



ORIGINAL ARTICLE

Critically unlearning about madness and distress: Reflections on social work education and activism in Ireland

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Abstract

This article draws from my involvement in critical social work education and my position as an aspiring ally of the Mad movement in the Irish context. I use a reflexive auto-critique as a methodology to consider a significant shift in my engagement with Mad matters which has led to new ways of (un)learning critically about madness and distress in education and activism. This is a shift from celebrating criticality and inclusion strategies, and in particular service-user involvement in education, to problematising criticality and its potential to perpetuate power inequalities within mental health and education systems. It is a shift from viewing critical education as a process of knowing *about* distress and Mad people to a process of knowing *with* and *from* Mad people, service-users, and survivors. The emerging field of Mad Studies provides a conceptual framework to inquire about knowledge and knowers, to consider issues of co-option and epistemic injustice, to focus on pedagogies for unlearning, to ask questions about representational politics and the complexities of being an engaged academic and Mad positive ally. Guided by Mad Studies as a mode of analysis, I recognise that inclusion of madness in university curricula can work in ways that continue to pathologise and subjugate Mad people. This is an unsettling recognition that leads to an interrogation of my own praxis as an academic and an aspiring ally of the Mad moment. I propose that prefigurative politics are central in these considerations as genuine engagements with mental health matters need to model the changes we aim to achieve. Engaging with the tensions of inclusion politics, the complexities of madness, and the unsettledness this engagement generates, can be a source of knowing through epistemic humility and a resource for networks of solidarity.

Keywords

Social work education, mental health, Mad Studies, activism, epistemic injustice, critical reflexivity.

History

Received:
27 Aug 2023
Revised:
12 Dec 2023
Accepted:
25 March 2024

Introduction and background

This article is based on my PhD thesis (Sapouna, 2022) which explored the complexities, tensions and opportunities embedded in inclusion strategies in the mental health field. For the purpose of this discussion, I draw from my involvement in critical social work education and my position as an aspiring ally of the Mad movement in Ireland.

Over the years, I have situated myself at the interface of academia and the survivor movement, which is a challenging task. I would like to describe myself as an activist and ‘engaged academic’ (Cresswell & Spandler, 2013) but remain unsure about how genuine this description is. Having taught mental health on social work programmes for almost three decades, I continue to experience tensions between my commitment to social justice and the expectation to prepare students for practice in contexts that remain coercive and pathology-focused. Forming alliances with service-users/survivors, campaigners, and like-minded professionals created possibilities to develop critical spaces, both inside and outside the university, within which to consider mental health matters. This has been both an eye-opening and an unsettling journey. In line with other commentators (Barker & Cox, 2002; Cresswell & Spandler, 2013), I have experienced the uneasy relationship between academia and alliances with social movements. In this article, I discuss the value of such alliances while arguing that being involved in critical education and activism does not render my activities immune from acts of appropriation or privileging certain ways of knowing.

Using a reflexive auto-critique (Church, 1995) as a methodology, I consider a significant shift in my engagement with Mad matters which has led to new ways of (un)learning about madness and distress in education and activism. This is a shift from celebrating criticality and inclusion strategies, and in particular service-user involvement in education, to problematising how seemingly radical and critical approaches can paradoxically exclude Mad knowledge and experience. It is a shift from viewing critical education as a process of knowing *about* distress and Mad people to a process of knowing *with* and *from* Mad people, service-users, and survivors.

This reflexive auto-critique methodology is inspired by Kathryn Church’s critical autobiography *Forbidden Narratives* (1995), which reflects on her experiences of allyship and research with the psychiatric survivor movement in Canada by explicitly locating herself in the writing of the research. As part of my PhD study, a reflexive auto-critique has guided a double take on my engagement with mental health education, research, and activism. This involves locating myself in the knowledge-making process to critically reflect on my own positioning and engagement with Mad matters and my contribution to inclusionary knowledge and practices. I identify how, at times, such inclusionary knowledge and practices have been compromised by being appropriated by mainstream mental health and educational institutions (see Costa et al., 2012), including my own unwitting practice as an activist academic.

The conceptual framework informing this article draws on the field of Mad Studies (Le Francois et al., 2013; Beresford & Russo, 2022), to highlight that current inclusionary practices do little to disrupt dominant approaches to distress. On the contrary, they complement current practice, leading to more effective governance of mental health systems and affective management of madness (Voronka, 2017) while, paradoxically, excluding user knowledge and experience. Mad Studies provides a framework to: (a) inquire about knowledge and knowers, (b) consider issues of co-option, epistemic injustice, and epistemic violence, (c) focus on pedagogies for unlearning, and (d) consider representational politics and the complexities of being an engaged academic and Mad positive ally.

The concept of epistemic injustice (Fricker, 2007) is central in considering how Mad people continue to be discredited as knowers and understanders not just by traditional psychiatric systems but also by critical, seemingly liberatory, approaches to knowledge. Any meaningful transformation of our engagement with madness and distress requires a commitment to bringing Mad knowledge to the centre of our learning and unlearning about Mad matters, ultimately prefiguring epistemic justice and humility. Yet, epistemic humility is not necessarily compatible with academic environments where we are expected to prove rather than relinquish expert knowledge. These tensions are not resolved in the discussion that follows. These tensions make this discussion possible.

The Irish context of mental health care - similarities and specificities

The discussion is located in the context of Irish mental health systems. Mental health care in Ireland is a paradoxical space, dominated by contradictions between the language of inclusion and progress, and the continuation of practices of exclusion towards people using mental health services. These gaps between rhetoric and practice are not unique to the Irish context. However, a key feature of the Irish mental health policy is its long history of institutionalisation of the Mad, followed by the fast and compressed institutionalisation of 'change policies' such as community care, recovery, service-user involvement, and co-production. Of particular relevance to this discussion is the very quick assimilation of service-user involvement within formal systems of engagement and representation¹, resulting to the quick recalibration of the potential resistance of the Irish service-user movement into a model of service provision. Innovation and inclusion strategies in Irish mental health are, on the main, top-down interventions. However, as long-awaited developments they are still considered inherently good, something to be unconditionally endorsed rather than critiqued.

Despite the rhetoric of a bio-psycho-social approach, Irish mental health care remains strongly embedded in biomedical approaches with limited meaningful involvement of service-users in their own care (Donnelly et al., 2022; Ó Féich et al., 2019). The 2001 Mental Health Act, the legal framework underpinning mental health care, is still centred on involuntary detention. At the time of writing this article, proposed revisions of the 2001 Act, including increased safeguards against involuntary detention, are strongly opposed by the psychiatric profession as 'potentially catastrophic' for those who need care (Cullen, 2022: n.p.). Furthermore, concerns continue to be expressed about overreliance on medication, involuntary detention and treatment, and coercive measures including seclusion and physical restraint (MHC, 2020, 2020a, 2021).

Finally, despite the commitment to representation of the user voice in recently developed statutory structures, there is very little evidence that service-user voices, particularly those expressing anger and dissatisfaction towards services, are heard and valued. As Brosnan's research on service-user involvement in Ireland demonstrates '[t]he satisfied service-user is welcome, they after all provide reassurance that "we can't be doing everything wrong"' (O'Donnell, Sapouna & Brosnan, 2019:4). Indeed, as this article argues, these new forms of

¹ Examples of such developments within the statutory sector in Ireland include the Mental Health Engagement and Recovery Office, consumer panels, mental health forums, and peer support posts as part of some multidisciplinary teams.

representation and inclusion have acted as barriers to meaningful participation. These paradoxes provide the context of my engagement with academia and activism.

A Mad Studies perspective on the inclusion paradox

Filling a gap in critical mental health pedagogies, Mad Studies does not focus on knowledge *about* Mad people. As a balancing act, it focuses on Mad people's knowledge, which has been historically undermined by professional and academic disciplines (Le Francois & Voronka, 2022; Reaume, 2002). Like Disability Studies, Mad Studies questions the construction of normality and challenges sanist approaches to research, knowledge, and practice (Castrodale, 2017; Voronka, 2019).

Mad Studies challenges inclusion as the solution to achieving social justice (Voronka, 2019) and provides a framework to consider how current social inclusion strategies complement rather than challenge dominant knowledges and practices. In this context, inclusion contributes to a more effective governance of mental health systems and effective management of madness (Voronka, 2016) and, paradoxically, excludes service-users' knowledge and experience. Mad Studies asks unsettling questions about the interests served through well-meaning practices of inclusion (Costa et al., 2012; Russo & Beresford, 2015; Voronka, 2016, 2019), such as service-user involvement in education and allyship discussed in this article.

In the context of education, a Mad Studies approach challenges the inclusion of mental health/illness in many spaces, and in university curricula, as the solution to the 'exclusion' of Mad people (Voronka, 2016, 2019; Costa et al., 2012). What it proposes instead, is a *metacurriculum of unlearning* which transcends the idea of curricula as content, to question what and how students learn about madness and distress (Snyder et al., 2019). Mad Studies metacurriculum is not about mastering Mad Studies knowledge but 'reframing the terms of engagement with madness' (Snyder et al., 2019:497). This reframing is not concerned with *what we know* but *how* and *with whom* we know, ultimately challenging sanist operations of power and privilege within mental health and education systems.

Yet, in this article, Mad Studies is not presented as a grand theory to explain the politics of social inclusion, nor as the only or best approach to transformation and emancipation in the field of mental health. Rather, Mad Studies is treated as a field of inquiry (Reville, 2013), to re-consider and re-frame a key concern I have expressed, implicitly and explicitly, over the years through my teaching, research, and activism: that social inclusion without systemic change means inclusion in systems where Mad people are still viewed as *the* problem. By interrogating the power operations within which inclusionary practices happen, Mad Studies contributes some clarity in understanding how such practices do little to disrupt dominant approaches to madness and distress. It also helps me to articulate my own unlearning in relation to Mad matters.

This article considers aspects of this unlearning process in the context of my involvement with mental health education and activism. Integrated in the discussion are a series of thematic reflexive notes, which are presented in italics and indented, providing a temporal double take on key aspects of my involvement in education and allyship.

Critically unlearning in education

The potential of education systems to both reinforce and challenge dominant hegemonic practices in mental health is central in this discussion. These considerations are located in the broader context of critical pedagogies as processes that can create conditions for emancipation (Freire, 1972) and facilitate students' development as critical citizens (Giroux, 2011). Critical pedagogies are based on understandings of power operations in and beyond the classroom (Brookfield, 2017) and involve the interrogation of what we do in education, how we do it, and why we do it (Hosein, 2011; Snyder et al., 2019).

A key question is whether it is possible to unlearn within formal education structures such as professional social work education. Is unlearning in professional education a contradiction in terms? The field of social work education is where most of my troubling and unlearning are taking place. This is where I experience the tensions of working within and against knowledges and systems. A metacurriculum challenging sanism² provides a major challenge for social work education. This is not only because professional praxis is imbedded in pathology-focused approaches but also because of institutionalised sanism in professional regulatory bodies' claims that people with histories of mental health problems may not be fit to study or practice social work³ (Poole, Jivraj, et al., 2012; Poole, Chapman, et al., 2022).

Unlearning comes with a price as it requires to question the knowledge with which we are familiar, and which gives us certainty, authority, and privilege. Here I am not only referring to the, easily identified, authority and privilege associated with biomedical knowledge. I am increasingly concerned that we repeat patterns of exclusion even through what we consider critical and social approaches, effectively trying to replace one expert system with another. I am concerned that social and critical approaches that do not recognise Mad knowledge in a meaningful way, reproduce acts of injustice, violence, and misrepresentation against Mad people.

Nevertheless, when I started teaching mental health on social work programmes in the mid-1990s, I had a considerable optimism about the power of critical education in challenging traditional knowledge formation (Brosnan & Sapouna, 2015; Sapouna, 2016). Over the years I have focused on critiques of medicalisation, the promotion of social perspectives, and recovery approaches, as innovative forms of criticality with the potential to counter dominant knowledge and hegemonies. Service-user involvement in education has been a central feature in my approach to countering such hegemonies (Sapouna, 2016, 2019, 2020; Sapouna & O'Donnell, 2017; O'Donnell, Sapouna & Brosnan, 2019). A starting point of this process involved the sharing of experiences of psychiatry in classroom and conference settings. I was very proud about this 'innovation', seeing such narratives as a tool to challenge dominant understandings of distress (Sapouna 2019; O'Donnell, Sapouna & Brosnan, 2019).

² Sanism is the systematic subjugation of individuals who have been diagnosed and treated by the mental health system (Poole et al., 2012)

³ For example, one of the grounds for fitness to practice complaints for CORU, the Irish regulatory body of Health and Social Care Professionals, is 'a physical or mental disability of the registrant which may impair his or her ability to practise his or her profession' (coru.ie)

Why did I think it was ‘innovative’? *This view was fuelled by the circumstances of the time. This was the first social work programme in Ireland where service-users regularly addressed and engaged with students. A critical approach to medicalisation and engagement with service-user experiences, made my teaching to be perceived by some practitioners as ‘lacking balance’. Complaints were expressed that students were too critical and lacking the medical knowledge and language needed for a mental health placement. As a result, some local mental health services did not offer placements to UCC⁴ social work students for a few years. This was a very difficult space to navigate for several reasons. In this discussion, I focus on how these experiences affected my engagement with criticality. On the main, I interpreted these reactions as a confirmation that a good job was being done. I was ‘rocking the boat’, and I used every opportunity to do so, initially within the classroom and later through collaborative conferences. For a long time, the main inequalities I identified in relation to service-user involvement in education were related to the status of the ‘invited speaker’, the lack of proper payment conditions, and the ad hoc nature of such involvement. But I missed some nuances. While valuing service-user knowledge, I did not fully recognise the nuances of authenticity and representation, nor my own power to both privilege and silence certain narratives. I did not fully acknowledge the interests served through such forms of involvement, including my own (Sapouna, 2022).*

My first significant unlearning curve was in relation to the use of service-user narratives in education and the potential of such narratives to complement rather than challenge dominant thinking. Even in the early days of my enthusiasm about user involvement, I was uncomfortable with a culture of voyeurism observed in some students’ fascination with a ‘brave individual’s’ story at the expense of an interest in the systemic and cultural changes I intended to achieve through such involvement. These initial concerns lead me to engage more deeply with questions about co-option and appropriation processes. This happened in conversation and collaboration with others, mainly activist survivors, and allies. Through co-authoring with Anne O’Donnell, survivor community activist, and Liz Brosnan, survivor researcher, we problematised how the current use of narratives may compromise the visibility and audibility of Mad experiences (Sapouna & O’Donnell, 2017; O’Donnell, Sapouna & Brosnan, 2019). Informal but important conversations with Dina Poursanidou, survivor researcher and Rory Doody, ex-mental health engagement and recovery lead, were also central in this unlearning process.

I, among many others (Costa et al., 2012; Woods et al., 2019; Pascal & Sagan, 2016), identify how practices of service user involvement and the sharing of narratives are co-opted and appropriated by mainstream systems to promote their own interests, losing their transformative potential (Sapouna, 2019, 2020). At the same time, I recognise that criticality does not in itself counteract acts of co-option and exclusion. As long as the critical academic remains the key credible knower, criticality can be also exclusive in nature, therefore perpetuating acts of epistemic injustice. Critical approaches often tend to represent the experience of ‘others’, as oppression, coercion, and exclusion, rather than bringing the ‘other’ into the construction of knowledge about this experience. Furthermore, a benign agreement on the value of survivor narratives ignores the

⁴ University College Cork

nuances of authenticity and representation. To acknowledge these nuances, we need to consider: Who sets the conditions of representation? Who decides who will represent whom? Can individuals represent collective experiences? Is there such a thing as a collective experience? Whose interests are served through the inclusion of Mad people in these invited spaces? I am therefore starting to look more closely at my own contribution to practices of appropriation. I also engage more deeply with the tensions of trying to change mental health systems from the inside.

The concept of Mad Studies metacurriculum is useful in doing this double take. Mad Studies highlights the significance of power relations in the contexts where inclusion strategies happen. In that sense, the expansion of curricula by adding 'social' or 'user' perspectives without changing the power relations that invalidate service-user or Mad knowledge is not a transformative act. Mad Studies metacurriculum is concerned with an important distinction between curricula that *include* and curricula that *engage* (Erevelles et al., 2019; Snyder et al., 2019). Within sanist education, the inclusion of madness in the curriculum through the addition of the 'user perspectives', continues to pathologise madness, therefore disenfranchising Mad people. This is different from practices that facilitate students to consider their own engagement with madness within and beyond education, potentially disrupting dominant sanist views on normality. The distinction between engaging and including is unsettling but helpful in reconsidering my own work as an academic and aspiring ally.

How does my work relate to a metacurriculum? To what extent does a focus on de-medicalising distress, context-focused, recovery approaches constitute a metacurriculum for unlearning? Does the involvement of service-users in education help to reframe the terms of engagement with madness? Or are all the above expansions of existing culture and power relations, under the guise of co-production (see also Rose & Kalathil, 2019)?

Through a reflexive auto-critique I have started to focus on the tensions of practicing inclusion. On the one hand, I articulate my motivation to honour user narratives, upholding the value of their original contribution as pedagogies of engagement, dialogue-based learning, recognising the complexity, diversity, and context of distress. On the other hand, as mentioned above, I am concerned about a 'voyeuristic approach to narratives, reinforcing the otherness of madness; the co-option of narratives and their potential reduction to yet another tickbox in the management of mental health and educational institutions; the responsabilisation of the individual, perpetuating an individual pathology approach; the popularity of stories of recovery and resilience, as long as they do not challenge power imbalances...' (Sapouna, 2020:517).

By reflecting on my own practice, I also recognise how criticality can also be contributing to processes of othering. I am starting to interrogate how acts of epistemic and representational violence can be performed by seemingly 'liberatory', critical practices. Looking at my own practice I recognise that, in the context of critical education, I may have inadvertently perpetuated patterns of knowledge exclusion by privileging certain narratives that supported my approach to teaching, in other words my own interests.

Privileging narratives. As an educator I have chosen to include passionate, inspiring narratives, those eloquently articulating a critique to medicalisation. I have also

invited narratives that help students to make links between life contexts and madness. And yet, the power I hold to invite certain narratives makes no room for the chaotic ones, those that cannot be put into words. By deciding what an authentic narrative is, I excluded a range of experiences, which simply cannot be represented through a single story (Sapouna, 2022).

Critical education is not immune to acts of privileging. This is an unsettling recognition but can contribute to new pedagogies of unlearning by engaging with the complexities of Mad matters more deeply. My teaching priorities have shifted from including critical knowledge to interrogating processes of knowing and privileging in education. As an aspiring Mad positive educator and ally, I consider the significance of listening beyond the single, inspiring narrative, through the development of spaces that validate and explore diverse forms of expression, including narratives that are chaotic, incoherent, angry in ways not easily justified (e.g., because of trauma or obvious oppression) (Sapouna, 2020).

Unlearning in educational spaces also involves new ways of knowing beyond traditional teaching approaches, through validating the expression of emotion, in particular the expression of confusion and anger. Critical education can be a space to understand the expression of anger toward mental health services as a legitimate response to injustice (Sapouna, 2016, 2020; Barnes, 2008). This involves challenging rules of engagement in mental health, where expression of anger is often viewed as bad manners or irrationality (Church 1996), while also supporting students to explore their emotional response to what makes them uncomfortable. The following example is an extract from Sapouna (2020), reflecting on the value of engaging with unpredictable uncomfortable narratives.

Engaging with uncomfortable narratives. ‘I remember one particular incident in my early days of SUI⁵, when I invited somebody I had previously heard speaking very eloquently about the impact of involuntary admissions and about difficulties experienced with everyday tasks after long-term hospitalisation. I thought this would be a ‘perfect’ session on forced treatment and institutionalisation. However, what was presented in class was a very different narrative drawing on the individual’s religious convictions and negative views about divorce. This was not what we expected, the session made me uncomfortable, and many students were left feeling confused and angry. Such situations, however, provide opportunities to deal with unsettling questions, for example dealing with people whose value systems are challenging our own and people with whom we struggle to empathise or engage with. These experiences can help us to explore in more depth our nuanced relationships with distress. Shying away from these nuances, and from what makes us “uncomfortable”, may ultimately lead to further exclusion, because we still don’t know how to be with the “other”’ (p.511).

Other forms of unlearning involve an openness to question and critique approaches that have been, or still are, considered innovative solutions to medicalisation. For example, my teaching exposes students to tensions about recovery, on the one hand recognising its transformative

⁵ Service User Involvement

potential, while on the other critiquing its appropriation by mainstream practices and its re-focus on individual pathology (Sapouna, 2019). I introduce students to the principles of the user-led group 'Recovery in the Bin' and the Unrecovery Star⁶ that focuses on contextual barriers to recovery. Exploring these tensions provides opportunities to unlearn by considering what happens when movements become models (Voronka, 2017). Unlearning also involves moving beyond the comfort of models and technical frameworks through interrupting technical and binary patterns of knowing (Sapouna, 2019, 2020). This is prefiguring a different way of learning which engages with the complexities of madness and distress beyond simplifications.

A metacurriculum of unlearning is not easy for students, particularly in the field of professional education which is meant to prepare them for practice within dominant expert knowledge systems. For students, and educators, a metacurriculum of unlearning contributes a major conceptual and value shift, as it is centred on the knowledge of those who we are trained to know about. It also an unsettling process, as it involves a recognition that professional practice is implicated in sanist and often coercive practice. Snyder and al (2019) discuss these concerns under the heading 'what do I do with this?' (p. 494), a question asked by an exasperated social work student in the Canadian context, capturing the frustration also experienced by my students in the Irish context. As a social work educator, I am often challenged by student feedback on the critical approach adopted in my teaching as it is often seen as irrelevant to social work practice (Sapouna 2016, 2019). For example, while broader, non-pathologising perspectives and user-focused values are appreciated, students often seek more certainty through a stronger focus on diagnosis, assessment tools, and interventions. Furthermore, student feedback sometimes suggests a more 'balanced' input between medical and social approaches.

It would be simplistic to dismiss these challenges as 'yet another consequence of a market-driven, neoliberal university'. What students seek, highlights the complexities of unlearning and the need to develop spaces where it is possible to model 'what to do with this', in a prefigurative way. The development of a critical space within the university in collaboration with the service-user/survivor/Mad community, has provided a supportive environment to unlearn and build a curriculum alongside this community. The Critical Voices Network Ireland and the annual critical perspectives conference in University College Cork are examples of allyship in creating such spaces.

Critically unlearning through allyship

Such an allyship is not tension-neutral, on the contrary these tensions are at the core of its very essence. Being an (aspiring) ally of the Mad movement is a stance that I developed over the years, but it is not a static or complacent position. It is an ongoing practice, a constant source of questioning, ambivalence, excitement, and ultimately learning through unlearning. Being a Mad-positive ally involves positioning but also moving beyond taking sides.

My own motivation and position. *I explore my positioning and motivation drawing from Russo's, Beresford's, and O'Hagan's (2018) suggestion that those who want to be allies of the Mad movement need to articulate (a) why systems are wrong and (b)*

⁶ <https://recoveryinthebin.org/unrecovery-star-2/> (accessed 6 July 2022).

their own motives, needs, and visions. Linking with the emerging service user movement, created possibilities to identify with others 'why systems are wrong'. My own knowledge was rather limited. I was frustrated with the system, but I didn't have many resources to develop alternative ways of knowing and inquiring. Through connecting with service-users, advocates and like-minded professionals I expanded my ways of knowing and thinking and felt I had more to offer as an educator and ally. A sense of solidarity and a collective passion for change kept me going. This is not an uncomplicated engagement, but its complexities also keep me going. These alliances provided me with the knowledge and confidence to articulate 'why mental systems are wrong', in my teaching, research and activism (Sapouna 2022).

My positioning centres on and makes space for Mad knowledge which requires me to take a back seat, to relinquish the academic expert role (Sapouna, 2016, 2019; see also Church, 2013; Nixon, 2019) through practicing epistemic humility (Ho, 2011). This positioning moves beyond taking sides, as it does not involve an uncritical solidarity to survivor allies to maintain my status as a 'good guy'. This is perhaps the most challenging aspect of being an ally. It involves an acknowledgment of my privilege, for example the power and credibility associated with being an academic, being white, having secure employment, not having experienced psychiatric coercion. At the same time, it is about not being steered by my survivor and privilege guilt when working alongside people who don't enjoy the same privileges, in other words not to allow my privilege guilt to cloud my judgment, criticality, and genuine engagement with allies⁷. In practice this requires the recognition that service-user knowledge is not infallible (McLaughlin, 2009), an openness to challenge, disagree and argue with allies, rather than create a patronising, artificial bubble of harmony to avoid upset, confrontation or discomfort. Ultimately, this is about engaging prefiguratively, in other words, modelling sincere, democratic, justice-focused ways of being a Mad-positive ally while acknowledging the tensions inherent in this role rather than ignoring them.

Forming alliances with the Mad movement in the context of a neoliberal, corporate university is definitely challenging. Church (2015) talks about the tensions of blending Mad Studies in the corporate university, balancing a compliance and a resistance to an increasingly managerial culture. In my own work, this involves attending to my duties as a social work educator and currently director of an undergraduate social work programme, while not losing sight of activism and allyship. This is a balancing act of working within and against institutional culture and structures. I have already referred to the tensions I experience as a critical social work educator when expected to prepare students for a predominantly biomedical practice. Other tensions involve my concern about the lack of institutional commitment to properly recognise service-user involvement (Brosnan & Sapouna, 2015; Sapouna, 2016), which is now replaced by a growing concern about user involvement becoming recognised as a tickbox of professional education requirements (Sapouna, 2019, 2020). How to 'evidence' service-user involvement in social work education for professional re-accreditation and monitoring purposes⁸, without compromising the transformative work done through such involvement well before it became an accreditation

⁷ Email conversation with Dina Poursanidou, 22 November 2021

⁸ This is a process which allows the CORU Social Work Registration Board to monitor the suitability of the education programmes approved the board (www.coru.ie).

requirement? I almost ‘blew it’ during a social work programme re-accreditation site visit⁹ a few years ago when I passionately spoke against tokenistic service-user involvement in social work education. Panel members were looking at me as if I had two heads, while one my colleagues gently suggested afterwards that perhaps this isn’t the best place to discuss my concerns about the appropriation of user voices. I agree! In hindsight, I need to choose my battlegrounds, rather than just my battles. And yet, I need to find spaces and allies to fight these battles within education systems. It is complicated.

Such questions get more complicated in the context of a university that embraces inclusion and diversity as a core policy (Fraser 2017, 2019; Ahmed 2019). For example, is it justifiable to resist involvement in funding and publicity generating projects such as Patient and Public Involvement (PPI)? Is it ethically and politically appropriate to engage with PPI as a way of enhancing service-user participation, when I am concerned about such projects being primarily an exercise of promoting academic interests rather than addressing issues of knowledge and power in the academy in a meaningful way (see also Beresford, 2020)? Are such matters better addressed from inside or outside? Do I always stay an outsider inside my educational institution and at what cost? Academic and epistemic humility come at a cost within an environment where career progress is dependent on showing rather than relinquishing expertise.

Creating collective spaces of activism between the university and the Mad community has been one of the ways to move beyond the insider-outsider dilemmas.

The Critical Voices Network Ireland (CVNI)

The CVNI originates in an effort to create a collective space to discuss ongoing concerns about mental health matters in Ireland. Such concerns include coercive practices, lack of treatment choices, abuse of professional power, over-reliance on and excessive use of medication, discrimination, inhumane physical conditions in hospital units and lack of meaningful community-based alternatives to hospitalisation (see also Mental Health Reform, 2019). Questions have also been raised about the interests served by the adoption of so-called strategies of inclusion in mental health systems, such as ‘user involvement’, ‘peer support’ and ‘co-production’ (Brosnan, 2012; Costa et al, 2012; Voronka, 2016).

To provide a platform to collectively discuss and debate such concerns and share new initiatives and approaches, an annual Critical Perspectives Conference has been organised by the Schools of Applied Social Studies and Nursing and Midwifery, University College Cork since 2009. Over the years the conference has been identified as a unique event by education stakeholders (Tschudin, 2016) and, most importantly, by delegates and speakers from across the world as it is a free event, involving people from diverse backgrounds (people who identify as Mad, service-users, survivors, supporters, professionals, academics) presenting and debating critical perspectives in mental health. Over the past fifteen years, the conference has contributed to the development of

⁹ This is a site visit to the education provider carried out by the review team as part of the programme approval and monitoring processes (www.coru.ie).

diverse ways of knowing about mental health matters with user-generated knowledge being central in this process.

The CVNI emerged out of these deliberations, in 2010, as a coalition of people with lived experience, survivors, supporters, practitioners, academics, campaigning and advocacy groups, all interested in a mental health system based on non-coercion, respect, dignity, choice, and principles of social justice. This network aims to provide a democratic space with no hierarchical structures and is open to everybody who wishes to join its discussions. Since its launch, the CVNI, together with the of Schools of Applied Social Studies and Nursing and Midwifery, University College Cork, has been associated with the annual critical mental health conferences and, in partnership with other groups, has organised a series of public events, seminars and talks on critical mental health matters. The CVNI is not a formal organisation with a constitution and a committee structure. It is a broad network providing a space for people to make efforts to influence and address concerns about over-prescribing, coercion, and human rights. Adopting a Mad Studies framework of inquiry, I now consider the contribution of this space to disrupting dominant knowledges and to prefiguring epistemic justice and humility.

Prefigurative spaces: embracing tensions and uncertainties

The CVNI and the annual critical perspectives conference operate primarily from within the university. Therefore, such considerations relate to broader questions about the potential of universities to be critical and radical spaces (see also McKeown & Jones, 2012). Can universities disrupt knowledge-making and prefigure epistemic humility? Can the co-option of radical ideas be avoided (see also Fraser 2017, 2019)?

Given the concerns expressed in this article about processes of co-option and epistemic injustice, I concur with McKeown and Jones (2012:20) who suggest that service-user involvement in university spaces needs to be radicalised rather than 'be left to conservative forces or result in the co-option or incorporation of radical participants'. Yet, I am also concerned about the potential of critical and radical knowledge to perpetuate acts of epistemic injustice and exploitation. Recognising these tensions resonates with Spandler's (2009) view of places contesting psychiatric knowledge as 'paradoxical spaces'. Acknowledging the nuanced nature of spaces contesting dominant knowledges can help in preventing the creation of new forms of superior knowledge. This involves recognising that critical spaces, such as the CVNI, are not 'inherently radical or subversive' (Spandler, 2009:846). Furthermore, such spaces do not naturally prefigure epistemic justice and humility. Such prefiguration requires a constant troubling of our engagement with strategies of inclusion.

Through the CVNI, critical spaces were created in the university where service-user knowledge is shared and validated, where different, and sometimes conflicting, voices and agendas can be heard and respected rather than silenced (Sapouna 2012, Sapouna & Gijbels 2016). This can be an unsettling process as questioning mental health practice requires positions of certainty to be reviewed and possibly relinquished. Nevertheless, in this process lies a transformative potential, a metacurriculum for unlearning through engaging with previously silenced voices and meanings.

Another important contribution of the CVNI is opening the university as a physical space to a diverse group of people, many of whom have entered it for the first time as conference delegates. During the two-day conference, the Brookfield Health Sciences Building (where the College of Medicine and Health is housed) is transformed into a diverse space, with staff and students commenting on a positive 'buzz' in the atmosphere and lively conversations in corridors and over coffee. Social work students are particularly appreciative of the diverse approaches and languages used in the deliberations, and the opportunities to learn by being with rather than being lectured by (Sapouna, 2016). Students appreciate being in space where survivor narratives are considered a valid way of learning.

Hierarchies of disruptions? There have also been uncomfortable incidents... such as people becoming distressed in ways that disrupted the flow of the conference. So, talking about the contribution of disruptive processes... do we only value disruptions that neatly fit into our own critical discourse? Is there a hierarchy of disruptive acts? These incidents exposed, in a very public space, the challenges of 'being with' human distress. I hope that we have somehow modelled 'being with' its unpredictability, in ways that were respectful but not patronising. This means not to cover such cracks on behalf of showing a polished, united front. This was difficult as it involved showing vulnerability. Still, it is important that these conferences are not sanitised from the inevitable tensions and ambivalence generated by the uncertainties of distress (Sapouna, 2022).

There are also tensions associated with the nature of CVNI activism. Since its launch, the CVNI has struggled to be a prefigurative example of 'mutual aid' (Sedgwick, 1982), in other words to consistently model a democratic way of self-organisation and activism (Sapouna & Gijbels, 2016). The biggest challenge for the CVNI is to establish itself as a politically engaged movement and to influence mental health matters at a wider socio-political level. The CVNI emerged as a critique of biomedical psychiatry and coercion, prioritising a critique of the medical model in its early days. However, such critiques can overshadow a consideration of broader politics and ignore other forms of coercion, such as psychological therapies. They can also feed into unhelpful binaries and result in further exclusions, by failing to capture the diversity of Mad experiences, as well as the experiences of those who chose not to identify as Mad or those who feel they benefit from psychiatric support (Spandler & Poursanidou, 2019).

This leads to re-considering whether these spaces are prefiguring epistemic justice and humility. A significant challenge in the context of the CVNI, and the annual conference, has been the dominance of certain critical narratives. Is it inevitable that conference speakers would be charismatic figures, articulating inspiring critiques of (primarily) bio-psychiatry? As discussed earlier, this may lead to valuing a particular angle of criticality (e.g., critical of medicalisation), rather than recognising the diverse experience of madness and distress. How do we develop more nuanced understandings of criticality rather than purely associating it with an anti-medication stance? It is important to also consider this question in the context of activism, particularly as the annual conference is constantly evolving to engage with the complexities of criticality.

Other challenges concern the potential tokenism involved in identifying as an activist/ally. How can I avoid co-opting user knowledge to promote my own interests, even if these interests seem

to be radical in nature? How do I manage my identities as an aspiring ally and an academic? This position is also complicated because of my role in professional education within the university. While I want to be an ally, often at the expense of my academic or professional identities, I am not a member of the Mad community myself. While I have been through tough times, I haven't used mental health services. With these thoughts I am returning to Church's (2011) description of her position between the survivor community and the academy as 'familiar with both but uncomfortable in both'. The complexities and possibilities of this position deeply resonate with me!

Gradually, I am becoming more confident in engaging with tensions within and between critical movements, and between these movements and the university. Reflecting on the work of the CVNI, I propose that engaging with the contradictions and tensions of being in and between spaces, and not glossing over the uncertainties that madness creates, provides possibilities for solidarity (see also McKeown & Spandler, 2015). Acknowledging the diverse knowledges within the survivor community, rather than embracing only one type of criticality is a challenging act of epistemic justice. This involves creating critical spaces with opportunities to discuss but also to disagree with allies, recognising that all knowledge, including Mad knowledge, needs to be questioned (Duffy, 2022), rather than smoothing over tensions on behalf of unity (Cresswell & Spandler, 2016).

Finally, being an ally of the service-user/survivor movement cannot be a career of professional radicalism, neither can it be an act of goodwill. As Russo et al (2018:1877-78) remind us, effective alliances involve a capacity to grow beyond traditional divisions between those who are allies and those who need allies, moving 'towards challenging structures that define *all* our places' (emphasis mine). I think this can prefigure epistemic justice and humility.

Conclusion

This article captures a significant shift in my thinking about and engagement with mental health education an activism/allyship in Ireland. This involves a shift from viewing critical knowledge as *the* solution to the exclusion of Mad people, to recognising its potential contribution to the othering, in other words the exclusion, of Mad people and their knowledge. Through a reflexive autocritique I interrogate aspects of my teaching and activism to consider my contribution to critical and inclusionary knowledge and practices. I also identify how, at times, such knowledge and practices have been compromised by being appropriated by mainstream mental health and educational institutions including my own unwitting practice as an activist academic.

In contrast with traditional inward-looking reflective practice, this type of autocritique is used to consider issues of power, knowledge, and privilege. It is used to engage with Mad politics. This engagement is conceptually supported by the field of Mad Studies which centres on Mad people's knowledge and ways of knowing. As such, Mad Studies recognises the epistemic agency of Mad people, providing a counter narrative to their systematic discrediting as knowers by mental health disciplines. Through my engagement with Mad Studies, I consider the importance of a metacurriculum for unlearning in mental health education and I am guided to examine issues of co-option, (mis)representation, and allyship. A metacurriculum of unlearning is not limited to diverse, or more enhanced, understandings of Mad knowledge. Neither is it limited to students

only. For myself as an aspiring academic ally, it involves unlearning my praxis of inclusion through a stronger recognition of the power structures within the contexts where inclusion happens.

Through Mad Studies methodologies I am facilitated to identify tensions and possibilities for prefigurative education, and activism. A prefigurative approach to knowledge construction involves disrupting acts of silencing by valuing diverse knowers and ways of knowing. It also encourages an engagement with the uncertainty this diverse knowledge creates. Ultimately, this involves engaging with the unpredictability of human distress in ways other than regulation, prefiguring epistemic humility and more democratic and respectful ways of working.

Acknowledgments

This article is based on working with others over a number of years. Many thanks to Fiona Dukelow, Orla O'Donovan and Rosie Mead for the excellent PhD supervision and friendly reading. I am very grateful to Hel Spandler, Mick McKeown and Caitriona Ni Laoire for the supportive and thorough PhD examination and their very helpful suggestions for further publications. Gratitude to my friends and allies Liz Brosnan, Anne O'Donnell, Dina Poursanidou and Rory Doody for all the conversations which are at the core of the ideas discussed here. And, of course, many thanks to Harry Gijbels for all the joint efforts to create critical spaces within and beyond the academy.

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