

**MADNESS LITERATURE REVIEWS - View**

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Abstract

Bedlam on the Streets, by sociologist Caroline Knowles, asks on the back cover: What happens when the mad are let out of the asylum and there is nowhere for them to go? In the process of addressing this question, she includes in her study the voices of schizophrenics which provide harrowing testimony of the terrifying descent into madness in their stories marked by vulnerability and dangerousness. The material for this book, including a large number of photographs by Ludovic Dabert, was assembled by researchers working out of Concordia University in Montreal between 1992 to 1998. The people who are interviewed are from the lowest strata of society in Montreal homeless individuals and people living on a fixed income in rooming houses.

Knowles makes some good points that are, unfortunately, mixed in with caricatures in regard to how mad people are depicted. Perhaps part of the problem with her approach is that, as she says on page 15, the selection of 60 people diagnosed as schizophrenic who were interviewed, were selected by staff at the places they visited. It seems that the author had no direct personal contact with any psychiatric consumer/survivor organizations in Montreal, even though such groups have been active there since the 1980s (see Irit Shimrats book *Call Me Crazy*, Vancouver: Press Gang, 1997, p. 83-88). Relying on staff for the selection of who would be interviewed suggests a professional knows best approach to who is involved in this study, rather than one which places emphasis on participatory involvement of the community of people who are being studied.

It would, of course, be completely inappropriate for a researcher to simply walk into a community centre, for example, and start trying to interview people without setting up some sort of non-intrusive arrangement beforehand. Going through a third party source to arrange interviews with people you do not know is usually the right way to go, especially in relation to a group of people as socially isolated as homeless people and ex-psychiatric patients. This can ensure people do not have their privacy invaded by an outsider without some boundaries being established first. But the author could have tried to arrange interviews by contacting psychiatric survivor or consumer groups in Montreal. This may have helped to provide a greater degree of sensitivity about how to think about those individuals being interviewed than is sometimes shown in this book. It may have also helped to provide more autonomy in interview arrangements and format, where staff are not present. This in turn can lead to a more open discussion with the person being interviewed. The fact that Knowles did not interview everyone herself, but relied on a team of research assistants for some of this work, adds another layer of distancing between interviewer and interviewee that can lead to some of the stereotypes that crop up in this book.

Knowles makes it clear that she is not attacking psychiatry for power over human affairs but is instead critiquing the absence of psychiatry among the people she interviewed (p. 6). Yet, as the book proceeds, it seems that the authors views on the absence of psychiatry are over-stated, even though there have been reductions in mental health services through deinstitutionalization. This idea about absence seems to be rooted in her interpretation of psychiatric history and how it applies to the people she is writing about. Though she mentions Craigs harrowing memories (p. 32-33) of the cruelty in mental institutions she chooses the old tactic of referring to his story as slipping into fantasy or exaggeration because he uses a Nazi comparison. This Nazi allegory, in reference to the way in which Craig says he was treated, is not an appropriate comparison. But an inaccurate, even insensitive comparison, should not be used to cast such serious doubt on what otherwise sounds like a very truthful personal account of trauma. People can mess-up their allegories, but still have the substance of their story about what happened to them taken seriously, as Craig deserves. The author also seeks to excuse the psychiatric system for its historical cruelty by claiming patients in the past werent discharged onto the streets, as if keeping people confined for decades was a good thing. It is this either-or approach perpetual confinement or the streets that sets up a sort of straw man approach to psychiatric history. Community care is a fraud so people would be better off being confined, Knowles seems to be saying. Instead, many ex-patients have been saying for years, why not re-orient the money to actually go where it is needed into the community for safe, affordable housing for those who are on the streets, rather than into the failed policy of large-scale segregation and institutionalization?

Part of the problem with placing the lives of the people in this book in context is the lack of historical understanding of the topic by the author. Knowles claims that shelters have become asylums outside of the health care system but without the benefits of its therapeutic strategies or professional expertise (p.50). What benefits and expertise? This should be clearly stated. She assumes that the old asylum system was a benign, even helpful place for people in spite of the cruelties that were often experienced by patients, like Craig whose views she seeks to downgrade, noted above. The abuse of children in Quebecs mental institutions during the late 1940s and throughout the 1950s under Premier Duplessis with the collusion of the Catholic church, is nowhere mentioned in her book, even though this was a major story in Quebec throughout the period of her research (for a first-person account see: Bruno Roy. *Memoire dasile*, Montreal: Boreal, 1994). She claims that the free hand of individual psychiatrists that implicitly led to abuses was due to medical mavericks (p. 33) in the pre-informed consent days. Yet this is simply not true. For example, support for lobotomy came from some of the top physicians in North America, as Elliot S.Valenstein shows in his book *Great and Desperate Cures* (New York: Basic Books, 1986). In Ontario, the prime practitioner of lobotomy on patients was Kenneth McKenzie, Canadas first neurosurgeon. Mackenzie was one of the most highly regarded doctors in the province up until his death in 1964 (see Chapter 12 in: Harvey G. Simmons, *Unbalanced: Mental Health Policy in Ontario, 1930-1989*, Toronto: Wall & Thompson, 1990). All of these people were firmly ensconced in the medical establishment, just like Ewen Cameron was, the man who brainwashed patients at Montreals Allan Memorial Institute during the 1950s and 1960s (see: Anne Collins, *In the Sleep Room* Toronto: Lester & Orpen Dennys Ltd, 1988). They were not mavericks, any more than were the early 20th century promoters of eugenics like Dr. C.K. Clarke, among many others. More familiarity with this history would have helped Knowles to raise critical issues about the world psychiatric patients have left behind in the post-large-scale-asylum period, a world which was not nearly as beneficent as she suggests.

Knowles claims she wants the book to be accessible (p. x). While her book is generally well written, there is plenty of academic jargon and inaccessible words in the text e.g. interstitial (p. 49) which most people do not use in daily conversation, at least not that I am aware of. Perhaps the best example of academic gibberish in the book is the entire second last paragraph on page 59, a very long sentence, which cries out for an editor: In revisiting the scenes identified and set out in the last chapter as the end point in the trajectories from the revolving doors of the local psychiatric wards, it is intended to pursue a closer reading of internal space as aesthetic domains of social practice and relationships sculpted by human action, which can be interpreted by means of the grid of questions developed from Lefebvre.

In spite of all these problems, she does make some good criticisms of the way people and parts of the city are discarded by capitalism. Places and people, like old books, are remaindered when circumstances change.(p. 76) Her social critiques in this regard in Chapters 3

and 4 are poignant, when she isn't being condescending towards people with mental health problems.

However, Knowles does indeed become quite condescending at times. For example, she compares clients to children and adolescents (e.g. p. 44-45, p. 81), thus infantilizing people with mental health problems, a practice which is as old as a run-down asylum. In Chapter 5 she hedges on what she thinks of psychiatry, noting problems with racism, but comes out for the medical model (p.104-06) even though she does question what we mean by schizophrenia and mental illness (note 13, p. 170; note 1, p. 173). But her writing on this point is so opaque at times, it is hard to figure out just what she thinks. However, when some of this verbiage is swept away, it becomes increasingly clear about what she thinks of some of the people who were interviewed for this study. Knowles refers to people diagnosed with schizophrenia as telling stories that are highly rehearsed (p. 105) or who perform (p. 107). Why not say this about the staff who are interviewed? It is especially offensive how she uses inverted commas when referring to survivor tales at the beginning of the book (p. 6), a point which she expands upon most fully in this chapter. Tales? Like fiction? Fairy Tales? This is what she seems to be hinting at without coming out in her hedging way and making it plain as to what she means.

Then Knowles refers to two well known edited collections, *Shrink Resistant*, (Vancouver: New Star Books, 1988, eds. Bonnie Burstow and Don Weitz) and *Cry of the Invisible* (Baltimore: Conservatory Books, 1991, ed. Michael Susko) as schizophrenics stories (p. 106). This characterization is employed even though many of the people in these books do not offer information of having had such a diagnosis, while others, like anti-psychiatry activist Don Weitz, completely rejects this diagnosis, as he makes plain as day in his article in *Shrink Resistant*. Knowles comment about the contributors to these collections having survived the attention of psychiatry (ibid) is quite a sanitized rendition of what they actually wrote. Some of them clearly believe they survived the oppression of psychiatry, not merely the attention of the profession. Her footnote, #4, (on page 173) about these two books is also rather unfair. These books were not intended as an analysis of a wider political/social context of individual experiences, but rather as a place where people who have been told to shut up, because they were psychiatric patients, could speak their mind without mediation. Knowles is also wrong to say that the hospital experience has been largely phased out (ibid). Certainly it has been downsized, no doubt about that. But there are hundreds of people here in Toronto, among other places, in psychiatric wards today, who could tell quite a different story. As well, though these anthologies were published in the years after decarceration accelerated, it is not surprising that most contributors have had hospital experiences it is an important part of recent, as well as distant psychiatric history, the details of which the author of *Bedlam on the Streets*, seems to be only vaguely aware.

Elsewhere in this chapter, Knowles refers to Anne hijacking an interviewer and photographer: how her performances were manipulated (p. 107; 115); how people with schizophrenia engaged in public performances, how Dave, in contrast to others interviewed does not stage crazy, foolish, angry or bizarre performances (p. 109). These caricatures are way over the top. Every one of these terms indicate that she thinks that many of the people she is writing about are insincere actors who perform for an audience. This is bad enough in itself, but the publication of photos of Anne, among others, throughout the book can hardly lessen the stigma they face in their daily lives which Knowles writes about (p. 108). She also denigrates the views of people who don't agree with their label of schizophrenia, or who believe they were falsely confined, as believing in conspiracy theories (p. 126). These sort of points questionable diagnoses and unjust confinement are hardly unknown or unusual in psychiatric history, as some of the above sources confirm. Why does Knowles caricature peoples views like this?

Again the author seeks to cast doubt on another persons story, in this case Vincent, of whom she writes: the conspiracy failed because he has outwitted it, which is, of course, his version of his story (p. 127). Clearly an implied doubt that suggests (in my words): Well readers, his version isn't so reliable. By contrast the workers who reject the views of their patients on schizophrenia as nonsense (p. 132) receive no similar written doubts cast their way. Chapter 5 is full of cynicism about mad people as performers, a not-to-subtle hint that they can't be trusted to tell their own story on its own terms, even though Knowles claims she is sympathetic about precisely this point. Contradictions abound in this book.

Lack of contemporary contact with psychiatric patients in hospitals is plain when Knowles writes: The circumstances culminate in Rhonas admission to psychiatric hospital for four years in the late 1950s when such things were still possible (p. 110-111). There are people from the bottom of the socio-economic ladder during the 1990s and into the 21st century who still get admitted as in-patients to mental health facilities where some of them stay for years. Though this definitely does not happen as frequently as before, it is not just a thing of the distant past. The author even makes the claim that, in regard to treatment in the community: The regime of the psychiatric hospital survives its abolition as a place (p. 123). But the mental hospital has not been abolished. Yes, it has been downsized and reduced in numbers with people thrown out on the streets and into miserable shelters, but definitely not abolished. If it has been abolished, what are all those people doing on wards in places like Torontos Centre for Addiction and Mental Health?

In Chapter 6 earlier contradictions continues to a certain extent, but on the other hand this was the chapter where Knowles analysis was much, much better in regard to myths of dangerousness. In fact, given the stereotypes of the preceding chapter, it was surprising about how very good she is in critiquing myths around mad people being dangerous (p. 135, 137-38, 143, 145, 150). On the other hand, there are problems with her claim that the media have been reasonably even handed on this issue (p 136). In Toronto, with a few notable exceptions, the media have been dreadful, perpetuating the myth of the violent mental patient whenever one patient commits a violent act. It is a relief to read her critique of this connection, since so many people throughout society, including in academia, employ the dangerous mental patient myth so glibly as if it is an unquestioned fact.

While the conclusion contains a repeat of what Knowles has said before, the last two pages are excellent (bottom of p. 159 to last sentence of p. 161). If only the rest of the book had lived up to the beauty of these last 2 pages. At the very end of her book, she writes a humane vision of how society needs to include those who are among the most excluded and stigmatized the other mad people. Based on these two pages alone, Caroline Knowles shows that even though her book has plenty of serious flaws, and offensive ways of portraying people she included in her book, she also has a good deal of thoughtfulness and humanity towards those people whose humanity has too often been denied. Though her depictions of the people she interviewed too frequently come across as insensitive, she does show a sensitivity to the overall class picture in which the poorest people in our society get the least amount of resources directed towards their mental, physical and financial survival.

As should be obvious by now, this book is full of contradictions which leaves this reader ambivalent, at best, about its contents. What happens when the mad are let out of the asylum and there is nowhere for them to go? Whatever its faults, *Bedlam on the Streets* shows that the answer to this question is far from being resolved for the benefit of mad people who live on the margins of our communities.