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Title	Who is included in the Mad Studies Project?
Type	Article
URL	<a href="https://clock.uclan.ac.uk/23384/">https://clock.uclan.ac.uk/23384/</a>
DOI	
Date	2019
Citation	Spandler, Helen and Poursanidou, Dina (2019) Who is included in the Mad Studies Project? The Journal of Ethics in Mental Health, 10. ISSN 1916-2405
Creators	Spandler, Helen and Poursanidou, Dina

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## **Who is Included in the Mad Studies Project?**

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### **Abstract**

Mad Studies is an emerging new critical project. As such, its purpose and future direction is open to debate. In any new project, questions emerge regarding its boundaries: who is inside and outside, included or excluded? This paper explores questions of who (and what) is (or should be) included in the Mad Studies project. For example, we explore the place of those who are not 'Mad positive' or anti-psychiatry; the extent you need to be Mad identified to do Mad Studies; and the potential inclusion of a number of related conditions, experiences, and perspectives (such as neurological diversity; myalgic encephalomyelitis / chronic fatigues syndrome (ME/CFS); and psychedelic drug use). Whilst we do not argue that Mad Studies *is* exclusionary, nor that it should be all-inclusive, we do think it could be more attuned to potential exclusions, especially because these are often based on unhelpful binary oppositions (physical/mental; social/medical; psychiatry/anti-psychiatry; etc.). Therefore, we make the case that Mad Studies could more explicitly interrogate underlying assumptions, not only of psychiatry and the 'psy' professionals, but also of pre-existing 'critical' approaches to madness. If so, it could be a truly ground breaking project.

### **Introduction: Mad Studies and inclusion**

Mad Studies is an umbrella term for critical mental health scholarship and activism. It is both

'new' and a continuation of previous radical scholarship in the mental health field (Beresford, 2016). As such, its purpose and direction is the subject of much debate and contestation and different scholars have different emphases and priorities (in the UK, for example, see Russo & Beresford, 2015, 2016; Faulkner, 2017; Beresford, 2016; Cresswell & Spandler, 2016; Sweeney, 2016). We refer to Mad Studies as a 'project' in an existential sense: that is, it is not fixed but in the process of becoming; and is an on-going concern for both of us<sup>1</sup>. In this sense, it is a personal and political, as well as an intellectual project.

In a recent issue of *Asylum* magazine (Winter 2016, Volume 23, Number 4), we argued that Mad Studies had 'come of age' because of its increasing ability to discuss difficult and contentious topics in an open and mature fashion, and its willingness to accept and embrace difference: of experience, opinion, and perspective. Notwithstanding this, in any new project questions emerge regarding boundaries, inclusions, and exclusions. For example, who (or what) is (or should be) included or excluded in its remit? This paper is not a critique of Mad Studies, but an attempt to reflect on these concerns.

We will not argue that Mad Studies should be all-inclusive as this would render it potentially meaningless and undermine its potential for originality and radical critique (Sweeney, 2016). If Mad Studies can mean anything to anyone - or, at least, anything related to 'madness' - then it ceases to be a specific 'project' at all. Indeed, one defining feature of Mad Studies is its contestation of dominant forms of research and knowledge *about* madness as an object of study (Costa, 2014; Castrodale, 2017). Thus, Mad Studies purposefully does not include most scholarship in the 'mental health' field which usually focuses on mental illness, treatments, and services. In addition, despite its name - *Mad Studies* - it is not just a critical or scholarly 'discipline' – but has aspirations for liberatory action, policy, and practice (LeFrançois, Menzies, & Reaume, 2013). Therefore, there is explicit cross fertilisation with other critical projects, most notably Queer, Black, and Disability studies and movements.

This potential for exclusion is a frequent and legitimate criticism of many of these critical disciplines. Mad Studies is no exception. For example, in her keynote at the 'Making Sense of Mad

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<sup>1</sup> One of us (DP) is a service user/survivor researcher and the other (HS) is an aspiring ally of the psychiatric survivor movement. We both share an unsettled relationship with the Mad movement and an ambivalence about our 'up, close and personal' experiences of madness, both our own and members of our close families, friends, and colleagues.

Studies' conference, LeFrançois (2016) placed particular emphasis on critiquing the privileging of white Mad activist scholarship over racialized scholarship, and white narratives of lived experience over racialised narratives of lived experience. There have been a number of attempts within Mad Studies to rectify this by explicitly emphasising the 'intersectionality' of madness (Castrodale, 2017), as well as through projects doing Mad Studies outside the academy, e.g. Mad people's community history courses and collectives in Canada and Scotland in the UK (e.g. Mad Studies North East, 2017). In addition, we are heartened to hear about the *Mad in Asia* project currently being initiated by scholars and activists from south east Asia<sup>2</sup>.

In this paper, we have a related, but slightly different, focus. We concentrate on what might be called 'Mad specific' exclusions, i.e. potential exclusions that might relate to different Mad perspectives and experiences. There is general agreement that Mad Studies must remain accountable to the Mad community (LeFrançois, 2016) and 'nest itself in the immediate practicalities of everyday human struggle' (Menzies, LeFrançois, & Reaume, 2013, p. 17). On the surface, this seems straightforward and uncontroversial (at least to Mad Studies scholars). However, as the 'Mad community' is diverse and heterogeneous, some may feel more 'accounted to' than others. Therefore, Mad Studies requires a mature capacity to deal with difference and diversity within its constituency (Faulkner, 2017). We are writing this within the context of UK Mad Studies and most of our references reflect this context.

Critically examining the dominance of the psy disciplines and discourses is certainly a key component of the Mad Studies project, without which there is a risk of collusion with top-down professionalized understandings of madness and distress. However, there are also risks associated with having lines of critique too well defined and articulated. Whilst Mad Studies is still a very new field, we would like to see it more attuned to potential exclusions that are often revealed by untenable and unhelpful binary oppositions, such as mind/body; physical/mental; social/medical model; and pro/anti-psychiatry that have affected much critical mental health scholarship and activism to date<sup>3</sup>.

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<sup>2</sup> A Mad in Asia initiative is currently in development, supported by *Transforming Communities for Inclusion, Asia* (<https://transformingcommunitiesforinclusion.wordpress.com>). With *Mad in America*, (<https://www.madinamerica.com/>) they are supporting a forthcoming Mad in Asia blogzine.

<sup>3</sup> This tendency to reinforce false binaries can be traced back to the so-called anti-psychiatric critics like Thomas Szasz onwards (see Thomas & Bracken, 2010; Sedgwick, 2015).

We think Mad Studies could – and should – ‘unsettle’ or ‘trouble’ these binary oppositions more explicitly, not least because much of human suffering demands that we go beyond binaries (Bracken & Thomas, 2010). Given the focus of this special issue, we pose some key questions related to potential inclusions in the Mad Studies project. For example, we explore the place of those who are not ‘Mad positive’ or anti-psychiatry; to what extent you need to be Mad identified to do Mad Studies; and whether Mad Studies can include related conditions, experiences, and perspectives.

### **Is there a place for those who are not ‘Mad positive’ in Mad Studies?**

This question relates to the perennial question that surfaces when discussing Mad Studies. It is reminiscent of concerns that frequently surfaced in the early days of Queer Studies: the appropriateness of embracing a historically negative, derogatory term – ‘queer’ or, in this case, ‘mad’. Mad Studies, like the Mad movements that preceded it, seeks to subvert negative connotations associated with the term ‘mad’ – and reclaim & politicise it, like Queer, Fat, Crip, and so on. In societies where madness is usually seen as (only) negative and dangerous, the idea of reclaiming it ‘as part of our fabric’ (Maglajlic, 2016, p. 210) is potentially challenging and unsettling (Church, 2013). It is worth emphasising that in Mad Studies, the use of the term ‘Mad’ is usually not meant as an essentialised identity category (you are either mad or you’re not) but as a reference to political categories of critique and resistance (signified by the use of upper-case Mad, like Queer, Deaf, Black, etc.)<sup>4</sup>. However, despite this laudable aim, it is hard to dis-entangle the Mad Studies project from identity categories completely, especially when it comes to questions of inclusion and exclusion.

When developing the idea of Mad Studies, Toronto scholars and activists coined the terms ‘Mad identified’ and ‘Mad positive’. ‘Mad identified’ refers to people who adopt the identity category Mad and ‘Mad positive’ usually refers to ‘allies’ or people who are not necessarily ‘Mad identified’ themselves, but identify with the aims and objectives of the Mad movement (Church, 2013). Whilst reclaiming Madness helpfully encourages people to question their negative assumptions about madness and mad people, it perhaps too readily conjures up the idea of a purely ‘positive’ view of

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<sup>4</sup> In this paper, we use ‘Mad’ when it relates to Mad Studies and Mad identity and ‘mad’ when it relates to experiences that might be considered aspects of madness/mental illness/mental disorder, etc.

madness. Whilst this may not be the aim of using this phrase – which is more about political positioning and solidarity with Mad people and the Mad movement – the use of the term ‘positive’ inevitably raises questions about the place of more conflictual, ambiguous, or negative experiences of madness. For example, some people who experience severe and/or long-term depression may find the positivity hard to relate to (Beazer, 2017).

Most importantly, it seems important that Mad Studies is able to articulate the acute suffering often associated with mad experiences, which cannot simply be reduced to psychiatric intervention, discrimination, and/or ‘sanism’ (Spandler & Anderson, 2015; Plumb, 2015). Indeed, the UK survivor Anne Plumb has cautioned against too eager adoption of Mad as a unifying term because of the inevitable *distress* (to self and others) that usually accompanies experiences commonly associated with madness (Plumb, 2015). Indeed, we are acutely aware of the damage that ‘madness’ has caused: both in our own lives, and in the lives of our families and friends. Therefore, whilst we recognise the political importance of asserting Mad Positivity (or Pride), we would rather Mad Studies advance a more diverse range of identifications in relation to madness. For example, our own preferred self-identification of ‘Mad ambivalent’ includes ambiguous, complex, and conflictual experiences of madness (Poursanidou, 2013).

Our concerns relate to what Jones and Kelly (2015) have called the ‘inconvenient complications’ to Mad politics. They explore the heterogeneities of mad experiences which may have different effects and consequences, according to the experience itself, as well as where one is situated in relation to it. For example, whilst it may be easier to reclaim self-harm or hearing voices as powerful and meaningful, other experiences (such as ‘thought disorder’) may be more difficult to see in a positive or politicised light. This is especially the case if one is in a subordinate relationship to the person with this experience (e.g. as a child, an employee, or a younger sibling).

If madness is a ‘dangerous gift’ – as the Icarus Project puts it (<http://theicarusproject.net/>) – we would like to see Mad Studies exploring madness’s ‘danger’ as well as its ‘gift’. On this, we are encouraged by Mad Studies scholars and activists who are attempting to address some of the more difficult and ‘dangerous’ aspects of madness. For example, by raising issues of violence both within, as well as upon, the Mad community, without reproducing familiar (binary) tropes that *either* mad people are ‘dangerous’ or ‘victims’ (e.g. Costa, 2016).

This situation is reminiscent of the ‘sex positive’ movement (Queen & Comella, 2008) which tried to reverse negative associations of sexual pleasure and celebrate sexual diversity. Despite its laudable aims, it arguably had the unfortunate effect of alienating or marginalising those who do not have an unproblematic relationship with sex/sexuality – for example, asexual people, people who have been sexually abused, or those who have an ambivalent relationship to sex (Spandler & Barker, 2016). Therefore, taking our cue from what we’ve learnt from this, rather than foregrounding ‘positivity’, perhaps Mad Studies could consider alternative ways of negotiating our relationships (with ourselves and each other) to keep ourselves safe when experiencing states of madness and distress (Spandler, 2017).

The promotion of Mad Positivity might result in other unintended effects and exclusions. For example, it might inadvertently promote specific Mad ‘normativities’ – or ways of being accepted within a specific culture and community – in this case, the Mad community. In other words, an ‘ideal’ Mad subject may be constructed in the Mad Studies imaginary. This might be someone who is Mad identified, politicised in a particular (and accepted) fashion, and able to celebrate madness as part of a Mad counter-culture in which they feel part of. To what extent can Mad Studies include those who feel that experiences of madness have been damaging to themselves and others, or those who are not politicised in a particular and accepted fashion?

Again, this issue of alternative normativities has affected other critical disciplines and movements, which in rejecting one set of dominant norms, arguably inadvertently replaced them with an alternative set of orthodoxies (Spandler & Barker, 2016). For example, if the ideal Queer subject is ‘sex positive’ and challenges gender and sexual binaries, this could inadvertently exclude differently sexualised bodies and experiences. Similarly, we would like Mad Studies to create more spaces for a diversity of mad experiences and perspectives including, but not limited to, Mad positivity – or indeed Mad as victim (of psychiatry/society). This later point brings us to our next question.

### **Is there a place for activists and scholars who are not anti-psychiatry?**

Criticising the dominance of bio-medical psychiatric models within mental health services and developing alternative Mad-centred frameworks is undoubtedly central to the Mad Studies project. However, it is also argued that Mad Studies should be pluralistic and not impose another monolithic theory or ideology on survivors (Beresford, 2016; Sweeney, 2016). This raises the question of *how*

pluralistic Mad Studies can be. For example, do we have to reject the bio-medical model, psychiatry, and their associated 'psy disciplines' to do Mad Studies? How can Mad Studies ensure its relevance to 'mad' and psychiatrised people – including those who use and rely upon psychiatry and mental health services?

It is worth noting recent mental health campaigns, often involving people associated with the broader Mad movement, and especially racialized communities in the United States, to *defend* existing mental health services. The solidarities and tensions existing between this form of activism and Mad Studies has been discussed elsewhere (Cresswell & Spandler, 2016). As they are not necessarily, or at least primarily, critical of psychiatry or the psy disciplines – if anything they might demand more of these interventions – it is not clear whether this form of activism is, or should be, included within Mad Studies: nor indeed who should decide.

Sweeney (2016) contrasts a more 'anti-psychiatry' Canadian Mad Studies tendency, with a potentially 'watered down' UK version which, she argues, could dilute Mad Studies' potential for critique. She proposes a distinction between a necessarily 'broad church' approach of survivor-led research, where varied views and models are embraced, and a Mad Studies approach which, she argues, should offer a "unifying theoretical framework that has as its central goal the critique of biomedical psychiatry and the development of critical and radical counter-discourses" (Sweeney, 2016, p. 47).

Whilst we think this distinction is a useful and important one, tying Mad Studies to an overtly anti-medical model or anti-psychiatry position has certain consequences. The most obvious is that it could exclude those who feel they need psychiatric support, medication, or medical intervention. After all, access to medical treatments is highly politicised, context dependent, and variable. While there is a worrying global trend of importing western bio-medical psychiatry to other countries which lack a National Health Service, marginalised or poor communities are often unable to access modern medical treatments at all, whether they would benefit from them, or not. In addition, psychiatry is not homogenous or monolithic (Rose, 2017), but heterogeneous – as are service users and survivors. Indeed, what is often lambasted as the 'medical model' arguably could equally include social interventions, rest, and recuperation, as much as the pharmacological interventions that are usually seen as its primary mechanism (Sedgwick, 2015).

Moreover, it is entirely conceivable that people who feel they have benefited from psychiatry could have a positive contribution to the Mad Studies project. Having said that, we think Mad Studies

does have a vital role to play in questioning prevailing explanations, discourses, and practices *about* madness – whether these are psychiatric or medical, as well as psychological or social. Presumably, its central purpose should be to promote alternative, Mad-centred understandings and practices. In other words, Mad Studies could question and challenge ‘mainstream’ psy-centred approaches to madness *as well as* ‘alternative’ or ‘radical’ approaches to madness that have come to dominate certain activist circles. For example, Grey (2017) has discussed feeling excluded from the hearing voices and trauma survivor movements as her experiences do not neatly map onto what seem to be acceptable forms of survivorship. Similarly, Golightley (2016) has referred to her experiences of complex physical and mental health difficulties which disrupt simple divisions between the ‘medical’ and ‘social’ model and do not readily fit a prevailing anti-psychiatric narrative.

In addition, there is a tension between keeping Mad Studies open, inclusive, and democratic, on the one hand, and developing Mad Studies as a project with a particular agenda for change on the other. In a similar vein, the editors of the key text *Mad Matters* argue that Mad Studies needs to be open to, inclusive of, and promote the diversity of identities, experiences, and perspectives ‘while maintaining a critical edge and resisting a decline into liberal relativism, remains a political and ethical challenge’ (Menzies, LeFrançois & Reaume, 2013, p.11). There is a related tension here: between Mad Studies as an ‘alternative *to psychiatry*’ (Beresford, 2016, p. 31) and Mad Studies as a new area of knowledge production.

Of course, it may be both. However, our concern is that Mad Studies doesn’t become trapped within a pro-psychiatry/anti-psychiatry dynamic and, as a result, become too defined, and limited, by what it opposes. For example, opposition often results in being marked by what we oppose and thereby merely mimicking its problems (Holloway, 2010). For example, Rose criticises ‘the reverse history of psychiatry’ which she argues is often adopted by Mad Studies scholars in opposition to a traditional ‘Whig’ history which assumes psychiatry’s inevitable and benign progression (Rose, 2016). She argues that Mad Studies simply turns traditional history on its head, reverses its values and copies its linear methods without questioning its underlying structure. In other words, one is a simplistic ‘march of progress’ narrative while the other sees psychiatry as necessarily reactionary and oppressive.

We are actually more hopeful that Mad Studies is a departure from this pro/anti-psychiatry dynamic whilst still being able to de-centre the dominance of particular – usually bio-medical – frameworks of understanding madness. Rather than necessarily endorsing or ‘opposing’ psychiatry,

Mad Studies can be an opening to different activities, a counter world with different logic, language, and questions (Ingram, 2016). Therefore, whilst anti-psychiatry and survivor-led research both remain primarily focused on researching, critiquing, and/or evaluating psychiatry, mental health services, and interventions<sup>5</sup>, Mad Studies is free from this concern and can ask wider questions about society and culture. For example, it can explore mad people's histories, cultures, politics, and communities, including *before* the invention of psychiatry; and use mad-centred knowledge to critique existing cultures and practices (Church, 2013; LeFrançois, Beresford & Russo, 2016). In other words, it can explore 'what madness has to tell us both about our own individual lives and the societies we live in' (LeFrançois, Beresford & Russo, 2016 p. 5). Indeed, new books such as *Searching for a Rose Garden* (Russo & Sweeney, 2016) move beyond narrow critiques of psychiatry to embrace and extend new forms of Mad knowledge.

### **To what extent do you need to be Mad identified to do Mad Studies?**

Previous critical approaches to madness and psychiatry, such as anti-psychiatry, critical psychiatry, and critical psychology, have been primarily led by radical professionals. Whilst Mad Studies consciously builds on these traditions, it more explicitly draws from the Mad movement and puts the experience and knowledge of Mad people at the centre of analysis, critique, and activism. It is generally agreed that Mad Studies should privilege and centre the experience of those people who self-identify as Mad, and those who have been defined as 'mad' by others and, as a result, have been at the sharp end of services, oppression, and discrimination (Menzies, LeFrançois & Reaume, 2013; Sweeney, 2016).

Therefore, Mad Studies can be seen as including two elements. First, individuals and groups of people who have been deemed 'mad' or self-define as Mad and who use this experience as a source of knowledge (LeFrançois, Beresford, & Russo, 2016). Indeed, one of the most exciting things about Mad Studies is the emergence of new Mad identified scholars developing their own experiential knowledge, critiques, and theory – both inside and outside the academy (Reville, 2013). They are

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<sup>5</sup> An important exception to this is survivor / mad history that works to foreground mad people's voices and history (see the work of Oor Mad History in Scotland; the Survivors History Group in the UK; and Mad People's History in Toronto).

reclaiming, renaming, and reframing *specific* experiences, as well as using these experiences to critique and challenge prevailing socio-cultural norms and values (Grey, 2017; Golightley, 2016). Many Mad identified scholars, activists, and collectives are increasingly doing this work through Mad art, cartoons, comics, exhibitions, etc.<sup>6</sup> These are able to present a nuanced, ambivalent, and complex understanding of the ‘dangerous gift’ of madness.

However, this raises another question: who is Mad or ‘Mad enough’ for Mad Studies? Whilst the insights of those who have experienced the ‘sharp end’ of the system need to be prioritised, it seems important to avoid the mistake of just reproducing conventional psychiatric classifications of who is (or isn’t) mad. To an extent, Mad Studies avoids this mistake through practices of self-identification, but this doesn’t solve it completely. Most of us will have experienced some form of distress, or altered states of consciousness, and although allies of the Mad movement may not have been psychiatrised, they have usually experienced madness and psychiatry at least ‘by proxy’. However, this is obviously very different from experiencing psychiatric intervention and being ‘out’ about those experiences.

The second key element of Mad Studies doesn’t require being Mad identified (or even ‘Mad Positive’, as we have argued earlier). It involves the explicit utilisation of individual and collective wisdom and knowledge generated by the Mad movement and Mad people’s experience. We are acutely aware of the danger of psychiatric survivor knowledge and narratives being used, abused, and co-opted (Russo & Beresford, 2016; Costa et al., 2012). However, non-Mad identified allies, scholars and activists have a role to play, not only in ‘supporting’ Mad Studies (providing funding, venues, administrative support, etc.) but also in ‘doing’ Mad Studies (Menzies, LeFrançois & Reaume, 2013)<sup>7</sup>. In other words, as Mad Studies scholars in their own right – as long as their work explicitly and consciously centres Mad knowledge, culture, and experience. For example, this might include scholars who draw on Mad people’s history, the Mad movement, literature by the user/survivor movement (including service user/survivor-led research), and/or literature on the historical, social, and

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<sup>6</sup> For example, see: <http://dollysen.com/>;  
<http://www.disabilityartsinternational.org/artists/profiles/sean-burn/>

<sup>7</sup> Of course, there are all kinds of complexities around definitions, and disclosures of individual histories that may prevent scholars self-identifying as ‘mad’. We accept that being ‘out’ as Mad has particular personal and political risks and importance, not dissimilar to being out as LGBTQI.

political contexts of mad oppression (e.g. Church, 2013; Joseph, 2015).

Both of these two elements deploy what might be called a 'Mad Studies lens' (Poole & Ward, 2013) – either directly or indirectly. What probably distinguishes this lens from other forms of inquiry 'about' mental health is that it does not treat madness as an 'object of study' (i.e. studying madness or mad people) but rather as a potentially credible source of knowledge in its own right. In other words, it uses Mad knowledge and subjectivity as a tool of understanding and analysis – an instrument of knowing. Mental health scholarship to date, even much so-called 'critical' scholarship, has rarely represented survivor/mad scholarship as credible knowledge *on its own terms*.

Again, this is where Mad Studies is similar to Queer Studies which is not limited to LGBT identities, but places the experiences of LGBT people at the centre of knowledge construction and critique. In this sense, you don't have to be Mad or Queer to 'do' Mad or Queer Studies (although it helps); but 'doing' Mad or Queer Studies requires taking a Mad or Queer perspective which questions dominant assumptions about madness, gender, and sexuality (Spandler & Barker, 2016). Of course, given inevitable heterogeneity, this raises the additional question of *which* Mad experiences, perspectives, and knowledge to centre. This is always a political and ethical question.

### **Is there a place for related conditions, experiences, and perspectives?**

In this final section we consider the inclusion of conditions, experiences, and perspectives that have not historically been considered within critical mental health scholarship. For example, we briefly consider organic brain disorders, complex mind/body illnesses such as chronic fatigues syndrome / myalgic encephalomyelitis (CFS/ME), neurological differences/dispositional diversities, and drug related experiences. Questioning their inclusion helps us to consider the remit and boundary of Mad Studies. In other words, considering their inclusion may help to question prevailing taken-for-granted assumptions about what critical mental health scholarship could (or should) be.

Broadly speaking, critical mental health scholarship has tended to concentrate on mental health conditions that are seen to be primarily 'psycho-social' in origin but which are overly 'biologised' and 'medicalised' by psychiatry. However, what about conditions and experiences that do have a physiological or neurological basis? More than this, is it actually possible, or desirable, to make such a clear-cut distinction between psycho-social mental health problems and organic disorders and

differences? Whilst there may be an overemphasis on the bio-medical correlates of madness and distress, there still is a place for biological or neurological understandings in mental health, as well as psychosocial understandings in more organic illnesses. However, given this overemphasis, *any* understandings from biology or neuroscience can be too readily rejected out of hand, even when they may be helpful or even bolster evidence about the deleterious impact of trauma and social conditions on one's mental health (Van der Kolk, 2014). The question is perhaps not *whether* these perspectives should be included, but *how* they can be considered without minimising the importance of social, political and cultural factors.

For example, Bell (2016) has argued that critical mental health scholars make an overly sharp distinction between mental health difficulties which are seen to be primarily psycho-social and conditions with a clear 'biological' basis such as intellectual disabilities, dementia, neurodevelopmental problems, genetic disorders, and organic disorders. He argues that concentrating critique only on the diagnosis, framing, and treatment of conditions without clear evidence of a biological basis effectively excludes people with other conditions which impact on mental life and perception and may result in distress, visions, voices, etc. How far might these experiences find a place within a Mad Studies project? Should Mad Studies include the experiences and perspectives of people with changed brain states or those who feel that neurobiology is also a useful way of understanding their difficulties? At the least Mad studies could consider the potential consequences – both opportunities *and* risks – of broadening inclusivity in this way.

Similarly, people with complex conditions like Chronic Fatigue Syndrome/ME may fit the Mad Studies criteria in that their experiences have historically been psychiatrised. However, CFS/ME sufferers and activists are unlikely to adopt the term 'Mad'; do not see their condition as primarily related to 'mental health'; and certainly have little 'pride' or 'positivity' about their condition. Unlike many critical mental health scholars, CFS/ ME activists tend to argue for less psychosocial research and interventions and more *bio-medical research* and treatments. Therefore, whilst many CFS/ME activists campaign against the psychiatrisation of their condition, they have done so for very different reasons to those in the Mad movement (Spandler & Allen, 2017).

Clearly *all* experiences and conditions have bio-psycho-social correlates, but the underlying common problem may relate to what has been called 'epistemic injustices', where people's own experiential knowledge is downgraded, deflated, or marginalised (Liegghio, 2013; Blease, Carel, &

Geraghty, 2016). Whilst for many psychiatric survivors this often relates to the disproportionate emphasis on the 'bio' and the downgrading of psycho-social understandings, for others it may be disproportionate emphasis on the psychological and the downgrading of other more biologically focused understandings. Given the dominance of biological understandings of madness, including the 'bio' as part of Mad Studies would need serious thought. Building on critical understandings of biology and neuroscience might be a good place to start (Rose & Abi-Rached, 2013).

In another example, neurodiversity activists often see their pathologisation, psychiatrisation, and oppression as related to neurological or dispositional differences (Milton, 2016). This is a position which differs considerably from many critical mental health scholars who tend to eschew consideration of neurology or biology (see Milton & Timimi, 2016). Whilst the neurodiversity movement has been criticised for creating false binaries between the 'neurotypical' and the 'neurodiverse' (Runswick-Cole, 2014), it seems clear that we all have neurological and dispositional differences and those labelled with autism exhibit certain unusual behaviours which have been pathologised and misunderstood by the medical establishment (not unlike many psychiatric survivors). Thus, arguably, they also fit the criteria of 'being deemed mad by others', and may have important insights about that experience, as well as about prevailing cultures of normalcy and neurotypical environments (Graby, 2015).

Indeed, Mad Studies scholars have started to explore connections between Mad Studies and Critical Autism Studies (McWade, Milton, & Beresford, 2015). In addition, Mad Studies has attracted survivors and activists who are working within and across difference in helpful ways. For example, people who experience complex physical and mental health problems have made important contributions to, and a bid for inclusion within, the Mad Studies project (Golightley, 2016). This has meant problematizing the medical/social and physical/mental binaries and highlighting the potentially negative consequences of a simplistic anti-medical model approach to complex conditions which may require complex and multi-faceted responses.

Similarly, Mad Studies might also take an ambivalent, non-binary approach to highly contested interventions such as psychiatric medication. This approach would not see medication as inevitably necessary *or* damaging, but instead as context dependent - on a person's unique needs and situation (Callard, 2015). This would resonate with many people's actual self-care practices. Developing a more nuanced position regarding medication would prevent further pathologisation of those who continue to use medication, but would also open up interesting questions regarding the self-regulation of our

mental states. In addition, it might also problematize the State enforced boundary between (socially acceptable) prescribed ‘medications’ and (socially unacceptable) ‘recreational’ drugs. Moreover, there may be some potential overlap between Mad Studies and Psychedelic Studies, the study of the use of psychedelic substances such as MDMA, LSD, and Marijuana (e.g. Sumnall, Cole, & Jerome, 2006). For example, some people report similar mental states when they have taken recreational drugs as when they have experienced states of mind that were deemed mad, e.g. MDMA and mania; LSD and psychosis (e.g. Spandler, 2002). Such cross fertilisation may spur interesting insights about consciousness, and the use of psychoactive substances in culture and society. It is worth noting here Mark Fisher’s work on Acid Communism, which started to integrate his own experiences of depression, knowledge of psychedelic counter-cultures, with a critique of modern capitalism (Fisher, 2016)<sup>8</sup>.

These are all examples of potential Mad Studies *inclusions*, which might benefit, and benefit from, a Mad Studies project. However, their very inclusion would arguably trouble or unsettle what has come to be seen as ‘acceptable’ critical mental health scholarship and activism. For us, this is precisely what makes Mad Studies such an exciting new initiative, as it pushes the boundaries of our usual taken-for-granted ‘critical’ assumptions. We are not suggesting that Mad Studies is necessarily the best, or only, umbrella project for these diverse experiences and conditions. It would probably be absurd if Mad Studies included *any* experience, ‘condition’ or psychological difference. Perhaps instead, it could seek to understand the specificity, as well as the commonality, within and between different experiences, i.e. their intersectionality. In the meantime, Mad Studies could further develop its work with other related critical disciplines and movements for mutual benefit, alliance building, and solidarity.

It would be also problematic if Mad Studies just included experiences *already* well-served by radical and alternative approaches, e.g. those that more easily fit a social, oppression, or trauma-based model (like self-harm or hearing voices). If Mad Studies is to really break new ground it needs to be able to offer new perspectives on a variety of mad experiences, including – and especially – those less well-served by existing alternative understandings and support services. Therefore, we

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<sup>8</sup> Unfortunately, Fisher’s Acid Communism project was curtailed due to his suicide in 2017. However, his work still inspires many anti-capitalist mental health activists.

think Mad Studies could potentially include a wider range of extra-ordinary, unusual, and unconventional experiences, including those on the borders of what is usually seen as madness (see, for example, Grey, 2017).

The approach we are advocating here potentially expands the reach of Mad Studies to include experiences out-with 'normalcy', or the conventions of the 'psychologically normal', whilst at the same time foregrounding the experiences of people who have experienced the sharp end of the mental health system. Expanding Mad Studies to consider a range of different experiences, not just those that are usually seen as 'mad' – either by psychiatry or the Mad movement – potentially opens it up to a wider range of knowledge and understanding. This might include neuroscience and biology as well as culture, politics, and sociology, thus making Mad Studies genuinely transdisciplinary and intersectional.

## Conclusion

Mad Studies is a rich, diverse, and challenging project. Because of this, it inevitably raises tensions and difficulties, some of which we have tentatively explored here. There are no easy answers to the questions posed here. However, we suggest they are best acknowledged, as *tensions* and kept open, rather than prematurely resolved and closed down. Mad Studies scholars – and we include ourselves here – could be more attuned to potential exclusions, because these are often based on unarticulated but untenable binary oppositions, such as: pro/anti-psychiatry; mental/physical health; social/medical model; and mind/body. It is worth noting that all these binaries have slightly different consequences (Ratcliffe, 2010) and Mad Studies could help unpack these complexities. Ultimately, attending to questions raised by those at the 'borders' of Mad Studies could expand its horizons beyond a narrow critique of bio-medical psychiatry and open up new and important areas of inquiry and critique. Ultimately, whatever Mad Studies is, or becomes, and whoever it includes or excludes, we agree with Sweeney (2016) that it must try to create alternative counter-cultures of critical inquiry, support, and solidarity.

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**Acknowledgements:** none

**Competing Interests:** none

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**Publication Date:** July 15, 2019