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**MADNESS AND SOCIETY: PATHWAYS TO RECONCILIATION**

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**INTRODUCTION**

I'd like to start with the words of Ashley Jacks McNamara, a poet, an artist, and an activist, who was diagnosed with 'bipolar' as a young woman:

And the moments when I'd been soaring with eyes full of horizon and a heart branded like a contour map with the outlines of rocky sunrises and the fractal branching of so many threads of understanding . . . these seemed like the most important moments of my life. I didn't want to chalk them up to pathology, give them ugly labels like mania and delusion that seemed to invalidate them, make them less real. I didn't want to eradicate them all for the sake of "stability" . . . Yet as much as I resisted their words, they were all I could find, and over and over again these incredibly limited, awkward words seemed like the barest blueprints to my soul.

McNamara's powerful words express a deep dissatisfaction with medical and scientific language as ways of describing and understanding the wide range of human experience to which this language is currently applied. This language is evident in categories like schizophrenia and bipolar disorder, in the description of individual symptoms as delusions and hallucinations, in the concepts of mental illness and disorder, and in the idea that madness is a dysfunction or an illness of the mind.

As McNamara puts it: "*these incredibly limited, awkward words seemed like the barest blueprints to my soul*": there is a kind of sparseness and negativity to the language of medicine when it is applied to certain kinds of experiences. It's not always adequate as a means of expressing the richness, the intensity, and sometimes even the value of these experiences.

And when she says: "yet as much as I resisted their words, they were all I could find": which shows that the problem goes beyond mental health institutions; it is a cultural problem, the culture has become impoverished, and is dominated by a limited range of constructs. The connection between madness and illness has been drawn too tight in the cultural contexts where modern psychiatry and psychology had developed.

Dissatisfaction with medical and psychological language has been expressed by mental health activists, advocates, service-users, patients, allies, academics, and mental health professionals, represented in the following slides by various products of visual culture, as well as important books and documentaries.

Of course, mental health activism is not one thing, and there are multiple and distinct aims and strategies. For example, there is no consensus on the question of diagnosis and medical language more broadly. Some people find significant value and meaning in their diagnosis. That is why I have referred to the dominance of medical language as the problem, and not to the medical approach as such.

The kind of activism that I will be referring to in this talk is trying to change this. It aspires to widen the language of mental health away from an exclusive focus on the dysfunctional body or mind, and towards a broader concern with person's relationship with the world around them, and all that world contains. I will be referring to the kind of activism that has this as a central concern as Mad activism. Mad activism seeks to transform society's cultural understanding of what it is to be normal, and of the meaning of madness. And this aim is presented in the form of a political demand: a demand for recognition of a range of counter-narratives of psychological, emotional, experiential diversity.

It is fair to say that there is a lot of work that needs to be done. The culture continues to be dominated by medical and psychological concepts, and there seems to be limited reach of alternative understandings of madness in our communities. In order to grasp this situation better, we need to get a sense of the challenges facing Mad activism, challenges that might pose an obstacle to societal reconciliation, by which I mean social acceptance of alternative narratives of mental health.

Now you can approach such an inquiry from various vantage points: from the perspective of economics, social science, anthropology, politics, psychology - or you can combine a range of perspectives. I look at it as a philosopher, by which I mean I will seek clarity around the meaning of key concepts and from there I will address further questions that arise.

So in this talk I ask three main questions:

- 1. What is reconciliation? Given that reconciliation is the state we are aiming at, we need to understand it better.**
- 2. What are the challenges to societal reconciliation with Mad activism?**
- 3. What can be done about these challenges?**

## 1. WHAT IS RECONCILIATION?

### 1.1 On finding oneself at home with each other

What is reconciliation? Let's first consider interpersonal reconciliation.

In the best of cases, something happens in long-term relationships, the kind of relationships that we might call good partnerships. We find that the people involved in this relationship stop trying to change each other; they make peace with, and endeavour to accept, one another. In such a relationship, my partners goals and desires are not obstacles that I have to circumvent in order to get on with what I want to do – no; her goals and desires are further factors to be considered alongside my goals and desires in constructing a life-plan that we can then call our life-plan. For this to be possible, I need to accept that satisfaction of my partner's desires and goals is to count as much as satisfaction of my own, and this has to occur mutually. When we arrive to this stage in our relationship, we are reconciled with each other.

We can see from this interpersonal example that reconciliation is about acceptance, transformation, and integration with the other. I want to describe this kind of state in an expression that I will be returning to frequently: in this kind of successful interpersonal relation, *people find themselves at home with one other*. Now I don't mean a physical home – for they might or might not share that – what I mean is being at home as opposed to being alienated from each other, and locked in an adversarial interaction, where neither side feels understood or valued. We can say that alienation is the opposite of reconciliation.

How does this look when we shift the focus from the level of close interpersonal interactions to social relations and the social world?

### 1.2 On finding oneself at home in the social world

We can now consider societal reconciliation.

I'll continue with the same expression, but now instead of finding oneself at home with one another, we can talk about *finding oneself at home in the social world*. What does this mean? We can start by looking at how one *might not* find oneself at home in the social world. This can happen in a number of ways.

For example, unjust political and social arrangements can make it very difficult for people to build a fulfilling life; this could be a result of economic disempowerment, corrupt institutions, or limited access to healthcare and education, all of which conspire to alienate the person from the world in which they exist. These examples, as you can see, relate to material conditions in society, and can be understood as a result of *maldistribution* of resources and opportunities.

But there is another set of problems that can alienate people from the social world, and that is not directly about material conditions. For it often happens that people are not able to live with the dignity and the respect that they are owed. They can find themselves in the midst of social relations and cultural understandings that portray them in a negative way – and they might not be able to see themselves in these understandings. They are exposed to *misrecognition* of the meaning and value of their social identities: they are not socially visible in a way that corresponds to how they see themselves; they are not seen in a way that corresponds to their self-understanding, their identity.

We are, of course, familiar with this in the various social pathologies of our times and of previous times – racism is a prominent example, as is finding oneself attracted to members of the same sex in a society where such attraction can only be one of two things: a sin or a crime. And in the case of mental health, it is to be in a society where a range of experiences, emotional expressions, and psychological states are widely understood as mental illness or psychological dysfunction: as deficit states, rather than potentially meaningful phenomena.

Going back to the expression *finding oneself at home in the social world* - we can see that this can be jeopardised in two dimensions: maldistribution and misrecognition, which correspond to the positive dimensions of *redistribution* and *recognition*. With redistribution the aim is to restore social and economic equality in relation to resources and opportunities, material conditions broadly. While with recognition the aim is to restore the respect and dignity that people are owed, and in this it aims to transform culture, language, and the quality and nature of social relations.

Moving forward in this talk, I'll be focusing on the dimension of recognition and misrecognition, while noting that both redistribution *and* recognition are necessary for a fair society – both are necessary for a person to be able to find themselves at home in the social world.

### **1.3 Interpersonal vs. Societal Reconciliation**

One way to try to overcome social relations and cultural understandings in which people cannot see themselves, is to seek societal reconciliation. We can revisit the example I began with, the example of the good partnership, and see if we can find in interpersonal reconciliation some helpful concepts for thinking about societal reconciliation.

Recall that to find oneself at home with one another, we make peace with and accept each other; we mutually acknowledge that satisfaction of my partner's desires and goals is to count as much as the satisfaction of my own; in the best of cases this transformation can result in integration with my partner that nevertheless preserves each person's individuality – or autonomy.

But how far can we go with this in considering societal reconciliation? This question arises because with interpersonal encounters people get to meet and know each other, whereas with social misrecognition, it is often the case that people do not meet, or if they do, they don't meet in a context where they can get to know each other properly.

This, of course, is part of the problem – it is because people do not really know each other, that they are more likely to construct an inaccurate vision of other people, a vision that can constitute social misrecognition.

Societal reconciliation, then, requires that this inaccurate vision is corrected, is corrected – so that people are able to find themselves at home in the social world; which is to find confirmation of the validity and worth of their identities and projects. And for this to be possible, we need to make room for our respective self-understandings.

So there is an overlap between interpersonal and societal reconciliation: in both cases we need to consider the wellbeing of others, we need to approach others with the acknowledgment that their satisfaction counts, that their ability to find themselves at home in the world matters as much as mine does.

#### 1.4 Dimensions of Reconciliation

So far I have tried to communicate the meaning of reconciliation, first in the interpersonal sense, and then in a social sense. We now need to make some distinctions among dimensions of reconciliation.

Reconciliation can be thought of as an attitude, an outcome, a process, and an ideal. I'll say a few words about each before moving on to the second main question.

- **Outcome:** Reconciliation as an outcome is for people to actually find themselves at home in the social world – it is for existing discourses to register the validity and value of their identities in a way that corresponds to how they see themselves. Now it might be difficult to find perfect examples of this in relation to societal reconciliation, but if you look closely, you'll find that some aspects of our identities are recognised more-or-less adequately, while others less so or not at all.
- **Ideal:** We can also think of reconciliation as an ideal – as a good to aim for, in the same way that we can think of justice or beauty as ideals. I am sure some of you, by now, already think that the vision of reconciliation that I outlined can only be an ideal vision. It is aspirational but not something that we can actually arrive at - it can never be an actual outcome.

- I am sympathetic to this view, but let me clarify two things:
  - *First*, it is fine for an ideal to not lead to a conclusive outcome. For if we can show, or if we have good reason to suspect, that it will lead to a better situation than there is at present, then there is sufficient reason to aim for it as an ideal.
  - *Second*, putting aside whether it is possible to arrive to a conclusive outcome, it can be the case that the process of reconciliation itself can lead to increased understanding across social groups, and in that to constitute a benefit. The benefit can lie in the journey and not in the end-point.
  
- **Process:** Which leads to reconciliation thought of as a process of change, of transformation. Reconciliation is a hard-won achievement. It involves genuinely accepting the other, and this cannot be forced or legislated for – you cannot force people to accept, value, and understand each other, any more than you can force them to love each other - Love Island notwithstanding. That is why, we need to think of reconciliation as a process of transformation.
  
- **Attitude:** In order for this process to get going on the right track we need, as a minimum, to approach others with an attitude of reconciliation – that is, we need to approach them with the acknowledgement that their satisfaction counts, that their ability to find themselves at home in the social world matters as much as mine does. With the right attitude in place, it might be possible for there to be sufficient openness to engage with others, to genuinely try to register the meaning and value of their identities and projects.

## 2. MENTAL HEALTH AND CHALLENGES TO FINDING ONESELF AT HOME IN THE SOCIAL WORLD

With this understanding of reconciliation, I now want to look at some of the challenges to societal reconciliation with Mad activism. Let us first state what the outcome of a successful process of reconciliation might look like.

Recall the dissatisfaction with professional and lay narratives of madness with which I began. These narratives, in one form or another, indicate deficit, disorder, irrationality, disease, or illness, to name some notions associated with madness. From the perspective of Mad activism, professional and lay narratives are instances of misrecognition; misrepresentations of the meaning of madness that prevent people from finding themselves at home in the social world.

The aim then is to introduce a range of counternarratives, or Mad narratives as I refer to them in my work. These include narratives such as “dangerous gifts,” “spiritual transformation,” and “healing voices.” And the demand is for society to acknowledge the validity and value of these Mad narratives. For example, it is for the “dangerous gift”

narrative to be seen as a valid and non-pathologising way of understanding the thought processes and experiences referred to as “bipolar disorder.”

The ideal outcome, therefore, is for social understandings of madness to overlap with a range of Mad narratives. It is for the validity and value of Mad narratives to be *freely* and *genuinely* registered by others; as I have just argued, reconciliation cannot be forced, and its value is undercut when it is disingenuous. Reconciliation has to emerge through a process of engagement and understanding.

*What stands in the face of reconciliation – what prevents the kind of engagement that could realise societal reconciliation with these new understandings of madness?*

I’ll talk about three factors:

- 1. Othering**
- 2. Cultural impoverishment**
- 3. Distress**

These are not the only relevant factors of course, but they are key factors when we consider social misrecognition and what to do about it. They are also entangled factors and need to be addressed simultaneously. Much of what I will say will be familiar to you, but I hope that the way I bring these problems together under a concern with reconciliation is helpful.

## 2.1 Othering

One of the major obstacles to reconciliation is the problem of othering. Othering is what happens when we achieve a positive definition of who we are at the expense of a negative view of others. Richard Rorty, who is one of my favourite philosophers, intends this idea when he writes that it is often the case that people:

think of themselves as being a certain *good* sort of human being— a sort defined by explicit opposition to a particular bad sort. What is crucial for their sense of who they are is that they are *not* an infidel, *not* a queer, *not* an untouchable.

As long as we continue to contrast “*us*, the *real* humans, with rudimentary or perverted or deformed examples of humanity”, and as long as this contrast remains fundamental to how we understand ourselves, the notion of humanizing others is bound to be threatening. For the opposite of othering is humanising – it is to see people as like us with regards to fundamental aspects

Othering, then, is a major obstacle to holding an attitude of reconciliation towards people. It trades on an imagined set of conceptions about others; for example that they are less

human than us; that they do not have psychological depth, or moral complexity; that they are not capable of suffering like we do.

And of course, if that's how you think of other people, then you won't care about their satisfaction in the social world; you won't seek common ground with them; you won't try to understand them.

Madness in our communities, in many ways, is the ultimate other – associated with a range of negative views such as: mad people are especially violent; mad people are powerless and deserve only pity; mad people have only neurochemical and neurological changes - there is no point searching for meaning in their experiences; madness is a chronic degenerative condition. All of these views are at the basis of stigma, and the possibility of reconciliation requires that something is done about them.

Campaigns to combat othering, to combat stigma, in society can inadvertently increase othering. These campaigns tend to advance the line of thought that mental health conditions are illnesses akin to physical illnesses, in the sense that they occur for reasons outside a person's control (which arguably reduces blame), can be treated, are not to be feared, and are not a sign of weakness. However, as an anti-stigma strategy, this is problematic on two counts: first, there is evidence that the argument that "mental illness is an illness like any other" does not reduce stigma, in fact it is associated with perceptions of unpredictability, dangerousness, and fear: that is: it can actually make things worse. Second, this argument is antithetical to the demand for recognition of alternative, non-medical understandings of madness – it cannot form the basis for societal reconciliation.

Othering, then, is a major obstacle to societal reconciliation with madness, and hinders the *attitude* of reconciliation that is required.

## 2.2 Cultural Impoverishment

The second obstacle I want to consider is cultural impoverishment. By cultural impoverishment I mean what happened in many of the communities where modern psychiatry and psychology had taken hold. These communities, by-and-large, have lost the idea of experiences that take one on a journey. And that is quite a peculiar development, for this loss has not happened equally in all communities around the world. It is no longer a commonly voiced or endorsed view that life has a fundamental purpose (spiritual or otherwise) that can guide us, and which some people are more able to access than others.

Historically speaking, giving up on the hold this idea had over us accompanied the intellectual, scientific, and technological developments often referred to as the Enlightenment. It was necessary for this kind of progress that we separate understanding the world *from* honouring the traditions that we inherited from our ancestors. Which means, it was necessary to try as hard as we can to register things for what they are, irrespective of how we wish they were.

The Enlightenment produced some great things and some terrible things. It also produced the scientific, medical, and psychological approaches to human experience that today falls under psychiatry, clinical psychology, and certain kinds of therapy. These so-called *psy* disciplines have become the key-way in which certain communities deal with madness. They have become the collectively sanctioned solution for madness. Madness has been rejected by the culture and handed over to these disciplines - to a narrow range of human ideas and activity that cannot cope with it.

So, while the scientific rationality can produce great things - things everyone in this room benefits from every day, and while it can improve and lengthen our lives, reduce mortality and suffering, cure infectious diseases, and take us to other planets - while it can do all this: it's not very good in making sense of the range of human experiences that falls under the banner of mental health.

People often say that science cannot answer 'why' questions - the kind of questions that are after meaning and purpose and not after mechanism. This is true, but the issue goes deeper. The philosopher Charles Taylor talks about the expressive dimension of our lives, a dimension that has been largely erased from scientific research and its technological application. Human civilizations have always developed rich languages of expression. The rarefied language of scientific rationality and its procedural asceticism are our best bet to get things right about the nature of the world, but scientific language is inadequate for expressing our experiential, moral and psychological complexity.

This state of cultural impoverishment has two major implications, which can hinder the *process* and the *outcome* of reconciliation:

- (1) In an impoverished culture it is more difficult to imagine alternative narratives of madness (that is why you find among these narratives ideas from Eastern mystical and spiritual traditions, unusual notions of personhood and self, as well as radical ecological perspectives that recall indigenous cosmologies).
- (2) In an impoverished culture it is more difficult for the Mad narratives that are imagined to find widespread acceptance, as these narratives require or imply assumptions about the self, about the cosmos, and about the meaning and purpose of life, that might not have wide acceptance.

Cultural impoverishment, then, is an obstacle to societal reconciliation; it complicates the process and the outcome of reconciliation as the content or the target of change (which is the Mad narrative itself) is either not well defined, or if it is defined, it does not have sufficient cultural grounding.

## 2.3 Distress

Moving on to the third challenge to societal reconciliation with madness, which is the experience of distress. Often we encounter difficulties in making sense of this experience, and this challenges our ability to present a coherent narrative that other people can accept.

When we think about distress, we find that phenomena such as ‘voices’, ‘thought insertion and control’, ‘passivity of volition, mood, and action’, ‘disunity and discontinuity of self’, and ‘extreme mood changes’, are challenging in themselves and defy easy understanding or explanation in everyday terms. Yet in the midst of these experience, people are actively engaged in trying to make sense of them, and incorporate them in their developing self-understanding. This process is affected by many factors such as the nature and intensity of experiences, individual creativity, and the input of others including family members and mental health practitioners, all of whom will have their own ideas about what’s going on.

Additionally, these attempts to make sense of one’s experiences are complicated by the second challenge I mentioned: by cultural impoverishment. The poverty of cultural resources by which one can make sense of extreme and unusual mental states limits us to two avenues, neither of which are satisfactory:

- (1) Construct an increasingly subjectivised narrative. This could result in organising one’s experience around a systematised core of persecution or exaggerated self-importance; or it could result in a fragmented narrative that cannot transcend and unify intense emotional experiences and cognitive challenges.
- (2) The other avenue is to work with the professional narratives that are on offer and which, as I mentioned earlier, cannot live-up to the richness and importance of the experience itself.

In other words, cultural impoverishment leads either to idiosyncrasy and isolation or to impoverishment of subjective experience, neither of which are acceptable outcomes in so far as our ability to find ourselves at home in the social world is concerned.

## 2.4 Interconnections among the three challenges

Now these three challenges are connected.

To the extent that people are othered, no attempt will be made to understand them, and to understand the counter-narratives of madness that they are putting forward. To the extent that people are struggling to make themselves understood, in part due to distress and in part due to cultural impoverishment, then othering is likely to continue. To the extent that cultural impoverishment continues, then the counter-narratives that people actually create might not find acceptance in the community.

What we have then is an inter-locking set of conditions that are dependent upon each other, and amplify each other, and which together conspire to create an impoverished social world in which people cannot find themselves. Any viable pathway to reconciliation will have to address these three challenges simultaneously.

In what remains I want to offer some reflections on these challenges, in terms of what can be done about them. What I will say is tentative, but I hope it can start some conversations.

### **3 ADDRESSING THESE CHALLENGES**

#### **3.1 Addressing the problem of othering**

Let's begin with challenge of othering. In order to address this, we need to encourage people to adopt an attitude of reconciliation towards each other. In the terms I have been arguing for, this requires, at least, that negative perceptions about other people are corrected. The opposite of othering is humanising, which is to see people as like us with regards to fundamental aspects. One way to seek this is for people to hear each other out – to share stories of what they did and what was done to them. This is not easy. Some of you might recall the Truth and Reconciliation Commission of post-Apartheid South Africa.

It was set-up in 1995 as a way of promoting social healing in a fractured society that had lived through decades of upheaval and injustice. A key approach of the TRC was to get people to hear each other's stories over thousands of encounters. People confronted each other, giving mutual testimonies, in a context where the intention of reconciliation was on the table. These confrontations can play a role in humanising others and in shattering some of the comforting illusions that we might hold about them.

It's not a far-fetched idea to suggest a similar sort of approach in mental health. It has been raised by Helen Spandler and Mick McKeown in an excellent recent paper in relation to mental health services. And we can extend this to mental health at the community level, as it is there where stigma starts, where divergent behaviours and experiences are rejected and handed over to the psychiatric and psychological disciplines.

Now I don't know what form Truth-and-Reconciliation-style meetings in the community should take, or how they can be organised, or who needs to be involved, and many other practical issues. But it is certainly an idea worth considering and thinking about in more practical terms.

On the broader cultural level, fighting mental health prejudice still leaves us with the question of the positive view that should be promoted. As I said earlier, the majority of anti-stigma campaigns tend to push a version of the view that mental illness is like physical illness, as a way of achieving so-called "parity of esteem". A recent example of this is the campaign Heads Together - a coalition of eight charities under the patronage

of the Royal Family –and which adopts an analogy with physical health. This is a helpful construction in a certain limited sense – but we need to move beyond it, after all it advances the sort of medical-view that Mad activism is resisting, and which can inadvertently increase othering. It would be welcome therefore to see anti-stigma campaigns advance a plurality of narratives of madness, and not just one.

In this respect, the major media have a role to play. A notable example is the documentary *Why Did I Go Mad?* aired in 2017 on the BBC Horizon series. It presented more nuanced ideas about "voice hearing" than we normally encounter in these kinds of media, and it is certainly welcome to see more and more of this.

Part of the response to othering, then, is to advance humanising counter-narratives of madness – which leads us to the second challenge.

### 3.2 Addressing cultural impoverishment

As I said earlier, cultural impoverishment is a two-fold challenge:

- (1) It compels activists who are working to create new narratives of mental health to seek resources in other cultural contexts, and
- (2) This can result in Mad narratives that might not find widespread acceptance in the communities where they are intended for.

A few months ago I gave a talk to a group of medical humanities researchers and doctors. After describing alternative narratives of madness, a person in the audience said disapprovingly: "this all sounds like organised religion". He's wrong of course – this has nothing to do with organised religion – but he is right in that the sentiment he is expressing is a common one.

Ideas about spiritual transformation, Eastern mystical notions, unusual conceptions of the self and the boundaries of possible experience, are all found in some of the new narratives of madness. Only time will tell the extent to which they find cultural acceptance. Is it possible, for example, to bring back the notion of spiritual transformation, and of experiences that take one on a journey? And to do so under two conditions, which are that

- (1) The idea has to retain sufficient substance so as to have the power to give meaning to our most vivid and intense of our experiences.
- (2) It must not bring back with it associations that our communities did well to minimise, associations of mental health with sin, evil, and moral disapprobation – the very associations that medical frameworks try to overcome in their attempt to be morally-neutral.

The challenge of cultural impoverishment is a difficult one. Perhaps what we can do is to continue to popularise counter-narratives of madness - exposure is key as creates familiarity. Additionally, the more an idea is put out there, the more it can be tested and modified into a shape that might have a chance of wider cultural acceptance. That aside, it is very possible that some of the desired cultural change will end up being of a **sub-cultural** nature, with a more circumscribed reach and intelligibility. For if the broader culture cannot change and accept such notions, perhaps the best we can hope for are silos of meaning where people find support in smaller groups without expecting recognition by the wider society. This is not an ideal outcome, but it is a possible one.

### 3.3 Addressing distress

As I argued earlier, distress can be a challenge to reconciliation in that mental health phenomena often defy easy understanding or explanation in everyday terms. From there, it becomes harder to present a coherent narrative around these phenomena that other people can accept.

One way in which this challenge can be addressed is to support distressed individuals in making sense of their experiences. But bear in mind that we need to achieve this while assisting the person with two things:

- (1) To avoid falling deeper into an idiosyncratic, subjectivised narrative that increases the person's isolation
- (2) To avoid falling back on the professional narratives that are on offer and which cannot live-up to the richness and importance of these experiences.

How can this be achieved?

This is where we need to think about the clinical encounter and clinical practice. Under current social arrangements, individuals experiencing a certain level of distress often end up before a mental health professional. Yet clinical encounters tend to focus on symptom control and risk management (both of which are important) – to the neglect of meaning and identity-making, which are at the fore of many people's concerns when they are going through deeply significant experiences. We need to think about how clinical encounters can change to accommodate these neglected aspects.

Last week I ran a workshop with Kai Syng Tan looking at just this question. We were privileged to have Seth as one of the attendees. We explored ways in which the clinical encounter can adapt in order to assist individuals with identity-making, and we looked at the possibility of working with Mad narratives in the clinical encounter.

I am reminded here of an expression that was used in the documentary *CrazyWise* that really stayed with me. In reference to extreme and unusual mental states, one of the interviewees said: *"there's a kind of arc or narrative that wants to unfold in the psyche"*. I

think this is a useful way of looking at it. It helps us to see that part of the role of the clinician is to provide the right amount of guidance, so that the arc or narrative can unfold in a way that is meaningful to the person going through these experiences while at the same time retaining some basis in a shared and rich understanding, such as provided by the range of mad narratives.

Working all of this out is a complex matter that requires collaboration and interdisciplinary thinking across the range of people involved in mental health services. There are no easy answers here, but what is certain is that clinical practice has a crucial role to play in promoting societal reconciliation with madness.

#### 4. CONCLUSIONS

To conclude, I want to re-state a few important points.

First, societal reconciliation with madness requires that we address several interlocking issues simultaneously. As I have argued, othering, cultural impoverishment, and distress are connected.

Second, societal reconciliation requires that we arrive to, or at least aim for, a state of genuine and mutual understating and acceptance. Reconciliation cannot be forced, and its value is undercut when it is disingenuous.

Third, the transformation that is required for societal reconciliation will touch all of us. It's not going to work if we elect one group in society as perpetrators, while we sit and congratulate ourselves. The change that is required, requires that we all take responsibility for madness and bring it back into the culture, and to understand that part of the problem is that our communities have abandoned madness and handed it over to the medical and psychological disciplines.

Fourth, and finally, it's fitting to conclude with the expression that I've used so often today: *finding oneself at home in the social world*. One person alone cannot create a home for himself in the social world. We are in this together. And it is important that we create understandings of the richness and depth of human experience in which we can see ourselves.

Thank you.