Introduction

This chapter examines the political and theoretical role of ‘Mad studies’ and its possible contribution in supporting the liberation of black mental health survivors, including survivor researchers. Such liberation needs to extend to exposing the racialised processes in the biomedical quantitative Euro-centric diagnosis of schizophrenia, which has led to the over-representation of black men in the mental health system (Mental health Foundation, 2015; Government UK, 2018). In line with principles of ‘Mad Studies’, this chapter explores how to make possible a transformational position for an authentic black survivor; the research method, models and theories that can offer such a critical strategic position. This needs to be a position that enables the first person ‘black experience’ to challenge how it is objectified through the third person ‘white’ researcher, offering a radical critique of the political and economic forms of exclusion legitimated through unchallenged traditions of white dominance in co-production in mental health work. The chapter examines the ethics of joint collaboration across the colour line, and the potential for a truly inclusive anti-racist ‘Mad Studies’, Beresford (2015), Ingram (2008) and Russo and Sweeney (2016) as an important analytical position in relation to race and mental health. The chapter is thus concerned with the changes needed to recentralise the experiential knowledge, from a position of rejection to acceptance of the life experiences of black men currently in the mental health system (Chase, 2014; Cummins, 2015; Gajwani et al., 2016). I consider how helpful ‘Mad Studies’ can be in ensuring European values work more effectively alongside Afro-centric values to remove the classification, ‘schizophrenia’. I want to see if there can be a form of ‘Mad Studies’ that breaks the hierarchy of race, from its eugenic position, to one that has a central transcultural role in dismantling and reforming biomedical scientific processes that have long perpetuated rejection and divisions in relation to the role of the black survivor researcher.

Mad studies, the unlived and unrecognised black survivor researcher

It’s important to ensure that ‘mad studies’ is not about division and rejection. This is to break its perceived association with a privilege given to white, middle-class survivors who have become academics, a privilege defined by (Eddo-Loge, 2017) as ‘white privilege is an absence of the
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negative consequences of racism … it is an absence of funny looks directed at you because you’re believed to be in the wrong place…” (Eddo-Lodge, 2017:119). Mad studies makes a moral commitment to incorporate the black voice. Its reference to the importance of a connection to social movements and activism, inclusivity and anti-oppressive practice, with a commitment to shared lack of resources and survivor ownership and the role of the allies, is crucial. I share this vision, of a dynamic change in mental health work, through the radical potential of ‘mad studies’ and survivor research as a critique of psychiatry, which I see as extending to a critique of ‘white European psychiatry’. These are the challenges that ‘Mad studies’ must embrace to analyse mental health and race, particularly the role of its own whiteness. This is an important ethos, to foster strong relationship towards a counter-discourse to biomedical ‘white’ psychiatry as referenced by Beresford and Wallcraft ‘The psychiatric system is unpromising ground for reform, but many survivors are held within it. It cannot be ignored’ (1997:79).

Mad studies in moving towards acceptance and collaboration, as opposed to rejection and division, faces including the ‘first person experience’ of the black mental health survivor as institutionally significant through all its work. A practice of understanding and interpreting these experiences, as social injustice and a form of political control (Drapetomaina) that has become economic capital for current research, (NSUN, Reignite the space, Advancing race equality in Mental health work, Mind) is likely to improve the experiences of black men in the mental health system. It is a position that recognises the ‘first person black experience’ through the Afro-centric approaches of (Fanon, 1967) and (Du Bois, 1903), in terms of the use of the ‘white mask’ and ‘veil’. These are theoretical and methodological approaches that translate the black mental health survivor research position in relation to the biomedical philosophical and psychiatric approaches to mental health work. Despite recent publications in relation to race and mental health, (Fernando, 2017) and (Kalathil, 2008) the concept ‘madness’ has to be considered more seriously as a method of reform in the area of racism in mental health. It needs to be reconceived to open up the possibility of a radical examination of the racialisation of the label ‘schizophrenia’ as a form of madness in current methodological and theoretical studies. In this way it may distinguish between studies that now examine forms of madness in their investigation into racism in mental health work, rather than colluding with the term madness that has been negatively associated with black men (Ritchie, 1994).

Consequently, it’s important that ‘mad studies’ is conceived in a way so it’s not associated with the historical link between race and madness (Cartwright, 1851; Jung, 1930; Freud, 1949), framing black men as primitive, noble savage (James and Harris, 1993). It is thus crucial to adopt integrated methodological and theoretical tools across the colour line that changes the systems, as opposed to changing how black men’s experience is understood in a racist biomedical system. This is an approach to ‘mad studies’ that moves from the service use co-production model (Needham and Carr, 2009) as discussed by (Gillard et al., 2010), to a position suggested by mad studies, in advancing ethics and knowledge through a civil rights approach to co-production (Khan, 1967 cited in Needham and Carr, 2009). This would be co-production built on black survivors researchers having ownership and true intellectual capital, as discussed and promoted by Russo (2016) and Sweeney (2010), in relation to participation, ownership, values and methods that challenge dominant ideas about mental health and race.

I believe, not the title, but the concept of ‘mad studies’ is a radical critical approach to biomedical symptom’s approach that has the collective potential to change how historical European theories contributed to the madness experienced by black men such as me. This is an approach to ‘mad studies’ that moves to a political positioning of empowering and ensuring whiteness is examined as part of a culture (Said, 1994) from both a methodological (Ladman, 1972) and social activist positioning. It is also an important challenge for white survivors within
'Madness' as a term of division, or rejection

'mad studies' to reflect on the way their whiteness influences their own position when truly working with black survivor researchers, that is not about moral obligations, patronage, or cosmetic representation.

Consequently, 'mad studies' has an analytical responsibility to explore the role of whiteness amongst its white academics in relation to race and misdiagnosis. This promotes the concept 'mad studies' as one that is reflective and has empathy with the lived experience of the black mental health survivor in their reaction to white psychiatry. This has been a form of white psychiatry that produces studies of madness in which black men (Littlewood and Lipsedge, 1981; Bromberg and Simon, 1968; Metzl, 2009) are constructed. In this chapter I see 'mad studies' as new ways of collectively making sense of the biomedical diagnosis of schizophrenia associated with Euro-centric models of race; a shared, collective and political methodological approach to race in mental health work as being linked. Linked and associated with external structures; the family, school, mental health systems and research. For 'mad studies' to be credible for black mental health survivor research, it must represent the interpretations of the experiences of African men over-represented in the mental health system as an important priority. This is a priority that connects to the principle of 'centralizing experiential knowledge', that ensures that African men and their historical past are given recognition as integral to the politicisation of both the method and methodological approach to race in mental health (Keating and Robertson, 2004; Kalathil, 2008).

I believe that 'mad studies' should have an important shared, strategic approach to social justice and race equality in exposing both the biomedical approach and the role of White European psychiatry. The challenge for 'mad studies' for developing a purposeful inclusive and anti-racist practice is situated in the following statement, 'critiquing our lived experiences of the manifestation of ‘goodness and whiteness’ (LeFrancois et al., 2013). This is a critique that should aim to reshape how whiteness in psychiatry understands the experience of black men like me diagnosed with schizophrenia. The possibility then is that 'mad studies' can contribute to the decolonisation (Mbembe, 2015) of the hegemonic power of whiteness to re-establish 'the first person experiences of African men as normal inside the English psychiatric system'. This would be a form of 'mad studies' that repositions a radicalisation of whiteness in shaping how academics, researchers and practitioners can support the emancipation of black men from the biomedical approach to mental health. This chapter thus aims to examine the principles of 'mad studies' that enhances how we analyse madness within the historical theories of race and racism in mental health diagnosis that black men endure.

Mad studies and the European theorists: Epistemic justice

The literature on race, mental health and the diagnosis of African men appears to attend to institutional poor practice without any reference to the importance of epistemic justice, one of the central principles of ‘Mad studies’. From Cartwright’s (1851) diagnosis of African slaves running away from their slave masters, i.e. ‘Drapetomania’, to (Bromberg and Simon 1968; Metzl, 2009) the study of schizophrenia as a ‘protest psychosis’, in relation to black men during the civil rights movement. Both fail to recognise the oppression within their studies; a simplistic reductionist position in relation to understanding the complexities of and inequalities in the relationship between the white practitioner and the black patient. They formulate a conspiracy of race in mental health as an attack on European biomedical science (Metzl, 2009; Fernando, 2017) without any analytical examination of what is happening between the actors: the practitioners and patients involved in the drama of the misdiagnosis of black men.
As mentioned earlier, it’s important not to be tempted to associate the narrative, ‘mad studies’ with the negative connotation of madness, a term associated with insanity, mental illness and the dangerousness of black men (Ritchie, 1994). These negative terms are often made in reference to the experiences of black men assessed within the conventional mental health framework and create divisions with white professionals (Littlewood and Lipsedge, 1981). The notion of ‘cultural schizophrenia’ (Littlewood and Lipsedge, 1981:17), that is the social distance between white psychiatrist and black patient, restricts the potential to work within a collaborative approach to ‘mad studies’ in a new conceptualised approach to race. This is the central inclusive anti-racist principles of ‘mad studies’ the possibility of working across the colour-line and professional lines towards a shared understanding of how racism operates in the diagnosis of African men born in British society.

The philosophical position of ‘mad studies’, is to liberate and empower in resistance to the biomedical framework, through the political role of black men’s interaction with a mental health service (Chase, 2014). It offers the opportunity of a politicised methodological approach to the experiences of black men inside the mental health system rather than just their stories of their experiences of the services. ‘Mad studies’, can equip black mental health survivor researchers to act on the assertions made by Aggarwal (2012) ‘that white psychiatry is an inherently racist culture as regards the clinical assessment of black men’. Such assertions are further reinforced by researchers such as (Fernando, 2017) with his inquiry into schizophrenia. Both keeps alive the view that black survivor research can only be reliable, valid and creditable if it is done by black academics. White academics have tended to depoliticise the authentic black experience in mental health care.

Mad studies’ can prevent divisions and rejections of the black survivor research movement, if it challenges the way European philosophers have created eugenic theories of race. The theories of race by Hobbes (1661) and Kant (1788) reduced the African to a non-human status. The challenge here is to expose the discrimination in the process of assuming African people are mad, primitive, and dangerous. The challenge is to politicise race within ‘mad studies’ to change the ideas made about African people through traditional research methodology and process and acknowledge the primary importance of first person Black experiential knowledge. To develop a more structural and ethical analysis to schizophrenia in relation to African men, ‘Mad studies’ as a radical critique of the biomedical approach must critique alongside black-survivor researchers how white European models have produced perceptions of race and madness. ‘Mad studies’, must stand outside of a tradition of white academics and stand up for changes in European philosophy, to work in collaboration with the Afro-centric approaches of Fanon (1967), Asante (1985) and Wilson (1993). This is the conceptual collaboration to disempower the way Euro-centric models as values emerge inside the diagnosis of schizophrenia and African men. This is an approach to ‘mad studies’ based on a commitment to change historical white models as European perceptions of African men when diagnosed with schizophrenia. It lies at the heart of Mad Studies, which rejects the medical model that gives rise to the diagnostic category of schizophrenia.

Mad studies, developing a radical critique of white European diagnosis

I suggest that the tradition of ‘mad studies’, built on diverse and marginalised groups being heard, adopting the explicit approach of survivor research, can move towards equality and inclusion as opposed to being tied to rejection and division. It must raise political and methodological curiosity to understand the deficiency of the definition of schizophrenia that black men like me have fallen victim to. ‘Mad studies’ as a project of enquiry enables an examination
'Madness' as a term of division, or rejection

of how diagnostic frameworks, such as ICD and DSM, as being biomedical reveal features of cultural madness. Adopting ‘mad studies’ is also to critique white psychiatry, and the impact on my experiences as an African mental health survivor. ‘Mad studies’ in alliance with black survivor research needs can go beyond the biomedical approach and also challenge how European philosophers need to review the global impact of European models. This must lead to understanding the changes in the practices of whiteness necessary to radically dismantle the diagnosis of schizophrenia in relation to black men like me.

If ‘mad studies’ are to achieve parity with traditional positivism and quantitative ‘science’ in the areas of schizophrenia and racism then they have to normalise black survivor research as transcending the colour line. It has to integrate black mental health survivor research as lacking access to the privileges it takes for granted as handed down to white survivor academics. This makes possible co-production of political and methodological equality that enables me as a Black survivor researcher to examine why the diagnosis of schizophrenia is so polarised between the African and European experience. ‘Mad studies’ suggest the importance of co-produced research (Gillard et al., 2012). To do this it must challenge ‘whiteness’ both in its approach and its focus.

This requires a ‘mad studies’ that begins to conceptualise how race from the fifteenth century to the eighteenth century constructed black men as mad (Foucault, 1967). For ‘mad studies’ to develop a co-production of equality with black mental health survivor research it needs to develop a new conceptual approach to race that looks at the range of factors in relation to African men who have died in the psychiatric system. Such co-production and conceptual collaboration is essential to refute the idea (LeFrancois et al., 2013:13) that ‘mad studies’ is similar to race studies as a shared response to the dominant biomedical model. The absence of understanding of whiteness as a feature within the biomedical models is then reduced to what (Diangelo, 2018) describes as ‘white fragility’. This thus contributes towards an emotional fear and silence that reinforces what (Diangelo, 2018) describes as (‘racial equilibrium’) (Diangelo, 2018:57). ‘Mad studies’ has the conceptual potential as a tool to move beyond this fear or emotional silence.

The first stage of moving beyond emotional silence is seeing black mental health survivor researcher as more than one dimensional. This is to engage in a co-production where white academic survivor researchers must focus on changes in patterns of behaviour that stems from a fear of examining whiteness. As part of this, ‘Mad studies’ must start with an investigation into the experiences of their first person accounts. This calls for a form of enquiry (LeFrancois et al., 2013) that leads to understanding whiteness as experience, and developing a range of theories to produce a new way of looking at how whiteness is formed in relation to understanding how African men are excluded. Consequently, it is important that ‘mad studies’ addresses how the experiences of African men born in England can re-educate assumptions of whiteness.

Consequently, for ‘mad studies’ to avoid perpetuating existing divisions between black men and white psychiatry, it must give serious consideration to a framework that enables it to conceptualise the African experience through a new radical, methodological approach. This is to enable whiteness to see its purposive contribution to race and mental health (Beresford, 2005, 2015). The challenge for ‘mad studies’ is to develop an understanding of whiteness that is not simply related as an invisible normative standard, but one that makes whiteness visible and accountable. This is the introspective approach to whiteness as an experience that should re-define its dominant professional norm to work in a more equitable way. ‘Mad studies’ must make transparent the potential of whiteness beyond Said’s (1994) reference to it as a ‘secret cultural weapon’. This enables an approach to challenging whiteness to manage new inclusive political organisational cultures within current research; a reflective culture of change in
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the structures of whiteness from the school to the wards in relation to the experiences of African men.

Challenging pre-production biomedical white psychiatry through ‘mad studies’

For black survivor researchers to seek true authentic equality through the principles of ‘mad studies’, there has to be an agreement to the critique of the biomedical approach within white psychiatry and the historical practices of racism that impact on African men. These practices can only be changed if the eugenic theories of whiteness are dismantled. This means the dismantling of theorists such as Freud (1949), drawing on eugenic values that reduce African men to having no emotional qualities to experience ‘mental health’. ‘Mad studies’ is the radical responsibility to expose the most intrusive features of the biomedical approach; to expose how founding theories of eugenics shape how white psychiatry assesses madness in African men. Thus to avoid rejection and division with black survivor research, ‘Mad studies’ must engage with the importance of the pre-production stage – the stage in which white European models implicitly and unconsciously had been used as a form of scientific racism. This is to engage with a political position that is reconciled with the importance of alterative cultural heritages, best represented in the Afro-centric approaches of Fanon (1967), (Tchandela, 2008; 2011) and (Wilson, 1993). These are approaches that must be central to ‘Mad studies’ going forward to disempower Euro-centric models from the pre-production periods (Cartwright, 1851). These were key models and theories that emerged as historical European perceptions of African men through which they have become disempowered and demoralised.

‘Mad studies’ through its principle of a ‘radical potential for survivor research’, and the principle of developing a ‘counter-discourse’ to biomedical psychiatry has a responsibility to show how the pre-production stage has institutionalised a definition of schizophrenia that black men like me have fallen victim to within white psychiatry. This commitment then enables a form of ‘mad studies’ that is inclusive and sensitive to alternative voices and experiences within the mental health survivor movement. It allows us to understand how unconscious values from the historical pre-production stage contributes towards a white psychiatry.

This would mean exploring how the pre-production stage in which white psychiatry emerged and revealed its power created methodological divisions between black and white survivor research. It entails examining how the period of slavery and post-colonialism have contributed to theories that reject the first-person account of African men as discussed in the work of Garvey (1925). Garvey and other African philosophies offer a form of liberation, an alternative radical position that offers equality to African voices. This is the voice of the Afro-centric (Welsing, 1991), that examines the impact of the pre-production stage. Addressing this enables ‘Mad studies’ to move to a collaborative form of whiteness in working and empowering black men in relation to changing the biomedical approach to mental health.

‘Mad studies’ has a critical role in exposing a biomedical white psychiatry that has legitimised both the overt medication and sectioning of black men, and the legal powers given to white professionals to classify the black male experience as a mental disorder. ‘Mad studies’ in an alliance with a new critical race theorising must then position the period of slavery as an important ideological contribution to the patterns of behaviour within current psychiatric practices in the restraint and killing of black men. ‘Mad studies’ thus has an ethical position to re-evaluate – white psychiatry and the theories of mental illness used to translate the African experience as victims of white injustice. Thus the potential of a civil rights model of co-production with radical black survivor researchers producing a range of theories and new ways
of looking at changing how African men have been constructed through the pathways of white philosophy.

If ‘Mad studies’ is to continue in its vision of offering a radical critical position to biomedical psychiatry then it will need to show how white philosophy and white psychiatry have served as a form of racialised injustice. It means for ‘Mad studies’ to move from an ‘ivory tower’ third-person structural analysis of race in mental health to a personal and individualised reflective consideration of whiteness. Practitioners within ‘mad studies’ will have to examine their power and privilege, their behaviours and values of whiteness and the roles and structures they will need to create to address the serious disempowerment of a black survivor research position.

For ‘mad studies’ to be effectively accountable to real inclusive anti-racist practice is to truly challenge the whiteness that emerges as a consciousness (Frankenberg, 1993), a cognizance, a powerful influence in ‘mapping cultural’ changes for white academic survivor researchers to advocate for a ‘mad studies’ to challenge inequality in mental health and race. Consequently, ‘Mad studies’, to avoid being a term of division and rejection, must make its own whiteness explicit in the co-production process in order to produce new collaborative perspectives with black survivor researchers. ‘Mad studies’ then has an important civil rights position a co-production model where whiteness gives up the power it was afforded in pre-production stages. This can lead to important changes in a new perspective that leads to challenging changes in psychiatry and the mental health treatment of black men in the British care system.

‘Mad studies’ has to begin to develop new theories of race equality for a new type of co-production in the British health care system that affects the relationship between the clinical professional and the black patient. Consequently, black survivor researchers make a plea for a ‘mad studies’ that engages with the challenges for a co-production process that does not restrict black men to a statutory identity, and that only white academics or black academics with no lived experience can research this. It is a demand for an approach that can conceptualise my departure from Maudsley Hospital by exposing the back-stage cultures of whiteness (Goffman, 1961). This is the backstage in which whiteness in psychiatry develops its power and its identity through a range of white philosophers with the privilege to define me through its discharge and care planning. ‘Mad studies’ has to make visible the privilege of white biomedical psychiatry to diagnose schizophrenia in relation to me. In this context, ‘mad studies’ is the method of making visible the importance of the pre-production period, in which Goffman (1959) assumes the ward setting gives African men like me access to white people they would not have encountered in the outside world.

‘Mad studies’ has the potential for a co-production for black survivor researchers to access a political alliance towards equal access to change the present power imbalance. The power imbalance taken for granted as forms of privilege from the pre-production stage that has stripped African men of their identity and exposed them to therapies, medications, and procedures that are built on the pre-production values of white biomedical psychiatry.

‘Mad studies’ in alliance with the lived experience of black survivor research can change the ability of whiteness to empathise with the cultural other, that is, African men. It can pressure white psychiatry not to collude with the pre-production past in which black men have simply been seen as suffering from a form of madness brought about by a failure to integrate into the cultural demands of white British culture (Littlewood and Lipsedge, 1981). ‘Mad studies’ in deconstructing a diagnosis that reflects Western psychiatry privilege, is in a position to empathise with the outcomes for black men currently inside the mental health system, who are seventeen times more likely than their white counterparts to be diagnosed as schizophrenic, (Mental Health Foundation, 2015).
‘Mad studies’ has a responsibility to halt the transition from the pre-production to co-production stage in the ways in which the power of Black men within white psychiatry is denied. It has an analytical role to recognise how these powers have contributed to what Littledewood and Lipsedge (1981) refer to as ‘cultural schizophrenia’. Such a cultural schizophrenia makes visible how the pre-production period has created a social and political distance between white psychiatry and black men based on a form of irrationality rarely studied. The success of ‘mad studies’ is then to look at strategies to address the cultural distance between the white psychiatrist and black men; between white survivor and black survivor researchers and activists. It offers the possibility of a joint strategy that challenges psychiatric, medical and social work professionals to locate whiteness as a practice rooted in a period in which black men were denied basic civil rights.

For co-production to be successful, it needs to engage with the principle of inclusivity in relation to race equality, and whiteness must take full account of its privileges, economically, politically and culturally. The challenge for ‘mad studies’ in a collaboration with black survivor research is to ensure that whiteness is not accepted as the ‘professionalised norm’. It needs to address and change the norms of whiteness that have played a pivotal role in relation to the psychiatric profession in terms of how white professionals act. It is the cultural values within white psychiatry – and their complex forms of whiteness (Basso, 1979) – that are portraits, coded and performed in different ways to construct schizophrenia in African men. This has huge and complicated complex implications if ‘mad studies’ is to relocate the power between black men and white psychiatry by exposing these codes, behaviours and portraits.

Mad studies, a joint political venture with black survivor research to dismantle the injustice of biomedical white psychiatry

The major political and theoretical challenge for ‘mad studies’ is the complete dismantling of the privileges ceded to white psychiatry in the assessment of schizophrenia in relation to black men during the last 60 years. This is a challenge that requires a radical reform of co-production that empowers white survivor researchers to address how the heritage of European philosophy connects to its lived experiences within race and mental health. This is a ‘mad studies’ that challenges European white psychiatry and the power of European philosophy to reinterpret the human experiences of racism in relation to black men. It is getting ‘mad studies’ and white psychiatry to change its cultural lenses in order to review how African men have been constructed by systems that were formed through racialised practices of rejection and division.

These practices of rejection and division can be addressed by a ‘mad studies’ that includes the perspectives of black men within a new narrative of race that redresses the power of white psychiatry. A new type of co-production based on an equitable collaboration, that facilitates and promotes greater equality in working across race. It would be based on a new racial contract (Mills, 1997) in which the voices of black men are recognised as contributing towards legitimate theories and models inside the practices of mental health care in modern Britain. Consequently, I am advocating for a type of ‘mad studies’ that recognises the experiences of black men as representing the foundations of a new approach to race in mental health beyond that of being a patient/survivor.

I suggest ‘mad studies’, in line with its principles of co-produced research, particularly in the area of race and racism in mental health work, has to examine the power given to it (Freud, 1949) to define ‘Schizophrenia’ and the lack of power given to the black experience to define this diagnosis. It needs to be co-produced research that examines the historical biomedical origins of the term schizophrenia without any compromising of the ‘first person
accounts’ of black men. This will help to expose the value judgements made about black men which fail to question why the African contribution to the reality of schizophrenia has never been properly acknowledged and why it has been excluded from consideration in the construction of ‘schizophrenia’. For ‘Mad studies’ to embrace its radical critique of biomedical psychiatry it must promote a collaboration in terms of how the African reality is rejected as an experience.

Consequently, to be effective, collaboration between white and black survivor research within the principles of ‘Mad studies’ needs to work to redress the historical power imbalance, first between black patient and white psychiatry, and second, in relation to black and white survivor research. It will need to adopt the ‘white masks’ (Fanon, 1967:4) to illuminate the racialised lenses that can be used; methodologically investigate the social injustice and the civil right of communities of an African heritage. ‘Mad studies’ thus must remove the expert knowledge attributed to white clinical models that has colluded with studies that create perceptions of madness within the black patient. This can challenge the impact of biomedical European Psychiatry by questioning how symptoms are constructed and connected to racialised values of ‘mental disorder’. White academics have rarely disclosed or analysed the impact this has on the black community in the modern age of western psychiatry. The challenge of a joint venture between white and black survivor research is to analyse the ways in which white psychiatry has listed psychotic symptoms without any reference to an Afro-centric approach, or the Afro-centric reality to what is considered ‘mental health’. Consequently, ‘mad studies’ needs to examine how the legacy of past classification systems (DSM, ICD) has constrained African men within a system that has denied their own lived experiences. The crucial question for ‘mad studies’ is giving communities of an African heritage the opportunity to respond to a classification system that is outside of its cultural heritage. This is the commitment to engage an African classification system which both white survivor research, and black academic institutional researchers need to embrace (Ladman, 1972).

Consequently, there is a need for ‘mad studies’ to adopt the principles of Mills (1997), to examine, develop and enforce a racial contract that redefines the position of white psychiatry and white survivor researcher. One that is able to work in cooperation with other cultural worlds. This is the cooperation that reflects a new pattern where white men’s relationship to African men is based on a new equitable ‘Race Construct’ ‘that challenges the assumption of the European world’

an agreement, originally among European men in the beginning of the modern period, to identify themselves as “white” and therefore fully human, and to identify all others, in particular the natives with whom they were beginning to meet, as “other” non-white and therefore not fully human.

(Mills, 1997:27)

Therefore, ‘Mad studies’ occupies a significant position to ensure a new approach to whiteness within European psychiatry, collaborating within a changed racial contract. This is a contract that reflects and accepts equality with African men, in terms of practice, assessment and the African contribution towards a new diagnostic framework. This equality must consider the central significance of race and power; the power given to African men that can influence white psychiatry in understanding how mental disorder is experienced in British health care. I am an advocate for a transcultural approach to a ‘race contract’ that elevates the African experience so that it has real meaning within a cultural co-production approach to mental health from research to practice.
Conclusion

In concluding this chapter, let me say that I have an affinity to the purpose of ‘mad studies’ as a radical critique of the biomedical approach and the principles of empowering survivor research in the specific area of race justice in mental health. I have argued here that it must force race, racism and whiteness to address its impact and the legacy of its classification system in relation to the African experience. It must try and develop a reflective approach to whiteness that considers how features of race emerge in relation to the diagnosis of schizophrenia during the last sixty years, similar to the protest psychosis developed in the work of Bromberg and Simon (1968) and Metzl (2009). Because of this, there is a need to dismantle current International Classification of Diseases and the Diagnostic Statistical Manual that has contributed to the over-representation of black men as prisoners to a ‘protest psychosis’ and to institutionalised racism in the wider structures of British society. ‘Mad studies’ must then develop an approach that incorporates the perspectives of black mental health survivors across both the colour and gender lines. ‘Mad studies’ must have as one of its central principles, developing a critical methodology for reading the perceptions of whiteness that exists within current research and mental health practices. This mission should be to change the road map of mental health research that places Black survivors’ research at the bottom, (subjects) as opposed to the centre of research (the facilitator), as crucial to a new form of co-production. Co-production can only be effective if the reality of the African experience is translated through the subjectivity of whiteness. This is the ideological challenge of making transparent the subjective nature of whiteness in the research into classification systems and the impact this has on people of African descent.

To conclude here, Husserl’s (1973) phenomenological approach has the potential to evaluate the impact of how whiteness operates within a co-production relationship within ‘mad studies’. What is needed is a ‘mad studies’ that can operate to change its negotiations with black men within the co-production process of a new empowerment framework. Husserl (1973) suggests that intuition, description, the process of articulating one’s symptoms, can all reshape how our experiences can be reconfigured to a new approach. This should inspire a new model of co-production, one that recognises black men’s subjective experiences as being important in the dialogue round diagnosis within and through white psychiatry. We must move away from a form of ‘cultural silence’ that appears to operate inside white research in both philosophy and survivor research, to consider a new radical inclusive approach within a partnership of understanding based on trust that is formed through a new definition of ‘mad studies’.

In the development of the ‘Whiteness and Race Equality Network Conference’ St George’s University, 2019, a collaboration of representatives from Professional Kendall, national lead for Mental Health, Peter Beresford, Mad Studies, Akiko Hart, National Survivor User Network, Lancet Psychiatry, Professional Fulford, Oxford University, Lorraine Marke, carer, Michael Bennett, PFA, and Steve Gillard, St George’s University, this process of cultural silence was broken in relation to the following:

1. To expose whiteness as a critical approach to research into race and racism in mental health work.
2. To embrace working across lines of colour and historical tribal differences to achieve real negotiated race equality in mental health work.
3. To extend the concept, ‘lived experience by expertise’ to all individuals and groups working in the area of race equality and mental health work.
4. To ensure black survivor research is central and institutional to research, practice and models of change.
5. That we work towards dismantling areas of rejection and division from the pre-production stage of race and eugenics in white psychiatry.
6. To develop integrated methodologies and methods of investigation that recognise and incorporate Afro-centric theories, methods and classification systems.
7. To recognise the imprisonment, restraint and murder of black men in the mental health system is civil and human rights concern.
8. To dismantle as opposed to attempt to improve a system that has not improved the lives of black men and other marginalised groups.
9. To recognise change is economic, political and cultural in destroying the social injustice of modern slavery in the mental health system.
10. That we can work together towards change.

It can be done. The enduring mission of ‘Mad Studies’ is to work to make it happen.

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