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Uses of madness: towards the recognition of new interpretations of human suffering

Usos de [la] locura: hacia el reconocimiento de nuevas lógicas interpretativas del sufrimiento humano

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ABSTRACT This article addresses the controversy associated with the construct schizophrenia/psychosis/madness, indicating the need to acknowledge the multiplicity of experiences and interpretations which arise through the use of the construct. The plurality and complexity intrinsic to the phenomenon, the discrepancies in its possible meanings and the value of first-hand experience are indicated as aspects whose recognition is indispensable to both understanding suffering and confronting it socio-educationally. Using interviews carried out in September 2013 and May 2014 with six people diagnosed at least with schizophrenia, who gave their informed consent to participate, these dimensions are explored. Additionally, madness is examined from a queer perspective as a possible space of political expression that permits new paths and forms of social circulation among those afflicted.

KEY WORDS Mental Health; Power (Psychology); Recognition (Psychology); Queers; Education; Spain.

RESUMEN El presente artículo aborda la controversia asociada al constructo esquizofrenia/psicosis/locura, señalando la necesidad de admitir la multiplicidad de experiencias e interpretaciones que se ponen en juego mediante su uso. La pluralidad, la complejidad intrínseca al fenómeno, la disconformidad en sus posibles significados y el valor de las experiencias en primera persona, se indican como dimensiones cuyo reconocimiento resulta indispensable tanto en la comprensión del malestar como en su enfrentamiento socioeducativo. A partir de entrevistas realizadas entre septiembre de 2013 y mayo de 2014 a seis personas diagnosticadas al menos de esquizofrenia, que participaron de forma consentida e informada, se abordan dichas dimensiones y se revisa la locura desde una perspectiva queer, como posible lugar de enunciación política que permita habilitar nuevos tránsitos y formas de circulación social a los sujetos de la aflicción.

PALABRAS CLAVES Salud Mental; Poder (Psicología); Reconocimiento (Psicología); Queers; Educación; España.

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

INTRODUCTION: AN ESSENTIALLY CONTROVERSIAL CONCEPT

Geekie and Read[1] argue that the terms schizophrenia, psychosis and madness refer essentially to the same types of experiences, though from different points of view. Regarding the first two terms, they argue that both place these experiences in a clinical context that is primarily psychiatric, while the last term, madness, places these experiences in a context of human experience both ordinary and extraordinary. This perspective has been supported by authors like Álvarez,[2] among others, who proves how most of the nosological creations about humankind's mental suffering tend to restrict madness within the model of medical pathology; or by Canals,[3] who points out that the use of clinical synonyms of madness usually tends to hide the otherness expressed in this term.

In Geek and Read's work,[1] both argue how, due to the popular dimension embodied in the use of the term madness, significant contributions from every person, even those who suffer or experience it directly, are possible. As a result:

> By using the term "madness" the experience is wrested from the grip of a select few experts on "schizophrenia" and "psychosis", and portrayed not as a medical condition with an obscure Greek or Latin derived title, but rather as an aspect of the human condition on which everybody can have a say.

Based on this approach, medical terms would tend to unnecessarily and uselessly restrict the participation in debates about related experiences with the phenomenon of madness. This is of particular interest for the purposes that are to be described here, as the intention is to put on a plane of symmetry different understandings of the matter, that aim to go deep into some of the most important dimensions.[4,5,6,7] Either way, it is agreed that it is essential to take into account those persons who could make valuable contributions for the understanding of madness, and even more, those who significantly experience it in their lives.

It has been said that there is little, if any, agreement between scientists and specialists about what constitutes the experience of madness or what is the most accurate way to name it.[2,8,9,10] Moreover, despite having the actual results from research studies, there is currently no definite or clear scientific evidence that may help to indicate which of all the possible concepts of madness is the "right" one.[11] There are also no reliable conclusions available about the "real" nature of unusual experiences, such as hearing voices or feeling paranoid, their causes, or approaches that best address the problems involved in these experiences.[12,13]

Perhaps, as Wittgenstein pointed out,[14] it is impossible not to give sense and meaning to an experience, a phenomenon or a concept, as that is partially the venture of science, but it is possible to presume that no definition is "correct." If there is no connection with a certain goal or objective – which could be obviously different or even contrary – there is a smaller probability of reaching any type of agreement with universal dimensions. However, there seems to be an agreement in that schizophrenia has been the subject, and still is, of a wide range of explanations and definitions that are usually confronted.[2]

In this context and similarly to the case of the term "schizophrenia," the term "psychosis" does not offer a satisfactory solution to the controversy either. Many people do not feel comfortable with the term, although it is commonly used in our society to describe experiences of mental pain.[11] With the purpose of moving forward with the decoding of the meanings contained in the diverse ways of naming complex and heterogeneous experiences – such as extreme mood states and hearing voices – it is important to review the use of terminology and its importance in debate, and to set down some conditions for the acknowledgment of a multiplicity of possible interpretations.

According to Austrian philosopher and linguist Wittgenstein, the words used in

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

science are vessels capable of containing and conveying meaning and sense related to descriptive facts that occur in a place, last for a certain time, and so on. What is more, the type of *evaluation* which words can be sensitive of is always *relative* to these facts and to how these words are used in relation with these facts. Therefore, a term is not right or wrong, good or bad, adequate or inadequate *per se*, it depends on its function and use, that is to say, on how it is related to the facts described and what the term refers to, its goals and objectives included. Accordingly, words are *a priori* exempt of all judgment of *ethical* or *absolute value* as "so far as facts and propositions are concerned, there is only relative value and, therefore, relative good and right."[14]

In accordance with this approach, Geekie and Read[1] have been trying to figure out the terminological controversy of schizophrenia/psychosis/madness by precisely using Wittgenstein's philosophy and his following explanations, of which they collect a series of principles applicable to the debate. In summary, their approach claims that the words schizophrenia, psychosis and madness have different functions and that, in order to know their meaning, it is essential to pay attention to how they are used, rather than to its definition. Consequently, beyond this or that definition, it is precisely the way a term is used and how it works what determines its meaning.

This approach suggests that the multiplicity of opposite theories about the nature of schizophrenia is neither an isolated and random phenomenon nor a mere reflex of an evolution stage of the concept, but rather a representation of the *intrinsic* nature of the concept itself. For the authors, the controversy in which this matter has been immersed since its origin – which does not show possibility of abating – makes them suspect that there are plenty of reasons to support that it is one of the characteristics of the notion of madness, regardless of the term that is ultimately chosen. This suggests something about the order of opening to different approaches and the possibility to admit diverse formulations of the phenomenon that, aside from the approach established by biomedical discourse, could help progressing in its interpretation, comprehension and assertion.

ABOUT THIS RESEARCH STUDY

The framework of this article is a doctoral thesis[15] written by myself, whose empirical and qualitative research studies support the theoretical arguments that will be presented below. From a dialogical approach, six communicative accounts were collected from people who narrated from their own point of view and in their own words, what madness/psychosis/schizophrenia means and represents to them in their lives. These life stories were accounted for in accordance with the criteria of differentiality and variability developed by Bertaux[16] and recorded in audio between September 2013 and May 2014. After their transcription, the whole data was analyzed with the qualitative analysis software Atlas ti.

A fake name was assigned to each participating party to preserve confidentiality, just as stated in the informed consent document that each party signed voluntarily. It should be pointed out that although length restrictions do not allow to thoroughly examine the different interpretations presented, some illustrative examples of the accounts collected will be displayed. Through these examples, the necessity of having new ways of interpreting human suffering will be laid out.

FORMS OF RECOGNITION

The idea that the landscape of madness has been long rearranged through diagnostic categories has been constantly repeated. Nevertheless, this idea frequently leads to people being labeled with a category that can be defined as subaltern,[17] as the recognition of these people comes from the imposition of a pathological or deteriorated identity that results in an objectified treatment and

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

the negation of subjectivity, narration and knowledge of the afflicted individual. Butler has pointed out how the human element is conceived differently in terms of certain criteria or certain patterns that are related to a definite regime: that of normality. For example, depending on its race, the legibility of that race, its ethnicity, the categorical understanding of that ethnicity, its sex, the perceptual verifiability of that sex, its morphology, the recognizability of that morphology and so on, it may be considered that "certain humans are recognized as less than human, and that form of qualified recognition does not lead to a viable life."[18]

In this regard, Butler points out that if the schemes of recognition available "are those that 'undo' the person by conferring recognition, or 'undo' the person by withholding recognition, then recognition becomes a site of power by which the human is differentially produced."[18] Following this line of reasoning, some questions arise: What happens when human experiences such as hearing voices or extremely paranoid thoughts are categorized under the label of mental illness? What consequences does this issue have for the subject labeled as having paranoid schizophrenia or bipolar disorder? What recognition is conferred or what is being acknowledged or denied through these labels?

Three accounts are enough to get a general idea of the impact of diagnosis in the subjectivity of a person. Uxía tells that, in the context of specialized care, those who are afflicted are regarded as

> *...a kind of piece of furniture. Now this individual, human or not so human, must be moved from here to there. Then, that is the objective; it must be fulfilled in any way regardless of the will or attitude of that individual.*

From his point of view, Xián, whose life between the walls of a mental hospital went on for more than twenty years, states that *"once you enter the asylum you are schizophrenic, you no longer are. You are a disease, a bunch, a group."* Sabela also explains the degradation of the "self" through being diagnosed as:

> *The lowest, the thing which you do not pay attention to. Meaning, you have to deny its existence. Aside from what there was, to what I believe, was what others saw. So I was labeled, labeled as the worst and I did not want to. I mean, I may be a bit crazy, but I haven't been the worst.*

Although the problems of language and the different meanings it conveys always carry ideological issues, and therefore power-related issues, "it is important to remember that there is a dynamic movement between thought, language and reality, from which a prominent creative capability arises, if interpreted correctly."[19] This perspective is important, given that the way in which other narratives – like the biomedical narrative – work often block the possibility of subjects to narrate their story differentially, to act, to have a say and define themselves in an alternative way to that which has been assigned through psychiatric categorization. That is to say, the way these narratives work is what Spivak[20] calls the "subaltern subject-effect," which gives the people a life order that may be considered as non-viable.[21]

If there is an intention to change the situations like those described above, it is essential to deconstruct what has become a rigid and established knowledge in order to facilitate demands that would be otherwise dismissed. Butler[18] suggests two alternatives that favor effective recognitions of viable subjects, lives and bodies: on the one hand, she points to the relevance in the use of language to create acceptable living conditions that allow one to take an active role in political life. On the other hand, Butler aims at the exploration and critical review of the categories used. Both paths include the possibility of appropriating language – be it scientific, technical or lay – and opening it to new meanings. To the US author, if the subject is constructed through language and based on social norms established before him or her, ruling a world

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

that he or she did not choose, then his or her agency lies in that which the subject does with these norms and its narratives.[18,22,23] In other words, the viability of the "self" depends on the capacity of the subject of doing something with what has been done to him or her.

If, as Freire argues,[19] "the language we use to talk about this or that and the way we say things is [...] influenced by the social, cultural and historical conditions of the context in which we talk and say things," then changing the language is changing the context. Uxía provides an eloquent example of this possibility, and claims the following:

> *I always try to de-medicalize all of these issues. Take them to a level of "it can happen to everyone... this isn't so different, it isn't so extraordinary..." because I want to de-dramatize the topic. I think the schizophrenia topic in particular, the topic of the so-called mental illnesses in general, has a lot of tragedy and little of comprehension. Meaning, a lot of medicalization, technicism, medication of course, psychopharmacology and all that, in detriment to understanding them as human experiences.*

The struggle to transform the negation conditions of subjects is therefore tied to the language being used, how it is used and the meanings it conveys. There, according to Butler, lies the possibility of critique and the opening to new ways of understanding the difference that resists models of assimilation. In her own words "this is the juncture from which critique emerges, where critique is understood as an interrogation of the terms by which life is constrained in order to open the possibility of different modes of living."[18] From this point of view, although words like schizophrenia or psychosis convey norms that produce negated or deteriorated identities when these norms are breached, this language is still marked by the social context and the capacity to question and subvert it. Taking this into account, other subjective positions may be possible with a resignification in language and the opening of new scenarios, "speaking in ways that have never yet been legitimated, and hence producing legitimation in new and future forms."[23] However, it is important to remember that the condition of the subject implies, precisely, being subject to the norms that regulate what is considered the speech of a subject. Being on the limits of these norms imply risks that should not be overlooked given that madness will exist precisely in this margin:

> To move outside of the domain of speakability is to risk one's status as a subject. To embody the norms that govern speakability in one's speech is to consummate one's status as a subject of speech. "Impossible speech" would be precisely the ramblings of the asocial, the rantings of the "psychotic" that the rules that govern the domain of speakability produce.[23]

This introduces a question about which is the logical speech and what is reasonable, what can be considered speakable within this context, who defines it, under which criteria, among other things. In short, this idea demands to specify what is worth considering. On this depends the possibility of numerous new different subjectivities to exist within the established rules. To this point Butler adds "the conditions of intelligibility are themselves formulated in and by power, and this normative exercise of power is rarely acknowledged as an operation of power at all."[23]

Considering the controversy regarding the different ways of defining madness, it is vital to make progress in the consequences of understanding this concept as fundamentally controversial, as stated by Geekie and Read,[1] by articulating these ways through the notion of recognition.

With this approach, a series of conditions will be established, conditions that put a socio-educative narrative in a place to affect mental health so as to open new paths to the subjects in the construction of their own biographies and social histories, starting with their own senses and meanings, and, ultimately, their own authorship. This leads one

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

to accept effectively and without reservations even that which produces concern and surprise, because it is defined in their own terms and not through any form of language that has been imposed.

Plurality

It is very clear that understanding a concept as essentially controversial leads one to admit that there are several ways of defining and using this concept. It means admitting that which, according to Arendt[24] makes reality possible and guarantees its persistence: human plurality. This perspective enables the approach to the different, the unknown or the strange, in a method of action that requires collaboration between disciplines, professionals, afflicted individuals and specialists, given the fact that the intention is to create different forms of experimentation and naming processes that are diverse. The aim would be to not feel the need to refute, cancel or censor the plurality present in madness, thus making advances to understand it.

Nevertheless, in relation to the acceptance of plurality, it is clear that in some of the circles in which matters of mental health are discussed, not all agents are considered equally competent to contribute to the definition of problems and needs related to mental suffering. It is important to highlight the functionality in the areas of services management, the delimitation of specific areas of allegedly homogenous actions and applying the framework of problem-needs-resources. In this sense, Canals[3] points out that in the systems of mental health and social services it is taken for granted who is competent, who has authority, criteria and knowledge and who does not. In the author's own words:

> The agent in charge of their management is who defines problems, identifies needs and applies resources, whereas the afflicted individuals never get to define themselves and, if they do it, they risk receiving additional labels, generally of a psychopathological nature, if the self-definition does not imply the acceptance of the technical diagnosis.

The lack of consideration in these systems towards those who get a psychiatric diagnosis and their opinions has been widely criticized by both the individuals who are users of this system and the critical research area of this field.[25]

Furthermore, such instrumental rationality is contradictory to the mutual respect demanded from people by the type of rationality that, implied in the communicative sphere, attempts to recognize plurality. It is from this plurality that emerges the idea of every subject deserving equal treatment, even if they are different, in order to generate a type of inclusion that would not homogenize or objectify the *other* in their difference.[26] In fact, the recognition of plurality in the context of a type of action governed by intersubjective comprehension requires accepting the equal manifestation of those who are different, especially when in such processes identities and subjectivities are produced, both of words and actions.[27]

To accomplish this, a critical approach is necessary in the field of the self-defined relational professions, which are in charge of the technical interventions in mental health. In addition to this, it was stated that "the existent asymmetries show that relational does not necessarily include dialogic,"[3] therefore the knowledge hierarchy is still established in both social services and the mental health system. Furthermore, according to Ortiz,[8] the marginalization and exclusion processes that the individuals "objects" of technical diagnosis are subjected to, take place in the same areas of professional care.

The negation of the afflicted subject's narration voice has caused Iria a great discomfort. Furthermore, she states that it is:

> *...a very fascist attitude, because I was in a hospital and I said I wanted to commit suicide, what they did to me was ignoring me, they ignored me because the only thing they did was giving me pills. If I wanted to commit suicide, there*

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

> *must have been a reason and there was no therapist in the hospital to talk with me. It looked more like I was being punished, that I was misbehaving, as if they were telling me: Who are you to tell me that you want to commit suicide?*

Separately, Lois states that her point of view and her will have never been taken into account at the mental hospital where he has lived for two decades. He points that:

> *For example, they can punish you for not waking up and not going to the dining room, maybe they don't pay you or, damn! if you don't eat you are punished, if you don't sweep you are punished, and it goes on... and because of foolishness like that... I didn't really like it, I was against it and I always lost. I always lost because I have no authority, I rule nuthing. They command everything and you don't command nuthing.*

In the face of exclusion, disregard or authoritarianism during care, the need for the madness controversy to lie in a field of subjective, symmetric and dialogical interactions is further stressed, where individuals can show disagreement with the diagnostic and technical criteria of the experts. In this manner, a path of real recognition and acceptance of plurality can be opened, thus committing to address complex matters such as madness.

Complexity

Accepting that the term madness refers to a concept fundamentally controversial also implies recognizing the social, cultural, political and psychological factors that contribute to the position taken by individuals, groups and institutions.[1] To understand the reasons why a subject adopts a particular view of schizophrenia, not only the idea itself should be taken into account, but also the internal and contextual factors (social, political, cultural) that coalesce in the construction (or adoption) of any idea. To this point Snow *et al.*,[28] borrows from Goffman the term *frames of reference* to refer to the schemata of interpretations from which the individuals or groups construct identities and locate, perceive, identify and label events that take place in their lives and the world in general. In mental health, the expansion processes of the frames of reference are constantly developing, while links between diverse schematas of interpretations are created, among other things. This depends on the variables such as relations established with the pharmacological industry, the mental health system or social movements. This system of interactions gives way to what Menendez[29] defines as transactions between the *hegemonic medical model,* the groups and models that are subaltern to this model and the resistances or possible alternatives.

Based on the discussion above, investigating the factors that influence in the particular ways of interpreting madness may contribute to a deeper understanding of the reality of the diagnosed individuals and their families and to the implementation of joint acting criteria. Xián accordingly states that:

> *... every person is a world in itself, conditioned by a social, political, economic, religious, military context, and in this, let's call it community context, is also included the family situation of the mentally ill.* [Therefore, it is impossible to comprehend madness] *without taking into account culture, family, violence that may be the cause of a psychotic break and the community itself, the society in which a mentally ill person lives and starts to become schizophrenic.*

But the complexity of elements that interact and contribute to the emergence of the discomforts are often ignored in the context of the care of those afflicted with mental suffering. Iria reflects this by telling that every time she was admitted in the hospital, she was discharged again, loaded with pills:

> *...exactly to the same place where my sexual abuser could be, the same place*

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

> *where I was still poor, the same place where I perceived lesbophobia… Is that contributing to mental health? In any case I believe that, if I was not crazy, I was driven crazy in the hospital.*

Factors such as beliefs and values, ideological and sociopolitical stance, gender issues, personal beliefs about madness, personal biographies, affinity groups or spaces of social participation, influence the hermeneutics of the afflicted individuals, as much as of those who are researchers or professionals in this field.[1] Ultimately, it is society itself and its complexity that is expressed through the different ways in which madness is conceived, addressed and named.

Disagreement

Another consequence of understanding madness as fundamentally controversial is that it will help focus attention towards the purpose and the functions related to the use of words. If one of the objectives of education is the restoration of intersubjectivity and dialogue, it is required to take issue with the situations in which individuals cannot express themselves in their own terms, disagree or even break, to be more.[30] However, in the circles in which madness is professionally addressed, there is a constant elaboration of diagnoses which define and classify individuals unilaterally under the category of "different" and they are later subjected to processes of normalization through the application of standardized programs. Canals states that[3]:

> Certainly, these institutions are places of construction and legitimation of differences and alterations. But at the same time, their central narrative highlights the objective of overcoming the effects and stigmas of difference, sometimes through the ambiguous concept of normalization. This demonstrates some inconsistency in its common uses: without denying the right of difference, it attempts to incorporate those who are different into the same parameters of "normality" that have been used as reference to establish, precisely, their condition of different. [Own translation]

In order to rebuild a world in which difference has a real, intelligible and viable place, it is important to deconstruct the accepted hegemony, also in education, about the fiction of what is normal[31] – the normal body and the normal thought, language and behavior – by admitting the possibility of the unexpected and unforeseeable, without feeling the need to label it as pathological.

However, this criticism of the normative regime is not always welcome in the circles of mental health. Iria reports the constant inconsistency of the personnel of health services, focused on minimizing every discrepancy.

> *"It is what it is and you cannot rebel," because that is what they told me and a lot of people* [...] *They try to convince you that what you have to do is to be quiet, that you cannot take care of your needs and well, that you are wrong because you are very radical.*

Roi also comments that, by trying to discontinue the medication and preventing the severe side effects it caused, he found that instead of supporting him, his doctor warned him with a threatening tone: "*You better start to take them* [the pills] *again, that I do not like to go around looking for people having outbreaks.*"

Regardless of the effective recognition of difference in the construction of a dialogical logic, Habermas[26] pointed out that a *sine qua non* condition to establish the ideal situation of dialogue is the agreement made related to the meaning of the concepts and practices. This ideal situation would be that in which the individuals enjoyed a symmetric position to defend their point of view and interests with arguments, in a way in which the consensus was a result not of control or co-action, but of the strength of the best argument.

Nevertheless, the progress in the recognition of difference as it is discussed here and

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

in the same manner as discussed by Geertz[32] in relation to interpretive anthropology has a more pragmatic orientation. That is to say, it is less about achieving the ideal situation of consensus and more about admitting the different postures in a symmetric relationship. Uxía states the following:

> *It is not about changing from a specialized point of view or rejecting it completely, but to look at it from a critical point of view. Meaning, there is a specialized point of view, but there is also valuing your own point of view as well. In this case your knowledge of yourself, your own resources, in this case mental or psychological, to deal with things. To value them.*

As previously stated, the consequences of understanding a concept essentially controversial aim towards the effective respect of plurality and the complexity of the phenomenon of madness. This involves both the consideration of meanings, diverse uses and purposes, and the acceptance of multiple influences – psychological, social, cultural, among others – contained in the different frames of reference adopted by individuals, groups and institutions in addressing, understanding and interpreting madness.

Focusing on the function of words in interaction and debate, and trying to see whether they promote or not the respect of the difference once it is assigned – as it happens in the case of the so addressed and not so controversial normalization – implies not ignoring that diagnostic labels are occasionally not chosen by those who receive them. This implies recognizing the dissent or discomfort where they do not exist, and prioritizing them if they do, as they are an indivisible and constituent part of the plurality and complexity of schizophrenia, psychosis or madness as a concept.

A final form of recognition derived from the controversy of madness deals with the value of personal experiences and the narratives that they generate.

Knowledge and stories coming from experience

The controversy surrounding madness is partially related to the variety or multiplicity of experiences that are referred to. Even diagnostic imprints that are attached to the bodies under labels like schizophrenia, creating pathological identities, emerge from the stories of individuals with mental suffering. It is important that the subject is who decides to share his or her experience, given that it is from this gesture and his or her story where the meaning of the different visions and interpretations of madness is built. It is from the story of the subject that his or her symptoms are described, diagnoses that classify him or her are made, or therapeutic measures are adopted. Without the first-hand account, it would be impossible to think of the categorization of certain experiences under psychiatric labels, as these labels only exist because of the verbal, behavioral and attitudinal information that bodies express.

It should be noted that the unquestioned legitimacy of the stories is what allows speaking from the experience, although it is often denied in the stages of developing knowledge related to madness. As Pié[33] highlighted, it is this legitimacy of the first-hand narrative that also carries political and disruptive potential for education. In the author's own words:

> What allows speaking from experience is, precisely, that the story or narrative cannot be delegitimized. What is more, the political and disruptive potential that any statement from the experience has is much more convincing than what any wording elaborated from a theoretical point of view could have. [Own translation]

Knowledge based on experience is constituted and then deposited in bodies affected by numerous fabrics of interpersonal meanings from which life gets its meaning[34,27]. Bearing this in mind, Uxía shows how deeply skeptical she is towards the hegemonic perspective of psychic suffering by stating that:

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

> *Clearly I am not supportive of the biological approach. My entire life serves as demonstration, I mean, it goes against this approach. Because if the biologic approach would finally be right* [...] *I could not be here having this conversation with you without my medication. I would be in a crisis already, admitted in a mental hospital, having hallucinations, speaking nonsense and being afraid of you, you know? Then again, I am not* [she smiles]. *Let's say that that model of understanding does not work for me.*

If first-hand experiences and their accounts cannot be delegitimized, knowledge and its political potential are also to be recognized with no reservations. Any socio-educational action that pretends to make a change must take this into account, and respect that the initiative to transform concrete situations that oppress, invalidate or make subjects invisible must come from the very own subaltern groups: the role of critic education is to be constituted as a tool to help this transformation happen.[19,30,34] Roi claims that the potential of people that suffered discomfort helps others with their knowledge from experience.[30] Roi states that:

> An addict or ex-addict can help a lot, I think... He or she is interested in the subject and has information about it and can help another person to follow the process. And perhaps an insane person, in a different way, or whatever, can do the same. I think it's valuable right now.

Conversely, the relationships in which we define and constitute ourselves as persons, which experience is an inseparable part of any biographical narrative, has a partially irretrievable nature. In other words, experience has a fragmentary nature when it comes to capturing it in speech and sharing it through story. From this approach it seems impossible to transfer to present time the entirety of the events from which everyone is constituted as a subject. In this regard, people give account of themselves through the stories of others, but this account is related with experiences that are more or less distant, experiences that depend on the environment and which recovery is only possible to a certain extent.

Butler makes a connection between the partial dimension of the story and the bonds of dependence by noting that "if we are formed in the context of relations that become partially irrecoverable to us, then the opacity seems built into our formation and follows from our status as beings that are formed in relations of dependency."[22] The author, from this starting point, develops a theory about the formation of the self that clearly indicates the limits of self-knowledge, based on a conception of ethics and responsibility that emphasizes the necessity of relation bonds and the impossibility of imagining or narrating oneself outside these bonds.

Thus, it is vital to establish the questioning scenario so that the acknowledgement of the experience, along with the knowledge of the "other," can have an effective place, while clearly enabling the emergence of new meanings, logical thoughts and practices that contribute to a better understanding of madness.

It is important to highlight that the supremacy of the medical model does not occur in a static or natural way, but as a dynamic process constantly connected with the discourses and practices of the groups that, at some historical moment, were regarded as subaltern by this model.[29,35] But as Foucault pointed out,[36] where there is power, there is resistance.

This article aims to demonstrate that opting for a type of education whose intention is to subvert the current order of things regarding mental health is much closer to the acting logic of social movements than it is from the logic operating in total institutions or in some of the devices and resources of the health and human services network. This is partly because issues such as the struggle for acknowledgment in the different scenes mentioned before, as well as mutual support, reciprocity or symmetry, have all been constant features in the historical praxis of the first type of logic,[37,38] and have helped in the production

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

of meanings and subjectivities contrary to the hegemonic norm.

In this context, the practice of other possible ways of dealing with suffering, which gives priority to experience and testimony as sources of evidence, is a truth that cannot go unnoticed in research studies. Being unaware of the "other" or about subalternity does not mean lack of knowledge but the result of a certain way of knowing.[39]

This struggle is of great importance when it comes to spreading information regarding notions which are alternative to and critical of the hegemonic medical model, as its predominance does not occur unilaterally. Simultaneously, the struggle also gives rise to conflict and often leads to its own radical questioning.[35]

Madness as a space for political statement

It is important to take into account that the appropriation and questioning of derogatory or pejorative terms used for labeling and classifying people is connected with the persistence of the "self" which, as Sartre would say, depends on the capacity of the subject of doing something with what has been done to him or her. Thus, agency is neither about denying the condition of being disregarded or laughed at, nor about denying the things that show the existing difference, which may increase vulnerability. Rather, it emerges from a series of social, political and economic patterns that the subject does not choose and which constitute and identify him or her as being deviated, disabled or mentally ill, as well as from the ability of keeping a potentially subversive relation with these patterns. In Butler's words "the 'self' is constituted by rules and depends on them, but it also seeks to live with them in a way that is critical and transformative."[22] It is of vital importance to say that "it is not about minimizing pain caused by hate speech but about being open to the possibility of its failure and, thereby, having a critical response to it,"[22] thus enabling other ways of existing in a social context. Bearing this in mind, it was necessary to make Uxía's diagnosis visible by *"making use of an expression typical of the sexual rights movement: coming out of the closet. This expression leads to assertiveness. By coming out of the closet, you reaffirm your life through your actions and your words."* Through political activism in mental health, Uxía uses this strategy as a way of developing a type of mad pride. She is not ashamed to say that:

> *I have been diagnosed with this, and that does not keep me from doing everything I do, or anything at all. I am who I am, and I have this diagnosis. This is a way of reassuring it and bringing light into it, and of keeping it away from this whole personal tragedy thing which is generally associated with disabilities, widely speaking, and functional diversity.*

This acting logic, which is called "queer,"[40] is all about highlighting the abjection so as to stand against and question it, becoming empowered precisely through the repetition of a concept associated with accusations, pathologies and insults.[41] The term *queer* refers to a group of pejorative expressions such as weird, freak, deviated or deranged, which place the non-normative bodies outside the public sphere, making them invisible. This tendency towards exclusion puts anyone who does not fit standards of normality into a position associated with a series of taxonomies that classify and describe these identities as different, thereby stereotyping them. In this sense, stereotypes work as a form of simplification by taking for granted a fixed or unchanging form of representation, denying the actual game of difference.

As stated by Bhabha,[42] this interferes with the visibilization of subjects in the construction of psychic and social relations, which are always mutable and changeable. In the modern age, these representations have been fixed to bodies through binary constructions which have been socially accepted and established as necessary (normal/weird, healthy/ill, abled/disabled, sane/insane, and so on), pretending to be scientific truth.

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

This illusion is firmly challenged from the *queer* approach as well as from some of the acting logics that, in a context of social movements and mental health, seek to battle self-stigma, preconceptions and spoiled identities associated with madness, as discussed below. Iria accordingly claims that:

> *I met other lesbian women and their discourse, which helped me to get involved. The functional diversity discourse helped me, too. I met someone who ended up being my partner, a trans woman, and that also helped me a lot, to see the transgender battle, the battle to stop pathologization and the battle against being treated as having a psychological problem. And also, to see a rupture in the sex and gender binarism, and to break with the conception of what is sanity and what is madness.*

According to Britzman,[43] the *queer* theory is a commitment with a series of principles that may be characterized as transgressive, perverse and political charged. Transgressive because they question the effects of the binarism in which the regulatory regime is based on; perverse, because they reject its usefulness and suggest deviation as an area of interest; and political because they also reject the utility of the law and the practices established by this system of binary opposition. Therefore, the *queer* theory and its practices take possession of a space opened to reconstruction where subversive and freak identities are questioned and proclaimed, revealing a lack of consideration in normality. Similarly, the insult nature associated with the term *queer* is appropriated and used as a space for political expression and radical opposition to the norm and the traditional politics of identity.

Conversely, it can be said that this perspective represents a critical take on the construction processes of subjectivities, and it also questions the construction of gender identity, sex and desire, calling it dynamic, complex and variable. In addition to these categories, others which indicate subjectivities will be put into question by linking them with certain organizers of social structures that create oppression. In this matter, these categories will be studied in terms of power and symbolic interactions.[44] Under no circumstances they will be understood as essential, natural or strictly biological.

In this respect, madness as a univocal category of identity will be questioned in its practice as well as in the discourses of a great part of the collective under the umbrella of the movement of both former and current users and survivors of psychiatry. As Spargo[45] clearly states, the term *queer* is being constantly reformulated to change the discursive and social contexts in which is frequently used, aiming at the diversity of the scope of themes and methods proposed by the theory. Although generally connected with matters of sexuality, this term is increasingly being examined "in relation to categories of knowledge involved in the maintenance of unequal power relations: race, religion, nationality, age and class."[45]

Following the same line of reasoning, Mérida agrees on that beyond the recognition associated with the fight for the acknowledgment of sexual rights and the studies on lesbians, gays, bisexuals and transsexuals (LGBT), the *queer* movement is broadening "its action ratio to social frameworks of current relevance or matters related to race, religion, ecology and groups marginalized by the globalizing capitalism of the 20th century."[46]

Similarly, Butler confirms this expansive logic by taking into account the need of the combative use of the term and its inclusive and dynamic nature in new areas of action. In her opinion "it will have to remain that which is, in the present, never fully owned, but always and only redeployed, twisted, queered from a prior usage and in the direction of urgent and expanding purposes."[41]

Bearing this in mind, it is important to highlight that although the term "madness" – along with its synonyms and its derived words – has been frequently used in a pejorative way, "recent years have witnessed attempts to 'reclaim madness' from within the psychiatric consumers' movement, in the same way that gays and lesbians have reclaimed 'queer'."[1] Roi accordingly claims that:

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

> *…it is exactly like the gay world, it is the same thing. Like it was in the past, regarding the gay thing. I mean, it was a taboo, prohibited thing, I don't know… It was all crappy and terrible. Well, it is kind of the same thing.* [...] *we are now talking about madpride.*

In this regard, Iria suggests that diagnosed people:

> *…should take a lot of advantage from what feminists, lesbians and gays did, because the narrative is practically the same. Strategies are going to be similar, so we might as well consider that part of the work is done.*

As it has been stated before, some social movements composed by people with a psychiatric diagnosis, as Mad Pride, Hearing Voices, The Icarus Project or Flipas GAM, have been using the concept of madness as a method to reappropriate the experience, encouraging the politicized use of a lay term instead of a medical term. Thanks to this expression strategy that names the term as the basis for its questioning, there is a possibility to make significant contributions to different people, particularly to those who experience madness in first person. This also works as a vehicle to criticize the biomedical model of mental health care and its pathologizating and stigmatizing discourse. Regarding Hearing Voices, Uxía tells about this network in which her collective participates:

> *Hearing Voices is an example in the sense that they get people to change their relation with those voices they hear, or in relation with paranoia or auto-referential ideas that surely are much more frequent that people want to acknowledge.* [...] *It works a lot with mutual support, understanding and voicing it. Phrasing, communication, understanding, the search for alternatives to other ways of relations and well… de- medicalize them, too.*

These trials are not intended to downplay the component of suffering that is so often associated with the experience of madness, but to highlight that the biomedical approach does not need to hold the monopoly of knowledge related with grief. What is also intended is the acknowledgment and respect to others ways of addressing subjective experiences, as they are not only to be considered possible but also serious in some collective and attention spaces. There are a number of approaches coming from movements of consumers, former consumers and survivors of the psychiatry that seek to create a space for changing the use of the prevailing sign-system that operate a series of transactions[20,37] or semantic shift that indicate the complexity of the relation between the hegemonic medical model and some emerging alternative models.

Regarding the taxonomies of the medical-psychiatric knowledge that is so often inaccessible to profane or popular comprehension, this transactional logic, which is understood as action capacity, works as opposite to a language that alienates an individual from its experience by colonizing and helping to gradually increase his or her suffering.[1] It is important to point out, though, as Uxía says that:

> *De-medicalizing is a narrative that is not useful because, sure, there are many doctors making a living from the fact that this is a medicalized thing… So it is not discourse which will be promoted from the mental health environment because it is not convenient. Oh well.*

Appropriation of the language has, in any case, the sense of a strategy that may be considered as a re-connection of the continuous chain of signs proposed by the biomedical narrative, which announces the crisis of the hegemonic model.[20] Therefore, if the medical knowledge uses a medical term, profane knowledge will use a popular term. If psychiatry deals with syndromes and symptoms, collectives of diagnosed people will talk about subjective human experiences. Pathological identities and their associated

SALUD COLECTIVA. 2017;13(4):713-729. doi: 10.18294/sc.2017.1613

roles – sick, patient, consumer, and so on – might as well change in favor of a dynamic identity and an active role, co-producing diverse meanings from personal experience. This is clear in Iria's statement:

> *There are a lot of people who talk about how they are survivors of psychiatry. I consider myself not only a survivor of psychiatry but a survivor of a whole system: a survivor of capitalism.*

What is important, in the end, is to place knowledge coming from experiences in a position of symmetry with technical and scientific knowledge. That is to say, to save for debate and under its own terms knowledge full of experience and kept by people who live or have lived affliction, and to use it for a dialogic proposal with no restriction. These cultural contents must be put into the table and be transmitted in the socio-educational task related to suffering.

[IN]CONCLUSION

The challenge then for researchers and the socio-educative action is none other than facilitating the conditions to make this space of dialogue viable, admitting other languages and acting logics, through which difference should be recognized without undermining, assimilating or monetizing it. That is to say, it should be respected through and through. In this sense, the resignification or performativity of the language sets out this challenge by requiring the opening of new scenarios, by talking in ways that have not been legitimized and, therefore, creating new and promising paths of legitimizing.[22] In this way, the objective is to replace the hegemonic positions of enunciation and reclaim the legitimacy of other narratives and practices possible in speaking bodies. [47]

As discussed above, an approach to a type of identity that does not presuppose essences, but rather subjects in process, manifests the potential of the *queer* practices in the understanding of relations between identity, action and narrative, in a less rigid form and without excluding what the biomedical logic and their closed nomenclatures argue. The purpose is to "allow for individual and collective agency in resisting oppressive knowledges and practices without returning to the modernist idea of the autonomous subject."[45]

It is necessary to take into consideration the bodies and their management in the context of the experience of human suffering, beyond the criteria of instrumental rationality. [48] That is the foundation that makes possible the opening of new critical senses and meanings towards any form of domination. From this point of view, social pedagogy is interested in creating and multiplying the spaces, paths and narratives, from where experience is made and shared.

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