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The Mad Movement in Catalonia. Epistemic resistance and counter-hegemony in mental health

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ABSTRACT

This paper presents results of the project "Towards an archive of the historical memory of the struggles and social demands of the Mad Movement". This movement brings together organisations, associations, groups and activists, platforms of psychiatrised people, who connect through diverse strategies to advance struggles for social justice and recognition in the field of mental health. We understand this movement as an epistemic fraternity promoting a critical conscience in relation to the oppressions experienced by psychiatrised people. The Archive project is a tool available for resistance against epistemic violence. It rescues the oral memory and recovers the intangible heritage related to the social struggles, the associative dynamics and the trajectories of the Mad Movement in Catalonia. Thus, the project is based on a participatory action research approach, framed in Mad Studies, seeking to generate spaces for recognition and visibility in this area, based on the participation and reflection of its protagonists. Based on conversations with activists of movements in first person, it aims to build and activate a narrative that articulates a collective biography linked to the struggles to transform the hegemonic approaches in the field of mental health and denounce its excesses. From the activist narratives collected, we can get to know and recognise the impact and transformative capacity of the movement and how it undoes epistemic injustice through collective action and mutual aid that generate counter-hegemonic agency and epistemic fraternity.

1. Introduction

Historically, madness has been a territory dominated by medicine and the psy-sciences. The hegemonic medical model (Menéndez, 1984), eminently biologistic, has reduced the inherent complexity of mental suffering to problems in living and diseases of the brain as overlapping categories (Allen, 2010). Thus, biomedical culture has pushed aside both the subjectivity of affected individuals (Kleinman, 1988; Jenkins and Barrett, 2004) and their intimate social and family networks as issues of clinical interest (Menéndez, 2003).

The field of action in mental health is based on its medical codification, and it is now consolidated as a human right that must be protected and guaranteed. However, states have special powers that allow them to suspend fundamental rights and freedoms (Pérez Pérez, 2023), leading to violent practices -legal and classified as therapeutic by health systems-that violate the human rights of those who are considered by activists to be survivors of psychiatry (Pérez Pérez, 2023). These violent practices eclipse lay knowledge or experiential knowledge (Rose, 2019), and the subjective experience of psychic suffering (Correa-Urquiza, 2018).

Diagnosis assignment, often held as scientific truth, invalidates the subject's own account of their state of being and denies them access to hermeneutical tools to explain their own experience (Correa-Urquiza and Huertas, 2024). This stands as a violent practice rooted in ignorance

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and in the way that biomedicine and psychiatry exclude other explanatory models as well as the narratives of suffering (Kleinman, 1991, 2000; Kleinman et al., 1997) of psychiatrised people. This is how what Fricker calls "testimonial epistemic injustice" operates (Fricker, 2007). In addition, hermeneutical injustice (Fricker, 2007) is exerted by creating a single framework in which the experience of going mad can be experienced and explained, based on medical categories and nosologies that preclude the development of epistemic resources by the psychiatrised groups themselves. In turn, diagnosed people are denied access to medical explanations. The language used is hermetic and overly technical, while the identified side effects of psychotropic drugs are not explained (Alegre-Agís et al., 2023; Martínez-Hernáez et al., 2020; Moncrieff, 2013). In the same way, attempts to value subjective explanations of distress are denied by the logic of oblique illness and interpretative circularities (Martínez-Hernáez, 2009), in which what the subject says or does is always interpreted from a symptomatological stance, that is, as evidence of their madness and insanity. It is thus a circularity in communicative interaction that leads to a lack of credibility for the person, a denial of their epistemic agency and a continuous circle of epistemic violence (Radi and Pérez, 2018). In this way, testimonial and hermeneutical injustice (Fricker, 2007) is exerted dialogically. This forms an apparatus, a network of control, surveillance and mandate on psychiatrised subjects (Alegre-Agís, 2017) that limits the creation of spaces where these persons can be heard with the legitimacy of being considered agents of their own recovery journeys.

Politicised psychiatric patient groups have increased their numbers in recent years. They posit a need to act in the field of mental health, combining lived experience and situated knowledge (Haraway, 1991) as a driving force in the construction of therapeutics and itineraries for well-being. The exponential growth of the so-called Mad Movement in Spain (Huertas, 2020a, 2020b) and Catalonia (Correa-Urquiza et al., 2020), can be seen as an attempt to seek answers that its participants have not found in the public health system, as well as to initiate processes of emancipation, while reclaiming citizenship rights and ownership of their life journeys. As Broncano (2020a) points out, what grants epistemic privilege is not the condition but the awareness of oppression and the experienced situation.

The aim of this article is to trace the driving forces and elements that Mad Movement activists in Catalonia identify as essential for becoming cognizant of epistemic injustice (Fricker, 2007), epistemic oppression (Dotson, 2014), and epistemic violence (Dotson, 2011; Pérez, 2019), as well as becoming aware of the production and action derived from epistemic resistance (Medina, 2011, 2013, 2021, 2022). Likewise, it reassesses the main contributions and demands arising from the current Mad Movement in Catalonia and how its emergence can be understood in terms of epistemic fraternity (Broncano, 2020a).

1.1. From injustice and oppression to epistemic resistance and fraternity

Epistemic injustice (Fricker, 2007) alludes to the silencing of vulnerable and abused groups as well as to unjust communicative practices linked to the generation of significance and knowledge. Fricker (2007) further divides epistemic injustice into testimonial and hermeneutical injustice. The former derives from an identity bias that undermines the credibility of the subject, negatively impacting his or her ability as a bearer of knowledge. The latter, hermeneutical injustice, stems from biases in socially shared interpretative resources, damaging the individual as regards knowledge of their social experiences. This puts them at a disadvantage to other social groups, which results in a deterioration of their possibilities for understanding collective social experiences. As soon as psychiatric diagnosis is established as a natural and total reality, it eclipses the place that lived experience and the learning derived from it could have in the production of knowledge and significance.

Pohlhaus (2012) introduces wilful hermeneutical ignorance to explain how behind a testimonial epistemic injustice there often is a problem of hermeneutical resources linked to agency, epistemic authority and privilege and, therefore, hermeneutical injustice as well. In other words, a situation of dominance or privilege can lead to epistemic resources in which the experiences of stigmatised individuals or groups are being ignored or not recognised. Thus, certain ways of understanding the world are denied (Pohlhaus, 2020). It is therefore important to pay attention to power relations, social position and interdependence within society (Tuana, 2006), pointing out how social conditions can lead to epistemically disadvantaged social identities (Alcoff, 2007).

Ignorance can be a lack of knowledge which results from an active form of exploitation and domination, in which complex epistemic processes of production and maintenance of non-knowledge take place (Sullivan and Tuana, 2007). The condition of marginalisation and stigmatisation leads to a questioning of the epistemic resources available to these groups, especially of aspects that explain their marginality – the greater the marginalisation, the less epistemic resources can explain the reality of these groups (Pohlhaus, 2012). Given that privilege is the flip side of marginalisation, certain groups that possess the power to construct knowledge about reality are granted excessive and unfair hermeneutical authority and legitimacy in their shared epistemic resources (Wardrope, 2015).

Broncano (2020b) argues that, given that epistemic agency is achieved through linkage of epistemic relations of dependence or domination, the interrelation between epistemic positions and the structural, social and political order of groups and institutions entails damage and harm in a double sense. On the one hand, social and political structures can affect, damage or restrict the exercise of people's epistemic capacities, causing harm to their epistemic agency and capacity for constructing knowledge. On the other hand, epistemic positions can generate inequality and exclusion, thus increasing epistemic injustice. To this, Dotson (2012, 2014) adds that, when dealing with epistemic oppression (the continuous and constant hindering, obstructing or thwarting the ability to use epistemic resources and to participate in the construction of knowledge), it is necessary to differentiate between epistemic oppression that is reducible and that which is irreducible, depending on the resistance and opposition it has to change and transformation.

These insights reveal what is often silenced, as we recognise how all these situations converge and are forced within and upon the people who have been the object of diagnosis and the process of psychiatrisation. Currently, there is a systematic silencing of what can be said by assigning a diagnostic category that is established in total response to mental distress. The social meanings go beyond the medical. Labelling and diagnostic categories have become the new asylum institution (Colina, 2013); while people are not locked up in institutions anymore, they are locked up in diagnostic labels that strip them of their identity (López-Andrade, 2015). Diagnosis operates as a vector, a foundation and a starting point for epistemic injustice.

Social suffering (Kleinman and Kleinman, 1991; Kleinman et al., 1997) is a result of the impact that medication and nosological labels have on people's lives and bodies. Talking about social suffering involves including social determinants while challenging diagnosis as a vector of a relational culture which denies the individual's capacity for enunciation and the production of knowledge about oneself. This is why it is essential to question the pathologising conceptions that reduce the person to their diagnosis and define their lived experiences exclusively as disorders (Radi and Pérez, 2018).

Medicalisation entails a non-legitimate extension of the boundaries of the medical domain to other domains of existence, depriving individuals of conceptual resources for understanding their own experience (Wardrope, 2015). By damaging collective hermeneutical practices with which to interpret, construct, communicate and justify their experiences, hermeneutical injustice is produced (Fricker, 2007). Moreover, it becomes intertwined with testimonial injustice by undermining the credibility of their testimonies and subverting their ability to construct knowledge by deeming them cognitively unreliable (Kurs and

Grinshpoon, 2018) or by acting on negative prejudices and stereotypes about their group (Crichton et al., 2017).

Bueter (2019) remarks that psychiatric classification, diagnosis and treatment are all forms of epistemic injustice. The deterioration of what Fricker (2007) calls the cognitive capacity of the subjects, in this case the subjects of the affliction, is partly the result of a process of epistemic injustice that begins to develop as of the psychiatric diagnosis as an invalidating category. While nosology functions primarily as a classificatory mechanism to seek answers to unusual mental experiences, in reality it works towards the subjective and identity de-construction of individuals. Numerous researchers, academics, health professionals and activists have highlighted the violence implied in diagnosis and the ways in which the label suffocates the relationships, lives and epistemic capacities of individuals (Alegre-Agís, 2017; Colina, 2013; Correa-Urquiza, 2018; Hyman, 2010; Lopez-Andrade, 2015). Even bodies such as the Belgium Superior Health Council (Superior Health Council, 2019), have advocated the need to let go of diagnostic classifications in mental health.

It is known that stigma (Goffman, 2006) resides to a large extent in the diagnosis and in the trap that this label and its implications impose on people and their social identities – a trap that translates into a colonisation of their identity/subjectivity, of their way of being, perceiving and engaging with the world. It is a construct of people based on a labelling process that categorises and thoroughly defines them, disregarding the myriad aspects that characterise them and in which they recognise themselves (Jenkins, 2000).

In the face of these types of epistemic agential injustices, collective and coordinated forms of resistance arise through epistemic activism aimed at the empowerment and protection of epistemic agency (Medina, 2021, 2022). Medina (2017) argues that, in order to resist hermeneutical marginalisation and fight against oppression, it is also necessary to support hermeneutical resistance against existing interpretative structures, while favouring other alternative and dissonant voices and practices of meaning-making and shared knowledge.

This brings forth an invitation to epistemic activism (Medina, 2021) and an epistemology of empowerment (Medina, 2022) that entails, through these practices of epistemic activism, rectifying and repairing the damage to the epistemic agency of oppressed groups. Medina (2022) points out that, in this resistance, the struggle for the empowerment of epistemic activism must focus on confronting the structural damage to the epistemic agency of oppressed groups, using marginal interpretative resources, and promoting alternative social perspectives. According to Broncano (2020a), in the face of oppression by dominant groups, when existing epistemic resources cannot account for the complexity of the reality of marginalised groups, collaborative epistemic practice environments are generated. Epistemic communities, as he calls them, are established or, where the group has a greater perception or awareness of epistemic inequalities, epistemic fraternities are created, contributing to the joint development of common hermeneutical resources.

The Mad Movement can be seen as a response or a form of struggle against agential epistemic injustice (Medina, 2021, 2022), i.e. the damage done to epistemic agency and capacities due to oppressive and unjust situations and conditions imposed on individuals and groups (Medina, 2022) that discredit and manipulate their voices or render them ineffective (Medina, 2021).

We consider the Mad Movement to be an epistemic fraternity as conceived by Broncano (2020a), an instance or situation where critical awareness of the kinds of oppression experienced by psychiatric patients is developed. Broncano (2020a) argues that "the practical experience of living in a capitalist or patriarchal regime results in an epistemic privilege to apprehend social reality" (p. 12) and that it is not the condition but a class consciousness, a critical consciousness about the circumstances of the lived situation, that generates the necessary resources to question, to critically distance oneself and, in any case, to resist the situation.

2. Methodology. Forms of epistemic resistance, social struggle and participatory, activist and engaged research

Social movements expose the structures, relations and practices of inequality, oppression and exclusion. They enable the establishment of alliances, sharing of knowledge, creation of strategies of resistance against violence and transformation of oppressive relations (Godrie, 2019). They also shape processes of social recognition, empowerment, and the struggle for political rights. The Mad Movement, as based on a continuous process of participatory action-research, generates spaces for the co-construction of knowledge and the visibility of experiences associated with mental distress and the struggle for social recognition. This has resulted in a critical epistemic and political positioning against asymmetrical power relations and contexts of oppression. It has fostered rethinking the realities of psychiatrised groups towards the deconstruction of epistemic inequalities (Hale, 2010) in order to transform structures that reinforce dominant ways of producing knowledge (Schensul et al., 2008).

Based on an activist anthropology (Godrie et al., 2021), we have worked jointly in two epistemological registers that are permeable and porous to each other – an action register and a research register (Godrie, 2019) – linking their objectives in order to identify the mechanisms that generate epistemic injustice and violence against psychiatric patients. It is, therefore, an activist and critical form of research, committed to the people involved in the process – defined as collaborators (Speed, 2006, 2010) – with whom the objectives of action are shared, and where research and activism are part of the same endeavour.

Breaking away from the dualism between research and action (Kemmis and McTaggart, 2013) brings forth an epistemological opening that helps to include other ways of understanding what knowledge is, of generating links with people and of taking into account how they interpret and give a name to reality. This breaking away results in a new type of relationship between practice, everyday experience, action and research (Reason and Bradbury, 2001) and promotes participatory, situated and reflexive research. In this way, we seek to reduce the inequalities that affect people's ability to talk about their experiences, as well as their ability to be considered reliable or competent in generating knowledge (Équipe Épistémè, 2018). We thus propose research that incorporates the interests and perspectives of the people involved (Reason and Bradbury, 2001), with a participatory and action-oriented outlook (Greenwood, 2000, 2008), which takes into account the diversity of knowledge, emotions and experiences (Bellot and Rivard, 2013), as well as the power relations within the research itself, while seeking more horizontal processes aimed at transforming unequal relations (Schensul et al., 2008).

In 2022 and 2023, the project "Towards an archive of the historical memory of the struggles and social demands of the Mad Movement" has created a historical archive that retrieves oral memory and recovers the intangible heritage related to the social struggle, special interest groups and the trajectory of the Mad Movement (Correa-Urquiza et al., 2020). This project has been put forth with a participatory action research approach, framed in Mad Studies, seeking to generate spaces for recognition and visibility in this field, based on the participation and reflection of its protagonists, and to discuss the possibility of building bridges and dialogues between expert knowledge and the so-called lay knowledge (Correa-Urquiza, 2018).

The idea was to create an audio, visual, graphic, and text archive of the Mad Movement's tangible and intangible heritage, as well as analysing and learning about how these organisations operate, recalling their historical demands and examining the experience of activists of movements in first person in terms of rights and mental health care in Catalonia. The archive, which remains in continuous development, includes recorded conversations (audio files and transcripts), photographs, posters, images from Mad Pride celebrations, press coverage of the movement's activism, photographs of the organisations, and publications by movement members (books and articles), as well as records from websites, blogs, and social media platforms of the associations and individuals linked to the movement.

The Mad Archive has been based on face-to-face conversations with activists of movements in first person, aiming at building and activating a narrative that links experience and the construction of meaning (Schöngut Grollmus and Pujal i Llombart, 2014). This allows going beyond and transforming classic approaches to mental health, as well as hegemonic historical archives, constructing a collective biography of the Mad Movement and placing value on the individual and collective social actor, characterising them as subjects of complex configuration and protagonists of their own social reality (Pujadas, 2000).

The project encompassed two phases over two years. Thirty-six in-depth conversations and two participatory discussion groups were held with representatives of thirteen organisations from the four provinces of Catalonia, made up of, and in many cases led by, psychiatrised persons. The selection of the 36 participants was based on a purposive snowball sampling, combining ethnographic work in organisations and groups of the Movement. In the first phase (2022), 16 individual meetings/conversations were held, with an ethnographic approach to the main organisations and movements in first person. The second phase continued with 20 conversations with people with a long history in the movement, and 2 discussion groups.

The conversations were transcribed and returned to the participants for review. The researchers then selected the material and carried out a preliminary analysis, working reflectively from the narratives in a coding process with emerging categories. The results of this analysis were discussed with members of the movement in discussion groups, creating collaborative spaces for mutual recognition and reflection, fostering the co-construction of knowledge, where participants were able to engage in dialogue, from their different experiences and locations, on the research topics. Thus, although the text of the article was written by the researchers, its content was previously collectively reflected upon by members of the movement during these discussion groups.

The narratives presented in the text are told by individuals who have undergone experiences of psychiatrisation, psychiatric hospitalization, and have received care from mental health services. All of them are activists and actively participate in associations and collectives connected to the movement. Given that both the conversations and the discussion groups have worked with a collaborative and collective voice that challenges the notion of individual authorship in knowledge production, the quotations from the narratives that appear in the text are mentioned without highlighting the individual profiles of the speakers. The conversations were originally conducted in Spanish and Catalan. For this article, the quoted narratives were translated into English. These translations were reviewed by the researchers who were present at these conversations.

As regards ethical conditions, participation was voluntary. All research participants were duly informed of the objectives and methodology of the research as they signed an informed consent form. The anonymity, privacy and data protection of each participant (under Spanish law *Ley de Protección de datos personales y garantía de los derechos digitales - Ley Orgánica 3/2018 de 5 de diciembre*) were guaranteed at all times. The ethical guidelines of the Asociación de Antropología del Estado Español (ASAEE) were followed. The names mentioned in this text are fictitious, the real names were anonymized to preserve participant confidentiality.

The authors define themselves as researchers allied with the movement in their attempt to produce evidence that reflects its role in the construction of knowledge about mental health. At the same time, this position does not conflict with the ethical obligation to maintain analytical distance, which allows for the generation of rigorous and trustworthy findings within the research process.

3. Results

The Mad Movement in Catalonia, which emerged in the late 1990s, is neither linear nor totally unified; it is an archipelago that brings together organisations, associations, groups and activist platforms of psychiatrised persons with a common goal: the search for social and political recognition as interlocutors in the construction of strategies for mental health care and attention. Over the past years, the movement has consolidated itself as a valid interlocutor in the co-creation of public mental health policies, participating consistently in the design and planning of strategic lines of action in this field. It is set up as a space for shared construction to provide testimony and other means for understanding the social experience of suffering, while also coordinating actions such as assemblies, mutual aid groups, and awareness campaigns that aim to provide support and care beyond the boundaries of the public mental health system. The entities and collectives that comprise the movement maintain ongoing, coordinated activity through a federation that brings them together. Today, more than a thousand people are linked to the various associations and groups, making a movement of significant dimensions within the Catalan context. The mad Movement exponential growth is part of the struggle for social recognition that has been conducted in recent decades by different interest groups (Fraser, 2008) who seek to be seen as key actors in their journey towards emancipation, as they reclaim rights and build citizenship.

All the organisations in Catalonia are structured around an assembly, a body that generates open contexts in which members can speak up. In these contexts, discussing issues like organising a demonstration or filing a complaint about physical restraints is just as important as trying to resolve the particular situation of one of their members. The space is defined and structured by ideas such as horizontality, respect, reciprocity, listening and permeability. It is not exempt from conflict and constant negotiation: everything is a process, taking the form of a collective device for mutual resonance and discussion, while encouraging and help each person to own and embody their contribution and participation.

The Mad Archive project aims to collect, (re)unite, preserve and disseminate to the community the knowledge produced by the movement. From the activists' narratives collected in the Mad Archive, we can learn about and recognise the impact and transformative capacity of the movement, as well as examining the barriers and difficulties it faces. We present here a first section on how the movement redresses epistemic injustice through collaboration and mutual aid to generate counter-hegemonic agency. The second section explores the processes of depathologising and de-therapeutising unusual mental experiences and life. The third section explores how the movement brings its production into the public arena and into social and community debate. Finally, the fourth section deals with the production of knowledge linked to academia, public policy and human rights emerging from the movement.

3.1. Redressing epistemic violence: mutual aid for counter-hegemonic agency

While diagnoses and processes of psychiatrisation individualise subjective suffering, thus intensifying the isolation and social and affective reclusion of psychiatrised people (Alegre-Agís, 2017; Correa-Urquiza, 2018), the Mad Movement is an opportunity to meet, to "think with" (Haraway, 1991, 2019). It also explores lived experiences in the light of collective experiences, in order to share them and seek emancipating options in a participatory and dialogic way. This becomes evident when Joan, one of the interviewees, states that "it took a weight off my shoulders, until then my feeling was of being alone […] the issue of suffering on my own, I had not been able to share it with anyone … for me it was a revelation". Or when Anna indicates that there "we don't feel alone, we can relate to other people like us … because we understand each other […] We treat others the way we like to be treated ourselves".

At the same time, there is a subjective transformation in the ways participants understand the world and themselves. Miquel stated that being part of the Movement allowed him to value himself in a "process of respecting myself more and taking better care of myself". Both facts, "not being alone" and the change in how ones sees themselves, lead to empowerment, promote resistance and, when necessary, provide support in challenging medical authority figures and demanding to be involved in the decision-making process regarding their treatment. This is what happened to Mercedes, whose activism helped her "to tell my doctor to his face what I have always thought: my health belongs to me. I want you to help me, but the final decision is for me to make".

These processes allow for the recovery of lost everyday dimensions, rebuilding links and building new relationships, opening up the possibility of (re)signifying mental distress based on experience, where knowledge is co-built by taking on and valuing the diversity of views, interpretations and evaluations regarding mental health, care and treatment. Joan said that it is an important empowerment for activists, and a critical message necessary for society as a whole, "because what we talk about are things that are difficult to talk about, which have been historically silenced". To this, Mercedes adds that talking about the issue is like "coming out of the closet" and that diagnosis becomes just another aspect of life, as in "this is happening to me, so what? Besides that, I work, I study, I have children […] this is neither the centre of my life nor do I need to hide it away".

All of this must be framed within processes of mutual support, sometimes spontaneous and other times organised, sometimes structural and other times circumstantial. The need to recover the relational dimension, to create links, form attachments and develop collective care strategies is the driving force behind the transformation of the circumstances that generate discomfort. It is very clear to participants that feedback and reciprocity in help and support is one of the most important elements of the community and the movement. In fact, it is understood as an enabling and legitimising space for mutual help. Mutual help groups or, in parallel, peer-to-peer arrangements are beginning to be considered essential to the heart of health care. In Miquel's words:

> […] there is a component of knowing that you are not only doing it for yourself, for your future, but that, while perhaps it is the personal and intimate wound that mobilises you, there is an awareness that this is going to help other people that you may not even know, but who find themselves in a situation that's similar to yours (Miquel).

Broncano's (2020a) epistemic fraternity is thus demonstrated through collaborative epistemic practices, developing common stories and narratives that lead to the creation of joint hermeneutical resources in order to understand one's own experience and overcoming the limitations and restrictions of existing epistemic resources when interpreting the complexity of reality and – in this case – mental distress.

3.2. *Other formulations: de-medicalising unusual mental experiences, de-therapeutising life*

The medicalisation of unusual mental experiences and the therapeutisation of life are two iatrogenic phenomena, derived from a medical model that "biologises" and makes subjective discomfort chronic, totally narrowing the boundaries of the sick/patient figure (Martinez and Correa-Urquiza, 2021). Activism allows us to understand one's experience not only as a result of individual physical-biological problems, but also understand that these problems are linked to relational, social, cultural, political, economic or environmental determinants. The formulation of responses that take this multidimensionality and complexity into account results in the transformation of contexts, relationships or socio-economic situations, impacting on the process of recovery or wellness. Pedro indicated that they do not want only psychiatrists to be in charge of care, and added that the most important achievements of the movement have to do with programmes such as peer-to-peer ones, the "Rights Observatory", mutual help groups or the group of "Voice Listeners".

Thus, the Movement is not understood as therapeutic but political in nature, even though, as it fosters a process of recovery of citizenship rights, there is also a transformation towards well-being. The Mad Movement was born out of the need to work beyond the established parameters, and through this work it became a space that promotes reclaiming the legitimacy of the people belonging to it in order to reflect on and participate in their life journey towards recovery. It enables processes of re-subjectivation that undoubtedly lead to the development of epistemic resources on the one hand and wellness on the other.

It is not a therapeutic movement, but its setup does generate a better way of living. In other words: talking about the therapeutic consequences of political action does not imply that the political aspect becomes captive of the therapeutic one. Maria states that she would not speak of a therapeutic effect, but "it has allowed me to grab on to life". The political and rights-related focus, which will be developed below, is intertwined with de-therapeutising life, because what the movement produces are not spaces that seek to anchor the role of the sick/patient, but rather to break and suspend the medical-psychiatric categories that occupy the self and the identity of psychiatrised patients. However, they are not suspended in order to ignore them, but rather to address and challenge them, while opening a discussion about their impact from different positions, as legitimate subjects of law and politics. Ferran, through his activism, challenged the medical-psychiatric process:

> … Activism, working with my peers – which is based precisely on denouncing and exposing this kind of abuse – gave me a place in the world, a role, the thought that I can do something too. For me it has become a channel – in other words, now I can only see life through this work, being able to bring a bit more dignity into mental health, being able to cooperate so that those who come into it as I did, at age 20 or 30, feeling deeply troubled, don't have to go through what I went through (Ferran).

Becoming politicised and politically active develops a critical collective conscience regarding the experienced situations of violence, injustice and epistemic oppression. Miquel says that activism allowed him to build a more resilient identity by gaining outside recognition and emancipating himself from spaces of overprotection and control:

> It is a constant struggle, an attempt to rebel against what was being offered to me, against the prognosis I was given, against what was supposed to be my lot. (Miquel).

Psychiatric diagnosis is generally presented as a chronic and immutable state. The movement understands madness and unusual mental experiences more as an event than as a structure, i.e. as a circumstance linked to experienced situations, which can therefore be altered, and not as a static reality of the psyche. Thus, it advocates the generation of conditions and practices that promote a situated use of diagnosis by psychiatrised people, and a reclaiming of the right to attention and care, while questioning, in turn, the entrapment of social identities by categories and their associated uses.

This has led to recognising one's ability to speak for one's self, which has extended, for example, to participation in the formulation of public policies. The psychiatrised person becomes a necessary partner in the production of care strategies, as well as in the analysis and visibility of the multidimensional determinants of contemporary mental distress. Joan explained that "it is all very well with the help that professionals give us, but then, we are actually the ones who know foremost what we need, what we like, what we don't like, what we suffer, what we don't suffer". Hermeneutical empowerment becomes essential in the epistemology of resistance and activism, boosting the interpretative resources of oppressed groups (Medina, 2022).

3.3. *Towards the public arena: exchange and socialisation in the community*

The struggle and resistance to oppression and epistemic injustice demands confronting ignorance, incomprehension, indifference and lack of social communication, while at the same time transforms epistemic practices as well as people's social imagination (Medina, 2013). The Mad Movement seeks to bring reflection, demands and criticism into the public arena. Thus, except perhaps for a few specific organisations, we tend to find open spaces which foster social exchange and cooperation with the community. The goal is to generate public activities in order to discuss and reflect collectively on the unusual mental experiences of certain groups. In some cases, other intersecting cross-cutting social issues linked to inequalities or social injustice are also addressed.

Several associations organise workshops and cultural, artistic, recreational activities as well as other types of events in civic spaces which are open to the general public. They focus on setting up meeting and participatory spaces that go beyond diagnoses: spaces for symbolic and cultural production that encourage exchange and activate other relational models between people with and without diagnosed mental distress.

The goal is to break with the therapeutic logic that pervades public mental healthcare bodies and spaces, taking the debate into the political arena. Organisations are usually open to all citizens, although "society does not wish to have much contact with us […] we have emphasised that our workshops are open to everyone", says Meritxell. The activities in community spaces also allow "undiagnosed" people to get to know, dialogue and relate to unusual mental experiences from a different standpoint, with the opportunity to have a de-stigmatising impact on psychiatrised patients.

Medina (2022) stresses that, when it comes to epistemic resistance, one of the most important tasks of activism within the liberation movements of oppressed groups is both to break away from the existing stigmatising social beliefs that lead to discrimination and a lack of agential credibility, and to fight against this epistemic stigmatisation in order to stop it and prevent it from causing harm, or repairing the harm it has caused. In this struggle against stigma, the movement positions itself as interested in deconstructing the "conceptual straitjacket" (Colina, 2013). Where Foucault (1972) spoke of the confinement in the asylum era prior to the Psychiatric Reform, Martinez-Hernáez (1998) speaks of the chemical straitjacket in the post-asylum era, a topic on which various authors have reflected in recent years (Alegre-Agís et al., 2023; Colina, 2013; Correa-Urquiza, 2018; Martinez-Andrade, 2015; Martínez-Hernáez, 2009) and which the Mad Movement seeks to deactivate, not without a certain difficulty. In this context, creating collective participatory spaces and conditions in which to explore diagnostics and other ways and kinds of knowledge about health as well as learning about mental distress becomes a political option.

3.4. *Epistemic fraternity: Mad Studies, public policy and rights*

The objective of Mad Studies, as well as other studies, is to recognise the needs expressed by psychiatrised people, while including them in research processes in a different capacity, not only as "objects" of study. In Catalonia, a large part of the Movement works in cooperation with public universities developing research that critically reflects on the responsibility of research practice when it comes to breaking with oppression and discrimination (Godrie and Dos Santos, 2017). Universities, as institutions for generating knowledge, have had a relevant role in the construction and justification of epistemic injustices and the legitimisation of existing epistemic roles (Pérez, 2019). Critical research includes recognising other voices, perspectives, insights and ways of thinking and living, which contribute to the co-construction of diverse and collective knowledge about this reality (Red Saberes Compartidos, 2021). All of this is based on an epistemic position of resistance and hermeneutical openness (Medina, 2013). Miquel, who participates in this research as a "respondent" as well as a researcher and interviewer, describes how this more horizontal, participatory and engaged scientific collaboration places "the emphasis on other types of views […] on the importance of personal history, of what has been experienced […] all forms of violence … we emphasise that care must be seen from a socio-psycho-biological model rather than from a bio or pseudobio-socio-psychological model". In line with proposals such as Scholz et al. (2024), in this study, and in other research by this team, many of the activists of movements in first person and carers in their families are also members of the research team, the advisory team or steering group overseeing the research work.

In addition, members of the movement are part of the think tanks for regional mental health plans and strategies. They advocate, for example, for the consolidation of peer-to-peer plans, for the creation of mental-health rights watchdogs or figures such as a Patient Ombudsman. They question the practices in the current healthcare system – as the dominant epistemic institution – which hegemonically disables the epistemic authority of firsthand narratives and patients' life journeys, while privileging the most impersonal knowledge coming from a third-party perspective (Carel and Kidd, 2014). The Movement has become a promoter, designer, coach, advisor and facilitator of transformative public policies for the well-being of psychiatrised patients. Mercedes said that the Movement "is political because it is a way of transforming society. Bringing a problem to the table, looking for resources to solve it, trying to change the mentality of the majority of people, normalising things that should always have been normal … that is politics".

In 2020, the UN Special Rapporteur's report (2020) stated that "Mental health systems worldwide are dominated by a reductionist biomedical model that uses medicalisation to justify coercion as a systemic practice and qualifies the diverse human responses to harmful underlying and social determinants (such as inequalities, discrimination and violence) as 'disorders' that need treatment" (p. 4). Maria, activist and researcher, recounts that thanks to the Movement she learnt about the Convention on the Rights of Persons with Disabilities; in 2016 her organisation created a Guide to Rights, where "we collected a whole series of testimonies from psychiatrised patients, professionals and family members, to give an account of how rights were being violated in the Catalan context". She highlights the fact that the Convention puts an end to a psychiatric system that endorses a specific legal inequality for people who have been deemed to have a mental disorder or intellectual disability, in the form of internment and forced treatment, incapacitation and unaccountability (WHO & OHCHR, 2023).

The Movement has had numerous achievements in terms of rights and public health policies, among others, which have brought about real changes in care. Without a push from the Movement there would be perspectives which might never have been included in the policy design, such as the inclusion of firsthand experience as a key element in the formulation of discourses and therapy. In spite of this, the majority of people who participated in the Mad Archive state that there are still many challenges ahead, as human rights violations continue to occur in healthcare spaces. There is enormous epistemic violence as well from the psy-disciplines, which continue to exclude psychiatric survivors from the very notion of being a subject by pushing aside and not contemplating their participation in the processes of health-illness-care.

4. Discussion and conclusion

People with unusual mental experiences have their ability to know and construct knowledge about their reality impaired, mainly due to negative stereotypes, their condition as non-expert laypersons (Drożdżowicz, 2021) and the totalisation of reality produced by diagnostic categories. On the one hand, the Mad Movement seeks to de-medicalise mental distress by generating means and opportunities for the development of a critical conscience, producing epistemic fraternities that enable the recovery of a political dimension in the processes of health and psychic well-being of the population. The Movement provides for critical reflection on one's own situation of oppression and opens up the possibility of making a situated use of diagnosis, while reclaiming the right to care and attention. It provides a context for exploring other forms of knowledge to generate health as well as learning about unusual mental experiences. These experiences are politicised in order to question “naturalised” and socially established realities of enormous epistemic violence. At the same time, the Movement encourages peer support, the development of collective strategies for generating new itineraries of recovery and well-being, the reconstruction of links, and the elaboration of shared tools and meanings.

On the other hand, the Movement develops its own concepts and categories for naming and managing unusual mental experiences. Repossessing jurisdiction of what is named undoubtedly opens up an epistemic battlefield. The Movement has activated various notions outside the diagnostic categories. Notions such as madness, first person, survivors of psychiatry, among others, denote that “for many people who have been diagnosed with different psychic problems, so-called madness is not often perceived as a structural condition, but rather as a situational emergency associated with violence, trauma, context – an episodic and fluctuating circumstance” (Correa-Urquiza and Huertas, 2024, p.7). While the idea of a “mad” movement can be controversial, it is also a unifying proposal that follows in the wake of other movements that have reclaimed and redefined concepts previously used as an insult. Picking up on “mad pride”, Pedro explains that what is being demanded is getting rid of the stigma, a labelling that is exerted by health services and mechanisms of power. Ferran describes the existing debate in this way:

> We are not proud of being crazy […] I don’t think anyone is proud of suffering, but feeling proud that this way of perceiving the world, sometimes so very personal, is part of your essence, is not only healthy but necessary. (Ferran).

What this highlights is that pride in madness has to do with political and epistemic resistance, not with the condition itself. Therefore, the ultimate goal of the Mad Movement would not be that everyone becomes free of diagnoses – and that they have to adopt these ways of understanding themselves – but for them to have access to the possibility of thinking about whether or not they want to free themselves, and what other ways of understanding themselves are available. The aim is to create access to other hermeneutical tools in order to think about and challenge a certain oppressive model, to distinguish between subjectivity, identity and what the diagnosis defines or makes possible or impossible; to acquire a critical awareness, to distance oneself, to get to know oneself and recognise oneself beyond nosology; to be able to decide at what point the diagnosis is useful and at what point or dimension of one’s life it is not. It thus becomes necessary to construct contexts and situations where the option of an epistemological conceptual surgery can surface, allowing us to distinguish between what the category designates in terms of a possible symptomatological provision or classification and what it names as a possible identity. It is an epistemological emancipation that would undoubtedly contribute to the emancipation of identities, lives, bodies and personal journeys. People act and make use of strategies of resistance on an individual level, but they take shape and are structured, activated and reinforced in the collective exercise of the Mad Movement.

One of the limitations of the project is that although it includes the voices of activists in the movement -selected to ensure diversity and plurality-, it does not address other perspectives, such as psychiatrised people who are not activists, which have been included in the work of other authors already cited in this text. Another limitation is the absence of a comparative analysis with experiences from other regions of Spain. However, we are currently conducting new research, funded by the Spanish Ministry of Science, with the aim of describing and analysing the movement across the country.

Unusual mental experiences are not only associated with medical issues, but it is also linked to its all-encompassing social, economic, political and cultural determinants, which are particularly significant today. The notion of Social Suffering (Kleinman and Kleinman, 1991; Kleinman et al., 1997) was developed to account for the way in which the social universe and the body-self merge. That is to say, we are talking about the need to address the multidimensionality inherent in mental distress as a way of embracing its complexity. To this end, the Mad Movement shows that it is not only necessary to create the conditions for dialogue and the shared construction of meanings and recovery journeys for people with diagnosed psychic suffering, but that it is fundamentally urgent to develop contexts and practices for an epistemic fraternity where the recovery of a critical conscience that allows for the development of a counter-hegemony is possible. While it is true, as Fraser (2008) argues, that the struggles for recognition have neglected or pushed to the background other fundamental axes such as the question of class struggle or redistribution, we understand that being recognised is more a starting point than a goal in itself for thinking about more egalitarian societies.

CRediT authorship contribution statement

Martín Correa-Urquiza: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Araceli Muñoz:** Writing – review & editing, Writing – original draft, Visualization, Validation, Methodology, Investigation, Data curation, Conceptualization. **Elisa Alegre-Agís:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Informed consent statement

Informed consent was obtained from all subjects involved in the study.

Data availability statement

The data presented in this study are not publicly available due to privacy and confidentiality reasons.

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