

“The radicality of calling yourself a psychiatric survivor“- Conversation with Karin Jervert

Karin Jervert is an artist, author and psychiatric survivor. Certified in eCPR and Personal Medicine. Her artwork including essays, visual art, graphic narratives, and poetry explores self empowerment, normalization of suffering and the power of creative expression to transform trauma - particularly trauma experienced as a result of forced psychiatric treatment. Her study of Buddhism and improvisational comedy find their way into her work as well. Purchase her book of poetry 'In Water Not Blood' here (https://www.amazon.com/Water-Not-Blood-Poems-Jervert/dp/1088093035/ref=tmm_pap_swatch_0?encoding=UTF8&qid=1680014491&sr=8-1).

Karin currently works for Mad in America Foundation as Arts Editor. Mad in America is a leading voice in critical psychiatry and is run by the Pulitzer-nominated journalist and author of Anatomy of an Epidemic, Robert Whitaker. She is a consistent editorial contributor and curated the art show Creativity and COVID: Art-Making During the Pandemic (<https://www.youtube.com/watch?v=8e0l0xhYApw>). She have been interviewed on the podcast courageously.u (<https://courageouslyu.com/karin-jervert/>) and Madness Radio (<https://www.madnessradio.net/tea-with-spirit-karin-jervert-madness-radio>) and has been a panelist for SoundsAbout Gallery and CTM Festival on The Auditory Experience of Psychiatry, and the Sound Mind Live Music Festival, as well as a presenter at the Alternatives Conference (<https://www.youtube.com/watch?v=qhrXdrMKD3A>) and the National Empowerment Center.

Luis Arroyo: The idea is that this interview/conversation, can be published in the Mad in Mexico website, but also be use as part of the research i'm working on, about the de-institutionalization of Madness, in which i'm focusing on a critical approach for mental health, lived-experience, and trying to think about mental health outside of psychiatry, so, I really appreciate this conversation and comments on how to approach mental health in a different way.

Karin Jervert: I'm so excited to talk to you about this, I'm really excited to get in to it, so thank you.

Luis Arroyo: Thanks a lot to you for accepting the invitation. So if it's okay with you we're going to get started. The idea is to have more a conversation than an interview, but I have this idea that I want to start with you about what's implied in self-identifying as a psychiatric survivor, because, at least here in Mexico, there's a difference between being identified as a psychiatric survivor and a person with a psychosocial disability, or a mad person in a reinvidicative way, but I'm struggling with what it implies to self-identify one way or another.

Karin Jervert: Absolutely, I like that you're bringing the idea that there are also [people who identify as] ex-patients, different things like that, and on the other side 'consumer', and that they all have different impacts on how you see yourself and how you internalize your experience as well as how you are set up against the world. I was thinking about 'psychiatric survivor', and it is actually an alienating term in and of itself. The majority of the world sees psychiatry as a healing paradigm that when you're in the depths of the shit of life, right, you are turning to this system of healing that modern medicine has created, and that the majority of people are thinking is a

benevolent thing. So, when you identified yourself, as I do, as a psychiatric survivor you're actually turning the paradigm on its head saying "no, this is actually a dangerous and harmful, and violent industry" so the language changes immediately into a less benevolent thing. Then you're saying, I compare this, to a woman who would say, "I'm a sexual abuse survivor", so it's like this violent attack kind of thing, that a psychiatric survivor had to survive, right?

I was thinking about it, and the way you frame it at the beginning, and it's such a good question, because each of those words says something different, and says something different about how we interact with each other, with the world and with psychiatry. This one specifically for me, the more I thought about it, creates elements of exile, like very real exile, in turning over of a "healing" paradigm into a violent paradigm that one had to survive, you know what I mean?

Luis Arroyo: I think I remember a quote saying, "just because you had a good experience with psychiatry it doesn't mean you can judge or disapprove of my own experience", in that way I believe that being called a psychiatric survivor is a shock to a lot of people. Many people say "the medication works for me", "I like to attend my psychiatry appointment" etc. but I think that when you tell them that psychiatry has such a violent power a lot of people don't want to acknowledge that.

Karin Jervert: Absolutely, I'm thinking of all the ways, and I don't know what it is in Mexico, maybe it is a different dynamic, but there's this Western idea set up of the benevolence of the state, or the benevolence of the industry. We're meant to see these things as benevolent in some way, although that is changing majorly. It is just that if you don't, you're a radical, so it's a very real kind of danger of even putting yourself against it. So a person that is going to their psychiatric appointments and benefiting from them has probably had generations of their family also benefiting from this benevolent feeling of the state¹.

Let's just say that, I sense that there's a fear of actually putting yourself in a position of opposition to a system that is safer to think as benevolent, you know what I mean?

Luis Arroyo: In that way I think that to call oneself a person with a psychosocial disability is in the same line of a benevolent state, it sounds more radical, as you mention, the idea of a psychiatric survivor than the idea of a person with a psychosocial disability. I believe that when people call themselves a person with psychosocial disability the family, friends, the State, saw them as less radical in the way they relate to the state and the institutions.

Karin Jervert: Also, the psychosocial disability is put in the same bucket as neurodivergence, maybe? You think?

Luis Arroyo: I think that they are in the same bucket, because at least in my experience, I'm seeing that the psychiatry discourse is adopting or using the idea of neurodivergence or psychosocial disability, but I bet that there's not one in psychiatry that refers to his patients as "psychiatric survivors".

¹ Many marginalized communities have been targeted by the medical industry throughout history. I feel that if a person belongs to a privileged community, the likelihood of the experience being beneficial is greater than if they belong to a marginalized community. (Comment added later by Karin Jervert)

Karin Jervert: We can talk about the idea of disabilities as being a lot of the time, in my opinion, and I know there are other threads and philosophies out there, but disability is culturally defined, or can be looked at being culturally defined. So somebody who has been labeled as having a psychosocial disability, in my mind what I'm hearing you say is sort of like that psychosocial disability is outside of culturally defined normative behavior of a specific time and culture, and I'm aware that there are a lot of nuances here and self-identifying things that are perfectly fine, I'm not saying that disability, the word itself is not something to not identify as, I'm just saying that to think it through it is a disability because in a lot of cases how the environment is built, how the cultural expectations are set up, the normative behavior is defined, but, even within that there are different paths you can take to talk about the very real difference between identifying yourself as one or the other.

And you're right, it does seem like a psychiatrist will be far more likely to use in their language the term 'psychosocial disability', and not 'psychiatric survivor', because that would be to admit their abuse, which is complicated, an extremely complicated situation for an industry, let alone an individual.

Luis Arroyo: This idea of psychiatry recognizing their own abuses, maybe is not impossible but really complicated, because there's a lot of things that benefit from the idea of psychiatry as a benevolent system, so if psychiatry itself recognize that they can harm, they can inflict abuse, the pharmaceutical industry, the State, are going to turn their back on them, and psychiatry as medicine is going to disappear from the market as well.

So in that way, you told a moment ago that people see the idea of psychiatric survivor as something radical. How do you think this idea is radical?

Karin Jervert: I really think that there's something deeply interesting about the dynamic of considering an industry that is, in the majority considered benevolent, and turning that to say, actually no, it is not entirely benevolent.

Have you ever heard of the term "muck racker"? It is when a journalist goes in and reveals the underbelly of a system or industry, or corporations, something like "this is the underbelly and it is actually not so great", so there's something very radical about witnessing the truth of abuse and there's always been something radical about witnessing truth, and speaking the truth, especially when it goes against a more broadly accepted paradigm of benevolence. I don't know right, I keep using the word benevolent, you know what I'm saying right?

radicality of calling yourself a psychiatric survivor in one way it is related to taking something that the majority thinks is healing and good and then witnessing the truth of that underbelly, and then speaking out and identifying yourself as someone who will be speaking that truth, you know?

I don't know.

[She laughs and I laugh with her]

Luis Arroyo: I'm starting to think that maybe this idea of radicalness is also because psychiatry shapes the way we think about mental health, and if some people, outside psychiatry or

psychological studies, start to acknowledge the idea of abuse in mental health systems, they'll be recognized as abusive people, as in the idea of "if I'm not speaking against it, I'm part of it".

Karin Jervert: Like colluding even if you don't know that you are.

Luis Arroyo: Yeah, this idea, that if I don't acknowledge the violence², maybe it is because I'm taking part in it, or maybe I'm making profit from it.

Karin Jervert: Absolutely, you're making a really good point there. That's key in so many different aspects in modern society for sure, and also, [psychiatric service users] are recognizing the abuse, and people colluding with that abuse without the consciousness to say "wait a minute I need to make a bit of a radical choice here, in order to stop this abuse, I can't collude in this way and ignore what is happening and what I'm witnessing here" and it doesn't seem to be as easy of a choice for people as you may think it would be.

I think it is, and even as myself coming out as a psych survivor, and in my daily life, everything about it has put me up against the world in a different way. It is not easy. I've lost friends, I probably... I don't know what the percentage, but my job pool in the future [laughs] has been reduce at least by 85 or 95% [laughs] right? No that it is a problem right now, but I mean, it's nice to be an artist, because it's expected for an artist to be weird and radical, and do whatever the hell they want [laughs], but I think on one level or another, in different aspects of society whether it is racism, or climate change, or psychiatry, or whatever other violent-oppressive systems are just turning and turning, that choice is at the hearth of it. It is like, do we collude? Or do we actually realize how to witness and speak out about this violent system even if it is not what we are meant to think of it? And that there is violence happening to us and others, you know? Does that make sense?

Luis Arroyo: well, I was thinking about something that you claimed a moment ago. Here in Mexico there's something that happens a lot, Mexican people are use to think that we're not racists, because it is like the idea of "How are we going to be racists if we're Mexicans? If we have brown skin, black skin, so we can't be racists" but when we start to talk or think about this issues, sometimes we have to realize that we are in a way...

Karin Jervert: I think we all are, we all are. I don't think that any people can deny being racists, I think it is the way our minds discern information and the systems that are build because of that, I think that every single person on this planet has some element or another of racism going on³.

² Thinking about this a little it comes to mind that nobody wants to support exclusion or to lock people up in asylums, but at the same time, a lot of people would refuse that "mad" people live in the same building or streets that them, so there's this kind of hypocrisy (Comment added later by Luis Arroyo)

Absolutely, I think this goes back to Mad people not having a role in our culture other than "sick person". If there was some way to see them, as we have in the past, as having a contribution to make...whatever that is or becomes...then the story might be different. As it is now, to most people their only 'role' is to be institutionalized and separated from people passing as 'normative' (Comment added later by Karin Jervert)

Luis Arroyo: So I think that this is the exact same thing with mental health, there's this discourse that we have to us to talk about mental health, we have to acknowledge if something is affecting us, if we have some mental health condition or situation, but when we face this situations in real life sometimes we don't know what to do or how to act, and is immediately "that person needs to go to the doctor, needs medication" and even "that person need to be locked up" and those are really common phrases we hear a lot of times when we talk about mental health.

So, I've been thinking about this radicality of activism, in arts or in being called a psychiatric survivor, that when we throw this to the people and to the ones that claim to be open about mental health, there's this shock of "maybe I'm not that open", "maybe I'm scared of those situations", and in that way, how do you think psychiatry has shaped this idea of what is mental health, what to expect, what is normality?.

Karin Jervert: Yeah... so, I think I have a little bit of a weird different place to start with this one, and... there's so much that we don't talk about, things we don't want to talk about, it goes back to the idea of exile. If you identify as a certain thing, and depending on the dominant structure is, like right now in America and in many places theirs is this white-western-capitalist structure, so depending on what the dominant structure is, depending on how you identify yourself, even just saying "I'm sad", or "I'm depressed" or "I can't handle this situation", say if you have like a sensory issue and you're in a loud environment and have a meltdown by getting' on the floor and being in a fetal position or something, this is exile. You're identifying yourself as unable to participate in this dominant structure, in this "move-along, make some, productivity, capitalistic" stuff going on, so I think that just to say that, I think that very real fear that we were talking about before of calling oneself as a psychiatric survivor and how that is kind of a radical choice for people to make, because it's putting you up against something, which always feel like an exile, so it's the same thing as identifying as sad or as a voice hearer.

So, anyway, but to say that first, whatever the dominant [structure] is you're putting yourself up against by expressing or speaking this identification with a distress at all, there's also the idea that the ways we've codified and gotten rid of anything that is outside of the rationalism, capital-Christianity, which is another dominant structure, and that there were other ways of healing, which also include women being much more involve in a certain more natural healing practice, and this goes back, I'm going back, this is what I meant with a "weird starting point", I'm going back to different time periods - indigenous people in different areas of the world, Europe, Africa, Americas, things like that, women and medicine people were more acceptable, right? So, the paradigms of healing has changed and purposely been commodified into the psychiatric pill based, masculine patriarchal way of doing medicine. The femininity of medicine I think has been systematically removed, so the way psychiatry, which is the rationalism of this more masculine... and when I use these binaries, I don't mean that masculine is necessarily men and femininity is

³ Even if we are all racist (as a concept), it does matter where you are positioned in relation to the dominant culture as far as impact. So perhaps there should be more vocabulary to describe racism more fully and the nuanced differences of its impact. (Comment added later by Karin Jervert)

necessarily women, it's really a spectrum and it is fluid in so many ways, but for the sake of this kind of framework, psychiatry is kind of this rationalist masculine historical force that has framed mental health issues and distress as this very real, frightening thing to identify as, so as I said in the beginning putting yourself up against the dominant narrative, normative, emotional stability right, or normative brains, not a voice hearer, not having visions, so, getting a little ramble-y, but all I am trying to say is, in my opinion, the way psychiatry has formed the mental health narrative has literally made it not okay to express anything other than this very rigid, normative, stability, that is pretty empty of true humanity.

I just rambled for a really long time, sorry Luis [both laugh]

Luis Arroyo: Precisely that's the idea, to have more of a conversation instead of a regular interview, because, of what we mention in the beginning, this idea of flexibility, because I think that interviews are sometimes maybe too rigid, but conversations give you the chance to talk about more and things start to appear, like this idea of rationalization, I have been thinking about it a lot, but in that way psychiatry has this big influence that we all have to express in the same way, through words, through productivity, through work, through maybe art, but in a really normative way...

Karin Jervert: Right, right, right... and nothing can be unseen, it has to be a collective consensus about what is real and what is sanity, so it is such an interesting thing to think about around, how this rational system limits the very ancient and longstanding, very profoundly fundamental aspect of being human being which is engaging with unseen things, things that are not proven, things that are not rational, things you can't just share with someone and then have the same experience reflected back at you. It is that difference, right? Like dreaming, no one dreams with you, you are the only one who can lay down, wake up after dreaming and say to your girlfriend, your wife, or whatever your partner, and say this is what I dreamt and that is a totally isolated experience to you, you know what I mean? That is okay and should be okay, but we enforce this kind of forced consensus of reality which is really frustrating to me as a voice hearer and person who experiences voices and visions, I dream in a more purposeful way, so that part scares me a lot, that we are so keen on having the same experience.

Luis Arroyo: I mean in that way, I think it is really recent that we started to think about mental health considering the cultural and contextual background of every country or every region, because, at this day psychiatry still appears as something universal, is like this idea that all the people should behave the same way, should experience the same things, should be...

Karin Jervert: Right, and if you don't you're in the realm of disability, you know.

Luis Arroyo: And in that way, you think it is possible that we think this situation as an abuse of power itself, because I think that when we talk about the psychiatric abuse of power people think of the use of torture, electroshock, those things, but this idea of imposing a universal construct for everybody is violent itself.

Karin Jervert: Absolutely, absolutely, I would say so, I mean honestly I don't think we can avoid saying that psychiatry is sort of an extended police force of the mind, in some ways right? Even just the sovereignty of the individual to think, be and live in the way that they choose to, say if we can talk about a person who is houseless and living on the streets that is his right and a sovereign

individual should be able to do that, you know what I mean? But the overall dominant systems is like “that’s not okay” and the most weaponized system to solve that problem is psychiatry. So in New York City right now the mayor is sweeping the streets of houseless people, and the police have the ability to make the choice that this person is a danger to themselves and there’s zero accountability to the real soundness of that decision of that individual police officer. They can make every decision that they want, but it is more likely based on “that person is houseless and therefore dumped in the psychiatric bucket” so those definitions become this violence, this sort of way that psychiatry becomes...

And that’s the most gross way, gross meaning large, broadest way of defining the violence of psychiatry, but there’s is so much more subtle violence going on, gaslighting, shaming, internalizing the problem into ones own body, there’s so much, it is so deeply, profoundly, disturbing when you think about it sometimes.

Luis Arroyo: I was thinking about what you mention that is happening in New York, and I think I can find the “radicality” in it, someone can say that “it is not okay that you put houseless people in asylums or institutions against their will, it is oppressing them, it is against their human rights” but also there’s people that can say “are you against providing them shelter, food, etc.?” so in that way I think psychiatry is really precise in the way it works, because the institution is so efficient that it make it seem so benevolent.

I remember that here in Mexico in the legal system, when a person with some disability is in conflict with the law if there’s not a person who can sign that they will take care of the person after the process the judge can decide to put back the person with disability in jail (or the institution), because at least in that way they can give them shelter, food, and cover his health situations, but it’s also this idea that they can be a danger to themselves, and all of this is part of the psychiatric institution.

Karin Jervert: Absolutely, and also a very thin line to walk of course, because... when I think about this I think about my own experience being hospitalized, several times, involuntarily, and the difference that... my mother, my father, everyone was involved in my institutionalization back then, will say to me they know that what they did was wrong, and the reason why is because they’re educated now about the effects of that. They know what happened, the trauma, years and years, of horrific PTSD type symptoms, so the two things that I think about is one, the public if they were educated in how someone become houseless, how the system fails them, how it is not a failure of character or whatever, it’s literally unique to each person, and I constantly think about this, why can’t we just see people within a timeline, and within a context? A broader context, the systems and events and environments that have impact us? In a capitalist western patriarchal stuff we want to see the broken person, the character of the person being broken⁴, so when I think about the line that you walk around “are you helping a houseless person by putting them in a mental institution?” You know, one: are you respecting that person sovereignty? Two: are the systems part of the issue, are they part of the problem? And three: there’s this element of having

⁴ so we know not to blame the institution...this brought me back to the beginning part of the conversation where positioning yourself as seeing the state, or an industry as abusive is actually positioning yourself as radical...but if you blame the person...their character or biology...then the industry is off the hook. (Comment added later by Karin Jervert)

a say, if the person says “yes, I rather be in a warm bed, I’d rather have food on a regular basis” are we prepared to offer that in a way that is not carceral?

And we mess shit up, big time, we fuck shit up, and the fact that we can not care for those who are the most disadvantaged and marginalized among us says everything about how we built our society, so there is that third aspect of saying: “Yes, I see this is fucked up, yes this is a thin line to walk” and then also saying “I like to speak to the ideal, but I also know the real that is happening” in this kind of complex system of oppression and lacking resources, and understanding and education, so anyway.

Luis Arroyo: I was thinking about this idea of care, how can we care about others. How can we care for people in marginalized situations? And it is hard to think about because, at least for me, the problem is also, how can we take care of ourselves? If there’s all of these complicated situations around us, but I think at least, and the context of the United States and Mexico are different, but at least this problem of housing is more and more visible, and if we can’t assure housing to everyone, and if we can’t assure jobs to everyone, then this situation is going to start to get more complicated, and we can see that this situation is not only a mental health problem, but a social-political-economical problem.

Karin Jervert: Yeah, absolutely and I don't pretend to be any kind of expert on this, I can put my own words to my opinion here, but in order to have a very valid thought here, I think I try to be careful about what my lived experience allows me to contribute to as far as solutions and everything else, I can think these things through and give my opinion, but as you say, it is a socio-political aspect that’s way above my pay grade, like I don't know how we untangled this idea of care and sometimes you look at it as such an overwhelming mess, you know, but all I can do is look at it as an artist, because I can think about these things and I can talk about these things, but the thing I know best is art, I know lived experience, and I know what I’ve experienced with the carceral nature of psychiatry and I can really go off about that all I want, but I’m much more confident in my ability to add something important and meaningful in the conversation around art, cause that has been my life, my whole life.

Luis Arroyo: You just address some of the topics I wanted to get into, first with this idea of care as something so complicated, first I think it is impossible to ask someone how can we take care of everyone [Karin laughs and affirms that is impossible to have an answer] but in that way how can we take the idea of recovery/healing, taking in account the experience of every person involved in the process, and in that way, what is the connection that you found between art and recovery?

Karin Jervert: I think that through my lived experience, of recovery and being hospitalized, and twenty years of over medication and withdrawal, my whole journey I was very keen to seeing that other people were more than ready to define what it meant to be okay, and all that was was being an adult woman able to pay her rent, do her dishes, work a job, not complain or cry too much, not get angry. That was a big one, being a woman and not to get angry.

So the definitions and expectations were always there, and I think, for me, recovery became having a space in which I could remove myself from other people's expectations and definitions of what recovery itself meant, and I really investigated that for myself. I think the most important

thing was the voice hearing, it was like “am I still okay as a voice hearer? If I’m hearing voices, am I still recovered?” because I pay my rent, I do my dishes, I cry maybe once a week [laughs] nothing super extra, you know, but for me everything about my life feels like pretty much like recovery, besides this internalized idea of “as a voice hearer, am I still recovered?”

I still hear voices, I still have pretty profound altered states and experiences like that, so I think that is were this space in which I was able to look at that and still say “yeah!” you know, but there’s this real investigation of yourself. Psychiatry doesn’t give you that space, they hand it to you, and say “this is recovery, zero voices, zero altered states, you can cry every six weeks” you know [laughs] and if you are overly sensitive or whatever we need to deal with that, too.

So I think the way that art making pulls into that is like, throughout history art making has been... I mean where do you want to start this story? If you wanna start in the Paleolithic caves or if you wanna start in medieval England, or wherever you wanna start, there were practices that intersected or maybe they run parallel with, individual transformation and collective change, right? So, art making becomes this churning up and working through, these energies that are diversity, that are bodies, consciousness, or minds.

For me it really feels like a mechanism, it is more flexible than a mechanism but it’s the word that comes to me in this moment, but it is like a cycle, like everything in the world is a cycle. Taking information in and turning it through the body and consciousness, and then the expression, but then what actually came out. And it’s the same cycle outside you, so there’s collective change, whether it is in your small family-friend group or whether you have a 100,000 followers on Instagram, it is making change.

Words and images move and travel really strangely through the world, in a really beautiful way, because they are changing your mechanism of transformation, by seeing my mechanism of transformation, so then it’s becoming this whole shit show of transformation, you know [laughs] which is a weird way to saying it, but anyway.

So, as far as what they [psychiatry] did to recovery, it is really everything we just talked about prior in this interview. I can really feel that you can see the parallel between and connection to how the circle of art making would engage with that, and change it, so... I’m not sure what else to say about that, maybe you can add some more questions on that, I wanna expand on it, but it’s a really complicated topic, like everything we’ve been talking, right? [laughs].

Luis Arroyo: There’s a thing I really like, it is that there’s not a single answer for all these questions, and I think that at the end the idea of the experiences of every person is what comes to mind when we talk about healing or recovery, this idea that maybe there’s not a possible universal answer of what is healing and recovery, so it’ll be defined by the actual process of everyone, so in that way it is the relationship to art making, that a process, the time it takes can be very variable for every person. For example, for someone it can take a couple weeks, and other can struggle with it all their lives, and you also spoke about psychiatry kind of trying to give us these “kits” for recovery, this idea that “THIS is recovery”.

Karin Jervert: Yeah, and also what's normative, or what is normal and what is recovery, like it's suppose to be one answer, and like you're saying it is actually inherit in the understanding of art and how art works that there is no one answer.

And our world it is sort of the answer, that has as many answers as are people on this planet, that's what makes art so wonderful, even if there's this generative inter-connective nature of creative work, your creativity affects my creativity, and the next person's creativity, and it's very generative, still unique to each and every person and everybody does it differently. I think the key for me is that to be able to remove yourself from those conversations and finding your own answer, and it's key that everyone have the right to find their own answers; that's what psychiatry won't allow, that each person find their own answer.

Luis Arroyo: Something that you're saying is that the healing, recovery and art process are unique to everyone, but that it also implies the connection with other, as you mention with art. Maybe your process will affect the process of others, so, I think in that way maybe we can have the idea that collective work and communities have an impact in our own healing process, and it sometimes is not acknowledge by the psychiatry, it seems that psychiatry so many times give full responsibilities to the individual.

Karin Jervert: You just made me think about something really important to say about art, is that, art making, filmmaking, storytelling, poetry, even public sculpting, are narrative builders. And as you and I both know, narrative is such a key thing, that creates so much change, and structure, right? Is so important to understand the power of art, and what the power of that dominant art is.

So, if we understood this collective healing and recovery in mental health, the world as an art related journey. When we are generally passing by different works of art, even if it's just in our path to recovery that we define as a work of art, everything we do is sort of generating change. But what not to forget is the power of that, because things like graffiti, public sculpture, even billboards, this more public face of artwork, those are creating narratives that are gonna create the future.

So, like in America a couple years ago this revolution around the public sculptures, and I don't know if Mexico had a similar situation, but Europe had this as well, were slave owners were immortalize in these huge sculptures were torn down. And it was a huge thing in America. And then the push back against it, and the dialogue that happen really just revealed how art can change a narrative. Because, the difference between having a black woman in a position of power and a white slave owner in a position of power, immortalized in a statue, in a public space, in front of a municipal building, that's the difference of the story that's been told — What is power? What is important?

So, it's the same thing with recovery, what is recovery? What are the stories are we telling? And right now, psychiatry has the hold, but we can make art that creates an alternative, and an oppositional narrative, and the more public the better, you know.

Luis Arroyo: Here in Mexico something really similar took place, a couple years ago there was this statue of Christopher Columbus in one of the most important and biggest streets in Mexico City, and it was torn down, and in his place they put a monument for "Las Mujeres que Luchan" the women that fight. And also in Chiapas indigenous communities torn down statues of

conquerors and “hacendados” (landowners). I think that something you mention that is really important is not only the idea of tearing them down, but to build a new narrative, so that’s the importance to bring to these topics, to think in the way we can relate with each other and ourselves.

So, I have one more question, and it’s about being a personal medicine coach, what it is? What does imply?

Karin Jervert: Sure, so the person that started personal medicine coaching is Pat Deegan, and she... let me check her pronoun really quick, I wanna make sure I got it right, let me see, okay, is she.

So, she started this training program, and basically, in a nutshell is what we do to care of ourselves and to promote well-being, as oppose to what we take in medicine like pills, psychiatric pills, and is also very keen on the balance between how psychiatric pills are affecting our ability to find well-being. So, say you’re in this state when you’re on 5 different meds like I was, and you’re completely overmedicated and self-reporting that this is causing you to not being able to do certain things that bring you joy, personal medicine is this encouragement to find the balance in wellness from learning and encouraging this discovery of what we do.

And also, the thing to remember is being not judgmental around what helps a person, there are very few lines drawn in personal medicine around like what, someone says helps them, there is this peer support, very “psych survivory”, in my opinion, like camaraderie, “this helps you?, okay let’s figure how to put it into strategic use”. Whether it is playing video games... someone else might say “why don’t you take a walk?”, and it’s like “no, right now this is what’s helping this person” and we’re going to make it strategically more helpful, and then you can work on other things, if you want to.

Anyway, it also takes into consideration the environment, the context of the person like oppression. What oppressions are you experiencing right now? how is that affecting your mental health? how is your financial situation affecting your mental health? How can we work on those things? It is very much in line with marginalizing the psychiatric narrative, centering the person, and their self-awareness, knowledge, and sovereignty over what they know to be best for themselves, walking with them on this path, saying “I know you know better what is gonna help you through this shit.” So, I’m just here to kind of bounce ideas off of and think about how we can strategically built this for you, which is kind of fun as an artist cause, my specialty is using art as personal medicine, so to build a cathedral of wellness around art making is kind of such a really fun thing to think about with the person as they discover that for themselves, anyway, that’s personal medicine.

Luis Arroyo: I really loved that idea, because it puts the person and his particular situation in the center of his own path, I think that is something amazing, this idea that if video games, or other things, are working in this precise moment for the person, lets go with that, lets use video games as a way to recovery, and I found that really fascinating, because as you mention, in some cases people would say, instead of...

Karin Jervert: Yeah, instead of this do that.

Luis Arroyo: yeah, so, that's fascinating to acknowledge that the person knows better than us what is working for them, and that we are only going to accompany them on the path that they're open for themselves.

Karin Jervert: Exactly, and I think that for me is a privilege to be able to do that, and it's not done by psychiatry, psychiatry just offers you these answers, and says "I know better than you", and it can be such a horrific wound to your own confidence in your ability to find your own way.

Luis Arroyo: So, personal medicine, is really a horizontal scheme or approach, not vertical as occurs in psychiatry, were the psychiatrist tells you what is right, what you should do, and that they are the ones that know better. So, in that way this horizontal scheme facilitates the possibility of learning from one and other, and acknowledge that we share a space, a moment, and that we are one next to each other.

Karin Jervert: Yeah, and it's almost like—making the connection in my brain— it is almost like collaborating on a work of art, equal partners in a sense, well... actually no, because with personal medicine the other person is centered, rather than you, so let's say it is not quite an equal collaboration, because it is really you supporting a person creating an artwork on their own.

Luis Arroyo: So it would be like the author and co-author.

Karin Jervert: Or even like a, I don't know if this is the right word, but like a producer were you support them in every way, they're the artist, they're the ones creating their wellness, but you're there to sort of say, "I'm here, we're doing this", I don't know if producer would be the right word, or a benefactor of artwork [*laughs*] that sounds shitty, but I'm thinking renaissance England or Italy [*laughs*] Michelangelo or whoever.

Luis Arroyo: Well, I don't know if there is something else you want to talk about or to mention, that maybe I forgot.

Karin Jervert: Well, I always love to talk with you Luis, because, to me, you're inspirational, even across zoom you seem such a deeply thoughtful person, and I loved talking to you, so thank you for inviting me to talk to you today, it was so much fun.

I don't have anything else to say other than that, I really appreciate your collegueship, your friendship, and really appreciate the invitation to talk, honestly.

Luis Arroyo: Thanks for your lovely words, and you know it's mutual, I really appreciate talking to you and the support and confidence you bring me, really appreciate that.

You give me so much to think about, and I'm sure that so more things will come to mind, so if it's okay to you maybe I can ask you again later.

And again I'm really thankful for all your support, for all the work you do that is really amazing, and to give me this chance to talk about it, and to be so open, and to have so much patience to explain and talk about all this things that are so complicated to answer.

Karin Jervert: It is! It really is [*laughs*] but it's worth to talk about, even if there's no a real one answer or whatever, the discussion is were the change happens, like we say, it's working through the dialogue that make change, even if it's one change, it's some change.

Luis Arroyo: Well, thanks a lot for your time, your work, for the support that you have given to us!

Karin Jervert: Of course, always, and good luck with the little one, have a really good day, and feel free to reach out.

Luis Arroyo: Was really wonderful to talk with you!