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“ARE YOU EXPERIENCED?”

The use of experiential knowledge in mental health and its contribution to Mad Studies

Danny Taggart

Introduction

Mad persons have historically been excluded from knowledge production in the field of mental health. Having our faculties of ‘reason’ fundamentally challenged necessarily placed people outside the arena where knowledge about mental health problems was produced. However recent years have seen a move towards valuing ‘experiential knowledge’ based on the work of people who have used psychiatric services. At a research, policy and practice level there is now a need to include experiential knowledge forms. This has led to some important advances in mental health but has come at a cost to many who have been asked to use and share their experience of often private and painful events.

My own perspectives on the topic of mental health are multi-faceted being a clinical psychologist, an academic and a survivor of institutional sexual abuse in childhood. Coming from a trauma survivor perspective, I am interested in thinking about how this sharing of ‘experiential knowledge’ impacts on us and what happens when our experience becomes a form of commodity that can be traded, debated and discarded. Firstly, I sketch out a brief history of experiential knowledge in mental health, before drawing on the work of the intellectual historian Martin Jay to explore how philosophical interpretations of the meaning and value of ‘experience’ have changed over time. Given that there are a number of ways that we can frame ‘experience’, I will conclude by discussing what the implications might be of different interpretations for ‘experiential knowledge’ producers in Mad Studies. Throughout the chapter I will refer to Mad Persons in various ways including their positioning as psychiatric patients. However this does not suggest endorsement of pejorative descriptors, it is instead an attempt to reflect the way we might be positioned in different contexts.

The use of experiential knowledge in mental health

A key feature of the emerging discipline of Mad Studies is the use of knowledge forms other than empirically grounded analyses to inform our understandings of what it is like to live with madness. This distinctive approach to knowledge formation has been described as differentiating between “so-called ‘expert’ and ‘experiential’ knowledge” (Beresford, 2016:25). Experiential knowledge can be loosely described as knowledge that is generated from people
with direct experience of the social issue under investigation, in this case living with madness and using mental health services, or indeed refusing to use those services.

The development of ‘experiential knowledge’ has come from the struggle of mental health service users over many decades to be recognized as having legitimate knowledge about the mental health and the psychiatric system. More recently this struggle for both epistemic recognition and a demand for experiential knowledge to inform mental health research, policy and practice has been described under the umbrella term Mad Studies. This struggle, that draws on civil rights movements both in terms of activist strategies and intellectual underpinning, has been in the face of a psychiatric orthodoxy that has viewed mental patients as lacking rationality. The fundamental ‘irrationality’ of the ‘psychiatric patient’ has been seen as reason in itself to discard any knowledge claims from them about their mental health and their treatment by the psychiatric system.

**The system of Dr Tarr and Professor Fether**

The unseemly phrase ‘the lunatics have taken over the asylum’ captures traditional views on mad people actually being listened to as purveyors of knowledge. The phrase itself is of uncertain etymology but is thought to originate in an 1845 Edgar Allen Poe short story called “The System of Dr Tarr and Professor Fether”, where a new form of treatment is introduced known as the “system of soothing” in which patients are treated gently, their beliefs taken seriously and they are granted liberty as opposed to the norm of the time of punishment, accusations of lunacy and incarceration. A visitor who comes to the hospital is shocked and disappointed to find that the “system of soothing” has been abandoned on favour of a traditional, disciplinarian approach. Over the course of an increasingly bizarre dinner with a majority women staff, it becomes clear that the system of soothing has enabled the majority female patient body to take on the role of staff and to lock up the male staff as the newly anointed lunatics. One memorable phrase which makes clear the complexity of dividing lines between madness and sanity and the perverse logic of the psychiatric system is

> If he (the lunatic) has a project in view, he conceals his design with a marvellous wisdom; and the dexterity with which he counterfeits sanity, presents, to the metaphysician, one of the most singular problems in the study of mind. When a madman appears thoroughly sane, indeed, it is high time to put him in a straitjacket”.

*(Poe, 1845)*

The title of the story reveals to us what grizzly fate awaited the incarcerated staff at the hands of the recently liberated and vengeful patients – tarring and feathering. The story of origin for this phrase therefore reveals an ironic and macabre morality play that teases with how difficult it is to tell apart the sane from the mad in appearance and action, as well as a neatly satirising the gendered assumptions about mental health and professionalism that underpinned American society at that time. However what we are left with is a phrase of seedy reductionism that renders mad knowledge dangerous.

The anxiety for the protagonist in the Poe story about not being able to initially recognise the difference between mad and sane people, speaks to a broader set of fears in society about not being able to ‘spot’ difference. A black man ‘passing’ as white for much of his life was the basis for Philip Roth’s novel on America’s relationship with racism *The Human Stain* (2000). Jewish people ‘passing’ as Aryans was a preoccupation for the Nazis who were concerned about racial integration occurring covertly and enabling people to avoid persecution (Wallach, 2017).
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What links these disparate threads is that preoccupations with difference is what fuels prejudice against minority groups, however when these differences become so invisible to be rendered meaningless, they call into question the agenda of ‘essentialism’ that discrimination is predicated on. In the case of mad people being indecipherable from their ’sane’ counterparts, the lack of visible difference surely calls into question the validity of making these categorical distinctions at all. A Mad Studies perspective may serve to reify these differences from the other side but as we shall discuss later in the chapter group distinctions around mental health create as many problems as they resolve irrespective of who is doing the distinguishing. A better question to ask may be what and whose interests do these demarcations serve?

To conclude this section, what we see now in mental health services is in stark comparison to this phrase, at least at the level of rhetoric. Policy abounds with regards to the value that ‘experience’ brings to the field of mental health. So while those identifying as having experiential knowledge are not allowed to take over what little is left of the asylum in a post-institutional era, we are permitted to tinker with certain aspects of its administration.

The normalisation of some forms of experiential knowledge in mental health

In recent years, experiential or survivor knowledge in mental health has been used to inform and conduct research (Sweeney, 2009); contribute to health and social care education and training (Townend et al., 2008); provide a theoretical framework for peer support (Baillergeau and Duyvendak, 2016), and has framed critique of mainstream approaches in mental health services (Taggart, 2017). My own professional body the British Psychological Society has an Expert by Experience strategy 2018–2019 which describes them as; “service users, carers and members of the general public with direct or indirect experience of working with clinical psychologists, in a non-professional capacity”. So in this case there is an emphasis not on the experiences that might bring us into contact with a psychologist in the first place but rather the experience of spending time with a psychologist in itself. The UK NHS Care Quality Commission describes Experts by Experience similarly as “people who have personal experience of using or caring for someone who uses health, mental health and/or social care services that we regulate” (CQC, 2020). Interestingly the Royal College of Psychiatry in the UK seem to have a more traditional, patient and carer involvement approach which does not grant any form of expertise to experience explicitly. This may reveal a more consumerist approach to involving service users, which positions their views as important by virtue of their service use. Whether this reveals an ideological objection to the idea of mad peoples having expertise or their experience being important is a worthwhile question. Internationally, Canada has a wealth of literature on the use of experiential knowledge forms in mental health services. Again there is, in the main, an emphasis on instrumental knowledge forms that can inform the development of policy and practice through a research agenda that prioritises practical change (for example Restall et al., 2011).

What emerges here is that the use of experiential knowledge in mainstream contexts appears to be more focused on using ‘experience’ as a way to enact instrumental change. The experience in this context is therefore part of a transaction between people with lived experience and the existing hierarchical structures, making any change piecemeal and inevitably co-opted into an essentially undisturbed orthodoxy. The Recovery movement is the most obvious example of this and has been critiqued extensively, almost to the extent that the critiques themselves have become oddly mainstreamed (see Harper and Speed, 2013 for an early iteration). My reading
The use of experiential knowledge

of Mad Studies thus far though seems to offer at least the possibility of different potentialities. The value of experiential knowledge forms seems to reach beyond the merely instrumental and to have space, in theory at least, for the telling and hearing of experience to have value in and of itself. The introduction to a key Mad Studies text *Searching for a Rose Garden* illustrates this distinction with the expression of an unusually poignant demand; “The main value of the rose garden might be our right to search for it ourselves, collectively and regardless of anyone’s promises. That right cannot be denied to people labelled mad anymore” (Sweeney and Russo, 2016:9). This positions experiential knowledge as having the potential to be a collective good, which can lead to a reclaiming of rights independently of traditional power structures. It is in this sense that I want to consider experiential knowledge and more particularly what ‘experience’ might mean in this context. As I hope will become clear, what we mean when we talk about our ‘experience’ is not straightforward and leads to the sort of conceptual disagreements that can cause interpersonal misunderstandings, personal pain and dynamic splits between people interested and involved in Mad Studies work. As the poet Maggie Nelson puts it;

> when I think about it now I hear only the background buzz of our trying to explain something to each other, to ourselves, about our lived experiences thus far on this peeled, endangered planet. As is so often the case, the intensity of our need to be understood distorted our positions, backed us farther into the cage.

*(2016:102)*

### The trouble with experience

The idea that experiential knowledge in Mad Studies is a problematic category is not new, as Jijian Voronka (2016: 197) says in her paper on the complexities of being a “person with lived experience”; “Universalizing ourselves as ‘experts by experience’ belies the variances that our bodies carry, how we experience madness, and how mental health fields of power respond to us”. As way of example, some people with experiential knowledge appreciate the validation, resource access and certainty of a diagnostic label, while others experience this categorisation as a form of violence. Now the reasons for these differences are complex and may be in part down to the relational and ethical context in which the diagnosis occurs. Nonetheless we can see situations whereby people’s experiential knowledge can be invalidated by contradictory experiential knowledge of another person. Given the emotional labour it takes to describe aspects of our ‘experience’ this invalidation is likely to be personally costly for many. I think that part of our struggle here is finding it challenging to let go of the evidence of our own experience enough to hear another’s that contradicts ours, as if their contrasting evidence threatens our truth. This dynamic seems to me to be empirical in nature – who’s got the best evidence and who wins the argument. We will move on to consider the risks of translating experiential knowledge into empirical language later in the chapter after first considering one meaning of ‘experience’ in a Mad Studies context.

Jijian Voronka’s 2016 Mad Studies paper offers a detailed and historically situated account of how the Expert by Experience identity came to be in mental health, what it offers in way of opportunities but also importantly what risks it carries in reducing down the rich diversity of experience in mental health to an homogenous whole. She cites at length a seminal paper in the area of experiential knowledge from a feminist historian perspective; Joan Wallach Scott’s 1991 paper “The Evidence of Experience”. In the paper, Scott emphasises the importance of ‘visibility’ in relation to the experiences of underground groups. She goes on to critique an
ahistorical treatment of ‘experience’ as by necessity being framed within dominant discursive formations. A central passage is:

It is not individuals who have experience, but subjects who are constituted through experience. Experience in this definition becomes not the origin of our explanation, not the authoritative evidence that grounds what is seen or known, but rather that which we seek to explain, that about which knowledge is produced. To think about experience in this way is to historicize it as well as to historicize the identities it produces.

(1991:780)

As Diana Rose (2016) points out, this sensible need to historically situate experience and in doing so critically calibrate our receptiveness to it as a knowledge form needs to be undertaken sensitively, particularly in a Mad Studies context where the very reason for the existence of the field is to counteract the dismissal of experiential knowledge as inherently unreliable. However Scott’s is only one, relatively recent take on ‘experience’ as a concept. She is not the first to be tempted to do away with it as being too vague and broad, nor is she the first to want to critically examine its claim to represent a form of knowledge that can be trusted. And yet it seems to me that the underpinning philosophy driving Scott’s paper – that of post-structuralism is one dominant way in which Mad Studies seeks to understand what ‘experience’ means. While Scott’s work adds much to the field in questioning the essential truth claims that ‘experiential knowledge’ carries as a form of evidence in mental health, it would be limiting to solely focus on this particular understanding of what experience is and what it could be for Mad Studies. Moreover, Scott’s post-structuralist mistrust of experience being meaningful outside of discourse and historical context may have important implications for those of us using our experiential knowledge to inform Mad Studies but take different approaches to understanding ours and others experience. In this sense post-structuralist denigration of ‘experience’ as a natural category carries risks. By entirely merging experience and the language designed to describe it, there is a risk of denying people access to a more spiritually enriched and aesthetically poised experience that paradoxically might be exactly what separates out the value of experiential knowledge from the 1s and 0s of empirical science. In critiquing the category of experience we should be mindful of turning the solution to the categorical reductionism of psychiatric disorder into a linguistic reductionism.

The history of ‘experience’ as an idea

For the next section of the chapter, I have drawn on the work of the Intellectual Historian Martin Jay, in particular his 2005 book on the modern history of ‘experience’ – *Songs of Experience: Modern American and European Variations on a Universal Theme*. In this book Jay charts the differing ways that ‘experience’ has been conceptualised from political, scientific, artistic, religious and philosophical perspectives. In this ‘history of an idea’ Jay discusses various attempts to reform or even to do away with the concept of experience altogether, the example of Joan Wallace Scott being one we have touched on. More than anything what becomes clear when we delve into the area of ‘experience’ as an idea is that there is no one formation of experience that can properly capture it’s different uses across time and place. So we are not exploring ‘experience’ here in order to understand what it is, so much as thinking about it’s different meanings in order to examine their usefulness and limitations in the development of experiential knowledge forms in the field of Mad Studies.
“Experience itself is a scientific scandal ... the ordinary everyday human world ... is consigned by science to its slop bucket” (Laing, 1982:115). What RD Laing was voicing here, in his own inimitable style, is a longstanding and complex suspicion of experience as being an inferior form of knowledge than that gained through empirical investigation. Laing was interested in experience from an existentialist and phenomenological perspective and Mad Studies in some senses carries on the spirit if not the methodology of his approach, by continuing as he did to look for meaning in madness. In the Politics of Experience and the Bird of Paradise he went even further by saying, “Experience is the only evidence” (1967:16), placing his philosophy of mental illness well and truly at odds with psychiatric scientific orthodoxy. This split between the experiential and empirical is broader than psychiatry, as the literary critic Terry Eagleton (2005) writes

“We live in the era of scientific rationalism, which is interested in weighing and measuring an object rather than registering its sinuous curve or peculiar tint. Science is the enemy of the sensuous. It is anchored in perception, but it also puts it into question. It looks as though the sun is coming up, but actually the earth is going down. A rift opens up between how things are and how we experience them. Since this is a rift inherent in reality itself, our experience of the world is bound to be a matter of misrecognition as well as knowledge.”

(emphasis added)

I have highlighted the word misrecognition as we will return to it again later when we consider experience in the light of our current moment of identity politics, but for now I want to consider the gap he identifies between what we experience as mad persons and what science tells us is happening. One example of this in wider health research is that some researchers have welcomed the inclusion of experiential knowledge as a resource but only because it is ‘wrong knowledge’. So in this case you ask non-experts for information about a health condition in order to find out how lay people wrongly understand them. This has been used to inform public health information around myths surrounding HIV and AIDS (Prior, 2003). While this is clearly different from the value attached to experiential knowledge in a Mad Studies context, it may provide some insight into how experience can be viewed from an empirical standpoint.

This inherent suspicion of knowledge derived from experience has a long history, dating back to Francis Bacon, described by Hegel as the father of empiricism and who sought to develop reliable ways of measuring phenomena that has been called the ‘quest for certainty’ (Jay, 2005). Bacon said “Experience is blind and silly, so that while men roam and wander around without any definitive course, merely taking counsel of things as happen to come before them, they range widely, yet move little forward” (Jay, 2005:78). In reading Bacon’s critique of experience, I cannot help but notice the reference to ‘aimless wandering’ and two of the most knowledge enhancing walks in all of literature, those of Steven Deadalus and Leopold Bloom in James Joyce’s Ulysses. The material for which came from, of course, Joyce’s memories in exile of walking apparently aimlessly around Dublin. Now it seems to me that it is foolish to compare the wealth of knowledge about the human condition that can be learnt from a great work of art such as Ulysses and that which comes from systematic empirical scientific research. They are quite simply, different forms of knowledge. To return to mental health, Diana Rose makes the point that Mad Studies does not have to be restricted to one epistemological position, furthermore she says; “We do not have to worry about epistemology at all in one sense – it is part of the end of it that has been coming for some time” (2017:7). In this sense the use of experiential
knowledge to inform the development of Mad Studies can sidestep the epistemological battles that have raged intermittently between experience and empiricism since Bacon’s time. Joyce’s work and that of other artists can point to one way in which Mad Studies can find a different direction in which to wander.

The value of experiential knowledge: Getting to the corners of madness science cannot reach

The author and literary critic David Lodge (2002) talks about the potential complementary use of art and science by using examples from neuroscience and the idea of qualia. Qualia refers to specific, individual subjective experience and Lodge points out that it highlights the limitations of science. While we can map which areas of the brain light up when a person eats an apple, we cannot describe scientifically what the experience is like of eating an apple. Lodge proposes literature as a way to fill this empirical gap and uses the example of poetry as the purest, distilled form of qualia. I would suggest that experiential knowledge offers another way to do what empirical science alone cannot – to capture the qualia of living with madness in all its multiplicity. In my own modest work I have tried to communicate one experience of living with trauma that tried to express something of what it is to be ‘in it’ (Taggart, 2016, 2017). This required a departure from purely psychological models of explanation and led to me citing varying figures from the musician John Coltrane to the plays of Samuel Beckett, to the Irish novelist Eimear McBride to try to get across what trauma is ‘like’. It’s flavour, texture, appearance and sound. This work was undertaken at least in part as a response to the woefully inadequate cognitive models of trauma offered by my profession of clinical psychology. While technically competent and in many cases clinically useful, psychological models of trauma in no way captured the wild injustices of abuse and the terrifying psychic consequences and social alienation that many survivors have to live with.

However, having undertaken this work it seems important not to think of it as directly comparable to empirical research and so downgrade it as a lesser form of knowledge as will inevitably happen if exposed to the same quality standards. It is simply different and necessary to reach the corners of madness that science cannot, and in the case of trauma often does not want to. Once we do this and do not make claims based on experiential knowledge that are similar to those from empirical research, then a lot of the historical tension between these two areas can disappear. One problem with locating experiential knowledge in the field of the humanities however is that most of us struggle to render our experience accessible to others in such a vivid and artful way. Much experience is humdrum and prosaic, and this is nowhere more true than in the case of living with debilitating mental distress under conditions of economic austerity as many are in the UK today. It seems important not to try to elevate it to artistry but to try to allow it to reflect the more ordinary beauty of everyday survival. However I do not think this is a problem for purveyors of experiential knowledge to resolve alone, disappointing though it may be not to write as well as great prose stylists, it ought not to exclude our experiential knowledge and does make it any less legitimate. Instead, responsibility must be shared with those who are listening to the experiential knowledge being spoken.

The ethics of listening to experiential knowledge: Towards a testimonial sensibility

In her work on epistemic justice Miranda Fricker (2003) extends the scope to include the responsibilities of those receiving experiential knowledge. She calls for ethics to rescue epistemology
from a moral relativism that cannot distinguish between good knowledge and bad. This is surely an important idea in the field of mental health generally and Mad Studies specifically. One area where more attention needs to be paid to ethics and less to empiricism is aetiology, where varying evidence confounds the need for simplistic nature/nurture reductionisms but yet there is an insistence among some psychiatric researchers that the issue will be resolved in the genome. Although as Diana Rose points out it would be incorrect and strategically unwise to view all of psychiatry in a monolithic fashion (2017). An emphasis on genetic vulnerability masks structural and interpersonal abuses that lead people into distress and can also rob them of their agency. Greater humility about the limitations of genetic evidence could allow space for the sort of ethical listening that Fricker is referring to. In evaluating the quality of experiential knowledge, she warns against a reductionist binary choice between uncritical acceptance and intellectualist argumentation. Instead she calls for a ‘critical openness’ that is defined by a sensibility afforded by ethics.

This approach can promote certain ethical virtues including what Fricker describes as: “A testimonial sensibility, then, needs to be shaped by collective and individual experiences of testimonial encounters described in rich, socially specific terms relating to the trustworthiness of speakers of different social types in different sorts of contexts” (2003:161). She claims that the development of this sensibility can lead to an ‘epistemic revolution’ whereby previously held beliefs about the trustworthiness of certain groups can be transformed. It is not difficult for us to conclude that an epistemic revolution rooted in an ethical sensibility is needed in mental health and that those of us who are supposedly professional listeners have some way to go to achieve it. This critical openness does not require us to conclude that all experiential knowledge is true but instead that judged untrue or partially true, it is still important. I notice in my role as service user and carer involvement lead in my university, being tempted at times to pass over experiential knowledge that does not fit with the university’s agenda. The tension between corporate branding in the neoliberal university and the unpleasant realities of patient and carer experiences can lead to the subjugation of their experiential knowledge. The challenge is to create spaces where professionals can develop a testimonial sensibility and avoid the strangely macho displays of authority that treats all conversations concerning mental health as if they are part of a debating society in a minor public school. Or to return to Sweeney and Russo’s (2016) point earlier, maybe it is to create spaces where Mad Studies scholars can be protected from the ideological clamour altogether by developing their own paths.

**Trauma based experiential knowledge**

A feature of developing a testimonial sensibility in this area is that at times there is too much pain to bear in people’s experience and so listeners turn away feeling overwhelmed and helpless. I think this is particularly true of trauma, where revulsion and disgust are common responses from listeners but often denied. We can in part understand psychiatry and the public’s fixation with genetic research are in part a way to deny the realities of the abuses that often bring people into the mental health system. In creating a space where testimonial sensibilities can be nurtured and allowed to grow, Mad Studies needs to offer a conceptual framework in which traumatised experiential knowledge can tolerated. I would suggest this is a complex task and one that mainstream mental health services have largely failed to do, based on the low levels of asking about abuse histories by professionals (Xiao et al., 2016). Developments in this area need to be organic, but making a clear link between ‘madness’ and structural and interpersonal abuses can offer those of us who see our mental health in the context of trauma opportunities to forge experiential knowledge forms. Once trauma based experiential knowledge is honed in a Mad
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Studies context it can then be exported to influence how the mainstream mental health field understands aetiology, while offering scholars some protection from the hostilities of trying to work alone in this area. For what can be a better antidote to trauma than the exercising of collective power and agency? For a recent example of Mad Studies scholars taking experiential knowledge forms into a mainstream context in order to influence debates around aetiology see Sweeney and Taggart (2018). There is also a converse problem which is the translation of all experience into a trauma narrative leading to what Fassin and Rechtman (2007) call the ‘traumatisation of experience’.

Now we have considered the ethical responsibilities of the listeners to experiential knowledge, we can return again finally to the purveyors of experiential knowledge. Although in the field of Mad Studies many will be both speakers and listeners at different points, making the need for a critical openness all the more urgent when faced by testimony that sits uneasily with ours. In this last section I want to consider what the risks are for those of us who use our experiential knowledge in the field of mental health, before concluding on how we might best navigate them individually and collectively.

The theft of experience

Experience in an age of commodification risks jeopardising an idealised version of our experiential knowledge through cheapening it to sell in, what gets described terrifyingly, as the marketplace of ideas. As the German philosopher Theodor Adorno said in the 1990s, “The marrow of experience has been sucked out: there is none, not even that apparently set at remove from commerce, that has not been gnawed away” (cited in Jay, 2005:346). In mental health we can see this in the work of Lucy Costa and colleagues (2012) who have written about challenging the appropriation of psychiatric survivors’ experiential knowledge in the form of narratives. They talk about the risks of ‘disability tourism’ and ‘patient porn’ whereby the experiences of people can be co-opted and used to progress the interests of mental health services. In the context of this paper we can think of this as the theft of experience: the use of experiential knowledge as a commodity, which can be traded in a marketplace, and discarded when no longer needed. While I agree with Costa and colleagues in this analysis, I think it needs to go further. I think that in an age of identity politics we can commodify our own experience in a way that can paradoxically lead to us becoming alienated from it in the way Adorno alluded to. To turn back to Terry Eagleton (2005) again,

Instead of wandering along Hadrian’s Wall, we have the Hadrian’s Wall Experience; instead of the Giant’s Causeway, the Giant’s Causeway Experience . . . . Since what all of these packaged tourist spots have in common is the fact that they are experienced, they become, like commodities, interchangeable. Experience, a term which can mean an event of exceptional value, ends up as a dead leveller.

It is the use of experiential knowledge as a form of knowing that has exceptional value that needs to be developed by Mad Studies and the history of experience as an idea suggests that it often means more when not overly determined.

I think that a hard-line identity politics pushes us towards what Martin Jay refers to as ‘overly claimed experience’. In other words experience that is too closely managed and presented, that is used to say too clearly who we are and who we are not. Experience that binds and limits us. The risks of misrecognition that we bookmarked earlier are heightened when we frame our
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experience and our identity in the same way. In my own case where at times I describe myself as a survivor/academic/clinician with not enough thought as to how those three aspects of identity interact and why in presenting those parts I leave out others – father, husband, record collector, Irish person etc. For while a traditional clinical psychology scientific method would see no reason for any of those identities to be named, an identity politics might leave me with the sense that without them I have no right to claim a space in the discussion. The costs for us having our experiential knowledge critiqued is much higher than when we place so much value in it as part of who we are. I think this is where a lot of the pain in this experiential knowledge work can come from. When our experiential knowledge is not treated with sufficient respect then we feel it is an attack on our identity and draw battle lines accordingly. This can easily slip into a pattern of seeing our experiential knowledge as a source of group identity that clearly demarcates who we are in comparison to others and can lead to the sorts of splits that have bedevilled survivor movements for years. It also has the effect of limiting our exposure to different experiences, we can become stuck in the role of service user, survivor or expert by experience when that identity is no longer serving us.

To return to Martin Jay one more time,

the very notion of experience as a commodity for sale is precisely the opposite of what many … have argued an experience should be … something which can never be fully possessed by its owner. Instead because experiences involve encounters with otherness and open onto a future that is not fully contained in the past or the present, they defy the very attempt to reduce them to moments of fulfilled intensity in the marketplace of sensations.

(Jay 2005:405, emphasis added)

Now one thing I think Jay is getting at here is that we can never really own our experiences and so experiential knowledge must be in constant movement, dynamic flux or else it ceases to be truly experiential at all. In short, this way of looking at experiential knowledge can enable Mad Studies to avoid the same objectification of experience that results in psychiatric diagnosis. In liberating our experience from our identity there is the possibility new, less dogmatic ways of thinking about mental health.

Conclusion

All of this leads me to the current position that can be briefly summarised as follows: in looking to a future not yet experienced, I try to ensure my experience of past traumas can be faithfully rendered in the present to inform an experiential knowledge, but not so much that they keep me stuck there. In thinking about the development of Mad Studies more broadly, metaphors of discovery, wandering and searching, whether for a rose garden or something else, seem an appropriate way to describe where we are at this juncture. Through drilling down into the complexity of experience as an idea spanning hundreds of years and many philosophical traditions, we can be forgiven for struggling to resolve the contradictions, inconsistencies and limitations of the use of experiential knowledge to inform the emergent field of Mad Studies. We can also see that we may at times use our experiential knowledge in different ways – at times empirically, at other times aesthetically or even to inform our sense of identity. This is not to promote a hard relativism whereby experience can mean whatever we want it to and therefore to end up meaning nothing. Rather it is to leave it open for Mad Studies to enable
experiential knowledge to reflect the richness of the history of experience as an idea. A history that illustrates that the seemingly intractable question of what experience is, continues to endure because it is so central to the experience of being human. That alone, given the history of mad people being dehumanised, is reason enough for us to join such a great intellectual tradition in working at what experience means for Mad Studies and how it can enable the ongoing struggle to create new knowledge forms in mental health.

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