Tracing Memory, Assembling Self: Disability Justice, Family Systems and Autonomy

by

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Abstract

Tracing Memory, Assembling Self: Disability Justice, Family Systems, and Autonomy examines the negotiation of autonomy, identity, and belonging within familial, interpersonal, and institutional systems by disabled individuals with a focused lens on those with psychiatric disabilities. The study is grounded in Family Systems Theory, Interpersonal Theory, Critical Disability Studies, and Feminist Disability Justice and employs autoethnography and arts-based inquiry to treat lived experience as both subject and method. Through twelve paired narrative and visual case studies, the research reassembles personal and intergenerational memory to reveal how care and control often coexist within the same relational spaces.

By drawing on creative practices of collage and writing, the project illuminates how surveillance, stigma, and lineage shape disabled selfhood with artistic expression becoming acts of reclamation and resistance. The analysis identifies seven recurring themes which include Autonomy Under Siege, The Psychiatric Gaze, Ancestral Echoes, Witchcraft and Reclamation, Intimate Ruptures, Haunted Places, and Fragmented Selves. The central linkage is that each demonstrates autonomy as a process of continual negotiation rather than independence from others. Through the use of personal testimony within historical and colonial contexts of psychiatric care, this work contributes to disability justice scholarship and feminist autoethnography. It offers creative practice as both critique and counter-archive. The work invites families, practitioners, and communities to imagine forms of care that honour interdependence and knowledge that refuses to be silenced or erased.

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Chapter 1: Introduction

Background of the Problem

Research about disabled people frequently focuses on medical or caregiver perspectives while neglecting the personal stories of the disabled person inside of family environments. The overall structure and personal interactions within families influence how individuals form their self-image and sense of independence, while also affecting their emotional health and overall well-being. Individuals with disabilities, especially those with mental health disabilities, often experience these dynamics as challenging, intensified, or misinterpreted.

Purpose of the Study

Building on this understanding, the purpose of this research is to explore how disabled individuals experience personal autonomy. Through a series of visual and written autoethnographic works, the project investigates how memory, relationships, gender roles, and systemic influences impact disabled self-concept. To achieve this purpose, the study seeks to answer the following research questions.

Research Questions

1. How do disabled individuals experience their role within family systems?
2. In what ways do interpersonal relationships within these systems affect the disabled person's sense of autonomy?
3. How can creative practices such as collage and writing surface these often-invisible dynamics?

Significance of the Study

This study aims to shift the narrative from the objectification of disabled people to the embodiment of disabled voices. By centering disabled voices through creative, autoethnographic methods, this study contributes both to disability justice scholarship and to reimagining how autonomy can be expressed through acts of resistance and understood in the context of family systems.

Personal Context: Autobiography, Psychiatry, and Colonialism

My positioning in this research is inseparable from my lived experiences of psychiatric hospitalization and family history. In addition to my great-grandmother, I am another woman in my maternal line who has been placed involuntarily in acute psychiatric facilities by members of our own family. These intergenerational patterns of institutionalization underscore the intimate relationship between family systems, gender, and psychiatry. They reveal how women's autonomy is often curtailed through medical and legal means when their behavior or self-expression does not align with societal social norms.

My own experiences of hospitalization highlight both the violence and inequities of psychiatric systems. During one admission, I was reported missing after failing to return from an approved break. My family filed a missing persons report with the police. The response was immediate: newspaper articles, online postings, and the mobilization of public resources. Yet, during the same period, I witnessed Indigenous women leaving the facility in the same, even at times more dramatic avenues. Examples include hopping into a taxicab that was waiting on the street while we were on a walk break or physically running on foot away from hospital security and staff. There were no filed missing persons reports or searches initiated by the public. The absence of these women was met with silence.

This polarity illustrates how colonialism and systemic racism shape psychiatric responses. Some lives are valued as urgent while others are disregarded as unimportant. As Drever (2021) notes, this disparity reflects a broader colonial logic in which Indigenous women are rendered disposable while white women are noted to be recoverable subjects. The disparities in care and concern illuminate how colonialism remains embedded in mental health systems. My personal experience in relation to this logic occurred during my hospitalization, where I observed a stark contrast between how my personal belongings and hospital room were treated and those of Indigenous women who left the unit. After I returned to the hospital my belongings remained as I left them; untouched, my room as if I had just walked out of the space. Alternatively, I recall watching the nursing staff removing the items left behind by the Indigenous female patients within 24 hours of them not returning. The staff then locked them in a closet with the other clothing that is made available to patients who are admitted with nothing to wear. Unlike the 24 hours after which their belongings were removed, I was absent from the hospital for more than three days. It is my belief this was due to systemic racism.

Central to how I have made meaning of these challenging personal experiences have been both spirituality and creativity. Exploring tarot, ritual, and creative practice offered me modes of survival and knowledge production beyond the biomedical lens. These practices were often pathologized or dismissed by clinicians as odd. Thus, reinforcing the idea that non-Western or alternative forms of meaning-making are suspect within psychiatric contexts, resonating with broader feminist disability justice critiques, noting that colonialism and patriarchy intersect to discipline women who pursue spiritual, creative, or non-normative ways of knowing. Nicki (2001) emphasizes that women who express intense emotional, spiritual, or creative states often have their experiences reframed through a psychiatric lens.

By situating my personal experiences within a continuum of familial, historical, and systemic forces, this project engages autoethnography not only as method but also as survival. The memories of hospitalization, the intergenerational traces of institutionalization, and the unequal treatment of Indigenous and settler women are not only background but data sites of analysis that reveal how disability, gender, and colonialism shape autonomy. Jack (2008) similarly situates Mad identity as a site of political resistance, illustrating how personal storytelling can interrupt biomedical framings and reclaim agency over one's narrative. As Jack (2008) writes, "by shifting attention away from medical diagnoses and institutional records and toward the experiences of those labeled insane, it becomes possible to question the authority of biomedical interpretations and to recover forms of agency that were otherwise obscured or denied" (p. 14).

This project therefore follows a roadmap that moves from personal narrative toward collective analysis. Through visual collage, and narrative interpretation, I document and preserve moments that might otherwise remain unspoken. Capturing these experiences in creative and analytical forms allows them to be examined not only as memories but as sites of knowledge. By assembling these materials, this research creates a record of lived experience that challenges dominant psychiatric narratives and expands how disability knowledge can be produced.

Perspective plays a central role in this process. The shift from being positioned as a patient within psychiatric systems to becoming a researcher interpreting those experiences is itself a form of liberation. Through autoethnographic reflection and artistic practice, I reinterpret moments that were once defined through diagnosis, surveillance, or institutional authority.

In this way, the project is not only an act of documentation but also one of empowerment. By naming, recording, and analyzing these experiences, I participate in the broader project of disability justice by demonstrating that narrative, memory, and creative expression can unsettle institutional power and open space for more complex understandings of autonomy, identity, and survival.

These perspectives directly inform the artistic case studies presented in Chapter 5, where collage, and narrative analysis function as both creative expression and methodological tools for examining how disabled identity, autonomy, and memory are negotiated within family and institutional systems. This research positions the disabled self not as an object of psychiatric knowledge, but as a source of insight, resistance, and self-definition. I recognize that my interpretation of these experiences is not fixed. Memory is partial, layered, and responsive; meaning emerges differently as I revisit events through writing and art. This work reflects my current understanding of my own experiences, but time will surface new perspectives. Rather than undermining objectivity, this evolving relationship to my own story is integral to feminist disability justice and autoethnography, which view reflexivity, emergence, and emotional truth as valid forms of knowledge.

Definitions

This study provides explicit definitions for key terms to ensure reader clarity.

- **Aversive Ableism:** A subtle and often unconscious form of ableism expressed through discomfort, avoidance, or paternalism toward disabled people rather than overt hostility.
- **Autoethnography:** A qualitative research approach that integrates the researcher's autobiographical narrative with ethnographic study.

- **Disability Justice:** A political framework and movement that centers intersectionality, collective liberation, and interdependence. It expands beyond disability rights to address the ways ableism intersects with racism, colonialism, sexism, sanism, and other forms of oppression.
- **Disability Studies:** An academic field that examines disability through its social, cultural, and political contexts instead of as a medical condition.
- **Family Systems Theory:** Defines the family as an emotional network in which members' behaviours simultaneously influence and respond to one another within the system.
- **Feminist Theory:** An analytical structure that examines power systems and inequality while focusing on gender and intersectionality through lived experience and care ethics principles.
- **Interpretivist:** A research approach that understands reality as a social construct and seeks to grasp people's subjective experiences through context-sensitive qualitative methods.
- **Interpersonal Theory:** A psychological theory explaining how social interactions during early life and continuing relationships shape personality development and identity formation.
- **Objectification:** The act of treating or regarding a person as an object rather than a subject with independent agency, emotions, and capacity, including reducing individuals to diagnostic categories, behaviors, or expected roles.

The following chapter outlines the foundational knowledge integrated into concepts explored throughout this thesis. The information within the literature is both historical, theoretical and entirely relevant to my personal exploration in this study.

Chapter 2: Foundational Knowledge; Literature That Guided the Inquiry

Introduction

This chapter situates the key historical, theoretical, cultural contexts and underlying knowledge that informed the ideas within this research and led to the creative work. It traces the evolution of psychiatric control in Canada, explores family systems as sites of both care and containment, and reviews feminist disability information that infuses this study.

The literature that follows reflects concepts I have engaged with throughout my life as a means of understanding my own thoughts and emotions and has assisted with becoming more capable of self-awareness within my interpersonal relationships. This body of literature did not operate as a distant or detached framework applied after the fact. Rather, it functioned as essential knowledge that both preceded and evolved alongside the creative process. The literature engaged in this chapter reflect ideas I had already been grappling with; concepts that named, clarified, and deepened my understanding of lived experience. In this way, the literature became a site of recognition and expansion, allowing me to enter an ongoing dialogue between theory, memory, and creative expression.

The creative work itself unfolded in a largely linear and chronological manner. However, beneath this structure belies a more complex internal process in which time and memory collapsed into one another. Moments from different periods of my life surfaced simultaneously, shaped not by sequence but by emotional intensity, relational significance, and embodied recall. As a result, the narratives and visual works move through time while also resisting it, reflecting the nonlinear nature of memory and the persistence of past experiences in the present.

The interpersonal relationships depicted in this work are rooted in deeply personal, and at times private, experiences whose emotional truth I do not consider open to negotiation. These representations reflect my perceptions of relational dynamics as they were lived and felt in specific moments, particularly in relation to experiences of power, control, and injustice. While I recognize that memory is subjective, that perspectives may shift over time, and that relationships themselves may evolve or resolve, the emotions and conflicts represented here remain valid as they were experienced.

This work is also rooted in my lived experience as a disabled person. Recognizing disability as central to my identity, rather than peripheral to it, created the conditions necessary to engage honestly with my relational world. This recognition allowed for the externalization of an inner landscape that had long been undisclosed, making visible the tensions, contradictions, and desires that shaped my experiences. Through this process, creative expression became a means of both inquiry and transformation, grounded in the understanding that growth emerges through sustained honesty with oneself and, where possible, with others. Engaging with the literature that follows has supported not only the development of this research, but also my ongoing ability to situate personal experience within broader systems of meaning, power, and care.

Historical Background of Mental Health Care in Canada

The historical background of mental healthcare in Canada stands as a crucial element for this inquiry. According to Sussman (2015), nineteenth-century psychiatric containment emphasized moral regulation and control rather than proper care. The historical patterns of psychiatric care practices continue to affect modern family expectations by perpetuating stigma and control while maintaining silence about psychiatric disabilities. Reaume's (2010) historical work on the Toronto Hospital for the Insane illustrates how institutional erasure persists in the absence of remembrance, most notably with many patients buried in unmarked graves. “Patients who had no known relatives were apparently buried in unmarked graves” (p. 258). When these lives are remembered it disrupts silence and acknowledges disabled histories that have often been erased by both state institutions and families.

As Jack (2008) has shown in her historical demographic study, nineteenth-century asylum systems in Canada were deeply structured by colonial power, gender, and class. Families often acted as the first agents of containment. Jack (2008) highlights an important parallel in that more than half of those categorized as “insane” were cared for at home. An interesting revelation that notes how psychiatric control historically operated through both institutional and familial systems. Jack’s (2008) work underscores the importance of situating contemporary family dynamics within longer histories of stigma and pathologization. The entanglement between family and institutional control continues to echo in contemporary family systems which also shapes how psychiatric disability is experienced today.

Disability studies stress the significance of disabled people's narratives, however most research fails to address the disabled persons experiences of independence within families. Traditional frameworks present disabled individuals as burdens and passive recipients of care, as well as failing to acknowledge their active role in negotiating their identity, power dynamics, and social belonging. Family relationships become complex arenas of misunderstanding as well as control and resistance for individuals with psychiatric disabilities (Miklowitz, 2004; Adu et al., 2024). As Miklowitz (2004) observes, “family relationships often become strained by efforts to manage symptoms, resulting in patterns of criticism, overinvolvement, and attempts to regulate the behavior of the individual with the disorder” (p. 16). Similarly, Adu et al.’s study (2024) notes that “participants highlighted other family members who would exclude those with mental illnesses from opportunities to exercise autonomy or power within the family unit” (p. 18).

Building from the historical foundations outlined above, the literature that follows moves through key areas of inquiry that have both informed and evolved alongside this work: disability within family systems, interpersonal theory and identity development, feminist ethics of care, familial stigma and psychiatric disability. Rather than functioning as discrete or detached domains, these areas reflect an interconnected body of knowledge that has shaped my understanding of relational dynamics, memory, and care over time. The chapter concludes with a synthesis of these frameworks and an identification of key research gaps. Together, these areas support a practice-based inquiry in which theory, lived experience, and creative expression are brought into dialogue to examine how disability is experienced, remembered, and negotiated within relational contexts.

Disability and the Family System

Family systems theory establishes an ideal framework for examining how individuals interact with their family environments while considering psychiatric disability. This theory emerges from the concept of families operating as interconnected emotional entities and explains how fluctuations in one person’s behavior or health status produce systemic effects throughout the family unit. When examining disability through this lens, interdependency creates feedback cycles: family reactions shape an individual's behavior, and those behaviors in turn influence the family system. “The frustrations included blaming the individual experiencing an illness for the symptoms of their condition. This reproach is felt by the individual and can become a barrier to recovery as they hide their challenges from family members.” (Adu et al., 2024, p.18)

The emotional dynamics and control mechanisms within family systems profoundly shape how disability is understood, managed, and embodied. From a developmental psychopathology standpoint, Miklowitz (2004) discusses how “expressed emotion” (EE), marked by criticism, hostility, and emotional overinvolvement, can exacerbate psychiatric symptoms and increase relapse rates. “High levels of expressed emotion in families, particularly criticism and emotional overinvolvement, are among the most robust psychosocial predictors of relapse in mood disorders” (Miklowitz, 2004, p. 89). These cycles reflect how family members interpret the controllability of symptoms. While the expressed emotion narrative remains clinically useful, the EE model has been critiqued for centering caregiver responses over the lived experience of the disabled person, representing the continuation of the systemic silencing of disabled identity.

These systemic effects often reflect not only stress responses, but also subtle prejudices embedded in family beliefs. Friedman’s (2018, 2019) theory of aversive ableism demonstrates how nondisabled people may consciously endorse acceptance of disability while unconsciously perpetuating stigma and control. Within families, this manifests as “well-intentioned” overprotection, pity, or denial of autonomy. Nicki (2001) similarly notes that emotional and affective expectations are deeply gendered. Women that express distress or autonomy outside normative bounds are often seen as unstable or dangerous and have been institutionalized at a disproportionate rate. Nicki (2001) observes that “norms of mental health are different for men and women. For instance, a woman who displays aggression and ambition, and is not feminine, risks being labelled ‘mentally ill’ or, if genuinely mentally ill, having her illness seen purely in terms of her transgression against her gender” (p. 81). While these emotional dynamics structure everyday family interactions, they are also deeply gendered, shaping who is seen as credible, responsible, or in need of control.

Disability studies scholars such as Farrell and Krahn (2014) write that traditional family-based research often places burden and sickness at the foreground, positioning disabled individuals as passive care recipients. Farrell and Krahn (2014) call for a more inclusive framework that attends to shifting family functions and recognizing the roles of people with disabilities as active contributors to family life. This shift from pathologization to participation is critical in reimagining how psychiatric disability is negotiated within these spaces. For this thesis, such a reframing is essential: it positions the disabled person as a meaning-maker within the family system, allowing the analysis of autonomy, memory, and identity to emerge from lived experience rather than from the perspectives of observers or caregivers.

Gender and Power in Family Systems

Gendered narratives compound these dynamics, determining who is seen as credible, dangerous, or disposable within systems. Sussman (2015) adds a critical feminist legal lens to these dynamics, illustrating how psychiatric and legal institutions work together to pathologize and regulate women. As Sussman notes, "custodial rather than treatment was the operational dynamic here; it was an afterthought from a treatment perspective" (2015, p. 102). Garland-Thomson (2002) states that gender and disability are mutually constitutive: "Disability, like gender, is a concept that pervades all aspects of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment" (p. 5). This gendered regulation often occurs through family systems, which become extensions of institutional power.

The lineage of mental health care in Canada reveals how psychiatric containment was rooted in moral regulation. As Sussman (2015) explains, 19th-century institutions often confined women and impoverished individuals deemed incurable, reinforcing social control over ethics in care. These practices positioned families as both moral enforcers and caregivers, embedding gendered expectations and stigma into psychiatric disability these patterns continue to shape contemporary responses to mental illness within the family system. Feminist criminology also reveals that carceral and psychiatric systems historically worked together to regulate women deemed deviant or disobedient to men (Balfour, 2008).

Reinders (2008) notes that modern disability services increasingly reflect neoliberal values that emphasize self-management and choice while undercutting the reality of interdependence. In such contexts, disabled individuals are expected to demonstrate autonomy and rationality despite enmeshment. Mauer's (2006) discussion of the ongoing divide between behavioral and primary care systems, emphasizes the necessity of clinical integration and care coordination to prevent people from falling between systems. As she explains, "clinical integration is the extent to which patient care services are coordinated across people, functions, activities, and sites over time so as to maximize the value of services delivered to patients" (p. 2). When services remain fragmented, family members often become the default coordinators of care without adequate support (Miklowitz, 2004).

This project situates itself within this continuum, examining how family roles, expectations, and emotional histories interact with psychiatric disability to shape a disabled person's experience of autonomy. Rather than approaching family systems as static structures or moral arbiters, the study treats them as historically and emotionally charged ecosystems in which identity, power, and memory are actively negotiated over time. Highlighting these gendered and historical patterns matters for this research because it clarifies how these experiences are not isolated events but part of a broader social script in which women’s autonomy is often diminished through intersecting familial, psychiatric, and cultural expectations.

Interpersonal Theory and Identity

While family systems reveal collective dynamics, interpersonal theory situates these within lived relational experience. Relationship experiences during early family and social interactions play a significant role in shaping personal identity development. Harry Stack Sullivan's interpersonal theory serves as a vital framework demonstrating that mental health and self-concept develop through ongoing social interactions rather than in isolation according to his research (Sullivan, 2024). This theory asserts that personality develops through sequential social interactions influenced by genuine and imagined feedback from key people. Sullivan's (2024) research continues to provide valuable insights into the ways psychiatric disabilities influence and are influenced by family members' relational expectations.

Sullivan's (2024) theoretical framework moves away from Freudian psychoanalysis because it places greater importance on interpersonal environments instead of instinctual drives. The transmission of intense anxiety between parents and children serves as a fundamental cause of psychopathology according to Sullivan (2024). The child internalises this anxiety through a process of relational exchanges in the emotional environment rather than in isolation. People with psychiatric disabilities often experience persistent self-perceptions of being too much, unpredictable, or not trustworthy due to early family dynamics and interactions which become hard to change throughout adulthood. Patterns such as these are lived out in the way disabled people perceive and negotiate their positions in interpersonal life. The expectation of being judged, abandoned or acted upon through emotional volatility may be a factor in the way that autonomy is expressed or held back. Sullivan’s stages of personality development highlight the importance of early peer relationships, adolescence, and the struggle for intimacy as critical periods where self-definition emerges (Sullivan, 2024).

Ratcliffe (2013) proposes that affective mood states can radically alter one’s felt sense of reality and relational embeddedness. In simple terms, Ratcliffe’s (2013) work highlights how altered mood states can make everyday interactions feel fundamentally different, hyper-significant, unsafe, or unreal. According to Ratcliffe (2013), this phenomenon can be described as “delusional atmospheres,” in which “the environment is somehow different—not to a gross degree—perception is unaltered in itself but there is some change which envelops everything with a subtle, pervasive and strangely uncertain light” (p. 231). These are not just cognitive distortions but existential shifts in the background of perception that fundamentally affect how one experiences others. These experiences often leave lasting emotional impressions, shaping memory in ways that reconfigure how disabled individuals relate to themselves and others across time.

Loneliness amplifies these interpersonal dynamics. Rimke (2018) describes that social exclusion and moral judgement isolate individuals by positioning them outside the boundaries of the “normal” social body, creating conditions where loneliness becomes both an emotional experience and a structural consequence of stigma. For disabled people, especially those navigating psychiatric labeling, this form of exclusion can intensify interpersonal anxiety, reinforce internalized beliefs of unbelonging, and shape how autonomy is negotiated in close relationships.

Goodley (2014) notes that disabled subjectivity emerges through both interpersonal and systemic forces. He critiques notions of fixed, independent identity in favor of a relational model that recognizes the ongoing negotiations of self that occur in response to ableism, social norms, and familial expectations. As Goodley (2014) explains, disabled subjectivity is “produced through social, cultural and relational practices that continually shape who counts as human, competent and valued” (p. 7). Identity, in this sense, is not only a psychological experience but also a sociocultural performance that is constantly shaped and reshaped by human interaction.

In the context of this research, interpersonal theory provides a lens for understanding the relational memories that are reconstructed through visual collage and narrative writing. Each remembered interaction, whether affirming, constraining, or ambiguous, reveals how autonomy and identity were relationally interpreted, challenged, or reclaimed. The act of representing these memories becomes not only a mode of reflection but also an act of identity-making, resisting dominant scripts of illness and disorder.

Ethics of Care and Dependency

The ethics of care offers a vital lens for reimagining dependency, justice, and relationality within disability, especially in family systems. In *Love's Labor,* Kittay (2020) introduces the concept of “doulia,” framing ethical care relationships as reciprocal and dignity-affirming for both caregiver and the recipient of care. This approach challenges normative portrayals of disabled individuals as passive burdens and reframes familial relationships as potential sites of ethical interdependence and shared meaning, rather than aversive ableism. However, this framework can also be dissected to explore the ways psychiatric disability can disrupt autonomy in family life.

Critics of care ethics such as Reinders (2008) and Goodley (2014) caution that care ethics can reproduce asymmetrical power relations when care is enacted through structures that position disabled individuals as dependent and caregivers as decision-makers. In these contexts, authority over needs, interpretations of well-being, and control over everyday life may be held by those providing care, often limiting the agency of the person receiving it. While care is frequently framed as benevolent, it can also justify forms of surveillance, restriction, or intervention enacted “in one’s best interest,” thereby reinforcing unequal power dynamics.

While Kittay, Goodley, and Reinders all contribute to a relational understanding of disability and care, they emphasize different dimensions. Kittay (2020) centers on the moral and political importance of care work, proposing the concept of "doulia” to illustrate how justice should account for mutual interdependence between caregivers, care recipients, and society. Goodley (2014) critiques dominant cultural values of independence and productivity through a more theoretical and intersectional lens. Goodley (2014) introduces post humanist and affective approaches to disrupt normative conceptions of selfhood. Reinders (2008) emphasizes the need for structural and institutional transformation from paternalistic care to rights-based, person centered systems within human services.

Disability justice reinforces that care cannot be a one-way act of taking or giving but rather is a mutual practice of reciprocity and remain equitable relationships. Piepzna-Samarasinha (2018) documents the emergence of care webs among disabled QTBIPOC communities—informal networks where access is created collaboratively rather than delivered through charity or institutional systems. Thus, when family care is unavailable, abusive, or stigmatizing, disabled people build other kinship relations in which autonomy is recast as a shared, interdependent experience, and while families may have the best of intentions, care provided can limit independence or one’s ability to participate in collective networks. As Piepzna-Samarasinha (2018) writes, disability justice insists that “care is not charity—it is collective survival,” grounded in relationships of reciprocity, interdependence, and shared responsibility (p. 9).

Stigma and Mental Illness in Systems

Family systems remain areas where mental illness stigma persists as a deeply rooted and harmful barrier for those affected by it. While public and self-stigma are frequently studied, familial stigma, particularly in gendered caregiving contexts, remains under-theorized. Stigma circulates within families. Therefore, families may function as sites of both support and suppression, simultaneously protecting loved ones while also reinforcing unhealthy assumptions about mental illness (Adu et al., 2024).

Cross-cultural research supports stigma as both interpersonal and explanatory. Stefanovics et al. (2016) demonstrate that health professionals across five different countries often draw on multiple, coexisting explanatory frameworks when interpreting mental illness. As they note, “beliefs in supernatural causes of mental illness (e.g., witchcraft, curses, God’s punishment, possession by evil spirit) coexist alongside biopsychosocial explanations, even among health professionals with formal medical training” (p. 170). Rather than replacing cultural meaning-making systems, professional psychiatric knowledge frequently absorbs and reproduces them, allowing older moral and symbolic frameworks to persist within clinical practice.

Josewski et al. (2023) demonstrate how colonial and place-based factors further intensify stigma for Indigenous people. They assert that colonialism operates as a foundational determinant of mental health, noting that Indigenous mental distress is routinely interpreted through “racialized, moralised, and deficit-based discourses that obscure the ongoing impacts of dispossession, displacement, and surveillance” (Josewski et al., 2023, p. 7). Within these contexts, psychiatric difference becomes entangled with histories of land theft, institutional control, and epistemic violence, such that individuals and families absorb stigmatizing narratives in ways that deepen silence, shame, and control.

Nicki (2001) states that such stigma is gendered and embodied, particularly in how women's emotional distress is evaluated and managed. She observes that women who resist normative expectations of emotional regulation or dependency are frequently judged through moral rather than relational or structural frameworks, such that "women's anger, despair, or refusal is read as evidence of pathology rather than as a response to social injury" (Nicki, 2001, p. 81). This gendered moralization legitimizes intensified familial surveillance and control while rendering women's lived experiences of harm less credible.

Theoretical Synthesis and Research Gaps

Emerging from these critiques, works such as those by Friedman (2018; 2019) on aversive ableism reveal how subtle forms of prejudice persist even within "supportive" care contexts. Reaume (2010) and Stefanovics et al. (2016) further highlight the impact of historical erasure and cultural values on stigma as it is negotiated within family life. Disabled people and disability justice scholars (Piepzna-Samarasinha, 2018; Berne, 2015; Mingus, 2017) also offer rich examples of disabled communities building alternative structures of collective care that resist logics of pathologization and instead put interdependence at the center. However, few studies explicitly integrate feminist disability justice with analyses of family systems, nor have they fully examined how psychiatric disability is negotiated through memory, art, and storytelling as sites of resistance.

Conclusion

This literature review has demonstrated that the bodies of knowledge informing this study, including family systems theory, interpersonal theory, feminist ethics of care, disability studies, and scholarship on stigma and psychiatric disability, each offer important insight into how disability is experienced within relational, historical, and social contexts. At the same time, these frameworks often leave the lived realities of disabled individuals underexamined, particularly when caregiver perspectives, clinical interpretations, or institutional logics are privileged over disabled people's own accounts of memory, meaning, and selfhood.

Across these areas of inquiry, a clear pattern emerges that predominant approaches to disability, even when framed through care, treatment, or support, often reproduce uneven relations of power that regulate, silence, or moralize disabled experience. The literature also reveals that autonomy cannot be understood as a simple matter of independence. Rather, it is shaped within emotionally charged ecosystems of family relations, gendered expectations, interpersonal histories, and broader structures of psychiatric and social control.

The identified research gaps further affirm the importance of this study. While disability scholarship has increasingly challenged pathologizing narratives, fewer studies have examined how psychiatric disability is negotiated through family systems, memory, and interpersonal life, or how creative practice can function as a mode of theorizing those experiences. By positioning the disabled subject as both researcher and storyteller, this thesis intervenes in those absences. Through collage and writing, memory becomes method, and personal experience becomes a site of analytic and creative knowledge production.

Taken together, this literature review establishes the conceptual foundation for a practice-based study that understands disability not as an isolated condition, but as something lived through relationships, power, history, and remembrance. In doing so, it prepares the ground for the chapters that follow, where theory and creative practice are brought into dialogue to examine how autonomy, identity, and belonging are negotiated through firsthand knowledge.

Chapter 3: Theoretical Frameworks

Overview

This thesis is grounded in four interrelated frameworks: Family Systems Theory, Interpersonal Theory, Critical Disability Studies (centered in feminist disability justice) and Autoethnographic Feminist Methodology. These provide an interconnected epistemology which narrates the entanglement of psychiatric power, family systems, and creative disobedience in my experience of disabled identity, memory, and agency. They draw upon feminist disability theory, phenomenology, and decolonial thought to examine how lived experience itself becomes a site of knowledge production and personal resistance. By integrating collage and narrative writing as arts-based research methods, the study approaches memory as data. Through these creative acts, the disabled self is examined not as an isolated entity but as one continually negotiated within networks of care, surveillance, and belonging across family, friendship, romantic, and medical contexts.

Relational Foundations: Family Systems and Interpersonal Theories

Family Systems Theory situates behaviour within emotional networks, emphasizing that individuals cannot be understood apart from their relational systems. As Miklowitz (2004) writes, “family members are best viewed not as isolated individuals but as parts of an interdependent emotional system, in which the behaviour of one member affects the others in dynamic and reciprocal ways” (p. 668). Behaviour, then, arises through systemic responses to dependency, disability, and perceived deviance, not merely from internal pathology.

Historically, families have been co-producers of psychiatric containment rather than external to it. Jack's (2008) historical-demographic study of nineteenth-century Canada demonstrates how people labeled "insane" circulated between homes, asylums, and charitable institutions revealing the entanglement of familial and institutional control. Still family dynamics often echo the surveillance, stigma, and moral regulation of psychiatric history. Narratives of burden, protection, and responsibility shape how autonomy is experienced or constrained within families. Drawing on feminist ethics of care, particularly Kittay's (2020) notion of "dependency work," this study reframes caregiving as a morally meaningful, reciprocal relationship rooted in justice rather than deviation from independence. Yet when informed by ableist norms of productivity or normalcy, even "care" can reproduce control which links directly to Friedman's (2018, 2019) critique of aversive ableism.

Where Family Systems Theory maps these collective emotional dynamics, Interpersonal Theory turns inward, tracing how identity and belonging are enacted through everyday relationships. Sullivan's (2024) framework reveals how attachment, expectation, and the management of anxiety shape interpersonal behaviour. The anticipation of judgment, of being labeled as "too much," "not enough," "unreliable" often originates in early familial exchanges and later resurfaces in medical or social relationships. Ratcliffe's (2013) phenomenological account of "delusional atmospheres" explains how mood and affect reshape perception and memory, thus altering how reality and relationships are felt. These atmospheres matter for arts-based research: both collage and narrative writing draw upon memory that is already affectively saturated, revealing how emotion, perception, and selfhood interlace. Together, these concepts ground the analytic logic of this project: because the collages and narratives are built from affectively charged memories, Interpersonal Theory and Ratcliffe's (2013) account of atmospheric experience help explain why the visual and narrative material carries such emotional intensity and how relational wounds, anxiety, and mood become embedded in the aesthetic and symbolic choices of each artwork.

Structural and Political Frames: Disability, Psychiatry, and Coloniality

Critical Disability Studies interrogates how cultural narratives and systems of care establish disabled people as dependent or deficient (Goodley, 2014; Kittay, 2020). Within families, aversive ableism manifests as ambivalent acceptance. Family systems offer care while reinforcing control or infantilization (Friedman, 2018, 2019). These patterns are historically produced through the collaboration of psychiatric and carceral systems that regulate marginalized bodies, particularly women and Indigenous peoples (Balfour, 2008).

Feminist disability theorists have long demonstrated how gender and disability co-produce norms of credibility and care-worthiness. Garland-Thomson (2002), for example, theorizes complex embodiment to note that bodily and mental differences are simultaneously materially real and socially interpreted through gendered, racialized, and ableist hierarchies. As she explains, disability is not located solely within the body but emerges through “the various interactions between bodies and world that materialize disability from the stuff of human variation and precariousness” (Garland-Thomson, 2002, p. 7). This framework helps explain why disabled women, particularly those of us situated within psychiatric systems, are so often positioned as unreliable narrators of our own experiences: our accounts are filtered through cultural logics that already mark our bodies and minds as excessive, deficient, or untrustworthy.

Nicki (2001) traces how psychiatry has long functioned as a form of gendered governance that reclassifies women’s spiritual, creative, or affective intensity as illness. She asserts that psychiatric knowledge historically transforms women’s resistance, anger, or refusal into evidence of pathology, noting that “women’s emotional expressions are routinely interpreted as signs of disorder rather than as intelligible responses to oppression, trauma, or constraint” (Nicki, 2001, p. 81). Within this framework, expressions of pain or boundary-setting are easily reframed as symptoms, effacing the ways that distress is often interwoven with interpersonal and structural violence. Recovery, from this perspective, may involve anger, refusal, or reassertion of autonomy; acts that are frequently misread as non-compliance. Thus, within both family and clinic, “care” can become surveillance.

Rimke (2016) shows how psychiatric discourse produces moral judgments about “appropriate” emotional expression. She explains that contemporary psy practices operate through “psychocentrism”, a framework that individualizes distress and “locates social problems within the minds and bodies of individuals, thereby legitimizing regulation, surveillance, and control under the guise of care” (Rimke, 2016, p. 7). Women who resist or exceed normative affective expectations are consequently positioned as socially deviant and in need of intervention, reinforcing systems of monitoring and discipline while obscuring the social conditions that generate distress in the first place.

A decolonial lens adds further complexity. Josewski et al. (2023) note that dominant social-determinants models remain colonial when they exclude land and place as determinants of wellness. As they write, “health frameworks that ignore land-based relations reproduce colonial logics by locating distress within individuals rather than within histories of dispossession and displacement” (Josewski et al., 2023, p. 6). Deterritorialization and disconnection from land are thus pathologized individually, while systemic causes remain invisible. This perspective clarifies how psychiatric and social systems decide which crises are grievable and which are normalized; a pattern also explored within feminist criminology and Indigenous studies. Reaume's (2010) documentation of institutional histories in Canada that have erased psychiatric patients through unmarked graves, archival silences, and dispossession. He notes that "the absence of markers and records functions not as oversight but as an active process of forgetting, one that reflects the unequal value placed on patients' lives" (Reaume, 2010, p. 41), revealing how psychiatric power is inseparable from colonial structures of forgetting and harm.

Feminist criminologist Balfour (2008) articulates a victimization–criminalization continuum, in which women's survival strategies are reinterpreted as deviance and institutional responses punish rather than protect. She states that Indigenous women are frequently "criminalized for behaviours that are directly linked to their histories of victimization, poverty, and systemic neglect" (Balfour, 2008, p. 104), revealing how harm is reframed as individual failure rather than structural violence. Drever (2021) identifies the logic of gendered disposability, whereby colonial and patriarchal hierarchies determine whose suffering warrants concern and whose is rendered socially insignificant. As Drever explains, Indigenous women's lives are repeatedly positioned as "expendable within legal, social, and familial systems that normalize their exposure to harm while denying them recognition as legitimate victims" (Drever, 2021, p. 6). These logics extend into domestic spaces, where family judgments of credibility, motherhood, or emotional regulation echo broader regimes of surveillance. It is at this intersection of psychiatric, familial, and colonial power that symbolic systems such as witchcraft or tarot function as radical acts of re-signification and resistance, reclaiming meaning in contexts where women's experiences are otherwise dismissed, pathologized, or erased.

Symbolic Resistance and Creative Knowledge

In this study, tarot and witchcraft imagery function as feminist disability justice methods. The symbolic tools that reclaim historically pathologized spiritual practices and transform them into forms of knowledge-making. Sosteric (2014) situates the Tarot's major arcana within a historical project of hierarchy and discipline, arguing that cards such as The Emperor and The Hierophant "clearly represent the authority of the state and church," embedding elite ideology, obedience, and social ordering directly into symbolic form (Sosteric, 2014, p. 370). The Emperor signifies sovereign power, rule, and patriarchal authority, while the Hierophant—originally titled *The Pope*—embodies institutional doctrine, moral regulation, and sanctioned knowledge transmission. As Sosteric demonstrates, these archetypes emerged from and reinforced systems of governance, discipline, and control rather than neutral spiritual insight.

Fink (2022) reframes tarot not as a fixed ideological system but as an open symbolic map capable of reinterpretation and subversion. When these archetypes are deliberately juxtaposed, disrupted, or reworked through collage and narrative, particularly those representing authority and hierarchy, this project reclaims symbolism as method, critique and rebellion against colonial systems that limit the expression of alternative spiritual practices. Thus, images of Tarot within this work appear as intuitive prompts for the viewer and act as intentional disruptions of the historical hierarchy of the church and state.

As Garland-Thomson (2002) observes, "Disability is a system for interpreting and disciplining bodily variations" (p. 5), underscoring how symbolic frameworks organize bodies through hierarchy and normativity. Nicki (2001) identifies "the use of the construct of mental illness as a means of social control" (p. 83), revealing how diagnostic and cultural imagery can function to regulate deviance. Through the creative process, symbolic imagery that is weaponized to mark pathology becomes a visual language for personal agency, resistance, and epistemic refusal.

Autoethnography, Mad Counter-Archives and Arts-Based Inquiry

This project is situated within autoethnographic feminist methodology and mad studies, which recognize creative work as a counter-archive. Adams et al. (2022) position autoethnography as an epistemological practice that values embodied, affective knowledge. Here, memory is treated not as evidence of disorder but as a site of meaning-making. Revisiting institutional and familial spaces through collage reactivates what Ratcliffe (2013) terms "atmospheres of experience," allowing creative work to expose how history lingers on, through the mind and body.

Mad and survivor-led projects such as Shrink Resistant (Weitz & Flaherty, 1990) highlight how creative writing, testimony, and art function as strategies of resistance to psychiatric silencing. Jack (2008) frames mad writing and creative practice as counter-archives, enabling disabled individuals to reclaim narrative power against psychiatric authority. These histories and frameworks shape not only the experiences this study examines but also the creative methods it uses to surface and analyze them. As Weitz and Flaherty (1990) show in *Shrink Resistant*, mad authors and artists have long used creative expression to resist institutional narratives, reclaim autonomy, and produce counter-histories that challenge psychiatric authority. As the editors write, mad narratives function as acts of resistance because they "return language, meaning, and interpretation to those from whom psychiatry has historically taken them," insisting on the legitimacy of lived experience against clinical domination (Weitz & Flaherty, 1990, p. 22).

The collages and narratives challenge linear notions of recovery and asserting that remembering, reimagining, and reassembling are themselves acts of survival and theorizing. The multimodal form invites the reader to move between sensory, affective, and symbolic registers, tracing how meaning is carried across image, text, and memory rather than fixed within a single mode.

Integration of Theory

Across these interconnected frameworks, this study advances a relational, feminist, and decolonial theory of disabled selfhood. Drawing on family systems theory, autonomy is understood not as an individual possession but as something negotiated within emotional, caregiving, and relational networks. As Miklowitz (2004**)** explains, contemporary family systems approaches focus on “the family’s way of reacting to and organizing itself around episodes of a member’s psychiatric disorder, and how these reactions protect against or contribute to the risk of recurrences” (p. 250). In this sense, family responses to illness do not simply support or hinder recovery but actively shape how autonomy, responsibility, and identity are distributed within intimate relationships.

Historical work demonstrates how these family dynamics are embedded within broader institutional logics. Jack (2008) notes that decisions about confinement and care in nineteenth-century Canada were rarely individual choices, noting that families functioned as “key intermediaries between individuals and institutions, negotiating responsibility, supervision, and control” in the management of madness (p. 63). When read together, these accounts position the family as a critical site where care, surveillance, and authority converge, revealing how disabled autonomy is relationally produced rather than internally possessed.

Interpersonal and phenomenological approaches further reveal how mood, anxiety, and relational expectation shape memory, perception, and identity over time, emphasizing that experiences of selfhood are always affectively and socially mediated. From a phenomenological perspective, Ratcliffe (2013) states that psychiatric experiences involve not simply distorted beliefs but a "transformation in our total awareness of reality" (p. 95), signaling a shift in the overall form of experience rather than a localized cognitive error. Such changes are existential rather than cognitive, restructuring how others, spaces, and memories are felt rather than merely interpreted.

Interpersonal theory similarly emphasizes that identity and memory emerge within relational fields rather than in isolation. Sullivan (2024) conceptualizes the self as fundamentally interpersonal, arguing that personality is "the relatively enduring pattern of recurrent interpersonal situations which characterize a human life," and that it cannot be separated from the relational contexts in which it develops (Sullivan, 2024, pp. 32, 110–111). Evidently disturbances in mood and affect can reverberate through relationships and memory, reshaping how individuals experience themselves and others across time rather than residing solely within the individual psyche.

Critical and feminist disability theories politicize care itself, exposing aversive ableism and gendered norms that frame disabled people, particularly women, as dependent, excessive, or in need of regulation. Friedman (2019) defines aversive ableism as a form of oppression in which individuals may consciously endorse egalitarian values while simultaneously engaging in practices that "maintain unequal power relations and perpetuate ableist outcomes" through paternalism, protectionism, and control (p. 109). Care, within this framework, becomes a site where domination can be enacted under the guise of concern.

Garland-Thomson (2002) theorizes disability not as an inherent deficit but as a socially produced system of meaning, arguing that disability is “a culturally fabricated narrative of the body, similar to what we understand as the fictions of race and gender” (p. 6). This insight clarifies how norms of femininity and ability intersect to render disabled women particularly vulnerable to regulation, medicalization, and surveillance, positioning their needs as excessive while naturalizing their dependency as justification for control.

Analyses of psychiatric power and colonial governance extends this by tracing how gendered disposability, moral judgment, and carceral logics structure both institutional and familial responses to madness. Nicki (2001) communicates that psychiatry has long functioned as a form of gendered governance, noting that women’s distress is routinely interpreted through moral frameworks that cast them as “irrational, dangerous, or in need of control,” rather than as subjects responding to social and relational harm (p. 89). Thus within this logic, emotional expression, resistance, or spiritual meaning-making are reframed as symptoms, legitimizing surveillance under the guise of care.

Feminist criminology also demonstrates how these moral judgments translate into punitive institutional responses. Balfour (2008) articulates a victimization–criminalization continuum in which women’s survival strategies are reinterpreted as deviance, observing that “women who experience violence are often punished for their attempts to survive it” rather than protected from further harm (p. 103). Drever (2021) identifies the logic of gendered disposability, showing how colonial and patriarchal hierarchies determine whose suffering is recognized as grievable and whose is rendered ordinary or inevitable. These perspectives reveal how madness is governed through intertwined psychiatric, familial, and colonial systems that normalize control while obscuring the structural origins of distress.

Decolonial and place-based perspectives further center the colonial geographies of mental health, demonstrating how dispossession, land, and spatial regulation shape whose suffering is rendered visible or legitimate. Josewski et al. (2023) note that dominant social determinants of health frameworks remain colonial as they “do not ultimately reckon with ecological, environmental, place-based, or geographic determinants of health in colonial states that continue to occupy stolen land” (p. 2). By pathologizing distress as individual while obscuring the ongoing effects of deterritorialization, these models render structural violence invisible. This clarifies how psychiatric and social systems normalize certain forms of crisis while marking others as aberrant, reinforcing colonial hierarchies of care, recognition, and legitimacy.

Finally, autoethnographic and mad methodologies legitimize collage and narrative writing as counter-archival forms of theorizing, positioning creative practice as a site of knowledge production, resistance, and survival rather than illustration. Adams et al. (2022) state that autoethnography “treats lived experience as a primary source of theory,” insisting that personal narrative and creative practice are not supplements to analysis but “ways of knowing, theorizing, and intervening in the social world” (p. 9). From this perspective, creative work does not merely represent experience but actively produces critical insight. Jack (2008) demonstrates that personal narrative and creative reconstruction function as acts of survival within regimes of psychiatric control, noting that storytelling has long served as a means through which those labeled mad “reclaim authorship over their own lives in the face of institutional silencing” (p. 71).

Together, these frameworks guide both the creation and interpretation of the artistic works in this study, enabling an analysis in which care and control, autonomy and dependency, and pathology and creativity are understood not as opposites, but as interrelated processes shaped by family, history, and power. They provide a conceptual grounding that makes it possible to approach lived experience not as something to be explained away, but as something to be engaged, traced, and reassembled through creative and analytical practice.

Within this study, theory does not sit outside the work as an interpretive lens applied after the fact. Instead, it operates alongside memory and creative expression, informing the questions asked, the materials selected, and the meanings that emerge through the process of making. The frameworks outlined in this chapter therefore function as both foundation and companion to the methodological approach, shaping how knowledge is generated, encountered, and represented.

Building from this foundation, the following chapter outlines the methodological approach taken in this study, detailing how autoethnographic and arts-based methods were used to explore memory, relational experience, and identity. It describes the processes of collage creation, narrative writing, and analytic reflection, and considers how these practices function not only as forms of representation, but as methods of inquiry through which meaning is produced.

Chapter 4: Methodology and Methods

Introduction

In this study, I use an interpretivist, feminist, and critical disability methodology to explore perceptions and experiences of autonomy in close relationships. Grounded in autoethnography and arts-based inquiry, I treat creative expression and knowledge production as a form of political intervention (Adams et al., 2022). I have intentionally structured the study's design so that collages and narrative writing can surface new insights, allowing interpretations to shift reflexively over time. Within feminist disability justice traditions, this openness foregrounds emotional truth as legitimate knowledge. As Piepzna-Samarasinha (2018) writes, "We changed the world through writing… through writing our lived experiences as real and authoritative" (p. 68), not as confession but as theory-making and world-making practice.

Research Method: Autoethnography + Arts-Based Inquiry

Autoethnography is employed in combination with arts-based inquiry to examine the intersections of psychiatric disability, family systems, and identity. I used autoethnography to merge personal experience with the analysis of broader cultural and political structures, positioning subjectivity, memory, and reflexivity as valid and necessary forms of data (Adams et al., 2022). Within this work, autoethnography functioned as a means of engaging my lived experience while simultaneously constructing a counter-archive that resists erasure and challenges dominant narratives surrounding psychiatric disability (Jack, 2008).

I extended this approach through arts-based inquiry by incorporating visual and narrative forms, including collage, symbolic imagery, and creative writing, as methods of analysis rather than illustration. These practices made it possible for me to engage forms of knowledge that are not easily captured through conventional academic prose. As Douglas and Holman Jones (2022) note, arts-based research attends to "ways of knowing that are sensory, affective, embodied, and relational," allowing meaning to emerge through processes that "cannot always be reduced to words alone" (p. 34). My personal narrative anchored the analytic thread, while visual and creative works surfaced layered, symbolic, and affective dimensions of experience that exceeded linear explanation. Working in tandem, these methods supported a multimodal inquiry in which memory, embodiment, and interpretation unfolded across both visual and textual registers.

Theoretical Frameworks Guiding Analysis

I was guided by an integrated set of theoretical frameworks drawn from disability studies, family systems theory, and feminist scholarship. Drawing on frameworks introduced in Chapters 2 and 3, I operationalized these frameworks here as interpretive tools for reading the collage–narrative pairs.

Family Systems Theory informed my analysis of intergenerational dynamics, emotional patterns, and relational roles within familial contexts. Interpersonal Theory supported my attention to the emotional exchanges and relational tensions that shaped experiences of autonomy and identity. Critical Disability Studies provided a lens through which I challenged medicalized and individualistic understandings of disability, situating these experiences within broader social, cultural, and institutional structures. Feminist disability ethics further grounded my analysis by centering care, dependency, and relational autonomy as sites of both dignity and political significance. Finally, feminist disability theory informed my interpretation of imagery, affect, and embodiment as forms of political expression rather than purely personal experience. Collectively, these frameworks created a layered analytic lens capable of engaging the affective, symbolic, and structural dimensions of the data.

Thematic Analysis

The data were analyzed using Reflexive Thematic Analysis (RTA) as outlined by Braun and Clarke (2006, 2019). This approach involves six phases: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final analysis. I selected RTA for its emphasis on researcher subjectivity, theoretical flexibility, and interpretive depth (Byrne, 2022).

This method aligned closely with my methodological and theoretical commitments, allowing me to engage deeply with both visual and textual materials. Rather than treating subjectivity as a limitation, RTA positioned my interpretive role as central to the analytic process. This was particularly important given the arts-based and autoethnographic nature of the study, where meaning emerged through iterative engagement with memory, imagery, and narrative. Through this process, I did not treat themes as fixed entities to be discovered; instead, they were developed through ongoing reflection, interpretation, and connection across data forms.

Research Design

I draw methodological inspiration from Cindy Sherman's photographic series *Untitled Film Stills,* where constructed self-portraits interrogate identity and social expectations. As Rubinstein (n.d.) emphasizes, and Mauer (2005) notes, Sherman's work resists fixed meanings and highlights the fragmentation of self, concepts I mirror in this project through the use of collage to deconstruct interpersonal memories.

Liu et al. (2024), further ground these methods stating that visual expression provides access to subconscious and affective memory traces not easily retrieved through language. Their work supports the use of visual and movement-based practices, such as collage and gestural composition (including mark-making and expressive spatial arrangement), as methods for accessing affective and subconscious dimensions of trauma and identity that language alone cannot fully articulate.

The Creative Process – What I Did and Why

The procedure for this study unfolded through a reflective and iterative process that integrated memory, creative practice, and narrative development. I began by engaging in reflective journaling to identify key memories connected to my experiences of psychiatric disability. From these reflections, I selected twelve significant memory events, with the number twelve intentionally chosen to symbolize time and the cyclical, enduring nature of disability.

Building from these selected moments, I engaged in the creation of collage works using performance art–based photography and found objects, allowing the process of making to occur alongside ongoing reflection on each memory. This process also involved staging and photographing myself in constructed scenes, using handmade costumes, props, and symbolic environments to embody and visually represent each memory. Drawing from performance art practices, I enacted different characters or versions of self within each scene. Following the completion of each collage, I wrote a paired narrative that responded to and expanded upon the visual work while once again reflecting on and exploring the same memory. Throughout the entire process, I maintained reflexive journaling as a continuous practice, documenting emerging thoughts, emotional responses, and evolving interpretations as they surfaced.

The methodological design unfolded for me as an active, embodied process in which collage and narrative writing were used to surface, disrupt, and reassemble memory. Rather than stabilizing meaning, this process allowed interpretation to shift reflexively over time, mirroring the instability, contradiction, and fragmentation inherent in lived experience. As I created paired artefacts, each written narrative was produced in direct relationship with a visual collage. These were not illustrative of one another; rather, they co-produced meaning, often revealing contradictions, gaps, and tensions between what could be seen and what could be said.

Through this process, memory did not emerge for me as a stable recounting of events, but as a fragmented, shifting landscape shaped by affect, embodiment, and relational context. The work became a site where analysis, creation, and lived experience converged. The creation of this work unfolded for me as a form of theatre, in which memory, identity, and relational dynamics were staged, re-enacted, and reinterpreted. Within each collage, figures emerged not as fixed representations of real individuals, but as characters: composite, symbolic, and relationally constructed. These characters carried emotional truths, power dynamics, and historical tensions, rather than literal likeness.

Intentionally incorporated into the works were found objects and materials, including sourced imagery, textures, and symbolic fragments that carried cultural, historical, or personal resonance. Their inclusion disrupted the boundary between the personal and the collective, situating my individual memory within broader systems of meaning. Perspective within the work was neither singular nor stable. Each piece shifted between vantage points: observer, participant, child, adult, self, and other. This multiplicity reflected my intersectional understanding of identity, where experiences of disability, gender, relational positioning, and power were not isolated, but constantly interacting and reshaping one another.

Symbolic Methods

The symbolic approaches I used emerged from interdisciplinary scholarship on witchcraft, tarot, gendered pathologization, and disability justice. Rather than treating symbolic or spiritual imagery as decorative or metaphorical, I positioned symbolism as a legitimate analytic method; one capable of holding affective, relational, and historical knowledge that exceeds linear narration. Feminist disability scholarship has long shown that practices labeled irrational or excessive are often those most closely tied to women's autonomy, creativity, and resistance. By engaging tarot and witchcraft imagery in this work, I situate symbolic practice within a broader lineage of feminist and mad knowledge-making that challenges biomedical and carceral ways of knowing.

I further grounded this symbolic approach in understandings of transcarceral containment. As Dej and Kilty (2018) describe, systems of surveillance and control extend beyond institutions and circulate through families, medical systems, and community life. Feminist scholars demonstrate how women's emotional expression and nonconformity are frequently pathologized within these systems (Balfour, 2008), while broader colonial and patriarchal structures shape whose distress is recognized or dismissed (Drever, 2021). Within this context, I engage creative practices such as collage and writing not only as reflection, but as forms of resistance. Disability justice frameworks emphasize that art and storytelling have long been used to reclaim narrative authority and disrupt imposed identities (Sins Invalid, 2016; Mingus, 2017). In this study, creative practice became a method through which I interrupted surveillance, reclaimed authorship, and asserted self-definition.

Tarot and witchcraft imagery were used as interpretive tools rather than belief systems. Tarot functioned for me as a hermeneutic device, supporting nonlinear meaning-making through archetypal imagery and associative thinking (Semetsky, 2011; Fink, 2022), while its historical ties to hierarchical and patriarchal symbolism required critical reworking and feminist reinterpretation (Sosteric, 2014). Historically used to pathologize women's autonomy and difference, the figure of the witch has been deeply entangled with psychiatric and social control (Garland-Thomson, 2002; Nicki, 2001). In this study, I reimagined the witch as an ancestral and political figure, holding memory, intuition, and resistance to normative authority.

As materials were created, symbolic themes emerged organically across the visual and narrative work. These were not predetermined, but surfaced through repeated patterns, affective resonance, and intuitive selection throughout the creative process. Tarot imagery appeared consistently as a structuring device for interpretation, providing a language for navigating memory, identity, and relational dynamics through symbolic association rather than linear explanation. Witchcraft emerged as a central figure of reclamation, reframing experiences of pathologization as sites of power while connecting personal memory to broader histories of gendered control and resistance. Hybrid bodies appeared as representations of fragmentation, adaptation, and survival, resisting fixed identity categories and reflecting the fluid and often contradictory nature of lived experience within systems of containment. Hospitals, surveillance structures, and clinical environments surfaced repeatedly, grounding the work in the material realities of psychiatric control and connecting personal memory to broader institutional histories. In contrast, celestial elements and symbolic landscapes emerged as a counterpoint to institutional constraint, creating space for expansiveness, transcendence, and alternative ways of knowing beyond biomedical frameworks.

Approach to Inquiry: Method, Ethics, and Reflexivity

I centered myself as the primary participant, grounding the research in my own lived experience, memory, and creative practice. While others appear within the narratives and visual works as part of these memories, they were not directly involved in the research process. Instead, I represent them indirectly through reflection, interpretation, and artistic rendering, allowing the work to remain deeply personal while still engaging broader relational dynamics.

Establishing credibility within this project required a different approach than traditional empirical research. As my literature review demonstrated, disabled individuals are often misinterpreted or silenced within psychiatric, familial, and colonial systems. In response, I treated subjectivity, reflexivity, and emotional truth not as biases to be controlled, but as valid and necessary forms of knowledge. To support the trustworthiness of this arts-based autoethnography, I drew on methodological triangulation by working across three interconnected forms of data: visual artwork, creative narrative, and reflexive journaling. Rather than privileging one mode over another, I moved between them, allowing patterns, tensions, and resonances to surface through their interaction. This layering created a more textured understanding of experience, one that could not have emerged through a single form alone.

Throughout the process, I maintained reflexive field notes to document my positionality and the evolution of my interpretations. This practice made visible the ways my identity, emotional proximity, and lived experience shaped the research, strengthening the integrity of the analysis by acknowledging, rather than obscuring, the conditions under which knowledge was produced.

Attending to emotional safety was also an essential part of my methodology. Given the intensity of working with personal and often difficult memories, I incorporated regular breaks between sessions, limited my creative and analytical work to no more than three pieces per week, and ensured consistent access to therapeutic support. These practices allowed the work to unfold in a way that was both sustainable and ethically grounded.

I approached ethical considerations with care, particularly in relation to representing others within personal memories. Although all material originated from my own experience, I used pseudonyms and, where appropriate, composite characters to protect the identities of individuals referenced in the work. All representations remained self-reflective, with a focus on my own interpretation rather than making claims about others' intentions or experiences.

The scope of this study was intentionally focused and does not seek generalizability. As a single-subject, arts-based autoethnography, its strength lies in depth rather than breadth. Rather than aiming to represent all disabled experiences, I offer insight, resonance, and potential points of connection for others. Within this interpretive framework, subjectivity functioned not as a limitation, but as a methodological strength.

In terms of feasibility, I designed the project to be manageable within the available time and resources. Costs remained minimal, primarily consisting of art supplies, printing, and documentation. The research unfolded over a structured timeline, with approximately two weeks dedicated to memory collection, four weeks to artistic production, and eight weeks to writing and analysis. Apart from the use of a photography studio, I created all materials at home, eliminating the need for participant travel or additional logistical coordination.

Finally, I considered dissemination as part of the research design as I developed the project in a format that could be shared as both a digital and physical book, expanding accessibility and allowing the work to reach disability communities, caregivers, and advocates who may not typically engage with traditional academic publications.

Engaging in Reflexive Thematic Analysis was particularly important, as it allowed me to approach the work first as a researcher. While autoethnography centers lived experience, I found that intentionally creating analytical distance, rather than fully immersing myself in the autobiographical impulse, became a methodological strength. This approach supported me in not taking each piece solely as personal expression, but as data to be examined, interpreted, and situated within broader conceptual frameworks. By engaging as a researcher first and autoethnographer second, I was able to move more critically and deeply into the material, tracing patterns, tensions, and meanings that may have otherwise remained obscured.

Through this integrated methodological approach, the study generated twelve collage–narrative pairs that function as both data and analysis. The following chapter presents these works as case studies, where visual and narrative forms are read together to surface thematic and symbolic patterns.

Chapter 5: Artistic Works and Narratives

Introduction

The artworks included in this chapter were created and later examined using Reflexive Thematic Analysis (RTA). This chapter presents the creative work as the core data of the study, allowing each piece to stand on its own aesthetic and autobiographical terms before further interpretation occurs in later chapters. Narrative writing and visual collage are brought together to illuminate how psychiatric control, family systems, and identity are lived, felt, and remembered. Writing captures interior worlds through emotional, sensory, and linguistic registers, while collage reveals layered, symbolic, and often nonlinear dimensions of memory. Together, these modes create a multimodal archive where personal experience becomes visible, textured, and communicative. As Adams et al. (2022) emphasize, arts-based and autoethnographic inquiry treats lived experience not as illustrative material but as theory itself, insisting that "stories are not simply reflections of experience; they are ways of knowing and making sense of the world" (p. 9). In this way, the creative works in this chapter function not only as expressions of experience but as analytic sites through which meaning is generated, held, and communicated.

The arts-based disability research, integrating visual and written expression disrupts textual hierarchies that privilege linear, rationalized accounts of experience. "Disability disturbs the smooth narratives of autonomy, coherence and independence that underpin much psychological and social theory." (Goodley, 2014, p. 3) Disabled people's encounters with psychiatry, family, and selfhood frequently unfold in fragments, symbols, atmospheres, and embodied traces. "Disabled people's lives are often narrated through dislocation, interruption and rupture rather than linear progression." (Goodley, 2014, p. 37). Collage, with its cuts, seams, and recomposed images mirrors the ways these memories are lived. “Survivor stories don’t move in straight lines. They move sideways, in spirals, in fragments.” (Piepzna-Samarasinha, 2018, p. 69) “Poetic form allows affective experience to remain unresolved, fragmented, and open-ended, resisting closure. (Liu, Guo, & Li, 2024, p. 121)

Read together, the works offer a fuller and more complex rendering of disabled experience within oppressive systems (Berne, 2015/2016; Sins Invalid, 2016). While this chapter focuses on presenting the works in their aesthetic and autobiographical specificity, more explicit connections to the theoretical and empirical literature discussed in earlier chapters are taken up in the thematic and theoretical integration that follows.

Symbolic Vocabulary and Visual Language

Across the twelve collage–narrative pairs, certain images recur as a shared symbolic vocabulary. These motifs do not function as universal codes with fixed meanings; rather, they operate as an arts-based legend that prepares the reader to recognize patterns as they unfold across the visual archive. Because collage relies on association, layering, and repetition, symbols in this work carry both broader cultural resonances and deeply personal meanings accrued through lived experience. Meaning is not fixed in advance but accumulates relationally across pieces.

Tarot as Archetypal Framework

Tarot appears throughout the work as an archetypal and narrative tool rather than a predictive one. It functions as a visual language for mood, rupture, relational dynamics, and threshold moments, offering a way to externalize interior states when direct explanation feels too linear or reductive. When a tarot card appears, its significance is tethered to the immediate scene—

entrapment, moral judgment, suspended time, rupture, stalled change—rather than treated as exhaustive or authoritative.

Archetypal symbolism functions here as a relational interpretive system rather than a universal code. As Semetsky (2011) explains, tarot images operate through patterns that are “not random since the unconscious itself has laid out the pattern” (p. 252). Similarly, Fink (2022) emphasizes that archetypal tarot resists singular meaning, arguing that “each card offers its own frame of consciousness through which to view an idea” and enables one to “see through the literal into the archetypal” (pp. 63–64). Together, these perspectives support the use of tarot in this study as a flexible symbolic framework that privileges relational, imaginal, and affective knowledge over interpretive closure or diagnostic coherence.

Witchcraft and Gendered Spiritual Lineage

Witchcraft imagery and the figure of the witch function as shorthand for women’s spiritual knowledge, intuition, and socially marked difference, particularly the historical ways women’s power has been policed through accusations of hysteria, moral failure, or madness. In these works, the witch is not positioned as a villain but as a reclaimed figure marking the boundary between silencing and voice, between pathologized femininity and chosen spiritual lineage.

The recurring presence of the witch acknowledges how women’s spiritual and intuitive practices have been ridiculed, disciplined, or medicalized within both familial and clinical contexts, while simultaneously reclaiming these practices as sites of autonomy and survival. Witchcraft thus operates not as fantasy but as an alternative epistemology grounded in intuition, ritual, and relational knowing.

Hybrid Animal–Human Figures

Within this symbolic landscape, hybrid animal–human figures recur as witnesses, guardians, and enforcers of social order. These hybrid forms signal divided and adaptive subjectivity: a self negotiating instinct and socialization, vulnerability and vigilance, embodiment and surveillance.

Feminist disability scholarship has long noted how women and disabled people are constructed as closer to animality or nature; marked as irrational, excessive, or instinct-driven in contrast to a presumed rational norm (Garland-Thomson, 2002). The hybrid figures in these works refuse that devaluation. Rather than signaling regression or pathology, they represent the coexistence of primal survival instincts and socially mediated identity. They visualize the psychic labor required to navigate environments structured by judgment and control.

Certain animals carry recurring associations:

- **Owls and eagles** evoke heightened sight, surveillance, and judgment; the sensation of being watched or assessed from above or from darkness.
- **Bears** signify protection, dominance, and territorial authority, reflecting the ambivalence of care intertwined with intimidation.
- **Pigs** mark moral scrutiny and containment, symbolizing stigma and the policing of bodies, appetite, femininity, and respectability; the pressure to be clean, good, and acceptable.

- **Rabbits** evoke vulnerability and startle responses, embodying survival instincts under threat.
- **Cats** signify feminine guardianship, quiet knowing, and protective watchfulness.

These hybrid presences materialize a form of dual consciousness: living simultaneously as subject and object, actor and observed body. They visualize how survival within familial and psychiatric systems often requires heightened awareness, while retaining embodied instinct while performing legibility within normative frameworks.

Recurring Motifs

Additional motifs—marbles, hospital pants or gowns, the “LIVE” shirt, and cosmic forms—serve as continuity devices across time. They signal fragility, institutional imprint, insistence on survival, and the surreal or psychic register of memory. Each motif is briefly contextualized when it first appears within a case study, allowing its meaning to deepen and shift across the archive rather than remain static.

Together, this symbolic vocabulary provides the visual and affective grammar through which the following artworks communicate lived experience. The reader is invited to approach each collage–narrative pair not as illustration, but as a site of meaning-making in its own right, where symbolism operates as both aesthetic form and analytic method.

The Artistic Works

The Witch's Hut

Narrative

We watched *The Craft* on repeat, children who held our own séances in dark basements. Spirit guides, calling out to family long dead, the invisible world on our Ouija board. Trying to feel a connection. That was the split—us who feel the hunger to paint spirals in secret. The ectoplasm of Manitoba's spiritualists. Why must women be so careful not to be deemed hysterical? Our spirituality created an illness. The witch's hut felt just like lineage.

Collage

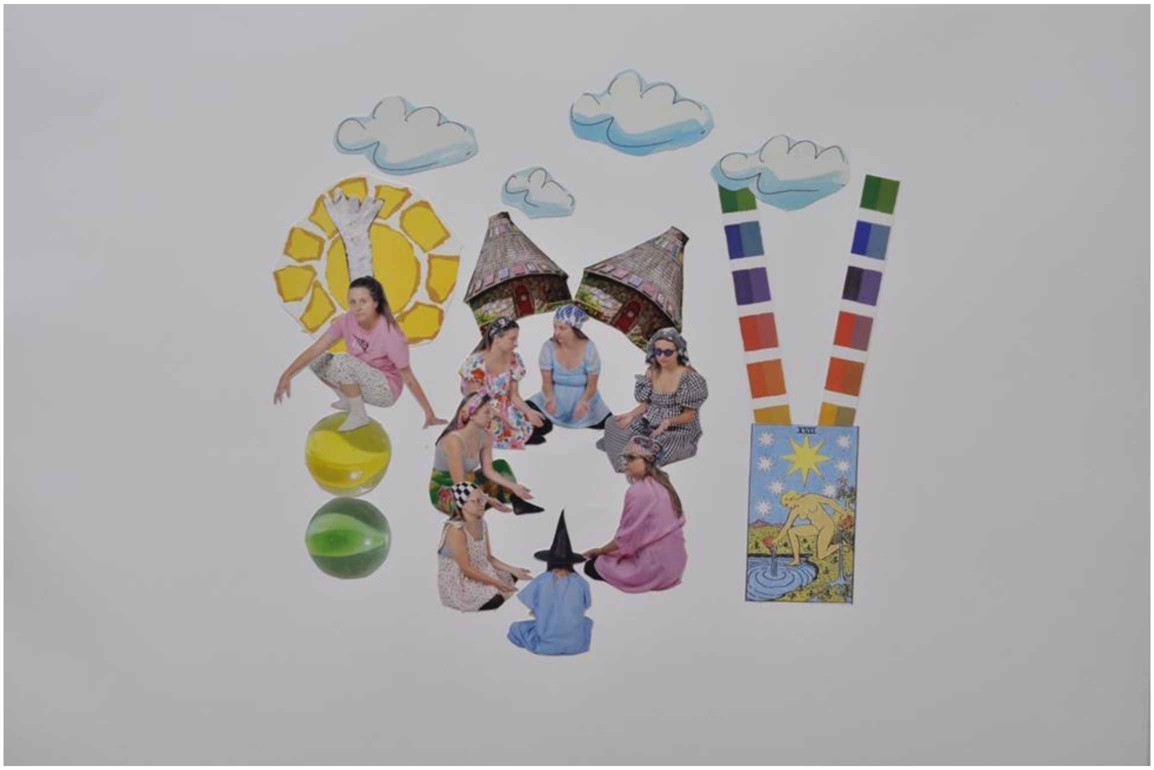

Figure 1. *The Witch's Hut* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

The collage depicts six women seated in a circle, brightly dressed and wearing headscarves and sunglasses. Their hands extend toward one another in a shared gesture of ritual. Behind them stand two identical stone huts with red doors, twin structures suggesting both sanctuary and a threshold. Above, a Star tarot card floats in a night sky, releasing streams of color. Opposite the circle, a lone figure in pajama bottoms and a pink “LIVE” shirt teeters on stacked marbles beneath a bright sun. A white paper-mâché glove extends ghostlike from their hair.

Interpretive Summary

The Witch's Hut stages a dialogue between communal spiritual lineage and personal precarity. The narrative situates childhood ritual as an early site of both feminine power and gendered marginalization, while the collage visualizes that power as shared yet unstable. A collective circle suggests matrilineal inheritance, contrasted with a solitary figure balancing on marbles, illuminated but fragile. Tarot imagery, bright color, and doubled huts locate the scene between past and present, girlhood and adulthood, and vulnerability. This tension reflects historical patterns in which women’s collective spiritual practices functioned as sources of community power while simultaneously attracting suspicion and regulation under patriarchal authority (Levack, 2001, pp. 7–10). As Levack (2001) observes, women who occupied roles as healers, diviners, or knowledge keepers were frequently redefined as threats to social order, with folk practices becoming “grotesque distortions made by European elites of the actual, useful functions of folk healers and counsellors, made in order to discredit them” (Levack, 2001, p. 16). Read through this lens, the hut operates as both refuge and site of suspicion, capturing how women’s shared spiritual knowledge has historically been rendered precarious.

The work draws on a reclaimed vocabulary of women's spirituality, ritual, intuition, and witchcraft to name forms of knowledge frequently dismissed as irrational, dangerous, or hysterical. Such dismissals parallel psychiatric histories that pathologized women's affective, spiritual, and intuitive expression rather than recognizing them as epistemic or relational practices. As Rimke (2016) notes, even seemingly private forms of self-understanding are embedded within "social systems of valuation, imposition, judgement, and regulation" (p. 9), rendering women's spiritual practices particularly vulnerable to moral and psychiatric scrutiny. Within the collage, the huts function as threshold spaces; sites of gathering and inheritance positioned outside normative domestic order. *The Star* tarot card signals orientation and ethical hope rather than resolution, evoking what Semetsky (2011) describes as a symbolic field of "hope, healing, inspiration, [and] creativity" that emerges after rupture rather than erasing it (p. 157).

Rather than resolving this tension, *The Witch's Hut* holds it. The marbles do not disappear, nor does the circle dissolve; instead, the work sustains the instability of inherited power under conditions of scrutiny. In doing so, it reframes feminine spiritual lineage not as superstition or regression but as a survival technology. As Piepzna-Samarasinha (2018) insists, "survival is a form of knowledge" (p. 69), and the practices dismissed as irrational or excessive often constitute the very strategies through which marginalized women endure. The hut, then, is not merely a nostalgic return to girlhood ritual but a counter-archive; an assertion that intuitive, relational, and communal forms of knowing persist despite their historic pathologization. Positioned between illumination and precarity, the image ultimately suggests that autonomy is not secured through isolation from lineage, but through the reclamation of collective memory as both shield and guide.

Stuck at Grandpa's House; Missing Grandma

Narrative

Every day, my grandpa did the same things—bed by nine, up at five. The house smelled like him. I was bleeding through my grandmother's pajamas, her absence washing over me in hormonal waves. One morning, I walked into the bathroom. *In the Arms of the Angel* played on the radio. My mother was in the shower, sobbing—no, Mom, not today. Before she died, we cared for my grandmother. I remember her face when she broke, crying, staring straight into my soul: I don't want to die. I had no reply—only tears. I stared at myself in the mirror, genetically aging into her features, always wondering if my life would be the same. Knowing genetics have me innocent of some blame; sometimes makes this all okay.

Collage

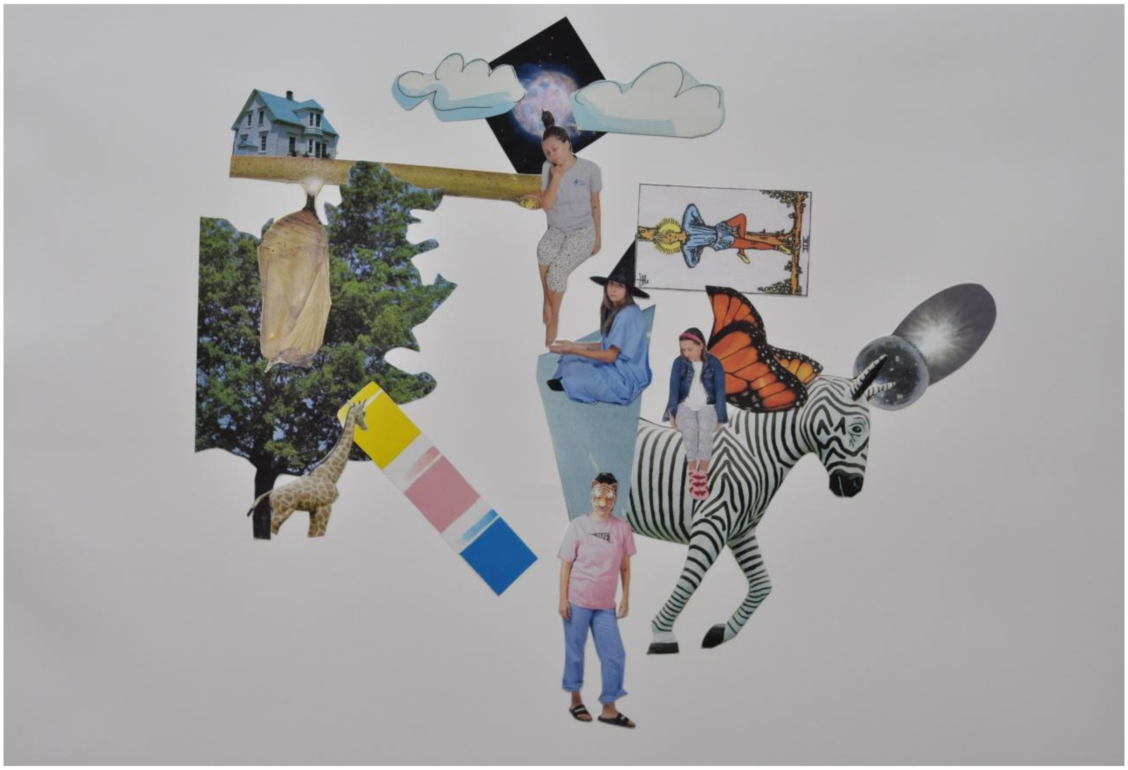

Figure 2. *Stuck at Grandpa's House; Missing Grandma* (2025), Cassidy Sylvester.

Photography mixed-media collage.

Collage Imagery

The collage presents a dense, layered visual field. A small house rests on a branch above a cocoon, watched by a giraffe at the base of a tree. In the center, a tiger–human hybrid wearing a "LIVE" shirt and blue hospital pants faces the viewer, while a figure perched on a zebra with butterfly wings watches. Overhead, a witch figure extends its hands toward a sleeping body floating in the sky, their toes almost touching. A sideways Hanged Man tarot card emerges from the witch's hat. A single toy marble and a burst of cosmic light anchor the opposite edge of the image.

Interpretive Summary

Stuck at Grandpa's House; Missing Grandma captures a suspended moment of grief entangled with routine, inheritance, and bodily change. The narrative renders adolescent memory through sensory detail, smell, sound, repetition, situating grief not as abstraction but as something spatial and embodied. Domestic rituals become containers for both presence and absence, as inherited illness, hormonal change, and intergenerational loss fold into the narrator's emerging sense of self. This aligns with Reaume's account of the "afterlife" of institutional and familial care, in which memory persists through everyday spaces and practices long after loss, confinement, or death (Reaume, 2010, pp. 6–8). Grief here is not resolved but lived alongside routine, sedimented into the architecture of family life.

The collage visualizes this suspended grief through surreal layering and fractured temporality. A floating house and cocoon signal frozen memory, while figures such as the witch, tiger, and butterfly-winged rider embody overlapping roles, caretaker, survivor, dreamer, coexisting rather than replacing one another. The sideways Hanged Man tarot card marks a liminal threshold: traditionally, The Hanged Man signifies suspension, sacrifice, and altered perspective rather than forward motion or resolution. As Semetsky (2011) explains, this archetype represents a state of "delay, waiting, and reversal of ordinary orientation," where meaning emerges through endurance rather than action (pp. 92–95). Positioned sideways, the card underscores grief as a condition of being held in time; neither progressing nor collapsing, but lingering in an altered relational field.

The mirrored gaze in the narrative, recognizing the grandmother's face within one's own, articulates the inherited fear of illness and the intimacy of embodied continuity. This moment resonates with Sussman's analysis of psychiatric and neurological inheritance as both biological and socially mediated, shaped through family narratives, silence, and anticipatory fear (Sussman, 2015, pp. 101–102). Rather than framing grief and illness as pathology, the work situates them within relational and domestic worlds, where care, mourning, and identity are formed through proximity and repetition. In doing so, the piece aligns with feminist disability justice perspectives that locate meaning in embodied witnessing and relational continuity, echoing Piepzna-Samarasinha's insistence that disability, grief, and care are lived through bodies, homes, and daily practices rather than discrete medical events (Piepzna-Samarasinha, 2018, pp. 41–44).

The Morning After on Rougeau

Narrative

The night before, I'd been with friends—loud enough to lose myself for a while. By morning, the heaviness returned. My dad told me things about my mother, leaving me to assemble meaning. I just wanted to sleep. My brain spun. I swallowed what I found.

Collage

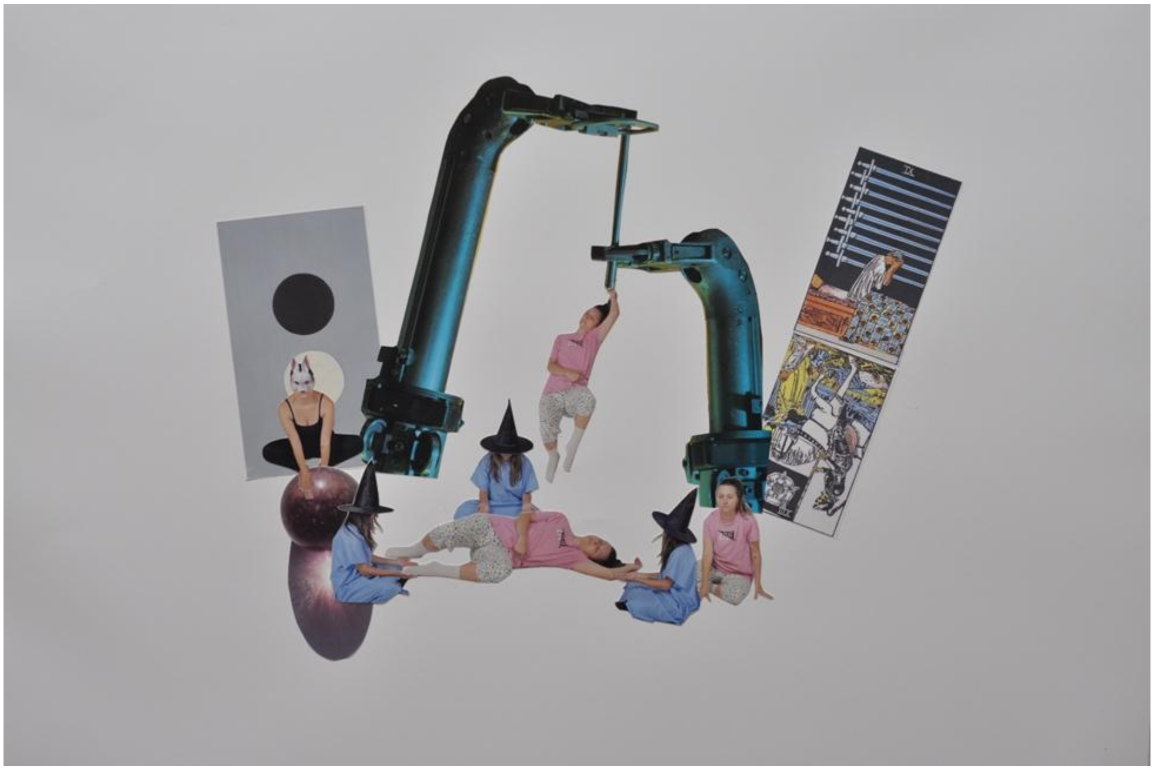

Figure 3. *The Morning After on Rougeau* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

The image centers on a large metallic structure resembling medical equipment. A figure in pajamas and a pink “LIVE” shirt hangs from its middle bar. Three figures in hospital gowns and witch hats sit below, watching over a sleeping version of the same figure on the ground. Off to the side, another iteration of the “LIVE” figure sits groggily, tethered to the structure.

Above, the 9 of Swords tarot card hovers, accompanied by a reversed Death card. A purple marble and cosmic shape float nearby, beside a rabbit–human hybrid perched in front of a black-and-white circle within a rectangle. The figure appears weightless yet tethered, suspended between states of collapse and survival.

Interpretive Summary

The Morning After on Rougeau distills a moment of psychic rupture and emotional exhaustion following temporary escape and the return of familial pain. The narrative’s clipped, minimal language mirrors a state of overwhelm in which meaning collapses into sensation; fatigue, spinning thoughts, quiet despair. The overdose is presented plainly, neither glamorized nor rationalized, existing as lived fact rather than narrative climax. This approach aligns with Ratcliffe’s account of existential distress as a condition in which meaning “thins out,” leaving experience reduced to bodily heaviness and affective saturation rather than coherence (Ratcliffe, 2013, pp. 154–157). As Adams et al. describe, sparse, non-explanatory autoethnographic forms often register crisis more truthfully than linear sense-making, particularly when authors refuse moralization or resolution (2022, pp. 27–30). Jack similarly frames such refusals as acts of epistemic opposition within mad studies, asserting lived experience without translation into clinical or redemptive terms (2008, pp. 12–14).

The collage visualizes this crisis through surreal fragmentation and suspended agency. A dominating metallic structure signifies the cold, invasive logic of psychiatric intervention, while the hanging figure evokes immobilization rather than release. Witch-hatted selves appear as internal witnesses, alternate identities observing collapse from within, suggesting fractured selfhood rather than dissociation alone. The 9 of Swords amplifies acute anguish, while Death reversed signals stalled transformation and lingering pain rather than renewal. This imagery echoes Foucault’s description of the medical gaze as a form of power that renders bodies legible through intervention rather than care (1973, pp. 107–110). Dej and Kilty extend this critique by showing how psychiatric and carceral systems suspend agency through containment, observation, and risk management, particularly for women in crisis (2018, pp. 119–123). Within this context, Semetsky describes tarot archetypes associated with suspension and reversal as symbolic tools for holding liminal states in which transformation is delayed rather than completed (2011, pp. 92–95).

Repetition across the collage, multiple figures, looping motifs, and fractured spatial logic, expresses trauma’s resistance to linear time. Cosmic forms and the rabbit hybrid situate the moment within a psychic in-between, where survival remains uncertain but tethered. The pajamaed body introduces softness in contrast to institutional coldness, holding vulnerability and endurance within the same frame. Adams et al. identify repetition and fragmented self-representation as methodologically legitimate responses to trauma, noting that lived experience often resists unified selfhood and chronological narration (2022, pp. 45–48). Ratcliffe similarly emphasizes that traumatic memory returns in loops rather than progression (2013, pp. 160–163). From a disability justice perspective, Piepzna-Samarasinha reframes softness, rest, and vulnerability as forms of endurance rather than weakness within systems that demand composure and productivity during crisis (2018, pp. 41–44).

Sunflower Fields Were Not Forever

Narrative

It was one of the coldest days of winter. A field of sunflowers—brittle and dead. We ran, kissed on command, laughed for the shutter—outwardly perfect and overly romantic. Inside, I was hollow. Every smile, every move, an act. He hadn't even asked properly—just tossed it out on some whim. If only we had admitted we were just pretending. It would not have felt like death when it ended.

Collage

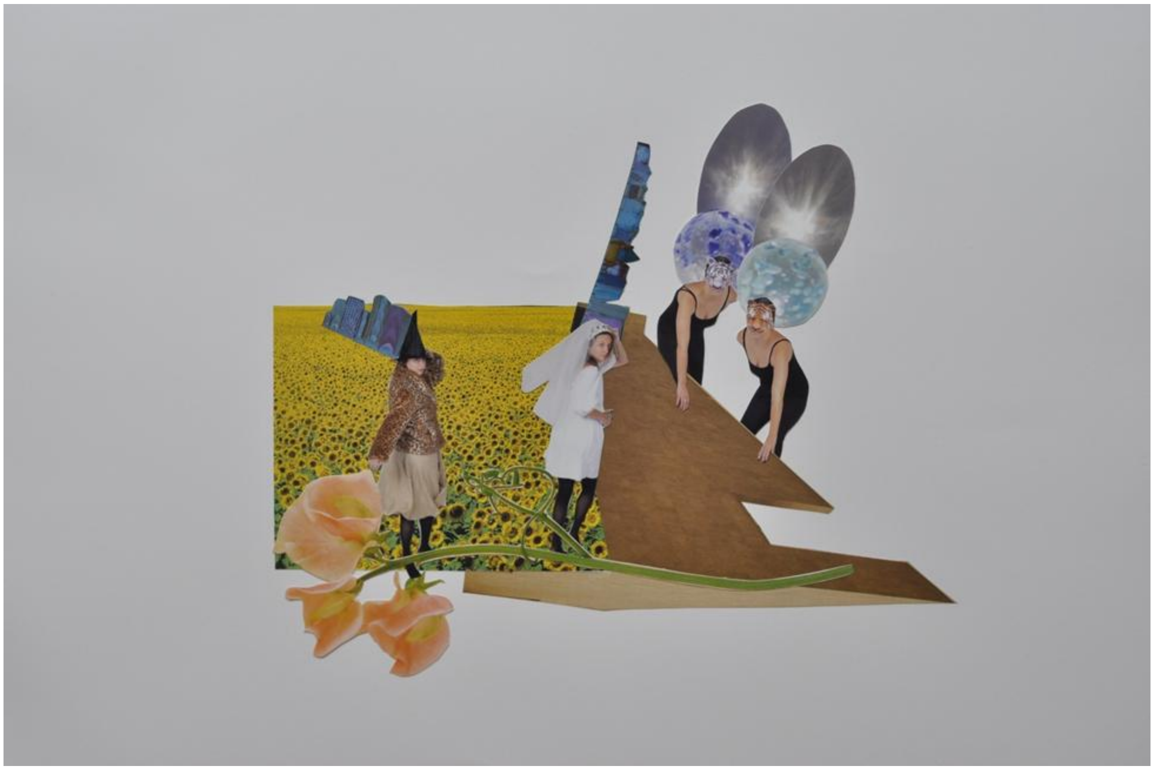

Figure 4. *Sunflower Fields Were Not Forever* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

The collage depicts two women running side by side before a dead sunflower field. One wears a white wedding dress and veil, embodying a bride figure. The other, dressed in a fake fur leopard-print coat and witch hat, mirrors her posture and gaze. Clothing lines extend from both their heads like exposed threads, while a single flower stem runs beneath their feet, tethering them together.

To the bride’s right stands a brown, pyramid-like building, its rigid geometry contrasting the playful pose. Two cat–tiger hybrid figures flank the scene, with marbles and cosmic ovals emerging from their heads.

Interpretive Summary

Sunflower Fields Were Not Forever reflects on an engagement moment staged for the camera; a performance of romance enacted within a winter landscape marked by decay. The narrative exposes the dissonance between outward displays of intimacy and an interior landscape of detachment. Its cold, brittle, and precise language mirrors both the frozen field and the mechanical act of posing for a photograph rather than inhabiting genuine connection. This staged intimacy reflects what Garland-Thomson (2002) identifies as the compulsory performance of normativity, in which women, particularly those marked as vulnerable or unstable, are expected to present coherence, desirability, and emotional compliance in public-facing contexts, regardless of their internal realities (pp. 14–16). Garland-Thomson (2002) state that disability, like gender, operates as a cultural system that “interprets and disciplines bodily variations,” producing subjects through norms of appearance, comportment, and emotional legibility (p. 6).

The collage visualizes this tension through dual figures. The veiled bride enacts heteronormative romantic performance, while the leopard-coat, witch-hatted alter ego mirrors the gesture but subtly resists it. The dead sunflower field anchors the scene in decay, while clothesline threads and the single flower stem suggest constraint, exposure, and entanglement. This is not a moment of union but of suspension; holding still for the camera while something essential has already fractured. Feminist criminologist Balfour (2008) similarly demonstrates how women's relational distress is often reframed through moralized expectations of respectability and self-regulation, such that failure to perform stability renders women disposable or blameworthy rather than deserving of care or protection (pp. 105–109).

The cat–tiger hybrids function as instinctive, silent observers, heightening the distance between performed intimacy and internal truth, while the pyramid structure evokes rigid romantic ideals and the illusion of permanence. Together, these elements foreground the gap between desirability and lived experience, revealing intimacy as a social performance governed by surveillance and expectation. Kittay's feminist disability ethics further illuminate how such romantic scripts constrain autonomy, noting that care and attachment are often offered conditionally, with women expected to accept emotional neglect with gratitude in order to remain relationally legible (Kittay, 2020, pp. 55–60). Read through feminist disability and care ethics, the work exposes how heteronormative romantic ideals can mask emotional harm and reproduce gendered disposability, reinforcing the burden placed on distressed and disabled women to perform stability, desirability, and gratitude in the face of relational erosion (Garland-Thomson, 2002; Balfour, 2008; Kittay, 2020).

On Grosvenor After the Hospital

Narrative

Pumping each other’s tires over songs no one else cared about. Standing there next to him was supposed to prove I was his wife. He gave away his care to their words—never to my lonely heart. That night, I left without shoes, running home to feel free. I swallowed pills until I slid under. The blurry rush of the ambulance—the drowning—the fight for my old self. The doctor was kind, lifted me back into the world while I carried the baggage no one wanted to see. Again, I sat alone.

Collage

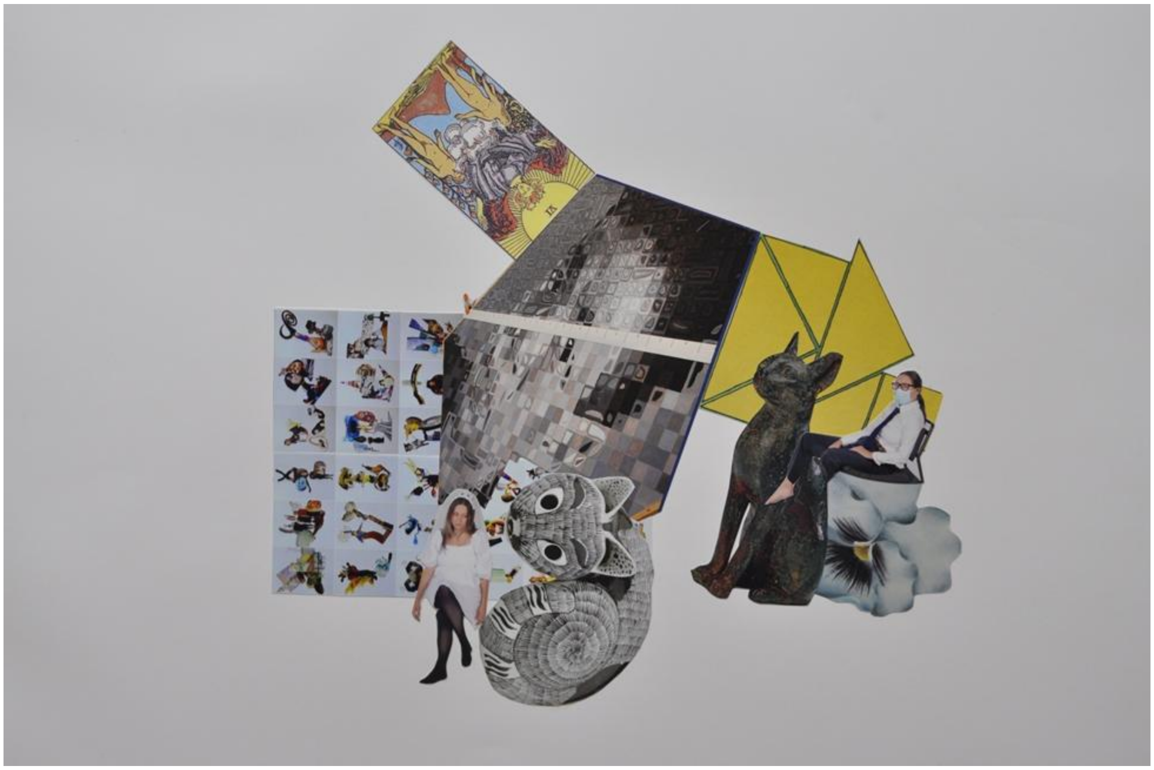

Figure 5. *On Grosvenor After the Hospital* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

The collage centers on a bride figure in a white dress and veil, seated with crossed legs and arms hanging downward, her face turned inward. Surrounding her are miniature repetitions of her image, looping and echoing the same figure in smaller fragments throughout the composition. The repeated forms create a circular visual pattern across the background.

Beside her stands a vertically positioned cat figure, facing outward. The scene is set against a large optical illusion mural that fills much of the background. A ruler runs across the mural, bisecting the composition and intersecting the patterned surface beneath it.

In the upper corner, a reversed Lovers tarot card appears. Opposite the bride, a male figure wearing a white shirt and tie is seated astride a cat statue and a magnolia flower. His figure is positioned apart from the bride within the composition. The arrangement of figures, repeated images, architectural backdrop, ruler, and tarot card structures the visual field through contrast, repetition, and spatial separation.

Interpretive Summary

On Grosvenor After the Hospital documents the rupture between the outward performance of romantic partnership and its hollow interior. The narrative's sharply observational language records how the narrator's pain unfolds in the space between public intimacy and private neglect. Love and harm coexist within the same frame, revealing a relational economy structured by endurance rather than care. This dynamic reflects what Balfour (2008) identifies as the moral regulation of women's victimization within legal and social narratives. As she states, "successful convictions and punitive sentences are achieved only in cases where women are ideal victims:

chaste, respectable, sober, and physically injured in their resistance against an attacker" (p. 109). Women whose suffering does not conform to this narrow script are rendered ambiguous, suspect, or complicit. Within intimate life, this moral framing similarly obscures harm through expectations of loyalty, emotional self-regulation, and perseverance, effectively repositioning women as responsible for sustaining bonds that injure them (Balfour, 2008, pp. 92–96).

The collage visualizes this entanglement through fractured and surveilled forms of intimacy. The bride figure, paired with the reversed *Lovers* tarot card, foregrounds misalignment rather than union. Miniature repetitions of the self loop inward, embodying trauma, self-surveillance, and recursive memory. Opposite her, the male figure signifies emotional distance and authority, while the optical illusion mural bisected by a ruler introduces a visual grammar of measurement and evaluation. As Dej and Kilty (2018) describe in their transcarceral analysis, logics of surveillance, assessment, and "responsibilization" migrate beyond formal institutions and permeate intimate and community life (pp. 118–121). Here, intimacy itself becomes a site of regulation.

Although the overdose is not depicted directly, its aftermath is encoded in posture, spatial isolation, and repetition: a body seated alone, holding what remains unseen. Rimke (2018) contends that contemporary governance increasingly operates through individualized risk management and "responsibilization" (pp. 65–68). This framework is mirrored within the relationship, where care becomes conditional and distress is quietly recoded as personal failure. Read through feminist criminology and transcarceral theory, the work exposes how romantic partnership can reproduce the same logics of regulation and disposability that structure psychiatric and legal responses to disabled women (Balfour, 2008; Dej & Kilty, 2018; Rimke, 2018).

Women at Work

Narrative

We sit together at tables and talk, reminisce and mock the world around us. That new celebrity skin. Why do I always feel like I'm hiding? Who else at this table feels this alone?

Collage

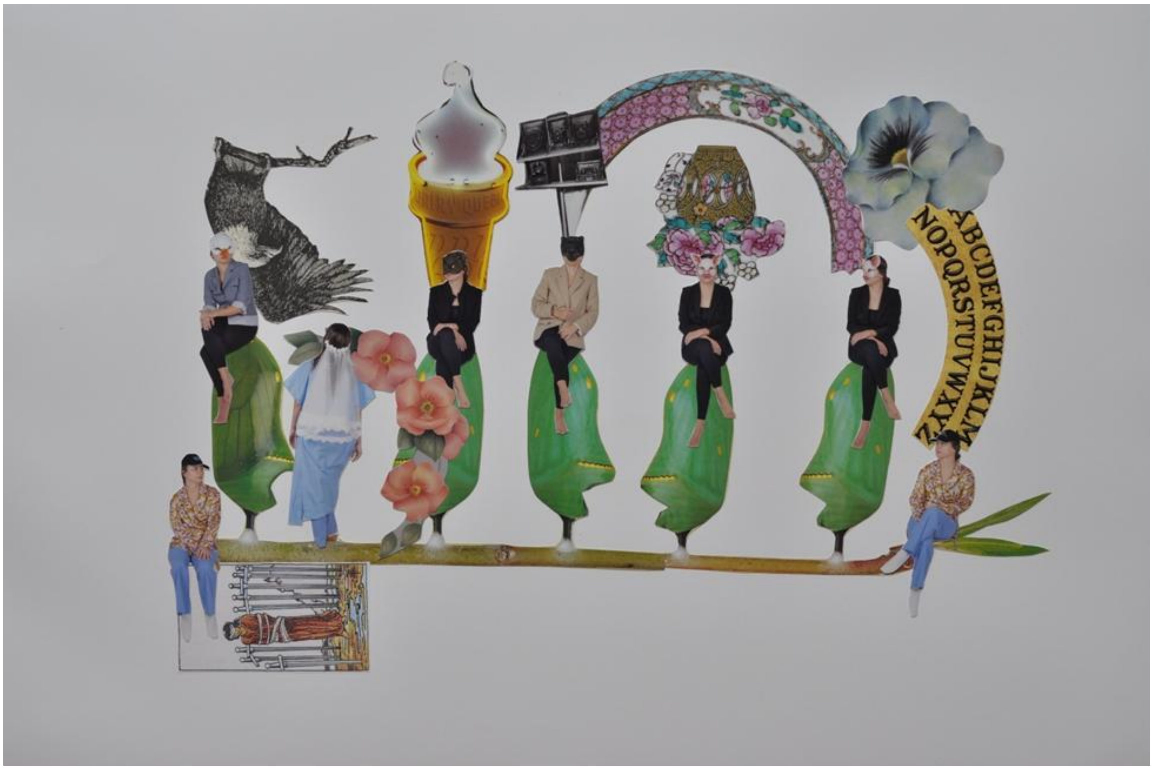

Figure 6. *Women at Work* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

The collage presents a cluster of masked figures in business attire perched on upside-down green cocoons. Each mask signals concealment and performance. Surrounding them are hybrid animal–human figures: an eagle hanging upside down, an owl with a glowing Dairy Queen cone behind its head, a forward-facing bear holding a vintage camera, and two pigs joined by delicate porcelain-like patterns.

At either end of the branch connecting the cocoons sit two mirrored figures wearing hospital pants, a floral blazer, and a baseball cap. One perches atop the Eight of Swords tarot card, while the other has Ouija board letters and a magnolia flower emerging from its head. A veiled bride in a hospital gown walks through a floral opening at the edge of the composition, evoking thresholds and departures.

Interpretive Summary

Women at Work exposes the emotional dissonance embedded in everyday professional spaces, where gendered expectations and ableist language quietly structure belonging. The narrative articulates a consciousness suspended between surface-level performance and internalized pain, capturing how distress must be managed rather than acknowledged. Garland-Thomson explains that disability operates not simply as a medical category but as “a system for interpreting and disciplining bodily variations” that preserves “privileged designations such as beautiful, healthy, normal, fit, [and] competent” (2002, p. 6). Within this framework, identity becomes multiple and unstable, produced through ongoing scrutiny rather than inherent deficiency.

The collage visualizes this instability through masked figures precariously balanced on cocoons, emphasizing containment and the constant management of identity. The inverted composition signals fragile belonging, while hybrid animal–human figures function as both witnesses and enforcers. Owls and eagles evoke heightened sight and judgment, watching from above or within darkness, mirroring the experience of professional surveillance. Bears and pigs carry heavier symbolic weight, marking dominance, moral policing, and the pressure to appear respectable and “well” within environments where stigma circulates quietly. Balfour (2008) demonstrates how women’s distress is often framed through moralized discourses of responsibility and self-regulation, noting that control is enacted less through overt punishment than through expectations of appropriate behavior, gratitude, and compliance, particularly for women deemed unstable or risky (pp. 109–113).

These animal figures, while in their watching and regulating, reinforce how surveillance becomes depersonalized and internalized. The owl signifies quiet, nocturnal observation and institutional memory, being watched without knowing when or by whom, while the eagle represents distant oversight associated with authority and performance assessment. As hybrids, these figures blur the boundary between human and institutional power, emphasizing how surveillance operates diffusely within everyday life. Dej and Kilty (2018) describe this process as one in which individuals come to anticipate and regulate themselves in response to institutional judgment, producing compliance without direct coercion (pp. 7–9). Within this framework, the mirrored figure, tarot symbolism, and veiled bride suggest multiple selves in tension, the professional, the resistant, and the concealed, while the Eight of Swords and cocoon imagery articulate deferred agency: a state where movement is technically possible but constrained by fear, visibility, and the consequences of being seen.

That Time I Wrote About the Ward on Facebook

Narrative

It was Bell Let's Talk Day. I wrote a post about the sixth-floor ward—I stood on the outside, just looked in. The post spread. Likes. Shares. Hashtags. My youth was terrified of being on the inside—so full of ignorance and arrogance. I cast myself as a survivor who had come out sane. And now that I know—the shame stains.

Collage

Figure 7. *That Time I Wrote About the Ward on Facebook* (2025), Cassidy Sylvester.

Photography mixed-media collage.

Collage Imagery

The collage layers screenshots of social media posts against a hospital building marked with an "H," anchoring the digital performance to the physical site of psychiatric experience.

In the top corner, a figure in a white shirt and tie sits writing on top of a screenshot, with a test tube funnel emerging from their head. Below, a nurse in PPE scrolls through their phone while another walks across the base of the collage, echoing institutional surveillance.

Two pig–human hybrid figures sit near the screen: one in a hospital gown, the other in a black tank top. At the far end, a smiling woman in a floral crop top and sunglasses beams brightly, a test tube balloon emerging from her head. A yellow sun and magnifying glass float above, symbolizing exposure, scrutiny, and forced illumination of private pain in public space.

Interpretive Summary

That Time I Wrote About the Ward on Facebook reflects on a moment of public storytelling that, in hindsight, reveals the narrator's internalized ableism and early attempts to distance themselves from psychiatric stigma. The narrative recalls positioning the self as "outside" or "better than" those on the ward, reproducing hierarchies that would later be recognized as harmful. Its crisp, declarative tone mirrors the affective style of social media; confident, curated, and emotionally contained. Garland-Thomson (2002) explains that disability operates as a system of representation that produces norms of competence, stability, and value, encouraging individuals to disidentify from stigmatized identities in order to claim legitimacy and belonging (pp. 6–9). Such distancing, she states, often involves reproducing the very hierarchies that mark disabled people as deficient, unstable, or morally suspect (pp. 18–19). As Reaume emphasizes, confinement does not end when patients leave institutional space; rather, “the medical context is, and remains, part of the picture, but it is only a limited part of the picture of any given patient’s life” (Reaume, 2010, p. 261). He further cautions that reducing people to institutional narratives obscures how psychiatric power continues to shape identity and self-understanding long after discharge, arguing that it is “essential for researchers to acknowledge that the lives of psychiatric patients had a context that deserves to be respected” (p. 261).

The collage visually grounds this reflection in the hospital building itself, collapsing digital and institutional spaces. Test tubes emerging from the writer’s head signify rationalized and sanitized recovery narratives demanded by public discourse, while nurses and pig figures function as symbols of surveillance and regulation. The nurses represent the routinized monitoring embedded in psychiatric care, while the pigs invoke broader systems of policing, containment, and moral judgment, linking medical authority to social control. Reaume (2010) documents how psychiatric institutions operate not only as sites of treatment but as enduring structures of moral sorting, where patients internalize logics of difference, hierarchy, and worth (pp. 6–8). Crucially, these logics persist beyond confinement, shaping how former patients remember, narrate, and evaluate both themselves and others associated with the ward (Reaume, 2010, p. 15).

The smiling woman at the right of the composition embodies a manufactured wellness narrative; an image of survival polished for public consumption. Fragmented screens and layered figures reveal how digital storytelling fractures identity, privileging coherence and progress while silencing ambivalence, contradiction, and ongoing vulnerability. Garland-Thomson (2002) notes that public disability narratives often favor images of manageability and recovery at the expense of complexity (pp. 18–20). Reaume (2010) similarly observes that institutional histories tend to erase suffering and contradiction in favor of sanitized accounts of progress, leaving lived experience fragmented or unrecorded (pp. 22–24). Together, the narrative and collage expose how public narration can become another site where institutional logics are reproduced, even as the act of revisiting them opens space for critique and re-seeing.

Knives on Grosvenor

Narrative

How many nights can you spend on these apps? ‘Pow, bop, boom,’ late at night while she slept. The next day, he lingered at work, refusing to leave me alone. I drank myself to sleep—numbing the shame of lust, but never buying into being in love. Alone in that apartment, I walked around with the trauma. Really, it was my mind that would not let up. Did any of you feel guilt, or just a desire to feel a connection?

Collage

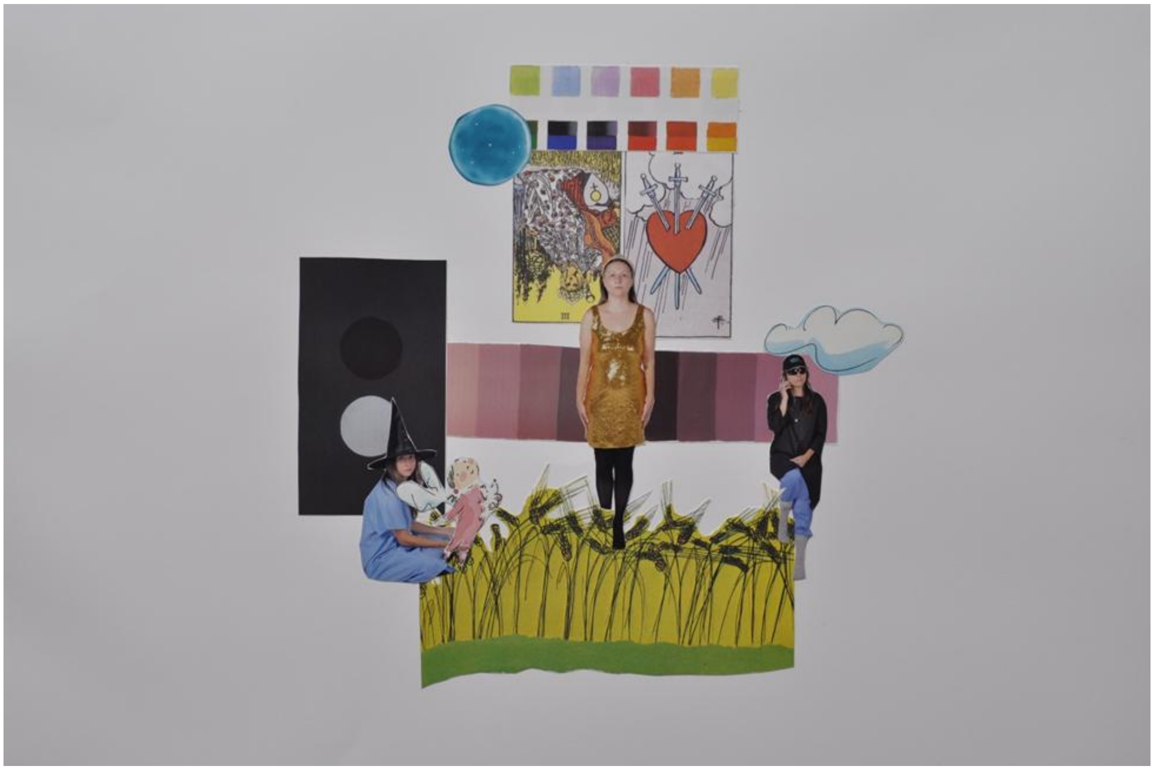

Figure 8. *Knives on Grosvenor* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

At the center of the collage stands a woman in a gold sequined dress, a figure of spectacle and glamour. Behind her, the Empress tarot card appears reversed, while the Three of Swords stands upright; signaling ruptured nurturing, heartbreak, and psychic fracture. A blue moon overlays the scene, casting a surreal nocturnal glow that situates the image in an in-between emotional register.

To the left, a witch figure wearing a hospital gown and black hat faces forward. From her arms emerges an illustration of a child with fairy wings holding a puppy, evoking fractured innocence and disrupted care. Behind her sits a black rectangular box marked by two concentric circles, suggesting a void, echo chamber, or looping psychic enclosure.

A wheat field grounds the lower edge of the composition. On the opposite side, a figure dressed in a black coat and hospital pants sits beneath a cloud, speaking on the phone; dissociated, distant, and partially obscured. Together, these elements juxtapose glamour and collapse, night and earth, childhood vulnerability and adult pain, holding multiple emotional states within a single visual field.

Interpretive Summary

Knives on Grosvenor reads as a confession shaped by exhaustion rather than revelation. The narrative traces cycles of numbing, relational entanglement, and self-surveillance, where technology, desire, and trauma blur into repetitive nights of casual intimacy and quiet despair. Beneath the surface of hookup culture lies a landscape of loneliness and shame, intensified rather than relieved by the promise of connection. As Rimke (2018) notes, contemporary cultures of self-management increasingly individualize distress, producing cycles of self-monitoring and shame that are exacerbated by technologies of intimacy (pp. 58–61). As she notes, “what appears personal is socially proscribed and tied to systems of valuation, imposition, judgement, and regulation” (Rimke, 2016, p. 8). For those already marked by psychiatric stigma, intimacy itself becomes another site of evaluation rather than refuge, where loneliness and surveillance coexist (Rimke, 2018, pp. 63–65).

The collage renders this psychic terrain visually through contrasts of glamour and fracture. The gold sequined dress and reversed Empress tarot card embody outward desirability alongside ruptured care and internal collapse. The witch figure and winged child image foreground fissures between adult sexual performance and unresolved childhood vulnerability, while the black box and blue moon signal emotional voids and psychic looping. Mingus (2017) describes how disabled and traumatized people often develop performative selves as adaptive survival strategies, masking need and fragmentation in environments that punish dependency or emotional excess (pp. 12–16). Read through this lens, the collage does not depict inauthenticity but rather the cost of maintaining legibility and desirability under conditions of stigma.

The dissociated figure beneath the cloud reflects withdrawal and endurance, while the wheat field anchors the scene in embodied repetition evoking place-based memory while serving as a subconscious reminder this landscape is associated with cyclical labor and seasonal return. Goodley (2014) emphasizes the importance of grounding distress in embodied, relational, and material experience, arguing that attention to bodily sensation and place can counter the disembodiment produced by ableist and psychiatric framings of trauma (pp. 45–47). Taken together, the narrative and collage map an intimate geography of coping; where ritual, numbing, and self-performance function simultaneously as resistance and entrapment. Thus, revealing how technologically mediated intimacy can intensify isolation for psychiatrically disabled women even as it offers fleeting moments of connection (Rimke, 2018; Mingus, 2017; Goodley, 2014).

The Intervention at Granny's

Narrative

They acted like it was an act of love. It was a set-up. I was seen the night before—I was cleared. It should have ended there. Instead, they waited outside, then stormed her house—trapping me in the basement, eyes wide, tears ready. It wasn't help. It was a mob. Voices dropped conspiratorially. I thought: I could walk out, then run, then jump. How close was I to not returning? They thought they were saving me. But when you're on the receiving end of a diagnosis, you know what it's like to be restrained. I watched you all move forward while I stood still. Face the truth on your reason—you did it to justify your own pain.

Collage

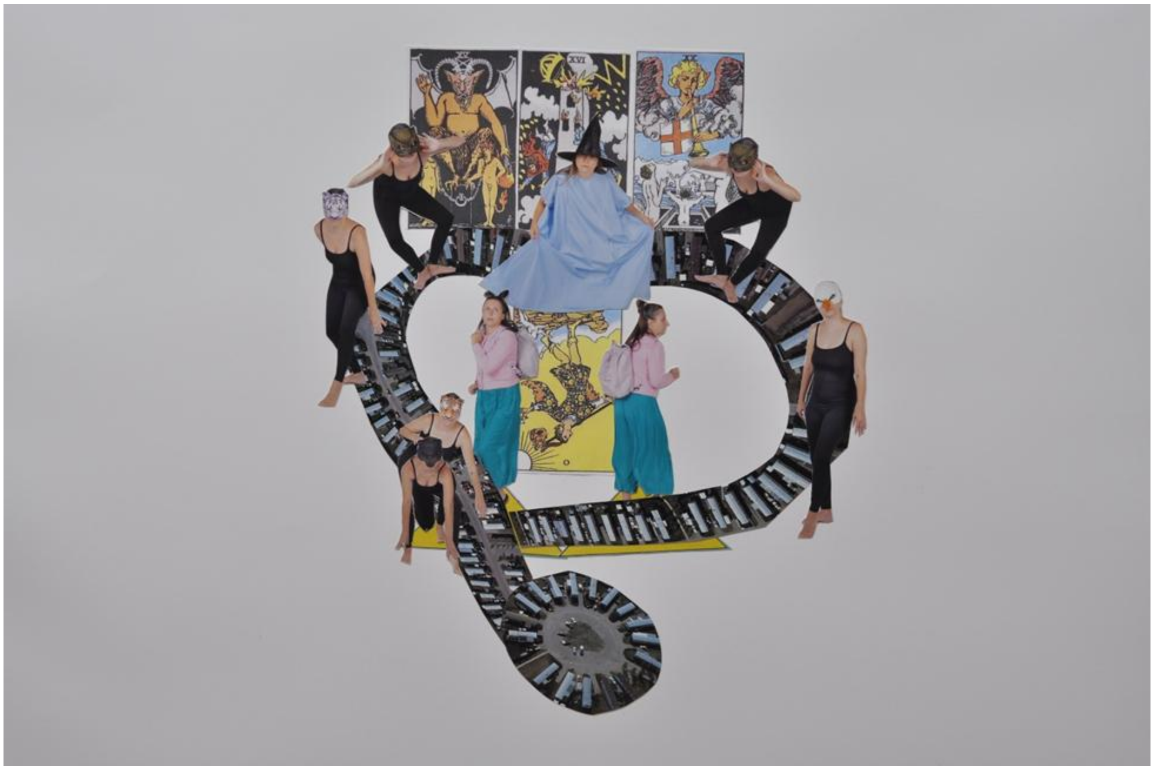

Figure 9. *The Intervention at Granny's* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

The collage depicts a maze-like railroad structure viewed from above. Encircling it are hybrid animal–human figures—cats, bears, owls, and eagles—dressed in black and positioned as coordinated watchers. Their collective stance conveys threat, containment, and heightened observation.

Inside the maze, a witch figure wearing a hospital gown stands in a swirling, theatrical pose, invoking instability and spectacle. Behind her rise three upright tarot cards—The Tower, The Devil, and Judgement—signaling rupture, control, and moral scrutiny.

Two mirrored images of the same woman in a pink sweater and emerald pants run through the maze, frantic and cornered. Between them floats The Fool reversed, suggesting blocked movement and stalled autonomy. The aerial perspective intensifies the sense of being watched and outpowered, emphasizing containment through visibility and spatial dominance.

Interpretive Summary

The Intervention at Granny's articulates a profound rupture of trust — a moment when familial care becomes a vehicle of control. The narrative is emotionally charged and direct, exposing the violence embedded in well-intentioned psychiatric interventions. What is framed as "help" is experienced as entrapment. As Weitz and Burstow (1998) describe, psychiatric intervention often operates as behavioural control, where "'treatment' itself… poses the major obstacle or threat to people's aspirations, health and integrity" (p. 26). Rimke (2018) similarly notes that contemporary psychiatric frameworks reframe coercive intervention as necessary care, positioning distress as risk and justifying containment through moralized language of protection and responsibility (pp. 54–57). Within intimate family systems, this reframing destabilizes trust, transforming relational care into a site of surveillance and regulation (Rimke, 2018, pp. 58–60).

The collage renders this coercion spatially through the maze structure and encircling watcher figures, visualizing family as an extension of psychiatric authority. The witch figure embodies the stigmatized “mad” identity projected onto the narrator, while the Tower, Devil, and Judgement tarot cards anchor the scene in cultural scripts of danger, rupture, and moral panic. Sussman (2015) documents how families are routinely enlisted as intermediaries of psychiatric power, absorbing institutional logics of dangerousness into domestic life. Once a person is framed as unstable or risky, he notes, familial actions that would otherwise be experienced as violations are reclassified as responsible or necessary forms of care (Sussman, 2015, pp. 41–44).

The reversed Fool and duplicated running figures symbolize blocked flight and denied agency, while the aerial perspective emphasizes a stark power imbalance: the subject contained, the collective watching. This configuration mirrors how domestic interventions can replicate systemic psychiatric power, converting care into containment. Situated within this literature, the piece foregrounds how psychiatric intervention operates as a family-sanctioned extension of carceral power, rendering visible the lived experience behind abstract critiques of risk management, dangerousness, and moral regulation in mental health systems (Rimke, 2018; Sussman, 2015).

Dancing on the Ward at Victoria

Narrative

It was summer—the heat sucked air from my lungs on that sixth floor. The occupational therapist got me dancing in the common area. They still looked at me like I was crazy. The epitome of a hysterical woman on rinse and repeat. I laughed out loud as we walked by the wall filled with expiry dates for our forming. The nurses hid within their charts. I sincerely apologize for all the extra paperwork you hand-wrote while you tried to control me. I did yoga in my ward room while I was over-sexualized within his eyes, like a cellmate. Mr. Psychiatrist-man, was it my downward dog that had you staring? Are you not married?

Collage

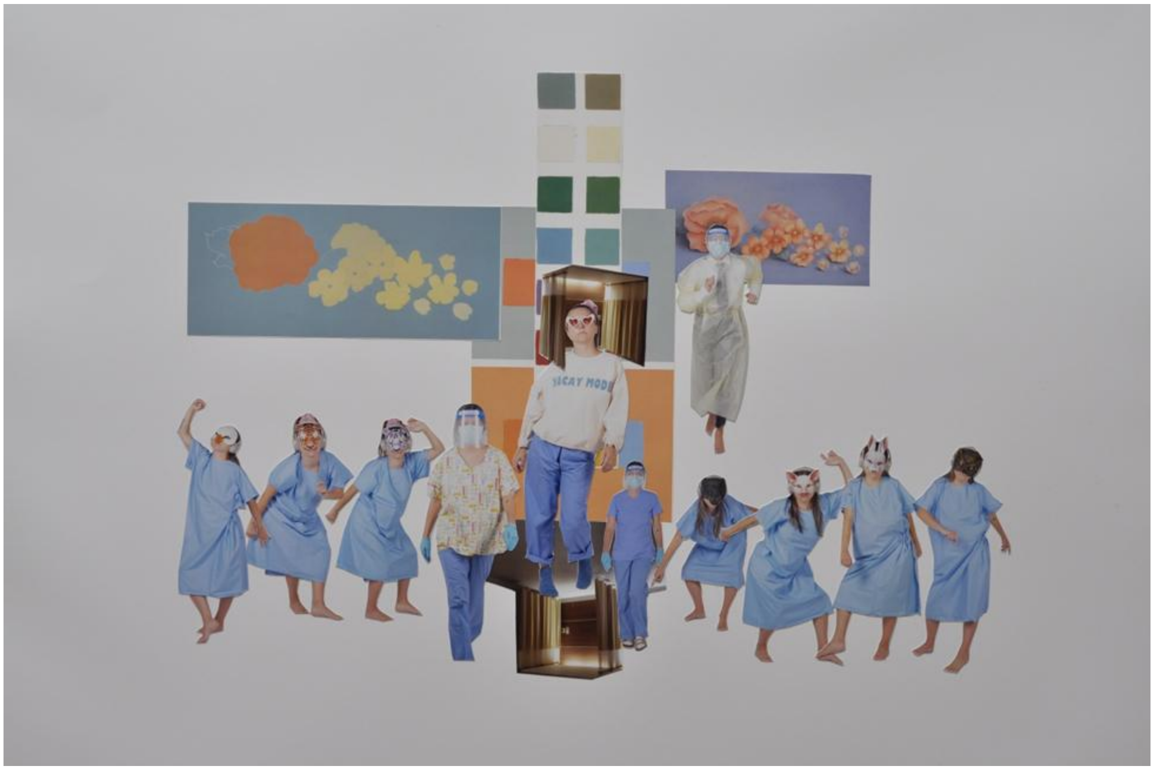

Figure 10. *Dancing on the Ward at Victoria* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

At the center stands a large figure wearing heart-shaped sunglasses; playful, radiant, resistant. She’s framed by muted hospital curtains, creating the impression of a contained stage. Around her, nurses and doctors move through the space, some in scrubs, some in suits, conveying institutional chaos intertwined with rigid surveillance.

Encircling the central figure are hybrid animal–human forms: an eagle, two cats, a bear, a pig, a bunny, and an owl. Each wears over-ear headphones, signaling retreat into interior worlds of music, dissociation, or quiet resistance. Muted pastel florals soften the hospital backdrop, aestheticizing containment. The celebratory, bridal tone of the sunglasses sharply contrasts the clinical environment, mirroring the tension between inner freedom and external control.

Interpretive Summary

Dancing on the Ward at Victoria oscillates between irony, rage, and clarity, confronting the gendered gaze of psychiatric surveillance that renders ordinary bodily practices, such as dancing, yoga, and expressive movement, as pathological when performed by women labeled “mad.” Humor and irony function as tools of resistance, with the narrator’s apology to the nurses for creating “extra paperwork” exposing the banal yet violent texture of institutional control. As Nicki (2001) documents, women marked as mentally ill are subjected to a gendered psychiatric gaze in which movement, sexuality, and expressiveness are routinely interpreted as symptoms rather than autonomy (pp. 44–47). Under psychiatric norms, women who deviate from expected femininity are “judged irrational, dominated by emotion, and cognitively impaired,” with their behavior read as symptomatic rather than meaningful or autonomous (Nicki, 2001, p. 81).

The narrative's reference to "expiry dates for our forming" gestures toward Form 4 involuntary psychiatric hospitalization orders within Manitoba's mental health system; bureaucratic mechanisms that authorize confinement, surveillance, and forced assessment. Here, "forming" signals not only repeated subjection to these orders but the collective shaping of psychiatrically disabled people through administrative timelines that determine when bodies are contained, released, or re-contained. Reaume (2010) describes psychiatric confinement as structured through administrative time, forms, review periods, and expiry dates, that regulate when bodies may move, speak, or be discharged (pp. 6–8). Crucially, he notes that these bureaucratic rhythms produce a collective patient identity shaped through repetition and documentation rather than diagnosis alone, continuing to structure subjectivity and memory long after hospitalization ends (p. 15).

The collage translates this defiance into visual language through the radiant, sun-glassed dancing figure; an embodied refusal of passivity. As Foucault (1973) writes, "The observing gaze refrains from intervening: it is silent and gestureless. Observation leaves things as they are; there is nothing hidden to it in what is given" (p. 154). The clinical gaze presumes neutrality and transparency, positioning the patient as fully available to inspection. Clinical figures evoke this disciplinary logic, while heart-shaped sunglasses and exaggerated movement reject the expectation of compliant patienthood.

Drawing on Cindy Sherman's work, Rubinstein explains that exaggerated performance and visual excess dismantle the fantasy of a coherent, autonomous self, showing instead how identity is produced through repetition, masking, and fragmentation (pp. 2–4). The animal–human hybrids wearing headphones suggest interior multiplicity and quiet rebellion, while pastel florals disguise coercion beneath aesthetic calm. Piepzna-Samarasinha (2018) frames inward retreat, humor, softness, and multiplicity as survival strategies within psychiatric systems that eroticize and discipline disabled women’s bodies, arguing that practices such as music, imagination, and refusal preserve autonomy by withholding suffering from institutional scrutiny (pp. 41–44, 67–69).

In Radisson I Watched You from the Window

Narrative

The gravel roads were so quiet, it felt like terror. Days long and empty. Nights so silent, I could hear my own thoughts echo. The small house I loved at first grew hollow. Down the street was a woman I saw walking. The rest of the town was invisible—lost in their routines. My father ignored me, made things the way he needed them to be. My neighbor died next door. I saw the ambulance take his body away. It was a quiet death, unnoticed. Radisson taught me this: loneliness doesn't just hurt—it kills.

Collage

Figure 11. *In Radisson I Watched You from the Window* (2025), Cassidy Sylvester.

Photography mixed-media collage.

Collage Imagery

The collage depicts a deep Canadian winter landscape marked by snow, evergreens, and frozen stillness. Anchoring the upper portion of the composition is a star-shaped sculpture containing a central eye and a spinning wheel, creating the impression of a cosmic, watchful presence suspended above the scene. In the foreground, a bunny–human hybrid wearing a fur coat and hood stands with its head lowered, conveying softness alongside shame or vulnerability. Behind this figure, an Egyptian cat statue faces sideways, accompanied by smaller feline forms, suggesting layered guardianship and mythic watchfulness.

Across the image, multiple figures appear in fragmented and overlapping positions. A figure in a blue hospital gown, black sunglasses, and a backward baseball cap is captured mid-jump above painted ground. Nearby, a mirrored pair of figures walk forward and backward simultaneously, dressed in winter coats layered over hospital gowns and slip-on shoes. A lit table of photographs appears within the composition, evoking accumulation, repetition, and the act of archiving memory.

Floating above bright abstract color fields are a space disk and a marble, introducing a surreal and disorienting visual language. Together, these layered elements merge winter isolation, surveillance, memory, and interior resistance, producing a scene that holds stillness and motion, exposure and concealment, within the same visual field.

Interpretive Summary

In Radisson I Watched You from the Window is spare, restrained, and suffused with quiet dread. The narrative frames loneliness not as metaphor but as structure, an external force that marks bodies through neglect, invisibility, and slow erasure. Language such as “terror,” “hollow,” and “unnoticed death” situates the narrator within a landscape where silence itself becomes active, shaping experience through absence rather than event. Loneliness here is not episodic or emotional alone but systemic, operating through what is withheld: recognition, care, and response. As Rimke (2016) observes, “even the most private self-examination is tied to social systems of valuation, imposition, judgement, and regulation” (p. 11), underscoring how interior distress is inseparable from social abandonment.

The collage mirrors this structural loneliness through its winter setting and watchful yet immobilized figures. The bunny–human hybrid and cat statue function as silent witnesses, guardians unable to intervene, while the mirrored figures walking forward and backward simultaneously evoke psychological looping, a body suspended between movement and stasis. The light table of photographs and floating marble suggest obsessive memory and surreal mental orbit, positioning interiority as both refuge and constraint.

In this work, rural isolation is not simply geographic but relational and institutional, shaped by distance from care, lack of anonymity, familial entanglement, and uneven access to sustained psychiatric support. The rural landscape is autobiographical: a site where distress unfolded in proximity to family systems yet in the absence of consistent care, rendering loneliness both spatial and social. Rimke (2018) notes that mental distress is frequently misrecognized as individual pathology when it is instead produced through social exclusion and moral abandonment, particularly in contexts where silence and stigma replace collective responsibility (pp. 67–70).

Research on rural mental health similarly demonstrates that geographic distance from services, fragmented continuity of care, and uneven availability structure access to support. As

Slaunwhite (2015) found, “participants from low-income households were significantly more likely to report all types of barriers to accessing mental health care” (p. 625), including instances where “a health professional was unavailable in the area” (p. 623). Drapeau et al. (2010) likewise emphasize the need to consider “social determinants in evaluating access to mental health care services” (p. 625), noting that “living in poverty is positively related to poor mental health” (p. 625). Together, this research positions loneliness not as personal deficit but as a structural condition produced through geographic exclusion, economic inequity, and fragmented systems of care. Adu et al. (2024) further note that rural and semi-rural mental health systems are often experienced as episodic and reactive rather than relational, producing prolonged periods of invisibility in which distress escalates without acknowledgment or support (pp. 6–8).

Walking the Grounds at Selkirk

Narrative

I was sent to Selkirk by my mother, and this time I chose to stay—easier inside than facing the noise of the world outside. As I walked into the unit, it felt like stepping through time. My great-grandmother had been here too, placed by our family. Her ghost walked with me in my art-school thesis collages. Then I was looking. Now I was here. I wore sunglasses in defiance, pretending I was famous. I befriended older women with the same diagnosis—cycled in and out again and again. We walked the same halls, shared the same knowledge. We were women who were locked away and forgotten. But in that haunted place, I found pride. I was part of the collage I'd made and no one could take that away. I was now a direct witness—an archivist of survival.

Collage

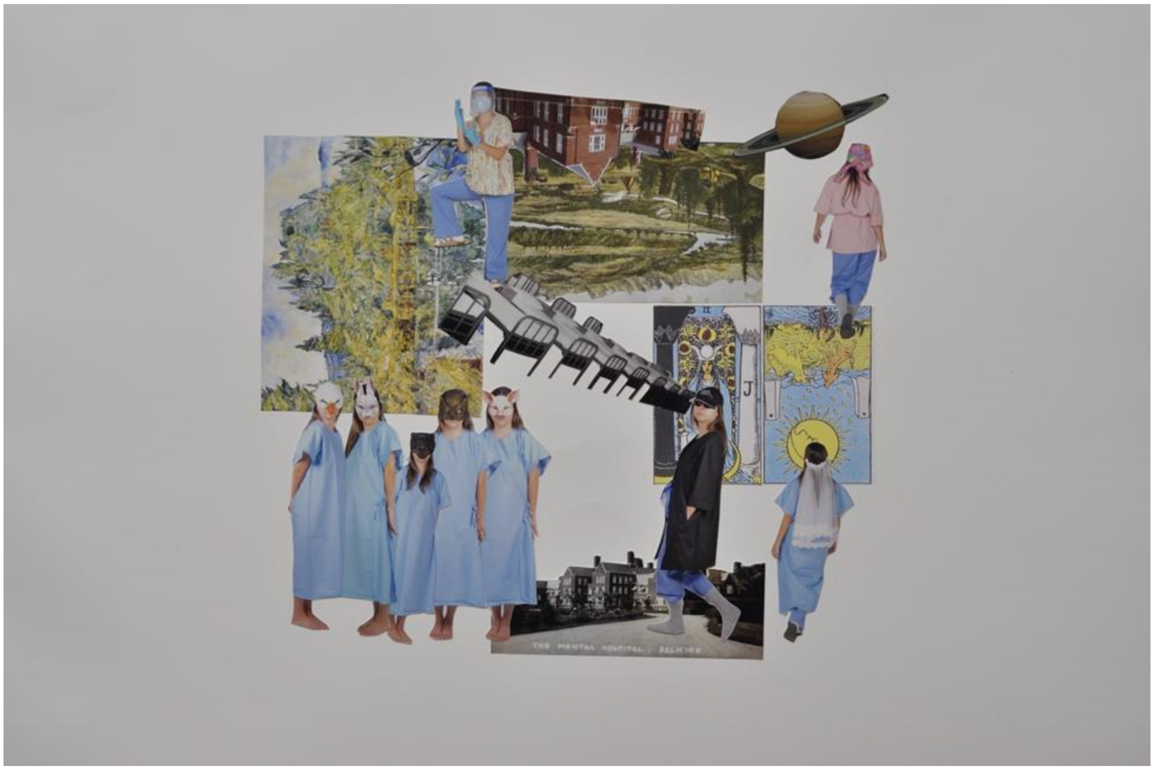

Figure 12. *Walking the Grounds at Selkirk* (2025), Cassidy Sylvester. Photography mixed-media collage.

Collage Imagery

A figure wearing hospital pants, grey socks, a black baseball cap, and 1980s sunglasses walks across a black-and-white photograph of the Selkirk Mental Hospital; a historic building looming with layered time. To the side, a veiled woman walks away, her head aligned with a reversed *Moon* tarot card, while the *High Priestess* tarot stands upright beside her, its center aligned with the walker's chest.

From the figure's head extends a line of old metal hospital beds, evoking the machinery of institutionalization. A nurse in PPE stands atop the beds, pulling on a glove, facing an inverted wilderness painting. Behind her, an upside-down image of teepees and the hospital reveal the entanglement of colonial land and psychiatric infrastructure.

Near Saturn, a woman in pink with a floral scarf mirrors the veiled figure's posture. At the bottom, five animal–human hybrids—eagle, rabbit, bear, owl, pig—stand in blue hospital gowns, functioning as both spectral witnesses and collective embodiments of patient history.

Interpretive Summary

Walking the Grounds at Selkirk collapses past and present into a single embodied moment: walking through an institution where generations of women were confined. What began as an art project becomes lived experience. The narrator occupies the same ground as her great-grandmother, not only as a patient, but as witness and archivist, transforming institutional shame into historical testimony. As Reaume (2010) describes, psychiatric history must be understood "from the point of view of those who were on the receiving end," insisting that "it is time to bring their lives, their historical context, into the centre of discussion in the history of psychiatry" (p.

246). Walking, witnessing, and narrating these grounds thus becomes an act of historical recovery that resists institutional forgetting.

The collage visualizes this collapse of temporal boundaries through historic hospital imagery and mirrored female figures. The reversed Moon and upright High Priestess tarot cards signal ancestral presence, intuition, and shadow truths, while the repeated hospital beds, nurse, and hybrid witnesses mark the cyclical repetition of confinement. Drawing on tarot as a symbolic system, these visual choices situate personal experience within archetypal and historical narratives, allowing meaning to emerge through relational and intuitive registers rather than medicalized explanation (Sosteric, 2014, pp. 121–124).

The inverted wilderness and teepees foreground the colonial foundations of psychiatric infrastructure, situating personal memory within a larger history of land dispossession. Animal–human hybrids function as collective patient archetypes, holding both violence and survival. As Jack (2008) describes, mad and creative practices operate as counter-archival acts through which disabled people assert epistemic authority over institutional narratives, transforming lived experience into testimony. Here, self-stylization within institutional space resists the visual grammar of the compliant patient: the sunglasses block the institutional gaze and mark the body as an active bearer of memory rather than a passive historical object.

Integration of Visual and Written Analysis

Taken together, these case studies form an interwoven narrative linking image, language, memory, and embodiment. Placing text alongside collage acknowledges that some truths about psychiatric control, family systems, and identity do not sit neatly within linear academic prose. As Adams et al. (2022) emphasize, “autoethnography is not only a way of knowing but also a way of being and doing research" (p. 21). The multimodal form invites the reader to move between sensory, affective, and symbolic registers, treating creative expression not as illustration but as a way of thinking and theorizing through lived experience (Adams et al., 2022; Douglas & Holman Jones, 2022). In this sense, the works enact what Piepzna-Samarasinha (2018) names when she writes, "survival is a form of knowledge, and our stories are theory" (p. 69).

The collages function as memory archives, rendering experiences that are at once intimate and historically situated. Visual composition enables memory to surface in nonlinear and affective ways; as Liu, Guo, and Li (2024) note, "art triggers more than simple recall; it involves a personalized reconstruction of memories" (p. 2). Layered visual fields—incorporating tarot cards, hybrid figures, archival photographs, hospital architecture, domestic interiors, and rural landscapes—materialize contradiction, haunting, and fractured time (Liu et al., 2024; Reaume, 2010; Kilty, 2018; Sussman, 2015). These images respond to the historical absence of patient voices within institutional archives, where "patients' lives were often excluded from official institutional records, leaving their experiences fragmented or erased" (Reaume, 2010, p. 7). By foregrounding spatial and symbolic elements, the collages also make visible how power operates through environment and design, reflecting Kilty's observation that "institutional environments embed power relations directly into space, architecture, and everyday practices of care" (Kilty, 2018, p. 113). In doing so, the visual works stage the friction between personal memory and collective history, illuminating how psychiatric memory remains "contested, incomplete, and often haunted by what was never recorded" (Reaume, 2010, p. 12).

The narratives, in turn, operate as embodied testimonies. Autoethnographic writing foregrounds the body as a site of knowledge, making visible the affective and relational dimensions of experience that often elude institutional language. As Adams et al. (2022) write, "autoethnographic writing makes the body visible as a site of knowledge" (p. 67). Fragmentation, repetition, humor, and direct address convey the difficulty of narrating psychiatric intervention, family rupture, and spiritual survival within coherent or redemptive frames. Rather than smoothing over ambivalence, the narratives preserve it, holding together shame and defiance, fear and attachment, anger and care. This multiplicity reflects what Piepzna-Samarasinha (2018) insists when she writes, "there are a million survivor stories. As many survivor stories as there are survivors" (p. 68). Such an approach aligns with feminist disability ethics that understand dependency and vulnerability not as relational failures but as constitutive conditions of care and connection (Kittay, 2020). As Berne (2015) *Sins Invalid* (2016) reminds us, "our experiences cannot be reduced to single narratives of suffering or triumph."

Closing

This chapter has presented twelve narrative–collage pairs as the central artistic corpus of the study. Each case study offers a situated glimpse into encounters with family, psychiatry, spirituality, place, and selfhood, while the multimodal form assembles a personal archive of memory and meaning-making. The works are intentionally held close to their experiential and aesthetic origins here, allowing the reader to encounter them on their own terms. In the chapters that follow, these creative works become the foundation for more explicit thematic and theoretical analysis, tracing how autonomy, care, memory, and power are negotiated across familial, psychiatric, and cultural systems.

Chapter 6: Research Findings & Analysis

Introduction

This chapter presents findings from a reflexive thematic analysis of twelve narrative–collage pairs that narrate and visualize experiences of psychiatric control, family systems, and identity formation. Situated within an arts-based autoethnographic framework, these works surface personal and intergenerational ideologies often overlooked in conventional psychiatric or family research. Seven themes emerged through systematic coding and iterative refinement, Autonomy Under Siege, The Psychiatric Gaze, Ancestral Echoes, Witchcraft and Reclamation, Intimate Ruptures, Haunted Places and Fragmented Selves.

Each theme reveals how family systems, institutions, and cultural narratives shape autonomy, belonging, and relational obligation. Findings integrate textual (narrative, vignette, journal) and visual (collage composition, iconography) data, analyzed through the project's theoretical lenses: Family Systems Theory, Interpersonal Theory, Feminist and Critical Disability Studies, Disability Justice, and Mad/arts-based scholarship.

Findings address the following research questions:

- RQ1: How do disabled individuals experience their role within family systems?
- RQ2: In what ways do interpersonal relationships within these systems affect the disabled person's sense of autonomy?
- RQ3: How can creative practices such as collage and writing surface these often-invisible dynamics?

Reflexive Thematic Analysis Process

To develop the seven themes, I conducted a Reflexive Thematic Analysis (RTA) following Braun and Clarke (2006, 2019). Because the data included both written (narratives, vignettes, journal excerpts) and visual (collage) material, the analysis moved across multiple layers of meaning: imagery, language, spatial arrangement, symbolism, and embodied affect.

The analytic process unfolded in six phases:

1. Familiarization

- I spent extensive time with each narrative–collage pair, viewing and reading them repeatedly, journaling initial impressions, emotional responses, and emergent questions. This stage also included reflecting on my positionality as both creator and researcher.

2. Generating Initial Codes

- I coded across all 12 works using an inductive approach where the initial notes from my personal recall of the memory was included in the content that was coded. In addition, a written description of the completed collages and the completed narratives were used. The overall assessment combined all of this information into an excel spreadsheet. Codes captured recurring motifs (e.g., watchers, thresholds, mirrors), emotional tones (e.g., shame, fragmentation, ambivalence), spatial patterns (e.g., basements, corridors, fields), symbolic elements (e.g., tarot, witches, marbles), and relational dynamics (e.g., coercive care, ruptured intimacy, intergenerational echoing).

3. Searching for Themes

- Codes were clustered into larger conceptual groupings. Visual and textual data were compared to ensure patterns held across modalities. Codes were rearranged into thematic clusters such as “surveillance,” “ritual,” “lineage,” “fragmentation,” “performance,” and “containment.”

4. Reviewing Themes

- Themes were evaluated for coherence, distinctiveness, and analytic depth. Some initial categories collapsed (e.g., “mirroring,” “doubling,” and “multiple selves” became part of Fragmented Selves). Others expanded to capture more complexity (e.g., “control” split into Autonomy Under Siege vs. The Psychiatric Gaze).

5. Defining and Naming Themes

- Seven interrelated themes were defined to capture patterns that recurred across the entire dataset:
    - Autonomy Under Siege, The Psychiatric Gaze, Ancestral Echoes, Witchcraft and Reclamation, Intimate Ruptures, Haunted Places, Fragmented Selves.

6. Producing the Analysis

- Themes were written up with attention to relational dynamics, power structures, intergenerational influences, and symbolic expression. Instead of analyzing each artwork individually, the thematic analysis draws connections across the collection, highlighting how the twelve pieces collectively illuminate the complexities of disabled autonomy within family and psychiatric systems.

Thematic Findings

Autonomy Under Siege

Across the work, autonomy is continually negotiated against layers of familial, romantic, and institutional control. What appears as “care” often operates as coercion. In *The Intervention at Granny's*, the maze structure, predatory watchers, and reversed Fool tarot signal blocked flight and forced compliance. *The Morning After on Rougeau* captures suspended agency through the hanging figure and reversed Death card, showing autonomy held in abeyance between collapse and survival.

This tension reflects what Balfour (2008) describes as a “victimization-criminalization continuum… situated in historical, cultural, economic, and political practices that deny Aboriginal women their dignity and respect, autonomy, and self-determination” (p. 105). Within this continuum, compulsory interventions framed as protective frequently intensify surveillance and punishment. As Balfour notes, “compulsory criminalization policies such as mandatory charging and vigorous prosecution have not realized the feminist goal of improving the conditions of all women's lives” (p. 105)

Friedman’s analysis of aversive ableism helps clarify this contradiction, noting that disabled people are frequently subjected to “positive” treatment that is experienced as inappropriate, infantilizing, or controlling despite being framed as well-intentioned (Friedman, 2019, pp. 98–100). As Friedman explains, nondisabled actors often believe they are acting benevolently, while disabled people experience these actions as violations of autonomy rather than support (p. 99).

As Balfour (2008) observes, legal narratives often fail to situate women's resistance within the "conditions of their endangerment" (p. 113). The effect is that autonomy is interpreted as deviance, and survival strategies become grounds for discipline. The tarot reversals across these works visually register this dynamic: not foolishness or failure, but constrained movement within systems that equate compliance with care.

Across multiple works, tethered lines, flower stems, marbles, and clotheslines symbolize the subtler forms of constraint that operate inside relationships; emotional obligations, expectations of femininity, and the invisible conditions placed upon disabled women. Bride imagery in *On Grosvenor After the Hospital* and *Sunflower Fields Were Not Forever* illustrates how heteronormative scripts can function as mechanisms of relational containment. Friedman (2019) describes how disabled people are frequently expected to embody warmth, gratitude, compliance, and emotional availability, noting that traits such as being "quiet," "gentle," and "undemanding" are socially rewarded, while deviation invites sanction or withdrawal of support (pp. 98–99). These expectations mirror the relational tethers visualized in the collages, where femininity and partnership become conditional sites of belonging rather than sources of mutual autonomy.

Visual motifs — rulers, charting, miniaturized self-fragments, looping corridors, clinical equipment — materialize the ways control is enacted, monitored, and internalized. RTA coding revealed numerous instances where personal agency collided with external expectations, reinforcing feminist disability critiques that paternalistic "protection" often eclipses disabled autonomy. These visual patterns echo scholarship showing how psychiatric systems organize authority through disciplined observation. As Foucault (1973) writes, "The clinic was probably the first attempt to order a science on the exercise and decisions of the gaze" (p. 131). The clinical gaze positions the subject as fully visible and measurable, operating through what he describes as an observing gaze that "refrains from intervening… leaves things as they are; there is nothing hidden to it in what is given" (p. 154).

Kilty and Dej (2018) demonstrate how psychiatric authority is exercised through routine documentation practices, showing that assessments of "insight" and "judgment" are explicitly tied to patient compliance with medical directives and are "fundamental to the extent to which patients are granted control over their own treatment" (p. 25). These findings clarify how measurement, charting, and surveillance—rendered visually through rulers and clinical instruments in the collages—operate as mechanisms through which autonomy is conditionally granted or withheld.

The Psychiatric Gaze

The gaze — clinical, familial, workplace, and digital — operates as a disciplinary force. As Garland-Thomson (2002) states, disability operates as a "representational system" that "structures reality" by marking certain bodies as abnormal, excessive, or unstable, thereby legitimizing their scrutiny and regulation (p. 6). Within this system, women's bodies, particularly those associated with madness or emotional excess, are positioned as inherently suspect and in need of observation, correction, and control. In *Dancing on the Ward at Victoria*, nurses' charting and a psychiatrist's sexualized gaze illustrate how women become objects of scrutiny, pathologized whether they comply or resist. This dynamic reflects broader literature on the gendered psychiatric gaze, where women, especially those labeled mentally ill, are read through scripts of instability, hyperemotionality, and danger that justify heightened surveillance. *Women at Work* shows how this gaze extends into professional environments through masked figures, surveillance animals, and inversion, highlighting the expectation to perform stability**.** Expressing an ongoing demand that psychiatrically disabled women regulate affect, conceal distress, and present continuous competence in order to be deemed employable, trustworthy, and non-disruptive. Nicki (2001) explains that women's emotional expression is routinely read as evidence of irrationality or instability, noting that psychiatric judgments often hinge not on suffering itself, but on a perceived failure to maintain emotional control and self-regulation (pp. 81–83, 90–93). In workplace contexts, this produces what Nicki (2001) describes as pressure to "pass as normal," requiring disabled women to suppress distress in order to remain legible as competent and reliable subjects (pp. 93–95).

Digital surveillance surfaces in *That Time I Wrote About the Ward on Facebook*, where a polished survivor narrative becomes a site of later shame. Pig figures, test tubes, and magnifying glasses mark how public mental health discourse reproduces psychiatric authority by translating medical logics of risk, measurement, and inspection into accessible, moralized imagery, thus casting distress as something to be monitored, optimized, and evaluated even outside clinical settings. Nicki (2001) critiques how psychiatric frameworks reduce women's lived experience to objects of evaluation, arguing that biomedical authority reframes social and relational suffering as individual pathology subject to inspection and correction (pp. 82–84, 88–90). The magnifying glass and test tube imagery visually echo this reduction, while pig figures invoke the dehumanization and moral judgment that accompany psychiatric categorization (pp. 86–87).

Hybrid watchers (owls, eagles, cats), floating eyes, camera imagery, and staff figures recur across collages, extending Foucault's medical gaze into everyday life. In *The Birth of the Clinic*, Foucault describes the clinical gaze as a form of power that "takes the individual apart" and renders the body permanently visible to authority (Foucault, 1973, p. 9). Across these works, that gaze no longer remains external but is absorbed and reproduced internally. Reflexive Thematic Analysis coding demonstrated how surveillance becomes self-surveillance: looping figures, mirrored selves, and repeated miniatures exemplify how the psychiatric gaze is internalized, fracturing subjectivity and positioning the self as both watcher and watched.

Ancestral Echoes

Intergenerational patterns of illness, care, silence, and institutionalization appear throughout the data. In *Stuck at Grandpa's House; Missing Grandma*, the sideways Hanged Man tarot and mirror-gaze reflect both suspended grief and inherited fear. *Walking the Grounds at Selkirk* collapses time entirely, with the narrator walks the same psychiatric site their great-grandmother was confined in, transforming personal memory into historical witnessing. Reaume (2010) documents how psychiatric institutions function as sites of intergenerational memory, arguing that former patients and their descendants continue to carry "unresolved histories of confinement, loss, and silence long after institutionalization formally ends" (pp. 4–5). He emphasizes that remembering past patients' lives disrupts institutional erasure by transforming personal recollection into historical testimony (p. 6). This framing clarifies how *Walking the Grounds at Selkirk* operates not only as memory, but as an act of witnessing that links family history to psychiatric geography.

Mirroring and doubling — twin huts, repeated walkers, mirrored selves — symbolize genealogical looping and relational inheritance. Tarot archetypes (Moon, High Priestess) and spiritual motifs (witch figures, cocoon imagery) point to matrilineal knowledge often pathologized in psychiatric contexts. Disability, as Farrell and Krahn (2014) remind us, "is or will be part of life for most contemporary families" (p. 1) and must be understood through "the interrelated longitudinal and interactive nature of disability and family" (p. 8). Such representations align with scholarship demonstrating that families were historically entangled in systems of confinement. As Sussman (2015) notes, “Apparently any family in Manitoba which had a troublesome member, either old or young, simply passed it on to the Home for Incurables” (p. 102). In this sense, disability is not merely individual but genealogical—shaped through inherited institutional logics, normalized confinement, and relational practices that sediment across time.

Sussman’s historical analysis of Canadian psychiatry demonstrates that families were deeply implicated in institutionalization practices, noting that relatives often influenced admission, discharge, and readmission decisions, while silence and shame surrounding confinement shaped family narratives for generations (Sussman, 2015, pp. 101–102). These dynamics help explain the visual repetition and mirroring across the collages, where identity merges through familial affect and institutional memory rather than isolated pathology.

Within an RTA framework, genealogical codes (“lineage,” “echo,” “repeat”) emerged across nearly all cases, revealing how identity is co-authored across generations through affective, cultural, and institutional histories. Farrell and Krahn (2014) emphasize that disability is not an individual attribute but a relational and temporal process embedded within family life, arguing that identities are shaped across the life course through shared caregiving roles, stress, resilience, and adaptation (pp. 2–3). They stress that disability is “a normative part of family experience” rather than an anomaly, supporting the RTA finding that identity in this study is produced through intergenerational relationships rather than isolated diagnosis.

Witchcraft and Reclamation

Symbolic practices such as witchcraft, tarot, ritual circles, and mystical imagery recur throughout the case studies as methods of reclaiming meaning outside psychiatric narratives. *The*

Witch's Hut situates girlhood ritual as an early feminist inheritance, while witch-hatted inner witnesses appear in *The Morning After on Rougeau* and *Knives on Grosvenor*, marking alternate selves who observe crisis, desire, or collapse from within. Piepzna-Samarasinha (2018) describes ritual, ancestral practice, and spiritual care as survival technologies within disability justice, writing that "disabled, sick, and mad people have always created our own ways of surviving outside of medical systems that harmed or abandoned us" (Piepzna-Samarasinha, 2018, p. 87). These practices, often learned informally and intergenerationally, are framed not as regression but as inherited feminist and crip knowledge (Piepzna-Samarasinha, 2018, pp. 87–88). Read through this lens, the witch figures in this work function as early sites of meaning-making and survival rather than escapism.

Tarot imagery further extends this symbolic practice by offering archetypal frameworks for articulating emotional states that resist diagnostic language. The Star, High Priestess, Tower, Devil, Hanged Man, Lovers reversed, and Empress reversed operate not as fixed symbols but as relational prompts through which affect, memory, and embodied knowledge surface. As Semetsky (2011) explains, tarot images do not produce meaning through literal correspondence but through symbolic relation, noting that "tarot images are selected by soul, by the unconscious, and cannot be considered random" (p. 252). In this sense, tarot functions as a method for holding uncertainty, contradiction, and psychic complexity without requiring clinical translation or narrative closure. Surreal cosmic objects—marbles, suns, spinning discs—extend this register, visualizing internal cosmologies that exceed rationalized explanation. Together, these symbolic practices align with feminist disability justice approaches that reclaim stigmatized spiritual traditions as sites of embodied knowledge and resistance to medical authority.

Scholars further support tarot’s use as an epistemic rather than predictive framework. Semetsky (2011) notes that tarot operates as a non-linear interpretive system that privileges intuition, symbolism, and affect, functioning as a “tool for reflective inquiry” capable of sustaining contradiction and emotional complexity without reducing experience to fixed categories (pp. 3–4). Sosteric (2014) situates tarot as a sociocultural meaning-making practice that helps individuals narrate distress, transition, and identity in ways that resist biomedical reductionism (pp. 121–123). Reflexive Thematic Analysis coding in this study identified “ritual,” “symbolic method,” and “mystical lineage” as persistent motifs, marking these practices as forms of epistemic resistance, being that of creative, intuitive, and embodied ways of knowing that challenge the historical medicalization of women’s spiritual and emotional lives.

Nicki (2001) documents how women’s spiritual, emotional, and intuitive expressions have routinely been reframed as symptoms of disorder, arguing that psychiatric authority has historically treated non-rational knowledge as evidence of instability rather than insight (pp. 82–84). Garland-Thomson (2002) notes that women’s embodied ways of knowing are frequently rendered illegible within dominant epistemologies, producing hierarchies that privilege rationality over intuition and control over meaning (pp. 6–7). My use of witchcraft and tarot is therefore both methodological and lived. These practices emerged not as belief systems opposed to science, but as interpretive tools that allowed me to make sense of psychic states, relational rupture, and survival when psychiatric language failed or caused harm. In this thesis, witchcraft and tarot function as arts-based methods aligned with autoethnography: they externalize interior experience, situate distress within lineage and narrative, and reclaim women’s spiritual practices as legitimate sites of knowledge rather than evidence of pathology. As Piepzna-Samarasinha (2018) insists, such practices are not antithetical to scholarly rigor but are "how we survive and make meaning in a world not built for us" (p. 88).

Intimate Ruptures

Romantic and familial relationships appear as sites of ambivalence, obligation, and wounding. *Sunflower Fields Were Not Forever* shows romance as performative, with the dead sunflower field mirroring the narrator's internal disconnection. In *On Grosvenor After the Hospital*, relational betrayal intersects with psychiatric crisis, shown through a collapsing bride figure and miniature recursive selves. *Knives on Grosvenor* intertwines desire, shame, digital searching, and numbing rituals. Child imagery and reversed Empress tarot signal ruptured nurturing and internalized guilt.

Sullivan's interpersonal theory positions identity as fundamentally relational, arguing that "personality is the relatively enduring pattern of recurrent interpersonal situations which characterize a human life" (Sullivan, 2024, p. 110). From this perspective, rupture within intimate relationships does not merely cause emotional pain but destabilizes the self-system itself. The repeated visual collapses, mirrored figures, and recursive selves across these works reflect what Sullivan describes as anxiety arising when interpersonal security is threatened, producing cycles of shame, self-monitoring, and emotional withdrawal (Sullivan, 2024, pp. 110–111, 160).

This theme drew heavily on codes such as "masking," "performance," "shame," "rupture," and "relational collapse." Interpersonal theory helped illuminate how intimacy co-produces identity, often reinforcing normative expectations disabled women feel pressured to meet. These ruptures complicate dominant narratives of recovery, revealing the emotional labor demanded of disabled subjects in unstable relationships. This theme echoes interpersonal and feminist disability theories showing how intimacy both shapes and is shaped by identity, reinforcing normative expectations while simultaneously amplifying relational wounds.

Goodley (2014) notes that disabled people are routinely expected to engage in heightened emotional labor in order to sustain relationships, noting that disability often becomes “a site where normative expectations about productivity, independence, and emotional regulation are relentlessly enforced” (pp. 96–98). For disabled women in particular, intimacy frequently requires masking distress and maintaining relational harmony at personal cost, a dynamic that destabilizes recovery narratives premised on individual resilience rather than relational conditions. This helps explain the visual entanglement of love, guilt, and collapse across the collages, where intimacy functions as both refuge and site of harm.

Haunted Places

Spaces themselves act as emotional and historical agents. *In Radisson I Watched You from the Window* frames rural silence as structural loneliness. Mirrored winter figures embody looping isolation. *Stuck at Grandpa's House* uses domestic scent, sound, and suspended routine to encode grief. *Walking the Grounds at Selkirk* exposes the colonial-psychiatric entanglement embedded in institutional architecture — inverted teepees, hospital beds, archival images, and staff figures create a haunted spatial archive.

Rimke (2018) states that experiences of mental distress are frequently shaped by social and geographic exclusion rather than individual pathology, noting that rural isolation often produces “conditions of loneliness, invisibility, and abandonment that are normalized rather than recognized as structural harm” (pp. 274–276). This framing clarifies how rural quiet in *Radisson I Watched*

You from the Window operates not as pastoral calm but as an organizing condition of neglect that loops affect and immobilizes the subject.

Reaume (2010) emphasizes that places associated with care and confinement retain affective and historical residues, arguing that psychiatric and domestic sites “carry the memories of those who lived, suffered, and were silenced within them” even when those histories are not publicly acknowledged (pp. 6–7). In this sense, both the family home and the Selkirk hospital grounds function as repositories of grief and institutional memory rather than neutral settings.

Other pieces locate haunting in sunlit fields, basements, common rooms, or hospital corridors. RTA coding revealed “haunted,” “echo,” “corridor,” “frozen,” “threshold,” and “inverted landscape” as cross-cutting spatial codes. These indicate how place shapes affect, belonging, memory, and identity. Such spatial hauntings mirror literature documenting how psychiatric sites, domestic homes, rural landscapes, and institutional corridors carry historical trauma, shaping affect and belonging through their architectures and silences

Kilty and Dej (2018) conceptualize institutional space as an active mechanism of governance, arguing that architectural design, corridors, surveillance points, and routines operate as “embodied experiences of control” that shape how individuals move, feel, and understand themselves within psychiatric and carceral environments (pp. 267–269). The repeated appearance of corridors, thresholds, and frozen landscapes across the collages reflects this insight, visualizing how power is embedded in spatial organization rather than located solely in interpersonal interaction.

Together, these accounts support reading haunted places not as symbolic backdrops but as active participants in the production of affect, memory, and identity. These spaces are those that remember, discipline, and transmit histories of abandonment and containment across time (Reaume, 2010; Kilty & Dej, 2018; Rimke, 2018).

Fragmented Selves

Multiplicity recurs across every work. Miniature self-replications, mirrored figures, looping images, masked workers, hybrid forms, child–adult doubles, and pajamaed "LIVE" figures create a visual grammar of fragmentation. In *Women at Work*, the professional self is fractured into masked personas perched precariously on cocoons. In *Knives on Grosvenor*, glamour overlays emotional collapse. In *On Grosvenor After the Hospital*, a single figure appears in many forms to depict internal surveillance.

Ratcliffe's phenomenological account of altered experience helps clarify why fragmentation appears across the visual data not as incoherence but as an embodied response to threat. He notes that psychiatric distress often involves a global shift in the form of experience rather than discrete cognitive failures, describing fragmentation as a change in how one "finds oneself in the world" under conditions of pervasive uncertainty and surveillance (Ratcliffe, 2013, pp. 230–232). From this perspective, mirrored figures, looping selves, and hybrid forms reflect altered existential orientation rather than disordered identity.

Rather than pathology, RTA coding positioned fragmentation as an adaptive and skillful survival strategy developed in response to psychiatric surveillance, relational rupture, and institutional risk. Fragmentation functions as a way of distributing exposure: separating roles, affects, and selves in order to remain legible, safe, or employable under conditions that punish coherence, visibility, or emotional excess. These findings reflect phenomenological accounts of how trauma, psychiatric surveillance, and interpersonal anxiety fragment perception and identity not as dysfunction, but as learned, context-sensitive responses to oppressive environments.

Ratcliffe emphasizes that such experiential shifts are context-sensitive and intelligible responses to environments experienced as threatening, unstable, or uncanny, noting that fragmentation can function as a way of maintaining partial engagement with the world while limiting exposure to harm (2013, pp. 233–235). This supports the RTA finding that multiplicity operates as a survival strategy, thus allowing subjects to remain present, employable, or relationally functional without full psychic exposure.

Arts-based autoethnographic scholarship similarly reframes fragmentation as a meaningful narrative and analytic resource rather than a failure of coherence. Adams et al. (2022) write that autoethnography legitimizes partial, multiple, and shifting selves, emphasizing that "fragmented stories often more accurately represent lived experience than linear accounts" (p. 28). Douglas and Holman Jones (2022) further note that creative methods allow researchers to "stay with contradiction, ambivalence, and multiplicity without resolving them into false coherence" (p. 46). Read together, these accounts support interpreting the fragmented figures across the collages as deliberate, skilled adaptations to conditions that demand constant self-regulation.

Cross-Analysis of Visual and Written Data

Building on scholarship demonstrating that multimodal and arts-based methods surface emotional, affective, and spatial knowledge that often remains inaccessible through text alone, this section synthesizes patterns across the visual and written data (Douglas & Holman Jones, 2022; Liu et al., 2024). Across the case studies, narrative and collage function as relational modes of the same events rather than separate representational layers. Text frequently articulates experiences of coercion, negotiation, and self-understanding, while images materialize these dynamics through visual grammars of surveillance, restraint, repetition, and gaze. Similarly, where narratives situate memory within family lineage and narrative time, collages layer archival sites, doubled figures, and symbolic landscapes that collapse past and present, rendering haunting as a lived spatial experience rather than a historical abstraction. Moments of fracture and masking named in the narratives are visually echoed through mirrors, repeats, and multiplied selves, reframing multiplicity not as pathology but as an adaptive survival strategy.

This multimodal approach allows affect, atmosphere, and spatial logics to emerge in ways that linear prose alone often cannot, as well as an analytic capacity that is central to answering RQ3. Douglas and Holman Jones (2022) state that arts-based and autoethnographic methods are uniquely capable of holding contradiction, emphasizing that multimodal work enables researchers to "stay with affect, ambiguity, and partial knowledge rather than resolving experience into coherence" (pp. 20–22). They further suggest that meaning often arises in the relational space between image and text, where power relations, emotional tone, and embodied knowledge become perceptible in ways that exceed linguistic description (pp. 24–26). This perspective supports treating the narratives and collages in this study not as illustrative supplements but as interdependent analytic modes.

Complementing this view, Liu et al. (2024) demonstrate that visual and narrative artworks activate autobiographical memory through reconstruction rather than linear recall, integrating emotion, space, and personal meaning into a single experiential field (pp. 2–4). Their findings show that artworks are particularly effective for accessing layered affective and spatial knowledge, as visual forms enable temporal collapse and associative meaning-making that resist straightforward narration (pp. 4–5). Read together, these accounts clarify the analytic value of multimodal synthesis in this chapter: narratives narrate negotiation, memory, and identity, while collages materialize power, space, and affect. The interplay between modes renders otherwise invisible dynamics, such as internalized surveillance, intergenerational haunting, and adaptive fragmentation to legible without reducing them to linear explanation, directly addressing RQ3 (Douglas & Holman Jones, 2022; Liu et al., 2024).

Table 1

Thematic Findings in Relation to the Research Questions

Theme	RQ1: How do disabled individuals experience their role within family systems?	RQ2: In what ways do interpersonal relationships within these systems affect the disabled person's sense of autonomy?	RQ3: How can creative practices such as collage and writing surface these often-invisible dynamics?
Autonomy Under Siege	Family as caregiver and enforcer; domestic extension of control	Coercion framed as care; agency negotiated not granted	Mazes, rulers, paperwork visualize containment; narratives narrate negotiations and refusals
Psychiatric Gaze	Family mirrors institutional surveillance	Internalized stigma and masking	Hybrid watchers, charts, screens; text names gendered labeling
Ancestral Echoes	Intergenerational scripts shape roles	Past narratives constrain or enable autonomy	Ghostly layering, archival photos, doubled walkers render inheritance tangible
Witchcraft & Reclamation	Spiritual lineages contest familial/medical authority	Ritual supports self-definition and boundary-setting	Tarot/ritual imagery as hermeneutic resistance; narratives claim narrative sovereignty
Intimate Ruptures	Family/partner ambivalence reorganizes roles	Intimacy can scaffold or undermine autonomy	Lovers reversed and fractured composition map ambivalence; text holds contradictions
Haunted Places	Homes/wards embed power and memory; rural isolation	Place constrains or amplifies belonging	Architectural depth and inversion situate experience; text names temporal collapse
Fragmented Selves	Family expectations split roles; masking within kin networks	Multiplicity negotiated moment-to-moment	Mirrors, masks, repeats visualize adaptive plurality; text reframes fragmentation as skillful survival strategy

Synthesis

Across themes, autonomy emerges not as a fixed achievement but as a continuous negotiation within interpersonal and institutional power. Families frequently mediate psychiatric logics, translating diagnostic authority into everyday expectations, surveillance, and responsibility. Rather than operating only within hospital walls, psychiatric rationalities circulate through domestic space, shaping how distress is interpreted and managed. As Balfour (2008) demonstrates, women's suffering is frequently reframed through moral and legal expectations of endurance, producing what she identifies as a system in which women must conform to ideals of respectability in order to be recognized as legitimately harmed (pp. 109–112). This moral filtration parallels the chapter's findings: autonomy is constrained not only by institutions but by relational systems that absorb and reproduce regulatory norms under the guise of care.

Kittay's (2020) feminist disability ethics clarifies this tension by conceptualizing autonomy as fundamentally relational rather than individual. She describes that dependency is not the opposite of autonomy but its condition, and that care can either scaffold agency or consolidate control depending on how vulnerability and power are distributed (Kittay, 2020, pp. 55–60). The works analyzed in this chapter reflect precisely this ambivalence: care circulates as protection and as containment, as intimacy and as surveillance.

Creative practice functions here as both counter-archive and analytic method. Narratives and collages translate atmosphere, stigma, and lineage into form, rendering visible what conventional institutional records often erase. Reaume (2010), in documenting patient life at the Toronto Hospital for the Insane, insists on recovering patients "as people first rather than as a diagnostic label" (p. 3), foregrounding narrative fragments, letters, and lived detail against bureaucratic abstraction. His work demonstrates that institutional sites retain layered histories of confinement that continue to shape subjectivity long after formal incarceration ends (pp. 6–8). In parallel, the creative works in this study operate as intimate counter-archives, preserving affective and relational histories that resist clinical flattening.

Sussman (2015) underscores how psychiatric institutions function as gendered spaces of containment, where emotional intensity and non-normative femininity are disciplined through both medical and spatial practices. These insights illuminate how the domestic and institutional landscapes represented across the collages—hospital corridors, bedrooms, ritual huts, city streets—are not neutral backdrops but regulatory terrains.

Reclaimed symbols—particularly tarot and witchcraft—thus operate as acts of epistemic resistance. Rather than expressions of irrationality, they become methods of self-authorship that challenge medicalized interpretations of meaning. In this sense, symbolic practice parallels the archival recovery work documented by Reaume (2010): both disrupt the reduction of complex lives to diagnostic shorthand.

Taken together, these perspectives clarify how colonial geographies, institutional memory, gendered surveillance, and relational power intersect across the works analyzed in this chapter. Autonomy, in this context, is not a static possession but a fragile and ongoing negotiation within structures that continuously reinterpret care, intimacy, and difference through regulatory logics.

Conclusion

This chapter demonstrates that multimodal methods render visible what conventional inquiry often obscures: the weight of the psychiatric and familial gaze, the persistence of haunting and memory, and the adaptive plurality of self that enables survival under conditions of surveillance, stigma, and control. By holding image and text together, the analysis makes perceptible the affective, spatial, and relational dimensions of experience that resist linear narration or diagnostic reduction.

Integrating visual and written forms reveals how psychiatric and family systems co-produce autonomy and identity, not as fixed traits but as negotiated, relational processes shaped by power, care, and history. Within this framework, creative practice functions as both testimony and critique, which documents lived experience while simultaneously unsettling the institutional narratives that constrain it. Collage and narrative writing operate as counter-archival practices, reclaiming memory, meaning, and self-definition where official records fall silent or impose coherence.

These findings prepare the ground for the concluding chapter's exploration of implications for practice, pedagogy, and policy. In particular, they underscore the necessity of care that does not coerce, supports that are attentive to place and relational context, and the scholarly legitimacy of creative, arts-based counter-archives as forms of knowledge production within disability studies and beyond.

Chapter 7: Discussion

Introduction

In this chapter, I discuss the implications of the findings presented in Chapter 6, situating them within the study's theoretical frameworks and broader conversations in disability studies, family systems, feminist disability justice, and arts-based inquiry. These findings did not emerge as abstract categories; rather, they were produced through an embodied, creative process in which I moved through memory, fragmentation, and reconstruction to better understand my own experiences of autonomy, relationship, and identity.

Through analyzing the twelve narrative–collage pairs, I identified seven interconnected themes; Autonomy Under Siege, The Psychiatric Gaze, Ancestral Echoes, Witchcraft and Reclamation, Intimate Ruptures, Haunted Places, and Fragmented Selves. These themes do not stand apart from the process that generated them. Instead, they emerged through working with memory as layered, unstable, and relational, shaped by the intersections of disability, gender, family roles, and broader systems of power.

The act of creating this work was itself a method of inquiry. Through collage, I engaged directly with the fragmentation of the mind, cutting, layering, and reassembling images in ways that mirrored how memory and identity are experienced rather than how they are typically narrated. Through writing, I moved alongside these images, naming emotional and relational states that were often difficult to stabilize or fully articulate. The work did not resolve contradiction; instead, it held it. It allowed me to remain within ambivalence, where care and control, love and surveillance, autonomy and dependency coexist.

In this way, the findings presented in this chapter are inseparable from how the work felt to create. At times, the process was disorienting, requiring me to re-enter spaces shaped by psychiatric and familial power. At other times, it was clarifying, allowing patterns, repetitions, and tensions to surface across images and narratives. This oscillation is central to the study's contribution: it demonstrates that knowledge about disability, autonomy, and relational power does not emerge cleanly or linearly, but through processes that are affective, embodied, and often fragmentary.

At the same time, the collection of these works functions as a counter-archive. Through collage and narrative, I documented experiences, atmospheres, and relational dynamics that are often absent from clinical, institutional, or diagnostic records. What is preserved here are not only events, but also feelings, tensions, spatial conditions, and symbolic expressions that exceed conventional forms of documentation.

This chapter therefore pursues four objectives: (1) to revisit the research questions through a synthesis of findings grounded in lived and creative experience; (2) to integrate these findings with the study's theoretical lenses; (3) to articulate contributions to disability studies and arts-based research; and (4) to identify implications for families, therapists, educators, and advocates.

Revisiting the Research Questions

RQ1: How do disabled individuals experience their role within family systems?

Through this research, I came to understand my experience of family as fundamentally ambivalent: a space that held both support and containment, often simultaneously. Across the themes of *Autonomy Under Siege*, *Ancestral Echoes*, and *Haunted Places*, I traced how roles, stories, and expectations moved intergenerationally and across spaces, shaping my sense of belonging, my capacity for decision-making, and my understanding of myself. These were not abstract dynamics, but lived conditions that structured how I navigated relationships, authority, and identity within my family system.

Within my experience, family did not exist outside institutional systems. Instead, it frequently operated as an intermediary for psychiatric logics under the banner of care, positioning those closest to me as both protectors and enforcers. This dynamic was not always explicit, but it was deeply felt. It reflects what Friedman (2019) describes as aversive ableism, where harm is enacted through ostensibly caring intentions; where actions are framed as supportive, yet experienced as "inappropriate" or misaligned with the needs and realities of disabled people (p. 98). In this way, care and control became entangled, making it difficult to distinguish where protection ended and regulation began.

As I engaged with historical psychiatric research, I began to recognize these dynamics not as isolated to my own experience, but as part of a broader pattern. Sussman (2015) observes that families "significantly influenced such factors of institutional life as the conditions of care, the timing of discharge and the possibility of readmission," and that some families "simply refused to go away and leave asylum care to the institution" (p. 101). This scholarship clarified that families do not merely exist adjacent to institutional power, but actively participate in shaping and extending it into everyday life. What I had experienced relationally was also historically produced.

This recognition was not only conceptual; it was something I re-encountered through the creation of the work itself. In constructing the collages, I repeatedly returned to images of encircled figures, narrowing corridors, and layered genealogies that resisted linear separation. These visual elements allowed me to spatialize what I had experienced: the shifting “weather” of family life, where care and control coexisted, and where intimacy became a conduit for institutional logic.

Through visual repetition and spatial compression, I rendered how belonging within my family system was continuously negotiated under conditions where love, fear, responsibility, and psychiatric authority were tightly entangled. The work does not resolve this tension; instead, it makes it visible and inhabitable. In doing so, it reflects a broader understanding that families function as ambivalent systems, sites where support and containment coexist, and where disabled identity is shaped through ongoing negotiations of power, care, and relational expectation.

RQ2: In what ways do interpersonal relationships within these systems affect the disabled person’s sense of autonomy?

Through this research, I came to understand my experience of autonomy not as something fixed or individually possessed, but as something deeply relational and continuously negotiated. Across the themes of *The Psychiatric Gaze* and *Intimate Ruptures*, I traced how my closest interpersonal relationships, partners, caregivers, and family members, became key sites through which psychiatric norms were enacted, reinforced, and at times resisted.

Within my experience, expectations, monitoring, and diagnostic labels did not remain external. They circulated through everyday interactions, gradually becoming internalized and shaping how I observed, interpreted, and regulated myself. What began as external observation often transformed into self-surveillance. This reflects what Dej and Kilty (2018) describe: psychiatric power does not remain confined to formal institutions, but diffuses outward, embedding itself within intimate relationships where care, concern, and risk management become difficult to distinguish.

As I reflected on these dynamics, I recognized how my sense of self had been formed within ongoing relational exchanges. Sullivan’s (2024) interpersonal theory, which emphasizes that identity develops through recurring relational situations rather than in isolation, resonated strongly with my lived experience. Similarly, Goodley (2014) and Rimke (2018) illuminate how ableist norms become internalized through everyday encounters that are framed as supportive or protective. Within my own relationships, autonomy was not explicitly taken; instead, it was subtly made conditional; more available when I appeared compliant, stable, or grateful, and less accessible when I deviated from expected emotional or behavioral norms.

This pattern extended into romantic relationships, where I experienced dynamics that mirrored familial ableism, often oscillating between care and self-justification. These relationships revealed how deeply embedded these logics were, not confined to family structures alone but reproduced across intimate life. At the same time, I recognized moments of resistance within these spaces. Small, everyday acts; refusal, humor, ritual, and aesthetic expression, became ways of asserting agency and reworking the terms through which I was known and understood.

As Goodley (2014) writes, “human lives are fundamentally interdependent, shaped through relationships of care, vulnerability, and connection rather than independence and self-sufficiency” (p. 44). Through this lens, I came to understand my autonomy as something co-authored within relationships, shaped through interaction, the negotiation of anxiety, and the ongoing work of setting and redefining boundaries. Rather than something I possessed independently, autonomy emerged as a relational process, and one that is continuously formed, constrained, and reclaimed within the dynamics of interpersonal life.

RQ3: How can creative practices such as collage and writing surface these often-invisible dynamics?

Through this research, I came to understand collage and writing not simply as tools for representation, but as both method and epistemology; ways of producing knowledge rather than describing it. In my process, collage allowed me to externalize affective and relational conditions through visual form. Figures emerged as watchers, thresholds appeared and reappeared, architectural containment took shape, and repetition and spatial distortion materialized experiences of surveillance, lineage, and institutional power. What had once felt diffuse or difficult to name became visible through composition, layering, and spatial arrangement.

Writing functioned alongside this as a way of naming interior states, shame, ambivalence, fear, and at times clarity, that I could not fully articulate through linear narration or clinical language. Together, these forms allowed me to hold contradiction without resolving it. They created space for multiple truths to exist simultaneously, without forcing coherence or closure. This aligns with Semetsky's (2011) assertion that symbolic and archetypal practices enable meaning to emerge relationally rather than diagnostically, holding "complexity, uncertainty, and affect without reducing experience to fixed categories" (pp. 3–4). Through this process, I was able to surface atmospheres, tensions, and power relations that had previously remained obscured within more conventional qualitative or clinical approaches.

Engaging in creative practice also became a way of constructing a counter-archive. Through the making of the work, I preserved forms of knowledge that I recognized as absent from institutional and diagnostic records. In this way, my process resonates with Jack's (2008) work on psychiatric confinement, which demonstrates how patient-created images and narratives document everyday experiences of control, regulation, and violence that are not captured in official records, positioning personal narrative as an act of historical recovery (pp. 12–14). What emerged through collage and writing was not simply personal expression, but a record of relational and systemic dynamics that might otherwise remain undocumented.

In working through artistic autoethnography, I experienced what Adams et al. (2022) describe: the treatment of lived experience as a primary source of theory, producing layered, embodied accounts of distress and care that exceed the limits of linear prose (p. 9). Through this lens, collage and writing did not simply depict experience; they made visible the otherwise obscured dynamics of surveillance, intergenerational haunting, and adaptive multiplicity. In doing so, they rendered affective, relational, and spatial knowledge legible while resisting reduction into coherence or diagnosis.

Theoretical Integration

Family Systems Theory

Family Systems Theory assists in understanding how behavior and meaning emerge within reciprocal emotional networks, with roles, expectations, and narratives traveling across generations. As Miklowitz (2004) emphasizes, psychiatric distress is never isolated within an individual but is “deeply embedded in the social world,” such that “an inquiry into the meanings of illness is a journey into relationships” (pp. 185–186). The themes of *Ancestral Echoes* and *Haunted Places* embody this intergenerational transmission, while *Autonomy Under Siege* illustrates how institutional psychiatric logics are taken up within domestic life, positioning families as extensions of psychiatric authority under the banner of care. These dynamics align with disability research demonstrating that family emotional climates and narratives profoundly shape psychiatric trajectories. Farrell and Krahn (2014) state that understanding disability within families requires attention to "the interrelated nature of individual, family, and community contexts" (p. 2), underscoring how care, control, resilience, and containment are co-produced within family systems rather than residing solely in individual pathology.

Interpersonal Theory

Interpersonal Theory foregrounds the self as fundamentally relational, emphasizing that identity and agency emerge through ongoing interaction rather than existing as stable, internal traits. Sullivan (2024) conceptualizes personality as relationally constituted, defining it as "the relatively enduring pattern of recurrent interpersonal situations which characterize a human life" (p. 3). This framework assists in identifying that autonomy is continuously negotiated within relationships shaped by expectation, attachment, and anxiety management. Within my findings, the themes of *Intimate Ruptures* and *Fragmented Selves* illustrate how disabled individuals anticipate judgment, regulate affect, and adjust self-presentation in response to relational threat, demonstrating autonomy as a situated, relational practice rather than an individual possession.

These dynamics are further illuminated by phenomenological accounts of how relational anxiety reshapes perception and experience. Ratcliffe (2013) notes that psychiatric distress is not reducible to distorted beliefs but involves a pervasive alteration in how the world is encountered, describing a shift in which "everything gets a new meaning" and experience becomes "enveloped…with a subtle, pervasive and strangely uncertain light" (p. 231). I understand these affective atmospheres as relationally mediated, emerging through interactions marked by vigilance, uncertainty, and anticipated evaluation. In this way, interpersonal relationships do not merely influence autonomy externally but actively reorganize how individuals experience themselves, others, and the social world.

Interpersonal Theory and phenomenological accounts support my findings that autonomy is co-authored through relational feedback loops involving anxiety, attachment, and self-monitoring. Identity and agency are shaped not only by overt control but by the subtle interpersonal climates in which individuals learn what forms of expression, vulnerability, or oppostition are permitted. The creative works trace these processes visually and narratively, showing how relational expectations become internalized over time while also revealing moments of refusal, humor, and boundary-setting through which relational autonomy is reasserted.

Critical Disability Studies

Critical disability perspectives illuminated that surveillance, labeling, and documentation function as technologies of governance over disabled lives. In *The Psychiatric Gaze* and *Autonomy Under Siege*, institutional power migrates into everyday spaces, where monitoring and regulation are enacted through families and intimate relationships. As Foucault (1973) notes, modern medicine operates through a gaze that "invests the body, examines it, and transforms it into a case," producing subjects through practices of observation, classification, and documentation rather than through care alone. While Foucault theorizes this gaze within institutional medicine, critical disability scholars extend this analysis to show how such forms of governance now circulate far beyond clinical sites. I see these dynamics reflected in the collages' recurring watchers, grids, and architectural enclosures, which materialize how surveillance becomes ambient, internalized, and relational.

Dej and Kilty (2018) discuss psychiatric governance as increasingly reproduced beyond formal institutions, with containment occurring through informal and relational mechanisms that position loved ones as agents of monitoring and compliance. They state that care is reorganized around risk management, drawing families into the everyday work of “containing madness” through supervision, reporting, and boundary enforcement. Within this framework, institutional authority is not imposed solely from above but diffused across intimate networks, blurring the line between protection and control.

This diffusion aligns with Friedman’s (2018, 2019) concept of aversive ableism, defined as “the product of egalitarian values coupled with rationalized prejudice” (Friedman, 2019, p. 109). In this framework, actors understand themselves as well-intentioned and committed to fairness, yet their actions reproduce infantilization and control. Because aversive ableism operates through benevolence rather than overt hostility, its harms are more difficult to recognize and resist. These perspectives demonstrate that disabled subjectivity is produced within overlapping regimes of observation, risk management, and moral evaluation that operate as much through intimacy as through institutions. Within this terrain, autonomy is not overtly revoked but subtly conditioned—granted when compliance is achieved and withdrawn when deviation occurs—revealing how care and control are continually co-constituted in the governance of disabled lives.

Feminist Disability Justice

In this study, I draw on feminist disability justice to center embodiment and interdependence, foregrounding forms of knowledge and survival that have historically been excluded from medical, academic, and colonial frameworks (Piepzna-Samarasinha, 2018; Mingus, 2017; Sins Invalid, 2016). The theme of *Witchcraft and Reclamation* demonstrates how ritual, spiritual practice, and symbolic re-authoring function as sites of epistemic sovereignty, particularly for women whose autonomy has been pathologized through psychiatric and patriarchal systems (Rimke, 2018). As Piepzna-Samarasinha writes, “disabled, sick, and mad people have always created our own ways of surviving outside of medical systems that harmed or abandoned us” (2018, p. 87), framing ritual and spiritual care not as regression or belief, but as collective survival technologies grounded in lived experience and lineage.

Mingus (2011, 2017) assists with understanding disability justice as rooted in practices of interdependence and resistance that emerge from embodied knowledge rather than institutional legitimacy. Mingus writes that “we must change the framework, not just the inclusion of who is in the frame” (2011, para. 4), arguing that justice cannot be achieved by merely integrating disabled people into systems built to regulate them. In her later writing on access intimacy, Mingus (2017) defines it as “that elusive, hard to describe feeling when someone else ‘gets’ your access needs” (para. 3), framing interdependence as a relational practice grounded in accountability, trust, and mutual recognition rather than surveillance or paternalism. Together, I understand these interventions as situating disability justice not within institutional reform, but within community-based practices of survival and liberation.

Reclaiming tarot and witchcraft imagery within this study aligns with disability justice movements that avoid colonial and patriarchal hierarchies of knowledge by valuing intuition, symbolism, and ancestral practice as legitimate ways of knowing (Piepzna-Samarasinha, 2018; Mingus, 2017). Semetsky (2011) writes that tarot functions as a symbolic system that enables reflective inquiry through affective and relational meaning rather than diagnostic categorization, allowing individuals to engage uncertainty, contradiction, and psychic complexity without reducing experience to pathology. Sosteric (2014) frames tarot as a sociocultural meaning-making practice that helps narrate transition, distress, and identity beyond biomedical reductionism (pp. 121–123). Read together, I position witchcraft and tarot in this study not as aesthetic embellishments but as political and epistemological interventions, acting as counter-archives that reclaim women's spiritual practices as sites of resistance, knowledge, and survival rather than evidence of disorder or irrationality.

Place, Coloniality, and the Carceral-Psychiatric Nexus

Across *Haunted Places* and the Selkirk sequences, personal scenes are situated within colonial geographies where psychiatric infrastructure, land dispossession, and institutional control intersect. Josewski et al. (2023) note that dominant social determinants frameworks remain colonial precisely because they fail to reckon with land and place, stating that such models "do not ultimately reckon with ecological, environmental, place-based, or geographic determinants of health in colonial states that continue to occupy stolen land" (p. 2). Read through this lens, the artworks situate psychiatric distress within spatial histories of occupation, removal, and containment, revealing how wellness and suffering are shaped by where one is placed and displaced.

These place-based dynamics are inseparable from carceral and gendered forms of regulation. Feminist criminology clarifies how psychiatric and legal systems overlap, producing gendered assessments of credibility, risk, and deservingness. Balfour (2008) demonstrates how a "victimization-criminalization continuum… situated in historical, cultural, economic, and political practices" denies Aboriginal women "dignity and respect, autonomy, and self-determination" (p. 105), while legal strategies often fail to connect women's actions to "the conditions of their endangerment" (p. 113). Drever (2021) states that Indigenous women are "not afforded dignity as human beings” (p. 2) and that their “lived experiences… are not considered” as colonial stereotypes continue to shape institutional narratives (p. 2). Together, I read these analyses as identifying gendered disposability as a structuring logic through which some lives are rendered grievable and others normalized as expendable. Within the collages, institutional architecture, surveillance imagery, and repeated pathways materialize these logics, showing how spatial organization itself participates in disciplining bodies and emotions.

Historical scholarship further grounds this analysis by demonstrating how psychiatric institutions function as colonial sites of forgetting. Reaume (2010) documents how patient lives, particularly those of racialized, and marginalized people, were routinely excluded from official records, arguing that institutional histories are marked by “systematic silences” that erase suffering, resistance, and presence (pp. 6–8). By returning to these sites through walking, witnessing, and artistic reconstruction, I use this work to refuse institutional erasure and reposition place as a contested archive. Together, these findings show how psychiatric power is inseparable from colonial geographies and carceral logics, shaping whose suffering is recognized, whose is managed, and whose is rendered invisible (Balfour, 2008; Reaume, 2010; Drever, 2021).

Contributions to Disability Studies and Arts-Based Research

This study contributes methodologically to disability studies and arts-based research by demonstrating how multimodal counter-archives, specifically collage paired with narrative writing, can meet standards of rigor while making visible affective atmospheres and power relations that conventional qualitative methods often miss. As Adams et al. (2022) write, autoethnographic and arts-based methods do not merely represent experience but “treat lived experience as a primary source of theory” (p. 21), allowing research to remain with ambiguity, embodiment, and relational complexity. Douglas and Holman Jones (2022) emphasizes that multimodal inquiry enables researchers to “stay with affect, ambiguity, and partial knowledge rather than resolving experience into coherence” (pp. 20–22). In this project, collage and writing function together as analytic modes, surfacing surveillance, haunting, and multiplicity as lived conditions rather than abstract themes.

Substantively, the study reframes psychiatric experience by situating distress and survival within family histories, places, and colonial infrastructures rather than reducing them to individualized pathology. This approach aligns with critical mental health scholarship that challenges psychocentric explanations of distress. Rimke (2016) notes that contemporary psychiatric frameworks frequently obscure social injustice by locating suffering within individuals, noting that “what appears personal is socially proscribed and tied to systems of valuation, judgment, and regulation” (p. 11). Weitz and Burstow (1998) state that psychiatric intervention operates as a form of social control in which “behavioural control and control is the name of the game” and “the ‘treatment’ itself… poses the major obstacle or threat to people’s aspirations, health and integrity” (p. 26). They further observe that “the hospital… turns out to be as much a prison as a madhouse” (Weitz and Burstow, 1998, p. 24). By embedding psychiatric encounters within intergenerational memory, institutional architecture, and everyday family life, this study foregrounds complexity, contradiction, and structural abandonment over diagnostic clarity.

The findings also make a significant intergenerational contribution by tracing how roles, narratives, and expectations reverberate across time, linking personal memory to historical institutions. Reaume (2010) documents how patients’ lives were routinely excluded from official psychiatric records, arguing that “patients’ experiences were fragmented or erased” within institutional archives (p. 7). By treating collage and writing as counter-archival practices, this project participates in the recovery of lived histories that resist institutional forgetting.

Finally, the study advances disability justice scholarship by treating ritual, humor, and style as legitimate forms of defiance and narrative sovereignty. As Piepzna-Samarasinha (2018) insists, “survival is a form of knowledge” (p. 69), and creative practices such as ritual, adornment, and storytelling are not aesthetic excesses but necessary technologies of survival. In reclaiming these practices, the project extends disability-justice accounts of creative resistance and affirms the epistemic value of embodied, relational, and imaginative knowledge.

Implications for Practice

Implications for Families

Through this research, care and control have been identified as frequently co-existing within family systems, particularly when psychiatric labels are involved. Protective intentions can unintentionally reproduce paternalism when “safety” overrides the disabled person’s expressed wishes. As Kilty and Dej (2018) write, psychiatric governance increasingly operates through informal, relational mechanisms that draw loved ones into the work of monitoring and compliance, effectively “containing madness” through everyday supervision and boundary enforcement. When families internalize institutional risk frameworks, care can become reorganized around assessment and surveillance rather than mutual support.

Rimke (2018) similarly notes that contemporary psychiatric governance extends through “social systems of valuation, imposition, judgement, and regulation” (p. 9), shaping how distress is interpreted within domestic life. Under these conditions, well-intentioned protection may reinscribe psychiatric authority in intimate spaces, positioning disabled family members as risks to be managed rather than agents to be supported.

Family systems scholarship further clarifies how these dynamics become recursive over time. Miklowitz (2004) reminds us that “illness is deeply embedded in the social world” (p. 667), and that family responses to psychiatric symptoms can “have recursive effects on the developmental course of the illness once manifest” (p. 683). Farrell and Krahn (2014) add that caregiving practices are shaped by broader deficit and risk narratives that families often absorb, reorganizing roles around supervision and gatekeeping. Intergenerational histories of shame, institutionalization, or fear may therefore structure present-day decisions about autonomy in ways that feel protective but function restrictively.

From this perspective, sustaining relational autonomy requires intentional disruption of these patterns. Mingus (2011) calls for “chang[ing] the framework, not just the inclusion of who is in the frame” (para. 4), moving beyond paternalistic inclusion toward collective accountability and interdependence. In her later writing, she defines “access intimacy” as “that elusive, hard to describe feeling when someone else ‘gets’ your access needs” (Mingus, 2017, para. 3), framing relational knowing as grounded in trust rather than surveillance. Families can cultivate this form of relational autonomy by supporting collaborative decision-making, honoring boundaries, and valuing ritual, creative expression, and spiritual practice as legitimate forms of meaning-making rather than symptoms to be managed. In doing so, care shifts from regulation toward shared responsibility, dignity, and mutual recognition.

Implications for Therapists and Mental Health Practitioners

Therapeutic encounters are not neutral; they are shaped by surveillance dynamics that extend beyond formal institutions into everyday clinical practice. Critical disability scholarship demonstrates how assessment, documentation, and risk management can reproduce governance even within ostensibly supportive settings, positioning clinicians as monitors as well as helpers (Kilty & Dej, 2018). When care becomes organized around liability, compliance, and documentation, the therapeutic relationship risks mirroring the same logics of containment it seeks to alleviate.

For this reason, I see practitioners as being called to make power visible rather than implicit. Naming the asymmetries of observation, diagnosis, and record-keeping can interrupt their silent authority and create space for negotiation. Sins Invalid (2016) cautions against disability frameworks that center only those who can access legitimacy through rights-based or institutional recognition, urging instead a justice orientation that prioritizes those most impacted by ableism. Applied clinically, this means that therapists must resist privileging biomedical coherence over lived complexity and remain accountable to clients' interpretive frameworks.

Centering narrative sovereignty offers a key corrective. Rather than imposing diagnostic scripts, there is value in practitioners inviting clients to retain authorship over their own meaning-making, including spiritual, symbolic, and creative languages that fall outside biomedical norms. Rimke (2018) reminds us that distress is interpreted within "social systems of valuation, imposition, judgement, and regulation," making it crucial that therapy not simply reinscribe those valuations. Collaborative practices, such as revisiting case notes together, co-constructing formulations, and integrating creative modalities, can shift therapy from assessment toward shared inquiry.

Working systemically is equally essential. Interpersonal theory emphasizes that personality is constituted relationally; as Sullivan (2024) defined it, personality is “the relatively enduring pattern of recurrent interpersonal situations which characterize a human life” (p. 32). I understand distress, therefore, as not reducible to intrapsychic malfunction but as something that must be understood within relational climates shaped by anxiety, tenderness, and power. Miklowitz (2004) demonstrates that family responses to psychiatric symptoms can have recursive effects on the course of illness, underscoring the necessity of addressing relational patterns rather than focusing solely on symptom management.

In this context, therapists should remain attentive to how family involvement can either support or undermine autonomy, particularly when “help” becomes conditional or infused with aversive ableism. By foregrounding relational autonomy, therapy can move beyond individual symptom stabilization toward practices that cultivate shared responsibility, mutual recognition, and non-coercive support. In this model, the clinician is not the arbiter of coherence but a participant in relational repair, working to reduce anxiety without intensifying surveillance.

Implications for Educators

Educational spaces play a powerful role in shaping how psychiatric and disability experiences are understood. Disability studies scholarship insists that distress be taught as historically and relationally situated rather than framed as individual deficit. As Goodley (2014) writes, “disability disturbs the smooth narratives of autonomy, coherence and independence that underpin much psychological and social theory” (p. 3), reminding educators that disabled experience cannot be reduced to pathology or personal failure. Reaume (2010) states that psychiatric histories are marked by “systematic silences” in which patients’ lives were fragmented or erased (pp. 6–8). Integrating institutional histories, family systems, and carceral contexts into curriculum allows students to situate psychiatric experience within power, place, and social regulation rather than individualized dysfunction.

Arts-based pedagogies offer practical tools for engaging this complexity. Adams et al. (2022) emphasize that stories are “ways of knowing and making sense of the world” (p. 9), while arts-based inquiry allows affective and fragmented knowledge to remain visible without premature closure. Creative modalities such as collage and narrative writing can assist in enabling students to work with contradiction, ambiguity, and atmosphere, particularly when linear academic forms cannot fully contain lived experience. Such approaches challenge dominant pedagogical norms that privilege coherence and productivity over embodiment and relational knowing.

Disability justice pedagogy extends this reframing by insisting that access is not merely technical compliance but relational transformation. As Piepzna-Samarasinha (2018) asks, “If collective access is revolutionary love without charity, how do we learn to love each other?” (p. 16). Teaching disability justice therefore involves more than providing accommodations; it requires building cultures of interdependence, accountability, and shared care. Sins Invalid (2016) positions disability justice as rooted in intersectionality and collective liberation rather than individual rights frameworks. Within educational settings, I understand this as recognizing creative, spiritual, and embodied practices as legitimate forms of knowledge production rather than distractions from academic rigor.

Advocating for arts-based and disability justice pedagogies affirms that creativity, ritual, symbolic expression, and interdependence are not peripheral to learning but central to how marginalized students theorize, survive, and produce knowledge. When educators foreground these approaches, they not only reduce stigma but actively expand what counts as scholarship, authority, and intellectual contribution.

Implications for Advocates and Community Workers

From this research, advocacy must attend to the harms of coercive care models and the urgent need for independent accountability mechanisms within mental health systems. Balfour (2008) demonstrates how women can “fall between the cracks of zero tolerance and restorative justice” (p. 102), becoming both severely victimized and coercively punished within overlapping legal and social systems. Psychiatric and criminal justice responses often converge around containment rather than safety, particularly in moments of crisis when autonomy is most vulnerable. Survivor scholarship has long argued that psychiatric power operates through behavioural control and forced treatment, where “‘treatment’ itself… poses the major obstacle or threat to people’s aspirations, health and integrity” (Burstow & Weitz, 1998, p. 26). As Shrink Resistant asserts, those labeled “mentally ill” must “reclaim their human right to name the world” (p. 22), challenging diagnostic regimes that override lived meaning.

Advocates and community workers need to promote policies that prioritize non-coercive care, transparency, and independent complaint and appeal processes, ensuring that disabled people retain avenues for redress when care becomes controlling or harmful. Such efforts require recognizing what Balfour (2008) calls the “victimization-criminalization continuum” (p. 105), where experiences of violence and institutional punishment are structurally intertwined rather than separate.

Defending spiritual and cultural practices from pathologization is essential to ethical advocacy. Sussman (2015) shows how psychiatric discourse has historically reinterpreted alternative beliefs and behaviors as symptoms requiring regulation, reinforcing institutional authority through narrative control. Rimke (2018) notes that contemporary psychiatric frameworks operate through "responsibilization," positioning individuals as accountable for managing their own risk within systems that remain structurally unequal. Community workers can counter these logics by affirming land-based, spiritual, and collective healing practices as legitimate supports rather than liabilities, particularly for individuals and communities shaped by colonial surveillance and institutional harm.

Finally, peer-led and disability-justice-informed spaces offer concrete alternatives to institutional models of care. Disability justice frameworks insist that sustainability and liberation emerge from collective practice rather than individual compliance. As Piepzna-Samarasinha (2018) writes, "We deserve nothing less" than movements that center disabled, working-class, and racialized survival strategies (p. 88). Sins Invalid (2016) likewise positions disability justice as rooted in intersectionality and collective liberation, centering "disabled people of color and of queer, and gender non-conforming disabled people" (p. 13) and critiquing a movement that "centers people who can achieve rights and access through a legal or rights-based framework" (p. 11). Resourcing, protecting, and legitimizing peer-led spaces is therefore not supplemental advocacy but foundational. These spaces cultivate narrative sovereignty, mutual accountability, and survival practices outside coercive clinical logics, modeling what non-coercive care can look like in practice: relational, accountable, and grounded in disabled people's own expertise.

Methodological Reflexivity and Limitations

As a single-subject, arts-based autoethnography, this study aims for transferability rather than statistical generalization. Knowledge in this project as produced through depth, relational specificity, and theoretical resonance rather than representativeness. Within interpretivist and critical disability traditions, my proximity to the material is not a methodological weakness but a constitutive feature of meaning-making. As Adams et al. (2022) emphasize, autoethnography "treats lived experience as a legitimate and necessary source of knowledge," positioning the researcher's embodied and affective involvement as central rather than contaminating (p. 21). In this sense, I do not bracket out subjectivity; instead, I make it visible and accountable.

At the same time, my close proximity to the data requires explicit and sustained reflexivity. Throughout this project, I used reflexive field journaling and analytical data tracking to trace shifts in interpretation, affective response, and theoretical framing over time. These practices align with Braun and Clarke's (2006, 2019) articulation of reflexive thematic analysis, which understands meaning as actively produced through the researcher's engagement with the data rather than passively "found." Byrne (2022) further confirms that rigor in arts-based research emerges through transparency about how interpretations evolve, noting that reflexivity involves "making visible the decisions, emotions, and positionalities that shape analytic choices" rather than striving for interpretive neutrality.

A further limitation—though also a methodological strength—of this study lies in the open-ended nature of visual symbolism. In my work, collage, tarot imagery, and surreal motifs resist singular or uniform interpretation; meanings remain relational, layered, and contingent. Rather than attempting to stabilize symbols into fixed codes, I addressed this indeterminacy by pairing visual works with narrative writing and anchoring interpretation within established theoretical lenses drawn from disability studies, feminist theory, family systems theory, and mad studies. As Adams et al. (2022) note, arts-based autoethnography values ambiguity, arguing that creative work "invites readers into meaning-making rather than delivering final explanations" (p. 67). In this project, I locate rigor not in interpretive closure, but in iterative, theoretically grounded sense-making that honors affect, contradiction, and multiplicity.

Collectively, these reflexive strategies follow best-practice recommendations in arts-based and autoethnographic research, which identify transparency, affect tracking, and iterative analysis as markers of methodological integrity rather than threats to validity (Adams et al., 2022; Byrne, 2022). While I do not intend the findings to be universally generalizable, they offer analytically transferable insights into how psychiatric power, family systems, and creative resistance are lived, remembered, and reassembled, demonstrating the unique contributions that arts-based autoethnography can make to disability scholarship.

Implications for Future Research

Given the findings of this study, I identify several focused directions for future research. First, the themes of *Autonomy Under Siege*, *The Psychiatric Gaze*, and *Intimate Ruptures* suggest the value of comparative or dialogic autoethnographies conducted alongside other disabled researchers. Through such work, there is potential to examine how relational autonomy is negotiated across differing family systems, psychiatric trajectories, and geographic contexts, allowing for analytic comparison while preserving depth and first-person knowledge. As Adams et al. (2022) remind us, “autoethnography does not seek a singular truth but offers layered, partial, and situated accounts of experience” (p. 23). Collaborative inquiry would therefore extend rather than dilute the epistemic commitments of this study.

Second, my identification of collage and narrative writing as counter-archival practices invites further participatory, community-led arts research. There are opportunities for co-created visual and narrative projects to extend the exploration of *Ancestral Echoes* and *Haunted Places*, generating collective archives that trace how psychiatric governance and intergenerational narratives reverberate across communities rather than within single lives. Such work directly responds to what Reaume (2010) describes as the "systematic silences" embedded within institutional memory (p. 6), expanding counter-archival practices that restore lived complexity to histories of psychiatric containment.

Third, my findings highlight the need for translational research that examines how non-coercive care might be operationalized in practice. Building on themes of conditional autonomy and relational surveillance, I suggest that future studies could pilot and evaluate co-designed protocols for family involvement during crisis, as well as arts-based supports within inpatient and community mental health settings. Rimke (2018) cautions that distress is frequently interpreted within "social systems of valuation, imposition, judgement, and regulation" (p. 9), underscoring the urgency of developing care models that interrupt rather than reproduce these governing frameworks.

Finally, my attention to colonial geographies and institutional haunting underscores the importance of place-attuned mental health research. There is much value in investigations that explicitly integrate land, institutional history, and spatial memory into program design and evaluation, further challenging individualizing models of distress and extending critical disability and mad studies scholarship into applied contexts. As Josewski et al. (2023) describe dominant health frameworks often "do not ultimately reckon with ecological, environmental, place-based, or geographic determinants of health in colonial states" (p. 2). Place-attuned research would therefore move beyond abstract social determinants toward materially and historically grounded approaches to mental health.

Conclusion

Revisiting my research questions, assisted with my understanding of autonomy not as something I possess, but as something I live within; relational, negotiated, and historically situated. It has been shaped through my experiences within family systems, encounters with psychiatric power, and the spaces and places that hold these interactions.

Through this process, and in reflecting within the contexts of feminist disability justice, critical disability studies, family systems theory, and mad scholarship, I came to see more clearly how care and control coexist within my relationships, how surveillance becomes internalized through intimacy, and how my sense of self has been formed through these ongoing exchanges. Across the case studies, creative expression allowed me to encounter the weight of the psychiatric and familial gaze, the persistence of intergenerational and institutional presences, and the multiplicity of self I carry in response to these conditions. Fragmentation, often pathologized, emerged instead as a necessary and adaptive way of holding complexity. I did not move toward coherence, but toward recognition, with an understanding that multiple, sometimes conflicting, versions of self can coexist.

The creative process was central to this understanding. It required me to engage memory not as a fixed record, but as shifting, layered, and relational. I sat within discomfort, followed images and feelings that did not immediately make sense, and allowed meaning to emerge through repetition, symbolism, and juxtaposition. In this way, the methodology was not separate from the findings; it was the condition through which they became visible.

This study also clarifies the study's broader contributions. Chapter 3 established a relational and power-attuned theoretical framework; Chapter 4 detailed the methodological process; Chapter

5 presented the narrative–collage pairs as multimodal expressions of lived experience; Chapter 6 synthesized seven interconnected themes; and this chapter has situated those findings within wider scholarly conversations in disability justice, feminist theory, and critical psychiatry.

This work advances a justice-oriented understanding of psychiatric disability—one that refuses reduction to pathology, foregrounds lived and creative knowledge, and insists on forms of care that do not rely on coercion. Through this process, I have not only analyzed these dynamics, but documented them, producing a record that holds what is often left out: the affective, relational, and symbolic dimensions of disabled life. In doing so, this research affirms that knowledge does not only reside in analysis, but in the act of making and in the insistence that lived experience, in all its complexity, is both valid and necessary as a site of theory.

Chapter 8: Conclusion

Introduction

This thesis, *Tracing Memory, Assembling Self: Disability, Family Systems, and Autonomy*, has explored how disabled individuals, particularly those with psychiatric disabilities experience autonomy, identity, and belonging within the shifting terrain of family systems, interpersonal relationships, and institutional power. Through autoethnography and arts-based methods, this project centers lived experience as both method and knowledge, challenging frameworks that speak about disabled people rather than with or from them.

Grounded in Family Systems Theory, Interpersonal Theory, Critical disability studies, and Feminist disability studies, the research interrogated how familial expectations, gendered histories, psychiatric control, and cultural narratives shape disabled subjectivity across time. Through twelve narrative and visual case studies, it illuminated how memory is layered, fragmented, relational and how autonomy is forged not in isolation, but through ongoing negotiation with care, power, and history.

Summary of Findings

The reflexive thematic analysis identified seven interconnected themes—Autonomy Under Siege, The Psychiatric Gaze, Ancestral Echoes, Witchcraft and Reclamation, Intimate Ruptures, Haunted Places, and Fragmented Selves—that collectively illuminate how identity, memory, and power are negotiated within family systems, psychiatric discourse, and intimate relationships. Across the dataset, autonomy does not appear as a stable possession or individual trait but is mediated through relational expectations, institutional surveillance, and intergenerational narratives. These findings echo critical disability scholarship demonstrating that “psychocentrism is itself a form of social injustice, where individual reformation rather than social and economic justice is promoted” (Rimke, 2016, p. 5) and that distress is produced within “societies built on systemic social inequalities” (p. 5). As Kilty and Dej (2018) further demonstrate, assessments of “insight” and “judgment” are “fundamental to the extent to which patients are granted control over their own treatment” (p. 25), revealing how autonomy is conditionally distributed within networks of care, control, and governance.

The theme of Autonomy Under Siege further demonstrates how familial and psychiatric systems frequently frame intervention as protection while simultaneously constraining self-determination. Within these systems, care can operate as a disciplinary force that governs bodies through “responsibilization” and normalization rather than relational solidarity.

The Psychiatric Gaze illustrates how surveillance, documentation, and diagnostic classification shape subjectivity. As Foucault (1973) describes, the medical gaze transforms lived experience into a “case,” producing identities through observation and categorization. The collages’ recurring visual motifs—grids, watchers, measurement tools, institutional architecture—materialize this ambient surveillance and its internalization within intimate life.

Themes of Ancestral Echoes and Haunted Places reveal how institutional memory and colonial geographies linger within family systems and psychic landscapes. Drawing on Reaume’s (2010) writing psychiatric institutions function as enduring landscapes of containment and forgetting, the findings demonstrate how spaces retain affective and political residue long after formal confinement ends. These hauntings are not metaphorical alone; they are material and intergenerational, shaping how risk, responsibility, and silence are distributed across families.

Intimate Ruptures exposes the ambivalence of care within romantic and familial bonds. Protection and harm coexist within the same relational frame, reflecting what Balfour (2008) identifies as gendered moral regulation in which women's distress is scrutinized and judged through narrow standards of victimhood and respectability. Such dynamics mirror what Friedman (2018) terms *aversive ableism*: harm enacted through benevolent intent, where care becomes paternalistic precisely because it is framed as help. Across the data, protection frequently masks coercion, and safety is mobilized as justification for diminished autonomy.

The theme of Witchcraft and Reclamation foregrounds spiritual, creative, and symbolic practices as epistemic resistance. Tarot, ritual, and collage function not as symptoms but as counter-archives—sites of self-authorship that reclaim meaning from clinical regimes. This finding resonates with Rimke's (2016) critique of psychocentric reductionism and with disability justice scholarship that situates embodied, non-linear knowledge as legitimate epistemology (*Sins Invalid*, 2016).

Finally, Fragmented Selves reframes identity not as pathological instability but as adaptive multiplicity under conditions of surveillance and expectation. Rather than signaling deficiency, fragmentation emerges as a strategy of survival within systems that demand coherence, compliance, and legibility. This interpretation challenges individualized deficit models and aligns with critical disability perspectives that conceptualize identity as relational, situated, and politically shaped.

Together, the findings of this study affirm that autonomy is neither independence nor isolation, but a relational practice enacted within networks of dependency, history, and power. As Kittay (2020) notes, autonomy must be understood within the "inescapable facts of human dependency" (p. 55), where care relationships can either sustain agency or undermine it depending on how authority and responsibility are distributed.

The works analyzed throughout this thesis demonstrate that psychiatric disability unfolds within precisely these relational terrains including familial, institutional, colonial, and intimate; where care and coercion often coexist. By mobilizing collage and narrative writing as counter-archival practices, this project traces how disabled people negotiate identity under surveillance while reclaiming creative, spiritual, and relational ways of knowing. Ultimately, the study contributes to disability scholarship by insisting that autonomy is not secured through detachment from others, but through the reconfiguration of care itself—toward forms that are accountable, non-coercive, and grounded in collective memory and interdependence.

Limitations of the Study

This study is a single-subject, arts-based autoethnography grounded in situated and embodied experience. It does not aim for statistical generalization but instead offers thick description and theoretically informed interpretation of how psychiatric disability, family systems, and creative practice intersect. As with all autoethnographic inquiry, the researcher's positionality shapes both what is remembered and how it is rendered meaningful. As a white settler, femme-presenting person living with psychiatric disability, my social location informs the analytic lens and necessarily limits the range of experiences represented. Intersections of Indigeneity, race, migration, class, and other positionalities are acknowledged but not fully explored here, marking important areas for future research rather than absences to be resolved within this single project.

The fluidity of memory constitutes a further limitation. The narratives and collages examined are not archival records, but affective reconstructions shaped by time, reflection, and creative process. Memory in this study is understood as relational and interpretive rather than fixed; the works capture experiential truth rather than chronological precision. While this approach foregrounds emotional and relational accuracy, it also identifies that meaning remains contingent and open to revision. Interpretations may shift across contexts, and the archive assembled here is partial by design.

Finally, although family members and intimate partners are central to the narratives analyzed, their perspectives were not directly solicited as data. Their presence appears relationally; through the narrator's embodied experience of interaction, care, rupture, and surveillance; rather than through multi-voiced triangulation. This decision was guided by ethical considerations, narrative sovereignty, and the methodological commitments of feminist and disability scholarship, which resist extractive representation and totalizing claims. At the same time, the absence of multiple perspectives limits the ability to examine relational dynamics through competing or corroborating accounts. The findings therefore illuminate how these relationships are lived and interpreted from within, rather than offering an externally verified reconstruction of events.

Taken together, these limitations do not undermine the study's contributions but clarify its scope: a deeply situated, theoretically grounded exploration of relational autonomy and psychiatric governance as lived through one embodied archive.

Reflections on the Researcher's Process

This work was not merely intellectual; it was an exercise in sustained vulnerability. Creating and analyzing the collages required returning to spaces I had once survived by leaving; psychiatric wards, family ruptures, inherited silences. Re-entering these terrains did not produce resolution so much as exposure. Memory surfaced unevenly: partial, affective, sometimes resistant. Artmaking did not erase what had happened, but it altered my relationship to it. Trauma shifted from something fixed and enclosing to something I could cut, layer, rearrange, and reinterpret.

Throughout the process, I occupied multiple positions at once: subject and analyst, witness and constructor, vulnerable body and critical theorist. The boundary between scholarship and lived experience did not dissolve so much as thin. Autoethnography became not only a research method but a practice of endurance, with an admittedly ongoing negotiation between disclosure and protection. The work revealed how care and control are often indistinguishable in lived experience, and how confrontation frequently takes subtle forms: aesthetic choices, refusals, re-naming's, and the quiet insistence on narrative sovereignty. Rather than mastery over memory, the process required sitting with instability and holding contradiction without closure while allowing vulnerability to remain visible within the analytic frame.

Recommendations for Future Research and Practice

This thesis contributes to arts-based disability scholarship by positioning memory, creative practice, and symbolic expression as rigorous forms of knowledge production rather than illustrative supplements. Building on this foundation, future research could move beyond the single-subject frame through collaborative or dialogic autoethnographies that foreground interdependence, relational autonomy, and collective voice. Such work would enable comparative exploration of how family systems, psychiatric encounters, and creative survival strategies unfold across differing social locations, while preserving the depth and situated knowledge central to autoethnographic inquiry.

Further research is needed to examine how psychiatric disability intersects with race, Indigeneity, migration, and colonial histories. As *Sins Invalid* (2016) reminds us, “all bodies are caught in the bindings of ability, race, class, gender,” underscoring that disability cannot be disentangled from broader systems of power and dispossession. Attention to land-based trauma, racialized institutional responses, and differential recognition of distress would deepen understanding of how family systems and psychiatric infrastructures are structured by uneven distributions of authority and legitimacy. Integrating creative practices including mediums such as collage, writing, ritual prompts, and visual storytelling into clinical, educational, and community contexts may also offer practical pathways for self-advocacy, therapeutic reframing, and the development of non-coercive models of care grounded in relational accountability.

Future projects might additionally explore transgenerational storytelling as a method for tracing how narratives of disability are transmitted, silenced, resisted, and reconfigured over time. Expanding dissemination beyond academic formats—through digital zines, exhibitions, community archives, and other public-facing platforms—would extend counter-archival practices into broader cultural spaces. Such efforts respond directly to what Reaume (2010) identifies as the “systematic silences” embedded within institutional memory (p. 6), working to ensure that disabled lives are neither erased nor reduced to diagnostic record. In this way, disabled knowledge emerges not solely as scholarly contribution but as a living, collective resource capable of reshaping how care, memory, and autonomy are imagined and enacted.

Final Thoughts

This project began with questions about disability, family, and autonomy. It became an inquiry into how care, memory, and power circulate within intimate life. Across narratives and collages, I traced the subtle ways in which protection becomes regulation, how safety can slide into surveillance, and how love can coexist with constraint. What is often named as help may also carry expectations of compliance; what is framed as concern can reshape identity through monitoring, silence, and moral judgment. These dynamics rarely announce themselves as coercion. They are woven into ordinary gestures, everyday language, and inherited narratives.

Throughout this thesis, autonomy emerged not as a possession but as a practice; something that is relational, contingent, and continually negotiated. Family systems, psychiatric discourse, and institutional memory do not simply surround disabled lives; they participate in their formation. The works analyzed here show how these forces become internalized, resisted, reframed, and sometimes re-authored through creative practice. In this way, artmaking was not an embellishment of research but a method for encountering what resists linear explanation: atmosphere, contradiction, longing, ambivalence.

Autoethnography made it possible to hold vulnerability without resolving it. Rather than presenting a singular truth, the creative archive assembled here sustains multiplicity. Collage allowed fragmentation to remain visible; narrative writing permitted affect to surface without closure. Together, they refused the demand for coherence that often structures psychiatric and academic narratives. What appears fractured within institutional logic may instead be adaptive, strategic, and alive.

Creative practice within this project also functioned as a form of storytelling that repositions the disabled self. By returning to moments of hospitalization, intergenerational institutionalization, and the uneven valuations of lives within psychiatric systems, I was able to re-enter experiences that were once defined through surveillance, diagnosis, and external authority.

Through collage and writing, these moments were not only remembered but reinterpreted. What had been framed through deficit or risk was reworked as insight, resistance, and continuity. This process reflects the shift I identified earlier in this work: from being positioned as a patient within psychiatric systems to becoming a researcher and storyteller of those same experiences. In this way, creative practice became a site of empowerment, allowing me to reconstruct self-concept outside of the confines of biomedical and colonial narratives, while still acknowledging the material realities of those systems.

This return to personal context also reaffirms how these experiences are not isolated but situated within broader historical and colonial structures. The disparities I witnessed within psychiatric care, particularly in relation to Indigenous women, remain part of the ethical and analytical grounding of this work. By bringing these experiences into creative and analytical form, the project resists the silence that often surrounds them, positioning storytelling as both a method of inquiry and a form of accountability.

This work also affirms that disabled memory is not merely personal experience, but analytical. Creative practice becomes a way of thinking with experience rather than explaining it away. In reclaiming ritual, symbolism, and aesthetic refusal, the thesis resists reducing disability to diagnosis, risk, or outcome. It insists that knowledge is produced not only in policy, clinic, or theory, but in the layered negotiations of everyday survival.

The project does not conclude with resolution. Autonomy remains unstable because it is relational; care remains complex because it is embedded in power; identity remains multiple because it is formed in context. Through this process, I gave myself permission to name what had previously felt difficult to acknowledge about others, and to recognize the ways in which certain relationships, spaces, and conditions required me to diminish myself in order to remain. Liberating myself from these constraints was not an act of withdrawal, but of survival; an ongoing practice of choosing myself within systems that have sought to contain or erase me.

References

Adams, T. E., Holman Jones, S., & Ellis, C. (Eds.). (2022). *Handbook of autoethnography* (2nd ed.). Routledge. https://doi.org/10.4324/9780429431760

Adu, J., Oudshoorn, A., Anderson, K., Marshall, C. A., & Stuart, H. (2024). Negotiating familial mental illness stigma: The role of family members of persons living with mental illnesses. *PLOS ONE, 19*(9), e0311170. https://doi.org/10.1371/journal.pone.0311170

Balfour, G. (2008). *Falling between the cracks of retributive and restorative justice: The victimization and punishment of Aboriginal women.* Feminist Criminology, 3(2), 101–120.

Berne, P. (2015). Disability justice: A working draft by Patty Berne. *Sins Invalid.* https://sinsinprocess.squarespace.com/blog/disability-justice-a-working-draft-by-patty-berne

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Burstow, B., & Weitz, D. (Eds.). (1998). *Shrink resistant: The struggle against psychiatry in Canada*. New Star Books.

Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity, 56*(3), 1391–1412. https://doi.org/10.1007/s11135-021-01182-y

Dej, E., & Kilty, J. M. (2018). Transcarceral disruptions: Resisting the carceral continuum. *Punishment & Society, 20*(4), 431–448. https://doi.org/10.1177/1462474517721480

Douglas, K., & Holman Jones, S. (2022). Artful autoethnography. In T. E. Adams, S. Holman Jones, & C. Ellis (Eds.), *Handbook of autoethnography* (2nd ed., pp. 19–36). Routledge. https://doi.org/10.4324/9780429431760

Drapeau, A., Beaulieu-Prévost, D., Marchand, A., Boyer, R., Préville, M., & Kairouz, S. (2010). A life-course and time perspective on the construct validity of psychological distress in women and men: Measurement invariance of the K6 across gender. *BMC Medical Research Methodology, 10*, Article 68. https://doi.org/10.1186/1471-2288-10-68

Drever, M. (2021). *The gendered disposability of Indigenous women across time and space* (Unpublished manuscript). University of Alberta.

Farrell, A. F., & Krahn, G. L. (2014). Family life goes on: Disability in contemporary families. *Family Relations, 63*(1), 1–6. https://doi.org/10.1111/fare.12053

Fink, M. (2022). *Archetypal tarot: Mapping the unconscious through imagery.* Inner Traditions.

Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception.* Vintage Books.

Friedman, C. (2018). Aversive ableism: Modern prejudice towards disabled people. *Review of Disability Studies: An International Journal, 14*(4), 1–15.

Friedman, C. (2019). Mapping ableism: A two-dimensional model of explicit and implicit disability attitudes. *Canadian Journal of Disability Studies, 8*(3), 95–125. https://doi.org/10.15353/cjds.v8i3.463

Garland-Thomson, R. (2002). Integrating disability, transforming feminist theory. *NWSA Journal, 14*(3), 1–32.

Goodley, D. (2014). *Dis/ability studies: Theorising disablism and ableism.* Routledge.

Jack, C. (2008). *Individuals, communities and institutions: Locating the insane in nineteenth century Canada* (Master's thesis, University of Guelph). Library and Archives Canada.

Jacob, J. D., Holmes, D., & Buus, N. (2018). "This is not a prison!": The spaces of mental health nursing. *Nursing Inquiry, 25*(1), e12202. https://doi.org/10.1111/nin.12202

Josewski, V., de Leeuw, S., & Greenwood, M. (2023). *Grounding wellness: Coloniality, placeism, land, and a critique of "social" determinants of Indigenous mental health in the Canadian context*. *International Journal of Environmental Research and Public Health, 20*(5), 4319. https://doi.org/10.3390/ijerph20054319

Kilty, J. M., & Dej, E. (2018). *Containing madness: Gender, incarceration, and mental health*. Fernwood Publishing.

Kirkup, K. (2018). Gendered surveillance in carceral psychiatry. *Canadian Journal of Law and Society, 33*(3), 367–389.

Kittay, E. F. (2020). *Love's labor: Essays on women, equality, and dependency* (2nd ed.). Routledge.

Levack, B. P. (Ed.). (2001). *New perspectives on witchcraft, magic and demonology: Vol. 4. Gender and witchcraft*. Routledge.

Liu, W., Guo, J., & Li, H. (2024). Using artworks to understand human memory and its neural mechanisms. *New Ideas in Psychology, 74*, 101095. https://doi.org/10.1016/j.newideapsych.2024.101095

Mauer, B. J. (2005). The epistemology of Cindy Sherman: A research method for media and cultural studies. *Mosaic: A Journal for the Interdisciplinary Study of Literature, 38*(1), 1–16.

Mauer, B. J. (2006, February). *Behavioral health/primary care integration: The four quadrant model and evidence-based practices* (Revised February 2006). National Council for Community Behavioral Healthcare.

Miklowitz, D. J. (2004). The role of family systems in severe and recurrent psychiatric disorders: A developmental psychopathology view. *Development and Psychopathology, 16*(4), 667–688. https://doi.org/10.1017/S0954579404004729

Mingus, M. (2011, February 12). Changing the framework: Disability justice. *Leaving Evidence.* https://leavingevidence.wordpress.com/2011/02/12/changing-the-framework-disability-justice/

Mingus, M. (2017, April 12). Access intimacy, interdependence and disability justice. *Leaving Evidence.* https://leavingevidence.wordpress.com/2017/04/12/access-intimacy-interdependence-and-disability-justice/

Nicki, A. (2001). *The abused mind: Feminist theory, psychiatric disability, and trauma*. Hypatia, 16(4), 80–104. https://www.jstor.org/stable/3810784

Piepzna-Samarasinha, L. L. (2018). *Care work: Dreaming disability justice.* Arsenal Pulp Press.

Ratcliffe, M. (2013). Delusional atmosphere and the sense of unreality. In G. Stanghellini, T. Fuchs, T. Schwartz, & H. L. Vogeley (Eds.), *Oxford handbook of phenomenological psychopathology* (pp. 229–244). Oxford University Press. https://doi.org/10.1093/med/9780199609253.003.0015

Reaume, G. (2010). *Remembrance of patients past: Life at the Toronto Hospital for the Insane*. Oxford University Press.

Reinders, H. (2008). The transformation of human services. *Journal of Intellectual Disability Research, 52*(7), 564–572. https://doi.org/10.1111/j.1365-2788.2008.01079.x

Rimke, H. (2016). Mental and emotional distress as a social justice issue: Beyond psychocentrism. *Studies in Social Justice, 10*(1), 4–17.

Rimke, H. (2016). Psychocentrism and the construction of risk. *Health Sociology Review, 25*(1), 64–76. https://doi.org/10.1080/14461242.2015.1138264

Rimke, H. (2018). The pathological public sphere: Mental illness and exclusion in Canada. *Canadian Journal of Sociology, 43*(2), 95–124.

Rimke, H. (2018). *Sickening institutions: A feminist sociological analysis and critique of religion, medicine, and psychiatry*. In J. M. Kilty & E. Dej (Eds.), *Containing madness: Gender and "psy" in institutional contexts* (pp. 15–40). Palgrave Macmillan. https://doi.org/10.1007/978-3-319-89749-3_2

Rubinstein, D. (n.d.). *Techniques of the self: On the art of Cindy Sherman.* Retrieved May 13, 2025, from https://doi.org/10.1051/shsconf/202317402015

Semetsky, I. (2011). *Re-symbolizing tarot: Divination as semiotic and hermeneutic practice*. Springer.

Sins Invalid. (2016). *Skin, tooth, and bone: The basis of movement is our people—A disability justice primer.* Sins Invalid.

Sins Invalid. (2016). *Sins Invalid: An unshamed claim to beauty in the face of invisibility* [Film]. Sins Invalid.

Slaunwhite, A. K. (2015). The role of gender and income in predicting barriers to mental health care in Canada. *Community Mental Health Journal, 51*(6), 621–627. https://doi.org/10.1007/s10597-014-9814-8

Sosteric, M. (2014). *The social, political and religious symbolism of the Tarot.* Sociology.org.

Stefanovics, E. A., He, H., Cavalcanti, M., Neto, H., Ofori-Atta, A., Leddy, M., Ighodaro, A., & Rosenheck, R. (2016). Witchcraft and biopsychosocial causes of mental illness: Attitudes and beliefs about mental illness among health professionals in five countries. *Journal of*

Nervous and Mental Disease, 204(3), 169–174. https://doi.org/10.1097/NMD.0000000000000422

Sullivan, H. S. (2024). *The interpersonal theory of psychiatry.* Taylor & Francis. (Original work published 1953)

Sussman, S. (2015). A historical sketch of mental health services in Canada from the nineteenth century to community care. *International Journal of Behavioral Research & Psychology, 3*(5), 121–133. http://scidoc.org/IJBRP.php

Sylvester, C. (2025). *Dancing on the Ward at Victoria* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *Dancing on the Ward at Victoria* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *In Radisson I Watched You from the Window* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *In Radisson I Watched You from the Window* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *Knives on Grosvenor* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *Knives on Grosvenor* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *On Grosvenor After the Hospital* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *On Grosvenor After the Hospital* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *Stuck at Grandpa's House; Missing Grandma* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *Stuck at Grandpa's House; Missing Grandma* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *Sunflower Fields Were Not Forever* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *Sunflower Fields Were Not Forever* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *That Time I Wrote About the Ward on Facebook* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *That Time I Wrote About the Ward on Facebook* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *The Intervention at Granny's* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *The Intervention at Granny's* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *The Morning After on Rougeau* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *The Morning After on Rougeau* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *The Witch's Hut* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *The Witch's Hut* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *Walking the Grounds at Selkirk* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *Walking the Grounds at Selkirk* [Narrative]. Unpublished manuscript.

Sylvester, C. (2025). *Women at Work* [Photography mixed-media collage]. Unpublished artwork.

Sylvester, C. (2025). *Women at Work* [Narrative]. Unpublished manuscript.