Feminist precursors of mutual support groups in the mad movement: a historical-critical analysis

Antecedentes feministas de los grupos de apoyo mutuo en el movimiento loco: un análisis histórico-crítico

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ABSTRACT Mutual support groups are one of the most important collective actions in the psychiatric survivors movement or mad movement. Among its precursors, different proposals from social movements and community perspectives on collective health have been mainly well-known. In this article we carry out a historical overview of their antecedents, pointing out different actions from the Women's Liberation Movement and the Women's Health Movement. From this, we perform a critical analysis considering three axes to understand the emergence of collective actions in mental health: personal experience in relation to the sociopolitical structure; the construction of political subjects in this field; and power relationships in the management of madness and psychological discomfort. We show how mutual support groups, in the context of the mad movement, give continuity to the trajectories of collective and feminist health actions, and are positioned as tools for the creation of political processes in different sociocultural contexts.
KEY WORDS Mental Health, Feminism; Social Support; Collective Health.

RESUMEN Los grupos de apoyo mutuo son una de las acciones colectivas más presentes en el movimiento de salud mental en primera persona o movimiento loco. Entre sus precursores se han destacado, principalmente, distintas propuestas de movimientos sociales y de perspectivas comunitarias y colectivas en salud. En este artículo realizamos un recorrido histórico señalando, como antecedentes, diferentes acciones del movimiento de liberación de las mujeres y el movimiento de salud de las mujeres. A partir de dicho recorrido, realizamos un análisis crítico considerando tres ejes para comprender la emergencia de acciones colectivas en salud mental: la experiencia personal en relación con lo sociopolítico; la construcción de sujetos políticos y de conocimiento; y las relaciones de poder en la gestión de la locura y el malestar psíquico. Mostramos cómo los grupos de apoyo mutuo, en el contexto del movimiento loco, dan continuidad a las trayectorias de gestión colectiva y feminista de la salud, y se posicionan como herramientas para la creación de procesos políticos en distintos contextos socioculturales.
PALABRAS CLAVES Salud Mental; Feminismo; Apoyo Social; Salud Colectiva.

INTRODUCTION

Mutual support groups have a long trajectory in the health field that can be traced to different precedents, environments and methodological perspectives. In general terms, the development and initiation of mutual support groups has been studied based on social[1] and associative[2] movements that consider as a starting point the needs of those affected. The precursors of mutual support groups have also been studied from the perspective of community mental health,[3] the social model of health[4] and collective mental health.[5,6]

Other precedents can be found in anthropological studies on self-management of health processes, such as those carried out by Eduardo Menéndez on the self-care of illness and the management of alcoholism.[7] Studies on mutual support groups that emerged in response to the crisis of the Welfare State can also be highlighted, namely in Catalunya.[8] Also important to mention are studies that have incorporated debates regarding the autonomy of groups with respect to the practice of health professionals of different specialties.[9]

Specifically in the mad movement, some of the most recognized theoretical-practical precedents are Prior Kropotkin's *mutual aid*, the Alcoholics Anonymous self-help groups, Paulo Freire's *liberation pedagogy,* the work of Carlos Martín Beristain and Fransec Rieira on the community as support, and the Hearing Voices Network, among others. In mental health and within the Mad Pride movement, mutual support groups arise from the needs of people who hear voices, survivors of psychiatry and people with psychic suffering, to generate safe spaces (independent from the health system) to share their own experiences.

The feminist movement and feminist theory have generated important knowledge and practices in the field of health throughout their development. Feminist activisms and feminist studies in health have brought together knowledge from different disciplines to reexamine, among other things, different health-diseases processes in women's mental health, as well as to critique gender biases, the reproduction of inequalities, and the violence exercised in psychiatric practice.[10,11,12,13,14,15]

In this article we develop a historical and critical analysis that reveals possible intersections and parallels among the development of mutual support groups in the context of the mad movement (and, more concretely, in groups with a gender and feminist orientation), and the collective and group proposals of the feminist movement (specifically in relation to health and mental health).

The aim of tracing these intersections and parallels is, on the one hand, to identify commonalities among the methodological and epistemological proposals of different collective processes in the feminist movement and the mad movement. On the other hand, we seek to lend visibility to the historical, epistemological and political distance that has marked the relationship among feminisms, madness, and pyschiatrization processes, and has been analyzed in different texts particularly connected to mad activism.[16,17,18,19,20,21]

In this way, we are interested in outlining this historical-critical relationship to highlight not only parallels but ruptures, and to recognize the potentialities and limitations of social movements regarding their agencies in mental health. Taking into account the diversity in feminist movements, we will specifically center on the intersections among the women's liberation movement, the feminist consciousness-raising movement, the women's health movement, and the mad movement.

The article is written principally based on the first author's experience in the mad movement and in migrant and antiracist movements with feminist perspectives. It collects reflections that are the fruit of a constant enmeshment of her painful/healing experiences in relation to eating, the possibilities of resistance to pyschiatrization, the experiences of migration, and professional and academic training in social psychology. Also present is her participation in different mutual support group networks, in Spain and Latin America, that have sustained her in different ways. All members of the author team share a number of spaces of research, activism and feminist study.

This article also forms part of a study in progress analyzing encounters and disagreements among feminisms, the psychological sciences and social movements in relation to mental distress and madness, particularly based on historical and documentary analysis with feminist perspectives.

In this article, we first present a historical overview that contemplates the development of feminist consciousness-raising groups, self-help groups in the women's health movement, psychotherapeutic groups with a feminist orientation, and finally, mutual support groups within the mad movement. We emphasize feminist views of mental health within these groups, and we present some of their primary methodological characteristics and their relationship to the historical and political context in which they emerged.

In the following part of the article, we develop a critical analysis based on three categories that have been fundamental in the social sciences, critical theory and feminist epistemology and that we propose will help to understand the complexity of the emergence of collective and self-management processes in mental health. In order to meet the previously described aims, the references we have utilized are primarily books that have been of historic importance in the development of the feminist movement and the women's health movement, as well as recent articles regarding Mad Pride, mutual support groups, the feminist politicization of distress, and mad feminism; and, also significantly, activist texts in different formats coming from blogs, social networks and special publications, and that show the development of the groups in the political contexts of feminism and the mad movement.

PRECURSORS

Consciousness-raising groups

Feminist consciousness-raising, a "radical weapon"[22] and an "uncomfortable treasure,"[23] has defined a large part of the movement since the 1960s. Although its prece-dents can be identified in different contexts and time periods,[24] Kathie Sarachild, from the USA, is attributed the formal coining of the term in 1968, to define the practice of collectivizing personal experiences among women regarding their social situation, and giving these experiences political meaning that leads to transformative action.

This effort materialized into feminist consciousness-raising groups, sometimes called "bitch sessions,"[22] a group practice of support formed in the heart of radical feminism (concretely, in the group New York Radical Women). Among other things, these groups allowed women to connect to their feelings and desires in order to communicate their subjective experiences in their everyday lives, sentiments including rage and angst.[25,26] In this practice, hearing the similarities in lived experiences among women validated these experiences and gave them meaning in terms of systematic oppression. The groups were created spontaneously, with minimal structure and with the commitment of establishing nonhierarchical norms that reinforced decision-making through consensus and specified that every participant shared the same responsibility for the content and process of the group.[27]

According to Sarachild herself, in addition to assuming, among other things, "that our feelings are saying something *political,*"[28] "the purpose of consciousness-raising is to reach the most radical truths regarding women's situation in order to take radical action,"[18] which would inevitably bring about "a transformation in the spirituality of the patriarchal era" by permitting the "leap to 'subjects' of women who recognize one another as complete human beings."[29] The consciousness-raising groups practice resistance against a patriarchal culture and society that have historically established the association/dissociation between subject-man-masculinity-culture-civilization-mind-rationality and object-woman-femininity-nature-savagery-body-irrationality.[30]

Indeed, "the consciousness-raising gatherings emerged from writings that formulated the basic theory of the women's liberation

movement"[31] in the United Sates, recognizing that "this was just the start of a radical comprehension of women and of other issues like class, race and revolutionary change."

Throughout the following two decades, the *radical weapon* of feminist consciousness-raising would coexist with practices managed by women themselves beyond the USA and Europe, and would transgress compulsory heterosexuality and the bourgeois white feminism of the upper-middle class. Some examples, highlighted by Francesca Gargallo,[31] include a number of spaces in Latin America established in response to military dictatorships and US imperialism starting in the 1970s. Such activist practices came from combatant leftist women who declared themselves autonomous from male political organizations. Among other things, they prioritized working with women from the laboring class and levied important critiques at the feminist demands of consciousness-raising and autonomy without combatting poverty and lack of access to education and health care.

This same author highlights how, in the 1970s, these women did not allow the practice of consciousness-raising in small groups to be established as their only political expression. Among other things, they constantly questioned the lines between feminist groups and women's movements. They also gathered to discuss the political problems of their countries and to manifest their solidarity with women living under military dictatorships.

Shortly thereafter, in 1981, the groups *Grupo de Autoconciencia de Lesbianas Feministas* (GALF) in Peru and *Ayuquelén* in Chile emerged, both connected to other social and political struggles, allowing for the "generation of radical political thought and action by explaining how heterosexuality was a normative and compulsory system with terrible effects for women at the economic, social, cultural, symbolic and emotional levels, limiting their autonomy and freedom."[32]

As Martha Zapata[33] describes, in Mexico the conceptualizations of the first consciousness-raising groups were directed at developing a strong notion of autonomy and independence in relation to politics and political institutions. This character permeated the development of the movement primarily during its first decade, and would later shift into logics centered on solidarity and identities.

Such experiences include projects like the *La Revuelta* collective, as well as leftist activist initiatives closely connected to academia, in which women began to meet in order to talk about their social situation, politicizing their relationship with their bodies and desires, and questioning the use and conceptual categories of language.[31]

More recently, this practice has been recovered by feminist activists in different contexts in Mexico. One example described by Layda Jackqueline Estrada Bautista[34] is the experience of the collective *El Akelarre* in the city of Xalapa, Veracruz, that emerged as the initiative of a group of women who sought to share knowledge and space in an environment of safety, freedom and support among participants.

While in their first decades of existence the consciousness-raising groups represented a collective way to face discontent and oppression, as well as the consequences of the unequal legal situation of women within the patriarchal structure, on a number of occasions the radical feminists expressed their refusal to consider these groups a type of therapy. They explained that the consciousness-raising groups were not seeking individual solutions and that participants were not reflected in the mirror of disease.

In 1969, Carol Hanisch[35] in the text "The personal is political," says that:

> Therapy assumes that someone is sick and that there is a cure, e.g., a personal solution. [...] Women are messed over, not messed up! We need to change the objective conditions, not adjust to them. Therapy is adjusting to your bad personal alternative.

That same year, Irene Peslikis[36] of the Redstockings collective explained that the idea that women's liberation is a type of therapy is in fact an impediment to developing

feminist consciousness. This is because it implies thinking that oneself and others can find purely individual solutions to one's problems and, additionally, because it reproduces the belief that if women get together to analyze and study their own experiences it is because they are sick, and not because they are revolutionary.

From Italy in 1970, Carla Lonzi and the collective *Rivolta Femminile*[29] explain that "feminist consciousness-raising is different from all other types of self-awareness, in particular that proposed by psychoanalysis, because it takes the problem of personal dependency to the heart of the female species." In this context, the critiques and debates among Dorothy Tennov,[37] Hare-Mustin[38] and Laura Brown[39] about feminist psychotherapy as an "oxymoron" should be highlighted, as well as the concern "while waiting for the revolution, what do we do?"

Emergence of self-help groups

In the same decade, the emergence and expansion of the consciousness-raising groups established the bases for the development of self-help groups (or "self-knowledge groups" in the Spanish translation) in women's health, being particularly representative the collective reappropriation of bodies through the use of speculum, the denouncement of violence in gynecology and self-knowledge in sexual and reproductive care. The groups emerged as a critical movement in themselves, within the women's health movement, in that they made it possible to examine how the decisions about women's health generally fell to male doctors.[26]

As Nancy Tuana[40] describes, the women's health movement, widespread in the US in the 1970s and 1980s, was not just a liberation movement but also an epistemological movement of resistance, in the sense that it made possible to share, construct and redistribute knowledge and power based on experiences and bodies in ways not shaped by sexism and androcentrism.

While the self-help groups were being developed in health, mental health professionals like Phyllis Chesler and Jane Ussher in the US, Ellen Showalter in England, Franca Basaglia in Italy, Mabel Burin in Argentina, and Carmen Sáez in Spain, among others, denounced the patriarchal causes of distress, as well as psychiatric violence and its particular consequences in women.

Starting in the 1980s, and influenced by both radical feminist consciousness-raising and Betty Friedman's *The feminine mystique* with the idea of *the problem that has no name*, self-management in health began to formally take on the experience of distress and mental health. Some of the organizations in the USA most recognized for their work in holistic and community health, including not only physical but psychological health in networks of self-help groups, with both a gender and anti-racist perspective, are: the National Black Women's Health Project (NBWHP), the Native American Women's Health Education Resource Center (NAWHERC), the National Latina Health Organization, and the SisterSong Women of Color Reproductive Justice Collective, among others.[26]

These organizations were formed by black women, women of color and indigenous women, who reshaped self-help to include the health problems most prevalent in their communities. In addition to physical health, they were concerned with suffering related to racism and colonialism, as well as difficulties derived from their exclusion from health systems (including the reproduction of racist and sexist biases in health services, and the little familiarity of professionals with non-dominant cultures and religions). In this sense, "the whole process of self-help was supposed to lead to social justice work."[26] The self-health groups expanded rapidly throughout the US with the goal that women would acquire for themselves an active role in their own health, from learning to monitor their own blood pressure to the collective management of psychic distress.

Their development was marked by different debates regarding the role of professionals within the groups,[41] the contradictions

and the risks of reproducing conventional medical discourses,[42] the particularities of their emergence in the context of the development of neoliberal policies (specifically in the US) and their possibilities and limitations as a form of resistance.[7] An ample literature-based and empirical description of the development of self-help groups in the women's health movement in this context can be found in Hannah Grace Dudley Shotwell's doctoral dissertation "Empowering the body: The evolution of self-help in the women's health movement."[26]

By the end of the 1970s, women's emotional self-defense groups were also in existence and were dynamized by feminist activists and professionals who explained:

> Changes in the status of women and the roles they are seeking to play in modern society have necessitated rapid attitude and behaviour change on the part of a large number of women. Mental health professionals are being asked increasingly to facilitate such change.

All of the above would mark an important step towards the professionalization of feminism in the mental health field.

Feminist group pyschotherapy

As Carolyn Zerbe[44] observes, consciousness-raising groups and health self-help groups, along with the development of a feminist theoretical framework regarding women's mental health, established the bases for the development of different methodologies in group psychotherapy, in an attempt to utilize the tools of consciousness-raising to break with traditional forms of therapy, as well as to transgress androcentric models of mental health and maintain a feminist commitment to connecting the personal and the political.

In Ibero-America, the following experiences of feminist-oriented group work can be highlighted: the *therapy groups oriented towards homemakers with depression* developed by Carmen Sáez Buenaventura[45];

the *reflection, economic dependency and mental health of women groups* by Clara Coria[46]; the *women's therapeutic groups* by María Asunción González de Chávez, Carmen González Nogueras and Lucia Valdueza[47]; and *group reencounter therapy* by Fina Sanz,[48] among others.

Overall, these initiatives all aim to generate consciousness regarding gender conditions and inequalities and their repercussions in subjective distress, as well as recognition of the possibilities of resistance and deconstruction. Additionally, as they consider *women as agents of health,*[49] some of these groups made it possible for participants to acquire the tools needed to initiate similar group processes outside of the initial psychotherapeutic context. Agents of health are "those individuals and/or collectives who, knowing the community's resources, use those resources to improve quality of life, which undoubtedly has an effect in psychic well-being."[49] It should be highlighted that these initiatives coincide temporally with the work carried out by part of the antipsychiatry movement, in which (despite the movement being largely lead by men) a number of feminist women were key: Franca Basaglia (Italy), Mari Langer (Argentina), Sylvia Marcos (Mexico), Carmen Sáez Buenaventua (Spain), and María Huertas (Spain), among others. In the same way, in these processes the epistemological proposals and the ethnographic work of the field of collective mental health[50] stand out, allowing for the recognition of knowledge not necessarily delimited by the hegemonic epistemologies in the medical field in Spain[6] and Latin America.[5]

Mad Pride and mad feminism

In parallel, the 1970s, 1980s and 1990s would be crucial for the creation of meanings and political practices in the field of mental health led by the very people psychiatry diagnosed. These decades implied a critical review of both feminist psychotherapy and the feminist movement in general, including consciousness-raising groups and the radical

context in which they emerged. Such critiques would be raised by people who had experienced intense psychic distress, madness and psychiatric oppression, including a number of feminist activists.

For example, in 1975 Judi Chamberlin explained the need to create an autonomous movement in which the people who were experts by experience would be the ones to speak of madness and psychiatric oppression. In her text, Chamberlin describes how feminist analyses that only address the sexist components of psychiatric practice ignore the situation of psychiatrized people/mental health service users and former service users/patients as an oppressed group.[16] Three years later, she published the book *On our own: patient-controlled alternatives to the mental health system*, which is considered one of the foundational texts of Mad Pride.

Along these lines, Dee dee Nihera published in 1985,[51] along with Persimmon Blackbridge and Sheila Gilhooly an important critique of the feminist movement's overlooking of psychiatric violence and its invisibilizing of sanism or mentalism[16] within the movement and in feminist professional practice:

> I have been named "pshycho" and "schizo" by feminists who disagreed with my opinions, and I have found myself incarcerated by feminists with degrees, indoctrinated in patriarchal ignorance. These are not isolated incidents. I'm not the only madwoman treated this way by feminists and by society at large.[51]

In 1990, Kate Millet wrote *The Loony-Bin Trip*, narrating her experiences of madness and psychiatric internment and reclaiming the space of madness for generating feminist resistance.[15] Eight years later, recognized feminist Shulamith Firestone would publish *Airless spaces*. In the book she narrates her own experiences in a poetic register that speaks of the intersections among madness, precariousness and psychiatrization. Years later, after Firestone's death, other activists like Susan Faludi would recognize a certain

abandonment on the part of the feminist movement regarding the process of psychic distress, psychiatrization and precariousness of some of its members.[52]

In 1993, the first Mad Pride protest was held in Toronto, and a year later, in 1994, Judi Chamberlin would debate Phyllis Chesler's position (with precedents that can be traced years earlier), demanding, among other things, the right to self-representation for psychiatric survivors.[53] These and other critical reviews of psy professionals on the part of activists go deeper, questioning the "mental illness business" regardless of whether it is exercised from a place of feminism.[51]

Along these lines, different activists have questioned the lack of representation of women and queer people, including the reproduction of patriarchal and colonialist logic within the mad movement itself, as well as the lack of referential figures representing the diversity and complexity of madness and experiences in mental health institutions marked by other types of institutional violence.[54,55,56,57,58,59,60,61]

Recently, the activism of *mad feminisms* has looked at these critiques in greater depth, defending a feminist perspective of madness, as put into evidence by different activist scholars.[14,16,17,18,19,20,53,54,59,60,62,63,64,65,66,67]

A brief summary of the development of mutual support groups in the mad movement

Starting in the 1990s with the emergence of *Mad Pride*, critical activism in mental health was for the first time led by "experts by experience," similar to what would occur in the Independent Living Movement,[68] generating meaning for dissidence and the politization of madness based on first-hand experience.[69,70]

In its development, the participation of feminist activists would be crucial, activists like Judi Chamberlin or Kate Millet who took on the political identity of "survivor of psychiatry" or "madwoman" as an act of resistance. Additionally, as was promoted by the women's health movement, a number of proposals

would align with what Dee dee NiHera had defended in the early 1980s:

> I advocate survivors [of psychiatry] leaving the professionals and creating peer alternatives rather than participating with professionals in reforming their system of support for us.[51]

Along these lines, one of the most visible strategies starting in the 2000s was the conformation of mutual support groups. In the context of the Mad Pride movement, these groups have had diverse applications, although they all coincide in certain key aspects. While the groups' particularities also merit deeper analysis, including their political positions regarding the mental health apparatus (and its patriarchal, colonialist, and capitalist logics present both in and out of the Mad Pride movement), certain common bases include: self-management external to professional practice and the mental health apparatus; not seeking therapeutic ends (although the groups may have "therapeutic effects") as a possible alternative (in some cases, as a "complement") to the psychotherapeutic and psychiatric approach to distress; and facing, collectively, the violence experienced within the mental health system.[2,71,72] The mutual support groups have meant a support strategy in processes of demedicalization, as has been shown by different collectives and research studies specifically situated in the Chilean context,[73] although other alliances, not necessarily or formally organized as mutual support groups, have also been described as representative of the same processes.[74]

At present, a number of studies, materials and experiences can be found that are the fruit of the systematization/socialization of activist knowledge over time. To mention just some of these initiatives in the Ibero-American context (although this compilation may be quite limited), in Spain these include: *Xixón Voices*, *Xarxa GAM*, *ActivaMent Catalunya Associació*, *Radio Nikosia*, *Federación Andaluza En Primera Persona*, *Proyecto Ícarus*, *Flipas GAM*, *Grupos de Apoyo Mutuo en salud mental de Valencia*, *Colectivo ZOROA* and

INSANIA*, among others. More references in this same geographic context can be found in compilations such as the one elaborated by Marta Plaza.[75] In Latin America, *Colectivo Chucán*, *Autogestión Libre-Mente*, *Locos por nuestros derechos*, and *Grupo de Apoyo Mutuo Buenos Aires*, among others, can be mentioned. In this context, activists of the *Red Esfera Latinoamericana de la Diversidad Psicosocial* have shared different experiences regarding the creation and continuity of mutual support groups in Uruguay, Peru, and Costa Rica,[76] and *SinColectivo* has done the same in Mexico.[77]

Throughout their development, some groups were generated explicitly as projects for women and queer people, such as the "non-mixed" mutual support of *Colectivo InsPiradas*, and the women's groups of the collectives *Grupos de Apoyo Mutuo en salud mental de Valencia*, *ActivaMent Catalunya Associació,* and *Radio Nikosia*; and others were established with decolonial and antiracist perspectives, such as the *Círculo de Feminismo Loco Latinoamericano* and *Toloache-Red Antirracista de Locura Feminista*.

CRITICAL ANALYSIS

Given the previous historical background, we develop below a critical analysis applied to health, based on three elements that emerge from contemporary critical theory, the social sciences and feminist epistemology: the dichotomy individual-society (translated to the relationship between personal experience and the social structure); the construction of political subjects and subjects of knowledge; and power relations.

The choice of these categories of analysis respond to the article objectives. They allow us to analyze:

1. How some of the overlap between Mad Pride and feminist perspectives have generated counterhegemonic forms of understanding the subjectivities and personal experience of distress and madness,

especially based on a criticism of patriarchy and other systems of oppression, which are articulated in different forms of *psy* violence.

2. How feminism and the demands of Mad Pride have allowed for the construction of political subjects and subjects of knowledge, as well as different strategies of resistance to the distress and violence of pyschopathologization and psychiatrization processes. While these strategies generate discord in their development, it is from this place they transform the concept of "mental health" itself.

3. How, from the perspective of social movements (in this case feminist and mad movements), it is necessary to continue to question the power relations that, based in demands centered on the construction and solidification of identities, can end up positioning themselves as universal and hegemonic.

In summary, these categories correspond to the historical, epistemological and political thread we have traced throughout the article.

Personal experience in relation to the sociopolitical

The feminist initiatives described establish ruptures and transgressions in different ways, especially regarding the androcentric model of defining and intervening in health-disease processes and understanding distress, emotions and the connections between what is private and public; in particular, these initiatives analyze this model's consequences for women's subjectivities and bodies. Additionally, they challenge the traditional dissociation between individual and society that has marked a large part of the debates in modern science and medical practice in the West. Based on the organization of collective actions connected to social movements, these groups construct a logic of comprehension of personal experience as indivisible from social dynamics and the historical-political structure. In this context, we analyze below

the proposal of each group and collective action based on three phrases that reveal positions regarding the individual and the social: "the personal is political," "the political is personal," and "the personal is collective."

Emerging from the women's liberation movement, the feminist consciousness-raising groups were organized around "the personal is political," a phrase that synthesizes the process of "raising consciousness" regarding issues generating distress that were experienced as "private" and individual but in reality were shared by other women, and therefore were connected to a larger and identifiable power structure, namely, the patriarchy. Although the consciousness-raising groups were not part of the health field (indeed, they rejected this notion), it was from precisely this distance that they generated autonomous knowledge and practices that, even without this being the explicit aim, collectivized distress in women, challenging the individualist logics of understanding of distress present in the fields of health and psychology. It is interesting to analyze different pyschologicist derivatives of feminist consciousness-raising, in relation to the proposal of raising collective consciousness regarding certain situations of inequality and oppression.[18,41] It should also be mentioned that the original term of "consciousness-raising" has been translated into Spanish as both "*concientización*" and "*autoconciencia,*" with the latter being more widespread.

At the same time, but now with the explicit objective of influencing the health field, women advocated the practice of appropriate of their bodies as a political act based on the phrase "our bodies, our lives."[78] In this same context and in parallel, the self-help groups explicitly addressed the psychological consequences of the patriarchy and other sociopolitical structures, while emotional self-defense groups in the US would position themselves as a bridge between consciousness-raising and feminist psychotherapy groups.

As Emilce Dio Beichmar[79] describes, if the feminist consciousness-raising groups were organized around the notion "the personal is political," the feminist psychotherapy

groups were organized around the inverse notion: the political is personal. Based on the feminist proposals of professionals, specifically with training in psychoanalysis, feminist psychotherapeutic practice would pay attention to how "all that is social and universal is, at the same time, taken on by a subject that, in their individual appropriation, subjectivates the social and universal, marking it with the history of their intersubjective transformations and drives."[79] This makes it possible to understand the functioning of social power in psychic and subjective space and to generate, through recognition of the dynamics of subjectivation and desire, resistance and subversions,[80] addressing women's suffering from psychosocial perspectives.[81]

If "the personal is political" was the key of the women's liberation movement, and "the political is personal" was the key of feminist psychotherapy, in the mutual support groups of the mad movement, "the personal is collective" is an especially representative phrase: the movement prioritizes not only identifying political structures of oppression and resistance, but also constantly collectivizing that experience, fundamentally from a place of reciprocity.[8,82,83] No issue, be it psychic distress, delusions, behaviors, or mistreatment within the mental health system, is to be experienced isolated and disconnected from other similar experiences that, for the first time, do not require expert knowledge external to the experience itself. In terms of collectivizing the experience, the mad movement represents a rupture with the classic psychiatric recommendation of not interacting with other diagnosed people to avoid amplifying the distress.[84]

The epistemic-political subject

As Patricia Rey Artime explains in her "chronicles of madness," the gradual "revolutions" and the "mirror games" or subjective interactions that have shaped the mad movement and mutual support in this context evidence trajectories of activist desires in the construction of a political subject (madman/madwoman/

mad person).[84] Based on a reading of Chantal Mouffe,[85] this construction of collective identity is not essentialist, but rather makes it possible to identify and denounce the multiple ways in which the category "mad" is constructed as subordination, and from this place, subvert the performativity of the term.[86]

Along these lines, the trajectory of the consciousness-raising groups, the self-help groups of the women's health movement, the feminist psychotherapy groups and women's mutual support groups coincide in the construction of a "subject of distress" who is made into an agent of her own health-disease processes, subverting the passive category of "object of study" and intervention and establishing a horizontal relationship in the dimension of gender. To put it another way, by sharing the social experience of being women, they position themselves as *subjects of knowledge* regarding their own processes of distress, generating collective forms of repair with respect to the patriarchal structures related to these processes. This translates into a disruption of the traditionally androcentric and individualist definitions and interventions in mental health.

In this context, the particular goal of the mutual support groups among women is that, in addition to politically constructing and positioning the *female subject* as an agent of health, the groups are established based on defending a *mad subject* that also resists the hegemonic psychiatric and psychopathological order. Again citing Chamberlin's thought,[16] they would not only denounce the patriarchal causes of distress and the sexism in psy practice, but recognize mad subjects (specifically pyschiatrized women) as an oppressed collective.

In this sense, resuming the historical analysis, this second category allows us to highlight how the process has been a parallel one in historical terms. That is, we can see how madness and the denouncement of the violence of pyschopathologization and pyschiatrization processes has historically been at the margins of the feminist movement's demands. And conversely, we see that the construction of mad demands from feminist

perspectives have not always come from the mad movement.

Subversion of hierarchies and power distributions

Along the lines developed above, we can identify different nodes of knowledge-power in the methodologies of each group or collective action, tracing parallels that, while not absolute, may be pertinent to the understanding of some of the feminist precursors to the mutual support groups in the context of Mad Pride.

The consciousness-raising groups, the self-help groups and the mutual support groups are all *a priori* established based on nonhierarchical norms, consensus-based decision-making, and shared responsibility for the content and process of the group. This differentiates them from group psychotherapy, in which one person is designated as leader or facilitator and, as such, directs the reflections toward a particular objective, maintaining a certain therapeutic distance with other participants. In this sense, the particularity of mutual support groups may be that the concepts "mutual" and "horizontal" are equivalent to "reciprocal" in that all participants give and receive support at the same time, without a person in the role of expert-professional. The priority is the organization and application of mutual support groups outside of mental health facilities, be they traditional or community-based.

Although this organization means a subversion of the "professional-user" hierarchy (as well as the gender hierarchy, in the case of mutual support groups among women), it should be highlighted that other markers of inequality may be present and at the same time be overlooked (in mutual support groups as well as in the other group methods we have described). To give some examples, during the development of the feminist consciousness-raising groups and the women's liberation movement in the US, bell hooks[87,88] questioned the politicization of distress, explaining that politicizing a subjectivity and self that has been historically negated on the basis of a referential subject with shard sex-gender oppressions but exclusively white, middle-class and heterosexual could paradoxically be depoliticizing for non-dominant subjectivities. In a similar way, others such as Rachel Gorman, a mixed-race mad activist from Canada, and Louise Tam from the US, critique the mad movement for constructing a subject of madness based on dominant culture, that could reproduce patriarchal, colonialist, classist and racist logics in the act of reappropriating madness and resisting psy violence.[55,56]

CONCLUSION

The collective processes in health with a feminist perspective that have been an important part of the movement since the 1970s can be recognized as precursors to contemporary processes in collective health in the mental health field, specifically the "non-mixed" mutual support groups and mutual support groups among women.

The mutual support groups have contributed to generating transformations in the conceptualization of distress, madness and mental health, comprehending them as collective phenomena that do no necessarily need to be medicalized or institutionalized. Indeed, this aim is a characteristic shared by mutual support groups and other epistemologies and practices of mutual support that are not formally organized into mutual support groups, as we have described. In this way, other practices of collective mental health, as well as social protests directly or indirectly connected to mental health, make alliances in the construction of knowledge and demands possible.

In line with the aims of this study, by way of a conclusion, we will highlight some of the characteristics of mutual support groups that have been present not only in the development of Mad Pride and other social movements, but also in different collective actions of the feminist movement. We have identified, based on this historical-critical analysis,

the following parallels among mutual support groups and feminist consciousness-raising groups: seeking to gain awareness as an oppressed collective; politically collectivizing distress (instead of it being a therapeutic objective); and sharing responsibility in the construction, dynamics and continuity of the groups, establishing minimal norms.

With respect to the self-help groups, a common characteristic is that of sharing experiences of psychological distress and relating them to the needs of a particular collective and certain structures of oppression.

In relation to the groups of feminist psychotherapy, the mutual support groups share the methodology of addressing mental distress in a group manner. Nevertheless, mutual support groups have less in common with group psychotherapy in particular than they do with social movements in general (including the feminist movement). Put another way, the mutual support groups share with feminist psychotherapy their emergence from a social movement to generate more just and equitable relations (especially in terms of gender). However, this is a characteristic that the mutual support groups in the context of Mad Pride share not only with the feminist movement, but also with other social movements. Additionally, these groups explicitly attempt to mark their distance from the psychotherapeutic context and the mental health apparatus. For this reason, as occurred with the feminist consciousness-raising groups, it is from this very distance that the mutual support groups position themselves as attractive alternatives to collectively manage psychological distress. However, they are in danger of being reappropriated by traditional as well as community and collective mental health

services, upsetting the logic of self-management and horizontality of those with first-person experience.

The particularity that mutual support groups offer, as we have recognized throughout this article, is that, in addition to establishing themselves based on the recognition and defense of the social experience as subjects who are female and/or dissident in sex-gender terms, they do so from the subversion of the category "madwoman/mad person," a category that has historically delegitimized the female and queer. In the context of the mad movement, the mutual support groups go deeper, identifying the people with experiences of psychic diversity or dissidence and neurodiversity/neurodissidence, survivors of psychiatry, psychiatrized people and/or people who have been users of the mental health system as a collective with particular histories of oppression. This should be considered along with the aforementioned concern of different activists regarding other markers of inequality present both inside and outside of the mad movement, as well as different forms of experiencing both madness and *sanism*.

In conclusion, the mutual support groups form part of the most important contemporary proposals of collective action in health, including the mental health field. As occurred in other practices of self-management in health and in social movements, feminisms have been key in the construction of these processes. Among other things, a historical analysis allows us to put into evidence how the dichotomy subject-object of knowledge has been subverted, transforming social practices in health and potentiating processes of personal and collective agency based on madness and distress.

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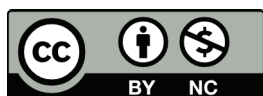
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