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Cowboys and Pirates in Mental Healthcare: A Musical Autoethnography

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Abstract

A cowboy can be defined as ‘an unscrupulous tradesman’ and a pirate can be ‘a person or organization broadcasting without official authorisation.’ Looking through a subversive lens, I see both cowboys and pirates operating within the mental healthcare professions. Cowboys can be validated, authorised, rewarded and empowered through the machinery of evidence-based medicine. Pirates may be criticized, restricted, marginalized or dismissed by the same machinery. Through a layered performance of song and spoken word, I explore some of the personal consequences of all this for those living – and suffering – within differing paradigms of health care.

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A cowboy can be defined as ‘an unscrupulous tradesman.’ I’ve seen these kinds of cowboy operating in the mental health professions. They can be validated, authorised, rewarded and empowered through the machinery of evidence-based medicine.

A pirate can be defined as ‘a person or organization broadcasting without official authorisation.’ I know some brave and helpful pirates working in and around mental healthcare. They can be criticized, restricted, marginalized or dismissed by the same machinery.

* 

My first experience of qualitative research was with a group of men with severe mental health problems. Ben, Colin, Mark and Sean. They were attending a day centre I wrote about as Redview Lane. We talked. Hung out. Played football. I heard their stories. I learned of their experiences. I worked to amplify their truths.

Each let me read his file. I knew, as I poured over these long broken medical histories, that if I’d experienced even half what had happened to them, I’d have been ill as well. A cacophony of symptoms. A confusion of diagnoses. A maelstrom of medications. Unrelenting and unrelenting.

* 

A decade later I’m doing fieldwork for our ninth funded project. Ninety-six hours at a time, on a residential course for British soldiers, most of whom have experienced trauma through their time in Iraq or Afghanistan. Scott, Josh, Stuart, Saul, Dom ... the list is long. I climbed with them, kayaked with them, played wheelchair basketball with them, even shot
rifles with them. I ate and drank with them. I watched, talked and laughed with them. I stopped short of crying with them.

Some came carrying diagnoses – anxiety, depression, post-traumatic stress disorder. Peter (Levine, 2010) says it’s no disorder and I agree. It is the cause, not the condition, that’s disordered. I sat with each man – on the bus, in the bar, the dining room, sports hall, garden or the office. Again, I heard their stories. I witnessed their suffering. I believed their unspeakable truths. They told me few had.

And through it all I saw that it is we who must change.

* *

And now it has come for me. So, who will hear? Who will witness my suffering? Who will believe the cause and the consequences? Who will allow themselves to understand? Who will come alongside to help?

It will not be the medical profession. It may not be my family. And I doubt it will be my university colleagues.

Am I allowed to rant here? Well, am I!? Then I see too many cowboys, deniers and – as Holden (Salinger, 1951) put it over half a century ago – phonies.

* *

‘Moving In Circles’

[sung to a rhythmical finger-picked acoustic guitar, major chord to minor chord and back again]

If I took this heartache

and planted it this evening

Could there tomorrow be
something warm and strong and free?

cause i'm thinking of trading in

everything that's broken

and maybe dreaming large enough

that you'd eventually see

Can you see me?

Am I moving in circles?

In time with you

But I'm lighter than last night

something's left I'm out of sight

Clinging to a virtual

photograph of truth

Can you see me?

Am I moving in circles?

In time with you

If I took this heartache

and planted it this evening

Could there tomorrow be

something warm and strong and free

*
Judith says, “Repression, dissociation, and denial are phenomena of social as well as individual consciousness” (Herman, 1992, p. 9).

Richard says, that despite all the money spent on it, “no patient, not a single one, has ever benefited from genetic research into mental illness, although many have been indirectly harmed by it” (Bentall, 2009, p. 144).

Bessel says, he will not separate trauma from politics, “because as long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail” (van der Kolk, 2014, p. 348).

Kim says, “When a person cannot directly speak of their trauma, the body may speak a language of its own, through illness, pain, compulsion or addiction.” (Etherington, 2003, p. 29).

Alec says he and Helen and Nigel have all been re-traumatized by their experiences in mental health services (see Douglas & Carless, 2017).

Peter says trauma is an injury caused by fright, helplessness and loss. It is through the body that trauma may be released and goodness restored (Levine, 2010).

Matthew says, “Once you pull the right piece of rubber, the ball starts to untangle on its own” (Todd, 2018, p. 229).

* I think of all these writers as pirates. Their stories may not be welcome, but I believe them to be true. I have chosen them over the cowboys.

Happily, for me, pirates do not only exist in books and movies. I also have a couple of pirates in my day-to-day life. They are always there, standing close beside me, protecting, guiding, supporting and – most important of all – believing. They are fierce. They carry swords. And they are not afraid to use them.
References


Herman, Judith (1992) *Trauma and recovery*. London: Pandora.


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