00;00;00;00 - 00;00;22;18

Pascale Diverlus

What's up everybody? My name is Pascale Diverlus. I am a writer, educator, and founder of Living Practices Consulting and one half of your hosting team for Speak, Unspoken.

00;00;22;20 - 00;00;36;11

Rodney Diverlus

What's up? I am Rodney Diverlus, an artist and change maker with an interest in the most transformative ideas. So used to being the only person in the room that wasn't that much of an experience until I came to Canada.

00;00;36;12 - 00;00;42;05

Pascale Diverlus

Yeah, for sure, for sure, for sure. That was like jarring.

00;00;42;05 - 00;00;45;19

Rodney Diverlus

In university and you're like the literally the only black person.

00;00;47;03 - 00;00;59;03

Pascale Diverlus

Yeah. I had like, I know experiences a lot of like black people who don't have a black educator. And so, they're like in high school. And I'm like, oh.

00;00;59;10 - 00;01;02;24

Rodney Diverlus

I did not have a black educator.

00;01;02;26 - 00;01;06;11

Pascale Diverlus

At all? Oh my god.

00;01;06;13 - 00;01;08;24

Rodney Diverlus

At all actually, at all.

00;01;08;27 - 00;01;09;20

Pascale Diverlus

Oh no.

00;01;09;24 - 00;01;12;04

Rodney Diverlus

Last time I had a black educator was in Haiti.

00;01;12;07 - 00;01;12;26

Pascale Diverlus

No.

00;01;12;26 - 00;01;25;23

Rodney Diverlus

1,000%. I had white women as teachers all throughout middle school, all throughout high school, all throughout high school. I had a couple of dudes, and then university was all white women.

00;01;25;27 - 00;01;28;02

Pascale Diverlus

Damn. I hate to see it.

00;01;28;04 - 00;01;31;23

Rodney Diverlus

Yeah, I know, I mean, like, it's just like, I think, like, also, there's a different version of you that gets created.

00;01;31;24 - 00;01;32;13

Pascale Diverlus

Absolutely.

00;01;32;18 - 00;01;40;13

Rodney Diverlus

Because you're like, okay, if you're the. I feel like there's so many different ways I want to go. Some people are the only and like that. And so, they become territorial.

00;01;40;14 - 00;01;40;27

Pascale Diverlus

Yeah.

00;01;41;01 - 00;01;46;00

Rodney Diverlus

Some people are only and just shaping a different version of themselves to navigate that space.

00;01;46;00 - 00;01;46;15

Pascale Diverlus

Absolutely.

00;01;46;18 - 00;01;51;05

Rodney Diverlus

While perhaps suppressing their real self. And some people just, like, have carved two different versions of themselves.

00;01;51;12 - 00;02;06;07

Pascale Diverlus

I'm not gonna hold you. I see a lot of the. I am the only blank in a space in Toronto a lot, and the only black person in the class so I'm gonna take up their space. Or, like, I'm gonna give you a side eye when you come in. Like, I definitely see it a lot. I think I got really lucky though.

00;02;06;07 - 00;02;35;02

Pascale Diverlus

Like, I definitely, had like a lot of support workers. I think to also add, I had a lot of Haitian support workers growing up in elementary school, yeah (in Florida). Like, they weren't teachers, but they were like the support, you know, they're support staff, they were so and so I think I had, I was able to have that like within a really young age and they were like super kind to us.

00;02;35;04 - 00;02;42;19

Pascale Diverlus

Like especially kind to little Haitian kids. I had substitute teachers that were black, that were Haitian even.

00;02;42;21 - 00;02;54;05

Rodney Diverlus

Well, the conversation that we're just talking about is around support and this concept of interdependence and I think that very much connects to that, I think.

00;02;54;08 - 00;02;55;11

Pascale Diverlus

Absolutely.

00;02;55;13 - 00;03;07;25

Rodney Diverlus

Now, as adults, I feel like so many people who don't have any of those are trying to create that world that we perhaps missed and did not have as a way of creating more community or better communities.

00;03;07;27 - 00;03;08;19

Pascale Diverlus

Yeah.

00;03;08;21 - 00;03;09;25

Rodney Diverlus

It’s work in progress, I guess.

00;03;10;02 - 00;03;36;16

Pascale Diverlus

This conversation follows some of the gems that Theo dropped on us as what it is to be the only disabled person in the space, young person who has the experience of being mad and thinking about what does what do you do with that? Like do you interject? Or you? And I think Theo took it in a different way because I feel like sometimes, man, when the things come up, sometimes I can be a little spicy.

00;03;36;18 - 00;03;47;06

Pascale Diverlus

And I think in talking to Theo. I was reminded how that may be one of very few opportunities for people to be able to gain access to learn. And I was like, oh.

00;03;47;08 - 00;04;23;23

Rodney Diverlus

Yeah, there's only an expanded world view in this conversation, which I really appreciated. And sometimes even those of us who consider ourselves progressive, have limited views, actually. In so many different ways, even within our progressive spaces, we have a limited capacity for expanded. And I felt like the conversation was expansive. I think what I also take away from it is this reality that like, whether or not what we're just talking about being the only one, that sense of like being singled out or whatnot, whether or not you experience it as a child or not, like you're throughout our lives, we're gonna have experiences that bother us.

00;04;23;25 - 00;04;40;08

Pascale Diverlus

We were able to have a really thought provoking and really transformative conversation with a very special guest. Theodore Walker Robinson is our black, low vision, hard of hearing, non-binary singer, artist and executive arts administrator.

00;04;40;10 - 00;04;47;15

Rodney Diverlus

Why you say it like that? You say black?

00;04;47;17 - 00;05;03;05

Rodney Diverlus

And then in the conversation, we address mad and courage justice. We ask ourselves; how do we challenge the mental health sector to make space for disabled, neurodivergent, blind, deaf and autistic individuals? And how do we build futures that are led by disabled, mad and deaf individuals?

00;05;03;08 - 00;05;16;22

Pascale Diverlus

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00;05;16;24 - 00;05;18;04

Rodney Diverlus

Hi, Theo.

00;05;18;06 - 00;05;19;17

Theodore Walker Robinson

Hi.

00;05;19;19 - 00;05;33;07

Rodney Diverlus

We're just going to jump right in. Theo, for our audience at home, could you describe to us what is the disability justice or mad justice movements? And how do they differ from the disability rights movement?

00;05;33;09 - 00;06;09;18

Theodore Walker Robinson

Great question. Now, I have to preface this by saying I am no formalized scholar when it comes to disability justice. I've been so much involved in doing the work itself. So I definitely define disability justice as a verb. It is the constant work, the constant doing, of manifesting the reality that disabled folks, that mad folks are inherently sovereign, valuable beings.

00;06;09;18 - 00;06;59;23

Theodore Walker Robinson

And it's the constant working out of that reality in our current world, in our current society. You know, we're kind of in a place where our world is very disabling. It's very maddening in ways and circumstances around us cause there to be, instances of injustice. And so, I define disability justice as doing the work of showing the example that people who are disabled, people who are mad identified, are inherently valuable, are worthy of inclusion, and are worthy of surviving not just surviving, but also thriving, of reaching their highest potential, whatever that means, in a self-determined way.

00;06;59;25 - 00;07;38;27

Theodore Walker Robinson

And, you know, helping people to realize that reality and bring that reality to fruition. Justice work is very much a process of becoming and a process of bringing the future and ushering in the future, that we envision and that vision is heavily focused on just seeing ourselves, envisioning ourselves as valuable as inherently worthy of being fully included in our society, and being able to reach our fullest potential, whatever that means, in ways that we self-determined.

00;07;38;27 - 00;08;00;14

Theodore Walker Robinson

And self-determination is something that is really big for me in my own personal practice of disability justice work and how I approach mentoring folks, I'm always trying to help people realize that they can determine what success or thriving or survival and all of these things mean for them, and what that means and how we can reach those goals.

00;08;00;16 - 00;08;23;10

Theodore Walker Robinson

So yeah, I see disability justice as a, as a verb. It's it's something that's constantly being done. It's it's a work that, I don't know, ever gets completed because, you know, I don't really see a terminal end to it necessarily because, you know, as we moved through history on this giant ball that's flying through space, things are always changing in society as well.

00;08;23;10 - 00;08;59;14

Theodore Walker Robinson

And so, we have to be constantly on our toes to continue doing that work. As much as we continue to breathe and continue to be in relationship with one another. And as things are always shifting and changing in our social and political climate. So yeah, I see it as just constantly doing the work, constantly putting in motion the work of our embodied nature as, you know, beings worthy of survival and thriving and success as determined by, our own words, our own, our own, you know, words that come out of our own mouth as we describe for ourselves.

00;08;59;17 - 00;09;32;02

Pascale Diverlus

Yeah. I really appreciate that. There are a couple of things there. You know, I really like the perspective of thinking about the fact that our world inherently is maddening. It is disabling. There are conditions that are far beyond us and exasperate conditions that we may already have or we don't have. You describe and talk about yourself as being someone who has been doing the work, and so in doing the work for quite a long time, what shifts have you been seeing happen within our society at large, but also within our communities, whether that be black communities or communities with disabilities?

00;09;32;09 - 00;09;37;24

Pascale Diverlus

What shifts have you seen happen in your time, and then further, what shifts need to still happen?

00;09;37;26 - 00;10;04;01

Theodore Walker Robinson

Yeah, I mean, I've seen shifts in so many different ways and different levels, you know, from a personal level from, you know, political, a little social, organizational light in the ways I've acted in my communities have been in different capacities. And so I see shifts happening in many ways progressive shifts, regressive shifts. I mean, myself, I mean, I started doing this work from a very young age.

00;10;04;01 - 00;10;33;04

Theodore Walker Robinson

I mean, I was born disabled. I was born with a congenital condition, two congenital conditions, that, impair my sight and my hearing. And, also, you know, as I enter my adult stages, you know, getting certain diagnoses in terms of my mental health as well, so that I've created barriers for me and, you know, shifts that I've seen have happened not just on a personal level from my own self advocacy, but also from a political lens as well.

00;10;33;04 - 00;11;17;11

Theodore Walker Robinson

I mean, I spend some time in my life in politics. I run in a federal election in 2021, and even just being in a role like that as a political candidate was in and of itself, doing disability justice work because there were so few people who put their necks out. So, you know, to, you know, put themselves literally in a bullpen of, you know, cis white hat guys, straight guys, you know, in political debates and also being very hyper visible as a black, trans, disabled individual, you know, and so even just being visible in and of itself, me being visible, me showing up every day to work, showing up to teaching my art

00;11;17;11 - 00;11;35;29

Theodore Walker Robinson

classes are me showing up to do my artistic practice, you know, is creating a shift with, you know, the very by the very means of me being present. That's one shift that I can see, and that's one shift that I intend to keep doing until the day that I die. As long as I keep showing up, there's going to be a shift happening.

00;11;35;29 - 00;12;05;12

Theodore Walker Robinson

And I'm known to be a bit of an agitator of sorts, because no matter where I show up, something is going to change. Because a lot of times people especially, I don't know, normies, you know, are

involved in these, people of the colonial project. Don't expect folks like me to be, present or hyper visible or hyper vocal and, you know, hyper agitated and all of these things.

00;12;05;12 - 00;12;35;14

Theodore Walker Robinson

And so, I mean, I just I'm doing a residency right now in Banff Alberta, the Banff Center for Arts and Creativity, and it's like me just showing up. The faculty there are just like, we've never had a blind person on campus. Like, you need to help us, to help us, you know, make this campus more accessible for you because now you've shown up, there's going to be another person to show up after because, you know, by the nature of you just, you know, being present in the space that you're in.

00;12;35;14 - 00;13;08;24

Theodore Walker Robinson

And that's something that I find happens everywhere I go. And like school and university, going through grad school, you know, going to work in the banking industry. At one point, I used to be a financier, but, you know, like everywhere I show up, it's there's going to be some kind of shift happening because my position in life, my ontology, my way of being is, I won't say oppositional, but it will create some disturbances and how the status quo has been maintained for a certain amount of time.

00;13;08;24 - 00;13;10;00

Theodore Walker Robinson

00;13;10;02 - 00;13;30;07

Pascale Diverlus

Absolutely. And if I could just jump in on that, because I feel like, you know, many of us could probably empathize with, in different ways, being the first of someone. Right? Being like, oh, you're the first person in this role or the first time we're experiencing you or so forth. And so how do you interact with institutions that are then telling you you're the first disabled person or the first blind person that we're encountering?

00;13;30;09 - 00;13;39;24

Pascale Diverlus

Do you, you know, place the shame back on them? Do you question why that you are the first? Like what is your way of interacting with those statements? Come up.

00;13;39;27 - 00;14;00;02

Theodore Walker Robinson

As much as I it's a complicated feeling that I have about that because sometimes I'm just like, really? You've never met a disabled person before? I mean, I'm from Toronto, so I mean, it's a very dense population with a lot of different kinds of people. And then, you know, I come to a, you know, a place like the Banff Center and, you know, maybe the diversity isn't as widely spread.

00;14;00;02 - 00;14;19;20

Theodore Walker Robinson

And so, I have to kind of like put my head in the context of where I am. And I'll be harder on some than other people, like in if I were in Toronto, I'd be a little harder on folks if they, you know, didn't have certain things in place just because in Ontario we have legislations and things about accessibility for Ontario.

00;14;19;23 - 00;14;41;03

Theodore Walker Robinson

And in Alberta things are a little bit different or, you know, different workplaces or organizations have different rules around certain things. But how do I how do I approach it? I mean, like I like to keep conversations going instead of shutting them down. I mean, I can easily just shame folks and get upset and walk out of the room and say, I'll never work with you again, you know?

00;14;41;03 - 00;15;11;03

Theodore Walker Robinson

But I, I feel like that isn't ever productive, and it really doesn't make any shift happen. And it'll close people off. If I reacted in such a way to actually doing the work of disability justice. And so, in order for, for me to sort of influence some kind of change or shift, you know, my approach is really to keep the conversation going and really ask them, get curious about their experiences, too, you know, like, let's understand why this is a thing.

00;15;11;03 - 00;15;53;02

Theodore Walker Robinson

Why have you not experienced folks like me before? Or why in this day and age, you know, we haven't heard about access procedures and you know how to work with employees with disabilities, for example. And so, yeah, I like to keep the conversation going and really just I do a lot of consulting. So I do I take a consultative approach, you know, just providing advice based on my own lived experience, based on legislation that's available, providing resources, really to equip people with as much information as possible to help them become informed so that they don't make any social faux pas again and sometimes again, like there are some people who just they've never

00;15;53;02 - 00;16;10;29

Theodore Walker Robinson

met a disabled person before and they don't know how to, you know, talk to us like a normal adult at times, you know, people want to tiptoe around due disability and use certain euphemisms to get at a certain thing. Or, you know, like when talking about race, about how sometimes white folks use euphemisms to talk about the color.

00;16;10;29 - 00;16;12;10

Rodney Diverlus

They are afraid of saying black.

00;16;12;10 - 00;16;13;23

Pascale Diverlus

Yeah. Afraid of saying black.

00;16;13;23 - 00;16;35;11

Theodore Walker Robinson

You know, like, you know, we've never seen anyone with your needs before. You know, things like that. And so, it's, you know, trying to decompose, not necessarily deconstruct, but also to just kind of deconstruct to a point, to the point where I can build things up again and not just leave it completely blown up and deconstructed.

00;16;35;13 - 00;16;52;05

Theodore Walker Robinson

Because I like to leave things better than when I first walk in. So, you know, taking a consultative approach and then, you know, giving them my lived experience. And how did this situation make me feel and how could change this situation for the next person who's to come after me?

00;16;52;08 - 00;17;22;25

Rodney Diverlus

Yeah. I think that one of the things that you mentioned earlier around self-determination, it's what comes up for me and, and my disabled friends have always talked about this, this almost paternalistic dynamic that exists with non-disabled people in which it's simultaneously walking on eggshells, like you mentioned this, like, I don't want to offend. And as Canadians it's our sensibilities do not do we want to we want to do well and we don't want to offend while simultaneously also not allowing space for people to have self-determination.

00;17;22;25 - 00;17;36;02

Rodney Diverlus

And I'm I'm curious if that's been your experience, if that's been your part of your experience and and what ways have you have you experienced sort of working through with non-disabled people to move beyond that, to actually get to the part of justice?

00;17;36;07 - 00;17;51;03

Theodore Walker Robinson

Yeah. And it takes a lot of communication and just open, honest communication. Being real with each other. Like, I really, I'm not the kind of person to beat around the bush when it comes to thing, and I'm pretty direct a lot of the times about what I need and what my needs are and like what the barriers are.

00;17;51;03 - 00;18;09;16

Theodore Walker Robinson

And I'm really and I guess that's a part of my management style. You know, I, I like to seek out the barriers and then kind of attack them head on and just approach them or opening up front and, but also do it in a loving, corrective kind of way. I just finished reading Loving Corrections by Adrienne Maree Brown.

00;18;09;18 - 00;18;29;18

Theodore Walker Robinson

And, you know, it's about like, how do we be in right relationship with one another when I approach someone and they're wanting to know more and they're expressing that they want to know more about disability and including people who are like me. You know, I really take that as a, you know, fertile ground to build a relationship and to, you know, be in right relationship.

00;18;29;18 - 00;18;53;02

Theodore Walker Robinson

And I see that as someone wanting to be in right relationship, they may not approach it maybe in a way that, you know, I would prefer, you know, but, you know, it's new for them. And so I, I really try to try to, you know, see it from that, their perspective and just, you know, approach it from a caring kind of way because it's also my responsibility to not leave that person the same way I found them.

00;18;53;04 - 00;19;30;17

Theodore Walker Robinson

And that's just my own philosophy. And so, you know, how can I use my experience to make sure that they change after I leave that, you know, and so and just giving them that opportunity to have that intimate encounter with disability to that's memorable for them and that makes them want to continue to do the work and to find out more and to kind of leave them with this insatiable you know, wanting to know more, making this revolution irresistible, like, oh, you know, like having because, you know, if the experience is bad and I just walk away and throw my hands up and say, and I don't want to work with you ever again.

00;19;30;17 - 00;19;45;10

Theodore Walker Robinson

You know, like, it just that doesn't make the revolution irresistible, you know, it makes them think, well, I guess it doesn't matter then. I was not changed by this encounter. Therefore, why should I change or continue on or be different? Do better, be better.

00;19;45;13 - 00;19;52;10

Rodney Diverlus

Absolutely. It feels like it's a combination of challenging people, but also bringing them along, and expanding the tent as well.

00;19;52;12 - 00;20;17;29

Pascale Diverlus

I think it's such a loving way of being right. And I think there's such a kind way of kind of offering other folks to understand, to understand better this kind of change in the hope that, like, we all need it. Also, this conversation around self-determination really has me thinking about the fact that, you know, between climate change, war, aging, many of us will experience or encounter disability in our lifetimes.

00;20;18;02 - 00;20;27;05

Pascale Diverlus

How is it that we can build futures and possibilities that allow us to maintain our self-determination and maintain our autonomy, maintain our dignity and maintain our care?

00;20;27;08 - 00;20;50;15

Theodore Walker Robinson

Yeah, absolutely. And I really like to frame things for folks in this way, we're all, if we already do not have or do not come into this world with some kind of disability or difference in body or mind, we're all temporarily abled, you know, we're all temporarily abled. And that's the way I like to frame things for people.

00;20;50;15 - 00;21;09;00

Theodore Walker Robinson

And it's like, if you are alive, if you are aging and you know you are going to experience some kind of change in your body that will cause it to function in different ways. It could be a political situation; it could be aging. Your eyesight goes. Everyone in your family starts losing their hearing after a certain age, you know?

00;21;09;00 - 00;21;32;20

Theodore Walker Robinson

So I really like to frame it as like disability is the most normal thing that happens as even as bodies change, bodies be bodying, you know, over, over time and, you know, and that really helps to like, really shake things up in people's minds because people tend to think that disabled folks are like over there and it can never happen to them, or they're just different.

00;21;32;20 - 00;22;10;01

Theodore Walker Robinson

They are. And because of the language we've built up over the times, especially in the disability justice movement, as it's progressed over time, you know, people have started to use language like special, special needs, special accommodations. So they create this like, I don't know, separation between disabled folks and non-disabled folks. That actually doesn't really exist. Like we're all, you know, kind of moving towards some form of disability or, you know, differentiation in our abilities over time, just by nature of being alive, being organisms that change, being biological creatures.

00;22;10;04 - 00;22;33;20

Theodore Walker Robinson

And so, I really like to frame things different for people in that way. And especially like, you know, in political situations where there's a lot of war and things can change quickly and people will become injured. You know, I've noticed a lot of folks have been immigrating to Canada in the past five years, especially from the African continent, and a lot of them are coming, and also from Syria as well.

00;22;33;20 - 00;23;08;04

Theodore Walker Robinson

And a lot of folks are coming here blinded or low vision. Major life changes happen, result of political and social situations. And, you know, it's just that we have to kind of remove that block for us, that mental block, that disabled disability is something that happens to other people or it exists separately, like it's all something that exists within humanity, within being a human.

00;23;08;06 - 00;23;38;07

Rodney Diverlus

I relate to this. So, on a personal level, you know, as a as a movement artist, I've always wondered the, contradictions that existed within my practice. Whereas, for example, in the dance spaces, typically very ablest and sort of creates an unrealistic, desire for this quote unquote peak physical form, while the very people who are practitioners of this know deeply and intimately what happens with our bodies.

00;23;38;07 - 00;24;09;02

Rodney Diverlus

And so people who have lived with chronic health issues since they were teenagers, just from the the farm itself, people who are who themselves are experiencing a disabling experience, whose facility is constantly morphing. And you're right, there is a sort of a cognitive dissonance in which you think it's over there. While you yourself are recognizing that the corporeal realities of this body that we're hosting temporarily is changing, is rapidly evolving as well.

00;24;09;05 - 00;24;14;19

Theodore Walker Robinson

Yeah, exactly. I mean, think of it as a dancer. I mean, your knees ain't going to be 20 years old for your whole life.

00;24;14;24 - 00;24;30;10

Rodney Diverlus

No, they're not, they're not even now, I mean, you know, and I'm and I'm just turning 35 and that's 5 years from 30 to 35. It's all we talk about in our community. It's like, oh, I can't bend, I can't do that. I have to accommodate myself by doing x, y, z.

00;24;30;11 - 00;24;55;26

Pascale Diverlus

And I think it's interesting the kind of context you also added into with adding how people use the language of special, because I bet in the spaces that you are in, in dancing and when we're talking about like physical abilities, the conversation isn't around special then. And so it becomes around, you know, disabilities. I folks may not see necessarily, or neurological disabilities, things of that nature that gets like really kind of boiled down to this word that I think is one that is important to criticize and really like, understand.

00;24;55;26 - 00;25;08;05

Pascale Diverlus

Why is that the language that we use? I think the other thing that you're talking about is very clear, even just with that word shift of special, do they use the word special in this way? The dance spaces that you're in?

00;25;08;08 - 00;25;27;22

Rodney Diverlus

They don’t. No, no, no, because it's it's almost pedestrianized the opposite way where we're in denial in the formal space. So it's like, yeah, I can do it, I can do it. Yeah, I can do it. And so there are people who will actually take on things that further contributes to their disabling. So I will give you an example for myself.

00;25;27;24 - 00;25;50;20

Rodney Diverlus

There was when I was in Calgary dancing for a company, I had some knee issues and, there was a show in which I had, I was a feature role, and they, we do this thing called Media Call where their photographers come, and they'll take one photo. They'll try to capture a moment from the show to kind of use as an attachment to the way they write about the show.

00;25;50;23 - 00;26;12;18

Rodney Diverlus

And so the example that they wanted to go was part of my solo, in which I jump off of this table with this, like it was a puppet show with this puppet, big puppet. And I jump up and down and I go, and the photographers and my bosses and everybody was there, and I was so excited that that was the moment that it was going to be, and for lack of better words in the newspaper about it.

00;26;12;20 - 00;26;20;14

Rodney Diverlus

And I jumped off that table. I cannot tell you at least 30 times. And it was a really high table. It was like a big prop.

00;26;20;17 - 00;26;21;05

Pascale Diverlus

Oh my goodness.

00;26;21;05 - 00;26;42;19

Rodney Diverlus

Eight feet tall. Yeah, maybe 30 times now. My ego made me want to keep doing it, but my body was saying, girl, what's up with what you're doing, what you do? And so I'm actively engaged and and the

weathering of my knees and, the space was not your specialty. It is not that it's an an enable. It's an inherently a bit of space.

00;26;42;19 - 00;26;59;27

Rodney Diverlus

And this is what I've learned in many ways, is an inherently ableist space. You're not seen as special, you're seen as having to keep going on. And, yeah, I'm very curious from your perspective, Theo, as an art maker as well? So for those of you who are listening, Theo is a beautiful, very talented artist, vocalist, musician, pianist.

00;26;59;27 - 00;27;14;02

Rodney Diverlus

And a visual artist. I, I'm sure many more. I'm curious, from your perspective as a practitioner of mediums and forms, what has been your experience navigating sort of traditional arts forms or traditional practices?

00;27;14;04 - 00;27;40;27

Theodore Walker Robinson

Yeah. As you said, like I've been an artist all my life and I think as a disabled person, disability is inherently creative because we're always trying to find ways to get stuff done and get through our daily lives, like ask anybody. Like we're all we've all all disabled folks have some kind of life hack or all kinds of hacks to to get through their days and, you know, make themselves feel supported.

00;27;40;29 - 00;28;01;11

Theodore Walker Robinson

But, in my creative practice, my artistic practice, I really like to push the boundaries of what people think I can do or what my body can, or what people think my body can do. And I think that just came from like being really sheltered as a kid and, you know, parents, Caribbean parents trying to like, shelter this disabled kid from doing things.

00;28;01;11 - 00;28;16;21

Theodore Walker Robinson

So I got to know a lot. And so I'd be like, well, I'm going to do it anyway. But, in terms of visual art, like visual arts is one of the things that like I was told that I may not be able to do because I don't see like everyone else, I don't have perfect visual acuity, whatever that means.

00;28;16;21 - 00;28;41;16

Theodore Walker Robinson

I mean, I like to think of my own visual acuity is perfect for me. That's how I was born. I don't know any different is perfect, you know? And so, venturing into visual art has been a really interesting thing for me because as a low vision person who has less than 10% visual acuity and on top of that, an eye movement disorder, a lot of people are like, really?

00;28;41;16 - 00;29;07;06

Theodore Walker Robinson

It's just so interesting to see the kinds of limitations people will put on me and my art. And, and I really took this up when I started painting during the pandemic. Like I thought, you know, how cool would it be if I started painting? Because I was all like in this whole, like, rant and rave against OCAD University because they had this whole ban against admitting blind students into their visual arts programs, because they had this idea, you know, no, it's a thing.

00;29;07;06 - 00;29;33;17

Theodore Walker Robinson

And I I'm pretty sure they still don't really or they're very hesitant to admit blind or low vision students. And it's so funny because I have like a blind friend who's a comic book artist, and his drawings are like better than a lot of sighted folks I see. So but, you know, just to see what the mind can do, like, it's like my mind isn't blind, so I can still create visions and put them out in the world and manifest them in material ways.

00;29;33;19 - 00;30;11;03

Theodore Walker Robinson

But for example, I mean, I did this painting series of abstract paintings. It's a series of paintings that I did using my white cane, a cane that I use for mobility. And it's about chest height, and I use it as a paintbrush, basically to create an abstract painting just to sort of show a representation of what abstraction looks like to me and from my own perspective, from my own visual acuity or my position of visual acuity, and to sort of challenge the ways in which people like to put limitations on how low vision people can participate in visual art.

00;30;11;06 - 00;30;33;09

Theodore Walker Robinson

Yeah. And so I, I like to use different media to sort of experiment with that and how visual art necessarily doesn't just serve the purpose of being visual, like it also has function as well. Visual art has a lot of function as well. I like to play with function in terms of visual art, especially when working with ceramics or tactile art.

00;30;33;11 - 00;30;52;26

Theodore Walker Robinson

A lot of people, when they see a sculpture, they think, oh, it's this beautiful thing that looks beautiful, but also it's this tactile object that you put in the world that has sensory information when you touch and feel it. So it doesn't just serve the purpose of being visual, but it also has the, you know, the function of being tactile and giving information about the world around you.

00;30;52;26 - 00;31;15;24

Theodore Walker Robinson

And so I like to sort of, you know, show people that there's, you know, multiple functions of, of different media and especially visual art. And I just really want to just dispel the myths that visual art is all about beautification and about the eye and what it can see, and that it also serves a purpose and function in, in our daily lives as well.

00;31;16;02 - 00;31;34;22

Rodney Diverlus

I love this, I love this, I really do, and I mean, I think one of the things that I think I relate to you on is that you both exist within the artistic spheres, but also within the sort of traditional as a consultant to support organizations to be better. And one of our audiences is for this work is going to be the mental health sector.

00;31;34;22 - 00;32;00;16

Rodney Diverlus

And I am really, really, really curious to hear your perspective on how you can that sector and as an organization, for lack of better words, be better and do better. And I'm really curious specifically if you can articulate the relationship between the mental health sector and their sort of aims and

mad and disability justice and how those might those aims might either work together or be oppositional to each other.

00;32;00;19 - 00;32;08;27

Theodore Walker Robinson

Yeah. I mean, the mental health industrial complex.

00;32;09;00 - 00;32;30;15

Theodore Walker Robinson

Complex very much so a complex. And I think we're like we're still even trying to understand what mental health is like. Psychiatrist are still trying to understand the brain. We don't even know how half of these medications even work. We don't know anything about the brain. So it's like, I don't know how people can be so sure about certain things in the mental health space.

00;32;30;15 - 00;32;51;12

Theodore Walker Robinson

And I think there needs to be an understanding that there's so much unexplored grounds here in what we're working with when it comes to mental health, and also when it comes to understanding each other. I mean, even just from a varying from culture to culture. I mean, mental health is a different it's seen in such so many different ways.

00;32;51;12 - 00;33;19;24

Theodore Walker Robinson

I mean, there's so many differences in West African cultures and Western cultures and what we consider mental health. And for example, I mean, like in certain tribal cultures, there's a shamanistic practice where people feel like they're taking on spirits of ancestors or receiving visitations or being, you know, they have they experience a consciousness of, a certain deity or an embodiment of a certain deity or, you know, things like that.

00;33;19;24 - 00;33;42;21

Theodore Walker Robinson

And Western culture is sort of pathologized those erroneously for many, many years. And it still happens where, you know, they're calling a lot of folks who have these cultural experiences and

idiosyncrasies as mad as you know. And really, if you just go back home, people are like, no, they just talk to the ancestors. It's no big deal. Pay no mind.

00;33;42;23 - 00;33;45;27

Rodney Diverlus

That's just uncle person. That's just aunt this.

00;33;45;29 - 00;34;14;28

Theodore Walker Robinson

Exactly, exactly. And I think there's so much we have to learn from understanding each other as a global community. And I think Western medicine also, when it comes to treating mental health, needs to take a step back to kind of look at the person as a whole instead of this disease brain kind of thing. I think they need to really understand what culturally relevant care actually means.

00;34;14;28 - 00;35;06;09

Theodore Walker Robinson

I mean, my experience with the mental health system, a lot of black folks get diagnosed with the same disorder. The same is the same labels. They get always slapped with the term oppositional defiant, when really we've been for 400 plus years fighting against systemic oppression. But you know, the DSM-5 wants to call it oppositional defiant or, you know, so all of these things that are so wrapped up in our really fraught histories with oppressions and societal oppression and, and white supremacy and the colonial project, like, all of those things, Western medicine really needs to take a step back and just look at it and start deconstructing it and rebuilding it from a

00;35;06;09 - 00;35;40;16

Theodore Walker Robinson

cultural level and also social perspective, understanding where people are actually coming from and understanding the harm that's been done by the medical industrial complex for so, so very long. I mean, it wasn't too long ago that we were doing lobotomies on people, and it's like now our treatments have come so far where, you know, we're starting to understand the impact that talk therapy can have, having a social connection, that how that can have an impact on mental health, how certain types of psychotherapies have an impact on people.

00;35;40;16 - 00;36;12;07

Theodore Walker Robinson

And so, you know, we're always learning more. And I think we can't or we shouldn't get too proud in where we are with the mental health industrial complex, because there's so much to learn and there's so much to be discovered from one another and from each other. And I think also what needs to change within the mental health industry is that mad folks need to be seen as sovereign individuals, as people who can be trusted, as people who have agency, as people who have inherent value.

00;36;12;13 - 00;36;32;20

Theodore Walker Robinson

I mean, like, we have this practice in Western medicine of just locking people away in psych ward still. I mean, it's not what it used to be, but there's still this disbelief that we need to put people in a locked ward or, you know, you know, in a, a unit in a hospital where they can't see their friends or family and separate them.

00;36;32;23 - 00;36;57;05

Theodore Walker Robinson

It's like a form of banishment when, you know, we now know, especially when in terms of what we know about trauma and healing, is that healing from a lot of things happens best in community communities when we're with our family is when we're with our partners. I think there's a lot that can be done between partnering with community and medicine.

00;36;57;05 - 00;37;32;14

Theodore Walker Robinson

I think they can work together in ways that they haven't done before, because the constant revolving door of putting people in the hospital all forming them and all these things and, you know, giving them like literally a mental health record, it's like a criminal record in many ways. There's so many parallels there just to be deconstructed there. I think there's a lot of opportunity for us to bring social aspects of healing and culturally relevant aspects of healing into the medical world, to help support people who have just different needs when it comes to their mental well-being.

00;37;32;16 - 00;38;03;22

Rodney Diverlus

And the word healing and the word healing. I feel like these sectors and these complexes use the word healing as a euphemism for what they see as fixing. And so it's like there isn't space for that

nuance for that. It's that we have these benchmarks, and we want you to hit these benchmarks or reach this, this imaginary line that we've created so we can go and continue getting our grant and our funding, but not actually thinking about what is it that you as individual need separating you from your community, etc., etc..

00;38;04;04 - 00;38;33;18

Theodore Walker Robinson

Yeah. And I think that's where self-determination really needs to come in here. We need to see people as able to self determine their own goals and decide what their functional means to them. What does I mean? Let people set their own goals for how they want to approach mental health, for example. I mean, maybe instead of, you know, expecting someone to reach a certain level that is very low of a certain level of functionality, that is very capitalistic.

00;38;33;18 - 00;39;03;12

Theodore Walker Robinson

And, you know, we want to get you to a point where you can work a 9 to 5 job and, you know, you know, suppress your bipolar disorder and you know, all the things that make you, you know, instead of making that the benchmark, you know, make it something that's, that's defined by the individual, rather, that's the, you know, again, it's capitalism has a huge part to play in how, the medical industrial complex thinks people should heal or get fixed when they come in contact with them.

00;39;03;14 - 00;39;05;11

Pascale Diverlus

Right. Those are not synonymous.

00;39;05;13 - 00;39;06;19

Theodore Walker Robinson

Yeah. They're not.

00;39;06;21 - 00;39;26;22

Pascale Diverlus

They're not synonymous things. I think it's also why I really appreciate it. Like, Sonny's, framing around it very intentionally saying that there are disabled people in our future. And I think that even,

you know, as someone who does a lot of activism and community organizing, understanding the ways that we have to think about a future, that also means that there are disabled people here as well.

00;39;26;27 - 00;39;51;11

Pascale Diverlus

And in revolutionary world, in this utopia, whatever that looks like that we're building, there are disabled people there as well. And so our understanding of this needs to expand. Now, if our futures are actually trying to hold us on, there is, you know, to repeat what you said Theo, there is so much to understand about each other. But I see a lot of organization really do the work of understanding each other, of empathy, of access.

00;39;51;11 - 00;40;24;17

Pascale Diverlus

They really boil that down to dollar signs. They assign money to the work of understanding each other and value to the work of empathy and access and so forth. And so, from, you know, you're an art practitioner, but you also work within arts institutions to help, you know, bring access and conversations, more practically, to the organizations. And so, from your vantage point, how do you make sure that issues and discussions around access and disability are not sidelined when there is no institutional or monetary will?

00;40;24;20 - 00;40;43;13

Theodore Walker Robinson

Yeah, it's such a hard thing, especially when it comes down to budgets. And like especially organizations, all they want to talk about is budget. All they want to talk about is how much access costs, how everyone wants to talk about how expensive disabled folks are and how they are tax on the system and how everybody's on the dole and blah, blah, blah, blah, blah.

00;40;43;15 - 00;41;10;09

Theodore Walker Robinson

All the things. And I think we need to really just shift the way we think about disability and think about reshape the way we think about accommodating. And we have to think about access as something that is an investment in our future. It's not an expense. It's basically allowing people to be at their fullest potential, to have the tools they need to be reach their fullest potential.

00;41;10;09 - 00;41;31;04

Theodore Walker Robinson

And I just and my ideas are quite radical in ways in that a disability and access are not to be relegated to the last budget item line. You know, it's like, okay, we got this leftover money after we paid rent, after we paid salary after movie though. Right now, access 500 bucks. Great. Okay. What are we going to do with that?

00;41;31;06 - 00;41;56;24

Theodore Walker Robinson

I mean, we need to start with and this is how I do my budgets personally. Like when I'm doing like when I'm trying to cut up the pie. Basically, I like I start with people before I start looking at quote unquote capital or whatever. Like things are other things I need to be pay for. I look at who's on my team, I look at the people in front of me.

00;41;56;24 - 00;42;23;17

Theodore Walker Robinson

What do they need in order to be at their best? Because whatever equips them to be at their best is going to be the greatest investment that'll help us as a community get to where we essentially need to be. And if that means a shift in the goals of the organization, then so be it. I think, you know, if we all are at our best, then we will be doing our best and what we output into the community is going to be the best.

00;42;23;17 - 00;42;52;22

Theodore Walker Robinson

And I think those those things need to be self-determined again as well. And I really like to start with the people in front of me and what their needs are and start from the people upwards, you know, so to speak, in terms of building an organization, because at the end of the day, like your people and again, like, I hate using these kinds of languages, but I guess in my experience as a business person, like I really see people as your true assets like these are this is your true value.

00;42;52;22 - 00;43;19;04

Theodore Walker Robinson

Everything else, the building that doesn't matter, like the computer expense, that doesn't matter. The people you have in front of you, the these are your real. This is your real capital. This is your real

asset. Because at the end of the day, that community, that social imprint is what's going to be left behind. No one's going to remember, like, you know, one administrative expense that was on a budget line from the fiscal year beforehand.

00;43;19;04 - 00;43;40;28

Theodore Walker Robinson

People are going to remember the people in front of them and the impact that they have. So, you know, I really start with people and work from there and then, you know, build out a budget or build out goals or a strategic plan from that perspective. Because I see people, I see their potential as an investment. And ultimately I'm just interested in people's potential, like people reaching their potential.

00;43;40;28 - 00;43;45;12

Theodore Walker Robinson

And so, I see access as just a way to help people get there.

00;43;45;14 - 00;43;53;29

Pascale Diverlus

Absolutely, absolutely. You hear that organizations that are trying to sideline us with money potential, like actually invest into us. Let's see.

00;43;53;29 - 00;43;59;27

Theodore Walker Robinson

A future. Well, I mean, like everyone says, access is expensive, but it's like, well, humans, we're expensive.

00;43;59;27 - 00;44;01;01

Pascale Diverlus

Expensive.

00;44;01;01 - 00;44;11;25

Theodore Walker Robinson

Know, like have needs to, you know, be equipped with the tools we need to get work done. And and so why not invest in people? You know.

00;44;11;27 - 00;44;32;18

Pascale Diverlus

That's such a lazy response to like, when I hear that, I'm like, oh, there's no creativity here. Even, like, we can't even actually think outside of any boxes because we are just so stagnant in our understanding of where money needs to be allocated and so forth, that people become at the very bottom of our priority list. And then you can feel that.

00;44;32;18 - 00;44;46;15

Pascale Diverlus

And then organizations to everyone across the board, whether they have it or not, can feel that. Yeah, absolutely.

00;44;46;18 - 00;45;12;06

Rodney Diverlus

I'm very curious actually, if we can take it, we're going to take a little bit of a segue. And really, one of the things that I found in my experience doing activism against state sanctioned violence and this community is just the sheer amount of individuals that are that have experienced violence from the state who also, experienced a lack of care and were in many ways and experiencing crisises.

00;45;12;06 - 00;45;38;15

Rodney Diverlus

And so folks like Andrew Loku, who was a South Sudanese man that was killed by police in 2015, Ejaz Chaudhry, even dating back to Lester Donaldson in 1988. There were all black and racialized people that were experiencing at the time. At the time they're experiencing, they're in crisis and also had other forms of disabilities, and their lives were not seen valuable and were were taken.

00;45;38;15 - 00;46;03;15

Rodney Diverlus

And they had they were fatal victims of police violence. And this all this thing, all that we're talking about. And it's at its most extreme. And on physical violence, these sort of institutional violence,

sort of intellectual violence, all the different ways that that we don't see value. And, certain individuals, when you then give the state the power to police individuals, that mindset on the extreme ends up taking lives.

00;46;03;15 - 00;46;19;06

Rodney Diverlus

That were too precious to be lost. And I'm curious if you can speak on that, if you can, if you have any thoughts on on that connection and, and what can non-disabled and non mad folks know about the violence that that the state impacts on mad and disabled individuals.

00;46;19;08 - 00;46;43;17

Theodore Walker Robinson

Yeah. I mean our bodies are always, our society is always launching some war against the bodies of disabled people and against mad people, against racialized people and against people who have all of these things intersecting, like myself. I mean, one of those names you read that really sticks out to me, is Ejaz Chaudhry, because he was from Mississauga.

00;46;43;17 - 00;47;09;08

Theodore Walker Robinson

I'm from Mississauga. I distinctly remember that day when it happened because he was around the exact same time that something very similar happened to me with Peel Regional Police. I was having literally my darkest hour. I walked to my doctor's office because I had no other means and, you know, I've exhausted all my avenues walked to my doctor's office for support.

00;47;09;11 - 00;47;41;29

Theodore Walker Robinson

He erroneously calls the police. My doctor is racialized as well, but the police come. But instead of just sending, like, you know, one person to escort me to the hospital, which was essentially what they should have done. They sent like ten police cars, ten police cars to my doctor's office. And there was this. Yeah, exactly. And there was one police officer that stood there arguing with my doctor about whether or not they should take me to the hospital because, I was sitting crying in a corner, suicidal.

00;47;42;06 - 00;47;52;17

Theodore Walker Robinson

And the head police officer says I don't feel safe with that person in the room. I don't feel safe going in there. And then when you just.

00;47;52;19 - 00;47;53;19

Rodney Diverlus

They don't feel safe.

00;47;53;21 - 00;47;55;10

Theodore Walker Robinson

Yeah, they don't feel safe.

00;47;55;13 - 00;47;56;14

Pascale Diverlus

All of the weapons on.

00;47;56;16 - 00;48;25;25

Theodore Walker Robinson

You take that snapshot. Take that snapshot. The police officer is prioritizing their safety when they've got like, 20 other guys behind them, you know, and they were called to my doctor's office to do a specific job. And that was take me to the hospital so that I can receive medical care. My doctor had to argue with them that that they could that, you know, that it's their job to take me to the hospital like, this is, what are you doing?

00;48;25;25 - 00;48;45;21

Theodore Walker Robinson

And, you know, that was again like, I not that I feel regional police owes me a lot of money for my hospital bills right now. That I am still paying because, to get the, the care I needed to to actually heal from that. But that also emboldened me to act a lot more in terms of my, my work in, in disability justice.

00;48;45;21 - 00;49;08;11

Theodore Walker Robinson

And I specifically remember that day, like marching for Ejaz Chaudhry. You know, the Region of Peel was up in arms about it, especially racialized community, because God forbid, were mad in public. You know, we're having a bad day. And, you know, things are you know, we've exhausted all avenues. And yet when we call for help, our bodies are still criminalized.

00;49;08;12 - 00;49;23;27

Theodore Walker Robinson

They are, you know, seen as threats, even though there's a whole army called for one person. And and again, like, I still every single day I think about this, I still think about how I easily could have been Ejaz Chaudhry, easily.

00;49;24;02 - 00;49;25;01

Pascale Diverlus

Absolutely.

00;49;25;03 - 00;49;38;25

Theodore Walker Robinson

If I wasn't sitting in a corner crying over this whole situation and like if I, I don't know who's manic and overly talking and you know, they would have seen that as like hostile behavior and they would have whipped out a gun real quick.

00;49;38;28 - 00;50;00;12

Pascale Diverlus

Disgusting. I think this also, sorry too interrupt, I just, I think that this is also a really good time to also illuminate the distinct experiences of madness and mad people particularly. I'm wondering if you could help to kind of brought in folks is understanding of what madness is and particularly what the experience is. As a black mad person or a racialized mad person.

00;50;00;15 - 00;50;08;03

Pascale Diverlus

What are those entail interacting with the health systems, mental health systems and just kind of encountering life generally?

00;50;08;05 - 00;50;34;23

Theodore Walker Robinson

I mean, in terms of madness, madness, mad. The word mad in general is, a term that people within mental health community have sort of reclaimed for themselves. Mad has been this term that's been sort of used as an insult or a way to sort of dismiss someone's behavior or as a way to sort of pathologize someone for acting against what is considered societal norms, especially in Jamaican culture.

00;50;34;23 - 00;51;06;16

Theodore Walker Robinson

You know, people will say you're all mad. Your made him you're mad. You know, so it's it's and disability justice has sort of broken off into a branch of mad justice where folks who experience mental health, challenges or folks who are in recovery have sort of taken that term back and are kind of using it to disarm that loaded term, sort of reclaim that term, you know, reclaiming self reclaiming, mind reclaiming, but and sort of seeing pride in that.

00;51;06;16 - 00;51;35;04

Theodore Walker Robinson

Like, just as there are differences in our bodies, one person's skin color may be different. Another person's spinal curve may be different. Someone may be may have mobility challenges, another person may have another type of mobility challenges. And just recognizing the beauty in the difference that is us that that that we experience, and especially within black community. I mean, we have such a.

00;51;35;06 - 00;52;10;10

Theodore Walker Robinson

Again, we we also have a very fraught history with mental health and also accepting certain kinds of mental health help when because of our sordid history with systemic oppression and how how our, our allegiance to, you know, masters in history has been aligned with madness or, you know, loyalty or etc.. And so, you know, people, for example, in the times when Africans were enslaved, if they were to run away, of course you want to run away and seek freedom for yourself.

00;52;10;10 - 00;52;30;01

Theodore Walker Robinson

That would be considered mad. Like, you know, that would be considered, you know, some kind of mental illness. Like, why would you want to leave the safety of a master's home? Right? You're said here your, you know, you've got you got a roof over your head, you've got all these things, why would you want to escape that. And so and we're kind of black people and rightfully so.

00;52;30;01 - 00;53;03;00

Theodore Walker Robinson

We've we have a little bit of distrust for the mental health system a lot. And we've sort of inherited that over generations, and only because we've been gaslit for being that it's only like horribly gaslit by by systemic oppression for wanting to escape the systemic oppression that affects us. And so, you know, it's really been passed down through generations and a distrust for doctors, a distrust for psychiatrists, because so many for so long medicine has been used to inflict pain on our bodies, too.

00;53;03;00 - 00;53;43;29

Theodore Walker Robinson

We've been experimented on, we've been tortured in medical environments and pathologized with these diagnoses that are entirely racist and have no grounding in biology whatsoever. And so, you know, we really have a complicated history with being within the mental health system. And black mental health as it is today is definitely a shifting ground, a shifting environment where as a community, we're now really starting to understand as we approach certain levels of liberation within ourselves and society, we're now starting to understand there's so much healing to do and there's so much, so many resources that we can utilize in order to maintain our wellness.

00;53;43;29 - 00;54;10;04

Theodore Walker Robinson

And now suddenly, you know, kids are starting to get therapy and they're seeing a psychiatrist or they're using medication as tools to maintain their wellness. But, you know, if you come from the old country in the Caribbean, you know, maybe you're especially I'm second generation. I was born in Canada. And so, you know, my my family, the older folks, you know, they still have that memory, historic memory of having this distrust for the medical industrial complex.

00;54;10;04 - 00;54;38;21

Theodore Walker Robinson

And so a lot of us now who are healing and overcoming that are starting to embrace medicine as a way of healing, but also encountering challenges when we come in contact with the medical industrial complex. I mean, we're still very much and this is something that I've encountered being on the board of directors for Black Mental Health Canada is that we are very much lacking in culturally competent care for black folks, for folks especially who come from the African continent.

00;54;38;21 - 00;55;01;23

Theodore Walker Robinson

And so, you know, that means that there aren't enough medical professionals who look like, look like us, who work in psychotherapy, who work in psychiatry. So, like the people who sit in front of us to do talk therapy can't even relate to us. The fact that, you know, we have to do this extra work as black folks when we're sitting in front of a white therapist, a lot of times we have to explain what racial stress is.

00;55;01;23 - 00;55;21;27

Theodore Walker Robinson

We have to explain we meet these barriers, having to explain what our history is with the mental health system, and also the racism that we experience in our daily lives, on top of the racism that we experience within the medical system as well. It's just it's so complex and it's like, I mean, I again, I'm a I am an agitator.

00;55;21;27 - 00;55;56;23

Theodore Walker Robinson

I will advocate for myself tooth and nail. But, you know, a lot of people are falling by the wayside and not getting the care they deserve. And because they are not able to advocate in the in the same way or because the medical industrial complex is still not caught up with the fact that we need more mental health professionals who look like us, who have our experiences, who understand racialization and its positionality and the social determinants of health that really all compound and create, you know, us when we present with mental health challenges.

00;55;56;25 - 00;56;19;29

Rodney Diverlus

Absolutely. I think back to Haiti and, you know, Haiti is a country that's from the perspective of Canada under resourced from this perspective and so doesn't have the sort of robust institutions that Canada would have and how much and which in every communities and every family, you

know, people will have statements. They'll be like, well, you know, this person, that's just how they are.

00;56;20;01 - 00;56;46;22

Rodney Diverlus

That's just it all. They'll, they'll, they'll say, oh yeah, that's how they are. But the sort of isolation, the segregation and, go over there, you have to go to this institution and get yourself fixed before coming here. It's just not paradigm. And so I, I it's, it's not the paradigm. So I find it really interesting to think about just how we've over bureaucratized, putting people in a box and where we believe they belong.

00;56;46;24 - 00;57;10;17

Rodney Diverlus

And so even the mental health sector, it's the definition of who needs help and what qualifies as help and what qualifies as support is never actually comes from the communities themselves. It's defined externally by a funding body, by an advocacy body, by an institution. And you just have to figure out your way to check, check, mark your way through if you want any modicum of support.

00;57;10;19 - 00;57;30;09

Rodney Diverlus

And so it goes back to what you're saying around self-determination, self-determination and self-determination. You take the lead from the people who actually experience it. And I feel like as progressive, we say this again and again and again, and yet it feels almost impossible to adopt by the institutions and the powers that be.

00;57;30;12 - 00;57;32;25

Theodore Walker Robinson

Yeah, absolutely.

00;57;32;27 - 00;57;45;05

Pascale Diverlus

No. Period. Now, the period at the end, period. Well, I just want to say thank you very, very much Theo for sharing space with us here. Please let our listeners know where they can find you.

00;57;45;08 - 00;57;58;03

Theodore Walker Robinson

Yeah, I'm mostly on Instagram just because I'm a millennial Luddite now. But, I'm on Instagram so you can find me at Theodore Dot Walker Robinson on Instagram.

00;57;58;05 - 00;58;05;03

Pascale Diverlus

I love it. Lovely. Thank you so much for sharing space with us. Thank you for this very fruitful conversation. Till next time.

00;58;05;05 - 00;58;06;22

Theodore Walker Robinson

Thanks for having me.

00;58;06;24 - 00;58;09;27

Rodney Diverlus

Feels pleasure. Thanks to you.

00;58;10;00 - 00;58;33;14

Pascale Diverlus

Speak, Unspoken is brought to you by Across Boundaries. With support from Ontario Health, produced by Living Practices Consulting, hosted by Pascale Diverlus and Rodney Diverlus. Edited and mixed by Angelyn Francis.