Four Gestures toward a Trans-Mad Aesthetic of Space

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> Uh, I had to take a break from work 'cause, uh, I went mental. And, uh . . . My friend told me, hey, you're talking a little too fast, having a lot of shit ideas. Uh, why don't you get in my Ford Flex, and I'll, uh, motor you over to the public storage. And, uh . . . I went into a psychiatric facility, which, if you haven't been, uh, don't feel bad if you go, and, uh . . . They're uniformly awful. You're not at the wrong one. They're all bad, they're all bad. Uh . . . It's as if an art director came in and said, "Okay, I want to break five more chairs, and then we need . . . Uh, at least three pieces taken out of every puzzle. And . . . The big screen TV, let's have it playing *Ultimate Fighting Championships* at maximum volume, lose the remote."
> —Maria Bamford, *Old Baby*

To best access the remainder of this essay, the author invites readers to suspend the belief, should they hold it, that psychiatric inpatient treatment is necessarily a human or humane regimen at its core. Please enter! Don't worry about your shoes. Unlike a psych ward, you are free to leave whenever you so choose.

I make this invitation via two quotidian but illustrative anecdotes—one my own, the other belonging to comedian Maria Bamford—with the purpose of beginning to reframe psychiatric confinement as, in part, a matter of spatial control. First, in her 2017 Netflix comedy special, Bamford refers to psychiatric institutions as "public storage." Further, she recalls telling her friends that she may sometimes "need to be boarded for the weekend."[1] The starkness of this diction—both stripped of a sense of cure and imbued with connotations of business and profit—allows Bamford to cut directly, if painfully, to a core aspect of the spatial management of mental illness in contemporary American society: objects are

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put in "public storage," while animals are "boarded for the weekend." Even though isolation is both a cause and effect of mental struggle—as Michael J. Constantino and colleagues summarize it, "Interpersonal isolation has been implicated [in] lower well-being, greater aggression, more feelings of social rejection, more depression, and a higher likelihood of suicide attempts"[2]—we still turn to spatial confinement as a key mode of social control, from "go to your room" to imprisonment, from emigration restrictions to psych wards. As Michel Foucault notes, in a somewhat less concise manner than Bamford, "Discipline is, above all, analysis of space; it is individualization through space. . . . With the application of the discipline of medical space, and by the fact that it is possible to isolate each individual, install him in a bed, prescribe for him a regimen, etc., one is led toward an individualizing medicine."[3] Foucault argues in *Madness and Civilization* that this spatial individuation renders docile the mad or mentally ill person; it fixes the definition of madness in place by fixing the mad person in space. As he puts it, ships of fools held "fugitive" and outsider status, while hospitals "moored" madness, held it in place, "retained and maintained" it.[4] In his view, the relatively recent medicalization of the hospital—the very idea that these are places of cure—does not at all mean we have "relax[ed] the old practices of internment" but have, rather, "tightened them around the mad."[5] So why does Bamford's use of dehumanizing diction matter? Because psychiatry's capture of madness (and its attendant spatial tightening) still passes as necessarily humane and rehabilitative; even if, sometimes, such spaces do "help" individuals, they are rooted historically in punishment, control, involuntary residence, and the use of force and state power. Bamford's seemingly shocking joke—implying she is an object or an animal—is funny because, like many jokes, it speaks an uncomfortable truth: these are spaces of confinement and storage where hallmarks of the neoliberal human subject (choice, rationality, agency) are suspended.

Second, and to evince this last point, let me tell you just one of many possible stories deriving from a two-week staycation I took as a psych patient in Fredericton, New Brunswick, Canada, in 2016.[6] Two days into my sojourn, a nurse asked me if I would prefer a "male" roommate or a "female" roommate, a question seemingly based in the kind of patient-driven care that would lead us to refute Bamford's use of such startling diction. But what does spatial choice mean in the psych ward, where spatial confinement is the raison d'être? Leaving the psych ward was not an option. Neither were the following: not choosing male or female, responding with a third option (at least, having that response understood and respected), avoiding the outdated and presumptuous language of *male* and *female*, or, of course, not responding at all. Adrienne Rich's oft-quoted work on compulsory heterosexuality (and Robert McRuer's extension of it

into compulsory able-bodiedness) lays the groundwork here:[7] my "choice" was triply compulsory, not least because, after I answered "Female," the nurse told me they were in fact obligated to room me with "other females" but wanted to ask anyway. Clearly, this was a pretend choice crowded in by a set of other pretend choices. The psych ward is a compulsory (or "involuntary") space in the first instance, and its gendering practices are compulsory as well—"male or female?" can become "pick your poison." (And this is not to mention the self-appointed and perhaps confused "ally" who took my weekend leave as an opportunity to walk room to room and tell the whole ward that I was "really a woman.") Yes, this staycation probably had some upsides here and there, but it still merits a bad Yelp review.

Our commonsense notion of the psychiatric ward or institution as humane depends on the production of exactly this sort of veneer of choice—in a space where few choose to go. But perhaps my own example seems exceptional rather than representative. Here, then, is a simple instance of psych ward design protocol that exemplifies the desire not to appear to confine while existing in order to confine. The Facilities Guidelines Institute (FGI), an American nonprofit organization from which no less than thirty-nine states have adopted their health care design guidelines, criticizes the punitive appearance of past designs. In a white paper, FGI authors James M. Hunt and David M. Sine give the following warning about window covers: "In the past, very heavy stainless steel screens were often installed as a safety measure. Although still used in some facilities, these screens provide a very institutional or prison-like appearance."[8] In this design formula it is not cruel or questionable to confine, but it is cruel or questionable to appear to do so. The responsibility of design, in such a case, would be to conceal, not reveal, the actual function of the space. This superficial denial of the ward's very purpose mirrors the logic of other internment designs, for instance, a pink prison cell for children introduced recently in Abingdon, England, by the Thames Valley Police.[9] While pink (Baker-Miller Pink in particular) has been lauded for its ability to reduce aggression,[10] the role of design here is to produce a literal (pink) facade of humaneness. Calming seems like a benign and generous impulse, but Foucault reminds us that making bodies docile is not neutral; it is the very exercise through which treatment—as the enforcement of a particular emotional/spatial/individual order and compliance—takes hold.[11] Calmness sounds great, sure—but compulsory calm is surely a weaponization of affect related to confinement. Yet (or, indeed), I remained very calm throughout the many times I was misgendered in the psych ward (likewise during one nurse's suggestion of prayer and another's of weight loss) because, as it is for many patients, earning permission to leave the hospital became a key motivating factor for my comportment.

With the above parables of madness's spatial confinement, I want to underline from the outset (a) that we too often mistake docility and obedience for healing, (b) that the fixity of madness in the space of the psych ward is relatively recent and not neutral, and (c) that trans people, already occupying a tenuous position (in the minds of many) vis-à-vis the concepts of humanity and sanity, bear too frequently the consequences of spatial segregation and its gender-charged norms. What, then, are the problems into which this article seeks to make its interventions? To be blunt, they are the making docile of trans madness and the rendering apolitical of the role of gender nonnormativity in conceptions of mental illness. I interpret this docility as related to four problems: (a) the confinement and fixity of madness, (b) an overemphasis on logic and rationality in mental health discourse, (c) forgetfulness of the role of sensuality in what is called "health," and (d) the presumption that mental strife and its apparent resolution are an individual rather than social or collective matter.

In response, I analyze installation art (UK artists Hannah Hull and James Leadbitter's "Madlove: A Designer Asylum") and performance art (the oeuvre of Montreal artist Coral Short) for alternatives to these four issues that together encourage us to hold gender nonconformity far from madness and madness far from body politics. What I find in the work of these collaborative artists is the following: rather than confine, these artists embark; rather than rationalize, these artists emote; rather than heal, these artists sense; and rather than individualize or individuate, these artists collect. Artworks that portray or enact (gendered) madness, weirdness, or pain in ways that queerly embark, emote, sense, and collect are, in the limited and speculative fantasy of this article, performing the public work of developing a "trans-mad" aesthetic.

Why *trans*? As I show in greater detail below, the *trans* in *trans-mad* is crucial because (a) gender nonnormativity and madness have long been mutually constitutive as categories; (b) the status of madness occupies a fraught place in trans discourse at current, as sanity still functions as a key notion through which some of us try to claim dignity, rights, and access; and (c) why not? I am trans. One of the artists whose work I analyze is nonbinary. The stakes of the social life of madness are especially high for people who face forms of social exclusion that appear under other signs and names. The psych ward is a (partly, or sometimes totally) sex-segregated space that has received scant attention relative to the question of washroom access. And, of course, when we read an article that does not mention trans people, we do not often say, "But why are cis people so central to this argument?" So why are trans people important here? Allow me to forgo the illusions of argumentation here and say: I want us to be. I wish we were. I believe, perhaps madly, that writing can be a way of hallu-

cinating a possible life into existence. However, as I show in a slightly more argumentative register below, there can be no fulsome image of madness that does not include public gender nonconformity in the category's history and present.

Trans = Mad = Trans = Mad =

The *trans* in *trans-mad* can be read as capaciously as possible. In this, I follow the trans studies shift away from considering *trans* solely as referring to particular human subjects (to something less predetermined in its referent—to a critical operation). Unpacking Trans Studies 101 is somewhat maddening, so please allow me to cite Cáel M. Keegan's apt summary of how *trans* functions as an analytic in the field. Keegan suggests that, after Sandy Stone's influential 1987 article "The *Empire* Strikes Back: A Posttranssexual Manifesto," trans studies has

> shift[ed] the focus of inquiry from transgender objects to "trans" as an analytic for "linking the questions of space and movement . . . to other critical crossings of categorical territories" (Stryker, Currah, and Moore 12). Today transgender studies describes *trans*⋆ not as an identification, but as a force characterized by unpredictable flows across discrete forms, a "paratactic" that enacts the prepositional "with, through, of, in and across" animating vitality itself (Hayward and Weinstein 196). . . . The sticky fingers of the fronded asterisk (⋆) are the speculative lines of transgender's felt imaginary, sensing outward with faith to realize new contacts.[12]

Following this description of the field's shift, I can say what I do *not* mean by a trans-mad aesthetic of space: I do not mean people who are both trans and mad, or forcibly connecting transgender and madness. On the contrary, I mean to underline the dubiousness of the *both* and the *and* in the preceding sentence; the "sticky fingers" of *trans*⋆ or *trans* already have a grasp on the sticky fingers of mad/crazy. This method is also inspired by Therí Alyce Pickens, who in *Black Madness :: Mad Blackness* wants to "debunk the perception" that you don't need to say *Black madness* because *Black* presumes madness, anger, and irrationality. Similarly, to say *trans-mad* is not to collapse the words entirely but is at least to name and reconsider the perceptions (trans = mad, gender nonconformity = madness) that underlie histories of transgender and madness. The purpose of this section is then to illustrate this by referencing a few broad histories and a few telling examples. It is beyond the scope of one article, or of one person, to create an exhaustive account of trans-mad moments. No doubt readers will call to mind many other textual or historical events when reviewing my own humble selection. Please scribble them down in the margins!

Transgender's relation to madness is in hyperflux at present, owing to the ongoing assimilation of transgender to the mainstream (and, thereby, to bureaucratic genres such as health insurance). As such, in recent years, claims of "real" mental illness and antimadness messages have calcified throughout some campaigns for transgender acceptance. To get a sense of the fraught status of mental illness in transgender equality discourse, consider a 2009 poster by ILGA-Europe (the European branch of the International Lesbian, Gay, Bisexual, Trans and Intersex Association), which reads, "Transgender people are not mentally ill" at the top and "Stop the pathologisation of transgender people!" at the bottom.[13] The poster, which also expresses support for the International Trans Depathologization Network, features two white or white-passing people leaning on a desk bedecked with a psychology textbook and clipboards. A man wears a white lab coat and a stethoscope, while a woman chews on her glasses; both direct scrutinizing gazes outward at the poster's viewers. The poster specifically invokes the space of the doctor's office as the space of the pathologizing cis gaze. (Rightly so, though I note that pathologizing transgender happens everywhere, in innumerable quotidian ways—perhaps everywhere that social and political suffering is reread and rerouted as an individual medical problem.) The poster implies that mental illness is a bad thing; that being associated with mental illness somehow invalidates transgender identity and experience; and that mental illness is a fixed category that labels an observable reality that is unrelated to gender. Does this strategy appeal? Do trans people deserve better treatment if they are *not* mentally ill? Is it virtuous or victorious to escape suffering or medical regimes (or to pass as such)?

Those new to transgender discourse need to know what motivates this desire to publicly abject madness as a way to gain dignity. (These campaigns exist for good reason: people do, even if unaware, funnel cissupremacy through psych discourses to legitimize its expression and to couch it in a rhetoric of care.) Indeed, transgender occupies an impossible position in mental health discourse: by refusing to be stigmatized as mad, trans people may obtain some dignity and agency, but only by proving we have legitimate mental conditions do resources such as hormones, surgeries, and coverage become thinkable (though not always, or often, available). I assert that this double bind derives from two related histories. First, film and television have long represented gender-crossing people as dangerously mad, as public health risks. Consider that Jame Gumb in director Jonathan Demme's *Silence of the Lambs* (1991) sews a suit of women's skin after being denied sex reassignment; that Michael Caine in Brian De Palma's *Dressed to Kill* (1980) plays a male psychiatrist *and* his own troubled patient, the murderous woman Bobbi; that Norman Bates's homicidal nature in Alfred Hitchcock's *Psycho* (1960) manifests as

cross-dressing; and that characters like TV series *CSI*'s Paul Millander, the franchise's first serial killer, is a transgender man seemingly set on becoming his own late father. (Why so many mad *white* trans murderers? For Pickens, "Whiteness [carries] the presumption of ability."[14] Similarly, I wonder if what terrifies white audiences about these films is partly the corruptibility of whiteness by gender madness and partly a presumed and disturbing inclination on the part of white audiences to interpret gender-crossing characters of color as already signifying madness or emotional incapacity of a sort.)

The second history that may help us understand the depathologization strategy is the medicalization of gender-crossing that occurred with the rise of sexology. Often with fetishistic fervor, a long series of white cisgender men in psych fields have defined the protocols of our lives and care, from Magnus Hirschfeld's "transvestism" (1910), Havelock Ellis's "sexo-aesthetic inversion" (1913), Harry Benjamin's "Sex Orientation Scale" (1966), John Money's controversial and impactful notion of "gender identity" (1972) and the experiments he undertook on children, and even Toronto's Kenneth Zucker, who until 2015 championed conversion therapy as head of the Gender Identity Service at the Centre for Addiction and Mental Health.[15] It is understandable that transgender people would fight against the pathologization of our lives, if we are represented by cis people as mad murderers and if, simultaneously, the definitions, treatments, and protocols that govern our bodies are decided by a long series of white cisgender men in the psych fields (even if some had benevolent intentions).[16] None of this is to suggest that trans mental illness is "just" a bureaucratic or otherwise discursive matter. Transgender mental suffering, including my own, is visceral and high stakes. But I follow Tobin Siebers's assertion that "suffering is a signal to the self at risk"[17]—at risk of transphobia, exclusion, stigma, violence, and more—rather than a signal of a preexisting condition that lives before and beyond language, norms, and other people.

Instead of idling in an impasse—are we mad, or aren't we?—we can remember a few of the ways that madness has long been about public gender nonconformity. Consider the Greek myth of Proteus's three daughters, who refused to worship Dionysus (god of wine and fertility), which is to say, they declined his drunk orgies. As punishment, he turned them mad and let them roam the country mooing like cows and allowing their clothes to fall into disrepair—until other women follow suit. Proteus then commissioned Melampus to treat (i.e., drug?) his three daughters with hellebore to cure them, giving Melampus one of his daughters to marry, as well as part of his territory; domesticity and property moor the story and its women in place. Consider also the etymology of *hysteria*, which, as many have noted, comes from the Greek *hystera*, or "uterus."

Most famously, Plato, in the *Timaeus*, attributes hysteria to a "wandering womb," as though a woman's mad behavior were caused by "unhinged" organs.[18] As Geoffrey Chamberlain shows in his history of British obstetrics and gynecology, once "anatomical dissections had demonstrated that the uterus was actually tethered fast into the pelvis by pairs of ligaments," the narrative of women's madness did not cease to exist but, rather, shifted paradigms accordingly: "Some of the gynaecological diseases that had been considered to be due to the migration of the uterus were now attributed to the vapours."[19] (Chamberlain quotes seventeenth-century midwife Jane Sharp, who explains women's hysteria thusly: "It is most commonly the widowes disease, those who were wont to use Copulation, and are now constrained to live without it; when the seed is thus retained it corrups, and sends up filthy vapours to the brain."[20]) In each of these moments, hear an enduring message: you're crazy if you don't want to fuck men (often said or implied by precisely the man who would partake in such reparative fucking). Hear also in each of these a sense of wandering and movement: in the case of Melampus, women refusing a man's sexual advances leads to countryside madness, wandering as wildly as wombs in Plato's account, and a patriarchal drugging "fixes" their appearances, desires, and domesticities to space. (Recall Foucault's sense that the fugitive outsider status of the ship of fools was eradicated when madness became so tightly fixed to the hospital and its perfect order of individualizing space.) In just this small sample, it is clear that normative gender and sexuality are built into a variety of Western notions of sanity. Mental illness cannot be regarded as a label applied to transgender after the fact, as if we need to simply peel it off of us. Gender is, literally and metaphorically, a "fixture" of mental wellness and illness, a hook on which the meaning of sanity hangs (over us). To return to the ILGA poster: if we can understand madness and transgender as epistemological and diagnostic categories that did not develop in cultural isolation, we must acknowledge that the two cannot be held so separately.

The integral place of race in histories of madness is also, of course, robust. Consider prominent Southern physician Samuel Cartwright, who coined the term *drapetomania*—mania for running away—to describe the mental "disease" exhibited by slaves who fled captivity.[21] Or, recall the work of Jonathan Metzl, who shows in *The Protest Psychosis: How Schizophrenia Became a Black Disease* that the addition of the words *hostility* and *aggression* to diagnostic wording in the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (1968) led to a spike of schizophrenia diagnoses for Black people in civil-rights-era Michigan.[22] Closer to home for me, we could note the Sexual Sterilization Act of the Canadian province of Alberta.[23] As we can well imagine, white medical professionals deciding who qualifies as "feebleminded" or "mentally defective"

is far from a racially neutral determination in the context of colonialism. As Karen Stote describes, Indigenous women "were overrepresented to the provincial Eugenics Board, and once approved for sterilization, were more likely to be subject to the procedure."[24] Some may want to hold identities far from mental illness to confer dignity or agency, but that strategy denies the ways in which the boundary between sane and insane flexes and fluctuates according to racialized and gendered notions of what is publicly good and who is authorized to make such determinations.[25]

If we take the intertwining of these social histories seriously, then we know that *trans* is never without a sense of *mad*, and vice versa. *Transmad*, then, is descriptive rather than additive; it is meant to remind us of the inextricability of these terms, not to putatively add one discrete experience to another. The position of this author is that to theorize madness without considering its trans or otherwise nonconforming genders would be to perpetuate the very cis-normative framework through which gender-nonconforming people are oppressed—sometimes to a point of intense mental strife.

Sense and "Madlove: The Designer Asylum"

Can we imagine spaces of mad gender beyond the doctor's office of the ILGA poster? Can we create a counterpublic that does not require "public storage" for those emotions and genders it deems excessive? More specifically, if recovering from mental strife is, at base, about feeling better, do we not need a psych ward aesthetic that takes the haptic seriously—not only as a realm requiring deep thought by designers and public health officials but also as a realm requiring aesthetic engagement? Since 2014, artists James Leadbitter (also known as "the vacuum cleaner") and Hannah Hull have undertaken a collaborative project that works to invigorate psych ward design norms by considering the haptic realm. The goal of "Madlove: A Designer Asylum" is "to create a unique space where mutual care blossoms . . . to put the treat back into treatment." This tongue-in-cheek tone—cleverly discomfiting in a manner comparable to Bamford's comedy—already introduces a new presence of sensuality in psych treatment, via the unlikely idea that it could include pleasure (a "treat"). The duo visited ten wards across the United Kingdom, as well as ones in Riga, Zurich, and Prague; did live illustrations of the group brainstorming sessions; and launched a three-month installation meant to capture the utopian psych ward and its participants (many of whom were patients at the time).[26]

It is important to note, first, that there is already a history of perceiving hospital design as crucial to healing. Between 1972 and 1981, geographer Roger Ulrich studied forty-six patients recovering from gall

bladder surgery in a suburban Pennsylvania Hospital. Half had a brick wall view; half had a landscape view. The "natural setting" patients recovered quicker and took fewer drugs.[27] Thus began the booming industry of evidence-based design (EBD). Architectural critics have voiced various disagreements with Ulrich's approach, ranging from the movement's reliance on a relatively limited set of data to its excessively quantitative approach to aesthetics. As Mahbub Rashid writes, "Proponents of EBD must acknowledge that design knowledge relevant to healthcare can be found in disciplines unrelated to healthcare [and] that design knowledge does not always need empirical validation."[28] There are myriad options: we could show patients the history of madness in art; we could show patients the vast array of art brut made by mad people; we could move beyond the psych ward's use of rote art projects as a form of occupational therapy and provide more affecting art classes, and so forth. The *Behavioral Health Design Guide* by Hunt, Sine, and Kimberley N. McMurray has just a short section about "Pictures and Artwork," which dictates, "All pictures and artwork in patient-accessible areas must be given special consideration."[29] In a past edition of the guide, the photograph that accompanied this point illustrated all too clearly how humble a role is afforded to art in many a psych ward: the image shows a large cartoonish mural of two apes sitting in greenery. Nothing says "welcome to the jungle" like an ape mural in a psych ward!

In contrast, Hull and Leadbitter focus on aesthetics as an integral part of healing. The artists ask patients about preferred designs, use live illustration to facilitate the conversations, and employ installation art to communicate their findings. The desire for more meaningful ways to make art comes up often among participants. "White walls to attack with paint" or that "can be changed" are the wishes of many participants and are very different from the rote completions of crafts I remember from my occupational therapy sessions in the ward (which were still one of the best parts of the day). Art objects also come up as a source of destruction; one participant names "Fabergé eggs to smash" as a desired psych ward supply. Turning to the installation, the extent of color and ornament contrasts starkly with most contemporary medical spaces: we see deep blues, pinks, reds, yellows, and more. Varieties of texture feature here too: plush carpet, rippling curtains, stripes that draw in the eye, delicate plants, rough bricks, and so on. Again, this emphasis on the senses suggests that "feeling better" has something to do with what we, in the most literal sense, feel. One illustration in "Madlove" focuses entirely on texture: a large hand occupies the center of the drawing, and participant suggestions of what they would like to feel in psych wards surround the hand: "sand or carpet under feet," "smooth things," "clay," "facial hair," "marble sculpture," "things to fiddle with," and even "popping bubble wrap."

The space's assertion of sensuality (so different from a space that takes rationality as its aesthetic guide) extends even to the olfactory realm: in a playful twist on "smelling salts"—associated most enduringly, and tellingly, with fainting women in Victorian England[30]—the designer asylum boasts a series of scents in silver canisters, with aromas ranging from dark chocolate to thunderstorm. Another illustration lists the following words in sequence: "taste smell sound touch look," while one participant notes explicitly that current wards rely too much on visuality. In sum, the senses matter here as much as any dematerialized definition of "the mind."

In the psych wards with which I'm familiar, space is clearly demarcated: nobody is allowed to visit other patients' rooms—a community space or "dayroom" is the only shared space; other rooms are locked until sessions occur there. In Hull and Leadbitter's installation, by contrast, we see nooks and corners that undo a strict public/private binary, as if to suggest that complete visibility (that "trap" of which Foucault warns in *Discipline and Punish*) is not actually necessary for healing. Consider the "Turkish Delight" feature, an enclosure that seats several people face to face on cushioned red benches with a large rounded entrance.[31] The vibrant red of the interior contrasts with the white exterior, as if underlining the feature's creation of partially private social space. A nook atop a small set of stairs also offers a sense of privacy despite not being enclosed: pillows, books, and the size of the stoop all announce the space to visitors as a place to read or otherwise be alone. There are few straight lines or symmetrical features here (one participant's contribution to a live illustration is the sentence, "Linear is ridiculous"): the top of the "Turkish Delight" curves upward like the top of a tent, while the ceiling—lined with over a dozen white umbrellas hanging upside down—echoes these curves.

Clearly, whimsy infuses the project. This includes the rhetorical style of the project's online narratives: "Madlove is not the lunatics taking over the asylum . . . , we are proposing that we should design, build and run the asylum too." Collective force and reclamation of agency infuse this humor with serious purpose. But the "Cooling Tower" best emphasizes the stakes of this whimsy. This tall, narrow, and enclosed space plays openly with the history of psychiatric confinement: it is, in short, a padded room! Unlike padded rooms into which individuals were forced, one enters the "Cooling Tower" voluntarily and without physical restraints. The padding consists of fuchsia pillows, which are lit from above by a single suspended lightbulb. In the resultant soft pink glow, visitors/patients are welcomed to "cool off"—that is, to scream. The scream is precisely that nonrational, somatic expression of feeling that would normally cause nurses or security staff to come running in a psych ward; here, the scream is anticipated, even welcomed, in a way that makes the history of psychiatric space signify anew.

To authorities hoping for docile patients, to ward designers who favor austere medical aesthetics, and to any who would have psych patients focus on the mind in opposition to the body, "Madlove" invites us to, instead, sense.

Embark and Emote: Coral Short

I myself sense that a scream is enough to make seemingly disparate artists true allies. From the "Cooling Tower" of "Madlove," a semiprivate and individual scream space in a utopian ward, we slide along a vibrating vocal cord to the "Scream Choirs" of Montreal nonbinary performance artist Coral Short, whose large ensembles take extreme emotion into the public sphere via collaboration.[32] While advocating for concrete design changes in psychiatric space is a worthwhile project (if a very long-term one), Short's oeuvre reminds us that we can translate the sensual interventions of "Madlove" into the public sphere more immediately, if temporarily and tenuously. For Foucault, the ship of fools set madness outward on unknowable journeys—"embarkation"—while hospitals replaced this model with staying still, with "confinement," a "world of disorder, in perfect order."[33] By *embark*, I do not mean to suggest that Foucault thinks there is a preferable preconfinement spatial mode of madness to which we should or even could return. Rather, I mean to denote any breaking free of the deep belief that madness (and feeling in general) ought to, necessarily and always, be neutralized via confinement (in wards, homes, rooms, or even interior monologues).

Short's work loudly refuses any such spatial fixity. In "Scream Choir," Short choreographs choirs in public places and has them scream instead of sing. First presented for Sappyfest (Sackville, New Brunswick) and Encuentro (the biennial gathering of the Hemispheric Institute—the 2014 edition took place in Montreal), "Scream Choir" has morphed into a number of variations (Laugh Choir, Emotion Choir, and Orgasm Choir) that have appeared in Prince Edward Island (Canada), Athens, and Berlin. Short explains their purpose: "The screamers pour out emotions of anger, pain and more, in tonal yells and primal screams. This cathartic work releases pent up rage against the frustrating capitalist patriarchal machine. This sound ritual aims to be a transformative experience for both performers and audience."[34]

These screams of mad trans range, of queer pleasure, of resistance or resignation, of suffering or climaxing, are inscrutable. Screams are the ultimate onomatopoeia, only they never coalesce into sense. This is the strength of the scream for Short: it refuses to make itself legible in the usual vocabularies of the public sphere, where screams are associated with danger, and choirs are associated with polite entertainment or worship.

Short mentions that the work is "cathartic" in its "transformative" effect; an emotional shift is imagined to have happened via the corporeal—not intelligible, disembodied, or rational—experience of the scream. In a culture where variations of the talking cure still reign as primary modes of emotional relief, Short offers visceral healing: intense expressions of feelings that do not need to be understood by others but can only be created with others. Indeed, what turns a public scream from a sign of danger to a sign of performance art is the project's collaborative quality (would one person screaming in a public square be understood as art, even "weird" art, by onlookers?). Short represents healing as collective and mysterious; the pained cry and its possibility of catharsis are depicted not as individual tasks or responsibilities but as artful and cooperative disruptions.

For the 2014 Montreal incarnation of "Scream Choir," the performance site was crucial: the iconic Basilique Notre-Dame de Montréal (Notre-Dame Basilica) in Old Montreal. As noted in a piece about the safety of Montreal's heritage churches written after Notre-Dame de Paris's burning, Montreal's basilica sees 11 million visitors annually.[35] (It also has the distinction of having hosted the 1994 wedding of Quebec's, and Canada's, most famous celebrity, Céline Dion.) The basilica makes a delicious setting for "Scream Choir" because it is well known for its choral programming and its Christmas presentations of Handel's *Messiah*. The basilica is, in other words, a place of sacred music, a place where singing hinges together religion and the public sphere, a site of worship where prayer (presumably a private and spiritual activity) becomes collective, incarnate, and public. Above, I suggested that only the collective nature of "Scream Choir" makes it readable as art rather than as a sign of danger. However, definitions of art vary, of course: photos show a basilica staff member calling the police on Short's ensemble. The choir was indeed interpreted as a threat—but to what? A basilica's association with publicly beloved choral performance inverts here: queer screamers make noise without clear gods, as if to break more silences than words could break. There are a good many sensible reasons to scream when you are queer or otherwise (publicly) marginalized and good reasons to scream at or near a church in particular. Screaming has long been connected to medical approaches to emotion (Freud posits in early work that the scream is crucial to the infant's attainment of language, while Arthur Janov famously extends Freud's work in *The Primal Scream. Primal Therapy: The Cure for Neurosis*),[36] but here it becomes a different kind of madness: anger (though not exclusively that) and not a lonely one to be fixed via a private fixing of the self.

Short's work suggests that we need to learn to feel differently in public—to embark with our feelings into the public sphere and to emote. "Crying Machine," an interactive and durational piece performed at

Toronto's 2010 TRIGGER Festival suggests we need to experiment with new modes of collective suffering and emoting in order to do so. In this low-fi production, Short sits at a small table with a pile of onions, a cutting board, and a knife. Event-goers are welcomed to sit next to Short, one at a time, while Short chops onions. The obvious outcome—Short and a single other person crying together—seems both beautiful and hilarious, as the audience knows the tears are "induced" but witness a rare scene of shared public crying nonetheless. Part of the message here may be about practice, or about the performativity of emotion: do we need to push ourselves to practice public emotion or vulnerability in any manner that opens us to it? Surely public crying ought not to be a case of "fake it till you make it," but Short implies here that it is worthwhile to motivate ourselves and one another to challenge norms of public stoicism.

"Crying Machine" takes place at an art event, which would surely change the audience's sense of what is appropriate emotional behavior. By contrast, Short's work "Practicing Intimacy" moves unapologetically through a public realm: the subway system (known in Montreal as the Metro). In this work, Short ties themself to a collaborator in a way that appears to be constraining or painful; for instance, string ties Short's hair across their eyes. Undertaken as a performance for the 2008 Nuit Blanche (the Montreal edition of an all-night urban art and performance festival), "Practicing Intimacy" moved through channels of public transit looking quite unlike a standard public sight. What is the Metro (or the bus), however, other than a frequent occasion of practicing public intimacies? Recent debates and memes about space sharing on public transit (e.g., "man spreading") suggest that these environments are fraught precisely because of varying notions of what kinds of public intimacy are appropriate. What else is a public transit map other than a web that ties places and people together in odd and sometimes constraining ways? The strings wrapped around Short's face look like just such a web of tenuous and tight connections. What better place to perform a lesson about the unspoken norms of public intimacy than public transit, the very purpose of which is people, being moved, together?

Short's three projects mentioned above fight against the will to pathologize three public emotional experiences: screaming, crying, and, in a sense, oversharing. Short asks, What if these ostensibly mad acts could be modes of a trans/queer art of public emotion? So far, though, Short's projects have leaned, slightly or drastically, toward what we tend to think of as negative affects: pain, rage, crying, and constraint. In "Plush," what we could call Short's art of queer public mental health turns explicitly to experiences of comfort and relief (a step beyond the catharsis of "Scream Choir"). Between 2013 and 2015, Short stood and walked publicly in a number of cities—at events, festivals, or simply on the street—dressed

head-to-toe in a suit made of stuffed animals, offering hugs to passersby. In Paris, Montreal, Toronto, Hamilton (Ontario), and St. John's (Newfoundland and Labrador), Short approached or was approached by strangers both happy and reluctant, as well as enthusiastic children. The hugs (or turned-down hugs) were not always appreciated, understood, or welcomed: a photo from the Montreal performance, which took place in the Mile End neighborhood, depicts the plushy Short walking by a public gathering of Hasidim (men from the local Hasidic Jewish community)—one member is clearly pleased by the sight of Short, while another member is discernibly annoyed. The piece breaks from the stoicism of the public sphere by reinserting not only stranger intimacy but also affection, campiness, and childhood texture—an inclusion of the haptic that recalls "Madlove." The purpose of stuffed animals is, of course, to comfort via touch—and the delighted, even thrilled, looks of some of Short's huggers show us that Short brought that purpose alive.

Together, these public performances tell us that we can scream together, we can cry together, we can practice being moved together, and we can cheer each other up with whimsy or with hugs—publicly. We can—if only sometimes, and often with difficulty and danger—embark into nonmedical places and spaces to emote. Another of Short's pieces tells us what happens when we cannot (or are seldom permitted to) do these things. "Stop Beating Yourself Up" takes direct aim at everyday languages of self-care and mental wellness and subverts them. It is also a rarity in Short's oeuvre: a solo performance. In this piece, performed three times between 2013 and 2015 (in Oshawa, Montreal, and Vancouver), Short dresses as a champion boxer, mouthpiece in place, with large, heavy gloves ready to do damage. Before an audience, Short takes aim at themself, punching themself repeatedly in a boxing style. Cameras capture the action and project it on a screen. Knowing Coral Short personally and watching them do this performance (Vancouver Queer Arts Festival, 2015) was especially difficult; it was indeed hard not to yell the title of the piece directly at Short as more and more punches landed. That Short performs this as a solo piece is telling: self-flagellation is done alone, yet with a public (even if, sometimes, an imagined one that we've rebranded as our inner monologue). The harm we do to ourselves, Short's piece suggests, is serious and physical. Life imitated art in too real a manner following this last iteration of "Stop Beating Yourself Up": Short gave themself a concussion that affected their well-being for several years. "Stop Beating Yourself Up" is a comical title that mimics languages of self-improvement, but Short knows that shifting ideas of wellness and public intimacy are serious business, serious enough to stake your body on.

Short reminds us that the injuries we sustain by refuting norms of emotion, embodiment, and space can be extensive and vary drastically

among us. Note, of course, that while a church staff member calls the police on Short's "Scream Choir," no guns are drawn and nobody is murdered by a police officer. As Frank Keating argues, being seen as "dangerous" may be new to white mentally ill folks, but Black men tend to become quite familiar with being interpreted as risks to public safety.[37] I praise Short's insertion of queer emotional intimacies into the public sphere, but I would be loath to imply that all subjects have the same access to the tools this requires. Obviously, public emotion is interpreted and disciplined not only through notions of mental illness and wellness but also through ideas related to race, class, gender, sexuality, and more. As Sara Ahmed reminds us, "To speak out of anger as a woman of color is to confirm your position as the cause of tension; your anger is what threatens the social bond."[38] The stakes and safety of allowing/pursuing intense public emotion vary drastically across bodies and public perceptions thereof; so too, then, must our strategies. "White woman tears," for example, do not seem to disrupt the emotional order of the public sphere but instead confirm it, often in juxtaposition to "the figure of the angry black woman."[39] I cannot presume to prescribe strategies, but I hope the ensemble nature of the artworks analyzed here points us toward the need to undertake collaborative understandings of mental health, illness, and care and to remember that none of us are the same.

Collect: Conclusion

Together, Hull and Leadbitter's "Madlove" and Coral Short's oeuvre—both based in large collaboratives—underline the possibilities of extreme emotion, madness, and suffering that are not individualized, surveilled, or pathologized in any straightforward manner. Hull, Leadbitter, and their collaborators replace Ulrich's evidence-based design with a collective design process. Like the "Madlove" installation itself, the project description critiques the individualization of mental health repeatedly: it emphasizes "mutual care," rethinks "power relations between patient and staff," and asserts that everyone, including "mental health professionals and academics," are "on the spectrum" of mental health experience. When framed as responses to ILGA-like depathologization campaigns, these artists do not so much provide a counterargument as offer generative ways forward that change the spaces of madness (led, in Short's case, by trans and queer people and, in the case of "Madlove," by mad people). In other words, "Madlove" and Short's oeuvre share undocile aesthetics that aim to make psychiatric space ("Madlove") or the mad public (Short) anything but the boring, unadorned, utilitarian, or uninspiring genre known as a "public storage" facility—to come full circle to Maria Bamford.

Given, however, that the depathologization strategy has such understandable motivations—madness having been used in psychiatry, popular culture, and beyond as a weapon through which to harm trans people—how does one respond to earnest and well-intentioned campaigns such as the ILGA poster? To such campaigns and to trans people who would refer to them for dignity, the artists analyzed in this essay might say that to pathologize any kind of socially situated suffering (which is, of course, all suffering) is to incline us toward individual solutions, to self-betterment, rather than toward social change or political consciousness. Instead, "Madlove" and Coral Short tell us to *collect* ourselves, a word that emphasizes collaboration, implies continuation, and omits the linear vibes of *healing* or *recovery*.

A longer answer allows me to return also to my own psych ward staycation, which I discussed in the introduction as a parable of the compulsory "choices" of spatial confinement. The week before I was admitted to the hospital, a number of life stressors (gynecological diagnoses, moving from one Canadian coast to another, starting a new job) collided with my preexisting struggles (self-medication, depression) and a number of xenophobic occurrences (at their peak, two men yelling fat-phobic slurs at me from their car, which they then slowed in order to videotape me). When I relayed this last incident to a psychiatry resident at the hospital, he responded: "Well, you *are* quite large . . . ," as if I were so deluded as to not even understand why I was harassed, as if my body were an invitation to the persistent harassment that would eventually play a decent role in my mental distress. A cis male nurse, similarly, looked at me and said, without any context about my life, "Well, I like to eat, too. When I'm happy, I eat; when I'm sad, I eat." Both of these professionals viewed my body as the cause and effect of my depression, not as the matter through which oppression and mistreatment found me, hurt me, and disinclined me from entering the public sphere or connecting to others. I appeal here to Jasbir Puar's notion of *debility*, a third term beyond the ability/disability binary, one that captures "the bodily injury and social exclusion brought on by economic and political factors."[40] Depathologization strategies (and the psych ward staff members I mention above) cannot account for the lived context of madness and transgender (or, for instance, of fatness) in the social world. That is, while the inextricability of transgender and madness may be contingent and imagined, it is still perpetuated and reified today: trans people may not experience their gender as a source of mental anguish or pain (I do not), but it will almost certainly, at some point, *become one* in a world where trans people are treated terribly and denied resources, safety, homes, jobs, support, and other opportunities. To those who would "validate" transgender life by abjecting its relation to mental illness we could say, Please do not deny the lived pain and struggle of liv-

ing in a world that does not want us. Or, perhaps: hang on—it's coming for you.

Just as I had nearly completed revisions for this article, I found Alexandre Baril's excellent article "Transness as Debility: Rethinking Intersections between Trans and Disabled Embodiments," which argues that "the experience of suffering linked to some of the debilitating aspects of transness should not be overlooked."[41] Indeed, just because "the discourse of suffering can be used in ableist and cisgenderist ways to further oppress disabled and trans people,"[42] this does not mean that we should accept the dubious political strategy of repressing or otherwise concealing our pain—pain that is not sui generis but is affected by, if not generated by, oppressive others, histories, and systems. In other words, we should not need to appear pain-free to "deserve" bodily change or different experiences. Moreover, to uphold a mythical pain-free trans subject as aspirational or radical is both to be bluntly ableist and to naturalize the odd fiction that cisgender life is necessarily one free of gendered pain (or gender *as* pain). This I write as someone who associates transgender with euphoria *and* with the anguish of ableism and transphobia. I expect others, with dissimilar experiences, will feel differently than I do about some of these claims. I certainly cannot speak for others; I only hope for a wider variety of trans emotions and affective narratives to become possible. May one of these be a third route between or beyond pure pathologization or depathologization because we need to insist on a position for ourselves that permits pain but does not disqualify us from life on that basis. As Baril suggests, while depathologization may seem to be about confidence and "wellness," it is often about political fear and compliance. "What are we afraid of," Baril asks, "when we refuse to listen to the distress and suffering of some trans people? Do we fear that legitimising these voices may encourage our cisgenderist societies to revive discourses denying trans people rights, access to health care and respect?"[43] The present article, as it turns out, offers some responses to these questions.

While I believe these theoretical questions play out viscerally in the lives of many, I end with a gesture toward a more obvious definition of praxis. Keeping in mind that public art is part of, and not the entirety of, a trans-mad aesthetic, I would like to ask, Can mental health collectives—a different kind of ensemble—thrive? Projects such as "gerotopias"—a kind of retirement village for aging baby boomers, also known as an AALC, or Active Adult Lifestyle Community—could, potentially, provide a model. However, as Deane Simpson points out, gerotopias' twist on the intentional communities of the 1960s and 1970s veers more toward insularity and privilege than anything else, what she describes as a "utopia of endless vacation" based on "surplus leisure time."[44] Such intentional

communities could focus on mutual care, but Simpson suggests they are currently engaged in something closer to "urban and social escapism."[45] Short's embarkation into the general public sphere—not out of it—suggests the opposite approach. I end with this gesture toward collective care and action not because I feel virtuous about it, or even particularly capable of it. On the contrary, this is what I aim to do more, after years of experiencing the effects of isolation as well as, inversely, the effects of virulent, public transphobia and fatphobia. But barriers to mutual care spaces already exist. In their case study of Toronto, Chava Finkler and Jill L. Grant explain that zoning bylaws mandate strict minimum distances between group homes for psychiatric survivors, thereby making enclaves impossible.[46] Safety is one ostensible reason for this. (Safety for whom?) Safety is also the guiding principle of McMurray, Hunt, and Sine's protocols for psych space design. Images in their *Behavioral Health Design Guide*, for example, show a dot marking every single thing in a psych ward room that psych patients could use to hurt themselves: an outlet, a blanket, a wall—almost anything. Where in these common approaches to mental health and safety do we consider that *others* hurt mentally ill people? Could we draw an FGI diagram of the psych ward and mark it with everywhere trans people have been hurt by staff and patients or by a policy or design? Can we imagine a similar diagram of a public street, square, washroom, or shelter? For me, art and performance are vital ways to respond and endure, especially since conceptions of space and architecture infuse our every thought of mental illness—from stability through breakdown to collapse. If we want to push the limits of the liberal imagination beyond the provision of a gender-neutral washroom in a psychiatric lockdown, we need trans-mad artists and thinkers to design, disrupt, and lead such spaces, in addition to sometimes convalescing in them. We need to acknowledge the debility of the trans-mad subject rather than purely reject or affirm transgender as a species of psychiatric disorder. We need to insist on a public sphere into which one can embark in order to sense, emote, and collect one another and ourselves. We have been doing it for a long time—psych professionals and designers may have some catching up to do. But if you've made it to the end of this article, you are on your way—somewhere.

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Notes

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1. Bamford, *Old Baby*, 36:30–37:24.

2. Constantino et al., "Existential Isolation as a Correlate of Clinical Distress," 389.

3. Foucault, "Incorporation of the Hospital into Modern Technology," 151.

4. Foucault, *Madness and Civilization*, 31.

5. Foucault, *Mental Illness and Psychology*, 70.

6. Even my mirroring of Bamford's diction above relies on the disjunction between our sense of a vacation as chosen and a hospitalization as compelled.

7. Rich, "Compulsory Heterosexuality and Lesbian Existence"; McRuer, *Crip Theory*.

8. Hunt and Sine, *Common Mistakes in Designing Psychiatric Hospitals*, 13.

9. BBC News, "Abingdon Police Open 'Calming' Pink Cell for Children."

10. St. Clair, *Secret Lives of Colour*, 118–19; Schauss, "Tranquilizing Effect of Color."

11. Tobin Siebers argues that Foucault aligns the predocile body with strength and ability and the docile body with weakness and disability: "The docile body begins to resemble disability, and it is not meant as a term of celebration" (*Disability Theory*, 58). I contend the opposite: that what Foucault calls docility aligns with what many define as the able body (e.g., the effective soldier). Siebers points out the mournful tone Foucault uses when discussing disciplined bodies, but the latter is not mourning the disablement of the docile body as much as his sense of the docile body's ability put to work in the name of state power.

12. Keegan, *Lana and Lilly Wachowski*, 4.

13. ILGA-Europe, "Transgender People Are Not Mentally Ill."

14. Pickens, *Black Madness*, 7.

15. Stryker, *Transgender History*, 31–58; Goldie, *The Man Who Invented Gender*; Ubelacker, "CAMH to 'Wind Down.'"

16. I agree with Susan Stryker that many of these cis men were advocates who sought to support trans people in some way. While the suffering these practitioners sought to alleviate was personal and visceral, it does not follow that its origins were necessarily individual/medical rather than social, affective, aesthetic, and so on. This is merely to underline that these advocates' works also played a role in the still-current control of nonnormative gender by psychiatric gatekeepers. My point is simply that while these men helped things progress, things could have progressed otherwise.

17. Siebers, *Disability Theory*, 20.

18. Gilman et al., *Hysteria beyond Freud*.

19. Chamberlain, *From Witchcraft to Wisdom*, 60.

20. Chamberlain, *From Witchcraft to Wisdom*, 60.

21. Willoughby, "Running Away from Drapetomania."

22. Metzl, *Protest Psychosis*.

23. The territory of the province of Alberta is covered by Treaty 6 (1876), Treaty 7 (1877), and Treaty 8 (1899), which were signed by the Canadian Crown and Indigenous nations—mainly, but not exclusively, Cree, Assiniboine, Ojibwa (Treaty 6), Blackfoot (Treaty 7), and the First Nations of the Lesser Slave Lake area (includ-

ing the Dane-zaa, Cree, and Denesuline people). To learn about Alberta's 1928 Sexual Sterilization Act and other eugenic legislations, see Wilson, "Eugenics Archive."

24. Stote, "Coercive Sterilization of Aboriginal Women in Canada," 120.

25. I do not presume to know or to decide how race should or could fit into the rubric I propose here, except to say that we ought to remember that *whiteness* is not a modifier to *cis* or *sane* but, rather, a constitutive element of these categories.

26. Hull and Leadbitter, "Madlove."

27. Ulrich, "View through a Window," 420–21.

28. Rashid, "Question of Knowledge," 101.

29. McMurray, Hunt, and Sine, *Behavioral Health Design Guide*, 32. Note: Before the FGI published the paper, the National Association of Psychiatric Health Systems did so (2003–2014). Note also that two of the authors are part owners of the current publisher of this white paper, Behavioral Health Facility Consulting. The FGI still offers this text as a downloadable file in its "Beyond Fundamentals" online library.

30. McCrory, "Smelling Salts."

31. I want to flag the name and design of the "Turkish Delight" feature as potentially appropriative or otherwise misguided, depending perhaps on who suggested drawing from this design history and for what purpose.

32. Coral Short, "Coral Short."

33. Foucault, *Madness and Civilization*, 32.

34. Coral Short, "Scream Choir," caption.

35. Curtis, "Notre-Dame de Paris Fire."

36. Freud, "Project for a Scientific Psychology"; Scheehan, "Reading of an Ethics of Psychoanalysis"; Janov, *Primal Scream*.

37. Keating, "Fear, Black People, and Mental Illness."

38. Ahmed, *Promise of Happiness*, 67.

39. Accapadi, "When White Women Cry," 208; Hamad, *White Tears / Brown Scars*; Hamad, "How White Women Use Strategic Tears"; Ahmed, *Promise of Happiness*, 68.

40. Puar, *Right to Maim*.

41. Baril, "Transness as Debility," 68.

42. Baril, "Transness as Debility," 70.

43. Baril, "Transness as Debility," 70.

44. Simpson, "Gerotopias," 356, 359.

45. Simpson, "Gerotopias," 362.

46. Finkler and Grant, "Minimum Separation Distance Bylaws."

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