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Beyond binaries: complex roles and identities in critical mental health research

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ABSTRACT

In this article, we discuss our experiences on a project that is exploring gendered harms experienced by women during involuntary mental health treatment. We outline our journey towards a more complex understanding of our roles in the project, by considering the aspects of our identities that are hidden when situating ourselves only in terms of survivor or non-survivor researchers. In addition, we discuss expectations that are often present in research projects for survivor researchers to publicly disclose highly personal experiences, while non-survivor researchers face no such demands, and the myth of a homogenous survivor researcher identity. We discuss how critiquing binary identities, while still acknowledging power and difference, may open up new ideas about creative and strategic approaches to challenging and resisting psy-oppression.

In a recent edition of *Asylum* magazine, an image by Tamsin Walker (2021) depicts two people wearing shirts, one with the words 'survivor researcher', while the other shirt says 'researcher'. The person wearing the 'survivor researcher' shirt comments, 'This t-shirt is ok but it feels a bit like you are reducing me to one aspect of my experience. I would like to wear your t-shirt…' Walker's artwork resonates with conversations that we have had as a research team on a project exploring the gendered dimensions of psychiatric coercion. We are a team of two people with direct experiences of psychiatric coercion (Scarlett and Eva) and one person without such experiences (Emma). In this article, we provide an overview of some of the questions that we have been exploring about how to navigate our roles and identities as survivor and non-survivor researchers. While it is important not to ignore or minimise power and difference, with survivor and non-survivor researchers clearly bringing different perspectives and experiences to the project, we wonder: How we can come to a more nuanced understanding of our multiple roles and complex identities?

Complex and multifaceted identities

Following our interviews with women survivors of psychiatric coercion, participants have described the enormous benefits of being interviewed by a survivor researcher. Our approach to research interviews aims to challenge the norms of mental health research, which sidelines and discounts experiential knowledge (LeFrançois, Menzies, and Reaume 2013). Survivor expertise has shaped the interviewing processes in ways that have invited creativity, connection, and safety – women's own words and understandings, and expression through poetry, art, music, and emotions have been positioned as valuable knowledges, while diagnostic understandings have been de-centred.

With participants so clearly articulating the benefits of survivor expertise within the project, we have also had discussions as a team about ensuring that the multiple skills and identities that the survivor researchers bring to the project are fully acknowledged. While being committed to the crucial role of survivor expertise within the project, we are curious about whether there are other aspects of our identities that may be obscured or under-valued when using the terms survivor and non-survivor researchers.

Psychiatric oppression is predicated on the notion of a rigid separation and hierarchy between people with psychiatric diagnoses and mental health workers. Despite the lack of scientific validity, psychiatric diagnoses are used to place people into discrete and stigmatising categories of illness (Allsopp et al. 2019). While recognising the silencing of lived experience within mainstream mental health research, and the need to counter that within our project, we also do not want to unintentionally strengthen the problematic 'us' and 'them' assumptions of biomedical psychiatry. While survivor researchers bring invaluable experiential expertise to mental health research, who we are as researchers and what we bring to the project is also more than the sum of our lived experience as survivors of psychiatric oppression. It is important that survivor researchers' diverse range of relevant skills are acknowledged and valued.

An inability to recognise a full breadth of skills may lead to survivor researchers being continually invited to contribute to other people's projects (as is the case in this project, with survivor researchers being invited onto a project for which the non-survivor researcher received funding). Positioning survivor researchers' expertise only in terms of their lived experience is likely to result in missed opportunities for capacity-building and skills development, which could enable survivor researchers to pursue and lead their own projects in the future. Neglecting to offer these opportunities is neither just nor sustainable. It limits critical mental health scholarship to co-produced rather than survivor-led research (Rose 2017), maintaining the power of non-survivor researchers to drive research agendas, while co-opting survivor knowledges (Beresford and Russo 2016).

Survivor researchers and 'compulsory disclosure'

Critical mental health projects attempt to elevate 'the subjectivities, embodiments, words, experiences, and aspirations of those among us whose lives have collided with the powers of institutional psychiatry' (LeFrançois, Menzies, and Reaume, 2013, 13). The invitation to use lived experience within research projects raises important questions about safety and disclosure. Our project has uncovered the severe and ongoing harms that result from involuntary psychiatric admissions and the project has enabled women survivors to share their experiences while maintaining safety and confidentiality. Within this context, it did not seem ethical to require a survivor researcher (Eva- a pseudonym) to disclose her identity publicly, when there were significant consequences in doing so for her work and family. We identified an injustice, in that the non-survivor researcher (Emma) also brings personal experiences to the work that frame her understandings, but she is not required to disclose these. We did not want to enact coercive practices on a project that is about psychiatric coercion. We needed to develop an approach to presenting the findings of our project, which could recognise the contributions of all researchers, while also avoiding compulsory and unsafe public disclosure. Eva chose not to identify permanently and publicly with the thin identity given to her by psychiatry in 1999:

> Things are changing and I want to join in this work, yet I resist permanent and high visibility. My family and I have trusted psychiatry to our detriment. Choosing Anon offers some safety and reduces risk. We rejected the imposed psychiatric identity of a "complex, chronic, treatment resistant, mentally ill woman". I protest in silence and anonymity. I sustain my life and professional career. I protect myself and my family from further harm, discrimination and sorrow by diverting from the mental health system. I will be known for care, determination and the quality of my work for intergenerational healing and justice. I invite the most powerful and resourced to take responsibility. I invite you to no longer profit or seek meaning from the biomedical model and mental illness industry. I invite you to take responsibility for the deaths, disabling, discrimination and despair daily occurring in the mental health sector. Take a position. Don't be a part of perpetuating injustice. Walk away. Join and heal with us in our other worlds. We know what pain and comfort is. We know how to wait, and take flight on the updrafts (Eva).

Heterogeneity among survivor researchers

Pressures to appear 'professional' may place further burdens on survivor researchers to perform a linear, sanitised notion of 'recovery'. For example, Scarlett is at once a survivor, a mental health peer support facilitator, and a primary caregiver for a loved one who continues to suffer psychiatric oppression. For Scarlett, disclosure of historic psychiatric coercion as part of her role in the project has been low-risk as her career was already established upon and rewarded by advocacy as a survivor in the media. However, when distress, involuntary hospitalisation, and the demands of caregiving disrupted her contribution to the

research, she hesitated to explain this to the team. Despite our whole team being divested of the myth of singular identities, she experienced uncertainty, doubt, and shame about whether present-day distress and oppression undermined her authority as a researcher. This example demonstrates the challenges of resisting sanist ideas about what constitutes knowledge within the academy, and the need to make space for the multiple aspects of our identities within research projects, in order to ensure that our work is challenging rather than bolstering psychiatric hierarchies of knowledge and experience.

A rigid understanding of roles can also contribute to the problematic assumption that survivor researchers share a homogenous identity. Even survivors with near-identical experiences in the psychiatric system may make very different meaning of these experiences, leading them to draw different conclusions about which reforms or alternatives should be pursued. Just like non-survivors, each survivor researcher understands their experiences through an epistemic lens informed by their unique cultural, socio-economic, professional, and academic backgrounds. The fragmentation of and inconsistent practice within the psychiatric system itself may further contribute to the heterogeneity of perspectives among survivors. Failure to be mindful of this diversity and multiplicity can lead non-survivor researchers to engage with survivors in a tokenistic, superficial fashion or to make unhelpful generalisations (Daya, Hamilton, and Roper 2020).

Resisting binaries to resist psy-oppression

We are curious about how a careful critique of binary identities in mental health research may assist in developing creative and strategic approaches to challenge and resist psy-oppression. In our project, we sought to interview three groups of people to explore gendered harms in mental health services: women survivors of involuntary treatment, family/friends, and mental health workers. However, we found that many participants identified with two or even three of the identities. We also found other overlapping concerns and themes between the groups. For example, a key theme in interviews with survivors was the widespread and relentless pathologisation of women's lives, including their emotional worlds, spirituality, sexuality, despair and suffering, protest, and responses to injustice:

> I couldn't talk about this rich spiritual world that I had…They used to say, "Oh well, you're hallucinating"…And I'm like, "Well, no, actually I'm not. These are really spiritual moments that I'm having," and they're taking them in really wrong ways.

Interviews with mental health workers also revealed a culture of pathologising workers who critiqued the status quo of biomedical reductionism:

> People make comments about my practice as being too involved…too invested…I really connect with the person…this is how we should all be practising…[my practice is] attacked as well as pathologised.

Reflecting on power relations is crucial, and such experiences are in no way comparable to the experiences of psychiatric survivors, who have endured the devastating effects of involuntary treatment. Indeed, for many mental health workers, participation in psychiatric coercion contributes to professional status, career opportunities, resources, and privilege. It is vital that mental health workers are held accountable for their complicity with institutional violence, even if their participation is reluctant (Beaupert and Brosnan 2021). At the same time, we are interested in how the shared concerns raised by participants across the three groups within our project could be productive in the next stage of the research. As discussed by Russo, Beresford, and O'Hagan (2018, 1878), we are curious about:

> what could constitute effective alliances capable to grow big enough and ultimately transcend rather than always perpetuate the traditional role division into allies on one side and those in need of allies on the other…we would like to see more efforts directed towards challenging structures that define all our places.

Collapsing power relations and pretending that we are all similarly oppressed by psychiatry is definitely not an option. However, we are also energised by the possibilities that may be available to subvert psychiatric hegemony, when groups who have been siloed by psychiatry (survivors, 'carers', and workers) have the opportunity to work collectively to critique its dehumanising and oppressive effects and to imagine together alternative ways of understanding and being in the world, outside the borders of 'mental health'.

Disclosure statement

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