

Angry and Mad: A Critical Examination of Identity Politics, Neurodiversity, and the Mad Pride Movement

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ABSTRACT

Mad Pride is a movement by those who have received treatment for mental illness, and their allies, that seeks to change perceptions and beliefs about mental illness and the individuals who experience them. Mad Pride activists seek to influence both academics and laypeople through activities ranging from hunger strikes designed to challenge medical models of mental illness to “mad pride parades.” Though heterogeneous in perspective, the movement’s activities are influenced by broader identity pride activism, and they are ideologically related to the neurodiversity and disability subcultures. Therefore, although precedent exists for the creation of group political identity through shared experience of pathology or abnormality, the Mad identity in its current conception lacks the coherence to become a culturally and politically meaningful minority identity. Unlike many other sociopolitical movements, Mad Pride must confront ethical challenges about whether mental illness, which affects all individuals, can serve as a politically viable minority identity.

Key words: Mad pride, identity politics, neurodiversity, ethics, mental health advocacy

Within the last ten years, a loosely organized grassroots campaign known as the “Mad Pride” movement has begun to develop across Europe, Canada, and the United States. As described by LeFrançois, Menzies, and Reaume (2013), Mad Pride functions as “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.” The group arose from the psychiatric consumer/survivor/ex-patient movement (*c/s/x*) that has influenced mental health services and human rights discussion for several decades.

Like the *c/s/x* movement, Mad Pride activists are critical of the current medical models of mental illness and what they perceive as coercive mainstream psychiatric care (Schrader, Jones, & Shattell,

2013). Mad Pride as a movement is unique, however, in its adoption of the tactics and dogma of other minority pride advocates, as well as disability cultures such as the Deaf and hard-of-hearing culture. Emulating the black pride and LGBT pride movements of previous generations, Mad Pride groups often host Mad Pride parades and rallies, and some members of the Mad Pride movement insist on being described as “psycho,” “crazy,” or “nuts” as a way of reclaiming terms that were previously derogatory (Laverack, 2013).

Perspectives on Madness within the Movement

As a cultural movement, Mad Pride is still in its formative stages, and as such there are a variety of ideological divisions between the various loosely connected organizations under the Mad Pride banner. At one end of the movement are those who, spurred along by the growing advocacy for self-help and patient-centered care within the mental health field, hope to reduce the stigma surrounding mental illnesses and those who suffer from them. Proponents of this perspective include Elyn Saks, Director of the Saks Institute for Mental Health Law, Policy, and Ethics at University of Southern California Gould School of Law. Saks has achieved professional success despite being labelled as “gravely disabled” by schizophrenia, and advocates for the destigmatization of mental illness (Saks, 2007).

At the other, more radical end of the Mad Pride movement are individuals like David W. Oaks, founder and former executive director of the Oregon-based MindFreedom International, a nonprofit organization that seeks “to win human rights and alternatives for people labeled with psychiatric disabilities.” Oaks and MindFreedom International led a twenty-two day hunger strike “to challenge international domination by biopsychiatry” during the 2003 meeting of the American Psychiatric Association in Pasadena, California. Among their demands, the hunger strikers insisted on being presented with evidence for “a neurochemically-balanced ‘normal’ personality, against which a neurochemical ‘imbalance’ can be measured and corrected by pharmaceutical means” (Mindfreedom, July 28, 2003).

Many members of the Mad Pride movement share ideological similarities with members of the neurodiversity movement, though the two groups comprise distinct subcultures; members of the neurodiversity movement often focus primarily on autism spectrum disorders and neurodevelopmental disorders, rather than the broader category of “madness.”

Political and Epistemological Issues

In selecting an entrenched biomedical infrastructure as the target for their political activism, members of the Mad Pride movement find themselves struggling against entrenched structures and ideas in the academic and public spheres. The increasing medicalization of the study and treatment of mental illnesses has given the psychiatric community the primary authority for determining who is sane and who is not. To argue against what they perceive as the pathologizing (and stigmatizing) of normal expressions of human emotion, members of the Mad Pride movement find themselves struggling simultaneously with the typical political issues experienced by minority activists, as well as more significant epistemological issues regarding the biological nature of sanity.

Although science proposes universal truths grounded in empirical reasoning and systematic methodology, the truths generated by science are extremely powerful in forming social discourse on particular issues. Science has the ability to support, in an objective fashion, the values that society holds at large – which may be subjective and socially constructed themselves. As Bradley Lewis (2006) writes, “Mad Pride’s efforts...go beyond ‘politics-as-usual.’ Mad Pride, like other forms of ‘biocultural activism’ (such as Women’s Health Movement and AIDS Coalition to Unleash Power) is located at the interface of bioscience and politics.” Because ideas regarding mental illness are so heavily influenced by the dominant narrative of the medical community, those within the Mad Pride movement must struggle over both truths and values.

The efforts of the Mad Pride movement are distinct from those of other political activism groups, but parallels can be found between the Mad Pride movement and the larger neurodiversity and disability activism movements. These movements must all struggle to undermine what they perceive as stereotyped representations in science and medicine as well as in popular culture.

For the Mad Pride movement, the authority of the psychiatric community creates and reinforces an artificial binary between the sane and insane, and both sides of the binary operate together in what R.G. Thompson (1997) describes as “opposing twin figures that legitimate a system of social, economic, and political empowerment justified by physiological differences,” in much the same way that medical models of physical disabilities and neurodevelopmental disorders serve to disempower individuals who experience these conditions. The diagnosis and treatment process that accompanies a medicalization of difference also allows for explicit recognition of difference and, in the view of many within the movement, inferiority, in a way that is often perceived as more legitimate than a direct pronouncement of inferiority would be.

Mental Illness as a Group Identity: Ethical Challenges

Setting aside epistemological criticisms of the medical model of mental illness, the major ethical issue raised by the Mad Pride movement is whether madness can be perceived as an individual or group identity—and further, whether the Mad can be considered as having rights as individuals or as a group. Individual and group identities are obviously difficult to separate; as K. A. Appiah argues in *The Ethics of Identity* (2010), the notion of identity encompasses both a self with the freedom to create itself and a self shaped in relation to collective identities. Schrader and colleagues (2013) describe the Mad Pride movement as solidifying madness as a “culturally meaningful and active sociopolitical minority identity”:

“A mad identity is thus not so much about a person’s ‘intrinsic craziness,’ as the active and thoughtful positioning of the self with respect to dynamic social narratives regarding mental difference and diversity. To ‘identify’ is to actively stake a personally and socially meaningful place in this complex assemblage of social, biological, and environmental forces; an assemblage that importantly includes (and actively grapples with) distress and psychological pain.”

By perceiving madness not just as an identity, but a political identity, the Mad Pride movement transforms the Mad from actors into activists. As a historically marginalized and subordinated group, the active reclamation and redefining of madness by those who are defined or define themselves as Mad might appear politically powerful. Yet in doing so, perhaps the Mad movement risks fertilizing the very root of their problem. The Mad movement argues against psychiatry and the medicalization of mental states because this creates an artificial binary between the sane and insane—however, by identifying individuals as Mad, even in the hopes of re-appropriating the identity, Mad Pride groups are reinforcing this artificial binary.

In discussing his concept of morality and the master-slave relationship, Nietzsche (1887) wrote that “slave morality” was a reevaluation of the “master morality” created by slaves’ masters, and as such allowed masters to serve as the ultimate creators of morality. Similarly, when a group’s identity is forged in opposition to the oppression of another group, they essentially need the other to conceptualize themselves. The act of rejection is in itself an act of recognition.

Yet the distinction between sane and mad is more blurred than those boundaries separating Nietzsche’s master and slave. Where identity is commonly grounded in recognizable differences, which can be as stark as those between master and slave (i.e., black/white, gay/straight, male/female), the Mad movement struggles to conceptualize its identity because it lacks a binary reference point. In other words, Mad persons are both the master *and* slave.

The trouble with the mentally ill is not that they’re different, but that they’re too familiar. All ages, classes, ethnic groups, and nationalities are affected by mental illness (World Health Organization, 2001; Demyttenaere et al., 2004). Unlike other minority rights groups that are united by some social narrative or physiological difference, such as the neurodiversity and

disability rights movements, there is no unifying characteristic of the mentally ill other than the experience of mental distress. They can simultaneously be part of the dominant, oppressive social group and a part of the subordinate, stigmatized group. As a result, the movement's unifying power is lessened because the Mad are linked by nothing but "the experience of mental distress"; as Schrader would say, the Mad movement struggles with its "assemblage."

It is difficult to forge a political identity without establishing a group identity grounded in a defining set of characteristics that would subsequently define the opposition necessary for political action. The creation of a broader range of perspectives on madness and its social ramifications is laudable, but an attempt to foster a political identity out of mental distress that can affect anyone is blinkered thinking.

Conclusions

The question of what most enriches the self and the world is complicated. The Mad Pride movement questions the validity of an unambiguously medical model of mental illness. This critical examination of scientific empiricism is necessary to ensure the accuracy of academic and popular perspectives of mental illness; any idea with pretensions to truth must be carefully scrutinized (hence this paper). The Mad movement rightly seeks to attack the stigma that too often accompanies mental illness, and asserts that there is nothing wrong with mental illness. However, madness should be nothing to be especially proud of, either. Mental illness is, at least for now, an immutable part of the human condition. As such, it needs to be accepted and managed as best as possible, without reproach and without understandable, but misplaced, celebration.

References

- Appiah, K. A. (2010). *The ethics of identity*. New Jersey: Princeton University Press.
- Demyttenaere, K., Bruffaerts, R., Posada-Villa, J., Gasquet, I., Kovess, V., Lepine, J., ... & Chatterji, S. (2004). Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA: the journal of the American Medical Association*, 291(21), 2581-2590.
- Laverack, G. (2013). *Health activism: foundations and strategies*, pp.115-117. New York: Sage.
- LeFrançois, B. A., Menzies, R., & Reaume, G. (Eds.). (2013). *Mad matters: A critical reader in Canadian mad studies* (p. 13). Canadian Scholars' Press.
- Lewis, B. (2006). A mad fight: Psychiatry and disability activism. In L. J. Davis (2nd ed.), *The disability studies reader* (pp. 3-16). New York: Routledge.
- Mindfreedom (July 28, 2003). Original Statement by the Fast for Freedom in Mental Health to the American Psychiatric Association, National Alliance for the Mentally Ill, and the U.S. Office of the Surgeon General. Retrieved on March 12, 2015 from <http://www.mindfreedom.org/kb/act/2003/mf-hunger-strike/hunger-strike-debate/fast-for-freedom-statement>.

- Nietzsche, F. (1967). *On the Genealogy of Morals*. 1887. *Trans. Walter Kaufmann*. New York: Vintage.
- Saks, E. R. (2007). *The center cannot hold: My journey through madness* (p. 146). Hachette UK.
- Schrader, S., Jones, N., & Shattell, M. (2013). Mad pride: Reflections on sociopolitical identity and mental diversity in the context of culturally competent psychiatric care. *Issues in mental health nursing*, 34(1), 62-64.
- Thomson, R. G. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*. New York: Columbia University Press.
- World Health Organization. (2001). *Mental health: new understanding, new hope*. World Health Organization.

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