Nottingham Trent University

# A rational case for mad researchers in social identity approaches to health: autoethnography

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# Overview

- Critique: biomedical model to mental health and power
- Background: missing voices and survivor research
- Autoethnography: value of survivor research and opportunities for inclusion

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# Knowledge and power

*"That's an excellent suggestion, Miss Triggs. Perhaps one of the men here would like to make it."*

Biomedical model remains dominant model of mental illness.

Biomedical model is underpinned by Positivism --> privileges objective methodologies.

'Madness' ='unreason' (Foucault, et al., 1996).

Epistemic injustice: people with mental illness are delegitimised as 'knowers'.

Disempowerment and marginalization (Faulkner; 2017; Rose, 2017).

Knowledge subordinated to researchers and clinicians.

# Critiques from people with, and about, ‘personality disorder’

Personality disorder in the bin. (2017). “PD” a helpful diagnosis?

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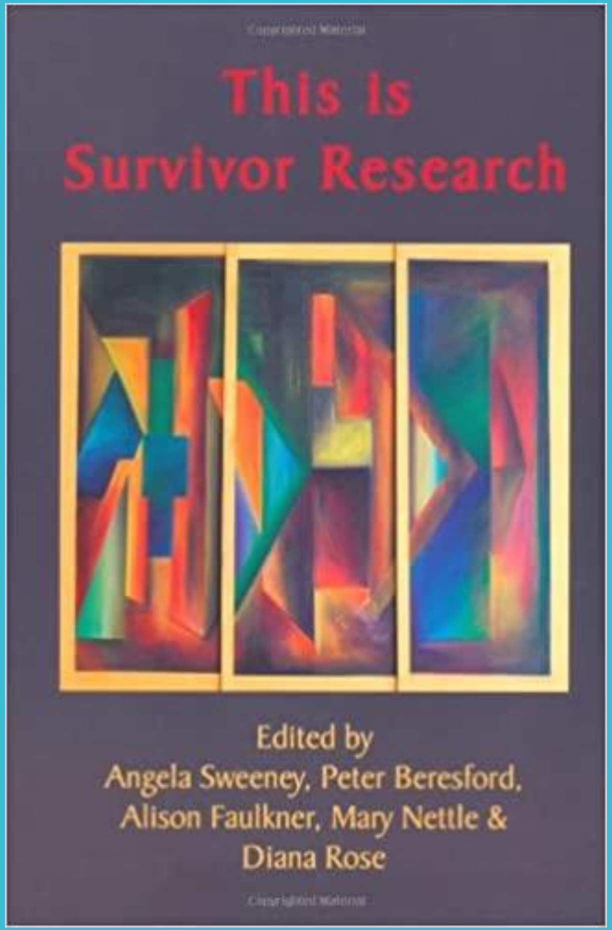
# Positionality: survivor research



Aligned with survivor movement and mental health activism.

Challenges: biomedical model; knowledge; power.

Survivor researchers have lived experiences of mental illness/distress, trauma, or (surviving) the mental health system. This takes a central role (Faulkner, 2017; Sweeney et al., 2009).

Shared (social) identity of researcher with participants has been found to benefit recruitment of participants who are 'hard to reach'.

Standpoint: lower position of power.

Social psychology is well placed as ally to survivor research.

Need more space for experiential knowledge to be used in more equal positions of power within research (not just as participants).

# Autoethnography (I'm the data)

Despite multiple privileges, couldn't access support. Impact on mental health.

Different diagnoses changed view of self, mental health and trauma.

Real world opportunities – **paid** research assistant position 'lived experience'= **essential** criteria: destigmatisation, value.

Applying research findings to own recovery – educational privilege → interpreting research.

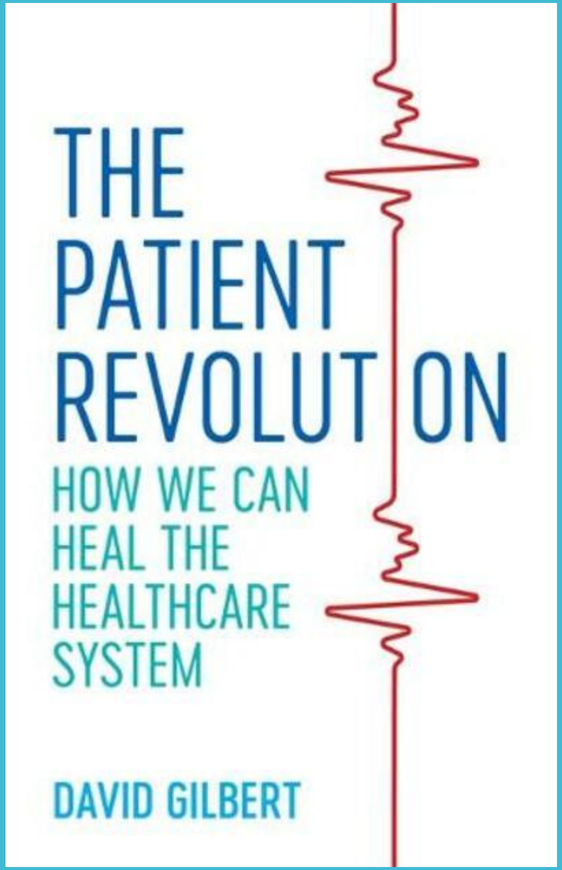
Recovery conference – critiques from peers; why?

Now work in lived experience capacity – those I support have high rate of complex trauma which remains unaddressed and cannot access, report harm from, and/or have 'disengaged' with services.

"I don't want to pick a side"

"I can't recover from **me**"

# Conclusion



Reason to suspect different diagnoses (social identities) affect identity and wellbeing in different ways (based on lived experience and in-group membership).

People labelled ‘mentally ill’ have been historically disempowered in research and practice: epistemic injustice.

User group critiques exist but are missing from mainstream research, and less visible in practice. Implications for theory but, most importantly, in ‘real’ world, for disadvantaged groups reporting harm.

Benefits found by survivor researchers e.g., increasing participation is consistent with social identity research: shared social identities → trust.

Inclusion within privileged spaces can reduce 'us' and 'them’ and increase dialogue.

Time restraints and cost restraints for specific groups – need to reduce barriers to knowledge and knowledge production.

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Thank you for listening ☺

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