

Narrative Advocacy: Mad Justice and Languages of Compassion

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“Stories matter. Many stories matter. Stories have been used to dispose and to malign. But, stories can also be used to empower and to humanize. Stories can break the dignity of a people, but stories can also repair that dignity.” – Chimamanda Adiche (2009)

Introduction

In this essay I will critically examine the film *Crooked Beauty* (Rosenthal, 2010) as a model for an emerging style of documentary filmmaking that blends and extends the boundaries of narrative advocacy and cinematic convention. The film defies many of the traditional sub-genres of documentary film – it cannot be easily categorized as either historical, investigative, issue-oriented, ethnographic, or biopic. *Crooked Beauty* poignantly refutes the prevailing medical gaze towards mental illness by manifesting a visionary alternative of mental wellness. It conjures this alternative through the rhetorical device of an intensely personal narrative spoken over a backdrop of visually poetic imagery. The film's storytelling embodies a distinct perspective that provokes and challenges mainstream diagnostic paradigms. Its discursive style resonates deeply with the language, aesthetics, and values that have been painstakingly cultivated over the years by communities of radical mental health activists in peer-support groups and workshops across the country. This holographic work recapitulates decades of painstaking reflection, and can be read as a post-modern manifesto – one that speaks from the subjective 'I's of personal experiences, and raises questions and contradictions instead of making grandiose assertions and categorical declarations.

Narrative Matters

Exploring the dynamics of *Crooked Beauty* through the lens of narrative medicine illuminates both the film and discipline. Narrative Medicine is concerned with issues of trauma, body, memory, voice, and inter-subjectivity and embraces the challenge of locating these issues in their social, cultural, political, and historical contexts. Narrative Medicine provides a theoretical framework for analyzing the film's rhetorical gestures and can help situate them in the contexts of power relations and knowledge production. The power and value of storytelling is a central trope in Narrative Medicine. The theoretical basis for this belief comes from a variety of discourses. As Alcoff (2001) argues:

A plethora of sources have argued in this century that the neutrality of the theorizer can no longer, can never again, be sustained, even for a moment. Critical theory, discourses of empowerment, psychoanalytic theory, post-structuralism, feminist, and anti-colonialist theories have all concurred on this point. Who is speaking to whom turns out to be as important for meaning and truth as what is said; in fact what is said turns out to change according to who is speaking and who is listening.

Despite the widespread consensus that Alcoff describes, critiques of objective neutrality continue to stir controversy across disciplinary and ideological divides. There is an urgent need for case studies that persuasively illustrate the strength of these critiques. We must unpack the dynamics of this context-dependent generation of meaning in order to better understand the ways that the meaning of 'what' varies, depending upon 'who' is speaking to 'whom'. The theoretical tradition cited by Alcoff helps explain *why* stories matter. However, to understand precisely *how* stories matter we must continually analyze particular sites of controversy that demonstrate this point.

It is not sufficient to justify *why* stories matter. It is crucial to understand *how* they matter. Advocates and activists must adapt their tactics to grounds that are constantly shifting. How are the

stories we tell, and are told, manifestations of social injustice? How can we transform such stories into narratives of justice, health, and change? Closely studying sites of oppression and resistance helps us theorize the precise mechanisms around these exchanges.

Kaleidoscopic tendencies

Crooked Beauty is simultaneously an expression of hope and an act of resistance that powerfully captures a snapshot of the hierarchies of power in the domains of mental health and capitalist society at large. The film employs a range of storytelling techniques to represent, educate, and embody a series of complex issues through the lenses of the narrator, the filmmaker, and the audiences. Closely examining these mechanisms in action helps strengthen and reinforce our understanding of the power dynamics around controversies in mental health and beyond. A rigorous study of this film helps reveal the grammar and syntax of power exchange, and suggests future directions for the creation of messages that represent and evoke the diversity of opinions and voices around these issues.

Crooked Beauty's narrator, Jacks Ashley McNamara, co-founded The Icarus Project, a radical mental health organization whose mission and activities directly inspired the concept, production, and distribution of this film. In chapter 5 of *Crooked Beauty*, McNamara narrates the creation myth of The Icarus Project, and the Greek mythology that inspired its name. However, it is important to stress that *Crooked Beauty's* primary narrative is *not* the origin story of the The Icarus Project. *Crooked Beauty* weaves together multiple narratives – biographical, historical, textual, visual, aural, and musical – and this complex orchestration is arranged around McNamara's story. McNamara's story includes The Icarus Project, was informed and shaped by The Icarus Project, but neither starts nor ends with The Icarus Project.

Similarly, the film *Crooked Beauty* does not only tell McNamara's personal story. Films are collaborative productions and rarely created solo, although technology's advance increasingly enables the possibility for independently produced projects (e.g. *Tarnation* (Caouette, 2003)). The direction, cinematography, editing, sound design, distribution, and—especially in the case of *Crooked Beauty*—the rhythmic visual effects all contribute significantly to the film's narratives. The film's director, Ken Paul Rosenthal, connected with McNamara after reading her published account of her transformative journey from a psychiatric inpatient to a radical mental health activist (Rosenthal, 2010, April; McNamara, 2005). As the director, photographer, and editor, the narrative of Rosenthal's experience making this film is conveyed through his editorial choices and cinematic vision. Furthermore, additional narratives around *Crooked Beauty* are still being written, as the film is used widely in workshops and classrooms.

The complex tensions created by these interwoven narrative threads contribute to *Crooked Beauty's* captivating hold. The work is rich with contradiction and complexity, demanding and deserving multiple viewings to fully appreciate it. It is neither exactly McNamara's story, nor is it exactly not. Similarly, it is neither exactly the origin story of The Icarus Project, nor is it exactly not. The settings where the film has been distributed and screened also inform its reception. It has screened at multiple film festivals, often followed by a panel of Icarus members and/or the director to facilitate audience discussion. It has been distributed at Icarus events, and Icarus continues to develop supporting curricular materials. It is even being used in professional training settings to educate mental health practitioners. It's multi-dimensional style suggests a simultaneous reinvention of the documentary and the traditional manifesto.

Friends make the best medicine

Before we examine *Crooked Beauty's* storytelling techniques it is important to consider its genealogy. As described in the film, its gestation can be traced through the communities of activists who nurtured this film into existence. *Crooked Beauty* emerged from a community of radical mental health activists whose cultural and political roots include anarchism, punk, queer and identity politics, and grassroots organizing.

In 2002 Sascha Scatter DuBrul published a first-person narrative in the San Francisco Bay Guardian about his “poly-polar” experiences (DuBrul). 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 through 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 which 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 concern in Narrative Medicine (Charon, 2002).

In *Crooked Beauty*, McNamara retells her initial encounter with Sascha's story, her reply with her own story, and their inspired dream of creating safe space for the exchange of stories:

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 coupling of two stories, yielding a litter of stories, which continued to breed until they blossomed into a network of networks of 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:

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, 2006, October)

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 (Coleman, 2008), if not centuries (Foucault, 1988; Whitaker, 2003), to resist the plodding advance of psychiatric biopower. Cultural theorists such as Brad Lewis and Jonathan Metzl have identified 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). What distinguished The Icarus Project from the efforts that preceded it 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 create. 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 in solidarity, forge friendships, and learn that they were not alone.

Unlike 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 relationships within the Project as they 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 (Bonfire Madigan Shive, the avant-garde cellist who composed and performed *Crooked Beauty's* powerful cello tracks, joined the collective at this time). 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. 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, 2006, June)

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.

Light and Dark Prisms

To analyze *Crooked Beauty's* discursive style, I must draw heavily on the primordial environment from which it sprung. The film organically absorbs and recapitulates The Icarus Project's values and aesthetics within its own poetic structure. *Crooked Beauty's* particular formal structure is a powerful example of how storytelling can operate on multiple narrative levels simultaneously. The balanced interplay between contrasting narrative elements such as text/image, literal/metaphoric, personal/universal, mundane/metaphysical, illumination/shadow is articulated through cinema's fundamental grammar of light of dark.

The film enacts the change it advocates by modeling a language of compassion and liberation. It exercises this language through the performance of authentic narratives and allegorical storytelling. It also reaches beyond the representation of the narrative, and attempts to embody the narrative through a series of immersive storytelling techniques. These immersive techniques are designed to take the audience on a phenomenological journey which tracks the narrator's experience, taking the viewer beyond identification towards a direct experience of the moods, themes, and feelings expressed in the film.

McNamara claims “there would be a lot, a lot less mental illness, quote unquote, in our society if people were given spaces to work through emotions like anger and grief instead of denying them and suppressing them, if we had a language of compassion.” (Rosenthal, 2010) Rosenthal provides a cinematic space for McNamara to tell her story, and as we listen to her work through her emotions, both McNamara and Rosenthal attempt to model the language she imagines. Through screenings and workshops the film seeks to recreate this compassionate space, introducing an empowering new language, and then stepping back to give participants the communal space to reflect on their own emotions and experiences.

A textual analysis of McNamara's story provides us with many traditional examples of the power of narrative. McNamara masterfully reframes the pathologizing master narratives that dominate the discourse around mental illness and wellness. Narrating the emotional crisis that led to her hospitalization, she explains:

I went to a prestigious, private university. And at the time I was taking a class on the origin of life in the universe, and got totally convinced that if I could teach every high school student in America, that their bodies were made out of molecules that were born in the super novas of stars fifteen billion years ago, then we would all understand that we are all the same and there would be no injustice and no inequality and we would stop treating each other so badly.

And so I'd gone through a period of just total expansion and incredible energy, and so much insight. But insight at a level where I couldn't really connect with other people. Your brain takes off into this level of cosmic and cerebral connections but your heart isn't working quite right. And, you can connect fifty thousand ideas, but you can't listen to your friend talk about her relationship.

And so I went through a period which they would say is mania, all mental energy and connections and divine expanses of space and time and no grounding on the earth. And, then I crashed, really badly. And a lot of it for me was mixed up with drugs and alcohol.

I slipped into such a state of total and utter depression and despair that I didn't know what day it was, I didn't shower, I didn't change my clothes. I didn't really eat. Stopped going to school, stopped doing work, stopped going outside, stopped talking to people. Every time I tried to watch the television I was convinced that the world was ending and I would run out of the room screaming and shake and hide in the corner. And I was snorting Ritalin so I could write my final exam papers and then blacking out on the floor. Finally my girlfriend ended up calling up my parents, "I can't take care of your daughter anymore." (Rosenthal, 2010)

As a poet, McNamara has a deep understanding of how words convey different shades of meaning through inflection, connotation, and association. A cursory comparison with the Diagnostic and Statistical Manual of Mental Disorders captures the contrast between a language of compassion and language of oppression. The DSM's definition of mania includes the following symptoms:

(1) Elevated or expansive mood "characterized by unceasing and unselective enthusiasm for interacting with people", (2) Inflated self-esteem such as giving "advice on matters about which he or she has no special knowledge" or claiming a special relationship with God, (3) Speech that is loud, rapid, difficult to interrupt, and often "full of jokes, puns, plays on words, and amusing irrelevancies", (4) A flight of ideas "i.e., a nearly continuous flow of accelerated speech, with abrupt changes from topic to topic, usually based on understandable relations", (5) Increased involvement in goal directed activity including "excessive planning of, and participation in, multiple activities (e.g., sexual, occupational, political, religious). (6) "God's voice may be heard explaining that the person has a special mission." (DSM-IV-TR, 2000)

It should be evident to any who consider these two descriptions side by side that both McNamara and the DSM both leverage the power of narrative. The DSM's point of view is difficult to discern until it is juxtaposed against the rich backdrop of McNamara's personal experience. Once we read an alternative description of similar behaviors, the oppressive force of the diagnostic frame comes into clearer focus.

This comparison also demonstrates the power of inclusion and exclusion, as McNamara contextualizes her sensitivities against the backdrop of a cultural critique:

... I grew up in a region that was rapidly being developed and where, what used to be horse fields and meadows were being turned into strip malls, and condominiums, and corporate headquarters. Just watching the rape of this land... I started to really lose interest in a lot of the strappings of popular culture. All these messages about the kind of person I was supposed to be. The world around me was way more interesting than a television show. And what everyone talked about on the bus to school was movies and celebrities and I just didn't care. I wanted to talk about like love and loss and life and the meaning of human existence and spirit and unity and freedom, and that's not what 12-year-olds were talking about... If I was determined to live my life in a city and to work a really intensive, steady job in an office I think I would have to take medication to do that. But I don't think that fact means that I have a disease. I think that it means that it would take a pharmaceutical substance to override my instincts to make me capable of fitting into a system that was not designed for someone with a spirit like mine... I'm just really sensitive and my moods shift in ways that I don't really keep a rhythm that fits with the clock of capitalist society.

In the course of narrating her story McNamara indicts capitalism, popular culture, the media, gentrification, urbanization, and the assumptions of the modern western lifestyle. The objectifying response she heard from psychiatry was "I'm a mood disorder with legs. Your life is insane because you have a biochemical problem. If you take these drugs religiously for the rest of your life, your life won't be insane." The ability to recognize the structural violence that McNamara feels oppressed by is entirely absent from psychiatry's response, again illustrating the power of framing, omission, and commission. We witness in this dialectic the forceful power of oppressive language, and the empowerment that comes from reclaiming languages of oppression. However, reclaiming this language still invokes it, and for many, healing involves supplanting this language with compassionate alternatives. *Crooked Beauty* mobilizes this language of compassion to conjure authentic visions for thinking and speaking about "extreme states of consciousness".

The alternative vision that McNamara promotes sounds simple and obvious, once articulated, but is tragically far from our current reality:

We need to stop saying, "You are crazy, stop being crazy." We need to stop putting all the focus and treatment on; How can we make you stop being the person you are? How can we stop telling you, that you are wrong if you experience these things? And how can we instead, help you to learn how to handle your sensitivities, that you might make the transition from having these sensitivities overwhelming you, to having these sensitivities be giving you information you can use? (Rosenthal, 2010)

If we listen closely, McNamara doesn't always speak strictly from the 'I'. She often seamlessly transitions into 'We' statements to emphasize her critiques and recommendations. Although there is an implied 'I think' or 'I believe' around all of her propositions, *Crooked Beauty* is a film, not a support group. As a leader in an activist organization with years of experience running workshops and support groups, she is entitled to 'speak for' those whose trust she has earned. Through a piece of public media, she has the opportunity to extrapolate beyond her own experiences, channeling the community she helped build while speaking for them.

Complexity and Contradiction

Beyond the obvious advantages of framing, *Crooked Beauty* also captures the paradoxical

power of complexity and contradiction. Life is messy and complicated; to pretend that it isn't denies our humanity and reduces subjectivity to a multiple-choice test. By embracing the contradictory emotions inevitable in a complex world, the film avoids the common pitfall of romanticizing illness and denying suffering. McNamara describes her initial reactions to her biochemical diagnosis:

Part of me really wanted an answer that left me off the hook as far as responsibility went. And being told that I had a mental illness was both horrifying and very conveniently left me out of responsibility for my life. And it enabled me to recast everything that had happened to me up to that point as a result of this mental illness. And part of me hated that and part of me was totally relieved. 'Cuz then it was just like, "Oh, that's why it's all been so hard. I've just got this brain disorder." But, I don't think that's actually the whole answer, at all. (Rosenthal, 2010)

Later, she elaborates on the beautiful and dark sides to all aspects of our reality – material, psychological, social, and metaphysical – and her ambivalence over her ability to acutely perceive and experience these extremes.

The dead flower over there and the shadow over here and this person over there and the love letter over there and the map over here and the apocalypse over there and Walmart down there and the ocean and the children and...and in my mind they're all connected. And they're not separable.... I don't just see beauty and light and god and grass. I see suffering and bodies rotting in the streets and injustice and a lot of pain and terror and fear also comes in. 'Cause the dark side of humanity is very, very, very real. And we don't want to think about that. There's moments when people have glimpses of what is luminous and transcendent and that's fantastic, but no one stays there.

God knows there have been more times in my life than I could ever count when I have been like please take this fucking thing away from me I don't want it. It is too painful, it is too much pain and suffering. You can have it back. Just let me close down and be like a normal person walking around the world. I don't want access to these frequencies. Can I please just shut the dial off? (Rosenthal, 2010)

"Lillies and urine"; expansion and contraction; transcendence and despair; beauty and darkness. Narratives are able to represent a continuous spectrum of perspectives that are difficult—if not impossible—to capture through rational discourse. McNamara's narration relates the ambiguity of her situation, raises questions instead of making categorical assertions, and depicts how her perspectives oscillated and transformed over time and space. It is around the representation of ambiguity and contradiction, as well as voice, that the language of cinema helps amplify McNamara's story and transform it into a cinematic vision quest.

In film studies, *mise-en-scène* refers to "everything that goes into the composition of a shot – framing, movement of the camera and characters, lighting, set design and the visual environment, and sound." (Film Language Glossary, 2005). In a published essay about the conceptual and creative process of making *Crooked Beauty*, Rosenthal writes about his struggles with questions of representation and exploitation:

How could I recount her troubled history with compassion rather than exploitation typical of films about mental illness?... How would we see Jacks onscreen? The traditional model of the featured character speaking to an off-screen interviewer felt contrived and inauthentic because it

deferred to an unseen authority. So I began to think outside of representation and more about embodiment. What if I dispensed with a talking head altogether and found symbols for the face of 'madness'? (Rosenthal, 2010, April).

Rosenthal constructs a cinematic language that immerses the audience in the moods, themes, and experiences McNamara narrates. Explicitly leveraging film's primal relationship to light, he explores visual metaphors for "difference and conflict" in natural and urban landscapes. This imagery functions as visual counterparts to extreme moods and states of mind. The rhythm and pacing of his editing is accompanied by evocative sound effects (e.g. sprinklers, trains, rushing water) and a haunting original score. With the exception of the opening poem, the conscious decision to not show McNamara's face and body onscreen during her narration, in addition to silent, inter-titled segments, draws the audience into a first-person experience of the story. Such techniques create a space for McNamara's story to become the audiences' story, with McNamara listening to *us*, and acting as a shamanic guide through a cinematic vision quest.

Unlike mainstream documentaries that often talk *at* the audience, *Crooked Beauty* is designed as a space in which the audience can immerse themselves, and become narrators of their own stories, while employing McNamara's language of compassion. This reciprocal technique is quite distinct from the conventions of mainstream storytelling, which are designed to provoke a compulsory identification with the protagonist. *Crooked Beauty* employs the characteristically evocative power of poetry to transport the reader into the mindspace of the writer and directly experience McNamara's frame of mind.

Teaching too close to the sun

The questions *Who speaks? Who is spoken for? Who watches? and Who witnesses?* provoke nuanced and complex considerations and answers. Rosenthal writes, "the grammar and syntax of cinema becomes [McNamara's] voice, and the film becomes her body" (Rosenthal, 2010, April). If the film is her body, then who is speaking? McNamara? Rosenthal? The Icarus Project? How should we think about the interplay of all of the actors involved in co-constructing meaning within and around this piece of media?

In the spirit of radical educator Paulo Freire (2007), these questions can be addressed through conscious, post-screening dialogues with *Crooked Beauty's* audiences. The film exists within a large ecosystem – audiences, educators, advocates, mental health practitioners, psychiatric survivors, have all participated in its reception and interpretation. As a piece of media, *Crooked Beauty* has manifested spaces for healing such as the ones McNamara imagines. Those touched by fire, their families and friends, and even clinical practitioners, are all deeply moved and transformed by their collective journeys through this film. I have witnessed the power of this film to challenge and provoke entrenched paradigms, especially when it is presented in contexts that deliberately invite and encourage discussion afterwards. There are even efforts underway to develop curricula around *Crooked Beauty* for use with clinicians in training. In accordance with this work, such educational curricula should elicit the audiences' own stories, encourage them to listen to each other as allies, and inspire them to script more compassionate language as they map their own paths towards personal liberation.

Crooked Beauty is essentially a cinematic manifesto, that echoes the disability rights mantra, "Nothing about us without us." Its primary message is *narrative advocacy begins with a story of one's own*.

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