

BOOK REVIEW/COMPTE RENDU

Erick Fabris, *Tranquil Prisons: Chemical Incarceration Under Community Treatment Orders*. Toronto: University of Toronto Press, 2011, \$27.95 paper (978-1-4426-1229-7), \$60.00 cloth (978-1-4426-4376-5), \$27.99 ebook (978-1-4426-9689-1).

Fabris expertly weaves a narrative of his own experiences with “mental illness” through this timely and thoughtful critique of the mental health system and Community Treatment Orders (CTOs). Community Treatment Orders have been legislated across Canada in one form or another since the mid-1990s and are agreements signed between a mental health patient and a physician that binds the patient to follow a specific treatment plan. This allows the patient to live in a community during the treatment process rather than be confined to a hospital. If the patient is found in violation of the CTO he or she can be apprehended and placed in a hospital or related institution. This is a gross oversimplification of how CTOs work and the conditions they impose, but will suffice for this discussion.

A great deal of published work on CTOs deals with their efficacy. These debates often reduce to squabbles over which methods are best for such an assessment (see the debate between Kisely and O'Reilly in the *Canadian Journal of Psychiatry*, 2006) with no clear conclusion. The debates also take for granted the meaning of concepts fundamental to the discussion. For example, proponents of the CTO often refer to it as “a least restrictive alternative” (p. 136) to institutionalization. Meanwhile, opponents typically muster around fears that CTOs will be used to force drugs on to individuals against their will, but this is often considered a rhetorical argument and countered by marshalling evidence of legislated protective mechanisms. Fabris questions what it means to be “restrictive,” to “institutionalize,” to “force,” or to “choose,” and whether legal mechanisms can in fact “protect” individuals. He addresses these issues in nine chapters which are broken down into subsections that make the discussion more structured and easy to follow.

Tranquil Prisons begins on a snowy street in Vancouver where Fabris is told by a baker to stand outside, away from the view of customers. An ambulance arrives. He is transported to an emergency ward and escorted to a private room. He is distracted, excited; he is close to the meaning of

things. He is transformed. He later finds himself bound by leather straps and a needle is injecting him with “burning pain” (p. 16). Eventually, he asks himself “what hit me?” This is the question that provided the impetus for this book and Fabris posits a number of possible stories that might explain what happened to him.

The first possibility is that no explanation will suffice, but Fabris finds that stories about his experiences and those of others are worth telling as they may at least help us understand this curious piece of human experience we call “madness.” Other possibilities include mental illness, psychological trauma, or that it was an experience of an unacceptable void within a social space that must always have an acceptable content. Lastly, Fabris poses the concept of *sanism* (p. 29), a hegemonic dividing of the social world into “mad” and “sound” that provides the grounds for sanctioning of particular human experience. For Fabris, recognizing this division is essential to accepting “mental exceptionality” (p. 31), raising “mad consciousness” (p. 32), and providing “mad spaces” (p. 184) for “mad identities” (p. 167). These concepts illustrate Fabris’ unique understanding of “mental illness” as an aspect of personal identity and valid human experience.

Though Fabris is critical of medicine, he does not attempt to convince the reader that medicine is wrong or bad, or deny that pharmaceutical treatment may be helpful for some people. Instead, he asks his readers to engage with and learn to accept the exceptional. Because our current explanations of madness do no justice, what we are left with are stories and, hopefully, understanding. His perspective refuses a dogmatism that would limit our imaginations and impede developing “A new social circle” that “might arise out of truly flexible and creative responses” (p. 199).

Imagining creative responses to experiences we refer to as “mad” means questioning taken for granted assumptions about the treatment and institutionalization of people having mad experiences. If we believe that CTOs are “least restrictive” and an alternative to “institutionalization” we must question force, coercion, restriction, and institutionalization to clarify their boundaries. Fabris draws on Goffman’s (1961) characterization of total institutions to determine whether CTOs can be considered a form of institutionalization. Disculturation, mortification, desegregation, a cycling of discreditable facts, and other aspects of total institutions are all characteristics of CTOs. Therefore, we must regard CTOs as institutionalization, rather than an alternative. Indeed, the message that “Institutionalization is about control, not simply bricks and mortar” (p. 137) resonates throughout this book.

One key piece of CTOs involves the prescription of psychiatric drugs. Fabris reviews research on such drugs and argues that what is

often interpreted as a therapeutic effect is, in fact, inhibition of the brain that impairs emotion and higher order functions in general. The reader is reminded that administration of these drugs was once known as “chemical lobotomy” (p. 119). This alienates individuals who use such drugs from personal identity; strains close relationships, and increases passivity and compliant behaviour. Essentially, the medicated patient is isolated in a “tranquil prison” through “chemical incarceration” (p. 115). As such, CTOs cannot be considered less restrictive than confinement, at least when one is confined, one is free to think and feel. It is also typically considered that drug treatment is not forced upon people who are subject to a CTO, as there is choice to comply with treatment or to be confined to a hospital or other institution. Yet this is a *forced choice* that provides two restrictive options, but one (the CTO) at least provides the possibility of interacting with non-institutionalized individuals and of occasionally escaping monitoring in order to think and live freely. Fabris also documents that legal protections to prevent abuse of patients and their wishes are often circumvented. Rather, the CTO is used to “expedite restrictive and punitive procedures under the guise of therapeutic intent” (p. 107–108). The CTO releases coercive and restrictive practices that were traditionally bound within hospitals into new spaces without systematic oversight.

Unfortunately Fabris does not provide a unique alternative to the current system of treatment, and perhaps that would be an unfair expectation. He does suggest the promotion of such alternatives as Mosher’s Soteria House, which allows space for mad experience and uses little or no drug treatment, but would this merely be another choice between forms of institutionalization? However, accepting mad identities and experiences is pivotal to any systemic change and by highlighting complexities of CTOs and mental illness, Fabris provides a foundation for this. Fabris’ perspective has lofty goals that some may disagree with, but their contentious character is what makes them important. Individuals who are fond of randomized controlled trials and quantification of human experience to understand “madness” will find that this book does not suit their tastes, but it is exactly these perspectives that Fabris aims to challenge and hopes to engage with. *Tranquil Prisons* is an important contribution to the studies of mental health and related institutions. It would make an excellent read for the general public, government administrators or researchers, academics, and postsecondary courses that deal with health and illness, social control, social organization of health, or legal studies at the sophomore or senior levels of study.