

**You Are Not Alone:  
Participatory Madness and Networked Salvation**

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“The reason anarchists like direct action is because it means refusing to recognize the legitimacy of structures of power. Or even the necessity of them. Nothing annoys forces of authority more than trying to bow out of the disciplinary game entirely and saying that we could just do things on our own. Direct action is a matter of acting as if you were already free.”  
—David Graeber (Evans and Moses, 2011)

## **Introduction**

In the first decade of the 21<sup>st</sup> century mental health activists reinvented the psychiatric survivor movement through recompositions that deeply resonated with participatory culture and the affordances of corresponding communications technologies. This freshly reconstituted field of resistance to biopsychiatry and the pharmaceutical industry emerged at the intersection of networked identity, narrative advocacy, and authentic virtual communities. Organizations such as The Icarus Project and The Freedom Center developed hybrid models of peer-support and direct action that were accelerated and amplified by new communicative possibilities. These groups mobilized around free and libre open-source software (FLOSS), and constructed architectures of participation that supported their existing commitments to access, advocacy, transparency, engagement, and community building.

Challenging psychiatric methods and paradigms, questioning the validity of pharmaceutical research, and protesting the political processes of mental health policy is nothing new. Activists have struggled for decades (Crossley, 2006), if not centuries (Foucault, 1988; Whitaker, 2003), to resist the production of mental illness as a disciplinary mechanism of hierarchical societies. Cultural theorists such as Brad Lewis and Jonathan Metzl have exposed the entrenched ideological and commercial interests who aggressively promote the hegemonic narratives that flatten minds into brains and reduce feelings to chemical reactions (Lewis, 2006; Metzl, 2010). A new wave of psychiatric resistance, sometimes self-identified as the “mad pride” movement, advances a more nuanced critique of mainstream perspectives on mental illness than earlier generations of anti-psychiatry activists and the consumer/survivor/ex-patient (c/s/x) movements (Coleman, 2008; Morrison, 2005; Crossley, 2006).

This new wave of critique has less to do with any particular dogmatic position around hospitalization, medication, or labels, and is rooted in challenging authority and knowledge production (DuBrul, 2012). The disability rights movement’s radical epistemology, captured in their mantra “Nothing about us without us”, succinctly represents this transformative shift (Charlton, 1998). Instead of formulating resistance around human rights discourses while fighting forced drugging and electroshock therapy, these groups embrace liberation politics and stage direct actions that attempt to reinvent the language used to describe the mentally ill. They aspire to develop languages of compassion, celebrate their “dangerous gifts” through creative expression, and facilitate safe spaces for people to share their experiences and subjective narratives. Building on the work of earlier generations of activists who advocated for individual treatment choices and informed consent (Oaks, 2006), they encourage active participation in their healing communities, and insist that their voices and stories be heard and respected alongside those of experts and professionals.

The relationship between changes in social movement organizing and the concomitant improvements in communications technologies is undoubtedly complex. Attempts to establish fixed causal relations between cultural practices and their technological counterparts are often challenging, as

these categories ultimately represent different aspects of unified phenomena (Bijker, 2001). Although it is difficult to demonstrate how social movements are shaped by (and shape) revolutions in media and communications technologies, it is valuable to study how movements leverage technologies, both tactically and strategically. In this paper I will not attempt to reproduce the rich scholarship detailing the forms of psychiatric resistance that were prevalent in the second half of the 20<sup>th</sup> century (Morrison, 2005; Crossley, 2006). Rather, I will summarize the salient characteristics of these historical movements and contrast them with emerging forms of protest imagined and enacted by a new wave of psychiatric resistance born into our networked society. In particular, I will closely examine the history, culture, and ideology of The Icarus Project, a pivotal grassroots organization founded in 2002 that is at the forefront of reimagining community-driven mental health activism. I will describe how they have utilized digital media and web platforms to help diffuse stigma, redefine personal identity, and resist the relentless advance of the biomedical model of psychiatry. I will demonstrate that their evolving organizational model—whose genealogy can be traced through anarchism, punk, permaculture, harm-reduction and queer pride—has informed their adoption of media and communication tools, and given rise to new forms of collective action.

### **Creatively Maladjusted**

In the 1960s, the civil rights and anti-war movements challenged authority on multiple fronts, and Martin Luther King, Jr. famously called for his followers to stand maladjusted in order to reveal the madness of an unjust, self-destructive, and irrational society (King, 1962). Widely read critical psychiatrists such as R. D. Laing (1967) and Thomas Szasz (1974) identified the language of ‘madness’ as an instrument of oppression, and influential academics such as Michel Foucault (1988) and Erving Goffman (1961) wrote extensively about the institutions of psychiatry, their coercive power and histories of abuse. The counter-cultural movements of the 1960s embraced these societal diagnoses and psychiatric critiques that strongly reverberated with their messages of individuation, self-expression, and defiance.

Over the ensuing decades, a diverse assemblage of organizations continued to actively resist psychiatry. Their positions varied, with an insistence on self-determination, individual freedoms, and a critique of coercion as their common denominator (Morrison, 2006). Some activists claimed that mental illness was a social construct and challenged psychiatry’s ontological assumptions, while others accepted psychiatry’s diagnoses, but advocated for health insurance parity and consumer rights. Some refuted the therapeutic value of any and all medications, and others struggled to reduce the stigma of mental illness by promoting its biological basis.

In a 2006 article published by the official journal of the American Psychiatric Association, Rissmiller and Rissmiller describe the collapse of the anti-psychiatry movement and its rebirth as the mental health consumer movement:

The formative years of this movement in the United States saw "survivors" promoting their antipsychiatry, self-determination message through small, disconnected groups, including the Insane Liberation Front, the Mental Patients' Liberation project, the Mental Patient's Liberation Front, and the Network Against Psychiatric Assault. The fragmented networks communicated through their annual Conference on Human Rights and Psychiatric Oppression (held from 1973 to 1985), through the ex-patient-run Madness Network News (from 1972 to 1986), and through the annual "Alternatives" conference funded by the National Institute of Mental Health for

mental health consumers (from 1985 to the present)... The movement searched for a unifying medium through which to integrate. The growing Internet "global community" offered just such a medium. (2006:865)

Rissmiller and Rissmiller's article generated a flurry of controversy, as the activists they purported to speak for took issue with the article's characterizations and misrepresentations (Oaks, 2006b). In particular, the psychiatric survivors did not appreciate being labeled with the marginalizing 'anti-psychiatry' moniker, and they refuted the overarching narrative of their movement's collapse in the face of psychiatry's so-called reforms. Rissmiller and Rissmiller illustrate a model of the kind of moderate, policy-oriented, mainstream activism that psychiatry was willing to engage:

By avoiding the antipsychiatry movement flaw of being radicalized without being politicized, radical consumerists continued to maintain informal ties with more conservative consumerist organizations such as the National Alliance for the Mentally Ill in the United States and the Mental Health Foundation in England. Mainstream consumerist groups benefited from such unofficial relationships through increased impact in grassroots lobbying and legislative advocacy efforts. (2006:865)

During this same period, the American Psychiatric Association (APA) published DSM-III (1980), III-R (1987), IV (1994) and IV-TR (2000), grounding their ever-expanding diagnostic nets on what Lewis describes as "an amazingly idealized notion of 'theory neutrality'" (2006: 1). Pharmaceutical companies expansively introduced new therapeutic compounds (Barber, 2008; Whitaker, 2010), and marketed them directly to doctors and consumers at an unprecedented scale (Lane, 2008). Critics of the industry maintained that Big Pharma's business strategy was best understood as the production and marketing of *the chronic diseases* for which they also sold the treatment (Mills, 2007).

Mindfreedom International (formerly called the Support Coalition International), an important activist watchdog organization dedicated to "a nonviolent revolution in mental health care" (2012), tracked these developments, and engaged in traditional forms of Alinsky-style protests such as civil disobedience, strategic litigation, and generating coverage in the mainstream media (Alinsky, 1972). Academic research communities, such as The International Center for the Study of Psychiatry and Psychology (renamed The International Society for Ethical Psychology & Psychiatry in 2011), were "devoted to educating professionals and the public concerning the impact of mental health theories on public policy and the effects of therapeutic practices upon individual well-being, personal freedom, the family, and community values" (2012).

These forms of scholarship and activism have achieved some notable successes. For example, in 2003 psychiatric-survivors staged a hunger strike, which forced the APA to admit that it could not produce any scientific evidence that mental illness was caused by a neurochemical imbalance (APA, 2003). Morrison also explains how the c/s/x activists have begun leveraging the Internet to improve their efficiency:

Consumer/survivor/ex-patient activists amplify the personal aspects of resistant identity and talking back by taking their claims and grievances into the larger public arena. The campaigns and ongoing strategies focus on central movement issues of voice and representation, exposing and challenging expert psychiatric knowledge and practice, promoting and developing

alternatives to traditional treatment, and prevention of human rights abuses such as forced treatment.

Keeping abreast of these issues requires constant vigilance and monitoring of information sources. This activity is greatly enhanced by the use of the Internet. Newspapers, medical journals, websites, etc are monitored every day. Many people are involved in these activities with a few central nodes of information flow, supported by dozens of group and individual websites. There is also active participation in topical listservs, members of which can be galvanized into action when needed. (p. 134)

Although Morrison asserts that these media campaigns are effective and consequential, they can also be regarded as quixotic. The explosive growth of psychiatric diagnoses and treatments indicates that Pharma has effectively outflanked and appropriated these frontal assaults through aggressive marketing, direct contributions to patient advocacy groups, and astroturfing campaigns (Bossewitch, 2010). Sophisticated advertising tools such as product placement, Google AdWords, and Facebook campaigns are bolstered by nearly omniscient surveillance, and have enabled entrenched power to become even more entrenched (Andrejevic, 2007). Although optimistic pundits like Clay Shirky are hopeful that the web will level the playing field between the oppressed and the oppressors (2008), Pharma seems to be mastering and leveraging these new approaches to a greater effect than the response of traditional activists. Overall, the tactics of 20<sup>th</sup> century mental health activists mirror the centralized hierarchical forces they are struggling against. They both ultimately rely on mainstream broadcast media to promote their message, and they have not yet fully embraced the insurgent potential that participatory theory, culture, and technology collectively suggest.

### **Friends make the best medicine**

In 2002 Sascha Scatter DuBrul published a first-person narrative in the San Francisco Bay Guardian about his “poly-polar” experiences (DuBrul, 2002). He shares his intensely personal history of radical ideas, exhilarating states of mind, and eccentric, often dangerous, behaviors. He boldly comes out of the mad closet, disclosing his psychiatric diagnosis, and recounting his history of being repeatedly institutionalized and over-medicated. His narrative contains strong currents of social criticism, and he contextualizes his own inner psychological struggles within the external reality of society's political struggles. Finally, he shares how psychiatry's labels make him feel, introducing us to the importance of struggles over language and framing:

But I feel so alienated sometimes, even by the language I find coming out of my mouth or that I type out on the computer screen. Words like "disorder," "disease," and "dysfunction" just seem so very hollow and crude. I feel like I'm speaking a foreign and clinical language that is useful for navigating my way though the current system but doesn't translate into my own internal vocabulary, where things are so much more fluid and complex (DuBrul, 2002).

*Bipolar World* is not a traditional manifesto, but can be read as a form of narrative advocacy that blends intensely personal narratives, framed in the storyteller's language, with persuasive arguments that engage and resist dominant mainstream narratives. In *Bipolar World*, DuBrul begins to recognize the power inherent in the language used to tell a story, and the implicit control narrators have over the language, metaphors, and imagery they invoke. The power in his deliberate choices around the language he uses to describe his history and condition, and which parts of stories to include and

exclude, has been analyzed and explored in the classic discourse around “framing” in sociology and media studies (Goffman, 1974), and is a central problematic for Disability Studies (Davis, 1997) and the burgeoning discipline of Narrative Medicine (Charon, 2002).

In the documentary film *Crooked Beauty*, McNamara retells her initial encounter with Sascha's story, her reply with her own story, and their inspired dream of creating safe spaces for the exchange of stories, both in person and on the web:

I met Sascha because I had responded to a version of his life story that he had written and got published. And it was about his experiences with madness, quote unquote, and wanting to live an authentic adventurous life and not crash and burn over and over because of the fragile fire in his brain. I ended up sending him my whole life story and he showed me all these emails he had been getting from people all over the country... he and I decided that there had to be a place for these people to read each other's stories and to know that they existed. And so we thought we would start up a website. It became The Icarus Project and it had way more than just a few stories, it became an interactive forum for people to talk to each other. And, just grew and mushroomed into this whole network of people all over the country (Rosenthal, 2010).

The Icarus Project was born in the primordial super-collision of two stories and continued to expand until it grew into a galaxy of networked storytellers – communally sharing, exchanging, generating meaningful and authentic stories, spawning a pidgin language of empowerment and resistance in the process. From the Project's mission statement, published on its web site:

The Icarus Project envisions a new culture and language that resonates with our actual experiences of 'mental illness' rather than trying to fit our lives into a conventional framework. We are a network of people living with and/or affected by experiences that are often diagnosed and labeled as psychiatric conditions. We believe these experiences are mad gifts needing cultivation and care, rather than diseases or disorders. By joining together as individuals and as a community, the intertwined threads of madness, creativity, and collaboration can inspire hope and transformation in an oppressive and damaged world. Participation in The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness. (The Icarus Project, 2006b)

One aspect of the project that distinguished it from prior efforts was an understanding of the significance of fostering solidarity around subjective narratives, and its relevance to the twin processes of resistance and healing. The Project began to explore a liminal space between peer-support and activism. Traditionally, peer-support groups are private and introverted, and activism is by necessity public and extroverted. A tension exists between the quieter safe-spaces a peer-support group needs, and the louder provocative spaces that activists often intrude or agitate. Icarus sought to balance these forces by focusing on the relationships between personal suffering and trauma, and the conditions of structural violence and injustice in the world. Emphasizing the direct connections between social injustice and personal trauma, many *Icaristas* discovered the benefits of treating activism as a therapeutic substrate, finding tremendous value in the communal bonds that activism fosters. McNamara recalls that early on the Icarus Project “had some vague idea that, a key piece of recovering mental health had to do with building community... [and] becoming willing to trust other people on the planet.” (Rosenthal, 2010) The website, peer-support groups, activist campaigns, media publishing, art and music shows, and events all became ways for people to come together. They came together in

solidarity, forged friendships, and learned that they were not alone.

Unlike many in the previous generation of psychiatric survivors, Icarus refused to dogmatically condemn or judge anyone's *informed* treatment choices. Instead, it aimed to create safe spaces for people to share their subjective narratives: spaces where people could teach each other how to “navigate the space between brilliance and madness.” The project aspires to be inclusive, welcoming those who take or refuse psychotropic medications, as well as proponents of alternative wellness plans. The project makes a crucial distinction between the stance for (or against) an individual's informed choices regarding pharmaceutical treatment, and the critique of the psychiatric establishment and the pharmaceutical industry.

The Icarus Project continued to evolve, with a critical self-awareness on its own structures and processes. Deliberate efforts were made by the collective to model the kinds of power relations within the project as the membership desired to see in the world around them. DuBrul and McNamara stepped back from their roles as founders, and became part of a larger collective that guided the project. The project's founding principles explicitly embrace consensus-driven, non-hierarchical, transparent decision making – across the project's governance, autonomous local collectives, and within peer-support groups. These principles also endorse non-violence, respect for diversity, anti-oppression, and access across identities, abilities, and class. DuBrul describes their 2005 mission statement as follows:

These were revolutionary words and acknowledged our relationship to history and our debt to the movements and cultural workers that had come before us. These words put us outside all the other organizations working in our field. They acknowledged to us and everyone else that we were taking a radical stance in the true meaning of radical: from the roots to the extremes. No one else in the field of mental health was talking about non-hierarchy and transparency the way we were. We were bringing the radical narratives and models into the door of the mainstream. (DuBrul, 2012).

The principles are echoed and embodied in the meeting agreements, which are collectively read at the beginning of all Icarus peer-support meetings. The preamble begins with a variation of the mission statement and then continues:

... This is a space for people to come together and learn from each others' different views and experiences of madness. People who take psychiatric drugs are welcome here, as are people who don't take psychiatric drugs. People who use diagnosis categories to describe themselves are welcome, as are people who define themselves differently. The Icarus Project values self-determination and mutual support... (The Icarus Project, 2006a)

The meeting agreements includes basic actionable guidelines to “ensure inclusion, safety, and open dialog”. The agreements elaborate on practices such as “listening like allies”, “stepping up, stepping back”, “practicing owl vision”, “challenging prejudice”, “respecting beliefs outside the mainstream”, “using 'I' statements”, “paying attention to repeating patterns”, and “respecting confidentiality”. These agreements are direct extensions of the project's core values that manage to effectively distill highbrow social theory by embodying it in day-to-day practice.

## **Open Source, Open Minds**

This day-to-day practice was also embodied in The Icarus Project's technological infrastructure deliberately selected to support the project's participatory values and collective governance. From its inception, The Icarus Project was conceptualized as a network, with its web site operating as an inclusive communal hub, not just a broadcast transmitter. Interaction and participation were essential—The Icarus Project was not only curating and disseminating media stories, or connecting disjoint groups. The project intended to democratize the production of psychiatric knowledge, and conceived of itself as an active listening space where the marginalized and their supporters would participate in sharing and exchanging their experiences, without judgment. The site was imagined as a space, not a wall or a billboard, and members actively embraced the discussion boards, and contributed user-generated content in the form of links, blogs, photos, and event postings. The project also collectively produced numerous zines, paraphernalia, artworks, podcasts, videos, and events. Through these prolonged discourses, people shared diverse narratives and invented new frames for talking about mental health. DuBrul and McNamara designed the Icarus platform with the intension of disintermediating mental health activism and fostering this kind of direct engagement. In 2003 they wrote:

The Icarus Project Website is a place for people struggling with manic-depression outside the mainstream to connect and build an alternative support network. We hope to learn from each others' mistakes and victories, stories and art, and create a new culture and language that resonates with our actual experiences of this "disorder" rather than trying to fit our lives into the reductionist framework offered by the current mental health establishment. We would like this site to become a place that helps people like us feel less alienated, and allows us, both as individuals and as a community, to tap into the true potential that lies between brilliance and madness. (DuBrul & McNamara, 2003)

From the outset, Icarus aligned itself with radical technology collectives, such as the Riseup.net collective and the May First/People Link. Unlike traditional hosting vendors, these organizations were devoted to social justice and independent media, and support a range of progressive activist organizations. These technical collectives managed the project's servers and mailing lists, providing secure hosting services that were organized like a cooperative instead of a corporation. These organizations strongly advocated for the use of free and libre open-source software (FLOSS) based on their deep understanding of how these tools embodied the values of the causes they supported.

FLOSS ecologies have been a breeding ground for experimenting with various models of structure and governance, promoting constructionist learning and civic engagement within communities of practice (Coleman, 2012). Since writing software is an act of creative expression, it is often the case that the artifacts created by a software community capture the values of that community through the inclusion (and omission) of the software's metaphors and features. The recursive questioning of meta-structures is a habitual pattern of programmer's thinking, and it is no surprise to see this analytical gaze turned back on itself. The community's proximity to the architecture of their own communication channels encourages a reflexive attitude towards their own communicative superstructure, a communal disposition that the anthropologist Chris Kelty describes as a "recursive public" (Kelty, 2008).

Throughout the decade, The Icarus Project has recognized this deep ideological compatibility with free culture, and embraced FLOSS tools and Creative Commons licensing at almost every turn. Although their original public-facing website was a custom proprietary implementation, the community



forum was implemented using phpBB, a popular open source bulletin board system with flexible configuration that supported delegated moderation and pseudo-anonymous registration. The project went to great lengths to maintain civility on the discussion boards without instituting harsh, disciplinary tactics, such as banning. Volunteer moderators wrestled with this charge and worked heroically to facilitate discussions and mediate conflict. DuBrul describes the unique culture that developed in the forums:

We were attracting interesting people. We had discussion forums with names like *Alternate Dimensions or Psychotic Delusions* and *Give Me Lithium or Give Me Meth*. There was nowhere else around that was explicitly a place where people who used psych meds and people who did not and people who identified with diagnostic categories and people who did not could all talk with each other and share stories. Because of the outreach in the anarchist and activist community there was a high percentage of creative people with a radical political analysis. And with the (seeming) anonymity of the Internet, people felt comfortable being honest and sharing intimate stories about their lives. Our website served as a refuge for a diverse group of people who were learning the ways in which new narratives could be woven about their lives (2012).

Icarus governance evolved into a hub-and-spoke model, with local autonomous spokes meeting in person, running peer-support groups, organizing events, talks, screenings, and teach-ins. The collective was able to intermittently raise infusions of funding which also supported operational costs, like hosting, office space, and minimal part-time salaries. The national collective relied heavily on tools like free conference calling, mailing lists, and especially wiki software to support radical transparency in their decision-making and leadership. All of the national collective's meeting agendas, minutes, and finances were shared publically on project's organizing wiki and available to the membership for review. Support for this organizational model relied heavily on tools developed in the FLOSS community, in this case OpenPlans.org, a suite of open-source organizing tools developed by a non-profit dedicated to using technology to improve the way citizens interact.

In 2006, the public-facing website was rebuilt with Drupal, a FLOSS content management system whose slogan is "Community Plumbing" and has a vibrant non-profit ecology. This new environment was intended to realize the original site's ambition of becoming a platform run by and for the membership. The site was designed to support distributed research across the community, as well as empower Icarus spokes with the tools they needed to organize locally. Although the Drupal site was successfully relaunched, the site's full capabilities were never realized. Funding shortages caught up to the project, and the membership was never trained on the site's new features. Also, around this time social networking platforms began competing for the attention of the membership.

At the time of this writing (2012), the site is once again undergoing a major overhaul. In the past few years the project has been losing its control over the dynamics of the discussion as conversations have migrated to social networks like Facebook and Twitter. These proprietary platforms pose a grave threat to the project's autonomy and values. When activists organize on these platforms commercial interests, instead of the membership's needs, dictate the contours of the conversational spaces and constrain their participatory architectures. In particular, many of the dynamics of the original forums, including pseudo-anonymity, communal discretion over membership and content, and long-term control over archival records, will be lost unless the community returns to platforms that are under its autonomous collective ownership.

## Virtual Phenomenologic Interventions

The preceding thick description of The Icarus Project helps to locate the project's forerunners. Experiments like R.D. Laing's Kingsley Hall (Laing, 1971) and Mosher's Soteria Houses (Mosher, 1999) promoted healing and liberation through the ethos of peer-support and mutual-aid, although they did not go as far to challenge hierarchy and promote horizontal equality. These experiments in alternative treatment regimens for acute emotional crises can be seen as antecedents to the Icarus approach of healing by-, and through-, participation with a therapeutic community.

In his description of Kingsley Hall, Laing writes: "Events have included painting, weaving, yoga, poetry readings, Indian temple dancing, exhibitions, films, and lectures on anthropology, psychiatry, the theater, etc.... Many people visited the Hall. Those living there, decided who they wished to see." (Laing, 1971:60) Mosher describes the foundation of the Soteria method (from the Greek *Σωτηρία* for "salvation") as follows:

Basically, the Soteria method can be characterized as the 24 hour a day application of interpersonal phenomenologic interventions by a nonprofessional staff, usually without neuroleptic drug treatment, in the context of a small, homelike, quiet, supportive, protective, and tolerant social environment. The core practice of interpersonal phenomenology focuses on the development of a nonintrusive, noncontrolling but actively empathetic relationship with the psychotic person without having to do anything explicitly therapeutic or controlling. In shorthand, it can be characterized as "being with," "standing by attentively," "trying to put your feet into the other person's shoes," or "being an LSD trip guide" (remember, this was the early 1970s in California). The aim is to develop, over time, a shared experience of the meaningfulness of the client's individual social context—current and historical... (1999:146)

These descriptions are strikingly similar to DuBrul and McNamara's initial visioning statement:

... While many of us use mood-stabilizing drugs like Lithium to regulate and dampen the extremes of our manias and the hopeless depths of our depressions, others among us have learned how to control the mercurial nature of our moods through diet, exercise, and spiritual focus. Many of us make use of non-Western practices such as Chinese medicine, Yoga, and meditation. Often we find that we can handle ourselves better when we channel our tremendous energy into creation: some of us paint murals and write books, some of us convert diesel cars to run on vegetable oil and make gardens that are nourished with the waste water from our showers. In our own ways we're all struggling to create full and independent lives for ourselves where the ultimate goal is not just to survive, but to thrive. (2002)

While the outcomes of the Kingsley Hall and Soteria experiments are still hotly disputed, one clear limitation of these earlier models is their difficulty scaling. Kingsley Hall hosted a total of 119 people between 1965 and 1970 (Laing, 1971), and each of the Soteria house cohorts numbered in the dozens (Matthews et al., 1979). In 2008, The Icarus Project website hosted five thousand unique visitors a month and maintains an active membership mailing list of over three thousand emails.

More significant than the quantitative scale of these interventions, digital media facilitates the creation of alternative spaces through the inherent malleability of software (Manovich, 2001). In a virtual environment, the architectural constraints that influence the social dynamics of a community are

actualized through software interfaces. As we have seen above, free and libre open-source software systems are especially well suited to the design of environments that cut against the mainstream. A virtual Soteria house would be difficult to maintain within the Facebook platform, alongside pharmaceutical advertisements and within an inherently volatile and insecure privacy setting. In contrast, The Icarus Project has recreated the essence of the Soteria house's phenomenological interventions through a hybrid online/offline networks organized around their shared multimedia publications and exchanges. Crucially, The Icarus Project extends the Soteria model by constructing a context where people who are not contending with an acute crisis can plan and organize. This model encourages experimentation that blends Soteria's peer-support model with traditional activism and protest.

## **Occupy Mental Health**

David Graeber's formulation of direct action, quoted in this paper's epigraph, is also helpful in theorizing The Icarus Project's contrast with the psychiatric survivor movements that preceded it. Instead of protesting egregious abuses of institutional power, The Icarus Project activists, like the Soteria houses before them, assert their freedom by constructing and inhabiting the alternative worlds they envision.

The Icarus Project models a new collectivism that anticipates Occupy Wall Street's modalities of protest. The movements share many common influences, including anarchism, Indy Media, and the global justice movement (Gitlin, 2012). Their cries for freedom echo, and are echoed by, the movements for participatory culture and free software. It is naïve to explain the emergence of Occupy Wall Street based exclusively on technological change. However, the movement has relied extensively, and thrived, in part due to its creative deployments and embrace of new participatory media. Douglas Rushkoff explains this new protest modality in a CNN interview about Occupy Wall Street:

That's because, unlike a political campaign designed to get some person in office and then close up shop (as in the election of Obama), this is not a movement with a traditional narrative arc. As the product of the decentralized networked-era culture, it is less about victory than sustainability. It is not about one-pointedness, but inclusion and groping toward consensus. It is not like a book; it is like the Internet. Occupy Wall Street is meant more as a way of life that spreads through contagion, creates as many questions as it answers... But unlike a traditional protest, which identifies the enemy and fights for a particular solution, Occupy Wall Street just sits there talking with itself, debating its own worth, recognizing its internal inconsistencies and then continuing on as if this were some sort of new normal. It models a new collectivism, picking up on the sustainable protest village of the movement's Egyptian counterparts, with food, first aid, and a library. (Rushkoff, 2011).

The Icarus Project is very much at home in this sustainable protest village practicing peer-support, offering emotional first-aid, and caring for each other's basic needs. The project offers us a glimpse of alternatives, to both mainstream biopsychiatry and 20<sup>th</sup> century psychiatric resistance. The psychiatric survivors' defiant rhetoric paradoxically reinforces the mainstream psychiatric frame. For *Icaristas*, radical mental health is about interconnectedness, diversity, embodied expertise, options, and politics. Community functions as the antidote to stigma, diffusing the isolation and alienation perpetuated and reinforced by a cold and inhumane system. The idea that healing is fostered by community, peer-support, and mutual aid has not even entered the linear mainstream discourse.

## Conclusion

The field of mental health is undergoing rapid recompositions along with most other fields of society and sectors of the economy. These revolutions are happening concurrently with our transition to a networked society, and it is tempting to claim that the Internet has given rise to one emerging practice or another. However, when considering the influence of communications tools on social movements it is crucial not to fetishize technology. At the same time, it is foolish to ignore it or dismiss its impact. A powerful method for approaching this complexity is “through the detailed investigation of a couple of sites where those effects can be most clearly observed.” (Carey, 1989:210)

In this paper, instead of asking how the Internet has shaped The Icarus Project’s communicative practices I investigated their communications through a range of media. Although DuBrul does not enumerate participatory web culture as one of the original influences to The Icarus Project (2012), the Internet’s capabilities are implied by the group’s initial manifestation as a web site. The Icarus Project’s longstanding slogan, “You Are Not Alone” is an undertaking that can only be fully realized in a networked society, where the web allows the long-tail of the neurologically diverse to locate each other and organize more easily than ever before in human history. The plummeting costs of production and distribution have enabled a range of independent publications, from books, to radio shows, to documentaries that, until recently, would be nearly impossible to produce without access to large amounts of capital. This media allows activists to talk back to psychiatry, promotes a diversity of voices, and galvanizes communities around issues and protests. Perhaps, the most promising and elusive potential of these shiny new tools lies in their capacity to help activist activate our latent fantasies and actualize their dreams. To sidestep protest and resist through the construction alternative worlds, where freedom prevails.

Most significantly, this investigation traces the contours of a profound transition in psychiatric resistance. The Icarus Project represents a new wave of resistance, one that shifts from the ontological questions of the definition of disease and illness, to the epistemological questions of whose stories and voices are considered in the production of psychiatric knowledge. This insistence on full-fledged participation in one’s own healing, and more importantly, in healing by and through community, represents a new modality of protest that goes beyond the discourse of human rights and individual choice. It is a modality of protest that meshes well with our “decentralized networked-era culture” and offers a path for taking direct action in the context of mental health.

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Not everyone is trained to assist people in emotional distress, but we all share a collective responsibility to look after our fellow colleagues, acquaintances, friends, and strangers in need. Should you witness anybody expressing intentions to self-harm, please help them get to the next level of care by encouraging them to speak with a professional. This simple act could ultimately result in the saving of a life. Fly safe and fly together. You are not alone. Patch Notes. Read more. Unavailable. Lucy Turner 9. You Are Not Alone, participatory recording experiment. 5 years ago 5 years ago. participation.Â As part of the ongoing research into participatory or immersive experiences in Art and Cultural spaces, this experiment poses a problem for the audience to solve in groups of five. Art group recording. Show more. Unavailable. 1. You Are Not Alone Pilot 1. Not available in United States. Unavailable. 2. You Are Not Alone Group 3. Not available in United States. Unavailable. 3. You Are Not Alone Group 5. Not available in United States. Play. 4. You Are Not Alone Group 6. 29. Like. digitally networked participatory acts are of particular interest as they can, often, be more than just the online versions of offline political acts and thus a new type of behavior.Â political motivations, it allows for further deciding on acts that are removed from the locus of formal politics and are not directed toward political actors, but may, nevertheless, be politically motivated. You Are Not Alone: Mental health is an issue that affects directly and indirectly everyone across the country, and yet stigma still surrounds the topic, especially suicide. In Alberta, we currently have the second highest rate of suicide in the country and there have been recent reports of the suicide rate climbing by 30 per cent. What's most misunderstood about suicide is that it can affect anybody and that actually having suicidal thoughts is not that uncommon. Mara Grunau, Executive Director, Centre for Suicide Prevention. Here's some more information on the campaign, taken from the campaig