

Lancaster Disability Studies Conference – Mad Studies Stream

Programme

Tuesday 6th September 2016

10.00	Registration
11.00-11.30	Introductions Including introduction to the Mad Studies stream by Peter Beresford & Brigit McWade
11.30-12.30	Keynote: Sara Ryan (main conference)
12.30-13.30	Lunch
13.30-15.00	Paper Session A: Chair: Alison Faulkner <ul style="list-style-type: none">• Jay Watts: <i>Mad Women and the History of Advice</i>• Anjie Mejia: <i>Malinche's Precarious Jornada: Emotional health, precarity and the politics of citizenship in lives of U.S. Mexican Latinas</i>• Debra Ferreday: <i>Like a Stone in Your Stomach: articulating the unspeakable in rape victim-survivors' activist selfies</i>
15.00-15.30	Break

15.30-17.00	<p>Paper Session B: Chair: Jijian Voronka</p> <ul style="list-style-type: none"> • Meghann O'Leary and Liat Ben-Moshe: <i>Homage to Spencer: The politics of “treatment” and “choice” in neoliberal times</i> • Christian Montenegro: <i>The rise and fall of an (im) probable engagement: Different voices reconstructing the early collective agency of users in the context of the institutional modernisation of the Chilean mental health sector</i> • Mick Mick McKeown, Will Aindow, Amy Scholes and Fiona Edgar: <i>Stories of recalcitrance, resistance and legitimation</i>
17.15-18.00	<p>Disability & Society: Meet the Editors (main conference)</p>
18.00-20.00	<p>Poster presentations, drinks reception and book launch</p> <p>Mad Studies Posters</p> <ul style="list-style-type: none"> • Doris Aigner: <i>Madness: a Question about Power! Consequences of the ratification of the CRPD and OP-CAT for psychiatric compulsory measures in Austria</i> • Gonzalo Araoz: <i>Madness, De-Classification and Bricolage</i> • Lieve Carette: <i>Mad matters in Higher Education</i> • Alex Dunedin: <i>Who Knows What: Locked In and Locked Out</i> • Grietje Keller: <i>Mad Studies Reading Groups in the Community</i> • Eliah Luthi: <i>Introducing the Psychiatric Complex: Towards an Intersectional Understanding of Psychiatry</i> • Kirsten Maclean, Anne O'Donnell, Lili Fullerton, Shirley Anne Collie, Sue Phillips, Lin Cochrane, Esther Fraser, Alison Robertson, Elspeth Morrison and Siobhan Forsyth: <i>Finding our way back out - taking Mad Studies back out into the community.</i> • Lyte Moon: <i>Identity, Self-Terrorisation Limitation and Freedom. [a perspective on tyranny, labels & language or/ How Life became a Thing]</i> • Dina Poursanidou & Lisa Morriss: <i>Struggles and opportunities in co-teaching trainee Approved Mental Health Professionals: Links to Mad Studies?</i>

20.00	Evening meal
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Wednesday 7th September 2016

09.30-10.30	Keynote: Susie Balderstone
10.30-11.00	Break
11.00-12.30	<p>Paper Session C: Panel: Survivor Research and Mad Studies: Exploring Connections Chair: Konstantina Poursanidou</p> <p>Panel Members Liz Brosnan (Ireland) Alison Faulkner (England) Cath Roper and Vrinda Edan (Australia) Jasna Russo (Germany) Danny Taggart (England)</p>
12.30-13.30	Lunch
13.30-14.30	<p>Mad Studies Keynote: Jijian Voronka: Mapping Mad Studies in movements, knowledge and praxis Chair: Peter Beresford & Brigit McWade</p>
14.45-15.45	<p>Paper Session D: Mad Studies Keynote Lucy Costa: Madness, violence and other neoliberal spectacles Chair: Brigit McWade & Peter Beresford</p>
15.45-16.15	Break
16.15-17.15	<p>Paper Session E: Sexualities Chair: Debra Ferreday</p> <ul style="list-style-type: none"> • Sarah Carr: <i>'Everything you make a freak': Gay liberation and mad people's history</i> • Helen Spandler: <i>Mad and Queer Studies: What's love got to do with it?</i>

Thursday 8th September 2016

09.30-10.30	Paper Session F: Part I: Tensions and complications Chair: Helen Spandler <ul style="list-style-type: none">• Flick Grey: Borderline mad?• Sarah Golightley: Disabling Madness: Disrupting Mind Body Dichotomies
10.30-11.15	Paper Session F: Part II: Open discussion – questions, routes forward Chairs: Peter Beresford and Brigit McWade
11.30-12.30	Keynote: Don Kulick (main conference)
12.30-13.00	Endings/Lunch

Keynotes

Jijian Voronka: Mapping Mad Studies in movements, knowledge and praxis

This paper explores how the emergent field of Mad Studies builds on Critical Disability Studies and broader critical fields of inquiry. I show the possibilities of Mad Studies as a field which attends to interlocking systems of oppression, informed not only by diverse social movement activism but also the realities of working within the everyday constraints of mental health policy and practice.

I draw on my research to show how Mad Studies, in conversation with other critical fields, needs to 'rethink inclusion' by analyzing the terms of our engagement. By mapping the conditions that manage mental health service user involvement in projects that harness diversity, participation, and cultural competency discourses, I show how peer inclusion can in effect work to retrench mental health/illness neoliberal biopolitical interventions. I explore the limits of authenticity, representational and peer identity tropes that trap us all into the elusive quest to find the 'ideal peer informant.' And I show how Mad Studies is a necessary analytic tool to be used in conjunction with other critical inquiries to elucidate how mental illness is tethered together with racial logics to justify state violence.

Lucy Costa: Madness, Violence and Other Neoliberal Spectacles

Violence is quintessentially one of the most referenced, overused, clichéd and prejudicial "features" in discussions concerning mental health and the people who use services. This presentation explores the possibilities and opportunities for looking at the 'violence dialogues' in all their complexity - both from the individual and structural perspective and, as mitigated through the lens of our current neoliberal culture of hyper surveillance, public management, and other disasters, catastrophes and protests.

I begin by first drawing from a community organising initiative in 2011 in Toronto, Canada whereby a group of psychiatric survivors, mental health advocates, workers, and community members came together with the purpose of intervening and addressing a string of assaults targeting marginalised persons with psychiatric disabilities which resulted in the death of one vulnerable community member. Next, by providing some conceptual considerations I aim to proceed with questions for collaborative, reflective dialogue in order to engage more critically with violence as it emerges both within our communities and via the ongoing normalisation of state sanctioned violence.

Full Papers

Sarah Carr

'Everything you make a freak': Gay liberation and mad people's history

In 1971 a group of radical British gay men and women formed the Gay Liberation Front. A direct challenge to psychiatry formed a key part of their manifesto:

"One way of oppressing people and preventing them getting too angry about it is to convince them, and everyone else, that they are sick. There has hence arisen a body of psychiatric 'theory' and 'therapy' to deal with the problems and 'treatment' of homosexuality." (GLF, 1971, p.5)

At the time homosexuality was classified as a mental illness. As the gay liberation movement grew in the US and Britain, activists campaigned tirelessly to remove homosexuality as a disease classification and as a mental disorder from diagnostic manuals.

This illustrated presentation will briefly explore how and why psychiatry was one of the first targets for lesbian and gay activists in the US and UK and situates the gay liberation movement within the broader context of mad people's history. It will also explore how later lesbian and gay activists formed counter-narratives to the psychiatric stories told about them, and used madness and fear of moral disease as tropes in radical campaigning.

Debra Ferreday

Like a Stone in Your Stomach: articulating the unspeakable in rape victim-survivors' activist selfies

This paper will explore the ways in which digital new media platforms enable new ways of articulating distress, through a focus on the ways in which selfies are mobilised by victim-survivors of trauma as activism, protest, self-care and community. As Engin Isin (2009) has argued, recent times have seen the emergence of new ways of claiming citizenship, with new media and social networking constituting important sites of struggle and enabling new acts of citizenship. Central to the activist potential of victim-survivor selfies is this facilitation of action, in a context that positions sexual violence as unspeakable: activist selfies allow for speaking out, but on one's own terms. This is important because, as Tanya Horeck (2004) argues, the figure of the 'rape victim' is at once invisible and hyper-visible: rape is imagined as private intimate, yet media and popular culture are saturated with images of sexual violence ranging from the eroticised and sensational to 'issue-based' representations including soap storylines, middlebrow mainstream cinema, and the proliferation of popular survivor narratives in publishing and TV. In this context, selfie activism constitutes a way of articulating victim-survivor citizenship that resists the overwhelming cultural imperatives that construct this term as a binary (you are either a victim, or a survivor), or as a narrative of linear progress through 'recovery' (you start out as a victim, but through personal effort, become a survivor). In this sense, victim-survivor selfies speak to Adi Kuntsman's (2015) reminder that selfie activism works by mobilising the intimate and personal to political effect: in capturing the rage, sadness and trauma that may surface in a single moment, they are acts of citizenship in that they refuse the need to become-citizen through survivor-hood, and instead draw attention to the actual experience of the vast body of citizens who are also already victim-survivors.

Sarah Golightley

Disabling Madness: Disrupting Mind Body Dichotomies

This presentation will examine the problematics of theorising mental 'health' and 'distress' as a separate function from physical disability; of Mad Studies when it is detached from physical disability; of Mad Studies when it is detached from a critical disability politic. The presentation seeks to disentangle institutional Western philosophies of the mind-body divide, by drawing from personal experience as an activist and academic with multiple, overlapping, forms of physical and psychological disabilities. I will discuss how Anti-Psychiatry and Mad Studies approaches that reject neurobiological basis of mental health often do so through the reification of mental health's difference to presumed measurable and objective medicalisation of physical aspects of the body.

I will discuss how a mind-body dualism is in and of itself an oppressive construct that compartmentalises complex experience. Within Mad Studies there has been prolific writing on the limitations of psychopharmacology and coercion within the medical industry. Without minimising the importance of this, we must also examine what a rejection of medical treatment implies for those who are campaigning for improved and increased access to adequate medical care, including people with physical disabilities, and trans people.

If Mad Studies can claim that all people on psycho-pharmaceutical medication are necessarily coerced and harmed, this functions to speak over the experiences of Mad people. I argue that to enhance Mad Studies we must be open to the complexities of health experiences and listen to the multitude of ways people themselves interpret these experiences. Moreover, Mad Studies needs to be intersectional in order to challenge oppressive structures that compartmentalise our personal experiences as well as our academic and activist liberation movements.

Flick Grey

Borderline mad?

This paper explores experiences that tend to get labeled as Borderline Personality Disorder (BPD) within the mental health system, and their complicated relationships with madness, trauma and the broader consumer/survivor movement.

Just as madness studies is often situated as peripheral within disability studies, BPD experiences have often been situated as peripheral within madness studies, including:

- accounts that conflate madness with psychosis (e.g. Read et al 2004);
- political critiques of the mental health system that locate involuntary treatment as the sine qua non of psychiatric injustice, whereas many (but by no means all) people with a BPD diagnosis experience systemic exclusion and neglect, rather than (or in addition to) coercion – Epstein 1996 captures the paradox of how injustice is experienced differently within the consumer/survivor movement;
- alternative models that offer space for people with experiences that would be labeled as ‘psychotic’ by mainstream services – e.g. the Hearing Voices movement and some descriptions of Open Dialogue

The liminality of BPD is reflected in the community more broadly, where common-place ascriptions of “madness” are typically associated with psychotic experiences, and community-level “mental health literacy” campaigns tend to privilege schizophrenia and depression (and anxiety and bipolar), ignoring BPD altogether (e.g. Mental Health First Aid).

The BPD diagnosis is deeply contested, with many proposing a focus instead on trauma. However, this can (re)inscribe hierarchies of trauma (Epstein and Grey 2012), in which profoundly painful experiences like neglect and misattunement can become marginalized, or leave a residue of people for whom the language of trauma does not resonate.

Drawing from crip theory, the author’s own doctoral research into ‘Benevolent othering’ and auto-ethnographic observations, this paper explores how we might collectively formulate a ‘rigorous conjunctural analysis that leaves no form of identity behind.’ (McRuer 2006:viii).

Mick McKeown, Will Aindow, Amy Scholes and Fiona Edgar
Stories of recalcitrance, resistance and legitimation

Faced with psychiatry as the only show in town, any person who resists mental health services, especially more coercive forms and associated diagnostic labelling and medication, is compelled to take on the identity of recalcitrant. Numerous stories gleaned from a variety of research studies demonstrate that recalcitrance is both a pejorative appellation in the hands of staff, or can be positively claimed by patients themselves. We present such material elicited in studies of our own (McKeown et al. forthcoming). For some individuals subject to psychiatric coercion resistance erupts in violence and quite literally fighting against institutional regimes and the staff who service them. Reflections upon relational struggles and tensions framed by notions of recalcitrance can help us to better understand mistrust within the psychiatric system: staff do not trust the sincerity of patients' cooperation when it occurs, and patients mistrust staff claims to care about their welfare.

The term recalcitrance has also been deployed in the context of movement activism and opposition to the vicissitudes of neo-liberalism (Clarke 2007, Law & Mooney 2006). As such, relevant critical thinking, actions and reactions, speak of profound issues of legitimacy. In this paper we attempt to theorise recalcitrance in terms of resisting the psychiatric episteme and, in these terms, as a legitimate and rational response to compulsion and coercion. Democratised alternative forms of support may offer one means of negotiating a way out of these crises of care and legitimacy. Similarly, Mad Studies and Mad Activism can be represented as recalcitrant enterprises, and Mad Activists located as a particular band of recalcitrants.

Angie Mejia

Malinche's Precarious Jornada: Emotional health, precarity and the politics of citizenship in lives of U.S. Mexican Latinas

This paper examines depression and other mood disorders as responses to living a precarious existence. I focus on the various ways precarity foments psychological states of vulnerability by presenting ethnographic data from my work with Mexican survivors of gendered violence. I argue that the various forms of psychological distress that these women suffered and seek to be cured from were often intensified by the process of becoming subjects worthy of U.S. legalization or subjects worthy of being thought of as belonging in the U.S. but also sustained and made constant by “doing the work” of economic survival. As a result, the work of economic survival often compels mujeres to subscribe to neoliberal ideas of citizenship, while remaining uncritical of the many contradictions that they face when doing so.

This presentation is also an auto-historia (a term by Gloria Anzaldúa that urges the writer to weave in her own lived experience with that of other Chicanas) to understand emotional vulnerability and distress in the context of existing and surviving in a world that places women of color to experience different forms of dispossession. The collective narrative that I share also captures how the ideological construct of the American dream and other myths surrounding the idea of an U.S. nation affected the psychological conditions that these U.S. women of Mexican descent conceptualized as depression and anxiety. The crossing of affective and material fronteras leads these women to eventually learn the dimensions of this dream: the temporary, character-building struggle with different forms of dispossession described by earlier immigrants as part of their journey towards happiness and success becomes a permanent feature in the journey of non-European White immigrants. The latter eventually realizing that the Texas-Mexico border wall is not the only barrier obstructing them from their hopes and dreams.

Christian Montenegro

The rise and fall of an (im) probable engagement: Different voices reconstructing the early collective agency of users in the context of the institutional modernisation of the Chilean mental health sector

Generally, Chile's community-based organization of mental services is considered one of the most advanced in Latin America. Particularly laudable has been its de-institutionalization process, described as a technical and democratic achievement in the modernization of the mental health sector after dictatorship. But there's one aspect that complicates this picture: the lack of a recognizable, organized "voice" from service users or, more generally, a "users" movement. How can this disjuncture be untangled?

This paper presents the results of a qualitative study into the creation of ANUSSAM, the first user-lead national-level advocacy organization in Chile, conducted in the context of a broader research project around the contemporary entanglements between user's organizations and the mental health system. It's based on 20 interviews with users and family activist, former professionals, policy makers, and international policy advisors that had a stake in the process, and on related legal and policy documents produced during this period.

Results suggest the need re-describe a unitary narrative of democratic modernization into a multi-tiered process, experienced and observed in different ways by different groups engaged in the process, with no unitary "truth" behind the accounts. The way in which the mental health system observes and validates the voices of users responds less to the concrete status of users' organizations than to the contingent dynamics and transformations of the mental health system.

Meghann O'Leary and Liat Ben-Moshe

Homage to Spencer: The politics of “treatment” and “choice” in neoliberal times

Our argument is framed by a personal narrative of the first author’s experiences with the mental health system, including hospitalization, medication and psychotherapy. Meghann: “I am now 35 and have been an active consumer in the mental health system, since I was 19, when I was first hospitalized due to what was diagnosed as a manic episode with extreme psychosis, characterized by delusions, hallucinations and paranoia. My first serious boyfriend, who I was not yet dating at the time, was going through a similar experience in terms of symptoms and hospitalization. He committed suicide at the age of 23. When our two stories are compared dominant societal discourses assume that I survived and even flourished due to my adherence to a medication regimen and therapy while my ex-boyfriend’s death resulted in his refusal to comply with treatment. In this scenario I become an example of neoliberal triumph, someone who overcame their “illness.” My ex-boyfriend becomes an example of what happens when people who are “mentally ill” do not take responsibility for themselves and adhere to prescribed treatment.”

Such individualized notions of treatment and success ignore the complex ways in which society marginalizes and discards individuals with little access to social and economic capital and are also psychiatrized. The narrative frames a larger discussion of the neoliberal and capital governance of psychitarized bodies and souls. We ask such questions as – what do concepts like ‘consumer’ or ‘choice’ mean under a violent socio-economic structure that already restricts (certain) people’s life chances? How is psychiatry embedded in the violent carceral state in the U.S. and what effects does that have on individual bodies and minds/souls who are pathologized as violent? And finally, what does treatment or recovery mean in a racist, capitalist regime, which remains unchanged but requires individuals to transform themselves?

Helen Spandler

Mad and Queer Studies: What's love got to do with it?

The emergence of Mad Studies has some echoes with Queer Studies, another notable critical field of enquiry and activism. The 2016 Lancaster Disability Studies conference, marked by the co-occurrence of Mad Studies and Sexuality streams, offers an ideal opportunity to explore some interconnections - and tensions - between Mad and Queer studies. This presentation will be based on a guest post written by Helen Spandler and Meg John Barker for the International Mad Studies Network blog (<https://madstudies2014.wordpress.com/2016/07/01/mad-and-queer-studies-interconnections-and-tensions/>). It will explore points of dis/connection within and between Mad and Queer and identify some mutual learning and key challenges. In doing so, it asks some difficult questions such as: Is sanism 'equivalent' to homophobia? Are there limits to our psychological and sexual expression? If so, who decides? and how? Ultimately, it will foreground a prefigurative politics based on practices of mutual kindness, understanding and consent. Achieving this, however, is a continual work in progress.

Jay Watts

Mad Women and the History of Advice

Since the nineteenth century professionals have been preoccupied with telling women what to do for their own good. This professionalisation of advice was often a way of co-opting lay advice and selling it back to women. For example, the medical profession in America was formed when it became obvious 'heroic medicine' was violent, and the soft practices of witches, midwives and healers more effective. Advice has often been a way to de-politic social movements, and maintain the status quo. The radical Human Potential Movements of early feminists, for example, became twisted into the individually focused, self-help culture that so serves a neoliberal ideology today. In this paper, I will take us through a brief tour of the changing shape of advice in the past centuries to see how we have landed in today's predicament - one where responsibility for taking 'good' advice is injected into the subjectivities of women. I will focus on how such 'psychocentrism' has come to locate madness as genderless in psychiatric spaces, and how this individualisation divorces women from the embodied socio-political experiences which constitute madness. I will argue that we must find new feminist ways of understanding mad experiences, less in individual therapies and more in intersectionist movements to reconnect the personal and the political in a way digestible to digital generations.

Panel: Survivor Research and Mad Studies - Exploring Connections

Chair: Angela Sweeney

Panellists: Liz Brosnan (Ireland), Alison Faulkner (UK), Cath Roper & Vrinda Edan (Australia), Jasna Russo (Germany/UK), Danny Taggart (UK)

This panel seeks to explore the relationship between Survivor Research and Mad Studies. Survivor research has been growing for more than 20 years. It can be seen as part of the broader movement for user controlled and emancipatory disability research. Mad Studies is new and emerging field of activist scholarship bringing the voices, experience, knowledge and culture of Mad-identified people to the academic table. Mad Studies is 'a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating, and being' (LeFrancois et al., 2013, p. 13).

This panel brings together a range of survivors and survivor researchers with international backgrounds and experience to explore some of the key issues in Survivor Research and Mad Studies.

Questions

- What is the relationship between survivor research and mad studies?
- What are the benefits of doing survivor research and/or mad studies? What kind of knowledges can and should we aim to produce?
- Are there barriers facing survivor research and mad studies, and if so, how can they be challenged?

This panel session will celebrate the publication of [*Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies*](#) (PCCS Books), edited by Jasna Russo & Angela Sweeney.

Liz Brosnan
Sanity in Mad Places

Mad Studies offers a different space to understand what it means to be entangled with mental health services. For instance many people observe the tendency for the energy of the service-user movement to get absorbed in reforming efforts: user involvement, and 'recovery focused' approaches, rather than user-directed services or alternatives beyond psychiatry. This is a different trajectory from that of the wider disability movement, who have focused on the independent living movement and helping people to get out of professionally controlled, institutional living situations.

Until now the mental health survivor movement has not widely considered launching out from under the control of psychiatry and medically dominated services, but some see the emergence of mad studies as a possible turning point. Mad Studies is a very new development in the academy, an off-shoot from Disabilities Studies, exploring many topics related to critical perspectives on the area of 'madness' including maintaining sanity in mad places.

I sit on panels and committees and work in the neoliberal university wearing the mantel of being a 'service-user'. Yet the emotional cost of this work is unrecognized, hard to communicate because of 'hermeneutical' injustice. This type of injustice refers to the inability to communicate what the problem is because it is so outside the mainstream understanding of the problem, or even acknowledging that there is a problem. Trying to articulate the luminous borderland of being the obvious 'mad person' in the room, where proceedings are guided by the unspoken rules of bureaucratic engagement, no emotional expression, no questioning of the assumption that mental health services are an industry, an unstoppable juggernaut damaging people with the canon that medication can fix problems caused by social injury. This paper will attempt to articulate the problem and engage in dialogue with other Mad Identified Scholars.

Alison Faulkner

Mad Studies: A View from Outside the Academy (sort of)

This paper will explore some of the opportunities and challenges offered by Mad Studies from the perspective of an independent survivor researcher working predominantly in the voluntary and community services sector. Challenges include the high walls of the ivory towers and the complexities of the communities we work with, including intersectional issues; also the dominance of mental health clinical academic ideology (particularly the biomedical model and its implications for mental health research) in much UK survivor research. Opportunities include the broader perspectives on mental health and distress from the different disciplines that come together in Mad Studies; the richness of these different perspectives and the opportunities they afford to step outside of the mental health service-dominated ideology. How are we to remain grounded in survivor knowledges in all their complexities and bring marginalised communities along with us? What does it mean to be a survivor researcher - and are we essential to the establishment or embodiment of survivor knowledge inside the academy? How are we to bring ideas in and out of the academy to ensure that the breadth of survivor knowledge reaches what we have come to call 'Mad Studies'?. The author is currently doing a PhD by prior publication at City University on 'the role and value of experiential knowledge in mental health research' so she currently has a toe inside the academy.

Cath Roper and Vrinda Edan

Growing critical consumer perspective over the bricks of the ivory tower

Both authors are consumers occupying roles within academia at two different universities in Victoria, Australia. Our positions are located within health sciences/clinical contexts against a backdrop of increasingly competitive and conservative institutional functioning. It has taken decades of hard work by consumers and our allies for consumer perspective to gain a foot hold in existing teaching and research activity within the academy. As consumers, we speak/write/think from a discredited position. So, what does it take to secure a sturdy enough rung to foster the development of our own 'critical' discipline - from which to critique existing ideas and practices, generate new ones and influence contemporary thinking and practices?

The authors have two inter-related aims: first, to generate provocative questions about framing their own work in the academy as 'mad knowledge' and second, to celebrate the growth and sustainability of local 'consumer perspective' thinking by discussing innovative strategies and sharing examples.

We examine the fit between belonging to a socio-political movement and traditional ideas about what an 'academic' is. We debate how/whether to reframe our thinking and discipline development as mad knowledge in our particular contexts: would it be foolhardy – would we be further marginalised? Would our allies be likely to join with us? Or would it be the greatest boon to our creativity? Will we lose vital connections with our movement if we don't speak of mad knowledge?

We discuss examples of work contributing to our discipline development such as the Psych Action and Training (PAT) group that has been meeting since 2002, the documentation of oral/conversational knowledge for easy sharing, and the development of our own theory, concepts and repurposing of the conceptual work of others for our own field.

Jasna Russo

Moving towards a first-person-defined model of madness: prospects and challenges

Any attempt to initiate a new, non-oppressive discourse about madness faces the dominance of the biomedical model on the one hand and the stigma and prejudice around lay understandings of madness on the other. People who have been labelled mad and/or subjected to psychiatric treatment struggle to find words and concepts that are true to the multitude of their experiences. The word 'mad' intersects with our social, economical and political positions and impacts differently on our unequal lives. There are also pressing questions about who presides over language and has the power to name and who defines whom and for what purpose. In contrast to the often self-serving academic debates over the 'right' terminology, I will highlight the potential of language to restore, connect and remake realities.

Building on my PhD research so far, I want to explore how Mad Studies can extend beyond participation and co-production and ensure the long overdue leadership of people who have experienced madness in the process of theorising their experiences. I will discuss the prospect of people who have been labelled mad, mentally ill or disordered working together to reach our own understanding and develop our own theoretical framework for thinking madness. My contribution will focus particularly on the question of how to research madness, the task of undoing the biomedical model and the role of individual and shared identities in generating knowledge.

Danny Taggart

An illuminating triptych? Multifaceted perspectives on the issue of childhood sexual abuse.

As the issue of childhood sexual abuse dominates the news cycle, academic and clinical psychology interest in the area continues to grow. With increasing recognition that psychiatric diagnoses are often merely discursive fig leaves covering up underlying childhood trauma, psychology is revisiting its troubled past with victims of childhood sexual abuse. However their services are often poorly resourced in managing the chronic, complex mental health difficulties that can afflict this group and the move towards brief interventions mean that often survivors of abuse are abandoned in times of need.

It is in this context that the author considers his own distinct perspectives on the topic. He is a survivor of institutional childhood sexual abuse, a clinician working with victims of similar forms of abuse and an academic studying the ways in which these experiences can inhibit adult development. On the one hand these multiple perspectives offer the possibility of an illuminating triptych through which the perspective of each can clarify and sharpen the image of the others, even offering the possibility of a synthesis of views into a coherent whole. However this tripartite perspective also risks alienating him from the different vested interests of which he is part member. On the one hand taking up a survivor perspective risks rejection from academic enquiry that emphasises objectivity, while on the other the authenticity of the survivor voice may be compromised by the privilege afforded through professional status. This risks illuminating nothing and being situated nowhere. What conditions need to be met for this multifaceted perspective to be utilized in a way that can be helpful both to victims of sexual abuse and those charged with helping them? This question and the dilemmas that precede it will be discussed with relevance to others who have similarly pluralistic positions in related areas.

Posters

Doris Aigner

Madness: a Question about Power! Consequences of the ratification of the CRPD and OP-CAT for psychiatric compulsory measures in Austria.

This paper is based on my dissertation in the field of political science combined with my practical experience as a social worker (in homelessness and in institutional care). The theoretical approach combines Critical Disability Studies and Michel Foucault's lessons from handling madness into an argumentative-interpretative Policy-analysis, which is particularly characterized, that people with history in psychiatry have methodically and theoretically been experts during the research process.

The dissertation examines freedom restriction policies for usually so called mentally ill people. It follows the thesis that the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol Against Torture and other Cruel and Inhuman Treatment or Punishment (OP-CAT) promote a policy-change. The paradigm shift towards a social model of disability is required by Critical Disability Studies as well as by the policy-documents/instruments (CRPD and OPCAT) and therefore the analysis of the policy-process from ratification to evaluation (in Austria from 2008 till 2014) offers the opportunity to study transformation.

The meaning of changing practices for experts by experience is a key aspect, which is illuminated interpretatively. Methodically this was made by participative observation in the club „Freiräume“ in Vienna, which runs the communication forum „Trialog“ and by a historical approach through work on archives of the magazine „Kuckucksnest“ to reconstruct the history of the survivors' movement in Vienna. Results show an ongoing discursive change. Human rights' discourses challenge the medical model. Compulsory measures can now be interpreted on a continuum ranging from care to torture. The ban of cage-beds in Austria operates on more than only a symbolic level. Political Science and Critical Disability Studies/Mad Studies benefit from each other in shedding light on structures of power.

Gonzalo Araoz

Madness, De-Classification and Bricolage

The term bricolage is used in several disciplines, among them the visual arts and literature, usually referring to the notion of creating or constructing something using a range of objects that happen to be available. In this presentation I will outline some of the issues involved in an (eclectic) attempt to apply a bricolage approach to develop a technique to make sense and creative use of some 'symptoms' that might make up an aetiology of psychosis. I believe it should be possible to reflect upon or channel those 'thoughts', 'voices' 'feelings' in such a way that any 'symptoms' that are usually seen as obstacles (and as such deemed to be eliminated) can be used as means to allow individuals to deal with them, use them, channel and express them through creative activities.

A typically human feature is our obsession with classifying, with distinguishing different tendencies not only amongst animals but also between humans and other species and between different human social groups. We tend to define ourselves in contrast with the other, whether they are to be understood as primitive, savage, uncivilised, uneducated, uncontrolled, unconventional or just mad. The fact seems to be that all human groups have concepts of US and THEM that are based on internal beliefs and practices, and which delineate the border between what is acceptable and what is not. Those who tread along that borderline -who might do this for necessity, curiosity, boredom, creativity or any other reason- might have access to views that not many have, but might also be putting themselves at risk of being marginalised and stigmatised. In this paper I would also like to explore these ideas, based on my own experience across different sets of borders.

Lieve Carette

Mad matters in Higher Education

Listening for many years as a psychologist to the experiences of students studying, struggling and coping with the demands of Higher Education, I recognized an exchange in two directions. The students benefitted from the guidance and I gained insight in student frustrations, stigmatization at university and society level, good practices and proving oneself, being different but wanting to be normal and to belong, ... In my job at Ghent University, they expected me to be available 'to guide students in finding the appropriate study attitude and functional study skills' and to be available 'for confidential counselling for students who cope with study problems because of personal distress'. Students had to self-identify as 'distressed in need of counselling'. This self-identified 'label' was kept private between student and psychologist.

If a student needed reasonable accommodation in the educational setting, he or she had to turn to another department called 'counselling handicapped students'. After providing 'medical proof' of having a 'psychiatric disability' (recorded in a governmental database), a student could negotiate about some reasonable accommodations and return for extra support.

The invisible 'Mad student' taught me this was not an easy step in life and it meant choosing between disclosing or not getting the necessary support. The fear of getting stigmatized, possible exclusion from the study career, silenced the voice of the 'Mad student'.

Endeavoring to give voice to those students, I'm beginning a PhD. Starting from literature and interviews with former students, I'll try to gather some opinions about e.g. identifying with an official medical 'mad' label, necessary support in HE, impact of studying on well-being, ... before returning to the present cohort. With this paper as junior researcher, I hope to start a discussion and learn about pitfalls and interesting turns encountered by more experienced persons in the 'mad studies network'.

Alex Dunedin

Who Knows What: Locked In and Locked Out

What happens when the content of your voice has been written off as not being valuable? Often in psychiatry the patient voice is confined to articulating only the problems which map to the medical model which is dominantly used as a framework for action.

Typically in medicine there are recognised both signs and symptoms. Signs are externally observable and concretely measurable. A symptom is a phenomenon that is experienced by the individual affected by the disease. It is the combination of internal and external observations which is important in reaching a greater understanding of what ails the individual.

Patients commonly meet with idiosyncratic accounts of psychiatric diagnoses such as “we do not know what it is” despite encountering powerful medications which aim to “alter the course of the disease”. Moving outwith normative medical practice is commonly met with cynicism or disregard as such conversations shift the bounds of agency to potentially uncomfortable and/or undesirable terrain.

In other fields of knowledge and medicine subjective perspectives are more valued as providing a route of contact with the phenomena itself. In these other spaces the personal experience of observation does not start from a point which is regarded as faulty but taken into consideration before the attempt to address bias.

Drawing from lived experience and peer reviewed science I developed a course of treatment for my mental illness as a chosen alternative to the prescription medications, however my perspective was met with silence; as a consequence I live outside of the medical system and support structures left to find the means for my own wellbeing. Patient-doctor discussions of medical interventions are too often overshadowed by doctor-patient logistics. In this presentation I'm interested to explore the differentials in agency which occur in the psychiatric space.

Grietje Keller

Mad Studies Reading Groups in the Community

Foundation Perceval – a service user initiated organisation in The Netherlands- offers since 2014 Mad Studies reading groups. A group of twelve participants reads and discusses during ten meetings Mad Studies texts. The majority of the group are service users. Through the texts the participants are exposed to words and ideas that describe our experiences with other vocabularies and concepts then that of the dominant medical discourse of psychiatry. Mad Studies gives us a treasury full of words, theories and new ideas. This enables us to question and critically view the dominant views on madness. It is a laboratory for the participants to construct new identities outside the bio-medical discourse.

There is this idea floating around that mad people can not think or should not think too deeply. These groups are challenging these unspoken ideas. There is a need for these reading groups. The groups fill up easily and the participants are very enthusiastic.:“Through this group I experienced that madness is not only a problem, it is also an interesting subject to read and discuss about.”

My paper will be on one the context and pedagogy of the groups. And I will expand on one or more of the successes and challenges we face: the attempt to de-centre whiteness in our groups; how to make a Mad Studies community; what about shy people; racist and sexist talk by participants, supporting other Mad Studies groups; making money and the co-optation that may bring; privacy of the members; diversity in intellectual disability.

Eliah Lüthi

Introducing the *Psychiatric Complex*: Towards an Intersectional Understanding of Psychiatry

In this presentation I introduce the concept of the *Psychiatric Complex*, as a visual model of the psychiatric area of influence in interdependency with societal power relations. This concept is constructed on the following two discourses: Firstly, recent studies in Mad Studies have highlighted ways in which psychiatric influence and sanism intersect with societal power relations such as racism, gender-based discrimination and classism. The aim to incorporate intersectionality in a conceptual understanding of psychiatry is the starting point of the *Psychiatric Complex*. The second discourse essential for my conceptualisation of the *Psychiatric Complex* arises from the field of research and activism which deals with the shifting influences of psychiatry due to reforms and social psychiatry.

In the model of the *Psychiatric Complex*, I work with the imagery, or metaphor of an islandscape, inspired by Foucault's *Archipel Carceral*. In addition to the previously mentioned discourses, the concept is thus shaped by the idea of Governmentality. The *Psychiatric Complex* understands psychiatry interdependently with intersectional power relations as a network of different actors, including media representations, diagnostic processes and manuals, social services, the pharmaceutical industry, academia, family, the subject and much more. These actors (or islands) are connected through shared (psychiatric) norms, which are symbolised by the sea floor, which is mostly invisible from above. Intersectional power relations are symbolised by the water, which connects and shapes the islands. It thus refers to the ways psychiatric influences and actors (for example diagnostic manuals and psychiatric institutions, or media re_presentations) are shaped by intersectional power relations. In my presentation I will give some short examples, how the interdependency of intersectional power relations establishes itself in different fields of psychiatry.

This model aims to expose the often inscrutable and complex workings of psychiatric influence and violence. In addition, it might be used to find ways to challenge and intervene in psychiatric structures from the many different points of entry to this network.

Kirsten Maclean, Anne O'Donnell, Lili Fullerton, Shirley Anne Collie, Sue Phillips, Lin Cochrane, Esther Fraser, Alison Robertson, Elspeth Morrison and Siobhan Forsyth.

Finding our way back out - taking Mad Studies back out into the community.

“Find your way into the university...find your way around...make alliances...bring in Mad students and teachers too... then you have to find your way back out into the community again” David Reville (2014)

Community and movement building are important impacts of Mad Studies. Within the first term of the “Mad People’s History and Identity’ course at Queen Margaret University (QMU), a regular community get together was set up. It was from these meetings, facilitated by CAPS Independent Advocacy, that we, a group of people who have been lecturers and students on the course at QMU, decided to take this work forward. We developed an inclusive, democratic methodology to create a curriculum to be delivered in the community.

We have recently completed the very first ‘Mad Matters’ (borrowed from the book of the same title) 5 week course at a community mental health centre in Edinburgh.

In this presentation we will discuss our methodology, how we delivered the curriculum and what our plans are to develop the course, taking it to more people and places. We’ll explore why this transformative education is important, how it intersects with university based Mad Studies, what impacts it can have on our grassroots communities, how we can use it to build solidarity and alliances in times of welfare cuts and austerity.

Lyte Moon Identity, Self-Terrorisation Limitation and Freedom. [a perspective on tyranny, labels & language or/ How Life became a Thing]

Through a Lens of Metaphor and Story, archetype and Fable, image and other language, alongside more formal reference and an eclectic range of academic influences, this enquiry is about issues of the purpose and value of 'identity'.

In challenging - and questioning - normative introjects, the issue of shifting identities is raised, allowing enquiry into the phenomenological; the personal; subjective. Outside of the limitations of language live Fields of Influence uniquely personal; and Fields of Influence archetypal, social or cultural.

Because conventional thinking in the West relies upon 'thingification' and labels, I question how deep re-framing can occur. Identity/identities arise, and are lost and are imposed and accepted. Hidden agendas abound in the normative fashion-ridden consumption of people 'as objects', 'as signs', 'as quarry', 'as chess figures' in a game of alienation.

Language plays its part in limitation and control of 'self-concept'. Society as a whole becomes a place of subtle and not so subtle terrorisation, alien to the human Spirit of collaboration and expansive connected growth into new forms and evolutions more able to support the beauty and potency of life.

Self-terrorisation and Psycho-Emotional Disablism will be conceptually linked to the means whereby survival in an alienating culture takes priority over genuine well-being. Exploration will move always with threads of metaphor and the sensory: language beyond 'language' towards opening discourse, dissolving limitations that had purpose but now hold us back from the power and expression of ourselves-in-service to the co-creation of entirely new and life-enhancing paradigm for the future. Paradigm, paradoxically, that must self-destruct once, should we do so, we move closer towards life of Life.

References will be made to the work of others, to those whose creative exploration, thought, academic work and life activities/expression have been of particular influence in informing the development of the paper.

Konstantina Poursanidou and Lisa Morriss

Struggles and opportunities in co-teaching trainee Approved Mental Health Professionals: Links to Mad Studies?

This paper is a reflection on our experiences of co-teaching trainee Approved Mental Health Professionals (AMHPs). Our different backgrounds— Dina being a service user academic/researcher and Lisa a registered social worker and social work academic/researcher -resulted in differing experiences of our collaboration and of the struggles and opportunities it entailed. Lisa will talk about her struggle with anxiety and guilt pertaining to the likelihood of Dina becoming distressed or unwell, as Dina was asked to re-visit times of acute mental health crisis to provide the AMHP trainees with opportunities for knowledge development. Lisa will also comment on how she struggled with the unsettling and uncomfortable nature of some of the material used in the co-teaching, whereas at the same time felt privileged for the opportunity to learn from such material, highlighting the ‘lived contradictions’ characterising ‘mad-positive, engaged academics’ (Church, 2013; Cresswell and Spandler, 2013). Utilising the notion of service user involvement in practitioner education as a ‘paradoxical space’ (Rose, 1993), Dina will talk about the identity struggles, tensions, contradictions, paradoxes and deep ambivalence implicated in negotiating her double identity as an academic educator/researcher and a mental health service user. Discussing her struggle with being expected to stay incessantly connected with ‘difficult, troublesome and dangerous’ (Pitt and Britzman, 2003; Cooper and Lousada, 2005) knowledge (i.e. mad knowledge) and the discomfort this can generate, Dina will also raise crucial questions concerning how to manage the emotional labour and profound emotional cost of using one’s lived experience as a knowledge tool in mental health practitioner education. At the same time Dina will reflect on critical autobiography as mad activism to consider the transformative and subversive possibilities associated with placing survivor counter-narratives at the heart of learning. We will conclude by examining whether our collaborative work can be deemed to be ‘doing’ Mad Studies.