Mad Studies: The Identitarian Problem

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Introduction

In this essay I am responding to the issue of conflict within the field of Mad Studies and a corresponding need for an ecumenical framework if it is to function to represent marginalised voices. I argue that this is needed for Mad Studies to function as a mechanism to acknowledge and afford dissonance within the field as it makes the same demands of psychiatry.

I suggest there is what I call an 'Identitarian Problem' at work generated through, and generating, ingroup/outgroup behaviours of typology utilised as means to create margins and marginalized. This work attempts to rationalize the territorialism of humans in communities, understand the hostilities which arise through identities based on differentiation, and notionalise a mitigating strategy in order to represent the unheard.

A Working Definition for the field of Psychiatry

In this section I examine group dynamics of marginalisation citing within this what I call 'the Identitarian Problem'. By naming this as a strategy I attempt to set out the kind of ecumenical space of amnesty required for non-imposition and respect for autonomy of perspective. Mad Studies is necessarily a holistic field which is associated with the plurivocal (Bager and Mølholm, 2019).

Without such a strategy to resolve calls to dominate and colonize difference, the identitarian problem will prevent transcultural engagement across intersecting spectrums of reality. This happens not only in Mad Studies but also within psychiatry and medicine. As a consequence the culture becomes stranded from the means of transcending the double binding (Bateson, Jackson, Haley, & Weakland, 1956) negatives of otherness. As my work and research has progressed over time I have had to take on and include new perspectives in an evolving working definition of psychiatry which is as follows:

"There is a global questioning of psychiatry and the vertical power of orthodox institution of medicine as responses to the experience of people with a variety of ailments of mood, cognition and behaviour. People for differing, overlapping and changing reasons seek out a therapeutic response to distress they experience. Medical intervention can also be imposed as a carceral response due to someone, a group of people, or a cultural apparatus, deeming their behaviour, thought and or mood unfitting.

There are abuses of power and there are abuses of psychiatric power; there are virtuous exercises of power and there are virtuous exercises of psychiatric power. There are systems effects active in between articles of faith and axes of scepticism at work. Power dynamics arise around membership in groups as identities which are policed by dominating proponents positioning individuals outside the group membership as having fewer rights to representation".

I have pulled together this working definition in order to bring into relief some account of the focus of attention when we are dealing with mental health/mental illness. Language and definition are imperatives in the process of discussing, documenting, researching and developing knowledge. Whilst I have found the above qualifiers for description as necessary for inclusion, they are not sufficient.

As well as this issues arise of non-uniformity and non-consonance within the subject field. Like attempting to describe non-linear concepts with linear language, the above definition is neither broad nor specific enough to be useful in uniting the proponents of Mad Studies. It may incorporate necessary qualifiers for some but it does not offer sufficient explanatory power to account for all realities which factor into the field. The conflict at work acts to divide a transcultural impulse to interrogate and challenge how mental illness/mental health is perceived and responded to. In the next section I will examine how the field of Mad Studies contrasts with psychiatry.

The Purposive Definition of Mad Studies

I take as my starting point the purposive definition below of Mad Studies which David Reville (2023) offers in using the exemplar of a picture of the physician Charcot with a woman, 'Blanche', held in his arms before a room of physicians:

"It's easy to get to La Salpetriere, it's a short walk from La Gare d'Austerlitz and across from Le Jardin des Plantes; it's on the Boulevard de l'Hopital. On the grounds you're gonna come across a big plaque and on the plaque is a painting of Charcot giving one of his famous lectures. If you look at the plaque you'll see that there are about twenty serious looking men paying close attention to the Master. And as I look at the painting, the person I want to know about of course, is not J.M. Charcot, it's Blanche. Blanche is the prop that Charcot is using in his lecture, she's a young woman who's said to have hysteria, she has her head thrown back, she's being supported from behind, there's a nurse standing by. That's the difference between the history of psychiatry and Mad People's history. The history of psychiatry is about Charcot, Mad People's history is

about Blanche and it's Blanche we don't get to hear".

This purposive (defining a function) rather than nominative (defining a group) descriptor of the subject field of Mad Studies offers a compass to navigate unmapped terrain. Reville's definition is useful both in the mythological sense of where maps end ('there be dragons' - the magical thinking associated with fear of the unknown), but also in the sense of those things lost in the imaginary of the cypher. To explore this I draw on Korzypski's the 'map is not the territory' to illustrate Blanche is not the 'hysteria', the rubric is not the ailment, and the cypher is not the person. I will return to this metaphor later.

Mad Studies as a disciplinary field has emerged in part as a reaction to the psychiatric enclave of the western orthodox medical establishment which has produced categories of ailments which affect the psyche. As well as this it involves the reaction to pharmaceutical and carceral interventions developed.

Critical in this field of knowledge is the inherent disagreement over the nature of disturbances of the psyche. Part of the problem of the categorical approach (medical rubric) is due to the psyche being non-uniform in its nature; the ways in which the psyche can be understood and affected are more diverse than the human environs in which they develop. The subject disciplines of Mad Studies, psychiatry and psychology are non-homogeneous therefore need to represent this.

Forms of Identity Operating within Mad Studies

In this section I lay out some constructs which structure identities from key positions to illustrate the non-uniformity which the field has to reflect in order to be authentic. One position in Mad Studies may share some of the principle values of the medical institution in that a 'healing' response is sought by an individual to ailment they experience (Kings College London, 2016).

For example, the experience of chronic acute anxiety disrupting cognitive and behavioural functioning in the world or memory loss may instigate an individual seeking out possible remedies from a medic. In Mad Studies however, there may be radical differences in perspective of what response and rubric is appropriate; a Mad Studies account may highlight the inherent knowledge and understanding of the Principal (person receiving the attentions of the doctor) as being more useful in responding to what ails them than that of the Agent (doctor responding to the individual through the medical rubric) (Gormley and Balla, 2017) (See Appendix).

Another position active in Mad Studies may share the principle found within faith communities such as the Jehovah's Witnesses in that they reject medical intervention (Russo, 2022; Smith, 1995). This includes notions that every reality is rooted in the non-material and that the material is manifested through 'spirit'. Examples might include the rejection of blood transfusions in favour of prayer to a deity or similar actions banking on ideas that illness is generated as a result of ill-thought or incorrect action in a previous life.

Some hold not just a position of disagreement with the medical institution and rubric but a fundamental rejection of scientific knowledge in total. In the realm of different publics - big and small cultures, communities, networks and individuals - we see the interplay between perspectives of scepticism and dogma requiring an ethical approach. In a world which is contrastingly polycultural and polyvalent there is a necessity to realise a cosmopolitan ethic in order not to participate in the creation of new hegemonic colonialities by eclipsing people's experience.

Reville's open ended purposive definition of Mad Studies as the unheard emerges as a response to the colonial hegemonic of the medical institution. It is a space that values the importance of the plurivocal which is inherently dissonant as some positions are different in their character and in their relationship with the material-biological realm. To manufacture consensus and consent is to recreate the violence of the medical institution by the artificial curation of a we/they dichotomy of fact and silence (Trouillot and Carby, 2015).

Nominative Identities and Group Dynamics

Identitarian accounts of self and other offer category statements used as signifiers to create, curate and remake boundaries. These are used in part to constitute who is a member of an ingroup and who is not. The sociological denominators which define a particular group of members are used to shore up difference in order to consolidate the power of a group. This offers its members identity as a part of that power structure or tribe. Group dynamics occur within such sign and signifier systems of power through identity (Elias and Scotson, 2008).

The identitarian problem has its roots in the fact that social mammals gain a range of benefits from being a part of a group. The natural sociological instincts are primed from an evolutionary pathway entwined and co-constituted with group living. In the formation of small and large cultures homophily is active as a social phenomenon - in

simple terms, birds of a feather flock together (McPherson, Smith-Lovin, & Cook, 2001). Social capital comes to people where group membership forms a resource that can be drawn upon as an enrichment. As social mammals, membership in a group or community can be understood as valuable in terms of the social mitigation of stress (Sapolsky, 1994).

The first impulse might be homophily however there are shadow behaviours which arise to challenge cooperative impulses. Benefits of membership in a group offer a basis for territorialism and hostility to the possibility of outside threat. Ingroups and outgroups are formed around tenets which determine membership in groups. In my appendix I offer an autoethnographic vignette to illustrate this.

A group often takes forms which vociferous leading figures determine. People become members of groups often through informal, semi-formal and tacit acquiescence electing others to represent them as proxy and approximation of their experience. Membership in a group is sometimes more based on a social impulse than shared values.

Compliance with the group and avoidance of dissent are two of the signs (Deikman, 1990) of toxic group behaviour (Young, 2022, p.297). The devaluation of the outsider perspective is another. Just as we find these dynamics in groups of humans occupying symbolic and agencial roles in formal medicine we find similar dynamics in groups critical of psychiatry.

The sociological dynamic which plays out is one of exclusion in a struggle to manufacture consent, or assent to a simplifying unison voice. The desire to engender compliance in the group to create a political structure causes people to diverge from their plural values in order to bolster a singularising aspect.

The group may be defined by identity checking and by its porosity to outsiders. The social modem of praise and blame gossip (Elias and Scotson, 2008) offers an archaic mechanism by which tribal identities form, police and remake themselves. Gossip might be considered the most simple of mechanisms which can serve to communicate indicators for include or exclude signals. Groups formed like this offer fixed nominative identities which can be used to create distinctions.

In a polyvocal, polyvalued space, there must be an appreciation - a valuation - of more than one single response to any point of contention. How in Mad Studies can there be philosophical provision for multiple perspectives in the face of the orthodox

hegemony which has privileged a singularising perspective constructed of manufactured consensus? I use the term manufacturd specifically because the medical rubric is a result of vertical line management of medical responses and is not a reflection of the collected perspectives of people who act in roles of the orthodox medical institution.

Is what Mad Studies faces, the issue which human society wrestles with collectively in issues with adopting categorical responses? Do the instincts to form categorical responses threaten to subvert the true nature of Mad Studies as a field? Has the industry of psychiatry subverted the spirit of the medical healer?

When a singular response is manufactured a group ends up with a destruction of multiple viewpoints. The identitarian impulse devalues difference in order to make a pointed 'win' and transforms difference in order to consolidate its identity (Sherman, Stroessner, Conrey & Azam, 2005) - a position which can be charisma driven and oriented around a community rather than values. A community response can represent a political response where 'winning' promotes a strategic compliance. The social ordering of information into what work as policy statements is an homogenising process destructive of individuating outlier details.

Dualling Narratives: The Map is Not the Territory

Identities form in relation to political formations and are seen playing out in Mad Studies. Political as well as religious ideas play out to inform scientific and medical domains. Dualling narratives express themselves in sometimes dissonant mental accounts - sometimes consonant mental accounts - which act to reform the medic-patient (Principal-Agent) setting. In other words, the structure of a religious or political idea can appear in medical and scientific language.

Medicine is littered with articles of faith and self-referential accounts of phenomena. Dogmas embody themselves in the medical institution as secular reworkings of unquestioned beliefs (Deikman, 1990) as much as they do in Mad Studies. For example it is not uncommon for ailments to be ascribed genetic causality without adequate evidence for them being so; some medical diagnoses are asserted which lack material accounts of their causes (i.e. toxicologically), mechanisms of failure or sufficient scientific evidence for treatments. Psychiatry as a field is especially susceptible to such operationalised a-priori assumptions.

The identitarian problem arises in situations where identity becomes fixed and

nominative (rather than fluid and purposive); a percieved identity gives rise to categorical cyphers and stereotypes emerge to position other people (Fiske and Neuberg, 1990). This sets the scene for people being reacted to as cyphers of other people's ideas. In psychiatry, the person is acted on through the pattern of the rubric; in communities critical of psychiatry people may be categorised according to their similarity to psychiatry and thereby be marginalised.

The Identitarian Problem operates to take a single dimension of a complex phenomenon and decontextualise it. As a result this process obstructs real world engagement preventing the discovery of individuating characteristics (Kofta, Baran and Tarnowska, 2014). The urge to reduce everything to a singular essence causes everything to be perceived as 'impure' (dissimilar) when compared to the abstraction (category); a perception which can act as a charter for exclusion.

This essentialising reflex reduces and simplifies people to representations abstracted from individualising characteristics (Swencionis and Fiske, 2014). People are transformed to cyphers, derivatives of other people's agendas (Cahill, 2011) and alienated from their own experience by dominating narrators/narratives in the process.

This may come about due to overprivileging the essentialising process in Aristotelian valuation which has come to dominantly shape how we extend perception in western cultures. Historically much of the work of Aristotle was adopted by the Christian church. This shaped the scholastic thinking from which many intellectual traditions in universities emerged.

A habit of Aristotelian valuation is the notionalising through selective attention of an essence of things, a soul which spoke of the uniqueness of each phenomenon. A chair has the particular essence of 'chair-ness' giving it form; a cup has a particular 'cup-ness' about it, and each person has a particular 'person-ness' about them which speaks of a soul. According to the work of Alfred Korzybski this reductive modality of perception is useful but not complete. In his work on General Semantics he proposes a non-Aristotelian system of valuation (Korzybski, 1931).

Korzybski points out that we make mental models of our experience which necessarily leave out information found in the world. These abstractions get confused for those things they represent in the world and cause conflict in that they can be treated as real when the mental models fail in their representation of the real world. In real world settings phenomena have many identities - a bowl has 'cup-ness', a chair may function as a table and a person has many identities related to what they are embodying.

Korzybski illustrates how non-Aristotelian valuation is important in part by emphasising that "the map is not the territory"; that the perceived identity is not sufficient - it may have similar or dissimilar structure to the territory but it can never be the same due to its nature as an abstraction. The map lacks self-reflexiveness just as language used to describe complex realities selectively attends to one set of details whilst excluding others.

Conclusion

To conclude, I offer an account of various dimensions of the identitarian problem. I have rehearsed how nominative and purposive identities emerge and how exclusionary group dynamics can come about when singularising instincts inform community behaviours through generating ingroups and outgroups as political structures. I use Reville's purposive definition of Mad Studies to argue that the subject field necessarily needs to be open ended keeping open the space for the plurivocal expression.

Returning to Reville's definition: "The history of psychiatry is about Charcot, Mad People's history is about Blanche and it's Blanche we don't get to hear". If Mad Studies as a subject discipline is to reveal the accounts of 'mad people' who are obscured, repressed, silenced, overshadowed and erased then the creation of a neo-orthodoxy within the field is to be resisted as it recreates a power hierachy which does the same.

The roots of the word 'ecumenical' offer a sense of holism which fit with the open endedness that Reville expresses. Typically associated with religious contexts "representing the entire (Christian/Interfaith) world", its etymology comes from the Late Latin 'oecumenicus' meaning "general, universal" and the Greek 'oikoumenikos' meaning "from the whole world" (Etymonline, 2023),.

In this linguistic formulation we can find the elements needed to discuss representation of the plurivocal in the world, understanding the world as house and habitation for all. It is arguable that the space prior to the political (i.e. uninvolved in the petitioning of others for governance purposes) is a necessary space for the expression of the autonomous individual life.

I argue that if Mad Studies is to represent the un/der-represented then it necessarily must develop cosmopolitain sensibilities that allow for a working dissensus. This is required in order to avoid the cultivation of power struggles between individuals and groups vying for legitimacy; a political process that manufactures consensus in order to privilege a proximate ideology as a regime of truth (“types of discourse it [a

society] harbours and causes to function as true") (Foucault, 1977).

Whilst there is an onus on the institutions of medicine to work towards a consensus constructed from a transparent rubric based on clear and falsifiable evidence, there is no such a requisit for Mad Studies as a field. Mad Studies tunes into the responsibility of representing dissensus resisting the urge to simplify and amplify prominent/dominant elements to the exclusion of others. As a study it must function beyond the political requiring a knowledge diplomacy that holds open the space for ideas which are non-consonant enabling scholarship of the unheard.

Appendix: Autoethnographic Vignette

Emile Durkheim formulated the classroom as a microcosm reflecting the macrocosm of society; knowledge territorialism and healthcare prejudices span society but find special place in hierarchy of legitimacies the educational institution produces. In this vignette I offer a generalised personal account of how the identitarian problem has given rise to territorialism and hostility in relation to knowledge and ideas relating to health. I generalise an account in order to illustrate what I see as the identitarian problem at work in producing narcissism of small differences. This offers structure for dehumanisation behaviour, othering and marginalisation. It illustrates how the dynamic made me feel in respect to the networks which form in the field generating ingroups and outgroups.

Dementalisation is at work in one person devaluing another's point of view and experience sets up the conditions for moral disengagement via binary mechanisms of bias. The same inputs from different sides of the we/they divide clash.

Many statements have been made in terms of critical responses to psychiatry. The Mad Studies course has offered a rich variety of critical responses to the medical model of mental illness - responses which have so often damaged people whilst commonly removing a right to response or a sense of habeas corpus (Kanner, 1938).

In sharing my critical analysis amongst readers, I laid out the point that I had been challenging the psychiatric rubric using peer reviewed biomedical texts to demonstrate and highlight the fundamental failure of the rubric and medical institution in my context. As well as this I pointed out that I drew on an accompanying 'orthodoxy' of psychological, sociological and psychotherapeutic canons in order to construct an intersecting counterargument to the attempted dominance by the medical rubric in my life.

I also explained that I had drawn on the canons of peer reviewed biomedical sciences and corresponding psycho-social canons in order to develop a treatment which did work for me (i.e. n-acetyl cysteine). The medical institutional rubric was incapacitating and harming me but most importantly it was not acting to improve my psychiatric ailment.

I framed this in terms of defending against the dysfunction of the medical institution as well as in terms of 'biohacking' a medical intervention in order to improve my well-being along with an appropriate psycho-social intervention. To this I have encountered

a visceral and directed anger which I experienced as hatred and disengagement from what I had to share. One response was expressed as a generalized attack on the use of any biomedical science and I as a proponent of reductionism involved in the destruction of "all that is beautiful, romantic and magical about life".

I made the point that I am wary of perspectives which romanticise a damaged memory illustrating that it was indeed a tangible problem at times not being able to recall PIN numbers for bank cards, peoples names, what happened yesterday or last week, where I live, what bus I am meant to get or what I was doing in the middle of a task. This wariness is rooted in experience because I witness how society treats people with encumbered capacities by warehousing, sedating and deracinating them from normative human rights, activities and considerations via utilitarian reasoning. Those with encumbered capabilities are reasoned as 'less human' and their autonomy instituted upon.

The psychological anger and covertly directed venom at any recognition of a materialist biological aspect of mental health was accompanied by disdain and contempt for all I had to say and offer. It was expressed by silence and non-reciprocity in basic communications. I became an outsider and been made to know it. As a target I had become a cypher of ideas in the world which some objected to; in other eyes I represented an antithetical perspective, a category not to engage with or individuate beyond the category. I felt as I have done on many occasions when I have shared insight on my life realities; alone, alienated and at odds with the face of the psychological violence of humans. In becoming the proxy of an idea I became understood only in relation to that idea; I became a cypher and had ceased to be related to as a human.

I felt the same danger I have over many years about the war-like nature of humans - it exemplified the same behaviours I have witnessed prior to physical assault or punishment by other means, such as exclusion. It brought/brings into immediate awareness that cruel reality I have learned in the happenstance of my life; that humans are the most complex and dangerous of all living things, commonly territorial and not uncommonly colonial.

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