Stigma, Confinement, and Silence :
On the Precarious Life and Death of John Derby

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In this commentary, we take seriously the call of this issue of JSTAE to address the question of what does it mean to be in a precarious position and a precarious subject within educational institutions. Structured around three concepts, *Stigma, Confinement, and Silence* we discuss the life and death of art education scholar and colleague, Dr. John Derby. We attempt to address how John's scholarship helped other researchers in art education orientate themselves and take a critical stance based on disability studies. Furthermore, we discuss the dispositions of precarity that ableism associates with mental disabilities, such as vulnerability, insecurity, and fear; dispositions that we argue John explored and challenged. Lastly, we speculate why some researchers in the field of art education may find themselves in a precarious position, and choose to remain silent about John and his work after his death by suicide, in August 2018.

Stigma

As Tobin Siebers (2014) points out, disability studies "views different kinds of thinking as a critical resource for higher education (p. xi)." Like other forms of contemporary anti-oppressive scholarship, disability studies in part attempts to rupture normative and repressive ways of seeing the world and experiencing it, and open new spaces and opportunities for research and practice on education. John Derby (2016, 2015, 2014, 2013, 2012, 2011) did all of the above by providing invaluable research on disability studies and art education.[1] But it was more than John's scholarship that provoked and encouraged others, it was his life. In numerous publications, Derby (2009, 2013) discussed his own mental disability and the precarious stigma he often faced because of it. As Jennifer Eisenhauer (2008) has written, stigmatization of people with mental disabilities is not merely only a matter a personal offense but a systemic "larger cultural discourse characterized by bias mistrust, stereotyping, fear, embarrassment, anger, and/or avoidance" (p. 17). Furthermore, Lerita Coleman Brown (2013) writes that the "ultimate answers about why stigma persists may lie in the examination of why people fear differences, fear the future, fear the unknown, and therefore stigmatize that which is different and unknown" (p. 156). John Derby (2013) wrote about stigmatic, precarious, and oppressive discourses, where people like him, "with mental disabilities are unjustly blamed for their conditions and considered weak-willed and cognitively inferior. . . that we are routinely ridiculed for not just 'snapping out of it'" (para. 2).

John would often talk about these discourses and their effects. As close friends, we, the authors of this essay, would often hear from John that he didn't feel that he *fit* in well with academia because of his mental disability, or did not do well in job interviews, where normative models

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[1]   John Derby is one of only a handful of established scholars on the subject in art education, including Doug Blandy, Jennifer (Eisenhauer) Richardson, Mira Kallio-Tavin, Karen Keifer-Boyd, Claire Penketh, and Alice Wexler.

of an exemplary colleague or professor is often based on a *non-precarious* subject who is secure about themselves, outgoing, socially fluent, good in small talk, and can represent themselves as a strong and fearless leader. Siebers (2014) describes how the normative perspective subscribes to the stance that "the best teachers have the best interpersonal skills… the most energy… they make their students laugh" (p. xii). Like Siebers, we believe that there doesn't seem to be much space in higher education for professors who do not fill these expectations, especially persons who always seem to exist in a precarious position in relation to job security.

Indeed, Price et al. (2017) engaged in an extensive research project through a cross-institutional survey of higher education faculty with mental disabilities (the first of its kind), and found that a majority of faculty felt a sense of stigma and therefore avoided disclosure because of fear and risk of it affecting tenure or promotion, poor treatment by administration, peers, and students, a lack of salary or job security, and so on. In addition, to citing numerous specific and substantive examples, Price et al. (2017) state:

> *Fear of stigma was a significant theme that ran throughout many of the open-ended responses. One participant wrote, succinctly, "One word—STIGMA"; another wrote, "FEAR of losing [a]ll credibility." Another elaborated more fully: "I do not think that the risk of serious reprisal is high, but I have seen a colleague with a serious mental health issue subjected to constant gossip, originating with administrators, and I believe such would seriously damage my ability to work." (para. 29)*

John told us several times, for example, how fearful he felt during interview situations and how he had such a hard time representing himself the way his peers expected (personal communications). Of course, the stigma he faced in those situations can be contributed in part to how precarity generates fear of difference. While John was an extremely productive and tenacious researcher who introduced new concepts, possibilities, and potentialities for art education, the stigma he faced demonstrates in part higher education's orientation as a lack of understanding and acceptance of scholars with mental disabilities (as noted above), including judging mental disability as a problem incompatible with research, teaching, and scholarship (and especially when it involves hiring).

Confinement

Margaret Price (2014) states there is a "theoretical and material schism between academic discourse and mental disabilities" (p. 8). As mentioned in the previous section, there is a normative belief that these domains are not permitted to coexist, because together they are too precarious—too uncertain, unpredictable, unstable, and way too risky. Price (2014) argues "academic discourse operates not just to omit, but to abhor mental disability—to reject it, to stifle and expel it" (p. 8). Based on the work of Jennifer (Eisenhauer) Richardson (2018), one may see this as a form of confinement, perhaps not dissimilar to confining people with disabilities to hospitals, prisons, or asylums. Confinement, in this context, "revolves around what is seen and what can be said about it. . . around the properties of places and the possibilities of time" (p. 13).

Beyond the metaphorical description of confinement, there is a long history of, and real and material consequences for, individuals deemed mentally ill confined in psychiatric hospitals, or similar places. Indeed, involuntary confinement and hospitalization is a significant problem for the disability community, where detention determined by

> clinicians and/or social services personnel. . . becomes little more than a rubber stamping exercise. The criminal law parallel would be a statute allowing imprisonment for severe naughtiness, with it being left to the police to determine what constitutes naughtiness, when it is sufficiently severe, and how long the individual will spend in prison. (Bartlett, 2012, p. 831)

The stigma and disempowerment experienced by psychiatric confinement is often extremely violative in terms of bodily and physical intrusion, and limitations of personal movement and environment (Bartlett, 2012). Indeed, when interviewed through numerous studies, a majority of people with mental disabilities that are involuntarily confined considered their detention unjust. For example, Priebe et al. (2009) found that one year after being confined, only 40% of 396 patients believed their involuntary confinement was justified, while Gardner et al. (1999) found approximately half of the individuals they interviewed retrospectively viewed their detention as unjustified.

John Derby (2013) wrote in his article, *Accidents happen: An art autopathography on mental disability*, about his own injustice of being involuntarily confined while a doctoral student. John critically explores the personal, cultural, and institutional contexts of the precarity of mental disability through autopathography. He recounts his involuntary confinement while pursuing a PhD at The Ohio State University. His recollection includes the *intake interview*, where he is asked about suicidal ideation:

> A resident entered and asked me predictable questions. I answered honestly, emphasizing that I was depressed, plain and simple. *"Are you having suicidal ideations?"* "Yes." *"How often?"* "Daily. No, almost daily. Maybe weekly, but more frequent in the past month. None in a couple days. Probably every couple days." *"Do you have a plan?"* "Yes. I know exactly how I'd do it. But I haven't put the plan in motion…"* (para. 23, italics in original)

John continues to discuss other moments when he had suicidal ideations and came very close to ending his own life. Towards the conclusion of the article, John ironically (but with the hope that it would be true) declares that his autopathography will not be seen as an acknowledgement of his vulnerability to others (which is at once a normative, ableist, and precarious position), but as a generative and enthusiastic force that will

> never be used against me in any way. It will be cherished by Art Education and Disability Studies scholars, and anyone who receives this story will be stunned, soberly convinced. I will never have to conceal my mental disability for social or professional reasons. It won't be a problem that I've revealed aspects of my disability that are routinely used to criminalize or stereotype people. The risk of publishing this before earning tenure won't hurt—if anything, it will help! (para. 33)

Unfortunately, John's mental disability was a problem for others and the stigmatization helped to literally confine him in places, and symbolically confine him in terms of a future yet to come, and possibilities without fear, especially (and ironically) after his suicide.

Silence

Just like mental disabilities, suicidal ideation and suicide have very deep roots in our collective thinking and judgement. The same dispositions that fuel the stigma of mental disability often drive precarious discourses and silence around suicide. Talk of suicide is most often forbidden or self-censored. When discussed it is mostly understood as a sin or a shame, and up until recently a criminal act (Tadros & Jolley, 2001). This stance also extends to believing that suicide is reserved only for people afflicted with mental illness, excessive addictions, and/or criminal behavior, or simply a selfish choice made by a person who just couldn't *snap out of it* (Derby, 2013).

Because of its stigmatization, the mere mention of suicidal thoughts triggers a medical model that forces most agencies (schools, universities, corporations, etc.) into the "risk assessment-hospitalization-risk assessment feedback loop" (Cutle & Mazel-Carlton, 2019, para. 9) where subjects deemed in a certain precarious condition trigger *involuntary help* from the service of others. This is what happened to John while he was a graduate student. There are models, however, that challenge the hegemony of risk assessment. The peer support group Alternatives to Suicide (Alt2S), for example, embraces discussion rather than silence, and offers a de-medicalized orientation towards suicide.

The organization states the following:

instead of focusing on predicting a person's behavior, our dialogue focuses on why they are having thoughts of suicide. Suicide itself is not framed as the problem, but understood to be the solution of a whole host of issues. . . Conversations expand from why to also why not, meaning dialogue will often explore the reasons that people have chosen to stay in this world. (Cutle & Mazel-Carlton, 2019, para. 2)

As a stigma, suicide, like mental disability, represents a major breach of trust, "a destruction of the belief that life is predicable" (Coleman Brown, 2013, p. 156). John Derby's suicide seems to have multiplied the stigma that had already been used to characterize him. Rather than discussion about John's death being framed as an act by a person who was, at that time, in an unbearable life situation, left alone by family and by colleagues, there seems to be silence. While not attempting to make broad judgmental claims towards the community of higher educators in our field, we, the authors, also note that when there has been a break in this silence, most of the conversation we have heard or followed about John's death has taken paths as described earlier by Eisenhauer (2008), Coleman Brown (2013), and Price (2014). One path is to simply declare the subject of John's death too precarious to talk about (personal communications, 2018). Another path is to discuss John's death through rumor and media speculation. Still another is to include stereotypical narrations of people with mental disabilities about *giving up*, and *not trying hard enough to do one's best.*

According to Price (2014), when there is a tragedy, people need narratives, people

need case studies, especially based on media reports. It seems important to try to find a reason *why* something happened by answering the question how did this happen, as if that would somehow explain with common sense why this happened, and how this will not happen to us. As Price (2014) writes, the tiniest details of one's life are "taken apart and reconstructed in a narrative aimed to show that someone was a 'time bomb that sputtered for years before he went off'" (p. 143). The idea is to make sure that particular individual was unfit for life and made many mistakes.

Not the end.....

Through this essay, we hope to increase dialogue on different types of precarity, especially those associated with mental disabilities in the field of art education, in part by troubling the ableist approach taken for granted in higher art education. Informed by John Derby's life work and through a disability studies perspective, we look forward to the field becoming more self-critical towards its ableist and saneist practices in higher art education, and embracing a more proactive, engaging, and affective force of precarity.

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References

Bartlett, P. (2012). A mental disorder of a kind or degree warranting confinement: Examining justifications for psychiatric detention. *International Journal of Human Rights*, *16*(6), pp. 831-844.

Coleman Brown, L. (2013). Stigma: An enigma demystified. In L. J. Davis (Ed.), *The disability studies reader* (4th ed., pp. 147-160). Routledge.

Cutle, E. & Mazel-Carlton, C. (2019). *Introducing alternatives to suicide: An interview with Caroline Mazel-Carlton about a new approach to crisis*. https://www.communitypsychology.com/new-approach-to-suicide/

Derby, J. (2016). Confronting ableism: Disability studies pedagogy in pre-service art education. *Studies in Art Education*, *57*(2), 1–18. doi:10.1080/00393541.2016.1133191

Derby, J. (2015). Disability studies pedagogy in the art Education curriculum: A U.S. example. In M. Kallio-Tavin & J. Pullinen (Eds.), *Conversations on Finnish art education* (pp. 48–61). Aalto University.

Derby, J. (2014). Animality-patriarchy in mental disability representations. *Visual Culture & Gender*, *9*, 18–30. http://vcg.emitto.net/9vol/Derby.pdf

Derby, J. (2013). Accidents happen: An art autopathography on mental disability. *Disability Studies Quarterly*, *33*(1). doi: 10.18061/dsq.v33i1.3441

Derby, J. (2012). Art education and disability studies. *Disability Studies Quarterly*, *32*(1). doi: 10.18061/dsq.v32i1.3027

Derby, J. (2011). Disability studies and art education. *Studies in Art Education*, *52*(2), 94–111. doi: 10.1080/00393541.2011.11518827

Derby, J. (2009). *Disability studies and art Education perspectives on mental illness discourses* (Doctoral dissertation). ProQuest Dissertations and Theses database. (AAT 3378234)

Eisenhauer, J. (2008). A visual culture of stigma: Critically examining representations of mental illness. *Art Education*, *61*(5), 13-18. doi: 10.1080/00043125.2008.11518991

(Eisenhauer) Richardson, J. (2018) The art and politics of artists with mental disabilities experiencing confinement. *Studies in Art Education*, *59*(1), 8-21. doi: 10.1080/00393541.2017.1401881

Gardner, W., Lidz, C. W., Hoge, S. K., Monahan, J., Eisenberg, M. M., Bennett, N. S., Mulvey, E. P., & Roth, L. H. (1999). Patients' revisions of their beliefs about the need for hospitalization. *The American Journal of Psychiatry*, *156*(9), 1385–1391. doi.org/10.1176/ajp.156.9.1385

Price, M. (2014). *Mad at school: Rhetorics of mental disability and academic life*. The University of Michigan Press.

Price, M., Salzer, M.S., O'Shea, A., & Kerschbaum, S. L. (2017). Disclosure of Mental Disability by College and University Faculty: The Negotiation of Accommodations, Supports, and Barriers. *Disability Studies Quarterly*, *37*. doi:10.18061/dsq.v37i2.5487

Priebe, S., Katsakou, C., Amos, T., Leese, M., Morriss, R., Rose, D., Wykes, T., & Yeeles, K. (2009). Patients' views and readmissions 1 year after involuntary hospitalisation. *The British Journal of Psychiatry*, *194*(1), 49-54. doi.org/10.1192/bjp.bp.108.052266

Siebers, T. (2014). Foreword. In M. Pierce, *Mad at school: Rhetorics of mental disability and academic life* (pp. xi-xiv). The University of Michigan Press.

Tadros, G., & Jolley, D. (2001). The stigma of suicide. *British Journal of Psychiatry,* 179(2), 178. doi:10.1192/bjp.179.2.178