

CALL FOR BOOK CHAPTERS

Under Contract with Springer Publishing, Dr. Dionisio Nyaga and Dr. Masood Zangeneh are looking for chapter authors for the edited volume:

Critical Ethics in Mental Health

Editors: Dr. Dionisio Nyaga and Dr. Masood Zangeneh

Abstract:

This book project will explore theoretical, epistemological, methodological, and ontological definitions of mental health and addiction, aiming to pose new ethical questions that extend beyond the current discourse on these topics. The key argument in this book is to dismantle and examine the discourse surrounding mental health and addiction in ways that pave the way for new perspectives on envisioning the world of mental health and addiction afresh. Imagining the world anew entails recognizing that the current world we inhabit is founded on the notion that individuals grappling with mental health issues and addiction are disposable and broken, requiring salvation from their emotions.

Emotions serve as the basis for labeling individuals living with mental health issues and addiction as unworthy and readily disposable. This form of disposability is rooted in a colonial framework, asserting that individuals who experience emotions pose a threat to public life and therefore must be segregated from public spaces. The public sphere becomes reserved for rational thinkers, relegating individuals grappling with mental health issues to the status of private entities deemed unintelligible. This private/public divide must be questioned to explore how this gap could be utilized to acknowledge and account for the lives of individuals living with mental health issues and addiction in intersectional contexts. The current singular and Western discourse within mental health and addiction continues to operate in reductive and quantitative ways. Consequently, many individuals living with mental health issues and addiction are forgotten and deprived of their humanity. This Western discourse is grounded in sanist worldviews that perceive the world as belonging to the sane. Consequently, those who grapple with emotional challenges are often stigmatized and viewed as living on the fringes of society. This Western discourse on mental health and addiction is rooted in a neoliberal market framework that seeks to rationalize, package, and sell commodities (interpreted here as individuals living with mental health issues and addiction) for profit in the marketplace.

To achieve this, individuals living with mental health issues and substance use must be commodified and then sold to the highest bidder. This process becomes even more complex when other identity markers are taken into account, further increasing profit margins. Therefore, it is crucial to recognize colonial violence as the foundation upon which people are dehumanized and reduced to products for sale. This implication will aid in understanding how individuals living with mental health issues and addiction are quantified as property that can be owned and sold for profit. Being a rational thinker is synonymous with being appropriately positioned in the world of property. In this context, Western discourse simplifies individuals living with mental health issues into products, labeled through everyday psychiatric branding, and ultimately sold to sustain major corporations and their profitability. Issues of labeling within the contemporary neoliberal mental health landscape are contextualized in a manner that promotes a particular singular formula for

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understanding mental health and madness. This conceptualization contributes to the prevalence of sanism, as individuals with mental health issues and addiction are continually funneled into the neoliberal construct of the knowing subject. One of the ways in which individuals living with madness are reduced to property is through the codification of ethics that drive the neoliberal discourse of mental health and addiction, facilitating profit maximization and capital accumulation. This book argues that while codes are important tools in mental health and addiction care, they rationalize, quantify, and simplify the marginalized experiences of those living with mental health and addiction, rendering their lives disposable and easily forgettable. By reducing them to numerical figures, these codes confine individuals living with mental health issues and addictions to a social prison designed to control their movement. Such forms of control are oppressive in every way and must be challenged and disrupted.

The book argues that mental health is intertwined with issues of power and influence, used to regulate populations living with mental health issues in violent and traumatizing ways. It examines colonialism's impact while implicating social work practice in the collective trauma faced by Indigenous communities and other marginalized groups in Canada and globally. Operating within a colonial mental health and addiction framework, the book engages with mental health discourse intersectionality and reflexively, highlighting how gender, race, sexual orientation, immigration, and imperialism intersect to oppress marginalized communities. The manuscript presents alternative approaches to mental health, envisioning it through new ethical lenses rooted in people's values, realities, and histories. Central to these conversations is the illumination of various manifestations of violence on people's lives.

Table of Contents

PART I

❖ Introduction

This section will introduce the mood and breadth of the book. It touches on key items to be discussed in the book while naming each of the authors and their chapters and how that lies within the overall focus of the book.

❖ Colonialism and the mental health discourse

This section looks at the role of colonialism and creation of psychiatric governmentality. The chapter takes a historical perspective to argue that mental health discourse has a colonizing methodology that borrows from a Eurocentric perspective.

❖ Political of ethical care and codification of mental health and addiction

This section looks at care in mental health and addiction as violent. The argument is to employ an alternative methodology of care that is grounded on ethical considerations that are grounded on histories, values and realities of marginalized communities who suffer with mental health and addictions.

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❖ **Power, politics, subjectivity in mad studies**

This sections looks at mental health and addictions discourse as frameworks that are geared towards controlling, managing and surveilling the deplorable others majority of who live with mental health and addictions.

PART 2

❖ **Neoliberalism and mentalism**

This section looks at the role of the market in the discourse of mental health and addiction and attempts to look at how codified care in mental health and addiction causes pain on those who live with mental health and addiction.

❖ **Migration and the intersection of mental health discourse**

This section looks at the issues of migration and complexity of undertaking mental health and addiction at an international and transcultural level. This section also looks at the challenges that mental health and addiction practitioners face when working with diverse migrant communities.

❖ **Citizenship and the question of madness**

This section looks at mental health and madness as a question of spatial politics and argues that those who get to be marked as mentally ill and involved with substances are not substantive citizens.

❖ **Indigenous peoples and mental health**

This section looks at how history of colonization and settler colonialism affected Indigenous communities both in Canada and abroad. This section calls for substantive ethical reconciliation of the trauma that Indigenous peoples continue to face under the current neoliberal mental health and addiction regime.

PART 3

❖ **Gender based mental violence.**

Many women have been marked as emotional beings. What that means is they are weak and cannot be trusted to occupy public spaces. Such a definition of women as emotional and hysterical has been a point that has been employed to mark them as mentally weak. Such a determination is authorised within the DSM tool to affirm the claim that they are weaker sex. This chapter takes that up and extend the conversation in various ways that capture diversity of woman-hood within the current mental health and addiction discourse.

❖ **Sexuality and sanism**

This section looks at the politics of sexual orientation, sexuality and mental health to open new fronts of engagement in terms of how psychiatric discourse is grounded on transphobic and homophobic colonial narratives.

❖ **Mental health and anti-Black racism**

This section looks at how anti-Black racism is tied to the question of mental health and addiction. The chapter focuses on the history of slavery and the determination of slavery who

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run away from their master as they suffer from drapetomania. This section enriches our understanding of mental health discourse and perpetual incarceration of Black lives.

PART 4

❖ **Anti-oppressive perspective to mental health and addictions**

This section looks at the implication of an anti-oppression perspective and calls for a compounded imagination of new ways of undertaking mental health and addiction care.

❖ **Resisting and decolonizing mental health discourse**

This section looks at decolonizing and Indigenizing mental health discourses using a non-violent perspective that is grounded on community care

❖ **Conclusion**

This section ties all the discussions to open a new dimension to thinking of mental health and addiction care technologies.

We invite you to contribute a publishable book chapter to our upcoming book project with Springer publisher. If you are interested, please email Dr. Dionisio Nyaga at dionisio.nyaga@algomau.ca. Dr. Nyaga will then ask you to submit a preliminary abstract for review. If your abstract is accepted, you will be requested to submit a tentative manuscript, which will undergo a thorough review.

Important Dates !!!

Show of interest: August 15th-September 30, 2024

Abstract Submissions: August 15th- October 15th 2024

Final version of chapter due: October 15th - April 30, 2025

Each chapter should be between 6000-8000 words in total (including references) as standard. In cases where authors would like to go above the 8000-word mark, please reach out to Dr. Dionisio Nyaga for a brief chat first – in most cases this will be more than fine.

Organization of Chapter

Chapter: [Title]

Introduction

[250-word overview of the chapter]

Framing Questions: (these are questions of no more than 15 words that engage the reader with topics to be covered throughout the chapter – essentially re-worded learning outcomes)

- [Question 1]

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- [Question 2]
- [Question 3]
- [Question 4]

Main Body

This body should be split into subsections to aid the digestibility of the text.

This can include figures, tables, and images (if applicable).

To include:

- 1 x Key Study (including reference and 250–400-word summary)
- Explanations of key terms to be added at the end of the chapter (these will be embedded)
- If relevant – any asides/additional information which don't fit into your narrative but you'd like included.

Chapter Summary

To include:

- 250-word summary
- 3 x discussion sections or activities
- Suggestions for further reading

References (to be written in APA style 7th edition)