

Book of Abstracts

'Critical Perspectives on Learning from Mad Knowledge'

15 & 16 November 2023

15th Annual Conference

Organised by

The School of Applied Social Studies

The Catherine McAuley School of Nursing and Midwifery

University College Cork, Ireland

In association with

The Critical Voices Network Ireland



INFORMATION ON VENUE:

The conference is held in the **Brookfield Health Science Complex (BHSC)** on College Road, Cork.

LOCAL RESTAURANTS:

Note: Lunch/coffee/tea is not provided but is available on and close to the conference venues. The following list of restaurants and cafés may be of assistance.

Campus (Conference Venues)

1	Kylemore restaurant & café- Brookfield
2	Kylemore restaurant & café -Western Gateway Building

Off Campus

1	Mangos, at the entrance of Brookfield Village, College Road
2	Various other small 'eateries' (cafes, sandwich bars, pizzerias etc) along Victoria Cross, within 5 minutes' walk west from the Western Gateway Building

Book of Abstracts Lay Out

The Book of Abstracts is organised in chronological order starting with the keynote presentations of each day, followed by the concurrent sessions on that day. Details are provided on the venue, the presenter(s), the presentation title, presentation information and the presenter(s)' background, as provided by them.

Figures in brackets after the venue name e.g. **(60)** refer to the maximum number of people the concurrent presentations can accommodate. There is no pre-registration for the concurrent presentations, so if a session is full, please go to another one.

Key note presentations, with the respective presenters' consent, will be available a few weeks after the conference at www.cvni.ie, www.ucc.ie/en/nursingmidwifery/NewsEvents/ and www.ucc.ie/en/appsoc

WiFi Availability

If you are a university student or work at a university, you should be able to pick up eduroam on your WiFi setting (access by using the username and password assigned by your home institution). For those who do not have that option, a guest WiFi has been set up (this will work during the two conference days only):

Username:1-11-2023

Password:5Dekadhu

Acknowledgements

We wish to thank the following people for their support in making this conference possible: Dr. Deirdre Horgan, Head of School of Applied Social Studies, Professor Patricia Leahy-Warren, Head of School of Nursing and Midwifery, for their overall support; Áine Murphy and Breda Good, UCC Room Bookings; James Ahern, Fionnuala O'Leary and Margaret O' Leary, School of Applied Social Studies; Tony Archer, School of Nursing and Midwifery; Teresa O'Callaghan and staff, General Services, for general services support, Jos Gijbels for looking after the CVNI website and last, but not least, student help for assisting in various ways.

Enjoy the conference.

Harry Gijbels and Lydia Sapouna, Conference Organisers

Wednesday 15 November

Keynote Presentations

11.15-12.00 BHSC G02 *Keynote Presentation 1*

Sarah Carr and Tina Coldham; *'Getting in there': Implications of disability discrimination for nurturing Mad knowledge*

As a movement we are currently exploring what Mad knowledge is and how we can challenge the oppressive systems, institutions and cultures that marginalise and exclude it. In our keynote we will argue that this challenge involves identifying and addressing some of the fundamental, practical barriers to accessing environments where knowledge is produced and applied. Focusing on disability, we will explore how discriminatory processes and practices in institutions such as universities contribute to the problem. We will offer some thoughts on what could be done to create environments that nurture and value us, and by extension, our knowledge.

Dr Sarah Carr is an independent mental health and social care researcher. Her specialisms include service user/survivor research and involvement. She sometimes describes herself as an 'ex-academic' and before going into independent research she was Senior Fellow in Mental Health Policy at the University of Birmingham and Associate Professor in Mental Health Research at Middlesex University. Still on the fringes of academia, Sarah is now Senior Visiting Research Fellow at the Department of Health Service and Population Research, Institute of Psychiatry, Psychology and Neuroscience, Kings College London where she's affiliated to the Service User Research Enterprise (SURE). She has been involved with the service user/survivor movement for many years and was Co-Chair of the National Survivor User Network (NSUN). She lives with mental health problems, using services and support when she needs to. Sarah strongly believes that service user/survivor knowledge is fundamental for changing how we understand mental distress and what helps those who experience it.

Tina Coldham has worked in the voluntary sector, across disability, in academia, and with regulators and statutory organisations as a trainer/lecturer, researcher and involvement consultant. Tina has held various leadership positions; as Chair of the NIHR INVOLVE Advisory Group; as a trustee for the Social Care Institute for Excellence (SCIE) whilst also chairing their Co-Production Network; a former Director of HASCAS, who conducted MH service reviews and homicide investigations. She has enduring mental health problems, having used mental health services over many years and becoming a user activist through setting up local self-help groups, to being the Chair of the National Survivor User Network (NSUN) having led this from the planning stage to independence. She now advises the Centre for Engagement and Dissemination at NIHR on all things Participation, Involvement and Engagement (PIE)! Her love of survivor-controlled research means we can hold truth to power in the hope of making positive changes.

Lydia Sapouna; *Learning from Madness: Critical Reflections on Education and Activism*

In this presentation I will draw from my involvement in critical social work education and my position as an aspiring ally of the survivor/Mad movement. Critically reflecting on my experience, I will talk about my efforts to unlearn, and to facilitate students to unlearn approaches and knowledges that are unhelpful, or even damaging, when dealing with human distress. I will also discuss my increasing unease about the appropriation and co-option of potentially radical ideas, such as 'service-user involvement', to serve institutional and professional interests, including my own. Key themes of my presentation are the difficulties and barriers in radically changing power imbalances and relations of superiority between those who provide and those who receive mental health care. I will use the concept of epistemic injustice (Fricker, 2007) to consider how Mad people continue to be discredited as knowers and therefore excluded from knowledges that interpret their experience and on which 'treatment' plans are decided. A meaningful change in this exclusion requires the recognition of Mad people/survivors as expert knowers about their experiences, their needs, and the decisions that concern them. In other words, we don't need to learn *about* madness but *from* and *with* madness, ultimately democratising processes of knowing and practising. Achieving epistemic justice in the academy is particularly difficult as it requires relinquishing positions of expert knowledge and superiority on which academic authority and careers are built. Yet, this is not a challenge only for traditional education and mental health systems. Over the years I recognised that, paradoxically, this form of exclusion can also happen by critical, seemingly liberatory, approaches to education and activism when we fail to engage with the complexities of madness and distress. Such approaches do not necessarily model a more epistemically just and democratic approach to knowing and practicing. Recognising these paradoxes poses challenges to my engagement with mental health matters which are at the core of this presentation.

Lydia Sapouna is a lecturer in the School of Applied Social Studies, University College Cork and co-founder (with Harry Gijbels) of the Critical Voices Network Ireland. Her teaching, research and community contributions are primarily in the area of critical mental health, education and practice. She is very interested in the politics of mental health and the role of social activism in changing power imbalances in mental health systems. At the same time, she is managing the tension between her commitment to social justice and the expectation to prepare students for practice in a predominantly biomedical and often coercive context. Over the years she has worked collaboratively with service-users/survivors in the areas of advocacy and human rights but is increasingly concerned about the co-option of user involvement by mainstream institutions, including education.

Marina Lykovouniotti and Lykourgos Karatzaferis; *Hearing Voices Movement as an activist learning community: questions, dreams, limits and contradictions*

Is it really madness to hear voices or to experience other psychological states when a traumatic event has happened to you or when you experience social exclusion/sexism/fascism? How could we define what is madness and what is reason? Are there distinct boundaries? Why is the "solution/treatment" proposed usually punitive physically, or even mentally, for people with many devastating consequences such as stigmatization. What and how can we learn from each other something about ourselves and the world by opening such questions? Our experience as Hearing Voices Network at Athens has shown that through personal narratives, experiences and discussions of professionals and people with psychiatric experience, it is possible to create activist learning communities that open up to the world. Our meetings can act as a starting point for understanding the individual as well as the cultural, socio-political context as well as offering ideas for collective action against the dominant system. Active participation and strengthening of human relationships can be a guide on the road to recovery and emancipation. In our presentation we will give a theoretical and mainly experiential stamp of what an activist learning community means to us, we will explore the boundaries and contradictions that arise, and we will try to connect and learn something about ourselves through getting to know you.

Marina Lykovouniotti is a voice hearer since 2008, chair and co-founder of the Hearing Voices Network Athens promoting and supporting the development of HVM support groups. She currently co-facilitates a self-help group in Athens and provides training on the HVN approach. Her involvement in the HVN has changed the way she deals with herself and copes with the Voices, in the way that the Network's theory has shed light to the historicity of her life, causing her to explore further her experiences. Moreover, meeting other voice hearers was relieving. Presently, she works as a web developer and some of her voices are also good programmers.

Lykourgos Karatzaferis works as a psychiatrist and systemic psychotherapist at the Social Cooperative "Psyhi, Logos, Epi-koinonia". He also continues a never-ending education at the Athenian Institute of Anthropos (AIA), which uses a Systemic - Dialectic Psychosocial Approach referring to a multi-level, multi-focal intervention model where "Anthropos" (human) is conceptualized as a biopsychosocial, open, information-processing, decision-making, Anotropic System. He is also a member and co-founder of the Hearing Voices Network Athens, promoting the development of HVN support groups and training seminars, and participates in a Greek activist movement called "Initiative for a Polymorphous Movement for mental health".

Wednesday 15 November

Concurrent Presentations

10.00-10.45 *Concurrent Sessions A*

BHSC G04 (120) Alison Faulkner and Karen Machin; *Peer Support Re-visited.*

As peer support matures and finds space within the UK National Health Service, we want to ask a few questions about what we have learnt and what it is we want to hold on to from our 'long and honourable history' (Catherine Jackson, 2010*). Peer support continues to take place within many diverse communities; it creates safe spaces for people within a great many settings, including self-help, service user and carer groups, VCSE organisations and, increasingly, the UK NHS. In some NHS Trusts, we see an increasing trained and supported peer support workforce. In academic circles, we see an increasing evidence base building around peer support, even if it is not always the peer support we recognise. The authors both have long and honourable histories with peer support, from research, training and practice. We want to take this opportunity to step back and ask some questions about where peer support is now and where it might be going.

- What sort of peer support do we really want?
- As peer supporters, how can we evidence the impact of what we do?
- 'Peer support' – does it need a new name?
- Is academic research driving us towards a 'one size fits all' approach to peer support?
- If the NHS is providing peer support, do we still need to?

We will facilitate an engaging and interactive workshop encouraging participants to discuss and reflect on these questions.

*Catherine Jackson (2010) *Openmind 161 p14*

Karen Machin works freelance from a perspective of lived experience of having used services and of a carer role. She is a co-director for both the Survivor Researcher Network CIC and for With-you Consultancy which provides training and consultancy about peer support. She has worked with various Universities on research projects including co-design of a Library of Lived Experience of Mental Health at Lancaster University, member of the Lived Experience Working Group with the Mental Health Policy Research Unit, and advisor for a study on Family Involvement during severe mental health problems at the University of Oslo. Her PhD study considers the use of digital technologies by peer supporters.

Alison Faulkner is a survivor researcher with around 30 years' experience of working in mental health, mainly in the voluntary and community sector. She has personal experience of mental distress and self-harm; and of using mental health services, including inpatient care, medication, psychotherapy, A&E and crisis services. Alison has a PhD from City, University of London on the role and value of experiential knowledge in mental health research. She has been self-employed for 20 years and has worked for most of the major UK mental health charities, including NSUN (the National Survivor User Network), Mind, Together and the Mental Health Foundation during that time. In recent years, much of her research and consultancy has focused on peer support: facilitating online spaces during Covid for a VCSE consortium including Mind and NSUN, writing guidance for online peer support, researching and evaluating peer support in different contexts.

BHSC G05 (120) Calvin Swords; *Deconstructing personal recovery to seek transformative meaning to the concept within Irish mental health services: an Irish case study told through the lens of social constructionism.*

The concept of personal recovery has become a central debate in mental health systems. It is a philosophy which struggles to translate from policy to practice. This research explored the concept of recovery from a social constructionist perspective to determine the impact on recovery-orientated services.

Methods: A qualitative case study design supported the in-depth analysis of how services were socially constructed. An interpretivist methodology explored the motivations underpinning people's actions within Irish services. The sample included service users, professionals, family members/carers, policy informers. Semi-structured interviews were the chosen method. Thematic analysis was adopted to analyse the data.

Findings: Service users reflected on their shared frustrations concerning the overwhelming focus on them to succeed in their recovery journey. Professionals echoed these experiences, claiming the everyday pressures to measure and be efficient led to service-defined outcomes. Policy influencers reflected on the expectations to develop a similar research base for recovery as seen in psychiatry. Family members spoke of the lack of focus on their own lived experience recovery journey.

Conclusions & Implications: The discussion centred on the often-disillusioned experiences of stakeholder groups in receipt of recovery-orientated services, especially those with lived experience. The dominant discursive practices of neoliberalism and objectification have led to experiences of recovery which are empty and unfulfilled. Finally, this study provides recommendations on how social constructionism can help mental health systems to reflect on the intrinsic meanings of personal recovery, and essentially, create environments to nurture and honour mad knowledge.

Calvin Swords is an Assistant Professor of Social Work in the Department of Applied Social Studies, National University of Ireland, Maynooth. Between 2018-2021, he completed his doctoral thesis in Trinity College Dublin, which focused on how the concept of mental health recovery is socially constructed. Calvin has published in both Irish and International journals. His research interests are informed by a focus on seeking to make sense, and address, the social injustices faced by people through connecting the micro and macro levels of our social systems in order to drive positive change. This includes looking at social recovery in mental health, the influence of sociology on health-related social work, the role of interdisciplinary work, using philosophy in social work practice, and the role of lived experience and co-production within human organisations.

BHSC G06 (120) Fiona Stirling; *Finding/Making Spaces for Madness in Counselling Education.* As a lecturer in counselling, the assumption can be that I am immune to mental health issues. My self-injury scars challenge such unrealistic attitudes. Such embodied visibility, as Hill (2016, p434) explains, is 'shifting gaze and asking students to learn about themselves by seeing me'. This shifted gaze can reveal recovery in mental health is possible, that people who self-injure can still have meaningful roles in society, and that the untroubled therapist is a myth. Showing my scars however is a choice which brings personal risk; an associated emotional labour of being scrutinised and potentially discredited (Stirling and Chandler, 2020). And I am not alone; while recent years have seen the value of lived experience/experts by experience become increasingly recognised, mental health professionals still appear to limit any such personal disclosures due to fears of stigma from colleagues and patients alike (Lovell et al., 2020). This is despite existing research highlighting counselling practitioners with lived experience of mental health issues as uniquely situated to enhance therapeutic practice (Adame, 2014; Gilbert & Stickley, 2012; Cleary & Armour, 2022). It therefore feels essential to find/make ways for experiences and knowledges of madness to be welcomed into the counselling education space. In this presentation I will explore issues of credibility and representation in both academia and the counselling profession when disclosing 'madness', the impact my own 'visibility' as a practitioner with mental health issues has for my students, and the steps being taken within my Department to enhance the learning environment around this topic. The presentation will include ample time for discussion to learn from each other.

Fiona Stirling is a practising therapist and lecturer in counselling at Abertay University, Scotland. Coming from a background in social anthropology, with further qualifications in Education, Psychology, and Youth and Childhood, Fiona is passionate about building collaborative relationships to explore the topic of mental health in new ways. Her own lived experience of mental health issues and self-injury increasingly inform both her research and therapeutic practice. Fiona has interests in Narrative Therapy and creative writing for wellbeing. She has previously been engaged in impacting government policy through her role on the British Psychological Society's young people and children expert reference group and contributed to the upcoming Lancet commission on self-injury. She lives in Dundee, Scotland with her wife, son, and too many books.

References:

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- Hill, D. C. (2017). What happened when I invited students to see me? A Black queer professor's reflections on practicing embodied vulnerability in the classroom. *Journal of Lesbian Studies*, 21(4), 432-442.
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BHSC 3.01 (40) Lewis Reay, Carmel Schmid and Robin Lewis; *Maddening scientists: what is Mad Studies achieving for students at Queen Margaret University?*

We have had our Mad experiences validated and reframed in the light of studying a Masters on Mad Studies. Most significantly, the course needs praise for bringing together a diversity of lived perspectives of madness and breaking the taboo of having "lost your mind". We have been able to engage with debates about what constitutes proper knowledge. This gave us a new skepticism about how different models of understanding madness are constructed by and serve the interests of power. Something which has empowered us to take ownership of our own stories. However, our experiences of Mad Studies are shaped by experiencing it on a taught course within the academy. The framework which is necessary to fulfill the assessment structure of an academic qualification is bound up with the power of the academy itself. Mad Studies in the academy must remain close to the Mad movement and open up the debate to a wider audience. So, how can Mad Studies exist in the academy and be true to its roots?

Lewis Reay is a trans gay man who is interested in the connection between Madness and transgender lives. He is studying for the MSc programme at Queen Margaret University. His current research is the relationship of transmen and transmasculine people in Scotland, with eating disorders and gender identity.

Carmel Schmid, MSc Mad Studies student, QMU; Her research is autoethnographic - having become cognitively aware of CSA later in life. She has an interest in how the well documented 'repression of traumatic childhood emotions' presents as mental illness but is largely ignored not just by bio-medics but by society at large. Her journey includes shamanism, psychotherapy, mad studies and neo-tantra (conscious sexuality) to recover from survivor symptoms (BPD, C-PTSD).

Robin Lewis; A psychotic survivor, Robin now involves himself in supporting those similarly experienced as a support practitioner whilst learning about and spreading different ways of reading the subject of madness.

Working both on the Mad Studies course to particularly consider whose knowledge counts, and as a collective advocate in the community.

BHSC 3.02 (40) Eleni Alevanti; *Promoting a political model of mental health: Working with people experiencing homelessness in the context of a mobile mental health team.*

Beyond debates on the "bio-psycho-social" model of mental health, we look to our daily interventions within mobile teams in Brussels, Belgium working with people experiencing homelessness to promote a political model of distress inspired by the field of mad studies. Our aim is to shift the attention from a medical understanding of distress to society's cause as well as response to it, and in doing so expose exclusion and oppression within psychiatry and beyond. Furthermore, using examples based in our daily interactions with service users we hope to offer a series of interpersonal narratives to reveal the paradoxes of the current mental health care paradigm using a mad studies lens. Despite the daily effects of exclusion, abuse and neglect we focus on making space for mad stories. As care workers, we aim to offer alternative ways of (re)constructing relationships as witnesses, based on mad studies literature and the ethics of epistemic justice to offer spaces of dialogue and dissensus. In other words, we deviate from dominant psychiatric discourse to make way for critical ideas and to promote mad knowledges within our daily practice and beyond. In response to the prevalence of the limited ways care is structured, to the prevailing limited ways in which we talk, write and think about madness, we aim to keep on crafting and reconstructing ways of knowing and belonging to a world as complex and as large as ours.

Eleni Alevanti is a doctor in the social sciences and a worker in mobile mental health teams in Brussels, Belgium. Her thesis focuses on the '107 Reform' (i.e. the Belgian mental health care reform) with a specific interest for the politics of mental health care, epistemic injustices and the paradoxes of deinstitutionalisation movements.

BHSC 3.04 (30) Cassandra Barkman; *Mad knowledge Constellation: Learning through a systemic view.*

Intentions: Through the eyes of systemic coaching and constellations I would explore making a constellation of "mad-knowledge" How: with individuals we will explore the constellation of "mad knowledge". In the beginning we will explore the environment and then I will invite individuals to take a position in the created space that expresses parts of the environment. I am not sure if I will randomize the chosen position of what they represent or if I will give individuals a choice. The constellation isn't about personal experiences, it is to gain insight into the bigger picture of "mad-knowledge" Outcome: Increased awareness: deeper understanding of patterns/ emotions/ thoughts and behavior in the context of the environment and on "mad-knowledge". Creating space and learning about some issues together. Improved communication, greater understanding and stronger relationships. Increased sense of belonging of "mad knowledge" in the system as well as a deeper understanding of the history and dynamics.

Cassandra Barkman, Leisure Expert; Peer Specialist and leader at Altrecht and UMC-Utrecht. Systemic Coach, Mindfulness and Compassion trainer. IPS trainer and above all just Human Being. Creating spaces of connection, learning together, hope and positivity. Passion: social change to mental growth instead of illness. creation learning living room in Utrecht to start social change.

Always open for exchange and connection. c.barkman@altrecht.nl +31624510365 Live in The Netherlands.

<https://www.linkedin.com/in/cassandra-barkman>

13.15-14.00 *Concurrent Sessions B*

BHSC G02 (250) Sarah Labovitch; *Untouchable: Psychiatric Paradigms and the Stigma of Mental Illness?*

As a child I was untouchable. I was ostracised for multiple reasons: my father's race, my appearance, my oddness ... I would spend hours writing lists, collecting stamps, taping sweet packets into scrap-books. I was very obviously different from a young age. I hid under the desk at school, trying to remove my 'otherness' from the room. However, the shame of mental illness weighed heavy in my family, informed by sensationalist newspaper reports and the prevailing paranoia. Society was run according to sanist paradigms. Indeed, diagnosis still tends to be reductive and medicalised, with 'mad', tardive dyskinesic puppets operated by their all-knowing masters, the psychiatrists, and their tool-kit – medication. The label of 'madness' is de-humanising and reifying. Mental illness rarely happens in isolation, and is the result of familial psychic disruption. While the focus may be on the 'mad' subject, there should be a whole – transgenerational – approach. My own history is littered with mad mothers, repressive grandmothers and absent fathers. The 'mad' subject becomes the container for psychiatric oppression, with all the familial illness centred in her. Bad behaviour becomes medicalised. As a teenager I was locked up, Christened and confirmed within a week, as my grandmother didn't want to die while my sister and myself were 'heathens'. This desire for transubstantiation - a miraculous intervention by a higher power - reflects the desire for an indisputable medical model in mental illness, where psychiatrists are the authority and treatment hinges on medication (the body of Christ).

Sarah Labovitch; and I'm a Peer Support Worker at West London NHS Trust, as well as the Service-User Lead for R&D. Prior to this, I was a journalist for 25 years, specialising in current affairs. My current role focuses on complex emotional needs, but I also have lived experience of psychosis. I've been a patient in the psychiatric system for 35 years, with various diagnoses, ranging from ASD, BPD, bipolar and schizophrenia. I'm lucky enough to have three children (21, 19 and 16), who are the light of my life, and I hope will never be tainted by my inheritance. I'm very happy to be 50 years old, and feeling like I've finally reached some kind of equilibrium in my life.

BHSC G04 (120) HVNI Board members; *Hearing Voices Network Ireland (HVNI) AGM 2023 and update on activities.*

Although the Hearing Voices Network Ireland was formally launched in April 2015, HV support groups in Ireland date back a little longer. At this presentation we will be hearing from people involved (facilitators and group members) in various HV Support groups in West Cork, who will share their experiences of 10 years of HV support groups in that area. We will also take the opportunity to share the Board's recent activities, hear from delegates and respond to questions and suggestions, before moving onto the formal AGM procedures (annual report, accounts, nominations, election of Board members) towards the end of the presentation.

The Hearing Voices Network Ireland (HVNI) is one of over 20 nationally-based networks around the world joined by shared goals and values, incorporating a fundamental belief that there are many ways to understand the experience of hearing voices and other unusual or extreme experiences. It is part of an international collaboration between people with lived experience, their families and professionals to develop an alternative approach to coping with emotional distress that is empowering and useful to people, and does not start from the assumption that they have an illness.

BHSC G05 (120) Nicole Schott Nicole Schott, Julia Janes, Debra Langan and Bren LeFrançois; *Mad Resistance Against Eating Ordered Violence.*

"Eating disorder" is a contestable concept invented by humans. Yet, there are copious and ever-growing bodies of scholarship and interconnected professional practices that start from the taken for granted *and sanist* premise that "Eating Disorders" are individual "mental illnesses" - genetically predetermined and/or culturally induced problems that ought to be solved through biomedical psychiatric interventions. What appears absent from the literature and public consciousness is an identification, let alone an interrogation, of culturally normative *eating orders* that violently shape our everyday lives. The workshop presents Critical Eating Dis/Order Studies as an alternative entry point for engaging with madness as it relates with eating, food and human body sizes and shapes, arguing that socially acceptable and culturally mandated *eating orders* are an example of a systemic form of violence that works interconnectedly with racism, sexism, sanism, adultism, and ableism. During this workshop we will share and gather examples of eating orders across time, place and people. The workshop will close with the introduction of our call for papers on *Madly Questioning Eating Orders* to gauge interest from workshop attendees.

Nicole Schott is a Banting Postdoctoral Fellow at Memorial University of Newfoundland and Labrador. Nicole has been impacted by "eating dis/order" phenomena for as long as she can remember, and as an activist-artist-researcher, she has been doing *Critical Eating Dis/Order Studies* (CEDS) as methodology for over a decade. Nicole is currently co-building CEDS as a transdisciplinary project and international community-network to resist, and move beyond, systemic eating orders across abolitionist struggles.

Bren A. LeFrançois is a University Research Professor at Memorial University of Newfoundland in Canada. Their scholarship focuses on the psychiatrization of young people and on anti-sanist, anti-colonial and anti-racist praxis. They are a co-editor (along with Geoffrey Reaume and Robert Menzies) of the edited volume *Mad Matters* which is currently being developed into its second edition (along with a new co-editor, Idil Abdillahi).

Julia Elizabeth Janes is an Assistant Professor of Social Work at Memorial University, Newfoundland and Labrador (NL), Canada, a first-generation scholar, second-generation settler, and a guest on the ancestral homelands of the Mi'kmaq and Beothuk. Julia's scholarship and activism centres on decolonizing and mad praxes, community/university engagements -- particularly with Indigenous communities, social work as harm reduction, and arts-infused and critical methodologies. When the ice melts, Julia can be found swimming in the cool waters ha Ktaqmkuk and Rama First Nation.

Debra Langan is a sociologist and Associate Professor in Wilfrid Laurier University's Department of Criminology, situated on the Haldimand Tract of the traditional territory of the Haudenosaunee, Anishinaabe, and Neutral peoples. Debra's engagement with critical analyses focuses on exposing the complexities of police cultures, women's experiences in law enforcement, eating dis/orders, and families & intimate relations. Her recent publications appear in: *Feminist Criminology*; *Policing and Society*; *Women & Criminal Justice*; *Gender & Society*; *Journal of Applied Social Science*; *Studies in Social Justice*; *Media, Culture & Society*; and *Deviant Behavior*.

BHSC G06 (120) Pauline Alexander; *Trapped under a Badge.*

I would like to talk about the power of the badge. Officially known as an ID card. This is a card that people have with a photo announcing that they have some credibility in the world. I've found that without this badge then you may as well not exist. In the Mad world these badges take on a sinister power. Decisions about the badgeless are made and everyone will agree that the Badges know best and the fact that the one person without a badge, ie the patient, has no credible expertise in how their lives should pan out. If we don't conform to what is expected of us and that amounts to agreeing with the CARE PLAN and taking the poison that subdues us and makes us comply then we are once again unwell and in need of further more invasive treatment. The problem is that we as a society have been instructed by our ancestors to RESPECT these

badge holders' decisions. There is a culture in the patient world that is so used to having their lives run by someone else that they assume the mighty powerful Badge knows best. Doctors hold a privileged position and we still are expected to know our place and for us mad people that is somewhere between community or incarceration. I would like to then expand on this theme by describing the way I and others perceive myself when I put on my highly visible ID card for my position at Coventry University. To the general public I am STAFF and even reception will not question my access to buildings etc. But not so secretly, to those that personally take us on I'm a lowly service user who, although there may be denial on mine and others part, is shunned by REAL Badgeholders who have letters after their name and so on. The institutionalisation of the mental health profession, although keen to jump on the bandwagon of including experts by experience in the system amounts to low paid peer support workers. Slowly the system is changing and we are being considered as credible experts but it's a slow process. I will continue to survive and fight for equality but I am getting on and I fear the battle is too long and I am not going to be around to see my dream of my peers and, myself a 'Schizophrenic in remission' that 'they' conform to our ideas and values which feels powerful and at the moment beyond anyone's imagination. What are the chances!!!!!!

Pauline Alexander. I was born 58 years ago to a working class dysfunctional family. I was by some freak accident gifted with intelligence and creativity, highly discouraged by my kinship. This led to conflict and scapegoating so I hid my real self to survive. This took its toll and after an incident of rape, I became unstable and deemed mentally ill. A whole adult life of being in the system has ensued. Placed there I rebelled which reinforced the belief that I needed to be contained and controlled. 20 years ago, whilst in a secure unit I married my husband and was almost free but tragically one Valentine's night I woke to find him lifeless. Grief and physical and mental health deterioration followed. I am now a survivor of the cruelest life I can imagine. 37 years in the system and getting out.

BHSC 1.01 (40) Nicola Byrne and Anne Teresa Doran; *The influence of lived experience voices in the policy and decision-making processes: Successes and Challenges.*

Shine is a mental health organisation that has been serving Ireland for over 40 years. Our vision is of a more compassionate Ireland where those affected by mental illness and stigma are supported and included in all aspects of society. As part of our new Strategic Plan (2022 – 2025), Shine aims to become the agency that provides the voice of lived experience to shape policy, research, legislation, and mental health theory and practice in Ireland. The voice of mental health lived experience is crucial in policy making, implementation, and monitoring to ensure that the values of 'recovery' and 'person centeredness' are prioritized in all aspects of development and implementation. The National Implementation Monitoring Committee (NIMC) was established as part of the Department of Health's plans to ensure an effective, accountable, and evidence-based implementation of the national mental health policy, Sharing the Vision – A Mental Health Policy for Everyone. Shine was selected by the NIMC Steering Committee/DoH to recruit and host a suitably skilled and resourced Reference Group to provide evidence-based analysis, through their lived experience, as part of the monitoring process. Since its establishment in April 2022, the 12 members of the Reference Group have been working together successfully, contributing to six quarterly Sharing the Vision monitoring reports and influencing decisions on financing, accountability, intersectionality, and measuring change, among others. Through participation at the Conference, Shine hopes to present examples from work carried out with the NIMC Reference Group for sharing and learning purposes, and to highlight successes and challenges of civil society participation and the inclusion of lived experience voices in mental health policy making, implementation, and monitoring.

Nicola Byrne, Shine CEO. With over 25 years of experience in the field, Nicola has a proven track record of delivering successful projects and programmes that positively impact communities. Nicola's expertise lies in programme and portfolio management, as well as change management, social research, mental health, and training and continuing education. Nicola is currently CEO of Shine, where she is responsible for the overall management, control, and operation of the organisation, which offers frontline services, advocacy, research,

and hosts national stigma reduction and media mental health monitoring and training programmes. Prior to this role, Nicola held several senior positions in the HSE and other charitable organisations.

Anne Teresa Doran, (she/they) hails from Douglas, Cork and currently works as an administrator. They have lived experience of mental health challenges and therefore could be classed as expert by experience, an advocate and an activist. Anne is a poet and has many of their poems published. Anne writes about her own challenges and themes of LGBT, nature and mental illness and recovery. Although Anne doesn't like the use of labels to other them, they are multiply neurodivergent and consider themselves as gender non-conforming. Since March 2022, Anne has been a member of the Reference Group. Each quarter, with the help of the Secretariat and fellow group members, the group gives their opinion to the implementation plan of Sharing the Vision. Anne last year completed a course in UCC entitled Mental Health in the Community and has just this year started Diploma of Social Psychological Health Studies.

BHSC 3.04 (40) Michaela McDaid; *Intuition as Mad Knowledge*.

In her late teens Michaela Mc Daid sought support from mental health services following traumatic grief and stress. The result was 20 years of a bipolar diagnosis, 'treated' with medication and hospitalisation. Her intuitive mad knowledge was that she needed to express, rather than anesthetize, painful emotions. But copious amounts of psychotropic drugs disconnected her from this knowledge, and the systemic power imbalance made exploring it impossible. Michaela made a conscious and informed decision to disengage from mental health services, and let intuition guide her healing. Immersed in nature, she listened to her own authentic voice, feeling held by the other-than-human. Within three years of Ecotherapy, she was entirely medication free and enjoying better mental and physical health than she had ever known. The aim of this workshop is to increase awareness of the importance of nature connection for human emotional health. Michaela will share her story and invite participants to deepen their own relationship with nature, both personally and professionally. She will also present details of her facilitation and peer support work in Ecotherapy, with evidence of efficacy. Preferably held outdoors, this session will be delivered with simplicity, warmth, and humour. We will remember what our ancestors knew, and our intuition still does, that nature heals.

Michaela Mc Daid; Professionally, Michaela always believed in community, autonomy and education. She spent 25 years designing and delivering mental health training programmes to a broad cross section of society. Personally, she has lived experience of a bipolar diagnosis, treated with copious amounts of medication, counselling, psychotherapy, and hospitalisation. She now understands her emotional distress as a response to traumatic grief and adversity. Michaela intuitively applied Ecotherapy to her own recovery before recognising it as a 'discipline' with scientific evidence. She continues to thrive in excellent health, without any engagement with mental health services. She facilitates Ecotherapy education and experiences to a wide range of groups on a freelance basis, and works part time for Solas Donegal, a HSE recovery programme based on walking, talking and listening in green spaces. Michaela is not the therapist - nature is.

DISCOMFORT: In addition to the presentations, there is a Solo Exhibition by Cork Artist Michelle Dalton, with the opening reception from 18.00 to 20.00 on 15 November with Lydia Sapouna launching the exhibition. Venue: St. Peter's Church, North Main Street, Cork. The Exhibition runs from 15-20 November 2023. Funded by the Arts Council Ireland through the Agility award 2022. A framed print of one of Michelle's works will be raffled at the Conference. Artist website:

<https://www.michelledaltonart.com/artworks/>

A percentage of the exhibition profits will go towards The Hearing Voices Network Ireland

<https://hearingvoicesnetworkireland.ie/>

Thursday 16 November

Keynote Presentations

11.15-12.00 BHSC G10 *Keynote Presentation 4*

Owen Ó Tuama; *Knowing My Mad Knowledge*

My experiences of madness & working within the Mental Health System; acquisition of knowledge and application of it, informing and shaping the way I work with people in the service. Evolving my theory, theory that informs every aspect of my practice and concerns the Survivor Movement. Knowledge grows from experiences. What has helped me to know my experiences?

Owen Ó Tuama; Thank you for inviting me to speak at Critical Voices Network Ireland Conference 2023. I am a Survivor of psychiatry of over 25 years, I began hearing voices and seeing visions after third level education. I was sectioned in 1996 for five months and, like most people, had every 'treatment' in the book. Survivor/activist groups like Irish Advocacy Network, Hearing Voices Network etc. & holistic therapy helped me recover to a large extent. I still take psychiatric medication and have periodic episodes of voices. I work for the Donegal Mental Health Services. I trained with the Occupational Therapy department. I have been delivering dance voice movement as a peer specialist for the past twelve years. I have an Honours degree and a Masters degree in Biological Sciences.

14.15-15.00 BHSC G10 *Keynote Presentation 5*

Lisa Archibald; *Experiential Wisdom: A curse or a commodity?*

A few decades ago, involvement of "service users" in the design, set up or delivery of services was a tokenistic tickbox. Users would be included in meetings about a policy or service with it all having been predetermined. But they would give you a supermarket voucher and a free lunch if you turned up and the service could tick that box saying they had "user involvement". Job security in experiential roles (like peer support) was unheard of as funding came from grants or short term contracts. So many hours were spent in the 2000's wishing we could have secure jobs with salaries and pensions and access to training that would support our experiential and relational practice. Fast forward to the past decade which has seen quite a boom in the "lived experience" workforce. Or at least a boom in having the term "lived experience" in job titles. The reality is that experiential knowledge is still not given the same credibility as academic knowledge. The hierarchy of knowledge forms is still maintained and reinforced- in workplaces, communities and in universities. Experiential wisdom is still seen as a commodity that professional groups and other disciplines benefit from when they want to form theories, build research or improve systems and services. Is there a way forward where experiential wisdom can be recognised as an accepted and highly valued knowledge base in its own right without being co-opted by systems and services along the way?

Lisa Archibald (she/ her) is a proud Scot who has set up, coordinated and trained peer led communities internationally for more than 20 years. Lisa was awarded a Winston Churchill fellowship in 2013 taking her to the USA, Australia and New Zealand. This experience was a catalyst for change that enabled her to discover an international community of activists and form a connection to the international user/ survivor/ ex-patient/ mad movements. Lisa is a solo parent to 2 children and, in 2014, packed up and moved to New Zealand where she lived and learned for almost 7 years. Lisa was a Yale Let(s) LEAD fellow in the first NZ cohort in

2019. She was also manager of Te Ara Korowai, a creativity based peer community in Kapiti, PeerZone in Wellington and later coordinated the Intentional Peer Support NZ hub..Lisa returned home to Scotland in 2020 and became a Co-Director of Intentional Peer Support alongside Chris Hansen (Co-Director) and Shery Mead (Founder). Lisa has recently completed a PgCert in Mad Studies through Queen Margaret University in Edinburgh and is passionate about building more trauma-informed and relational communities.

Thursday 16 November

Concurrent Presentations

10.00-10.45 *Concurrent Sessions C*

BHSC G10 (150) Andrew Grundy; *Illuminating the dynamics of epistemic injustice of the mad on an acute inpatient psychiatric ward.*

The new rhetoric of 'co-produced safety planning' ignores the realities of professional power to define, document, and manage the "risks that matter", particularly for the detained. The increased desire to hear the individual is noble – but there are dynamics at play which explain why 'mad and risky' individuals are not truly heard. Three ethnographic case studies from my PhD study will illuminate dynamics as to how mad knowledge is downplayed, dismissed, and marginalised (epistemic injustice) in inpatient risk assessment and management – via the dismissal of unique fears/threats (the 'delusional'), via pathologisation (the 'EUPDs'), and via other 'unacceptable' expressions of testimony (the angry challenger). In each case, the medical gaze renders mad testimonies as non-knowledge, because they do not fit the norms of the dominant knowledge-regime. To truly improve inpatient care, these knowledge/power dynamics must be transparently addressed. Given the current service system, if we are to learn from mad knowledge, I will argue that clinicians need: to critically examine the naïve positivistic assumptions underpinning their own knowledge regime; to realise the biases, subjectivities, and emotional value-judgements embedded in their own practice; to understand that the mad can only truly be heard when their testimony and meaning-making are understood as knowledge; and to unpack what co-production actually means. To create an inpatient environment that honours and nurtures mad knowledge, I will demonstrate how documentation can be used as 'boundary objects' to transparently address these knowledge/power dynamics.

Andrew Grundy is a mad academic/researcher with long-term, ongoing experience of mental health services. He works as a Lived Experience Researcher at the University of Manchester, and the Patient and Public Involvement and Engagement Lead at the Mental Health Policy Research Unit, UCL. He has a PhD from the University of Nottingham, which was a critical ethnography exploring service user perspectives and experiences of risk assessment and management on an acute psychiatric unit. Andrew posts on X: @acgrundy

BHSC 1.21 (70) Jill Anderson; *MadZine pedagogy: Zines and what it means to learn from Mad knowledge.*

MadZine research is a Wellcome Trust funded project, based at the University of Central Lancashire. For the past three years we have been drawing on zines as a medium to share and generate Mad knowledge in diverse formal and informal learning situations, including:

1. The MA in Mad Studies at Queen Margaret University in Edinburgh;
2. An undergraduate elective module in Mad Studies at Northumbria University
3. An undergraduate module in health and social care at the University of Central Lancashire
4. A range of other informal settings, including the Critical and Creative Approaches to Mental Health Practice (CCrAMHP) group in Lancaster

Mad knowledge can be marginalised within a higher education setting and may go under-recognised elsewhere. Together with our project collaborators, we have shared examples of Mad Zines and facilitated simple zine-making sessions for participants to honour, nurture and disseminate their own knowledge and to reflect on what they learn from doing so. In this presentation, I will share some reflections on what it means

to learn from Mad knowledge, what we ourselves have learned about the possibilities and limitations of using zines in these ways, and - as the Madzines research project draws to a close - where things might go next.

Jill Anderson lives in Lancaster where she is a member of Critical and Creative Approaches to Mental Health Practice (CCrAMHP) and has recently helped set up the Morecambe and Lancaster zine library. Jill currently works as a researcher on the Madzines research project, freelance on a collaborative project with the Mixed Museum, and is a member of the editorial group of Asylum magazine. Jill has previously worked in social work education, educational development and in practice.

BHSC 3.01 (40) Chris Hansen and Liz Brosnan; *The Power of the Mutuality of our Madness - Transforming systems and relationships through the lens of Intentional Peer Support.*

Madness should be seen as a desirable qualification for working in all aspects of the mental health sector! It takes an experience or two of madness to realize that those who contribute most to our lives and relationships are those who can bring the mutuality of lived experience, in all of the glorious depths, heights, frustrations and opportunities! Intentional Peer Support brings a non-pathologizing perspective that challenges the prevailing bio-medical perspective so many of us are offered, and offers opportunities to understand how we have come to know what we know, and to see ourselves in the way we do. Through the lens of challenging the paradigm of 'helping' and fear-based focus on individuals, IPS invites relationships that seek to connect, to 'see and be seen', and through the power of shared understandings and learnings, move forward to creative possibilities rather than focusing on 'what we don't want'! This interactive workshop will explore the power of mutuality and lived experience in relationships, whether one person is a clinician, a person working from their lived experience perspective, or a family or community member seeking healthy relationships. Participants will be encouraged to explore their own connections and experiences of mutuality, and to reflect on how to use their own madness or personal experiences (whether they identify as mad or not!) in their lives and relationships.

Chris Hansen, Co-Director of Intentional Peer Support, based in Vermont, USA. She has been co-teaching and developing Intentional Peer Support internationally with Shery Mead and now Lisa Archibald for the past 17 years. Originating from New Zealand, Chris has spent twenty years involved in local, national and international peer support and advocacy initiatives from a lived experience perspective. Chris was a member of the New Zealand delegation to the United Nations for the development of the Convention for the Rights of Persons with Disabilities; has served on the board of the World Network of Users and Survivors of Psychiatry and has played a key role in the development of a number of peer-run crisis respites and alternatives. She worked as a clinician in mental health services until being locked up and force treated and realizing that the healer must find the wounded within and the wounded must find the healer within enabled promotion to Mad Status

Liz Brosnan has been an activist, scholar and survivor researcher for over two decades. Her PhD in medical sociology described the dynamics and politics of service user involvement in Ireland. She has researched many aspects of people's experiences of mental health services and reform efforts. She is a core trainer for IPS and wants to see lots of training rolled out in Ireland.

BHSC 3.04 (40) Deirdre Lillis, Avril Scannell and Harry Gijbels; *Lost voices – Our Lady’s, from Our Window.*

Our Lady’s Psychiatric Hospital in Cork closed in 1992. St Kevin’s, St Ann’s, St Dymphna’s and St John’s were also part of this institution and closed between 2001 and 2009. At last year’s conference, two of us (Harry and Deirdre) facilitated a workshop around rights and medication based on work a group of us have been involved with over a number of years. Visitors to Cork could see our Lady’s Hospital from our workshop window and didn’t realise its significance. So we began there. This year, in this workshop we want to give a moment (45 minutes) to that past by sharing some moments from our searching for those lost voices, those lives, to honour them in a very small way. As we look at this building from our UCC room, so many voices, lives, experiences go unheard, untold. Where can we find glimpses of them through those who have tried to raise these voices? Do we need to listen to the past? How can it inform our future and how we understand and respond to mental distress? We will consider the question; ‘How is our past informing our future?’ We will consider the conference theme ‘Mad knowledge and the challenges involved in learning *with* and *from* Madness and distress’. And we hope to facilitate a small space in this workshop ‘to honour, and nurture Mad knowledge’ with the possibility of developing this space with the lost voices as we go.

If anyone wants to bring a lost voice to our attention, please contact me at Deirdre.lillis@socialandhealth.com

Deirdre Lillis works as an advocacy consultant with the Social and Health Education Project’s Advocacy Programme. Deirdre has worked as an independent advocate for nearly 30 years, has experienced de-institutionalisation and de-congregation in the UK and In Ireland in this role and through personal experience. ‘At this stage it feels like I have lived through an era of change, yet I struggle to believe that we have learnt necessary lessons.’

Avril Scannell, Mental Health Service User, Peer Advocate, 18 years experience.

Harry Gijbels is a retired mental health nursing educator, who remains active in the CVNI, the HVNI, and Mad in Ireland.

12.15-13.00 Concurrent Sessions D

BHSC G05 (120) Ber Grogan; *Mad Voices & Reform.*

Mental Health Reform (MHR) is Ireland’s leading national coalition on mental health. Our vision is of accessible, effective and inclusive mental health services and supports. The voice and expertise of lived experience is embedded in our work through our Grassroots Forum. One of our biggest pieces of work to date was published in 2019. The [My Voice Matters](#) series looked at [real-life experiences of people accessing mental health services](#) and supports; the experiences of their [family, friends, carers and supporters](#); and a more in-depth look at [the LGBTQI+ cohort](#) who had taken part in the wider initial study. Nowadays we hear alot about co-production, peer supporters, experts by experience, but are the voices of lived experience really being listened to or is it just another tick-box exercise? 2024 will see the reform of the Mental Health Act, 2001. This is a once-in-a-generation opportunity to make Ireland’s mental health laws human rights compliant and to become world leaders in prohibiting coercive practices and moving away from the medical model of service provision. But, will this happen? Will mad voices be heard in the political debate or will mad people be further stigmatised? Will the media focus on sensationalised stories about risk and danger or will they finally grasp the opportunity to show that mad people are everywhere, that we all co-exist in this imperfect world and that we deserve rights, respect, dignity and a say in the laws that will determine our healthcare?

Ber Grogan joined Mental Health Reform in 2021 as Policy & Advocacy Coordinator and was promoted to Policy & Research Manager in 2022. Before that, she worked in the Dáil as a Parliamentary Assistant. Starting with an Independent Deputy on Opposition benches in 2014, Ber learned about the inner-workings of the Houses of the Oireachtas. The role included writing legislation, amendments, motions, speeches, completing research and policy work, representing the Deputy when needed, Committee work, communications and PR. Prior to working in the Dáil, Ber worked in areas such as homelessness, community development and re-integration supports for people leaving prison. In her spare time, Ber coordinates some volunteer activities, such as a Christmas food hamper event and local community organising. Ber has worked with, and advocated for, people with mental health difficulties for many years. Ber has her own lived experience of mental health and uses this knowledge in everything she does.

BHSC G06 (120) The Gateway Mental Health Project; *A Peer-Led Response to the C-19 pandemic.*

Gateway members, staff and research collaborators will present findings from a unique participatory research project, which explored how the peer-led project responded to and adapted to the C-19 pandemic and the restrictions. Like mainstream services, Gateway was forced to adapt to COVID-19 pandemic restrictions starting in March 2020. In doing so, the project took a creative approach in developing new responses to emerging needs locally during this time, to a large extent in the absence of official guidance. This research aimed to capture the dynamic responses that emerged following the 2020 lockdown up until the lifting of restrictions in March 2022. Exploring the adaptations made over this time within Gateway, this research looks into the impact these changes had on the Gateway community, as well as how those changes impacted the Gateway ethos. Findings will be relevant to similar projects and mainstream services. The research findings being presented arise from a collaboration between Gateway members & staff, the Department of Applied Social Studies Maynooth University and Mental Health Ireland. The methodology for this research was based on community development principles of participation, collective action towards equality, social justice and human rights. Gateway facilitated sessions with the research project team at key stages throughout the design, implementation and analysis stages of the process. All research interviews were undertaken by peer researchers who are also Gateway members.

Gateway; Established in 2004, The Gateway project is a peer led mental health project, based in Rathmines, Dublin. This community-based member-led initiative seeks to address the personal, social, health, educational & employment needs of people affected by long and enduring mental health conditions. The principles of community development underpin all of the actions and work of the project.

BHSC G10 (150) Jo McHugh; *The Wisdom of Madness.*

This paper is first in the series '*All Out of Love: The Power of the Pedophile.* Written from the lived experience of a survivor confronting the abuser in the family and the catastrophic fallout from the revelation. It aims not just to *tell a tale* but to learn from power enacted by the abuser to silence through denial. A powerful narrative, it explores the role of manipulation as a highly effective means of alienating the survivor from family and community. It considers the dynamics of denial on family members against what appears to be *obvious* to the outsider. And the role of the Catholic Church in emboldening a mythology of innocence. The paper arises from 30 years of marginalisation, attempting to navigate life with no family network and rebuilding identity after family estrangement. With little literature on the topic, it aims to address the deficit of knowledge in therapy and woeful response from general society. The madness explored is the *madness aftermath* created by my psychopathic father. A taboo topic with no real support available. The narrative aims to provide therapeutic understanding, societal education for identifying manipulation and an empowerment tool for survivors. There is much to learn for society in hearing the story of marginalisation, therapeutic interventions and strength of individuality that has emerged which I could only freely write after his death.

No man is an island, entire of itself; every man is a piece of the continent, a part of the main.
(John Donne)

All Out of Love (Air Supply)

Jo Mchugh is a teacher and holistic trauma therapist. She spent 30 years seeking solutions to understand, process and accept the damage left by loss of fertility, complex gynaecology, childhood abuse and sexual trauma. For 20 years, Jo used her unique experiences of trauma successfully as a teacher for children with SEND and CAMHS before training in EMDR RTT EFT & Breathwork. Using her 10 years of personal therapy and path taken since: she is currently training as a psychotherapist. Her own personal therapeutic journey is only being shared now since her father's death in 2017.

BHSC 1.21 (70) Marina Lykovouniotti and Lykourgos Karatzaferis; Working with voices and other unusual experiences using the Narrative Genogram.

The Narrative Genogram (NG) reflects on the progress of relationships, both the "intrasystemic" ones - among the members of the family - and the links with the external environment. The NG was first used as a tool of working with families. In the current interactive workshop we use it to explore the relationship a person has with their voices. The Hearing Voices Movement states that voices are a kind of a family for the voice hearer, a system with which the person interacts. The relationships are dynamic and change over time; there are conflicts and negotiations, exchanges and debates, with voices dominant and recessive and usually the voices have their own names, characters, stories etc. Furthermore we know that people who cope well with their voices and those who do not, show clear differences in terms of the nature of the relationship they have with their voices. In this workshop we will use NG as a tool to create a dialogical engagement with voices that may prove beneficial for exploring the relationship with them. Please keep near you pens or colors of any kind and a couple of blank paper sheets.

Marina Lykovouniotti and Lykourgos Karatzaferis bios on page 4.

BHSC 3.01 (40) Jane Mulcahy; Safety, interpersonal neurobiology and crime: listening to the lived experiences of prisoners.

Drawing on qualitative interview data with twelve male prisoners approaching release, I explore how childhood trauma was at the root of their offending, based on their own personal backstories of neglect, abuse, family dysfunction, deprivation and community adversity. Involvement in criminality is just one of many symptoms of interpersonal trauma and social exclusion. Wounded people with offending behaviour need to learn to feel safe in their own bodies and to regulate their emotions in healthy ways. If they are not assisted to heal, to locate their real, authentic selves underneath their (mal)adaptive coping strategies, to take joy in human relationships and find purpose in the world, further criminality is a virtual certainty. This paper argues that there is an onus on agents of the State, including criminal justice and penal institutions to take concrete, committed steps to remedy the human rights breaches prisoners experienced as children. This requires a holistic, "healing-centred engagement" (Ginwright, 2018) approach that is culturally sensitive and emphasises strengths, prioritises personal development, ensures safe transition management from prison and provides opportunities for mainstream flourishing post-release. The Compassion Prison Project is a model of trauma-responsive, heart-centred practice focused on healing which happens in community.

Jane Mulcahy is a Research Fellow with REPPP working on the award-winning Greentown Project at the University of Limerick. She graduated with her PhD in Law from University College Cork in 2020 on the topic of "Connected Corrections and Corrected Connections: post-release supervision of long sentence male

prisoners". Her research was co-funded by the Irish Research Council and the Probation Service under the employment based PhD scheme. Jane has worked as a researcher in the area of criminal justice, penal policy and social justice since 2005. She hosts a podcast called "Law and Justice" since September 2017. Jane was awarded a Justice Media Award in the best local radio show/podcast category by the Law Society of Ireland for her three-part documentary series "Humanising Human Rights" on Ireland's second periodic review under the UN Convention Against Torture in Geneva in 2017. During lockdown, Jane began recording a special YouTube series of Law and Justice called "How to talk policy and influence people" with many interviewees addressing the subject of attachment, the harmful impact of childhood adversity and interpersonal trauma on individuals and society and the importance of cultivating safety in our homes, classrooms, communities and beyond. Her new series is called "Relationship Matters" and explores the importance of relational health across the life course for health, wellbeing, flourishing, social behaviour and healing from trauma. She has also designed and delivered an adult education course on the topic of "Childhood Trauma, Consequences and Essential Responses". Jane was appointed by the Government of Ireland as a member of the Policing Authority in July 2023.

BHSC 3.04 (40) Peter Walsh; *Contagious Dance from Madness to Medicine.*

European history has recorded a number of incidents in which marginalised people move, often collectively, in a manner deemed unacceptable by those in power. Accounts of these occurrences describe the events in terms of contagion, mass hysteria, moral decay and insanity. In so doing, they reflect little about the subjective experiences and motivations of the dancers and much about deeper trends in Western thought that have come to equate disordered movement with ideas of degeneration, sin and madness. Few have considered these events as examples of "mad knowledge" or as a collective means of responding to afflictions. This paper seeks to reexamine the history of disordered movement through an anthropological lens in order to expose the roots of these ideas and how they have persisted into modern understandings of psychological pathology. This illuminating exploration includes insights from the development of neoplatonic thought linking dancing to movement of celestial bodies, through outbreaks of dancing manias in medieval Europe, the phenomenon of tarantism in Southern Italy and finally to the mimicking of "hysterical" movements on the stages of Paris just as the fathers of modern psychiatry were formulating their theories of hysteria at the Salpêtrière hospital.

Peter Walsh is a counsellor and psychotherapist in private practice and a research assistant at the Cybersocial Research Lab in University College Cork. He graduated with an undergraduate degree in psychotherapy from the Irish College of Humanities and Applied Sciences in 2019 and was awarded a masters degree in anthropology in 2023.

15.15-16.00 Concurrent Sessions E

BHSC G05 (120) Joseph Sexton; *From Birth to Death? Gen Z, psychiatric hegemony, and an emerging resistance.*

In October 2022, a TikTok filter named "what medication are you?" was released by a mental health content creator. By December, it had gone viral, and the filter now possesses over 144,000 videos. The most popular video has over five million views; 800,000 likes; and 2,000 comments discussing what conditions users have. Lauren Bickle, a critical TikTok creator, then placed this in context with a video of her own. She wrote: "If you think the 'normalize mental health' sentiment is an organically formed, grassroots movement... I have some news for you... once your product obtains cultural ubiquity – and especially if people attach it to their identity – you'll never have to pay for advertising again." Gen Z has been trained to follow and promote a medicalized narrative, but as the inability to improve societal "mental health" grows only more apparent,

escaping this mainstream narrative has emerged as the only honest option. Indeed, Lauren's TikToks have garnered close to two million likes for her poignant critiques of mainstream mental healthcare. Emerging resistance has nonetheless remained unknown to most established scholars because it takes place in non-traditional venues, e.g., TikTok, YouTube, and Instagram. This hopeful presentation introduces a newfound resistance that simultaneously challenges psychiatric hegemony and epistemic injustice, discounting peer-reviewed literature in favor of accessible and short-form media. Examples are showcased for their potential in opening the hermeneutic space far beyond what's currently possible in formal education.

Joseph Sexton finished his undergraduate degree at Vanderbilt University in May 2023, triple-majoring in psychology, mathematics, and medicine, health, and society. While at Vanderbilt on a full-tuition scholarship, Joseph was recognized with the nation's foremost awards for undergraduate mental health activists (e.g., the JED Foundation's Student Voice of Mental Health) and researchers (e.g., the Goldwater Scholarship). Upon graduation, he was awarded a grant to travel the world for roughly one year to learn more about transcultural, social-political perspectives on mental ill-health. He situates himself as a lived experience researcher and scholar-activist primarily interested in critical suicidology, epistemic injustice, and science studies. He sometimes makes critical TikToks and has accrued a small audience of 4,700 followers, with 89,000 likes and over 700,000 views across his videos. Joseph's research on suicide has been presented at a number of international conferences and peer-reviewed journals, including *Archives of Suicide Research*.

BHSC G10 (150) Agnes Higgins, Ciara Glynn, Eoin Galavan and John McKeon; Kyrie Farm: Cultivating a new vision for mental health.

There is a significant need to shift our mental health service provision away from an exclusively biomedical paradigm, to a broader, rights based, recovery oriented and person-centred paradigm. One that embraces ecological and social concerns as well as community and individual needs. This call for change is not only evident within Irish mental health policy but is an underpinning principle of the WHO (2021) guidance document on the development of community mental health services. This symposium will introduce a new and transformative project in Mental Health in Ireland, Kyrie Farm (<https://www.kyriefarm.ie/>). The farm, located outside of Dublin in the beautiful environs of Co Kildare, will be a space and place where people can rediscover their strengths, learn new skills and rebuild confidence, self-esteem and a sense, meaning and purpose to their lives. Our four speakers will outline:

1. The story of how Kyrie Farm has come to be and a vision for the future (John McKeon),
2. A critique of the current Mental Health system and Kyrie Farm as an alternative approach to mental health service provision (Eoin Galavan),
3. Agnes Higgins will outline the recovery approach and how it might come to life in a farming setting, bringing research and lived experience on the journey, and
4. Ciara Glynn will outline the role that lived experience and peer support have played and can play in the delivery of Kyrie Farm

Agnes Higgins who started her life out on a small farm in west of Ireland is a mental health nurse and lecturer in the School of Nursing and Midwifery Trinity College Dublin. Agnes is on the board of Kyrie Farm.

Ciara Glynn is a peer support worker in north Dublin adult community mental health. Also a guest lecturer in DCU, UCD & TCD, delivering content on peer support, lived experience & recovery education.

Eoin Galavan is a psychologist currently working in the HSE Adult Mental Health service, and board member with Kyrie Farm.

John McKeon is a Social Entrepreneur with 30 years corporate experience in building teams and functions globally in multinational companies. John is the founder and CEO of Kyrie Farm.

BHSC 1.21 (70) Sarah Jane; Madly in Love: How Love is Imperative for Social Transformation in The Mad Community.

Sarah Jane aims to explore the possibilities of love in creating a Mad positive community. This dissertation is a call to action, not only to Mad peoples, but their allies and all people who engage in a Mad person's life—to build the capacity to engage with madness and Mad peoples in compassionate and loving ways thus enacting sustainable and transformative global social change. This dissertation proposes the use of love as a transformative force to expand our current understanding of madness and mental illness and to challenge the limitations of current medical and social models of understanding. I propose the use of love letters as an archival method to develop an ontology of madness, seeking to create a space where we can witness madness for its intrinsic transcendental values.

Sarah Jane; I am the Founder and Executive Director of The Healing Collective Foundation. As a Mad coach, educator, researcher, and writer, I work toward expanding the way we talk about madness, illness, disability, and mental health. The HC Foundation is a Mad forward organization that prioritizes critical compassion and holistic healing. I study trauma, affect theory, critical compassion, and community building. I am deeply invested in the holistic study of the body. I am very interested in the holistic study of the Mad body. I offer Diversity, Equity, and Inclusion training with a focus on critical compassion, empathy building, and the Mad community.

BHSC 3.02 (40) Rachel Brown; Why Class Voices Matter: The role of social class habitus on the lived experience of mental health.

Substantial research has shown a link between mental health and social class. However, research and clinical practice often views social class as an external factor only influencing the economic and social conditions of people's lives. This study takes a different approach by focusing on the internalisation of social class known as social class habitus. It examines how the habitus influences thoughts, feelings and behaviours which produce variations in mental health experiences. It also considers how the current hegemony of mental health responds to the diversity of these classed experiences. The aim of this presentation is to highlight this diversity by listening to the voices of those from different social class backgrounds about their experiences of mental health. Evidence from a socio-cognitive critical discourse analysis of semi structured interviews demonstrates how people with different class habitus experience mental health differently both on a psychological and societal level. Data focuses on experiences of mental health services which captures the interaction with the hegemony related existing in current mental health research and practice. This presentation suggests that by taking account of social class habitus not only do we see variations in mental health experiences related to social class backgrounds, but how some voices are marginalised and pathologized while others are accepted and valued. This has significant implications for research pertaining to mental health and social class as well as mental health services that interact with people from various social class backgrounds.

Rachel Brown is a PhD candidate at Maynooth university working in the area of Critical Psychology. Her thesis investigates the role of social class habitus on the lived experience of mental health. Rachel also has a MSc in Psychology and a BA double major in Psychological Studies and Sociology. Her research interests focus on the sociocultural aspects of psychological phenomena with an emphasis on social inequalities. Rachel has been informed by her own experience of mental health and service use. She is a support to family and friends who experience mental health conditions and volunteers with mental health support services. These experiences have motivated her to conduct research with an aim of creating social change to reduce mental health inequalities.

BHSC 3.04 (40) MII Team members; *Mad in Ireland - One Year On.*

Mad In Ireland (www.madinireland.com) was launched in August 2022 as a News Media Website that provides a vehicle for an alternative voice to be heard in Ireland, in relation to mental health. Generally mainstream media continues to give voice to what is an internationally recognised outmoded bio-psychiatric paradigm in terms of understanding mental health problems and provision of effective services that enables recovery and healing. There is a new internationally mandated paradigm in mental health (e.g., Puras, 2020) where mental health and well being comes from within the person, family/community with choice of supports and perspectives available towards peoples healing journeys. Mad in Ireland is one of 15 global affiliates of Mad In America (www.madinamerica.com) who share similar philosophies and values for our media outputs, subscribe to the new paradigm in mental health, though each having their own national vision, mission and operational structures. Mad In Ireland comprises a collective of volunteers, representative of people with self experience in the main, though also family members and radical professionals/academics. Our role is to encourage, edit and publish submissions that fit with the new paradigm in mental health, from individuals, communities, statutory and non statutory service providers and society at large. We are particularly focused on the Island of Ireland regarding content, though will also publish content from Mad in America and other Mad affiliates that resonates with circumstances and activities in Ireland. Similar to Mad in America and other Mad affiliates we have a number of news categories that together provide a broad news outlet for otherwise and often unheard voices in Irish media. We welcome submissions on personal opinion, art, poetry, performance, experiential blogs, Irish research, service provision and developments. We have our own Podcast platform and welcome and feature other Podcasts that fit with our values. This presentation has two objectives. Firstly, to showcase the reach, themes and successes to date from our media output for new paradigm mental health. And to broaden awareness of Mad in Ireland and the invitation to CVNI conference supporters to use this vehicle to have the critical and alternative voices heard in the broader media context. Our hope is that as an outcome of discussions during this presentation, we will have new ideas, new areas or research and practice to consider and lots of new submissions to Mad in Ireland.

Puras, D. (2020). *"Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,"* in the 44th Session of the Human Rights Council, 2020 A/HRC/44/48 (Geneva: United Nations Human Rights Council).

Mad in Ireland's mission is to serve as a catalyst for fundamentally rethinking theory and practice in the field of mental health in Ireland, and promoting positive change. We believe that the current diagnostically-based paradigm of care has comprehensively failed, and that the future lies in non-medical alternatives which explicitly acknowledge the causal role of social and relational conflicts, abuses, adversities and injustices. We campaign for a change in the professional and public discourse about emotional distress and unusual experiences; for support, both within and beyond services, which meets people's real needs; and for social policy which addresses the causes of distress at its roots.

17.00-17.30 BHSC G05 *Plenary Session*

Reflections on the Conference and ongoing work of the Critical Voices Network Ireland (CVNI)

The plenary session provides opportunities to integrate the insights and initiatives of the conference and to discuss the on-going work of the CVNI.