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Mad Studies and Neurodiversity: A Dialogue

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Mad Studies and Neurodiversity are both emergent areas of scholarship that aim to bring the 'experiences, history, culture, political organising, narratives, writings and most importantly, the people who identify as: Mad; psychiatric survivors; consumers; service users; mentally ill; patients; neuro-diverse; inmates; disabled - to name a few of the "identity labels" our community may choose to use' (Costa, 2014) to the academic table. To date, academic activities around madness and neurological divergence have failed to include those with lived experience, who are 'frequently frozen out of the processes of knowledge production' (Milton, 2014, p. 794). This is not limited to the big business of pharmaceuticals, or the biological or genetic research that seeks to identify bio-markers for and eradicate autism, schizophrenia and the like. Indeed, much of social scientific work in these areas may aim, but continually fail, to include lived expertise equally, positioning patients/users/survivors as outsiders, objects for interpretation and research 'on' rather than 'with' (Beresford and Russo, 2014; Milton and Bracher, 2013). In this paper we explore what we consider to be the shared concerns of those neurodivergent and/or mad-identified scholars and activists who are seeking to make space for themselves within the academy. In doing so, we consider what critical questions and action people involved in these could address together in ways that move beyond identity-based politics.

What do Mad Studies and Neurodiversity have to say to each other?

Discussion between mad studies and neurodiversity scholars are often framed within the field of disability studies. The field of disability studies has a wide scope in terms of the embodiments/experiences it engages with and in its interdisciplinarity. There are some commonalities between these three groups: people with physical/sensory/intellectual impairments, people living with psychiatric diagnoses, and neurodivergent people are legislatively categorised as "disabled"; the effects of disablism are psycho-emotional (Thomas, 1999); psychiatric 'treatments' may result in physical impairment; and, all are discriminated against and oppressed (Beresford, 2004). However, these shared elements are countered by many differences both within movements and between them.

Several authors have engaged in debate over whether madness and distress should be understood as disability, and what an alliance between mad activism and disability activism might achieve (see for example, Anderson, Spandler and Sapey, 2012; Beresford, 2000, 2004; Plumb, 1994). The contentious issue of impairment continues to prove one such challenge to this. Those politically aligned with the psychiatric survivor movement tend to reject medical concepts of their distress and as such would not consider themselves to be psychologically impaired, whereas the social model of disability tends to be read as maintaining impairment to be a biological fact (Beresford, 2004; Plumb, 1994).[i] Within the neurodiversity movement all embodied diversity (including neurological differences) is accepted as a facet of human nature, whilst the concept of 'impairment' and related purist medical models are commonly denounced as normative (Milton and Lyte, 2012).

Graby's (2015) forthcoming chapter in *Madness, Distress and the Politics of Disablement*, argues that neurodiversity has the potential 'to bridge conceptual gaps between the disabled people's and survivor movements - such as the sticking point between them over the concept of 'impairment''.[ii] For Graby (2015), the neurodiversity movement's claim for the affirmation and recognition of "natural" neurological and/or behavioural difference means that,

> the neurodiversity movement is particularly well placed to bring together broader categories of marginalised people(s) into a (necessarily loose, but nonetheless potentially hugely important) solidarity network of movements fighting for radical acceptance of all types of human diversity, under a broad banner of 'anti-normalisation' and challenges to supposedly 'universal' assumptions about 'human nature' that privilege majority and historically dominant groups. (n.p.n.)

This reflects wider debates within the field of disability studies and activism around how the bifurcation of impairment and disability enacted within the social model fails to recognise the sociality of medicine and of all embodiment, and the materiality of social life (Hughes and Paterson, 1997).

Graby (2015) suggests John Swain and Sally French's (2000) 'affirmation model of disability' may be useful in taking this project forward, in which 'disabled individuals assert a positive identity, not only in being disabled, but also being impaired. In affirming a positive identity of being impaired, disabled people are actively repudiating the dominant value of normality' (Swain and French, 2000, p. 578). The proposition from the neurodiversity movement is that we should reclaim and redefine 'impairment', in the same way the first disability rights activists challenged the meaning of 'disability'. If we were to understand all humans as beings with embodied differences, negative connotations attached to 'impairment' might be avoided. Autism, Asperger's and related neurodivergence would no longer be understood as 'impairments' in medical terms. Similarly, Graby (2015) argues that mental distress could be understood as an effect of psycho-emotional disablism, rather than an 'impairment'.

Alliance activism

Recent discussions during the Mad Studies stream at the 2014 Lancaster Disability Studies conference highlighted that we need more work on what our theoretical, conceptual, ethical and methodological tools will be for producing a mad- and/or neurodiverity-infused knowledge, or praxis.[iii] A dialogue between mad studies, neurodiversity and disability studies might move us beyond the limitations of identity-based politics that create 'insiders' and 'outsiders'.[iv] In doing so it should bring us into conversation with other disenfranchised groups, such as refugees and asylum seekers, people without work, lone parents, and with organised activist groups, such as trade unions (McKeown, 2014). This conversation is supported by work such as Imogen Tyler's (2013) book *Revolting Subjects*, in which she uses a theory of 'social abjection' to trace the links between seemingly disparate groups of people. Similarly, in her work on transgender Sally Hines (2013) argues that Iris Marion Young's (1990) concept of a 'politics of difference' will move us beyond a focus on individual suffering towards building collective identities in order to address inequalities, such as disablement, disenfranchisement, marginalisation and impoverishment. The aim is to stop thinking about how we're the same and begin to work with our differences collectively.

It is our hope that building solidarity across experiences of marginalization and disablement can move us beyond defining how we each individually deviate from the norm. At a time of increased psychiatrization coupled with aggressive and devastating public spending cuts and government policies, we need to think collectively about how these processes affect us all. For example, there are strong resonances here with issues faced by the transgender community who must attain a psychiatric diagnosis and medical certification in order to be recognised as their acquired gender, and who must identify as either male or female and nothing in-between (Hines, 2013). The intersections between neurodiversity and trans* and queer identities are already being realised around the term 'neuroqueer'. This term 'signifies *what doctors do to us*, it also represents a site of reclamation — to resist ... both compulsory able-bodiedness and compulsory heterosexuality' (Yergeau, 2014).

Yeo and Bolton (2013) argue that alliances should also be built with refugees and asylum seekers. For example, the 'bedroom tax' was used first on refugees and asylum seekers before its national implementation. Working together across differences of this kind would mean our collective activism and campaigns would be more informed around political marginalisation and impoverishment that reaches far and wide (Yeo and Bolton, 2013). An asylum seeker and mental health service-user who took part in their research argued that 'if the money spent on his psychiatrist ... were to come to him directly, he would be able to buy food, would have less stress and his mental health would improve' (Yeo and Bolton, 2013, p. 41). We take this as a rally call for activism that accommodates and addresses inequalities intersectionally, and that can intervene in realistic and helpful ways to the current crisis in mental health and welfare systems.

We write at a time when activist concepts such as *recovery*, *inclusion*, *access* and *hope* have been co-opted, appropriated and politically neutralised by policy makers, service-providers, and government (Costa, 2009; McWade, 2014; Morgan, 2013). User-led services and organisations continue to be most severely affected by spending cuts (Morris, 2011), whilst anti-stigma campaigns endorsed by the Royal College of Psychiatrists continue to be pumped with millions of pounds to sell a sanitised version of "mental health" to the masses (Armstrong, 2014). Personalisation has been implemented through a free market ideology that has seen the dispossession and even some deaths of disabled people. It is 'time to talk', and not in the way the establishment wants us to, with individualised and neatly packaged tales of recovery. Instead, let's build upon the rich histories of activism and bring our shared experiences of oppression and marginalisation together.

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[i] We note that are many interpretations and developments of the social model that move beyond this dualism. Further, there are also activists working within the area of mental health who do accept medical models of distress.

[ii] We would like to thank Steven Graby for sharing his work with us pre-publication.

[iii] The stream was convened by Peter Beresford and Brigit McWade, who would like to extend their thanks for Hannah Morgan for her support of the stream and the facilitation of this working partnership. Read more here: http://madstudies2014.wordpress.com/.

[iv] In this case, who is and is not 'impaired'.