

The Wicked Problem of Violences in Mad Places/Spaces and People

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This is an introductory article to a collection of themed papers relating to madness as violence of various kinds by people in powerful, often privileged positions, in human organisations. It presents the theoretical framework by outlining how the abuse of power and usually invisible privilege of people in power has maddening effects on subordinate members of an organisation. This is counter-posed with the more conventional understanding of mental illness being about madness and being the preserve of people labelled as mentally ill. Further, spaces and places such as mental hospitals and universities are shown to be containers of systemic violence to the extent there are no proactive efforts to create trauma-informed cultures and workplaces. What counts as madness needs to be reconsidered in light of this collection of papers about this most wicked of problems.

About Wicked Problems

The moral sophistication and social justice of a society might be measured, if it were possible to measure such things, in the manner in which we treat our most vulnerable people, animals and ecosystems. Issues that relate to the social and moral order of society may be experienced as private troubles but they are ultimately social issues requiring social responses (Mills 1959: 8). The nature of the issues explored in this issue of *Social Alternatives* is at the centre of many of the socio-economic, environmental and spiritual challenges of our time. Further, the issues are of an order that defy one-dimensional explanations, readily agreeable priorities, language that can only express the sayable, simple solutions that will hold over time for everyone impacted, and our various investments in the issues discussed. As such, the topic of violences in mad places, spaces and people constitutes a wicked problem which refers to 'concerns emerging from the uncertain and complex interactions between economic, social and environmental systems' (Palmer 2015: in press n.p.) for which there are no obvious final answers.

Within this complexity Palmer notes:

Systems theory provides a way forward for working with wicked problems, in particular the identification of leverage points for intervention in a system (Meadows 1997). Meadows identifies the 'mindset or paradigm out of which the goals, rules, feedback structure arise' as the most effective leverage point. An effective dialogue (and ultimately something like a solution) around a wicked problem might be possible if the power differences and paradigm differences between stakeholders can be made explicit (2015: in press).

This introduction to this edition of *Social Alternatives* maps the theoretical framework and key points of analysis of the collection of contributions. As a whole, the edition constitutes a political activism in written form that seeks to speak to people in positions of power whose actions may have maddening effects on others who are more often identified as mad or bad. Unless our exercise of power is checked to guard against harming others we are likely to be one of the mad ones – one of the people who are acting violently and who are advantaged by not noticing it or taking responsibility for our actions, even if pointed out to us by an aggrieved person. As Van Dijk notes, typically in democratic societies the use of power is 'persuasive and manipulative rather than coercive' (2008: 85) and thus less explicit. For decades the mental health consumer movement has been speaking loud and clear about what is the problem for them (Deegan 1996: 1) and what would help. However, evidence that the dominant actors in the mental health systems of care are listening is hard to find. But the dominant discourses as located in key government reports on mental health are replete with recovery language often co-occurring with arguments for the use of violence (Mental Health Branch 2008: 5). How is this double speak possible? Who is served by it?

Not Mental Illness but Violence as Madness

In this issue, as contributors, we seek to create a space for dialogue and reflection on subjugated discourses relating to the nature and politics of 'madness' in Western capitalist-democratic societies such as Australia. We place social power dynamics at the centre of understanding mental health systems of care and other organisations, experiences of mental illness, and organisational violence. The purpose is not to provide

a comprehensive historical, clinical or social analysis of dominant constructions of mental illness. Rather, the focus is placed upon revealing the largely hidden discourses and related unsayable exercises of power by non-mentally ill people, often professionals and managers, in a range of forms of organisational and systemic violence (Mattiesen and Einarsen 2007: 735). These hidden discourses represent a culture of silence (Freire 1970: 12) that enables privileged and advantaged positionings of some people to be maintained at the cost of others who can then be devalued, stigmatised and disadvantaged as a consequence (Repper and Perkins 2009: 120).

Madness as used here refers to the hidden dominant discourses of abuses of legitimate power by people with socially valued identities and positions (Van Dijk 2008: 86). Thus violence as madness is a political marker that is not recognised, but in a contradictory way this non-recognition is part of the mechanisms of power reinforcing itself. How did madness, as more typically referring to the experiences of individuals who are often subject to trauma and abuse (Bloom 1994: 474), become the containers in their personhood of the dominant discourse of mental illness? In this way, the term 'madness', which has historical echoes for describing people labelled as mentally ill, is turned upon itself to accent this powerful myth-making contradiction and refers to violence which doesn't declare itself. Sapouna, strongly influenced by Foucault, argues that:

A meaningful process of de-institutionalisation cannot be achieved unless issues of control and professional power are addressed (2012: 612).

Here, madness refers to violence which is not owned by anyone and thus does not seem to locate in people and as a result no one needs to put themselves forward to be accountable for harm done even if unintended. Rather, these direct or indirect forms of manipulation, injustice and harm can be exercised in the guise of respectable professional practices and organisational policies which can nevertheless harm, discriminate or otherwise demean or control people (Young 1990: 57; Leonard 1997: 95). Thompson writes:

Organisations are dangerous places. They are major sites of power and conflicts of interest and so considerable harm can result from complex and potentially destructive processes that go on between individuals, between groups and between organisations and their employees (2011: 186).

To stay alert to the complexity of behaviours and non-actions that can comprise violence as we refer to it in this collection of articles, we use the term 'violences' unless being explicit regarding a particular type of violence. This term also seeks to alert us to the contestable nature of violence and to the confounding dynamics whereby violence can be intertwined with safe, respectful,

cooperative interactions within the same relationships, people and systems (Leonard 1997: 179). It will not be the people who are acting in mad ways who will accept that their behaviour is violent. Thus this respectable form of violence is mystified and denied, leaving a vacuum for the impacted person or groups to puzzle at the cruelty visited upon them or to internalise the oppression and blame themselves (Mullaly 2007). Discursive and ideological practices operate to keep organisational violence as one of the last undeclared issues of our time.

In this issue the contributors adopt Foucault's relational understanding of power, which can be both harmful and productive. Further, we wish to emphasise his idea that where there is power there will be resistance (O'Farrell 2007: n.p.), even if in some circumstances the resisters do not declare their views (Scott 1990: xi). A structural appreciation of the exercises of power as creating inequalities and violences (Thompson 2011: 25) is also proposed. The invisibility of privilege reinforces the unfair advantages that accrue to people not labelled as mentally ill. Madness refers to this unfair advantage of privilege gained by being in a position to define what counts as mad and what counts as rational and socially acceptable (Rothenberg 2005: 98). This in turn can reinforce the *status quo* in systems of care and education in contemporary Western societies. In the present context, privilege refers to the advantages that accrue to us by virtue of our social standing as professionals, in my case, a social work academic. Privileges such as a high income, a permanent position, status, recognition as being an expert who is valued, accrue to me in this way. This affects how others treat me/us, including how we perceive what power we are able to exercise. As Rothenberg writes 'members of the privileged group gain many benefits by their affiliation with the dominant side of the power system. This affiliation with power is not identified as such ... often it is presented as individual merit' (2005: 99). This access to privilege positions us (but doesn't fully determine us) in relation to broader social power relations that are typically unequal (Thompson 2011: 189), such as males/females, heterosexual/gay, rich/poor, expert/lay and mad/sane. Young writes:

The imposition of scientific reason's dichotomy between subject and object on hierarchical relations of race, gender, class and nationality ... has deep and abiding consequences for the structuring of privilege. The privileged groups lose their particularity, in assuming the position of the scientific subject they become disembodied, transcending particularity and materiality, agents of a universal view from nowhere (1990: 127).

Thus, the effects of dominant groups' actions, which are harmful, discriminatory and unjust, can become unlinked from the social actors. This unlinking allows the abusers of power, if unwilling to be responsible and to make

amends for their actions, to get away with crimes against humanity. The challenge is not lack of sufficient evidence about the maddening effects of violence, but rather it is in keeping the gaze and moral and political pressure on the powerful (Leonard 1997: 43). Equally important is the need to avoid the madness reverting back to victims blaming themselves or being blamed (Thompson 2011: 127) by the dominant people who have extensive vested interests in maintaining the *status quo*.

Spaces and Places as Containers of Systemic Violences

Many of the contributions presented here challenge who is usually constructed as 'mad', and several contributors suggest studying upwards at the powerful people (Bell 1978: 14). This is about bringing the attention to those who can use privilege to hide their madness, or even their mental illness, behind a rational exercise of legitimate, positional authority. Part of powerful peoples' legitimate use of power in the workplace is exactly about the construction of 'others' as the problem, and as mad, bad or some mix of these labels. Research by Martinez et al., for example, shows that for people so labelled there can be a loss of regard for their humanity and increased social rejection (2011: 1). The use of diagnosis, clinical risk assessment and other treatment tools in mental health settings is well recognised as part of the mechanisms of professional power that enables the dominant constructions and labelling (Corrigan 2007: 31). One of the maddening effects of these practices can be the displacement of responsibility for harm done through the power to define the norm and themselves/ourselves as 'normal', and especially to ensure they/we aren't seen to be, or aren't labelled as, mentally ill (Leonard 1997: 99). For the sake of the sanity (and rationality = right ordering) of society, this intolerable taboo of the care-givers, managers and the intelligentsia as being mentally ill must be avoided at all costs.

The contributors in this edition do not regard the medicalised, individualised and pathologised dominant construction of mental illness (Thompson 2011: 126) to be monolithic, necessarily harmful for clients or universally agreed to and practised. However, we do wish to draw attention to the shadow it leaves unaddressed. This unaddressed shadow is an example of the functional value of violences in organisations which hide and invert who is the problem and who needs to be controlled (Buchanan and Badham 1999: 71). This can be achieved by force if necessary, through legitimate means if all else fails, as enshrined in the *Mental Health Act* (Queensland Government 2000). Further, systemic violence is not the sole preserve of mental health services but perhaps here the contradiction is more confounding and more firmly entrenched. Universities as the supreme formally legitimated expression or symbol of the intelligentsia of society, where the rational, ethical pursuit of knowledge for the benefit of society is undertaken (Brennan, King and Lebean 2004: 8), can too be places for the exercising of power as violences.

Violences exercised and the resistances to these violences are not restricted to mental health systems and are to varying extents operating in all human systems, including universities, private businesses and multi-national corporations (Towie 2008: 16). Only two organisational examples are highlighted in this edition of *Social Alternatives*, these being chosen by virtue of the contributors' professional and sometimes personal experiences of violences. The examples attempt to show how human created spaces and places can be containers for, and perhaps can intensify, systemic violence through spatial dynamics such as 'placeless power' and 'powerless places' (Earles and Lynn 2012: 8). We suggest this will continue to be so unless collective, concerted non-violent efforts are undertaken to create safe spaces in all the places we work, seek care, engage in learning or from where we do business.

Through explicitly linking workplace/organisational violences and madness, this themed edition of *Social Alternatives* seeks to unsettle dominant constructions of mental illness as represented in the growing number of classifications provided by the American Psychiatric Association (APA 2013). At the same time, the purpose is not to detract from peoples' experiences of trauma, loss and distress to which mental health systems of care seek to respond.

People with a lived experience of mental illness who seek care in public (and private) facilities might be served, but perhaps not be surprised by, the exposing of the embedded nature of violences in human systems. What counts as legitimate knowledge and who makes claims of being expert is perhaps nowhere more contested than in the area of mental illness (Frances 2010: 1). The dominant paradigm upon which Western mental health systems are premised is the medical model (Thompson 2011: 125-126), specifically psychiatry. The worldwide mental health consumer rights movement has long protested the damaging effects of an over-reliance on a biochemical approach to treating severe and persisting mental illness (Citizen Commission on Human Rights [CCHR] 2014: n.p.). The concern tends to correlate with the rise, and increasing influence, of multi-national pharmaceutical companies in medicine (Cosgrove and Bursztajn 2010: n.p.) and the related strong adherence to pharmacological treatment. However, it is well recognised that psychiatric medications are 'dirty' drugs, so called because of their often troubling, sometimes life threatening side effects (Whitaker 2010).

Bloom's ideas regarding what constitutes violence in human systems are significant in holding an organisational and cultural perspective on violence as abuses of authorised power that can have maddening dynamics. Sites of systemic violence can be understood as traumatised organisations (Bloom and Farragher 2013: 19) which have as key characteristics a lack of safety for participants/members and a lack of democracy

and justice in their processes (Bloom 2014: n.p.). The creation of safety, including physical, emotional, social and moral safety (Bloom 1994: 479), both in psycho-personal spaces and socio-cultural spaces, suggests that violence can be tempered, resisted and challenged (see for example the value attributed to staff reflective practice groups in Dawber 2013: 241). However, the systemic nature of violence also suggests that more than individual actions are required to effect cultural change toward what Bloom and Farragher call 'trauma-informed' mental health services (2013: 28).

The functional value of violence needs to be recognised. Crane and Matten (2010: 167) identify a range of behaviours adopted by business managers and supervisors for rationalising unethical behaviour. Thus, a manager's denial of responsibility for harm done as a result of their un-owned bullying toward a colleague can result in the effects being maddening for the victim (de Maria and Jan 1994: 1). Such dynamics are maddening because the person's experience of being abused is not recognised and further, the discourse can in fact be the opposite where they may be constructed as being the bully! The colleague has to grapple with a dominant abusive use of power as normal, professional and as the correct use of power, and certainly not something that can be challenged if they want to keep your job. Hence the victim can feel distressed, silenced, made wrong and seen to be the problem. This can challenge their sense of fairness but more so their sense of reality.

Going mad can also have a functional value. To allow the possibility that your manager is abusive, that perhaps the whole management group of your workplace is colluding with their abusive behaviour by holding a united front against complaints, can be an impossibly irrational idea. That some of your peers have ostracised you, feel justified in so doing and that you are becoming unsure of your own ability to stay competent, can compound the systemic violence. Scapegoating of staff who whistle-blow and who otherwise threaten the *status quo* is well recognised (de Maria 1999: 1) and for the colleague it will be a struggle not to go mad. To allow the possibility of everybody you know in the organisation colluding with you being marginalised without being seen to be doing anything wrong is harder than going mad.

The gaze of those near to the situation does not look to other actors, as the mad person becomes the container for others failures to act and to avoid violence. More than this, the structural dynamics of inequality and injustice are left unchallenged again.

Standing as Allies with People Who Experience Mental Illness

Mental illness has many causes and while this themed edition of *Social Alternatives* does not focus substantially on the nature of mental illnesses, authors collectively acknowledge the diversity and authenticity of experiences for people with a lived experience of mental illness. We also acknowledge the highly contested term 'mental illness' and the confusion and distress this can have for people given this label/diagnosis. Additionally, we acknowledge the often extremely damaging effects of stigma and the legalised control of some people with mental illness, which can include force in various forms including seclusion and restraint. International speaker and Yale University Professor of Law and Psychology, Saks (2012: n.p.) claims nobody she knows who has been restrained against their wishes when suffering from a terrible illness has found it a positive experience.

The contributors wish to stand as allies with all people who experience mental illness as a devalued, stigmatised human response to their life circumstances. Your/our personal experiences are not the wicked problem.

At the structural or public issue level of the wicked problem, we recognise that violence is condoned by a (patriarchal, capitalist) society (World Medical Association [WMA] 2010: n.p.), is often gender based (Campbell 2011: 1), and has traumatising, life threatening effects including cross links with a higher prevalence of mental illness for survivors (Braaf and Meying 2013: 1). Workplace violence is very similar to domestic and other forms of inter-personal violence in its dynamics, culture of blame and silence and human costs – for example the loss of productivity and health impacts due to workplace stressors (Jackson and Clements 2006: n.p.).

The contributions in *Social Alternatives* show there is a pressing need to link the micro-level theorising relating to interpersonal violence, organisational violence and broader societal violence. Specifically, the ability to 'think globally and critically' while acting 'locally and dialogically' might give us something to hold on to, to keep our focus in the intensity of efforts to transform violent interactions and cultures into non-violent relationships and spaces. The organisational and workplace cultural level of human interactions has been insufficiently theorised and could be the new site for the social movements of our time. For this to be so we need to build an appreciation of the nature of indirect power relations alongside direct and bureaucratic forms of power with the aim of then learning how to resist violence and continually negotiate for justice and peace. This is where we need to stand with our allies.

Insider Accounts as Political Activism for Non-Mad Spaces and Places

As Martinez writes:

... We have an unfortunate tradition of separating our work and our politics. Or, more specifically, of

treating our work practice as if it were essentially non-political. This is, of course, an illusion. All work is political. All mental health assessments and interventions are political. The job of progressive health care activists is, first, to recognize [sic] the political nature of everything we do, and secondly, to seek out and practice those forms of politics that will ensure the best possible health care system for all people everywhere (2005: n.p.).

We offer our writing as insider accounts of political activism in helping to create non-mad spaces and places. The activism is about extending the analysis of who and what counts as mental illness and for whose purposes, at whose cost and with what implications for social wellbeing, justice and democracy. This is not so much about activism as being oppositional and confrontational, as this can further reinforce 'us versus them' power dynamics. It is an activism more in regard to conscious and collective critically informed efforts to change cultures of violence into cultures of healing and justice.

Costley suggests that the insider is:

In a unique position to study a particular issue in depth and with special knowledge about the issue. You are in a prime position to investigate and to make changes to a practice situation. You can make challenges to the status quo from an informed position ... some work issues are beset with paradox and ambiguity but an insider is often able to unravel and comprehend such intricacies and complications (2010: 3).

Kerstetter, citing Merton (1972), writes that 'the insider doctrine holds that outsider researchers will never truly understand a culture or situation if they have not experienced it' (2012: 100). As contributors providing insider accounts, we tend to agree with Kerstetter that the relative nature of writers' identities, by which she means the insider versus outsider dualism, is not that helpful (2012: 100). At the very least, none of us is outside the cultures of violence we refer to: there is no objective, a-contextual place from which to theorise on this issue. We like the non-fixed and non-dualistic positioning of 'the space between' as described by Dwyer and Buckly (cited in Kerstetter 2012: 101).

In the various locales where the reality of violence is occurring and the potentiality of non-violence and safe spaces waits to be claimed, we choose the latter and at this time express our hopefulness in the collective effort of our contributions herein.

Overview of Contributions

An integral aspect of the theme of insider accounts of mad places/spaces and people are the contributions located in the Commentary section of this edition of

Social Alternatives. The following four insider accounts are premised in knowledge derived from lived experience where mental health consumers' voices are centred. As such the contributions are speaking back to many of the structural and cultural issues of violence identified in the research contributions. The stories are foregrounded in the themed edition and collectively challenge current mental health systems of care and dominant discourses of discrimination which hide the mechanisms of power which perpetuate violence and injustice. The insider accounts are as follows:

Michael Burbank frames his writing with opening comments about the violences of mental hospitals with locked doors being of a different order of suffering than prisons. He calls for mental health professionals specifically to reflect on their part in the perpetuation of separations and dualisms that dehumanise and undermine people's recovery efforts and sense of belonging in society.

Bernie Waterhouse wore the maddening effects of institutional care in her body and her journey of rebuilding her life is told to show how the non-mad people who cared for her in the mental hospital were also the same people who were responsible for much harm and suffering.

Robyn Kemble's article tells of her experience with mental illness while she was working in a mental health service. She suggests there is an intolerable taboo that adds to the suffering she went through which is akin to a rejection of, or denial of the existence of, a professional care-giver precisely because they have a mental illness.

Chloe Warrell, Ann Ingamells, Marilyn Palmer and Dyann Ross build on the ideas in the editorial introduction to suggest that domestic violence theory is adapted to name the unsayable and to interrogate normalised practices. These normalised practices can hide violences of various kinds including the extent of harm and injustice in mental health systems and universities.

Matt Dilges shows how the context of helping in mental health systems needs to be addressed as an integral aspect of care to avoid causing harm to consumers. He presents some key informing ideas of a mental health model of practice which centre on the clinician's critical reflective practice. Theories of attachment, development, systems, neuro-biology and sensorimotor psychotherapy, are overviewed to convey a trauma-informed way to work with people with mental illness.

Dyann Ross, James Campbell and Alex Dyer's article focuses on the very troubling practice of secluding and restraining some people who are mental health inpatients. The organisational and managerial practices of mental hospitals may create violence-prone cultures, which set the scene for the need for seclusion and

restraint of the most vulnerable members in the system of care.

According to Chris Dawber, there is a tendency toward defensive, self-protective and aggressive practices by mental health service frontline staff trying to manage impossible tensions of systems pressures and consumer needs. He suggests this might be addressed by avoiding a gatekeeper role and adopting the idea of intake workers being concierges.

This mental health themed edition of *Social Alternatives* concludes with a visionary and summative statement from Marilyn Palmer. Violence is not inevitable and its functionality in some spaces and places does not have to be accepted as the norm that is not to be questioned. The integrity of public services such as mental health care and universities, which prepare the next generation of the professional class, is at stake. The moral quality of society is based on the extent of social justice, democracy, mental health and safety of all people. Achievement of such a society depends on us engaging in dialogue about the maddening effects of violences and how the precipitating factors can be ameliorated, resisted and transformed.

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THAT DARES TO SPEAK ITS NAME

Love, after twentyone years of suicidal
despair. After confusing the writing with the
drinking, and the drinking for the writing, came love.
After a momentary loss of breath, a fabled
brush with death, after downing downers in the hope
of drowning and finally coming up for air
and finding him, came love, came love, came love...

JIM ARKELL
MAITLAND, NSW

Breath Test

Boxer was driving; we were not surprised
that Sunday morning to be flagged down
and breathalysed. Standard practice,
saving lives etcetera. But then the question:
Where are you two off to this sunny morning?
None of your business, I would have snapped,
but Boxer told him, and said as we drove away,
No need to fuss; we've got nothing to hide.

Privacy is so last century, but I can't give it up.
No twitterverse or Facebook can tempt me:
I see the web as threat as well as promise;
my lusts and fetishes remain my own. Even
watching TV, I always turn the sound off ads.
My mobile phone is seldom on, I still write letters,
talk only to friends on email. Passé, I know,
traders see me as subversive to their paradigm.

A trader like Snowden has opened the box
out of which Orwell's future flies: soon there'll be
no room where lovers can fuck in privacy. Wives
and ASIO and Centre Link and all the agencies
of government will want to know what they think
they're doing, sharing bodily fluids without a minister's
approval. Nothing of what we do will dodge the cameras,
the phone tap, the blue light questions by the roadside.

When every call of every citizen is tracked,
when every Facebook like is logged and tabulated,
so little choice, so little sense of freedom
and happiness is having wants supplied, and wants
are manufactured to keep economies afloat
with the gadflies paid to run talk shows on TV
then Boxer is a willing guest who shows that
all's still well in this best of all possible worlds.

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