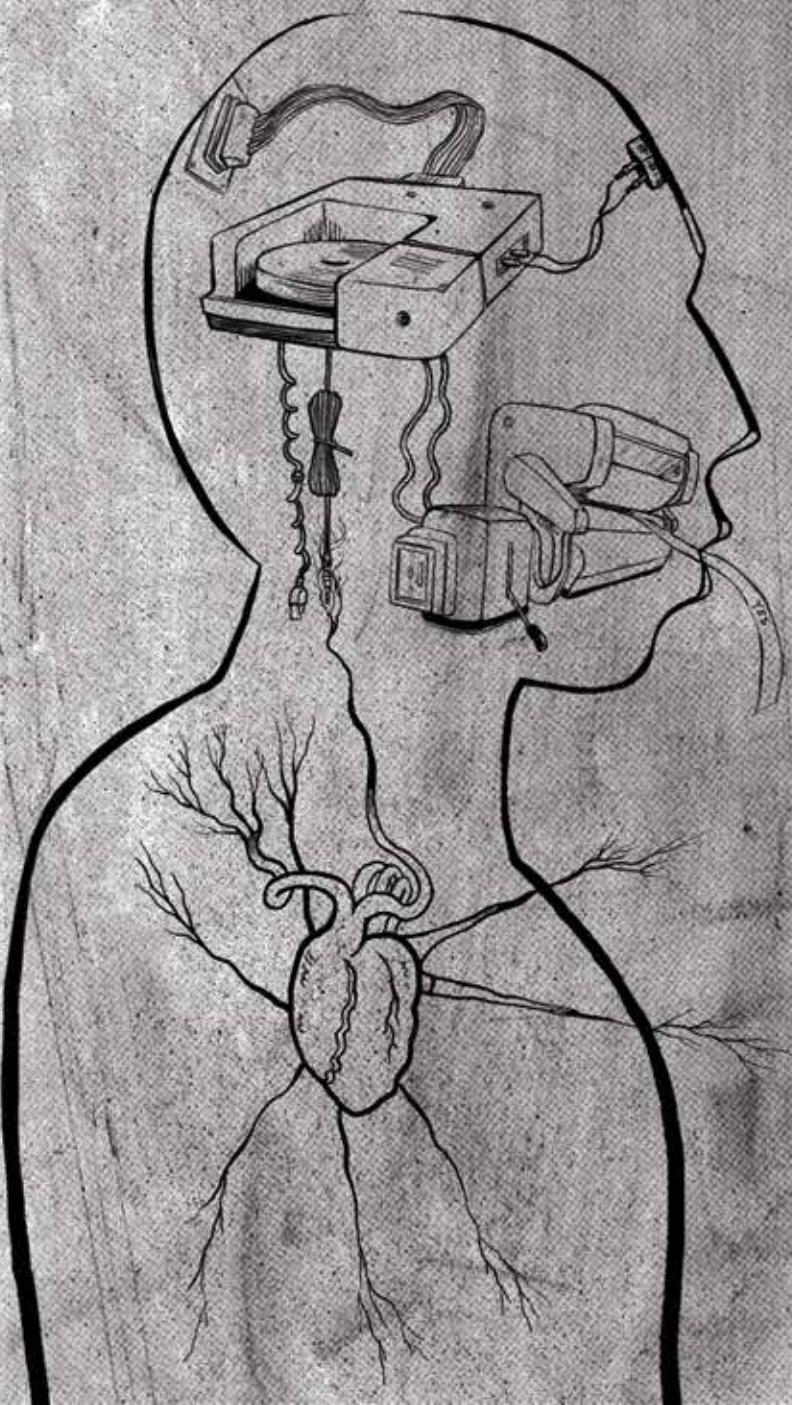


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MENTAL HEALTH & Sexuality)

PRACTICING RADICAL CONSENT
AS A MAD PERSON

by
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TRIGGER WARNING - This guide will be dealing with issues of mental health, safety, communication and survivor issues. While there are no graphic descriptions in the piece, I want folks to be prepared for some challenging material.

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Just so folks have some context, I am a Nikkei Haffu Trans-masculine person who comes from a working/middle class family, and I am also a survivor. I began my journey in the land of psychiatry/mental health at the age of 12, and over a period of 6 years, spent many, many months in psych ward facilities. I have been med free for several years and have been exploring more holistic and radical ways to incorporate and appreciate the ways my life is shaped by my madness/trauma and vice-versa.

Initially, I had intended to write a workshop on this topic. But upon further reflection, I decided that it might make more sense for me to write about how I came to know what works for me as a crazy/gifted person who is committed to practicing radical consent in my relationships and hear from other works before I develop a workshop for this topic.

My goal in writing this is to share my own work, practices and the frameworks I have discovered through trial and error, and great organizations like the Icarus Project, CUAV, Generation 5, The Audre Lorde Project and INCITE. I am sharing my own practices in an effort to open up dialogue and resource sharing for those of us who are labeled as crazy/mad/mentally ill/gifted to begin thinking about how to engage in sexual relationships and romantic relationships in ways that are healthy, balanced and intentional.

This work is also shaped by my commitment to anti-oppression frameworks, and an understanding that those of us who are identified/identify as mad/crazy/mentally ill/gifted may also have to navigate through other forces of marginalization and oppression in our day to day existences. Many of us are also survivors of sexual assault, domestic violence, and other forms of interpersonal and structural violence, such as racism, sexism, sizeism, homophobia, transphobia, ableism, ageism, classism and xenophobia.

Having an understanding of intersectional identities and power dynamics also helps us understand the ways larger systems and institutions, such as psychiatric medicine, hospitals, and social service providers may work to further marginalize us, or perpetuate harm against us. For many people of color, women, children, disabled folks, queer and trans folks, and elder care centers, psyche wards and hospitals have been sites of violence and marginalization, medical experimentation and control.

This is not to belittle or discourage people from accessing resources; rather, I am proposing that it is beneficial for us to understand how these systems and institutions work, and how we can better advocate for ourselves and have agency in our own “treatment”/recovery/discovery processes.

It is important to think about the ways our intersectional identities impact our ability to access resources, have agency, and begin to understand our positioning within our own relationships and society as a whole. It is also important for us to consider oppression and privilege because it influences how we negotiate and navigate within our relationships, our communities and the institutions that we interact with every day.

It has taken me a long time to get to this point. We are all in different places and we all have different abilities and types of madness. I am not claiming that this is the only way, or will work for everyone. I know that these steps have worked for me in the beginning to develop healthier consensual relationships with people I date, sleep with and make family with, as well as aid me in the journey of becoming more mindful of self-care practices. This is a process, not a solution.



- SECTION 1 -

What Makes Me Crazy?

Many people who are navigating the world as mad/crazy/mentally ill/gifted folks and/or survivors have triggers. Triggers are basically anything that can push us into episodes, emotional states, mania, depression, flashbacks, or into our panic/survival modes.

Triggers can be things like particular scents, noises, images, large crowds, small spaces, high stress, confrontation, particular kinds of touches, seasons, particular individuals or particular foods.

A great step in being able to have agency for ourselves is to really identify what things are triggers for us. For instance I know that psych ward scenes in movies, or movies about psych wards, are triggering for me and cause me to dissociate/flashback or move into panic/survival mode. This is a trigger I know I have, and one that I feel comfortable communicating to my partners, friends and family.

Many of us also have patterns, almost predictable schedules, for when episodes or phases can occur. Some people navigate through sadness or depression during particular seasons or particular times of the month. Other people know that night time can be a particularly mad time, or maybe have particular trigger days where a traumatic event occurred.

It can be a difficult process to figure out triggers and/or patterns for ourselves, and takes a lot of time, self-reflection, self-exploration and safe space. I am still discovering new triggers, or find myself being triggered even if I feel as though I am in a safe space or with people I love and trust. Don't push yourself, just try and be mindful and aware of what is occurring around you or within you when you find yourself moving into different emotional states or episodes.

Here are some questions I ask myself when I am moving into an episode or emotional place:

- Did I watch something that upset me?
- Does today have a particular trauma attached to it?
- What was I doing when the dissociative feelings began?
- Have I taken my vitamins/supplements/hormones/medication?
- Am I feeling stress about something in my life?
- Did my routine change?
- Have I been eating enough?
- Does this music have a particular effect on me?
- What has my sleeping schedule been like?
- Does this building remind me of somewhere I have been?
- Do I feel like I am going to have a confrontation with someone?
- Have I been having episodes at a similar time of the month or year?

If you can, write down some of your own triggers

There may not always be a trigger or particular thing that causes an emotional/episodic state. That is perfectly fine. But if we are aware of things we know can trigger us, it can be helpful in communicating with people we partner with, as well as help us begin to figure out safe ways to navigate through mad times. I recommend writing down triggers, patterns and feelings you have as they come up for you, or afterwards.



- SECTION 2 -

How Do I Get Crazy?

What does madness/episodes/emotional states look like?

Dissociation? Mania? Depression? Panic Attacks? Anxiety? Insomnia?
Hallucinations? Paranoia? Losing Time? Over sleeping? Agoraphobia?
Claustrophobia? Obsessive behaviors? Self-Harm? Flash Backs?

We all go through episodes and emotional states differently. What does that look like for you and what does that feel like for you?

For me, I know that I have tendencies to dissociate, have flash backs, hallucinate, get paranoid, go through mood swings, and have manic and depressive phases.

Now that I have identified what I go through, I can begin to identify what it looks like and feels like, or what my “symptoms” are. So, for instance, when I am manic, I tend to feel super energized, scattered, and I am not hungry. I also tend to be forgetful or flakey, unresponsive to needs of others, and I spend more money and sleep less.

Being able to identify what these things look like and feel like can help you and your partner(s) be able to identify when an episode or emotional state is about to occur or is occurring.

I recommend doing this when you are not in the middle of an emotional state or episode, and making sure you feel safe and secure in your environment and yourself before engaging with these difficult questions.

Try writing down a few of the ways your madness manifests.

- What does a panic attack feel like for you? How does it appear to others?

- What do you see/hear/smell/taste when you are hallucinating?

- What are you afraid of when you are getting paranoid?

- When you are manic, how do you sound, look and act?

- When you are having a flashback, what does that feel like? How does it appear to others?

- When I am depressed, what does my body feel like?

If you cannot identify what things look like or feel like for you, that is totally okay too! Just being aware and mindful that you are going through an altered/emotional/episodic state is a huge accomplishment. Move slowly, and just try and build awareness. If it is triggering to think about this stuff, then just take a step back from it. You don't have to know all of this, and you don't have to pressure or rush yourself.

I know that my triggers change, the way I act/feel during episodes and emotional states change, and that my environment and the people around me impact how my episodes and emotional states look and feel too. I have found that when I am aware of myself and what is going on for me, it is much easier to process out what I need to do for myself and what support I need from my partner(s), family and friends



- SECTION 3 -

Navigating The Crazy; What Helps, What Doesn't

What are some things that make you feel better? Help you move through depression/mania? Help you come back to yourself when you are dissociating? Help soothe you during a panic attack?

What things push your buttons or re-trigger you?

It is helpful for us to know what we have in our toolkits when we are navigating through crisis or episodic/emotional states. It is also helpful to know what things can push us further into crisis, re-trigger us, or inflame a crisis moment.

For instance, things that are soothing or helpful for me are baths, calming teas, listening to my music, watching children's movies, my favorite foods, and sometimes being held in a particular way.

Things that are not helpful are restraint, yelling, loud noises, feeling trapped, being isolated, or being told what to do.

Think about and write down things that you use to self soothe, or that other people have done for you that have helped you navigate through a crisis or emotional/episodic state.

Becoming more self-aware is important in being able to communicate effectively with our partner(s) before/during/after emotional states or episodic states. It is also important in order for us to advocate for ourselves as well as let the folks we love know what we want if we are incapable of communicating during an emotional state or episodic state.

If we can communicate before an episode, it gives our partner(s), friends and family the opportunity to work with us to figure out what our needs are and what support they can provide during the more difficult times.

The following 3 sections are suggestions for ways we can begin to navigate our processes with our partners while maintaining boundaries, find healthy ways to navigate through crazy times, and incorporate radical consent into our self-care and our relationships with others.

Safety Planning!

Safety planning can be an amazing way for us to negotiate/navigate our relationships with the people we will sleep with/date/partner with and love.

I used this template from the Icarus Project and altered it to fit my needs. See if it fits your experience!

CAUSES FOR INTERVENTION

When I am feeling well, I am (describe yourself when you are feeling well):

The following symptoms indicate that I am no longer able to make decisions for myself, that I am no longer able to be responsible for myself or to make appropriate decisions:

APPROVED SUPPORTERS

When I clearly have some of the above symptoms, I want the following people to make decisions for me, see that I get appropriate treatment and to give me care and support:

I do not want the following people involved in any way in my care or treatment. List names and (optionally) why you do not want them involved:

MEDICATION

Preferred medications and why:

Acceptable medications and why:

Unacceptable medications and why:

TREATMENT

Acceptable treatment and why:

Unacceptable treatment and why:

Home/Community/Care/Respite options

FACILITIES

Preferred treatment facilities and why

Unacceptable treatment facilities and why

ADDITIONAL DIRECTION FOR SUPPORTERS

What I want from supporters when I am experiencing these symptoms:

What I don't want from supporters when I am experiencing these symptoms:

What I want supporters to do if I'm a danger to myself or others

Things I need others to do for me and who I want to do it.

How I want disagreements between my supporters settled:

Things I can do for myself

I (give, do not give) permission for my supporters to talk with each other about my symptoms and to make plans on how to assist me.

Indicators that supporters no longer need to use this plan:

I developed this document myself with the help and support of:

Signed:

Attorney:

Witness:

Witness:

Date:

Date:

Date:

Date:

Any way that you feel comfortable writing down what happens for you, what it looks like, and what support you need or what your self care toolkit holds can be helpful!

After we begin becoming self aware, and can begin writing down and pin-pointing the ways folks can support us and the things that we know work for us and don't, it is really helpful to share this resource with the people we sleep with/date/partner with, as well as our family/chosen family, and friends.

I know that for a lot of us, it can be difficult to ask for support or what we need. We can feel guilty, needy, or like we are too much or unworthy of the support and care we need from the people we love.

Some things to consider when we come up against these feelings:

- The people who we partner with/sleep with/date like us enough to partner with us/sleep with us/date us, and more likely than not want to be able to support us! So do our friends, chosen family, and family!
- Having clear communication is great in ANY relationship! It can make for much smoother sailing and closer connections!
- Being forward about what we go through allows for the people we sleep with/partner with/date to make informed decisions for themselves and help them figure out their capacity for support and what their needs are.
- The more people we can ask for support, the less supporting us falls onto one person. I know for me, my emotional/episodic states can be draining on my partner(s) when I am relying on only one person for support. I have expanded my support network so that it never falls on one person, and people can contact each other if necessary to switch up who is supporting me, as well as support each other.

Developing a support network not only works for us mad/gifted folks, it also allows for our partner(s)/date(s)/sleepover friend(s) and chosen family to support each other through our episodic/emotional states. This takes a lot of pressure off of the people who love us, and also helps us be accountable for our self-care when we have more than one person to check in with.

Another form of safety planning has to do with one night stands, hookups, and play parties.

It is important that you let people know the following:

- Where you are going, the address and phone number of the spot, and who you are meeting.
- What time you anticipate arriving.
- How long you expect to stay.
- How you will be getting home, and what time you plan on arriving home.
- Have a check in text/call! For instance, I can say "I will text you around 10:30 if things are cool. If not, can you call me by 10:45 and check up on me?"

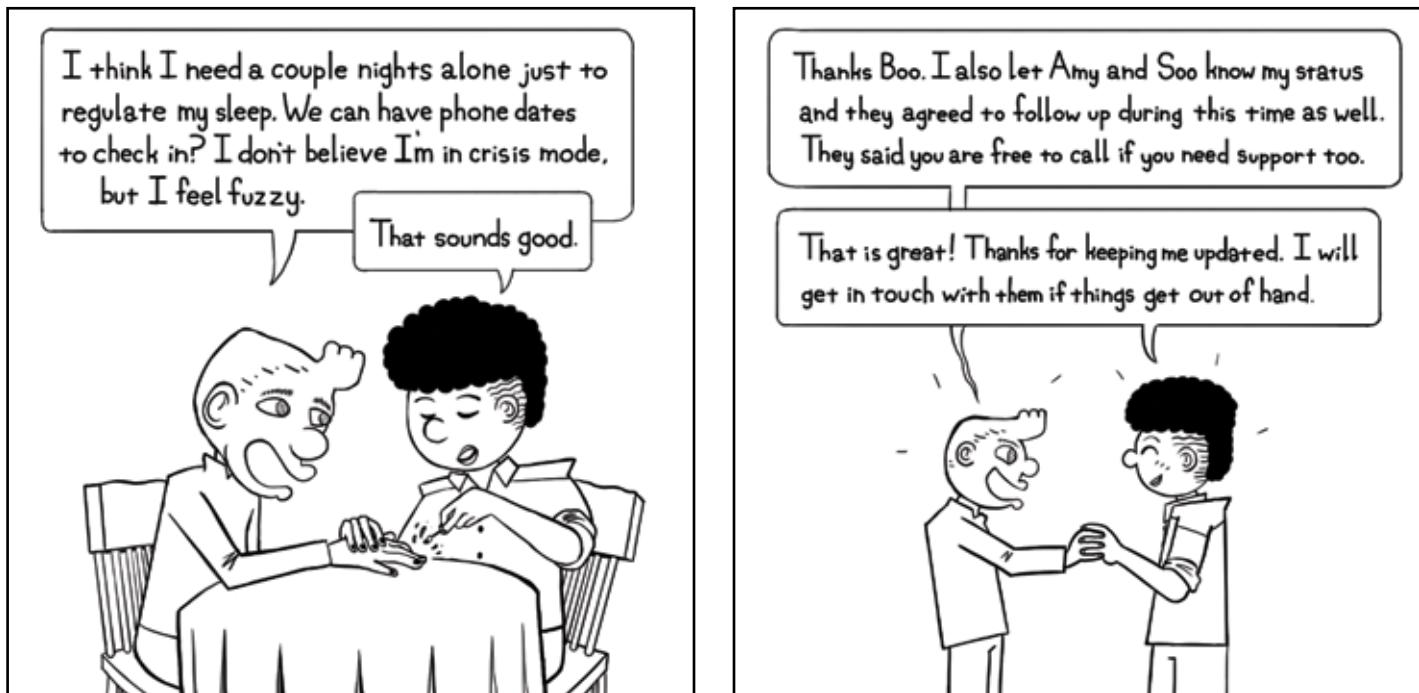


- SECTION 5 -

Checkin In When You're Checkin Out!

Another great way to be accountable and consensual with our partner(s)/Date(s)/Sex buddies is to check in when we're checkin out. Here is what that looks like for me;





Sometimes, we can sense where things are going a little awry in our self care. Maybe we forgot to take our meds for a couple days, or stopped eating regularly. Maybe we get overwhelmed and start over working and under sleeping. It happens to the best of us!

If we feel ourselves slipping down the slippery slope, it's important that we let our support people know! The sooner folks know, the sooner that they can figure out their own capacity for support at that time (everyone has a life to lead, and not everyone can be there 100% of the time, no matter how much we love each other), what type of support you will need (Sleepovers? Grocery store buddy? Phone dates/check ins?), and who we'll be contacting in case of a crisis situation (Boo calls friend? Friend calls mom? etc.)

What's also awesome is if everyone has a safety plan, everyone can stay in touch with each other. In the event that something moves into a crisis state, this ensures that you have advocates who know what your wants/needs are, and that your support team gets the support they need from each other as well!



- SECTION 6 -

Community Support/Accountability

Okay, so I am sure some people are probably thinking what the hell does community accountability have to do with mental health/crazy/gifted issues and radical consent and relationships?

I am going to go out on a limb here and say, quite a lot!

Folks who identify or are identified as being mentally ill/gifted/crazy/mad experience violence both institutionally and interpersonally. In fact, we experience gross rates of homelessness, police violence, domestic violence, institutional/psych ward violence, sexual assault, job and housing discrimination, and discrimination from social service providers and the criminal justice system as well.

In order for us to begin to move forward, have agency and combat larger systems of oppression, we need to work together to create accountability models that work for our communities.

What can that look like?

In my safety plan, I ask that folks not leave me alone with particular objects, or that someone come and sit with me. The reason I ask this is because if I am dissociated or in a manic phase and am out on the streets, I will not have the ability to be cognisant should I encounter the police or other community members. This could lead to unnecessary trauma, unnecessary institutionalization, unnecessary arrest, or even death, in some cases.

Because people who are perceived to have mental illness/giftedness/madness are often stigmatized and portrayed as violent within mainstream society, or as completely de-sexualized and de-humanized, we are at high risk, and have to come together with our community and allies to protect each other. We can do this by supporting each other, challenging mainstream perceptions of our communities, and recognizing the ways that we can show up for one another in crisis situations.

Questions that I like to ask myself around community accountability include;

- Do I have more than one person who understands my safety plan and my needs that I can call in a crisis situation?

- How well do I know my neighbors? How comfortable am I with them?

- How long would it take my closest friend to get to me if a crisis were to occur?

- How do my housemates feel about my safety plan? Are they willing to call one of my safety plan people in the event of crisis?

- Do I/my support team know our rights as a patient?

- Do I/my support team know our rights in case the police show up? If medics show up?

- Is there a high police presence in my neighborhood?

- Do I get violent towards others when I dissociate or am Manic?

- How do I support and hold the people I love in times of crisis? Do I know my friend's safety plans?

- Do I know shop owners in my neighborhood? Am I comfortable with them?

- Is there a support group in my area for folks with mental illness/giftedness/madness?

- Do I have someone I trust in the event someone who is supposed to be supporting me/caring for me is abusing their power in the situation?

- How do I handle my community making asks of me, or approaching me with feedback?

Community Accountability has roots in directly challenging oppressive institutions and re-imagining what justice and healing can look like for us. Organizations like CUAV, the S.O.S. Collective, INCITE and many more are creating and navigating Community Accountability. They are great reference points for thinking about our safety in all kinds of different ways.



- SECTION 6 -

It's Not the Destination, It's the Journey!

Many people assume that people who identify or are identified as mad/crazy/mentally ill/gifted are damaged somehow. That we are not “normal” or that we are incapable of having healthy loving relationships. I would like to directly challenge that. I would like to say that our gifts and madness are not something that need to be controlled, pathologized, or belittled.

When we take steps towards being intentional and mindful of the ways that we navigate our relationships through deeper understanding our ourselves and the people who we partner/sleep/make family with, and the larger structures and institutions that mold ideas of “normal” and “healthy”, we are fighting back against oppression and injustice. By being honest and intentional in practicing consent as crazy/mad/mentally ill/gifted people, we are opening doors and challenging stigma and challenging our communities to move up and fight back against injustice in all its forms.

I would not have been able to come this far had it not been for my amazing community and chosen family and their patience, compassion, strength and courage to move and struggle with me, develop with me, challenge me and hold me during the mad times and good times. I am constantly amazed at the goodness of people, and eternally grateful for all of their love and support.

This is just the beginning of what I hope can become a larger conversation that we can have together. If you have your own tactics and strategies that have worked for you and yours, I would love to share and continue to build onto this to make it as comprehensive and accessible as possible.

**Thanks for reading, if you have any feedback/questions/ideas/call outs
please email me at radical.sex.education@gmail.com**

