing the death of three youths shot in City of Toronto<sup>72</sup>, it is illustrated that (Gee 2013, p. A12):

Street violence is taking a tragic toll on black men and boys in this city. Both as victims and as perpetrators, they are caught up all too often. If you pick up the paper or turn on the computer after reports of a shooting, stabbing or violent robbery, chances are the face staring out at you is black. Pockets of the city where unemployment and [high school] dropout rates are high, where many sons grow up without a father, where gangs and guns are all around, have become dangerous traps for what social workers call at-risk youth. More often than not, they turn on each other. Black-on-black violence is a disfiguring stain on the face of the city’s multicultural success. It is an uncomfortable truth that, as a welcoming and liberal city, we prefer to ignore. The political class won’t talk about it for fear of being labelled racist. The media are almost cowed.

This street violence is debated as a racialized issue, but in doing so the article twists and cites one of the *Globe and Mail*’s reporters, Sunny Dhillon, as observing that Toronto’s violence is, “... not a black problem. It’s a societal and community problem, with roots in poverty and mental-health issues” (Ibid.). The narrative prostheses come to come to life in these couple of excerpts of text. Racialization, another example of difference from the white, dominant culture in North American society, is another complicated ‘doing’ that screams for explanation. To

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<sup>72</sup> For location map, see Appendix F.

equate street violence to a racialized group would be an implied act of racism, as noted in the first excerpt (Ibid.). And yet, the conventional move to name it as Madness and poverty gives *reason* to these acts of violence. As a reader, we think we see the “roots” of the problem (to borrow from the above excerpt). Racism and in turn, the discussions of street violence, are made *sense of* by conjuring up images of trouble through Madness and poverty.

In another article, the same narrative move is made in describing Black Daddies Club, a mentorship club for single black fathers, also in the City of Toronto. The article appeals for the need of this club by stating, “Poverty crosses colour barriers so [Black Daddies Club is] just about finding guys to connect with” (Mills 2011, p. A11). Although the members of this club feel connected because of their experiences with racism and fatherhood, poverty gives them yet another inextricable link to each other and propels the rationale behind such a club. The article states that another key reason for the club is to recognize various issues surrounding mental health difficulties (Ibid.). The membership and premise of the club are detailed as such (Ibid):

Other cultures are welcome, but the priority is black fathers. There are topics of discussion that are across the board. Last week, we had guys who are white, Hispanic, Indian and black and the conversation flowed effortlessly ... The things that come up are police brutality, knowledge of self and and feelings of isolation. Like myself, others may have grown up with a single mom or grew up with dads but didn't have connection with them. Now these guys have youths themselves and they don't know what to do as fathers. This year we're trying to focus on civic, education and health issues. At the picnic [one of the club's annual events], we'll have a speaker about diabetes and prevention. A lot of fathers are stressed because of employment or having a kid going to postsecondary and not knowing where the money is coming from. The other piece is mental health in the black community.

Thus, the connections made through the Black Daddies Club operate under the already understood stereotypes of Madness and poverty. Madness and poverty are known ‘trouble’ and give meaning to the alienation felt by members of racialized communities (in this case, the black community). Having mental health issues and being from a low-income living environment *explain* the heart of such issues. Still, this ‘explanation’ illuminates yet another gap within this discussion. How is it that we just ‘know’ Madness and poverty to be the roots of trouble when



having a textual discussion of racial issues? *How is it* that these stereotypes of Madness and poverty engage our taken-for-granted understandings of racialization? I want to unpack these questions further by thinking about another area of this data theme, immigration.

Immigration and racial issues were a dominant theme when I compared the newspaper articles with the programming information packages I collected from various mental health centres around the city. Recall from Chapter 1, *World Colliding: My Madness Meets Itself in the News Media* (Section 1.2, pp. 14-15) and *Services Tell the Tale* (Section 1.3, pp. 15-16), it was when I took notice of ‘my Bipolar disorder’ or ‘my Madness’ narrating various newspaper topics that I then endeavoured to ‘see’ it in action in the mental healthcare programming information packages. Immigration was one of these topics that caught my attention from the get-go. In another City of Toronto article entitled, *The Good Life?*, the “healthy immigrant effect” (Anderssen 2012, p. F4) is explored and gives rise to some very questionable rationalizations. This “effect” is described as such: “Newcomers to Canada arrive fit as a fiddle, having been screened by Canadian officials to make certain of it ... But within five years, their rates of mental illness rise to match those of their Canadian-born neighbours. After that, the rates get worse” (Ibid.). There is a call to take a “hard look at why the mental health of immigrants – people resilient and ambitious enough to have make [sic] the journey in the first place – crumbles” (Ibid.). This call is cited as a need to look at the “higher rates of poverty, unemployment (or underemployment) and housing problems plus a lack of social supports” for immigrants (Ibid.). Of this, the article goes on to suggest (Ibid.):

Addressing these social and economic realities is a key step, but so ... is promoting positive mental health – providing culturally sensitive services and community-based programs, ensuring that patients have interpreters when they visit family doctors, who can focus on prevention, specifically teaching positive mental health in schools.

According to these excerpts, what does it therefore mean to live ‘the good life’? What defines ‘good’? Certainly not trouble or the problems that the reader is being asked to imagine and take a ‘hard look’ at. Again, this ‘trouble’ is ultimately rooted in, and takes shape in, the form of

Madness (through mental health issues) and poverty (through employment difficulties). By virtue of our location within a preexisting life-world<sup>73</sup>, the social invites individual readership to make sense of this trouble through already stigmatized bodies of knowledge – bodies of *known* discrimination – Madness and poverty. Madness and poverty serve the purpose of highlighting abnormality among the described Newcomers to Canada. In doing so, we participate in locating the characterizations of Madness and poverty as intrinsically and wholly problematic. The challenge then for readers, much like those described of crime in the previous section of this chapter, is to ‘see’ the work being done in characterizing Madness and poverty as simply problematic. Where Madness and poverty make appearances, we must collectively and individually pause with what is being ‘done’ in these appearances. To again return to the work of Disability Studies, Rod Michalko (2002) suggests that to attend to the ‘work’ of appearances is to “interrogate the process of identity formation and the social and political significance of our stepping into our identities” (p. 5). Thus, in thinking about how Madness and poverty do taken-for-granted understandings of racialization and immigration, the impetus is to “interrogate” the “social and political significance” of these identities. Put another way, I want to reside with these appearances to understand how Madness and poverty have such political cache when in the same blush, there exists this paradoxical desire to erase them both.

Looking at two more articles that discuss immigration in relation to development within “priority neighbourhoods”, these areas of Toronto are ‘prioritized’ based on their “problems” and need for more funding (Anonymous 2 October 2013, p. 1). These ‘problems’ are depicted as such (Ibid.):

For years, living in one of Toronto’s 13 “priority” neighbourhoods meant the city and United Way<sup>74</sup> were looking seriously at your area’s problems and spending millions to help. But not everybody in those neighbourhoods liked being under the microscope or having their home labelled as a place with problems. Progress in the priority districts also proved hard to measure, even after new community hubs and drop-in centres for youth had opened in most of the 13 under what the

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<sup>73</sup> Recall from Chapter 2 of this dissertation the phenomenological term of an individual’s ‘life-world’ is defined as “the world of lived experience” (van Manen 1990, p. 53). In other words, a life-world is the experience of I in the world of We or, the social realm that individuals cannot help but be a part of.

<sup>74</sup> The United Way is a charitable organization in Toronto and York Region (York Region is just outside of the City of Toronto boundaries to the north – see Appendix F for City of Toronto location map). United Way assists clientele with issues like transitional employment programs, educational supports and housing supports.

city called its Strong Neighbourhoods Strategy. Now<sup>75</sup>, the city is close to relaunching the strategy based on Neighbourhood Improvement Areas, or NIAs, which might or might not include the same “priority” areas as it chose back in 2005 ... In 2005, the city, province and United Way were looking for “hot spots” of high need and low infrastructure,” and chose nine single neighbourhoods combining poor access to services with “significant challenges,” such as low incomes, low birth weights, and high numbers of recent immigrants. [City] Councilors expanded some of these neighbourhoods and added others such as Jamestown<sup>76</sup>, Malvern<sup>77</sup> and Lawrence Heights<sup>78</sup> – touched by violence in the summer of 2005 – to reach 13. This time, the method of selecting neighbourhoods to help is more complicated, thanks to the addition of Urban Heart @ Toronto<sup>79</sup>, a set of “equity-focused criteria” that includes voter participation, walkability and self-reports of good mental health.

The story of Madness and poverty once again, give meaning to ‘why’ a neighbourhood must be prioritized, in this case in relation to the “significant challenges” of recent immigrants. Part of what drives the need or ‘priority’ of funding to neighbourhoods like Lawrence Height/Manor is the known narrative of the desire to eradicate ‘problems’ such as low income and poor mental health (versus self-reports of good mental health). Once again, when residents of the priority neighbourhoods need justification to be put “under the microscope”, it makes *perfect sense* when it is propelled through the narrative discomfort of attempting to alleviate Madness and poverty.

In a similar article from Parkdale<sup>80</sup>, the article suggests that the area is no longer ‘priority’, because of services such as those of the the Parkdale Activity Recreation Centre (PARC). The article describes the development of the Parkdale community and PARC as such (Anonymous 26 April 2012, pp. 1-2):

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<sup>75</sup> The year of this article is 2013.

<sup>76</sup> Jamestown is just outside of Moss Park to the north east. For location map of Moss Park, see Appendix D.

<sup>77</sup> Malvern is located in City of Toronto’s east-end near Scarborough. For location map of City of Toronto, see Appendix F.

<sup>78</sup> For location map of Lawrence Heights/Manor, see Appendix C.

<sup>79</sup> Urban Heart @ Toronto is a World Health Organization initiative that advocates for health and equity issues for marginalized populations in various cities globally. For a fuller description of this organization in Toronto, see this website: <http://www.torontohealthprofiles.ca/urbanheartattoronto.php>

<sup>80</sup> For location map, see Appendix E.

Parkdale has had its struggles with housing, drugs, poverty and health. The construction of the Gardiner Expressway<sup>81</sup> cut wealthy residents off from the water and led to large Victorian homes being re-purposed as bachelorettes and rooming houses. This led to an influx of people with greater needs. Subsequently, services were developed to respond to immigrants, adults living with disabilities and a larger single adult population. Today<sup>82</sup>, some refer to Parkdale as a model of community investment, developed at a grassroots level over time. It can stand as an example in Toronto, but it's a risk in an age of budget cuts and tightening of purse strings ... Parkdale was a "priority neighbourhood" before that designation existed, explained Victor Willis, the executive director of the Parkdale Activity Recreation Centre (PARC), a social agency operating a drop-in centre in Parkdale for survivors of mental health ailments, the homeless, and people with disabilities ... [Now] "This [neighbourhood] is a model. It is not perfect, but it is going in the right direction and if we don't continue to support those investments and make sure that they continue to be here then we will start to see negative impacts on the health of this community."

With the development of services like PARC, immigrants living in the Parkdale neighbourhood have better chances thanks to the "numerous investments at all levels of government, which helped to build a healthy community when it was acknowledged that it was actually a community in need<sup>83</sup>" (p. 1). Whether such 'priority' neighbourhoods are on their way or still in need, what links these communities beyond their invitation into discussing immigration issues, is the weaving of Madness and poverty into the tapestry of these tales. The appearances of these two phenomena within both articles demonstrate the paradoxical move to toward erasing both phenomena while maintaining these conventional examples of trouble within the everyday discourses of newspaper text to make their arguments about immigration. Their political cache is huge. Through these two articles alone we see that Madness and poverty attract millions of dollars into struggling neighbourhoods and, as mentioned previously in this chapter, money talks in a capitalistic society such as North America. But there is a very sinister element to these politics. Money may talk and beget us to desire the erasure of Madness and poverty from our society, but *how* would we alleviate such struggles without having these representations to fall

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<sup>81</sup> The Gardiner Expressway is a highway that runs along the south-most part of the City of Toronto, down by Lake Ontario, running east and west. To see where this highway runs in relation to Parkdale, see location maps of Appendices E and F.

<sup>82</sup> The year of this article is 2012.

<sup>83</sup> The time period of when these investments happened are cited by the article as in the 1970s and 1980s.

back on? Put more simply, we cannot discuss issues like immigration without thinking about Madness and poverty because of the appearances they keep making within the conversation. Madness and poverty are a crux of paradox when we think about the politics of identity, and it is here that I want to attend to this ‘doing’ within the other set of my data.

Of the programming information packages that I collected, three spoke specifically to racialization and immigration in the context of being a mental health care provider to low-income neighbourhood residents. *Across Boundaries*, a drop-in centre in Lawrence Heights/Manor<sup>84</sup>, describes its services as geared toward “racialized people in the Greater Toronto Area who are experiencing severe mental illness” (Package # 1). This centre provides support for racialized people living with mental illness and poverty issues. The brochure describes these services as such (Ibid.):

In 2009, *Across Boundaries* was selected by the Mental Health Commission of Canada, to provide an Intensive Case Management (ICM) for people from racialized communities living with mental illness and homelessness based on the Housing First model of service<sup>85</sup>. This was part of a four year Canada-wide research demonstration project ended in 2013. The Mental Health Commission of Canada received initial funding and support from Health Canada to conduct this initiative. We have received ongoing funding in April 2013 from the Ministry of Health and Long Term Care (MOHLTC) to sustain this program.

When we think about this quote, Madness and poverty are phenomena through which we can make sense of the ‘struggle’ of racialization. As cited above, *Across Boundaries* does ICM for “people living with mental illness” (Madness) and “homelessness” (poverty). “Intensive” management is required of such struggle or ‘trouble’ in order to assist with better opportunities in finding housing and other social supports, as many years of research and adopted initiative of the program has proven. Hence, the language of disorder is not limited to its appearances within

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<sup>84</sup> For location map, see Appendix C.

<sup>85</sup> Housing First was a Government of Canada (federal level) research project aimed at adopting strategies to reduce homelessness in Canadian cities. It is an approach that was adopted by the federal government in April 2014, adapted from the Pathways to Housing in New York City project, dating back to the 1990s. To see more about today’s Housing First program, visit this website: <https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/housing-first.html>

newspaper media. This point illustrates how everyday discourse is very much at work in various arenas of textual representation. Disorder of social convention, albeit experienced differently on an individual level, is somehow made a shared experience no matter what ‘struggle’ you are marked with. Madness and poverty prove this point in their troubled appearances both in newspaper text and programming information packages. The relationship of the I and the We is expressed; it becomes shared because of the collective move to do so.

*COSTI Immigrant Services*, another centre from Lawrence Heights/Manor, details its services as targeted toward “individuals, couples [or families]” who require services in “Italian, Spanish and English” experiencing “life challenges” (Package # 4). The end of the pamphlet reads, “No one is denied service because of an inability to pay” (Ibid.). Poverty is implied as an obstacle that should not impede upon managing “life challenges”. These “challenges” are detailed in their “Counselling” section that is acquiring: “Skills to manage stress, anxiety and depression developing more meaningful and useful community connections” (Ibid.). In other words, this pamphlet is telling its audience (immigrants and low-income neighbourhood residents), that experiencing the ‘disabling’ trouble of “stress, anxiety or depression” can make for a less “meaningful” life making one feel separated from the community-at-large. Madness and poverty are implied as symptoms of a “challenging” and conflicted life and tell the story of family and mental health services for: “Adjusting to the immigration and refugee experience” (Ibid.). Like racialization, the story of immigration takes up Madness and poverty as representations of ‘struggle’ in identifying as an immigrant because their implied trouble makes sense of this challenging experience. Although extracted from a very brief brochure, like *Across Boundaries*, *COSTI Immigrant Services* share in the collective dialogue of utilizing Madness and poverty to explicate the severity of an individual’s immigrant social location to something that is a challenge.

I also collected a programming information package from *Anishnawbe Health Toronto* in Moss Park<sup>86</sup> and the lexicon matched those of the last two packages. Madness and poverty are represented in this package as the result of colonization and intergenerational trauma on the

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<sup>86</sup> For location map, see Appendix D.

aboriginal population they service (Package # 7). The Mental Health and Addiction Services of this centre are described as such (Ibid.):

Our program is a concurrent disorders day treatment program with continuous intake. We provide clients the opportunity to remain in treatment as long as reasonably needed to achieve their goals. Our program recognizes the impact that colonization and intergenerational trauma have had on the aboriginal population. Thus, we place Aboriginal culture and tradition at the core of our program while utilizing a client-centered, strengths-based approach to recovery. We assist individuals with co-occurring mental health and addictions issues on their wellness journey by helping them construct their identity as an Aboriginal person and learn about their culture and traditions.

Poverty is connected to the outcome of an “intergenerational trauma” perpetuated against Aboriginal Peoples (Ibid.). “Mental health and addiction issues” are defined as barriers to better constructing an “identity as an aboriginal person” (Ibid.). Madness and poverty are the results of cultural trauma telling the story of a need for Aboriginal People to work through these social barriers and “learn about their culture and traditions” (Ibid.). What this last package solidifies is that regardless of the location of the discussion, Madness and poverty are portrayed as carriers of stigmatization. As agents of trouble – something socially amiss – their stereotypes make sense of barriers, boundaries and all sorts of stories of general disenfranchisement. Not only do the narratives of Madness and poverty provide explanation to these stories, they demonstrate *how it is* that we ‘do’ particular knowledge through the everyday discourse of text (as seen in the newspaper articles and mental healthcare programming information packages highlighted so far). I will now turn to another theme that came up and showed me how to ‘see’ the work of Madness and poverty narratives.

#### **4.4 Addiction: The Scene of ‘Double Trouble’**

To again return to the words of Rosemarie Garland-Thomson (1996, p. xvii):

... pressures to deny, ignore, normalize, and remain silent about one’s own disability are both compelling and seductive in a social order intolerant of deviations from the bodily standards enforced by a quotidian matrix of economic, social and political forces.

Addiction is such a horrific space; we cannot imagine that anyone would want to desecrate their body that way. Clearly, somewhere down the line some bad choices were made that brought the addict to their knees and left them stranded in the throes of a spiral downward. Under the rug, we sweep this issue and “enforce” the “quotidian matrix of economic, social and political forces” that uphold the “compelling and seductive” norms of society. Addiction is not normal, so let us treat, manage and erase its existence. In this same token, one Parkdale<sup>87</sup> article says, “If Toronto opts to go the way of supervised drug injection sites, the logical question is: in whose backyard?” (Anonymous 12 April 2012, pp. 1-2). Of this question, the article describes the reason for it as such (Ibid.):

A much-anticipated study released Wednesday<sup>88</sup> recommended three sites be set up for addicts to use drugs like heroin in a clean, supervised environment. What it did not do was say where. While experts were equally careful to not offer any suggestions, giving the impression they were trying to avoid a scenario of angry residents with pitchforks, it’s clear that some neighbourhoods would be more appealing than others. Jurgen Rehm, director of social and epidemiological research at the Centre for Addiction and Mental Health<sup>89</sup>, said a site should be close to where there’s already a lot of injection drug use. “For example, Parkdale. But not only there,” he said, adding that drug use in Toronto is more spread out than other cities, such as Vancouver, where it’s concentrated in the Downtown Eastside. While Rehm said he didn’t want to single out the gritty west-end neighbourhood, that Parkdale is a contender comes as no surprise to most. “There’s a large community of drug users here,” said former addict Sheryl, 39, who didn’t want to give her last name. “I think it would probably be one of the more ideal and necessary locations.” Finding a community that will accept a drug injection site is another critical factor, said Rehm, adding that in Lucerne, Switzerland, one site had to be shuttered after six months because of uproar. On Wednesday, Parkdale residents were mixed in their reactions, with some offering support for the idea and others, disapproval. Rob Dee, 52, has lived in the neighbourhood for 50 years. The truck driver believes a supervised site is a good idea, even it [sic] moves in next door. “I’ve seen more bodies lying in laneways than you can imagine,” he said, adding it could save lives and prevent disease transmission. But for Roula Kyrou, it’s a different story. “We get dumped with everything,” she said of Parkdale’s reputation for being a hub of social services. Just last year, Kyrou tried to get a local methadone clinic ousted from her street. And while she says the methadone clinic isn’t as bad as she had anticipated, “I’ve got kids. I don’t want people on drugs loitering.” A traditionally working-class

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<sup>87</sup> For location map, see Appendix E.

<sup>88</sup> The year of this article is 2012.

<sup>89</sup> The Centre for Addiction and Mental Health (CAMH) is a psychiatric hospital and survivor/consumer resource centre located just outside of Parkdale on Queen Street West at the bottom of Ossington Avenue. To see CAMH’s location in relation to Parkdale, see Appendix E.



neighbourhood (although young professionals have been multiplying in recent years), Parkdale is home to a plethora of shelters, soup kitchens and low-income housing. In addition to the methadone clinic, the local community health centre runs a weekday needle exchange program. The neighbourhood is also home to CAMH and an activity centre that operates a drop-in for the mentally ill and homeless.

This depiction of the question of whether or not safe injection sites in Parkdale paints a grim picture and makes a good case for these programs. And once again, the appeal comes through the final twist of the clientele these programs would serve – people experiencing Madness and poverty. Although safe injection sites are now a reality in Toronto (in Parkdale in particular), we have not eradicated addiction because disability is not something we can just treat, manage and erase (like Oliver 1990 reminds us). I start at the question of safe injection sites because this ties into our other narrative, poverty. These sites are not going up in areas like Rosedale or Forest Hill (two high-income neighborhoods in City of Toronto). But they are available in the downtown core in areas like Parkdale<sup>90</sup> and Moss Park<sup>91</sup>. So there is something to be said for Madness and poverty once again, telling an important story. Whether it is fear for these ‘vulnerable’ populations or that these areas have had enough ‘trouble’, this Parkdale article protests the safe injection sites and decides: ‘not in my backyard!’. The tricky thing about Madness and poverty telling the tale of addiction is not so much that they can be viewed as root-causes or susceptible populations, as would be the commonsense leap made by the everyday and medical points of view. Again, my interest is more in the *appearances* of Madness and poverty and what they are ‘doing’ within the story of addiction. As a former addict, I cannot help but see this as a ‘double trouble’. Disability and addiction go hand-in-hand. Like all embodied disorder, addiction is a realm of society that everyone wishes to alleviate, but we just do not know *how*. And can we? Perhaps if we pause and attend to the language being used to describe this social phenomenon, like we have done with crime and racial issues/immigration thus far, we may ‘see’ what is at stake and where we can go from here.

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<sup>90</sup> For location map, see Appendix E.

<sup>91</sup> For location map, see Appendix D.

Surprisingly, for an issue that is so pervasive within the developed world, addiction was a smaller theme of the newspaper articles. Whenever it did appear however, it caught my attention because remember, this work is a culmination of my lived experience as I have been witness to it within my sociality. So determined was I to better understand this social phenomenon, I decided to see where addiction was being storied in the front lines of ‘mental health treatment’.

Interestingly, the programming information packages that spoke to addiction were all in the downtown core (Moss Park, Parkdale and City of Toronto boundaries). In Moss Park, the *416 Community Support for WOMEN* is a drop-in centre that provides services to homeless women who want recovery from their struggles with mental health and addiction (Package # 6).

Homelessness, one of the prerequisites for this program constructs poverty as the core problem. Their services are about ‘managing’ oneself through “recovery-oriented programs” that help their clients feel like they have more “satisfying, hopeful and contributing lives” (Ibid.). The full mission statement of the *416 Community Support for WOMEN* is captured as such (Ibid.):

416 Community Support for Women was founded in 1984 to meet the needs of homeless women in the Regent Park area<sup>92</sup>. Today, over 30 years later, 416 has developed into a warm and welcoming community mental health agency that promotes a holistic view of health and wellness. We offer a range of formal and informal supports to a diverse range of women who are facing challenges with their mental health, addictions and social isolation. At 416 our intention is to inspire a sense of self-determination and empowerment through the programs we offer.

‘Un-managed’ mental health is what clients have when they arrive, meaning, their lives require a change that make them feel less ‘unproductive’. Madness and poverty tell the tale of the ‘unmanageable’ life of homeless female addicts in the downtown core. Again, Madness and poverty make sense of the experience of being a homeless female addict. ‘Management’ and ‘productivity’ lead to a satisfying life, which “social isolation” does not equate to. Madness and poverty make *perfect sense* in this context because when we think about their stereotypical images, they intrinsically call to mind ideas about unmanageability, unproductiveness, and social isolation. *Seductive* is the appeal to normalize, to borrow again from Garland-Thomson (1996), but how do we do that when Madness and poverty *are* the norms for homeless female addicts?

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<sup>92</sup> Regent Park is the area that surrounds Moss Park. Moss Park is a smaller neighbourhood within Regent Park. To see the boundaries of Moss Park, refer to Appendix D.

As we have already seen through the work of Mike Oliver (1990), we cannot simply treat, manage and erase disability away. Likewise, social ‘disorder’ like poverty and addiction may upset the status quo, but such disorder cannot just be dismissed. This is not to say that programs for homeless female addicts should not exist, quite the opposite. Where I am going with this is to suggest that we pay closer attention to the language being used within such programming information packages and what this is ‘doing’. In other words, I want to examine Madness and poverty as taken-for-granted signals of ‘trouble’ and in my next chapter I will explore the dangers of this.

The *Parkdale Activity-Recreation Centre (PARC)* paints a similar picture of ‘trouble’ through the story of addiction and its narrative counterparts, Madness and poverty. Their target audience is people with “serious mental health challenges and/or substance use challenges” and their mandate is to help people navigate “housing and social services” (Package # 11). *PARC*’s slogan is: “A community where people rebuild their lives” (Ibid.), and their services are geared toward serving individuals who have “mental health concerns/addictions that negatively impact their daily living” (Ibid.). *PARC*’s Case Management services are outlined as such (Ibid.):

*PARC*’s Case Management services works one-on-one with a person who has serious mental health challenges and/or substance use challenges. The person needing support will have multiple problems in their life and they will want support to make changes toward their goals while living in the community. Our services promote independence and encourage members to build a circle of care that meets their needs. The way we work with people takes all parts of a person’s life into consideration. We work together to set goals, build a plan and take action. Workers provide on-going support as needed by the person: to establish and maintain stability in their life, reaching towards their goals, and improve the quality of their life. We work from a strengths perspective, helping members build upon their own skills. *PARC* case managers make referrals, coordinating and navigating health care, criminal justice, housing and social services beyond *PARC*.

Thus, within the story of addiction we see Madness and poverty represent what it means to be negatively impacted in daily living. The “challenge” of mental health is serious causing concern and need for such services. Again, I draw our focus onto this vocabulary not to disparage the

source and all of the good work that it does. I do so in order to pay closer attention to the power of the everyday discourse of text. So casually can we acquire this information (in most cases, one simply enters the centre and it is sitting at the front desk), yet the experience we have while reading this information is complex and profound. By engaging with this text, we are drawn into a world of literary representation that we make sense of through our everyday givens (through the experiences of I and the We). Out there we know of social realities, and inside we hold truths about those realities. These complex and profound words touch upon both sides of us (social realities and internal truths) and in doing so, we accept the “challenge” that Madness and poverty detail of addiction. ‘Double trouble’ is when we succumb to the *seductive* forces of our culture that allow addiction to be intertwined with Madness and poverty and typecast as identities that are somehow separate from healthy daily living.

From the City of Toronto<sup>93</sup> programming information packages, the one that stood out most to me was for *The Access Point*. Their target audience is “individuals who ... have mental health and/or addiction problems” (Package # 20). They offer a range of services including “supportive housing” (Ibid.) that can be inferred as the inability to maintain or ascertain housing when living with “serious mental illness” (Ibid.). Poverty is also inferred where individuals interested in housing supports of *The Access Point* must be “homeless or marginally housed” (Ibid.). The ‘double trouble’ of Madness and poverty intertwined with addiction are described in the qualification for their Supportive Housing program (Ibid.):

To apply for supportive housing, the applicant must be 16 years of age or older, have mental health and/or addiction concerns, qualify for a housing subsidy under the criteria set by the Ministry of Health<sup>94</sup>, and must be willing to accept some level of support from the housing provider.

#### *Mental Health Supportive Housing Program*

Supportive housing [sic] for persons with mental health concerns including addictions. The Access Point facilitates linkages to supportive housing with various levels of support including shared housing such as group homes, boarding homes and rooming houses, as well as independent housing.

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<sup>93</sup> For location map, see Appendix F.

<sup>94</sup> The Ministry of Health is a governing body of the Government of Ontario (provincial level government).

### *Problematic Substance Use Program*

Supportive housing [sic] for persons with problematic substance use. The Access Point facilitates linkages to low support independent housing. Applicants must also:

- have a severe and active substance use challenge
- be homeless or marginally housed
- be a high intensity service user of emergency departments, hospitals withdrawal management and/or the justice system

### *Mental Health and Justice Program*

Mental Health and Justice Support Program [sic]. The Access Point facilitates linkages to low support independent housing. Applicants must also:

- be homeless or at immediate risk of homelessness
- have current involvement with the Criminal Justice system at time of housing intake
- be referred by a priority referral source such as various professionals working in the justice system

‘Double trouble’ narrates a service umbrella organization’s mission in being to help individuals “connect” back into their community (Ibid.). This mental healthcare programming information package takes a lot of care to detail how Madness and poverty drive the position of requiring their Supportive Housing services and how such services will connect clientele back their community. The question remains however, that if individuals are not ‘connected’ to the community, where are they? For, we never ‘do’ ourselves alone (Arendt 1958). It is only *through* connection that we understand the I and the We, so this ‘double trouble’ is something that is a ubiquitous presence within our community (and thus, our culture). Again, it is dangerous to assert that we must simply ‘treat’ and ‘rehabilitate’ this trouble away. In order to better understand it, we have to listen carefully to what the words are telling us. We need to spot the instances where Madness and poverty are being ‘done’ and through the text being provided. If the social only ever teaches us that Madness and poverty are trouble, *how is it* that they narrate

the story of addiction so succinctly? Because, to again echo Michalko (2009), “disability is in our world; it can be nowhere else ... it is everywhere and is so even when we ‘see’ it nowhere” (p. 66). Disability, disorder, and *difference* can live “nowhere else” and because of this, we cannot detach them from our everyday discourse. *How* we do this everyday discourse through text is therefore, the pinnacle of my interest. With this in mind, I would like to take one more pause with addiction to think about how newspapers utilize Madness and poverty to detail what we can ‘see’ to be a very serious topic.

Interestingly, even though it was the downtown core programming information packages that spoke to addiction, it was only Parkdale<sup>95</sup> newspaper articles that focused on this narrative. In particular, two articles caught my attention because of their demonstration of the language that I have been highlighting as used in the mental healthcare programming information packages. One article begins as such (Anonymous 18 April 2015, p. 1):

As I strolled into the boardroom, I had no idea the person across from me had been living with serious challenges for years. Mental illness is like that. Outwardly, there are often no signs of the struggles yet the symptoms are often clear enough: homelessness, joblessness, and, sometimes an inability to get up in the morning or to face another human being ... I had been asked to join a meeting of professional gardeners. These people tend plants for a living. And while most had been seen as unemployable, they now work in a business born in the world of social enterprise.

This excerpt is describing Parkdale Green Thumb Enterprises (PGTE) who work to hire “a staff of people who are at risk of homelessness, have struggled with poverty, addiction issues and/or mental illness” (Ibid.). Again, we see that addiction is easily made sense of through the story of Madness and poverty. And even as Madness is depicted as invisible in the author saying, “I had no idea the person across from me had been living with serious challenges for years. Mental illness is like that”, we ‘see’ it as right here in front of us because it can live “nowhere else” (Michalko 2009) *but* in front of us. In an effort to draw media attention to the PGTE, what is interesting is how even when the aim is to be supportive and celebratory, called upon are stereotypical images of the ‘double trouble’ in order to cement such points. “Poverty, addiction

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<sup>95</sup> For location map, see Appendix E.

issues and/or mental illness” are storied as “challenges”, “struggles” and leaving those affected by it as “unemployable” by this source (Anonymous 18 April 2015, p. 1). What is fascinating is how easily we can make these leaps without ever looking at what we just jumped over. An article like this pops up and we all give ourselves a pat on the back. Good work. We have just detailed lives being saved by ‘social enterprises’. Rarely do we stop in wonder and think about the language that bridged the story of these social enterprises. *Rarely* do we attend to the production of the addict as someone who needs to be ‘saved’, in this case through the double trouble of being Mad and/or poor. Addiction is a serious health issue; I am not disputing that. But *how is it* that addiction is a story that we gloss over instead of paying closer attention to it? And how is it that Madness and poverty *intrinsically* fit into this issue?

The second article details the life of Diana Capponi, a local Parkdale hero. Capponi was a hero because of her lifetime of work in “changing people’s attitudes about [psychiatric] survivors’ ability to do jobs” (Stoffman 2014, p. S12). Having been a survivor herself, she started what was called the Ontario Council of Alternative Businesses (OCAB)<sup>96</sup>, which run four businesses in the Parkdale area that strictly employ staff with mental health issues who cannot find other opportunities for gainful employment (Ibid.). Capponi’s history is one where she “struggled” with childhood abuse, heroin addiction and as a result, she “[suffered] from mental illness” (Ibid.). Her sister, Pat Capponi wrote a well known book that detailed hers and Diana’s ‘struggles’, *Upstairs in the Crazy House*. This article details this book, as well as Diana’s documentary, *Working Like Crazy*, to define what it means to be a ‘hero’. Diana Capponi’s work is detailed as such (Ibid.):

In the early 1990’s, Ms. [Diana] Capponi left Nellie’s<sup>97</sup> for management work at Fresh Start, a cleaning service run by psychiatric survivors since 1989. That led her to start OCAB, the Ontario Council of Alternative Businesses (now renamed Working for Change<sup>98</sup>). It eventually operated four enterprises including the cleaning service, the Raging Spoon Café and catering company, the landscaping service Green Thumbs<sup>99</sup>, which maintains street planters in the Parkdale

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<sup>96</sup> OCAB has since been renamed Working for Change, which is run under the umbrella services of PARC.

<sup>97</sup> Nellie’s Shelter is for women and children who have encountered physical abuse and is located in City of Toronto’s west-end, near Parkdale on Queen Street West. For location map of Parkdale, see Appendix E.

<sup>98</sup> To see full details of where to locate Working for Change, see Mental Healthcare Programming Information Package # 12 in Appendix B.

<sup>99</sup> Green Thumbs is a part of the Parkdale Activity Recreation Centre (PARC) umbrella of employment services.

neighbourhood, and A-Way Express Courier service. All the couriers at A-Way have mental health issues, as do the employees of the other businesses. By some estimates, under her leadership OCAB provided jobs for about 1,000 people previously considered unemployable.

Diana Capponi was a drug addict, unemployable and a psychiatric survivor. She started the OCAB and shot a documentary. So how is it that we need to detail her story as one of “struggle” and “suffering”? Given all of her above noted accomplishments and perseverance to change the ways we think about Madness and poverty, *how is it* that Diana Capponi’s legacy cannot be one of pride and celebration? As dark as addiction can be, and as difficult and scary as Madness and poverty are, do they always need to be taken up as a space of discomfort? And if so, what can be gleaned from this ‘discomfort’ beyond the sheer attitude of ‘not in my back yard!’? I will now turn to my next theme which reveals more data that speaks to this discomfort.

#### **4.5 Homelessness and Housing: A Tale of Two Cities**

As the opening of Charles Dickens’ novel *A Tale of Two Cities* goes, “It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness...” (2014, p. 9). Toronto may not be in the throes of revolution, but we are currently in a place where there is a hard and steady class-divide. In this age of “wisdom” where we as residents of North America live in an industrialized society, it seems shocking and almost ‘foolish’ that so many people live marginally or without a home entirely. This section has accordingly been given the sub-title, ‘A Tale of Two Cities’ because there are clearly two cities or characters at play in this discussion. The tale is about ‘the housed’ versus ‘the homeless’, and the narrators are once again, Madness and poverty.

Homelessness and housing, two prevalent themes amongst both of my sets of data, beget me to begin at the newspaper articles that first inspired this conversation. One Moss Park<sup>100</sup> article

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<sup>100</sup> For location map, see Appendix D.



opens up this topic as such, “Not so long ago, people didn’t talk much about mental health. But today, you’d be hard-pressed to find anyone in the city without a personal connection to the issue ... mental health is not a fringe issue, but one that is intimately connected to areas such as poverty, housing and a sense of belonging” (Himmelsbach 2016, p. V6). When we think about ‘the housed’ versus ‘the homeless’, there is a lot at stake and much ‘discomfort’ to wade through. First, we have to admit that there is some kind of divide – advantage versus disadvantage. Second, we have to look at and admit where this divide is taking place. This is an uncomfortable space. But, it is not an impossible one. If “mental health is not a fringe issue” and is “intimately connected” to poverty and housing (Ibid.), there are several key players to connect to make sense of this housing divide.

Let us start at Madness and poverty, my obvious interest. In the telling of the story of the marginally housed and homeless, there is an outward demand for a cause, like that I have alluded to above. We need to understand such ‘foolishness’ in a well-to-do society like North America. We want answers, and we want to mend the divide. What Madness and poverty show us is that there is no easy solution. Madness and poverty appear in this theme and like the others I have described before it, they stir up our discomfort and ask us to attend to how these narratives are being ‘done’. ‘Mental health’ is certainly not a fringe issue, and neither is poverty nor housing. People are *very much* in conversation about them today. What is interesting however, is the move to continually try to obliterate them from our world even when, as we can see, they are very hot topics. “Not so long ago, people didn’t talk much about mental health” (Ibid.), says the article. I just do not buy into that. For, in a sociality that already *knows* mental health as a precursor to something amiss in our world, it is *very much* talked about. Thinking about this in an historical context dating as far back as the 1650s, the production and meaning of corporeal and medical representations of Madness were already very much alive in common art and literature of the day (Porter 2001, p. 11). In 17<sup>th</sup> Century England, Madness was often depicted in newsprint then as the “English Malady” (p. 21) and was a commonplace part of folk wisdom signaling stigma – something amiss within the social strata (pp. 42-43). Even then, medicine told the story of our bodies, with Madness overtly cited as a malady and therefore a marker in identifying trouble (p.89). Thus, I do not believe that, “Not so long ago, people didn’t talk much

about mental health” (Himmelsbach 2016, p. V6). I feel that this statement is ahistorical and inaccurate. Madness has been a topic of discussion for centuries. And it is this conversation that we need to pay closer attention to. So, the better question to ask might be, what kind of ‘talk’ are we talking about when thinking about the appearances of Madness and poverty in the discussion of housing?

The ‘talk’ of this divide comes into focus when we follow Madness and poverty’s appearances in the newspaper articles that detail the topic of housing. In a City of Toronto<sup>101</sup> article that discusses the impact of housing on public health, it is noted that (Picard 2010, p. L1):

The reality [in Toronto] is that the economic and social conditions in which we live – income, housing, education, physical environments and support networks – ultimately have more impact on our health than genetics or lifestyle choices. The most socially and economically disadvantaged in society have the worst health outcomes – and in Canada that means aboriginal people, immigrants, people with mental and physical disabilities and, to a lesser extent, women. In Canada, social programs have been used to correct some of these imbalances, one of the principal reasons we have good health outcomes. But in recent years there has been a sharp decline in income-redistribution programs; social assistance has become a dirty word.

Some of the most “socially and economically disadvantaged” that experience this lack are cited as “people with mental and physical disabilities” (Ibid.). When we think about where we live (or do not live) and how this affects our overall health, the ‘talk’ of this divide is clear. Madness and poverty represent the “socially and economically disadvantaged” and give *meaning* to why some are ‘housed’ and others are ‘homeless’. If you are ‘struggling’ to survive your own body or to financially make ends meet, it is no major leap to understand how one could become the “disadvantaged” (homeless) in this scenario. Still, what is being ‘done’ here is a move to rely on Madness and poverty to propel this conversation. We *know* the disadvantages of Madness and poverty so it is presented to readers as a way to *explain* this divide. However, this does nothing for Madness and poverty inasmuch as it only re-positions them as marginalized and therefore, as

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<sup>101</sup> For location map, see Appendix F.

subordinate identities. Put another way, identity politics is about *empowerment* and banal representations of Madness and poverty left unquestioned only serve to their detriment.

Homelessness and housing tell the story of ‘trouble’ through an interplay of Madness and poverty imagery. A Moss Park<sup>102</sup> article details this trouble in recounting the “homeless dead” (Orms & Wallace 2016, p. A1). Again, the root causes are sought for in attempting to *rationalize* why some are homeless and some are not, why some ‘matter’ and those without an address seem to not. This article explores the under-reporting of homeless deaths in Toronto and how to address this problem. The article states (Ibid.):

Brad Chapman collapsed in the doorway of a Walton Street nail salon in downtown Toronto just before dawn last Aug. 18<sup>103</sup> ... The man, later identified as Chapman, was dying. He would soon become part of Ontario’s growing ghost population: The uncounted homeless dead. A Star<sup>104</sup> investigation has found that the province and most municipalities across Ontario do not track homeless deaths fully – or at all – and as a result, have no accurate understanding of the scope of the tragedy and how best to solve it ... Anti-poverty advocates are calling on the province to change that. They say this under-reporting downplays the problem and prevents the government from properly addressing the root causes.

Later on in the article that details the life of Brad Chapman, it is described that, “Cori Chapman beseeched her son to attend drug and mental health counselling” (Ibid.). Madness and poverty thus link the story together and give meaning to the senselessness and disadvantage of homelessness. Madness and poverty make sense in identifying the “root causes” of such tragic under-reporting of homeless deaths in Toronto.

In a similar article about the City of Toronto, a homeless man was said to have “died in plain sight” in the cold of January of 2015 (Gee 2015, p. A7). It goes on to describe that, “An anti-poverty group gathered outside of the office of Mayor John Tory to demand more emergency shelter space” in response (Ibid.). The brief editorial then asks the question, “Was he mentally ill

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<sup>102</sup> For location map, see Appendix D.

<sup>103</sup> The year of this article is 2016.

<sup>104</sup> This is referring to the *Toronto Star* newspaper.

or suffering from alcohol or drug addiction, as many homeless people are?” (Ibid.). Madness and poverty are both a *reasonable* response to such a senseless death. Both narratives give readily available images to the “root” causes behind homelessness and in these cases, death by social location.

As we can ‘see’ from the above noted examples, Madness and poverty represent a cry for help. Help in the sense that, we take imagery from our everyday discourse and spin it as an appeal to alleviate the divide between ‘the housed’ and ‘the homeless’. In doing so, the everyday discourse of newspaper media is important to pay close attention to. Again, it is not so much about what is being said but rather, *how* it is being represented and taken up by the collective. In another brief Parkdale<sup>105</sup> article, the issue of keeping low-income residents cool during the heat of summer is discussed. At particular risk are “low-income apartments without air conditioning – and the homeless” because they “may suffer from mental health problems, diabetes, asthma or other illnesses” (Anonymous 18 July 2008, p. 1). In this call for help – to supply at-risk Parkdale residents with a cool environment in the heat of summer – “suffering” one’s Madness and poverty are called to the minds of readers. This creates a clear divide between someone reading the newspaper in their cool, air conditioned house versus a homeless person unable to cope in the heat. But, is it Madness and poverty that really make the homeless person unable to bear the heat? Or, is it possible that as a collective we have allowed the homeless to be forgotten in these steamy months. The appeal, of course, is to point directly to this fact – that as a collective majority who are ‘advantaged’, we ignore the homeless and marginally housed. Why then, do we need to take up Madness and poverty to cement this point? What I want to dwell with is perhaps we do not. Perhaps Madness and poverty are being used for their readily available imagery of “suffering” and in turn, this ‘does’ our individual and collective ways of knowing these two narratives (through the I and the We).

Of the second set of data, the mental healthcare programming information packages, three areas I found focused on services that assisted the homeless and marginally housed (Lawrence

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<sup>105</sup> For location map, see Appendix E.

Heights/Manor, Parkdale and City of Toronto as a whole). In Lawrence Heights/Manor<sup>106</sup>, *Bayview Community Services* primarily targets clients who are “people with psychiatric disabilities ... [to whom] we will provide affordable and safe supported housing” (Package # 2). The idea of ‘providing’ affordable housing infers a clientele who may not be able to afford their own housing. The mission statement goes on to say that: “Our mission is to assist adults (16 years of age or older) with severe and prolonged psychiatric disabilities to live in our community. We are committed to supporting people in the community in ways which are most responsive to their needs and hopes for the future” (Ibid.) Who is “our”? The ‘normal’ community? This statement implies trouble in the ‘safe’ community and provides a service that ‘protects’ everyone. The programming package even suggests this by saying, “we will provide affordable and safe supported housing which we, in one way or other, have some control over. This would include housing owned or leased by Bayview Community Services, as well as housing which is accessible to individuals when they are supported by Bayview Community Services” (Ibid.). Madness and poverty tell the tale here of “safe” communities through a program that gives people attainable housing under certain controls. “Safe” from the divide that makes one ‘housed’ or ‘homeless’ within the collective, without much thought into what this idea of safety might mean. Put another way, Madness and poverty become the vessels through which we see what it is to live ‘unsafely’.

Another Lawrence Heights/Manor centre, *Toronto North Support Services*, specifically state that their services are for “people who are experiencing homelessness or mental illness” (Package # 5). Of the services they run, they are briefly described as such (Ibid.):

#### Mental Health and Homeless Services

Our work is client-centred. We believe that the best way to achieve recovery is to focus on an individual’s self-identified goals. Our programs can help people who are experiencing homelessness or mental illness in areas such as:

- finding housing resources
- accessing medical referrals

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<sup>106</sup> For location map, see Appendix C.

- applying for income assistance
- finding social opportunities

Poverty is detailed as something linked to “mental illness” in which their services can help one “achieve recovery” from (Ibid.). “Mental illness” is something to be ‘recovered’ from and is therefore, the basis of trouble that their homeless clients are experiencing. Madness and poverty are the foundation of this program telling a story of ‘what it could be’ to move toward a more “wellness-based” life (Ibid.) – ‘wellness’ being an image that solidifies what it means to be normal and have a home.

In Parkdale, *Working for Change*<sup>107</sup> is an employment centre that services clientele “disadvantaged by mental health and addiction issues, poverty, homelessness, violence and newcomer/immigration challenges” (Package # 12). Poverty and homelessness are named as key reasons to being socially “disadvantaged”. “Mental health and addiction issues” are also the basis of this program where the trouble of Madness is a challenge to rise up and meet. Madness and poverty narrate what it means to forge new “employment opportunities” (Ibid.) for people who are generally disadvantaged, like the homeless.

Another Parkdale clinic, the *Parkdale Community Health Centre*, is very specifically stated to be run as such: “Our team consists of multidisciplinary staff who provide holistic health care to marginally housed individuals with mental health and/or substance use related issues” (Package # 13). They offer a range of services from medical services to counselling to harm reduction services to housing (Ibid.). Poverty is constructed in its counselling services for homelessness and an Identification Clinic for those who “don’t have an address” (Ibid.). Coupled with Madness, poverty is something that requires an “holistic health care” approach (Ibid.). This brochure further reads that, “We aim to help those with complex health care needs ... due to mental health and/or addiction issues” (Ibid.). Mental health, being a ‘complex’ issue, indicates

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<sup>107</sup> Part of the PARC’s umbrella organization.

a challenge or trouble to be ‘solved’ by this organization’s medical intervention (I should mention it is a medical clinic rather than a drop-in centre). Madness and poverty are therefore utilized to depict support for a “range of challenging circumstances” (Ibid.) that are met with a kind and holistic approach within this medicalized text.

The last two programming information packages I will make mention of are from City of Toronto<sup>108</sup>. Although both do not mention homelessness, they do support the need for housing. *Madison Community Services* assist those with “complex mental health challenges from diverse backgrounds” (Package # 17). The caption on the front of their brief brochure reads: “Promoting the independence, health, recovery, and community integration of persons with mental health challenges through the provision of case management, supportive housing and a broad range of other programs and services” (Ibid.). Their brochure discusses a High Support Housing Program as well as a Bursary Program, both geared toward transitioning people into the community through giving them a home and the opportunity of “formal education and/or life skills training” (Ibid.). Assumed is the idea that clients have nothing, where financial aid can help them with the community participation which poverty often means being without. Trouble is produced in the idea that this “multi-service agency [can provide] case management as well as a wide range of other programs to individuals experiencing mental health challenges” (Ibid.). Again, the idea of “challenges” implies Madness as a signal for intervention and the need for such a multi-service agency to bridge the gap in services to its clientele.

Likewise, *Progress Place* offers Housing Programs to “people living with mental illness” (Package # 18). Poverty is cited in the Employment, Education and Housing programs offered to its members. Of these programs this brief brochure has a caption, “Many members were told they would never work again” (Ibid.). Recall that we have heard this before, particularly where Madness and poverty drive the notion of the ‘marked’ person (p. 65 of this dissertation, Section 4.2). Being a ‘productive’ member of society with somewhere to live is the assumption that members would not have access to due to circumstances of poverty intertwined with Madness.

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<sup>108</sup> For location map, see Appendix F.

Madness as trouble is illustrated in the program's mission where it states that there is a "belief in the ability and potential of people with mental illness" (Ibid.). As if 'ability' is somehow lacking without support, Madness becomes the guiding principle that "instills hope" (Ibid.) through these services. Madness and poverty work together to help these members get housed and create a vision of a comprehensive program that helps people recover and lead "satisfying lives" (Ibid.).

Thus far, we have 'seen' how the newspaper articles and programming information packages share a vocabulary that determines the divide between 'the housed' and 'the homeless' (or marginally housed). Madness and poverty are purposefully and meaningfully intertwined into this narrative to depict that which we collectively want answers for. I will now turn to another theme that emerged within the data that demonstrates these purposeful and meaningful textual acts, politics.

#### **4.6 Politics: An Arena of Trouble**

As Charles Dudley Warner's aphorism saying from *My Summer in a Garden* goes, "Politics makes strange bedfellows" (1912, p. 135), and so, another arena or theme of trouble emerges from my data. Unlike the roots of the above noted quote being from William Shakespeare's play *The Tempest*, where he says, "Misery acquaints a man with strange bedfellows" (1921, p. 35), I choose to begin from Warner's commonplace saying because it highlights how people think they have little in common when actually, they share everything they know. I prefer Warner's take on the saying because even though Madness and poverty are most often equated to misery, I see something very different in the arena of politics. I see our collective organization 'doing' Madness and poverty in ways that inextricably link us to one another. So perhaps Shakespeare's misery is in fact our politics, bringing us together to collectively question how arenas of 'trouble', like Madness and poverty, can in fact demonstrate how we 'do' our sociality.

Politics makes strange bedfellows indeed, bringing together every member of the collective whether they want to be included or not. Politics is a means by which we socially organize ourselves, whereby individual efforts (of the I) affect the collectively shared outcome (of the We). It is no surprise then, that this theme emerged within my data. In the newspaper data, all



of the articles that discussed politics are from Parkdale<sup>109</sup>. The theme of politics has been detailed of this neighbourhood in a couple of important ways. First, the newspaper articles that pick up on this theme discuss political candidacy in this community and what that ‘means’. One article recounts a political event that took place at PARC<sup>110</sup> for municipal-level politics. The article notes that, “PARC is not a place where politicians usually come” (Fiorito 2014, p. GT2). But on this day, they did. Candidates are described as commenting on “issues in this part of town [like] child care, housing, jobs and food security” (Ibid.). Then a tough question came to Olivia Chow (then municipal candidate for Toronto Mayor) about the area of mental health. Chow’s time on the podium was described as such (Ibid.):

Chow talked about the need to train police in dealing with those who have mental health issues and says she will, as mayor, take a seat on the police services board. Big applause. The first, and maybe the most important question put to her was about the abuse people suffer at the hands of the mental health profession. Impossible to answer? She stunned the crowd by talking of her father, who had been a school superintendent in Hong Kong but could not find similar work here; he drove a cab, and then delivered Chinese food, and then he had a breakdown. “He was never able to work because of his illness. I didn’t know where to find support, I didn’t know about medication – that shaped my values.” And were there an election at that moment, she would have had every vote in the room.

The politics of Toronto were busy at PARC that day – so too were the narratives of Madness and poverty. Chow’s story of her father’s mental health struggles and then his financial challenges could have got her every vote in the room that day. And why? Because the intertwined narrative of Madness and poverty *make sense* of the difficulties within the Parkdale community, which municipal politics was finally addressing. Another issue from the Parkdale community was said to be jobs and food security, meaning, such resources are scarce and leave some financially disadvantaged. If people are also suffering “at the hands of mental health professionals” (as noted in the above citation about Chow), there is clearly also an issue going on with mental health care. As we read this article and recount our collective thoughts in action, it is interesting to spot how Madness and poverty ‘do’ the hot topics of our politics. In other words, Madness

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<sup>109</sup> For location map, see Appendix E.

<sup>110</sup> Recall that PARC stands for the Parkdale Activity-Recreation Centre, as already mentioned in this chapter.

and poverty *represent* that which seems amiss in our collective and help to highlight the work that needs to be done in the political sphere.

Trouble in this arena also comes in the plight of what our politicians can do for us. Another newspaper article points out what federal candidates were doing in their political platforms. This article caught my eye because of course, Madness and poverty enter this arena. Adam Phipps of the Green Party wanted to address the “financially disadvantaged” to help them find “Affordable housing, affordable education, access to health care, a guaranteed livable income, and sustainable job growth” (Anonymous 17 October 2015, p. 3). Arif Virani of the Liberal Party, on the other hand, calls for a “national mental health strategy ... It’s time to talk about mental health” (p. 5). In their political stances, both politicians are suggesting ‘trouble’ in their arena that they wish to address. Madness and poverty represent this perfectly because they are issues that we all inherently *know* as a ‘challenge’ to the collective. Even in provincial level politics, a Parkdale-High Park MPP<sup>111</sup>, Cheri DiNovo, is cited by another article as disparaging former Premier Kathleen Wynne’s Liberals because of troubling issues not being addressed by her party. Such issues include: “poverty, homelessness, hunger, low wages” (Anonymous 16 May 2014, p. 1) where DiNovo, “a long time advocate of the vulnerable and marginalized” (Ibid.) remains concerned with “improved welfare rates and [providing] more support to people with disabilities” (Ibid.) that are not being properly addressed. Again, Madness (disability) and poverty boost the arguments of individual politicians within their shared organization (government). Madness and poverty are the ‘trouble’ needed to make sense of anything lacking in the other candidate. Madness and poverty are thus utilized to make sense of what our politicians can or cannot do for us.

The second way the newspaper articles drew my attention to this theme is in how they designate local heroes in the area of politics. Two articles feature the political work of Pat Capponi (Diana Capponi’s sister, as noted in Section 4.4, pp. 86-87 of this dissertation). One article describes Pat Capponi’s work as showing what it feels like to “contend with the challenges of mental illness and poverty” (Vincent 2009, p. U2). The local Parkdale hero is commended for her work

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<sup>111</sup> MPP stands for Member of Provincial Parliament.

in writing her book, *Beyond the Crazy House*, which details her and her sister's lived experiences of being psychiatric survivors. Because of her work, it is noted that "Toronto is about to join four other cities in a \$110-million study aimed at determining how to house homeless people who are mentally ill" (Ibid.). This study, and Pat Capponi's position about it, is captured in the article as such (Ibid.):

Research from five sites will determine which approaches to ending homelessness work best, and findings could help various levels of government, social service agencies and others who service the homeless [and] mentally ill, [Cameron] Keller<sup>112</sup> says. But Pat Capponi, a housing advocate and author who wrote a book about being sent to a Parkdale boarding home for psychiatric patients, remains skeptical this latest initiative will yield anything new. "I don't have a lot of confidence we'll see much different in terms of real outcomes. There's already a lot of research on homelessness," she says. She's more concerned that people with "lived experiences" – former psychiatric patients who've perhaps been homeless in the past – will not be consulted extensively as the project develops.

Madness and poverty influence some local politics in bringing money into areas that need 'help'. This is not to say that this was not good news at the time, but what I would like to insert here is a moment of discomfort to think along with Pat Capponi about *how* Madness and poverty are being taken up to secure these local politics. Capponi was concerned that the "lived experiences" of former psychiatric patients would not be consulted in the conduction of this further research about homelessness. And she was absolutely founded in making that comment. Madness and poverty are being utilized by this article about a local hero to demonstrate the 'good news' about yet another research project about homelessness. But, perhaps if we attend to what Capponi was *actually* saying, we can pay closer attention to the narratives that are being constructed of Madness and poverty to secure such research funding – one of describing it as something in need of an "end" rather than positionalities we can *learn from* (to echo Capponi).

In a similar article, Pat Capponi is again commended for her political activist work in receiving the Order of Canada. Capponi is described as proudly wearing her "mental illness" after years of living through hospitalizations and then writing about it in *Beyond the Crazy House* (Anonymous

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<sup>112</sup> Cameron Keller was site co-ordinator for Toronto of the Health Canada-funded project being described here.

2 July 2015, p. 1). She is noted to have also worked “as a community worker at the Parkdale Activity-Recreation Centre, and took politicians like Ontario Health Minister Larry Grossman on tours of squalid rooming houses, like her old home” (p. 2). Her Madness and poverty speak to what it means to be a local hero in receiving the Order of Canada. Here, Madness and poverty *represent* the reason for ‘help’. Incidentally, Larry Grossman died in 2008 of cancer at age 53. He is also pronounced a “hero” in another article that details his work of establishing the Ontario Psychiatric Patient Advocate Office which “gave Ontarians with mental illness a voice within the Ministry of Health” (Anonymous 13 June 2008, p. 1). But of this, the article goes on to describe that, “It is hard to talk about mental illness without also talking about poverty. Yet no government agency, including PPAO<sup>113</sup>, wants to confront the reality that people with psychiatric disorders are often hungry, homeless and incapable of applying for disability support” (p. 2). Both heroes, Capponi and Grossman, demonstrate that ‘struggle’ does not have to be wholly negative. But, when we listen to the language being used *within these articles*, it appears that Madness and poverty are indeed ‘struggles’ that continue to depict trouble and therefore, remain problematic within our collective thought.

The only mental healthcare programming information package that mentions politics came from the *Centre for Addiction and Mental Health (CAMH)*, a psychiatric hospital and mental health resource centre just outside of Parkdale that many nearby Parkdale residents use for out-patient services. Collected from their Consumer/Survivor Information Resource Centre, the *CAMH* package was a big one with lots of services to choose from. In particular, it was the only package that named their target audience as, “Consumers/Survivors and others in the Greater Toronto Area” (Package # 10). It was politicized because although it was only listing services that *CAMH* offers, it explained who the Consumer/Survivor is. It does so in the mission of the Consumer/Survivor Information Resource Centre of *CAMH*, which is to “improve the quality of life and sense of community for all” through “Drawing on the collective knowledge and lived experience of the mental health and addictions community” (Ibid.). Further, a booklet came with the package entitled, ‘CAMH Bill of Client Rights’. In it, on the first page it reads:

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<sup>113</sup> PPAO stands for the Psychiatric Patient Advocate Office, which Larry Grossman created 35 years ago.

On Thursday, December 9, 2004 the Bill of Client Rights was passed by the Centre for Addiction and Mental Health's (CAMH) Board of Trustees. The Bill was developed through extensive consultation with clients, CAMH staff, and members of other interested organizations and was created in a collaborative partnership with the Empowerment Council and CAMH. The purpose of the Bill is to assert and promote the dignity and worth of people who use CAMH services and is based on the understanding that clients are first and foremost human beings with the same rights as every Canadian.

Poverty is also constructed of the Consumer/Survivor experience in the Consumer/Survivor Information Resource Centre of *CAMH*'s description of "low cost things to do in the Toronto Area" and a year around "free Tax Clinic for low income Consumers/Survivors" (Ibid.). From these programs, we get the implication that poverty is equally a part of the story for their clientele who need to access certain services that they generally cannot afford. Although the programming information package for *CAMH* still uses the notion of "quality of life" to appeal to our sense of trouble, these brief examples demonstrate that as a text that represents Madness and poverty, it does depart from medicalized language to describe these social phenomena. In that sense, this package was a good example of the politics of language. Let us now put such bedfellows to rest and think through the last theme of this dissertation.

#### **4.7 Community Development and Awareness: A Space for Mad Pride?**

As one article that picks up on this theme says, "Fear of the mentally ill is among the oldest and deepest of human prejudices. Can it ever be overcome? Walk along Queen Street on a weekday afternoon and you begin to hope" (Gee 2016, p. M6). Community development and awareness are hot topics in newspaper media today. We want to better understand our community and witness it develop into something beautiful. The above noted quote is talking about Parkdale and what it is to witness such 'change' in the community. It goes on to say, "Those who were once demonized, are now just a part of the urban scene" (Ibid.). Although these words are supposed to somehow fill us with "hope", how can it when the subject is a group of people who "were once demonized"? The author again asks, "Who would want to live right next to a huge mental-

health institution<sup>114</sup>? Plenty of people, it turns out. The converted factory just next door to CAMH commands top dollar for its loft residences” (Ibid.). This sense of hope hinges on the everyday discourse that does Madness and poverty. Once again, we see Madness being projected for its sinister qualities that people are now willing to overlook and pay “top dollar” to live beside. Likewise, Madness is equated to poverty in the author beckoning us to not “ignore the problems that have come with deinstitutionalization of the mentally ill. Many were dumped into shabby halfway houses [or are] ... homeless” (Ibid.). Thus, in this plight of a “transitioning neighbourhood” (Ibid.), there is a common thread that weaves the narrative together – the use of Madness and poverty to provide images of ‘what was’ to ‘what is’. Put another way, these two areas of social disorder can be seen as the “narrative prosthesis” that Mitchell and Snyder (2000) define. Both “promising and discomfoting” (p. 15), Madness and poverty reveal here the “characterization as a contrivance” (Ibid.) in what it means to ‘develop’ a neighbourhood.

The same holds true of Moss Park<sup>115</sup>. In an article that talks about the Sumac Creek Health Centre, a health care facility geared towards “Residents in downtown communities” (Anonymous 16 July 2015, p. 1), part of the development of Moss Park is to “bridge the gap between us as a primary health care provider and other community agencies” (p. 2). In developing this neighbourhood into somewhere where people want to live, the ‘promising and discomfoting’ of Mitchell and Syder (2000) needs to be addressed. The facility deals with issues from “psychiatry” to “health issues to income security” (p. 1). Madness and poverty are two key agents in this discussion. With the help of their ‘contrivances’ (to again build on what Mitchell and Snyder are saying) – that Madness and poverty are ‘challenges’ for Sumac Creek to tackle – we get a better understanding of a community hard at work trying to make life better for its residents.

The idea of community development is not lost on Lawrence Heights/Manor<sup>116</sup> and City of Toronto<sup>117</sup> as whole. In newspaper articles from these areas, a call for municipal legislation to

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<sup>114</sup> Here, Gee is referring to the Centre for Addiction and Mental Health (CAMH) on Queen Street West. For a location map of Parkdale (the location map closest to CAMH), refer to Appendix E.

<sup>115</sup> For location map, see Appendix D.

<sup>116</sup> For location map, see Appendix C.

improve these communities is detailed. In Lawrence Heights/Manor, the legislation being asked for is a Housing Charter to “reinvent the notion of affordable housing” (Hume 2009, p. GT5). The idea behind this Housing Charter is to provide housing options to “the mentally ill or low-income families” (Ibid.), suggests the article. But, like the article that opened this chapter section begets us to think about, Madness and poverty are social realms that so often are demonized to get a certain agenda across. In this case, the article calls our attention toward Madness and poverty standing in the way of neighbourhood improvement. The article notes (Ibid.):

To make matters worse, efforts to build supportive housing routinely run into ferocious Not In My Back Yard opposition, much of it bordering on discriminatory. Whether it’s homes for unwed mothers, the mentally ill or low-income families or halfway houses for paroles, middle-class Torontonians are quick to let the intended beneficiaries [of this Housing Charter] know they’re not wanted in the neighbourhood.

In another article that speaks to City of Toronto, a Strong Neighbourhood Strategy is proposed to go toward Toronto’s City Council to enhance the Priority Neighbourhoods<sup>118</sup> already being funded by Council. “Poverty and crime” are cited as needs for this Strategy (Anonymous 12 March 2014, p. 1), as well as a need for better “social development ... [in] mental health” (p. 2). Both pieces of legislation illustrate how community development is busy making neighbourhoods better, but the only way to move these kind of changes along is to utilize the everyday imagery of Madness and poverty as something to be eradicated, which does a different kind of damage to those who live such marked identities.

In building a sense of community, there is also a desire to heighten awareness about its membership. Three articles from Parkdale<sup>119</sup> do this and perhaps, open up a space for re-thinking the everyday discourse in text of Madness and poverty. In one article, PARC’s executive director, Victor Willis, was “named a member of the newly created Mental Health and Addictions Leadership Advisory Council”, a provincial advisory council (Anonymous 11

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<sup>117</sup> For location map, see Appendix F.

<sup>118</sup> See discussion of Priority Neighbourhoods on pp. 73-76 of this dissertation.

<sup>119</sup> For location map, see Appendix E.

December 2014, p. 1). Willis is cited as saying, “People become quite marginalized by their mental health or addiction history and they become much more marginalized than Canadians would like to know or accept” (p. 2). He goes on to suggest that, “Generally people want to believe we have a social safety net or resources for folks that are struggling and need support or even treatment, and the difficulty is those resources aren’t nearly as accessible” (Ibid.). Thus, Willis is cited as working toward “untangle policies” that place people in poverty (Ibid.). Albeit, the lexicon of ‘mental health’ is still the dominant discourse being used by Willis, we can still see something different in what he is saying. The idea is not about utilizing Madness and poverty as vehicles to drive a point across (in a wholly negative way). The idea is to *interrogate* these identities to better understand their positionality on the margins.

Another short article makes the same call in describing a holiday dinner held at PARC<sup>120</sup> to celebrate “members of the community with issues of poverty and mental health” (Anonymous 22 December 2014, p. 2). The event is described as such (pp. 1-2):

Parkdale Activity-Recreation Centre (PARC) chef Alain Levesque was dicing potatoes, carrots and preparing stuffing a week in advance of the holiday dinner held Friday, Dec. 19<sup>121</sup>. “We’re expecting 150 people tonight,” Levesque told *The Villager*<sup>122</sup>, as he put the final touches on the holiday meal. “We’ve been prepping since last week with only a couple of volunteers.” Close to 200 people passed through the drop-in centre at 1499 Queen St. W., wishing each other Merry Christmas and happy holidays as they sat down and enjoyed a meal together as music played in the background ... “We serve a lot of people who don’t get to have big festival meals in a social setting,” Levesque said ... PARC, which helps members of the community with issues of poverty and mental health with social supports through a variety of programs and activities, has been cooking up solstice meals for more than two decades, according to PARC manager Bob Rose.

Another attendee of the event noted, “It was just an all-night party” (Ibid.). Taking these excerpts into consideration, why not understand one’s positionality as ‘fun’? Struggle does not have to be wholly ‘bad’. Perhaps it makes us stronger, perhaps it *teaches* us things that we never

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<sup>120</sup> Recall that PARC is the acronym for the Parkdale Activity Recreation Centre.

<sup>121</sup> The year of this article is 2014.

<sup>122</sup> ‘The Villager’ refers to the local Parkdale newspaper I am citing here, *The Parkdale Villager*.



would have embarked on otherwise. Madness and poverty can surely be a place to learn and re-think our conventional ways of knowing the world. This article demonstrates the means to re-address community development and awareness through an *unconventional* way of utilizing Madness and poverty narratives.

Lastly, I came across a short article two summers ago that touched my heart and inspired the subtitle of this section theme, ‘A Space for Mad Pride?’. In our yearning to collectively move toward development and awareness in our communities, I was touched by an article that details this of a woman who performed in an amateur Parkdale troupe for Mad Pride sixteen years ago<sup>123</sup>. She said she “was ashamed of being mentally ill, but theatre helped change that” (Vendeville 2015, p. GT4). In performing for the event, she is cited as coming to the realization that, “A lot of work is done to fight stigma and to make sure those who struggle with mental illness have equal opportunities ... But pride is something different. This isn’t just about me getting the same as you. It’s about me not being ashamed, being open and celebrating it” (p. 2). Thus, in her annual performances since then to try “to break the stigma associated with mental illness and poverty” (Ibid.), she is *taking pride in the space of Madness and poverty*. Again to call on Thomas King (2003) who reminds us, “The truth about stories is that that’s all we are” (p. 2), *why not* write ourselves a new story and take pride in Madness and poverty? Let us *rebuild* ourselves and our everyday textual discourse about Madness and poverty.

Unfortunately, none of my programming information packages spoke to the issues of community development and awareness. Still, I bring up this topic because it lends to my further discussion of how Madness and poverty are represented by newspaper media and the mental healthcare programming information packages themselves. I will now take all of this into consideration as I move into the final chapter of this dissertation, my discussion and conclusions.

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<sup>123</sup> Mad Pride has since been renamed from Psychiatric Survivor Day, was founded in 1993, and is held each year in Parkdale.

## Chapter 5

### Discussion and Conclusions

Once again, my doctoral research attempts to capture my experience with Madness and its presence in the world. Experiences I have had with Bipolar disorder have led me to question how ‘trouble’ resides in a world that is organized through notions of normalcy. Trouble, as I can most clearly ‘see’ it, is when phenomena like Madness and poverty are used to represent an image outside of this normalcy. Taking all of this into consideration, the literature that guided this research therefore urged me to ask the following question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming? So far, I have opened up a space for this question through an examination of Madness and poverty as taken-for-granted social phenomena that point toward how we ‘do’ shared understandings, both in newspaper media and in mental healthcare programming information packages taken from mental health clinics in four areas of Toronto<sup>124</sup>. I have done so in order to demonstrate that the language used by both sets of text are powerful and that everyday discourse should not be dismissed as innocent. The latter part of the question, “... how does that in turn, determine access to mental health programming?” will be addressed in the end of this chapter, my Conclusion. Here, I will turn back to the literature to connect my data findings to this above noted framework. My overall conclusions about these findings, as based on the outcomes of this Discussion chapter, will be delivered at the end of this chapter.

#### 5.1 The Criminalization of Madness and Poverty

Crime is good place to dwell when thinking about the ways that we just ‘know’ the world. Why I took up this theme in relation to the literature is because I was intrigued with how easily Madness and poverty *explained* what crime ‘is’. Disordered bodies (Madness) and low-income imagery (poverty) give everyday meaning to this site of trouble. In particular, I paid close attention to newspaper articles that detailed who the criminal ‘is’ and methods by which this understanding gets enforced – through policing. The newspaper articles, as taken from three

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<sup>124</sup> Again, these mental healthcare programming information packages are the literal information given to the general public who are interested in the services offered by these clinics. For a fuller description of these programming information packages, see p. 16 of this dissertation.

areas of my data collection (Lawrence Heights/Manor<sup>125</sup>, Moss Park<sup>126</sup> and Parkdale<sup>127</sup>), all highlight the criminal as a ‘marked’ individual who suffers their difference in being narrated through the stories of Madness and poverty. Policing was storied as a social need to respond to the ‘crisis’ of crime. Again, I am now pausing with a synopsis of these stories because my goal is not to offer a solution to crime or its enforcement; I want to attend to what these narratives are busy ‘doing’. To break this down, I allowed Dorothy Smith (1999) to guide us in her sociological observance of language. Recall from Chapter 2 that Smith (1999) reminds us that, “activities occur in settings and cannot be treated independently of them *and* that settings themselves are constituted as settings through members’ activities” (p. 146). Thus, the newspaper narratives that depicted who the criminal ‘is’ and how crime gets enforced are not “independent” of our actions as readers. By virtue of our participation and location in the social, we become inextricably linked to our understandings of crime. But, as mentioned in the last chapter, the social act of crime is too horrific to exist without reason and so the “setting” requires a sense making device. Madness and poverty ‘do’ this for the audience and tell us who the criminal ‘is’ and what is required to police this marked individual. When we pay closer attention to how the criminal is being done, we ‘see’ how social stereotypes get perpetuated.

Unlike the articles, the programming information packages showed me little about the criminal element. Only one information package from *Progress Place* (City of Toronto<sup>128</sup>) spoke to providing employment, education and housing programs to those members who were told “they would never work again” (Package # 18). I chose to include this within my data because it illustrates how, for a target audience of “people living with mental illness” (Ibid.), that Madness and poverty explain this ‘marked’ person who will “never work again”. The criminal has heard this many times and it shows us how Disability Studies author, Ato Quayson’s (2007) “refraction” works. Recall that Quayson describes this ‘refraction’ as, “dominant protocols of representation within the literary text [that] are short-circuited in relation to disability” (p. 15). Representations of Madness often equate to a life outside the norm or, are a “refraction” of it. “Never working again” and being relinquished to a life of *poverty* seem about right in terms of

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<sup>125</sup> For location map, see Appendix C.

<sup>126</sup> For location map, see Appendix D.

<sup>127</sup> For location map, see Appendix E.

<sup>128</sup> For location map, see Appendix F.

the everyday understanding of the criminal. But *how* do we just ‘know’ this? The criminal has been intimately linked to the story of Madness and poverty because *then* we can make sense of this marked person who commits social injustices *because* of these identifiers.

## 5.2 Racialization and Immigration Speak to the Poor, Disabled Body

Racial and immigration issues are another theme from my findings that speak to the ‘doing’ of difference within our culture. Mitchell and Snyder’s (2000) discussion of “narrative prosthesis” gets taken up by examining this data theme. As a theoretical understanding that questions the intrinsic conventions that are used to socially interpret disability, Madness and poverty are areas of social disorder that become the ‘narrative prostheses’ of these tales. Racialization, another example of difference from the status quo, is a complicated ‘doing’ that begets explanation. Madness and poverty give *reason* to the acts of racism that the newspaper articles outline. Having ‘mental health issues’ and being from a low-income living environment give answers to the heart of such issues. Immigration illuminated this argument even more. It showed me the “promise and discomfort” that Mitchell and Snyder (Ibid.) also speak to. In the immigrant’s search for a new and good life, what defines ‘good’? The newspaper articles detail this as certainly not the trouble that Madness and poverty might have on their new lives. Madness and poverty serve to illustrate abnormality among immigrant populations in Toronto and in doing so, we participate in locating their characterizations as intrinsically problematic, as Mitchell and Snyder suggest.

Although newspaper articles mainly come from City of Toronto<sup>129</sup> and Parkdale<sup>130</sup> for this theme, the programming information packages came from Lawrence Heights/Manor<sup>131</sup> and Moss Park<sup>132</sup>. It is interesting that the newspapers seem to reach out to a different audience than the programming information packages do. The programming information packages speak specifically to clients who come through their doors looking for services but the media is a barometer of what is going on within our culture. Regardless, in both of these sets of data,

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<sup>129</sup> For location map, see Appendix F.

<sup>130</sup> For location map, see Appendix E.

<sup>131</sup> For location map, see Appendix C.

<sup>132</sup> For location map, see Appendix D.

Madness and poverty are portrayed as carriers of stigmatization. Agents of trouble – something socially amiss – their stereotypes make sense of all the barriers and boundaries that racially disenfranchised people feel.

### 5.3 Addiction as ‘Double Trouble’

Like Rosemarie Garland-Thomson (1996) reminds us, “pressures to deny, ignore, normalize and remain silent about one’s own disability are both compelling and seductive in a social order intolerant of deviations” (p. xviii). Addiction, another form of disability and social disorder, is something that we socially want to understand but are too afraid to approach. We want immediate answers because people are dying, without pausing to think about the way that the addict themselves has been typecast. Like the criminal, they are forever ‘marked’. Tainted is their story, which makes theirs a ‘double trouble’ when coupled with the intertwined story of Madness and poverty. Dangerous is this thinking. For, as Mike Oliver (1990) instructs us, we cannot just treat, manage and erase such forms of disorder. Still, the social move is to understand the root ‘problem’ of addiction, and Madness and poverty tell this story well. Madness and poverty make *perfect sense* in this context because when we think about their stereotypical images, they innately call to mind ideas about the unmanageability, unproductiveness and social isolation that addicts typically experience.

Much of my data from this theme came from the programming information packages, and it was mainly from clinics I visited in the downtown core (Moss Park, Parkdale, City of Toronto). Within the newspaper articles however, they all came from Parkdale. If, as the programming information packages suggest, addiction is such a problem downtown, why do very few newspaper articles reveal this? I think it comes back to two questions I asked in the last chapter: *How is it* that addiction is a story that we gloss over instead of paying closer attention to it? And, how is it that Madness and poverty *intrinsically* fit into this issue?

#### **5.4 Homelessness and Housing: A Location of Madness and Poverty**

Maurice Natanson (1970) has been called upon several times throughout this dissertation to guide us through the understanding of “sociality” and what that means in terms of the I and the We (p. 65). It has been a means to organize my findings around the basic ethnomethodological and phenomenological tenets that there is no world without our interpretation of it (Ibid.). Through this theme in the data I came to see a clear divide: ‘the housed’ versus ‘the homeless’. In the newspaper articles that discuss this divide, Madness and poverty are conjured up to make this point. In trying to understand why some are advantaged (housed) and others are disadvantaged (homeless or marginally housed), Madness and poverty are used to exemplify this ‘suffering’ and in turn, this does our individual and collective ways of knowing the I and the We. I suffer because We get told that Madness and poverty are key factors in homelessness and marginal housing.

Like the previous three themes, in the telling of the story of the homeless and marginally housed, there is a collective demand for a cause – a ‘root’ to this divide. What Madness and poverty show us is that there is no readily available solution to this problem. Madness and poverty appear in this data theme and they stir up our ‘discomfort’ and solicit a need to attend to how these narratives are being ‘done’. The newspaper articles and programming information packages both illustrate this. All four research sites share in this story, although it is mixed amongst the two sets of data. What is the common thread however, is that a shared vocabulary determines the divide between ‘the housed’ and ‘the homeless’ (or the marginally housed). Madness and poverty are the images within this shared vocabulary that are the glue that cements the I and the We.

#### **5.5 The Politics of Disablement Through Class-Structure**

Politics is a means by which we socially organize ourselves, bringing together every member of the collective whether they want to be included or not. Even the most non-political member is subject to the ways by which politics organizes us. Recall from Chapter 2 that I cited ethnomethodologist, Harold Garfinkel (1967) who says, “every reference to the ‘real world’ ... is

reference to the organized activities of everyday life” (p. vii). Non-social stories are therefore impossible. Our social narratives or, our conversational ways of understanding the world (through text, in this case) are therefore, always connected to the social realm in which we come from. Our politics therefore become a very important way to ‘see’ how Madness and poverty are being ‘done’ in the world. Politics as a theme shows us the “real world” at work, busy organizing the “activities of everyday life”.

From municipal to provincial to federal level politics, I looked to the newspaper articles to catch a glimpse of this organization at work. Although all from Parkdale, busy are all levels of government utilizing Madness and poverty as political stances to advance their objectives. Whether we are talking the language of disablement or providing insight into issues of class-structure, politicians are suggesting that there is ‘trouble’ in their arena that they wish to address. Madness and poverty make absolute sense of this trouble and give these folks a cause to work with. So much so that I even came across articles about local political heroes. Although they are amazing stories, my aim is not to criticize such work but to pause with it and be uncomfortable for a moment in thinking about *how* Madness and poverty are being taken up to secure the positionality of these heroes. I want to think about how their ‘struggles’ perpetuate more struggle when it becomes the *only* way to ‘know’ such social disorder.

Only one of the programming information packages mentions politics in a way that caught my attention, but it was powerful. It came from *CAMH*<sup>133</sup>. In its description of both who the consumer/survivor is and services that assist the low-income client, it is highly politicized in its choice of language. It departs from the typical medical language that is generally used to describe disability. For example, the CAMH Consumer/Survivor Information (C/S Info) Centre’s Mission Statement reads: “Drawing on the collective knowledge and lived experience of the mental health and addictions community, C/S Info provides information and resources to improve the quality of life and sense of community for all” (Package # 10). As opposed to dictating what consumers/survivors experience ‘should’ be, this statement exemplifies how lived experience can be a powerful resource in understanding how to ‘belong’ to the greater

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<sup>133</sup> The Centre for Addiction and Mental Health.

community. Recall again that van Manen (1990) instructs us that “the world of the lived experience” departs from traditional ways of interpreting human behaviour and allow us to ‘see’ the interconnection between the I and the We (p. 53). The *CAMH* programming information package therefore served as a good example of the power and politics of language through text, and it gave me hope about our collective ability to change preexisting social narratives about Madness and poverty.

## 5.6 Community Development and Awareness as a Marker of Change

I picked up on this last theme because it showed me the possibilities of where this work could go. It started out as yet another example of how Madness and poverty were being taken up to show a ‘before and after’ scenario in communities seeking change. But, like any development of the human condition, *gradual* shift seemed possible from the newspaper articles that called for us to ‘see’ something different about Madness and poverty. Although none of the programming information packages spoke to community development and awareness, all four research sites were represented in the newspaper articles I collected around this theme. ‘Hope’ is a very slippery word, particularly when used in the context of pinning ‘us against them’. In fact, this kind of move can be very dangerous. What I was witness to however, was a marker of change. That it *is* possible to take pride in our ‘struggles’.

In building a sense of community, there is a desire to heighten awareness about the membership of this group. For, as phenomenologist Max van Manen (1990) reminds us, “In drawing up personal descriptions of lived experiences, the phenomenologist knows that one’s own experiences are also the possible experiences of others” (p. 54). The ‘struggle’ of Madness and poverty therefore, do not have to be wholly ‘bad’. In relating to one another, we can perhaps look at the lived experience of Madness and poverty and see the joys and wonder that can be extracted from any experience. We can allow lived experience to be a *teacher*, and allow Madness and poverty to show us yet another way of being human. Moreover, in making this move, in allowing ourselves to be re-organized, we can pay close attention to the ways that Madness and poverty currently exist in our world. We can cross their metaphorical bridges and realize it is not the reality that we really want to ‘know’ anyone by. We can take *pride* in being



who we are, individually (the I) and collectively (the We). To think this through further, I will now give my conclusions about what we have ‘seen’ so far in this dissertation and where we can possibly go with this work.

## 5.7 Conclusions

Here, at the conclusion of my dissertation, I would like to think about what we have seen so far. I came to this research wanting to understand my lived experience under the guiding principle that we never do ourselves alone (Arendt 1958). I have lived through my Madness – ‘my Bipolar disorder’ – and I want to make sense of the commonsense ways in which I know me (the I) and I know my disability (from the We). I started off this work only really knowing ‘my Bipolar disorder’ through the dominant voice of medicine<sup>134</sup>. I have since come to understand my identity as a Mad person through my sociality<sup>135</sup> and all that encompasses this “life-world” (van Manen, 1990, p. 54). This life-world is the society to which I am inextricably linked. It organizes who I am, what I do, and how I perceive the world.

In returning to the question: How does mental health become taken-for-granted as a shared social phenomenon, and how does that in turn, determine access to mental health programming?, I can now give an answer. The first half of this question was determined by what I have described above. Throughout this dissertation, I took the time to illustrate ‘mental health’ or Madness as a taken-for-granted and shared social phenomenon, and I did this by examining it in relation to 6 themes I initially found in my newspaper articles (my first set of data), and then applied to the mental healthcare programming information packages (my second set of data): 1) Crime/Policing; 2) Racial Issues/Immigration; 3) Addiction; 4) Homelessness/Housing; 5) Politics; and 6) Community Development/Awareness. Through an analysis of these 6 data themes, I also saw how the notion of social disorder can encompass many other deviants from the norm, such as poverty. Together, Madness and poverty taught me that *representation* is a very powerful tool being utilized by many arenas to make sense of issues that seem amiss in our culture. I

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<sup>134</sup> For a description of this medicalization of my lived experience through the *DSM-5*, see pp. 40-41 of this dissertation.

<sup>135</sup> See Natanson (1970), p. 65.

demonstrated this through a narrative analysis of newspaper articles and mental healthcare programming information packages from the areas of Lawrence Heights/Manor<sup>136</sup>, Moss Park<sup>137</sup>, Parkdale<sup>138</sup> and City of Toronto<sup>139</sup>. I performed a textual examination of Madness and poverty being taken-up as *sense making devices*.

To speak to my primary research audience, the work of Disability and Mad Studies, those gaps I earlier highlighted in particular of the Social Model of Disability<sup>140</sup> – in detaching the disabled or ‘disordered’ experience from the individual (and seeing it as a wholly social phenomenon) – was addressed by this dissertation in my demonstration of the connection between the I and the We. Utilizing an Interpretive Sociological lens allowed me to bridge this gap. In applying the research methods of ethnomethodology and phenomenology, I was able to explore the *semiotic* relationship of the collective and individual experience in its re-production of the textual representations described of Erving Goffman’s (1963) “spoiled identity” (or, the ‘marked’ individual). Through the examination of my data, I presented how Madness and poverty are examples of this ‘doing’ of knowledge production. I affirmed that their intertwined textual representations serve as an occasion to understand how knowledge about ‘disorder’ (embodied or structural) is not wholly social. Rather, it allows us to ‘see’ how we *simultaneously* produce such everyday understandings through both the individual and social realms. I illustrated this through my textual examples of Madness and poverty as Mitchell and Snyder’s (2000, 2006) “narrative prosthesis”<sup>141</sup>. My original research contribution is therefore in how I bridge this theoretical gap between the knowledge being produced by both the individual experience (the I) and the collective experience (the We) in reading, writing, interpreting and enacting the concepts of everyday texts. My research has served to open up a space for further discussion and thought about how we ‘do’ knowledge production, and in this case, through the everyday discourse surrounding Madness and poverty and the ways that it demonstrates sense-making devices (Garfinkel 1967).

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<sup>136</sup> For location map, see Appendix C.

<sup>137</sup> For location map, see Appendix D.

<sup>138</sup> For location map, see Appendix E.

<sup>139</sup> For location map, see Appendix F.

<sup>140</sup> See pp. 28-30 of this dissertation for my explanation of these gaps in the Social Model.

<sup>141</sup> See pp. 24-26 of this dissertation for the description of Mitchell and Snyder’s (2000) “narrative prosthesis”.

From the analysis and discussion of my research data, I conclude that the sense that is being made of Madness and poverty are more often than not, wholly negative. Images of these narratives call upon our banal understandings of these identities to provide readers with a means to justify certain problems in our society. To thus, answer the second part of my overarching research question, "... how does that in turn, determine access to mental health programming?", I can only give a partial answer of what I have 'seen'. Given that, as already discussed, Madness and poverty are always represented as something negative, it becomes difficult to step away from a medicalized<sup>142</sup> way of knowing these phenomena. Medicalized in the sense that such 'disorder' can only ever be understood as something we treat, manage and erase (Oliver 1990). But, as Michalko (2009) again reminds us, where else can disability live but within society? We clearly cannot erase disorder, whether it is embodied (like Madness) or structured (like poverty). Based on this, we have collectively made the move to 'help' in these areas. But, helpful efforts amount to little when they perpetuate the stereotypes that foster stigmatization (Cross 2010). Access to 'mental health care' is prevalent. I was witness to this in how many programming information packages I was able to collect. It is also a 'hot topic' in today's newspaper media, which I prove by all of the articles I came across. Still, 'access' is a tricky word because it does not capture the essence of what is going on. Yes, there is a lot of access to 'mental health care' programming and yes, we as a collective are seemingly aware of the need for this 'care'. But is it true 'access' when a Mad person, experiencing poverty, reads these brochures and only ever understands themselves to be a 'problem', a 'challenge' or a 'struggle' to be fixed? Do the newspaper articles that detail the 'root causes' of topics through Madness and poverty ever really give these identities a chance to be something different?

My glimmer of hope came when I saw Mad Pride being enacted through the texts. What I would like to see become of this research is a move toward knowing Madness and poverty anew. Not to say that there is not struggle and hardship in such identities, I know this to be a truth from my own positionality as a Mad person. But I propose this to re-think the space of these identities as something we can *learn* from. In *CAMH*'s move to change the language in which it reaches out to clients, we 'see' an example of how the Consumer/Survivor experience does not have to be

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<sup>142</sup> See Oliver (1990).

wholly 'bad'. We open up a place for possibility and new questions to ask of old ways of thinking. It allows me to take a 'look' in the mirror and see *my Bipolar disorder* as something that is beautiful, a teacher.

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## Appendix A

### All Programming Information Packages Consulted by Site:

\*\*\* = Primary Sources

#### Lawrence Heights

1. Across Boundaries \*\*\*  
51 Clarkson Avenue  
(416) 787 3007  
[www.acrossboundaries.ca](http://www.acrossboundaries.ca)
2. Bayview Community Services \*\*\*  
805 – 250 Consumers Road  
(416) 495 7778  
[www.bayviewservices.ca](http://www.bayviewservices.ca)
3. Canadian Mental Health Association (CMHA)  
480 – 700 Lawrence Avenue West  
(416) 789 7957  
[www.toronto.cmha.ca](http://www.toronto.cmha.ca)
4. COSTI Immigrant Services \*\*\*  
105 – 1700 Wilson Avenue (Sheridan Mall)  
(416) 244 7714  
[www.costi.org](http://www.costi.org)
5. Toronto North Support Services \*\*\*  
2 – 132 Rainside Road  
(416) 499 5969  
[www.tnss.ca](http://www.tnss.ca)

#### Moss Park

6. 416 Community Support for WOMEN \*\*\*  
416 Dundas Street East  
(416) 928 3334  
<http://416community.com>
7. Anishnawbe Health Toronto \*\*\*  
179 Gerrard Street East  
(416) 920 2605  
[www.aht.ca](http://www.aht.ca)

8. COTA  
201 – 550 Queen Street East  
(416) 785 9230  
[www.cotainspires.ca](http://www.cotainspires.ca)

9. Fred Victor Centre  
145 Queen Street East  
(416) 644 3081  
[www.fredvictor.org](http://www.fredvictor.org)

### **Parkdale**

10. Centre for Addiction and Mental Health (CAMH) \*\*\*  
1001 Queen Street West (Consumer/Survivor Information Resource Centre)  
(416) 595 6111  
[www.camh.ca](http://www.camh.ca)

11. Parkdale Activity-Recreation Centre (PARC) \*\*\*  
1499 Queen Street West  
(416) 537 2262  
<http://parc.on.ca>

12. Working for Change (part of PARC) \*\*\*  
203 – 1499 Queen Street West  
(416) 504 1693  
[www.workingforchange.ca](http://www.workingforchange.ca)

13. Parkdale Community Health Centre \*\*\*  
1229 Queen Street West  
(416) 537 2455  
[www.pchc.on.ca](http://www.pchc.on.ca)

### **City of Toronto**

14. Among Friends (LAMP Community Health Centre)  
2970 Lakeshore Boulevard West  
(416) 251 8666  
[www.lampchc.org](http://www.lampchc.org)

15. Getting in Touch (Jane/Finch Centre)  
108 – 4400 Jane Street  
(416) 663 2733  
<http://www.ckc.torontofoundation.ca/org/janefinch-community-and-family-centre>



16. LOFT Community Services  
15 Toronto Street, 9<sup>th</sup> floor  
(416) 979 1994  
[www.loftcs.org](http://www.loftcs.org)
  
17. Madison Community Services \*\*\*  
400 – 210 Dundas Street West  
(416) 977 1333  
[www.madisoncs.org](http://www.madisoncs.org)
  
18. Progress Place \*\*\*  
576 Church Street  
(416) 323 0223  
[www.progressplace.org](http://www.progressplace.org)
  
19. Reconnect Mental Health Services  
400 – 56 Aberfoyle Crescent  
(416) 248 2050  
[www.reconnect.on.ca](http://www.reconnect.on.ca)
  
20. The Toronto Mental Health and Addictions Access Point (The Access Point) \*\*\*  
661 Yonge Street, 4<sup>th</sup> floor  
(416) 640 1934  
[www.theaccesspoint.ca](http://www.theaccesspoint.ca)

## Appendix B

### All Other Newspaper Sources Consulted by Site:

#### Lawrence Heights

##### *By Author:*

White, P. "City votes in three 'bed-bug' nurses." *Globe and Mail* [Toronto, Ontario] 24 August 2011: A12.

#### Moss Park

##### *Web Retrievals:*

Anonymous. "'Passionate advocate for social justice' to take helm at Atkinson Foundation." *Toronto Star* [Toronto, Ontario] 14 August 2010. *Infotrac Newsstand*.  
<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA234397413&it=r&asid=88a957933c2e8ff2230cecf222bb2ce>

Anonymous. "Bed retailer's pledge helps provide 'a place to call home, a bed of their own'." *Globe and Mail* [Toronto, Ontario] 27 May 2011. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/hnpglobeandmail/docview/1513505723/97D521D5D51E4C18PQ/43?accountid=14369>

Anonymous. "Rich-poor divide in Toronto's hospitals." *Toronto Star* [Toronto, Ontario] 13 June 2012. *Infotrac Newsstand*.  
<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA292916298&it=r&asid=c4e861d0f04cc41316e6ba8c8026>

Anonymous. "What the Ward 21 byelection candidates say about themselves." *Scarborough Mirror* [Toronto, Ontario] 13 January 2016. *Infotrac Newsstand*.  
<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA4399544330&it=r&asid=156ca3f4318951cbe1d571f22d54ea96>

##### *By Author:*

Alphonso, C. "300-unit centre opens for low-income women." *Globe and Mail* [Toronto, Ontario] 21 May 2012: A8.

Bielski, Z. "Psychosis higher in urban areas, researchers find." *Globe and Mail* [Toronto, Ontario] 10 September 2010: L1.

Goar, C. “Shrinks and wack jobs get together.” *Toronto Star* [Toronto, Ontario] 12 April 2010: A17.

Goar, C. “Why service clubs still matter.” *Toronto Star* [Toronto, Ontario] 7 November 2012: A27.

Maga, C. “Exploring mental health of North America’s poor.” *Toronto Star* [Toronto, Ontario] 24 November 2016: E6.

Scoffield, H. “‘Vulnerably housed’ face same major health risks as homeless people: Mental illness, hunger and chronic health issues such as arthritis and hepatitis found equally prevalent among the two groups.” *Globe and Mail* [Toronto, Ontario] 20 November 2010: A16.

Zerbisias, A. “Activist’s life of tragedy and triumph.” *Toronto Star* [Toronto, Ontario] 25 February 2013: GT3.

## **Parkdale**

### ***Web Retrievals:***

Anonymous. “Advocates fear community care won’t materialize. More patient support services needed before Ontario closes psychiatric beds.” *Globe and Mail* [Toronto, Ontario] 18 June 1993. *Infotrac Newsstand*.

<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA163904650&it=r&asid=fcbae3936c792e0368f2c2f2a47b0ffc>

Anonymous. “Welfare recipients get raise – but only up to 1988 level.” *Toronto Star* [Toronto, Ontario] 1 November 2008. *Infotrac Newsstand*.

<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7AC188217797&it=r&asid=7991b3ed4804dfb1e167dfb9d4cd30a4>

Anonymous. “Why Canadians should feel proud.” *Toronto Star* [Toronto, Ontario] 26 December 2009. *Infotrac Newsstand*.

<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA215245140&it=r&asid=538480965c3800a3083dc8f87c0e8e1e>

Anonymous. “Crisis at Parkdale food bank; Shelves bare, coffers empty as centre struggles to cover rent.” *Toronto Star* [Toronto, Ontario] 17 July 2011. *Infotrac Newsstand*.

<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA261487212&it=r&asid=4195e73d0b967dfbbcd51be11a7c55>

Anonymous. "Silenced women we need to hear." *Toronto Star* [Toronto, Ontario] 13 November 2011. *Infotrac Newsstand*.  
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Anonymous. "Not your typical fashion show at Strachan House." *The Parkdale Villager* [Toronto, Ontario] 24 October 2012. *Proquest*.  
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Anonymous. "'they tried to quiet her down' Ontario nursing homes are routinely giving strong antipsychotic drugs that can have deadly side-effects to seniors in an effort to restrain those who wander or are agitated. One of them was Ethel Geraldine Anderson." *Toronto Star* [Toronto, Ontario] 15 April 2014. *Infotrac Newsstand*.  
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Anonymous. "BLINDSIDED; The ordinary Canadians are innocent. Many were never charged. One simply parked outside the wrong pizza shop. Another dialed 911. But they all failed a routine police check. You could, too." *Toronto Star* [Toronto, Ontario] 17 May 2014. *Infotrac Newsstand*.  
<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA368441615&it=r&asid=b1a5742707b5aa2caaa432c38d7b0274>

Anonymous. "Technology won't fix Ontario's stingy welfare system." *Toronto Star* [Toronto, Ontario] 6 February 2015. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1651675349?accountid=14369>

Anonymous. "Parkdale Activity-Recreation Centre celebrates 35<sup>th</sup> year." *The Parkdale Villager* [Toronto, Ontario] 7 April 2015. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1670915621?accountid=14369>

Anonymous. "CAMH and Sketch help keep recently-housed youth permanently off the streets." *Parkdale/Liberty Villager* [Toronto, Ontario] 16 July 2015. *Infotrac Newsstand*.  
<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA422064172&it=r&asid=c5948fdd48c6c87c9b360f8245602fbb>

Anonymous. "Parkdale Activity-Recreation Centre drop-in knitting participants 'yarn bombing' the neighbourhood." *The Parkdale Villager* [Toronto, Ontario] 5 August 2015. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1701860560?accountid=14369>

Anonymous. "Toronto children's initiative launches Project Snowman, a 30-day snowsuit drive and fundraising campaign." *Parkdale/Liberty Villager* [Toronto, Ontario] 13 November 2015. *Infotrac Newsstand*.  
<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA434517682&it=r&asid=91822390d9c62ac6fbc65dd3518f096b>

Anonymous. "CAMH Money Wi\$e program offers fun and financial literacy." *The Parkdale Villager* [Toronto, Ontario] 3 December 2015. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1739292785?accountid=14369>

Anonymous. "Instrumental changes coming to libraries; Memory of Kingston musician inspired friends to catalogue and lend instruments – an idea spreading to Canada's major cities." *Globe and Mail* [Toronto, Ontario] 24 December 2015. *Infotrac Newsstand*.  
<http://go.gale.com/ps/i.do?p=STND&sw=w&u=tplmain&v=2.1&id=GALE%7CA438371791&it=r&asid=5c1d9a7f72bb76bb2257b6f7392211eb>

Anonymous. "Boulevard Club lends its support to meal programs and mental health." *The Parkdale Villager* [Toronto, Ontario] 29 December 2015. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1752555096?accountid=14369>

Anonymous. "Spring into Parkdale Sidewalk Festival to highlight fraying social safety net in Ontario." *The Parkdale Villager* [Toronto, Ontario] 3 May 2016. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1786420538?accountid=14369>

Anonymous. "Organizations share positive social change ideas during Toronto's west-end YIMBY Festival." *The Parkdale Villager* [Toronto, Ontario] 22 May 2016. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1790310605?accountid=14369>

### **By Author:**

Anonymous. "Mental Illness." *Toronto Star* [Toronto, Ontario] 2 May 2009: U2.

Clay, C. "Concert raises fund for food program." *Mississauga News* [Mississauga, Ontario] 14 December 2009: 1.

Iwanek, M. "Solace found in celebrating the solstice: Parkdale centre gathering lets visitors forget troubles on the longest night of the year."

McDiarmid, J. "10 people making a difference." *Toronto Star* [Toronto, Ontario] 27 November 2012: A4.

Monsebraaten, L. "Giving a voice to the vulnerable." *Toronto Star* [Toronto, Ontario] 12 July 2008: A13.

Monsebraaten, L. "Meet one of the reasons Ontario's doing OK." *Toronto Star* [Toronto, Ontario] 12 September 2013: A6.

## **City of Toronto**

### ***Web Retrievals:***

Anonymous. "PROSTITUTION: The weighing of complex harms." *Globe and Mail* [Toronto, Ontario] 29 September 2010. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1444937866/66E8F930C4FD47F9PQ/21?accountid=14369>

Anonymous. "Ottawa takes credit for drop in homelessness." *Globe and Mail* [Toronto, Ontario] 30 October 2013. *Proquest*.  
<http://search.proquest.com.ezproxy.torontopubliclibrary.ca/docview/1446866651?accountid=14369>

### ***By Author:***

Brown, I. "UNLOCKING THE CRIME CONUNDRUM / What are we really afraid of?" *Globe and Mail* [Toronto, Ontario] 9 April 2011: F1.

Grant, T. "New companies are cooking up more than just profits." *Globe and Mail* [Toronto, Ontario] 2 April 2011: M1.

Kramer, L. "A beggar at my banquet." *Globe and Mail* [Toronto, Ontario] 1 May 2014: L8.

McIlroy, A. "How poverty shapes the brain: Scientists hope bold new research will help poor kids succeed." *Globe and Mail* [Toronto, Ontario] 25 May 2010: A1.

Picard, A. "Heartbreak city: disabled kids." *Globe and Mail* [Toronto, Ontario] 31 January 2012: L1.

Pitts, G. "Bay Street visits other side of the tracks." *Globe and Mail* [Toronto, Ontario]  
12 October 2009: B1.

## Appendix C

### Site Map of Lawrence Heights/Manor:



Screenshot taken from the following URL on October 12, 2017:

<https://www.google.ca/maps/place/Lawrence+Heights,+Toronto,+ON/@43.719737,-79.4558287,15z/data=!3m1!4b1!4m5!3m4!1s0x882b317b81608591:0x798956135194532e!8m2!3d43.722774!4d-79.450928>



## Appendix D

### Site Map of Moss Park:

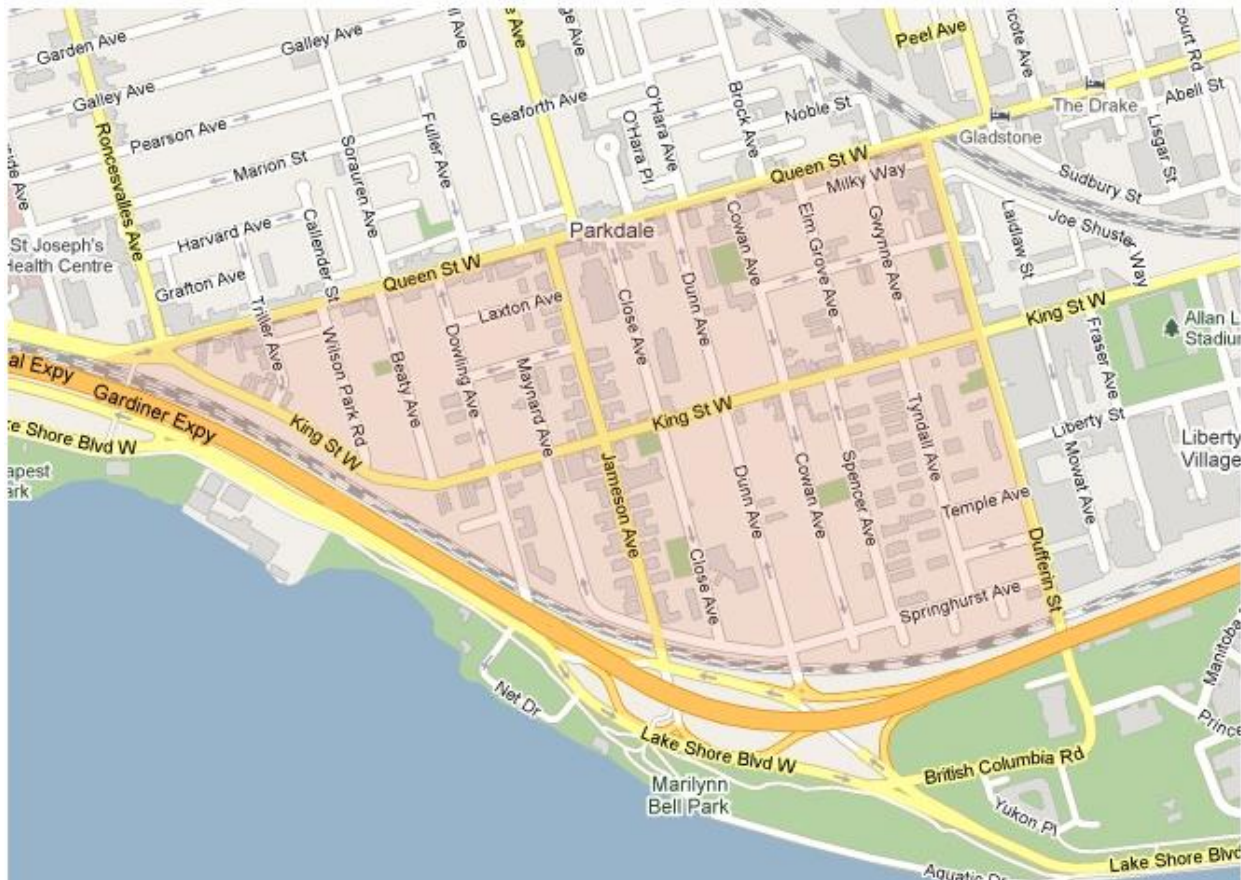


Screenshot taken from the following URL on October 12, 2017:

<http://www.klugerealestate.ca/moss-park-toronto-real-estate-condos-mls-listings.html>

## Appendix E

### Site Map for Parkdale:



Screenshot taken from the following URL on October 12, 2017:

<http://travelquaz.com/map-of-parkdale.html>

## Appendix F

### Site Map for City of Toronto Boundaries:



Screenshot taken from the following URL on October 12, 2017:

[https://en.wikipedia.org/wiki/Amalgamation\\_of\\_Toronto#/media/File:Toronto\\_map.png](https://en.wikipedia.org/wiki/Amalgamation_of_Toronto#/media/File:Toronto_map.png)