



PERSPECTIVE

## Mad hats. A reflection on mad leadership

Chris Maylea

*Associate Professor, La Trobe University Law School*

### Abstract

This paper considers the problem of how Mad leaders might be authentic without resorting to discriminatory identity policing. The paper briefly charts the contemporary role of consumer/survivor/ex-patient/mad activism in mental health reform before drawing on the author's failed attempt to grapple with authentic mad leadership. Drawing on Mad Studies theory and the wisdom of Lewis Carroll's Mad Hatter, the author argues that the consumer/survivor/ex-patient/mad movement should welcome all experiences of madness, but only those who can exercise authentic leadership should lead the movement. This requires resistance against non-Mad ways of knowing and exercising power and for established power hierarchies to transform to allow authentic mad leadership.

### Keywords

Mad studies,  
leadership,  
authenticity

### History

Received 21 Apr 2022

Revised 20 Jul 2022

Accepted 29 Jul 2023

---

"Take off your hat," the King said to the Hatter.

"It isn't mine," said the Hatter.

"Stolen!" the King exclaimed, turning to the jury, who instantly made a memorandum of the fact.

"I keep them to sell," the Hatter added as an explanation; "I've none of my own. I'm a hatter."

(Carroll 1865/2019)

Lewis Carroll's Hatter is never referred to, in the original text of *Alice's Adventures in Wonderland*, as a 'Mad Hatter'. Instead, the tea party is mad, the world is mad, the Cat describes the Hatter as mad, and so we are left with no doubt that the Hatter is properly, authentically mad, although well adapted to the mad world he inhabits. Later in the text, the Hatter claims that the hat he wears on his head is not his. Rather, he is a maker of hats, not an owner of hats.

This notion, of a Mad Hatter who owns no hats, sets a useful tone for thinking about the wearing of multiple 'hats' - identities - in mental health advocacy. All mental health activists wear multiple 'hats' - activist, lover, citizen, radical, consumer, survivor, ex-patient, mad. The Hatter, who denies owning any hats, is both authentically mad while resisting definition - rejecting the politics of identity. This resonates with me, personally, as a person who wears

many hats - lawyer, academic, social worker, activist, erstwhile madman. In this paper I attempt to use a mad studies lens to help articulate how mad identity interfaces with mad leadership and how mad hats are at risk of being 'stolen', as the King exclaims. It is, necessarily, an incomplete contribution to the debate, rather than a comprehensive survey, seeking to prompt others to consider their own mad identities in relation to leadership, power and mental health reform.

In recent decades, in some spaces and with some communities, the historical stigma of madness has begun to shift. Mad pride and mad solidarity have deep roots, with consumer/survivor/ex-patient/mad (c/s/x/m) activism going back at least to Bruckshaw's (1774) "One More Proof of the Iniquitous Abuse of Private Mad Houses", and with Clifford W. Beers' (1908) autobiography a notable early contribution. The movement first became organised in the 1970's in the US and UK, buoyed by contributions from Judi Chamberlin, Michel Foucault, R. D. Laing, Thomas Szasz and Franco Basaglia, and since then has spread across the world. Only in recent decades, however, has the c/s/x/m movement moved from the activist fringe into the system itself.

Consumer led and run organisations such as the Victorian Mental Illness Awareness Council (VMIAC), the peak body for consumers in Victoria, Australia, are now involved in policy making within the system as well as activism outside the system. Consumer leaders are increasingly embedded within government. Mary O'Hagan's journey from mental health service user activist in the 1980's, to mental health adviser to the United Nations, New Zealand's Mental Health Commissioner and Victoria's Executive Director of Lived Experience as but one salient example. To what extent this represents genuine power sharing and real change, or simply mere tokenism, remains to be seen.

Penney (2021, 64) writes that in the United States:

The introduction of government funding began to highlight rifts between groups that opposed the medical model and forced treatment, and the more moderate groups who were generally in agreement with the philosophy of mainstream psychiatry and wanted to act in partnership with the system, rather than in opposition.

Daya et al. (2019) map these divisions on a matrix structured on different experiences of care and treatment, arguing that these experiences will influence how c/s/x/m people within the movement identify. With the move of the c/s/x/m movement into the mainstream of mental health reform, the identity of c/s/x/m identifying people has moved from a self-described identity to a negotiated identity, policed by both other c/s/x/m identifying people and by organisations and institutions.

"But I don't want to go among mad people," Alice remarked.  
 "Oh, you can't help that," said the Cat: "we're all mad here. I'm mad. You're mad."

"How do you know I'm mad?" said Alice.

"You must be," said the Cat, "or you wouldn't have come here."

(Carroll 1865/2019)

While individuals may decide for themselves how they identify, with the advent of formal inclusion of mad voices in organisational structures, individuals must conform to predetermined labels – 'peer worker', 'consumer consultant', 'lived experience advisor', 'consumer perspective researcher'. These labels carry their own identities and are themselves 'hats'. Further, these roles (hats!) are often not chosen by c/s/x/m movement members, but by organisations, professionals, academics and clinicians. A selection panel might include a 'lived experience person' in recruitment for these roles, but they are largely shaped by clinical and professional decision makers. These hats, like those of the Hatter, are not owned by the person who makes them, but made for, and owned by, others. For self-identifying c/s/x/m people, these hats are offered as a pathway into the halls of power where decisions about mental health policy are made, but many find these roles are tokenistic or unsafe (Edan et al. 2021).

In this contested context, some types of madness are now shedding their stigma and becoming bases of power. A 'lived experience' or 'living experience' is not necessarily the career ending terrible secret it may once have been, although some diagnoses (schizophrenia, borderline) retain more stigma than others (anxiety, depression). For many, this is liberation, a space of safety and inclusion. For others, particularly those who have not been able to hide their madness from the world, it seems that many of those who are already in positions of power are now claiming 'lived experience' as a way of protecting that power, and of excluding radical voices. This manifestation of identity occurs within layers of other identities, as those who already hold power may be less likely to experience stigma, or for those whose class or ethnic backgrounds allow them to 'code' as not mad when it suits them to do so.

An academic colleague told me that, 'we all have lived experience, be it lived, loved, laboured or learned'. This is an attempt, apparently, to include lived (c/s/x/m), loved (carers), laboured (mental health professionals and clinicians) and learned (researchers and academics) within a lived experience framework. Setting aside an awkward resonance with tacky 'live, laugh, love' décor, this is a blatant attempt to colonise madness – for carers, clinicians and academics to maintain their power by co-opting lived experience. Echoes resonate from #notallmen and #alllivesmatter. This co-option is not just inauthentic but is a violent, reactionary, counter-revolutionary response to halt reform demanded by c/s/x/m activists. It is a snatching of the tiny, evolving, incipient power that mad identifying people and organisations have only just begun to savour.

Counter to this is the notion that only by more and more people identifying as having 'lived experience' can we destigmatise madness and reduce discrimination. An undergraduate student reflected to me how important their experience of disclosure of madness by tutors and other academics had been in supporting them in their university journey. When we see people like us in positions of power, we are able to see ourselves in positions of power. With this lens, the more people who identify as having 'lived experience', the better.

Professional qualifications, whether in social work, law or psychology, can also equip activists with tools to use for genuine systemic reform, without them necessarily adopting those professional narratives (Maylea 2021). We cannot say that the ownership of multiple hats discounts a person from participating in c/s/x/m leadership. We all have many hats. We are not defined solely by our madness.

How then can we balance these two competing narratives and the political identities they represent? How can people who hold professional power honestly disclose their madness and contribute to destigmatisation without occupying space painstakingly carved out by c/s/x/m movement activists? In this paper I offer my own failure to do this as a case study in answering these questions and I draw on mad studies scholarship to assist in my analysis.

My own madness is not something I talk about often, largely because of the issues identified above. My own privilege and power, as a lawyer, social worker, established academic and contributor to government policy, distance me from my experience of madness. While, at the time, my madness was debilitating, it was also wonderful. I never felt disabled. It tore apart my relationships – I could not work for more than a few months at a time, nor stay housed. Cyclonic interactions between drugs, alcohol and madness drove me around the world and to the edge of experience. But I miss those edges. I miss the madness. When it comes again now, I relish it, despite the destabilisation it brings. My world is now robust enough to withstand the cyclone, and the cyclone is less catastrophic.

Through a mixture of medication, marriage and mellowing I was able to make more sense of the world, and finally found a safe place in academia where I could be a bit mad without major ramifications. Amongst the background hum of eccentricity of other academics, so long as I published and taught and did research, I was allowed to shape a space I could fit. This is the real privilege I experience – having a family, a community and an employer who accommodated my needs. My economic and social class protected me from stigma and discrimination. The sense of being part of something, having my contribution valued - this was more of a mood stabiliser than lithium. My 'recovery journey' was a genuine journey of the heart, as Pat Deegan (1996) had it, before the notion of recovery was co-opted by the establishment and turned against us (Tang 2021).

So, I feel torn – how to use this experience and privilege? I cannot be a 'consumer perspective researcher' because I feel almost no direct connection to the 'consumer perspective'. The c/s/x/m perspective is one of experiencing oppression, indignity, and powerlessness, of experiential knowledge grounded in trauma (Taggart 2021). These are not my experiences. My experience is of layer upon layer of privilege - racial, gender, class, settler and ability. I have, at times, stepped into a c/s/x/m role, at one time becoming, quite unintentionally, Chair of VMIAC and finding myself asked to speak for the c/s/x/m movement as a whole. I am at pains to point out that I never stood for Chair, and only fell into that role when others stepped aside, and that I stepped back as soon as I could, but nevertheless I had to grapple with how one person – any person – can use a leadership platform like that in a way that has honesty and integrity.

I think I have failed in this task, neither wholly shifting to the c/s/x/m perspective nor wholly stepping away from it. I cannot work out what hat to wear. I have, where possible, worked with c/s/x/m perspective researchers and activists to create hats for others, sometimes making a mess of that too. Sometimes I have been successful in sharing my privilege with others. What can mad studies offer to help me unpack this?

To begin with, even picking up a pen to write about mad studies is a political and potentially problematic act. As Costa and Ross write in their paper ‘Mad Studies Genealogy and Praxis’, in this edition, the risk of my own interjection into the space of mad studies is that I will bring an inauthentic lens that is more reflective of my privilege than of a clear view of the field:

One of the more difficult criticisms centers on the complaint that Mad Studies is elitist, insular, dominated by academics and that it doesn’t reach or represent people who struggle with complex mental health challenges or disabilities. There are concerns about the ways in which those who have institutional power to participate in Mad Studies praxis do so because they have (in spite of madness or experiences of distress), gained enough skills, access and cultural capital to be included, to participate in knowledge production and as such, reinforce hierarchies, class division and inequity.

(Costa and Ross, 2023, p.2)

Despite this, I hope that foregrounding my privilege mitigates the risk that I am reinforcing said hierarchies and divisions. Mad studies is too useful an academic tool not to wield, although one that clearly must be brandished with care.

Procknow and Rocco (2021) use a mad studies lens to unpack ‘authentic leadership’ in mental health. This seems to go to the heart of the problem – what, and who, constitutes ‘authenticity’ in c/s/x/m movements? They write that:

Mad leaders that collapse damaging stereotypes of themselves and the c/s/x/m community into their leadership identity practice self-sanism; that is, when c/s/x/m assume “saneness” and the relative values and sentiments citizens of sound mind use to oppress them.

(Procknow and Rocco 2021, 357)

This argument, that c/s/x/m leadership requires a new kind of ‘mad’ leadership, is liberating for some who cannot not be mad, but also helps to show that people who can (or do) pass as ‘not mad’ may not be viewed as authentic leaders of the movement. This helps to distinguish those who disclose ‘lived experience’ and who hold power from those who are genuinely c/s/x/m leaders, but it also creates a vicious circle. Those of us who do exercise ‘authentic mad leadership’ are told they are irrational, difficult, or unreliable. Those of us who do not do ‘mad leadership’, who can take off our hats, are inauthentic. Mental health policy reform decision-making spaces and processes are unsafe and inaccessible for

authentic mad leaders, and so we are told that only inauthentic mad leaders are able to take up these positions.

Those who can remove their 'mad activist' hat and put on a 'lawyer' or 'academic' hat are different to those who cannot. You can be a mad activist with a law degree, but this is different from being a legal academic with lived experience.

This is a distinction not clearly understood by policy makers. In the Royal Commission into Victoria's Mental Health System (RCVMHS 2021, 5), as in many other policy documents, the language is focused on 'people with lived experience of mental illness or psychological distress'. This fails to grapple with the problem of authenticity raised by Procknow and Rocco. Where our leaders can (and do) pass for 'not mad' they risk complying with the existing systems of oppression rather demanding their repeal or reform. We need mad leaders, not just leaders who are mad. Yet, to access decision-making spaces, we must practice self-sanism, be inauthentic, mask our madness so often that it becomes habit. Goffman (1986, 130) writes that:

The stigmatized individual is asked to act so as to imply neither that his burden is heavy nor that bearing it has made him different from us; at the same time he must keep himself at that remove from us which ensures our painlessly being able to confirm this belief about him.

This raises another difficult question. If authenticity is central, what are 'authentic' c/s/x/m perspectives? What is the authentic mad hat? How can one 'assess' another's madness? Even that most characteristic of madmen, the Mad Hatter himself, is usually misunderstood as being mad as a result of mercury poisoning, a common ailment of milliners (hat makers), while actually displaying a different kind of madness altogether, one not at all related to mercury poisoning (Waldron 1983). If even the Mad Hatter is not 'authentically' mad, who can ever be? McWade et al. (2015, 306) raise the problem of identity in relation to disability and neurodiversity, writing that 'if we were to understand all humans as beings with embodied differences, negative connotations attached to 'impairment' might be avoided.' This attempts to move us away from a 'madness as deficit' narrative imposed by clinical and social norms, and views madness as normal human existence.

Yet this seems in conflict with the idea of authenticity, where madness must be on display, must be distinct from other humanity, to show leadership. We find ourselves in the awkward position of valorising a difference that has, historically at least, been used against us. This is where Mad Pride and Mad Studies help us reclaim an authentic madness from the rubble of stigma and discrimination. This is not necessarily a binary, of course – there are as many experiences of madness as there are mad people – but a binary emerges of 'mad enough'. In a world where we 'all have lived experience', who gets to be 'mad enough'?<sup>1</sup> Goffman (1986, 130) goes on to say:

---

<sup>1</sup> These questions reverberate with much of identity politics in the twenty-first century. They are resonant with, but not the same as: who gets to be Black enough? native enough? woman enough? poor enough? I do

... the issue becomes not whether a person has experience with a stigma of his own, because he has, but rather how many varieties he has had his own experience with.

This does not progress us much further, in the ‘lived, loved, laboured, learned’ world where even experience which is not ‘lived’ is supposed to be valued as an equally important contribution to the debate. Voronka (2016) helpfully reframes madness as a category of value, rather than deficit, but this does not help us with the problem of some having more or less of this value than others. We still are at risk of the notion that more madness equals more value equals more authenticity. This risks a perverse situation where leaders are expected to put their madness on display, perform madness or unwillingly disclose madness to prove value or authenticity: an intolerable result.

I propose a solution that is implied by the Hatter’s claim to not own any hats of his own, but only to make hats for others. For those who wish to wear their mad hat on occasion, and who wear other hats, we should make room in the movement, but not as leaders. Their disclosure is a vital step on the journey to destigmatisation but should never be used to take that hard-won power gained by those who cannot take off their mad hats. For those who wish to lead us, we should demand that they always wear their mad hat, and that they own it. The system must make space for authentic mad leaders, not demand that mad leaders take off their mad hats to be allowed to participate. These leaders should wear other hats too – researchers, educators, experts of all kinds – but the mad hat *must* stay on.

For those, like me, who remove their mad hat, there are other ways to lead. Many non-mad identifying people are demonstrating authentic leadership through allyship (Happell and Scholz 2018), a key role that is supported and valued by c/s/x/m leaders, although one that risks reinforcing another problematic binary (Russo, Beresford, and O’Hagan 2018). This is a different kind of hat again, distinct from the carer/professional/academic discourse, and one which actively challenges the problematic power dynamics of the dominant hat wearing system.

For me, I think I will follow the Hatter’s example, and try and make hats for others, rather than claiming ownership of my own mad hat. Supporting c/s/x/m led and genuinely co-designed hats, initiatives, projects and policies seems the best way I can do this now, although this does not solve the issue of how to generate and maintain authentic leadership for the movement without discriminatory identity policing. For that I return to the Hatter:

“Have you guessed the riddle yet?” the Hatter said, turning to Alice again.

“No, I give it up,” Alice replied: “what’s the answer?”

“I haven’t the slightest idea,” said the Hatter.

(Carroll 1865/2019)

---

not attempt to make any genuine comparison here, other than to note that intersectionality both leads us to a point of superdiversity and that we mad folk may find useful lessons in movements and communities that have grappled with this issue for centuries.



## References

- Beers, Clifford Whittingham. 1908. *A Mind That Found Itself*.
- Bruckshaw, Samuel. 1774. *One More Proof of the Iniquitous Abuse of Private Mad Houses*. Author.
- Carroll, Lewis. 2019. *Alice's Adventures in Wonderland*. Autêntica Editora (originally published 1865)
- Daya, Indigo, Bridget Hamilton, and Cath Roper. 2019. "Authentic Engagement: A Conceptual Model for Welcoming Diverse and Challenging Consumer and Survivor Views in Mental Health Research, Policy, and Practice." *International Journal of Mental Health Nursing*. <https://doi.org/10.1111/inm.12653>.
- Deegan, Patricia. 1996. "Recovery as a Journey of the Heart." *Psychiatric Rehabilitation Journal* 19 (3): 91–97. <http://dx.doi.org/10.1037/h0101301>.
- Edan, Vrinda, Kathryn Sellick, Susan Ainsworth, Susie Alvarez-Varquez, Brendan Johnson, Krystyn Smale, Rory Randall, and Cath Roper. 2021. "Employed but Not Included: The Case of Consumer-Workers in Mental Health Care Services." *The International Journal of Human Resource Management* 0 (0): 1–30. <https://doi.org/10.1080/09585192.2020.1863248>.
- Goffman, Erving. 1986. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster.
- Happell, Brenda, and Brett Scholz. 2018. "Doing What We Can, but Knowing Our Place: Being an Ally to Promote Consumer Leadership in Mental Health." *International Journal of Mental Health Nursing* 27 (1): 440–47. <https://doi.org/10.1111/inm.12404>.
- Maylea, Chris. 2021. "The End of Social Work." *The British Journal of Social Work* 51 (2): 772–89. <https://doi.org/10.1093/bjsw/bcaa203>.
- McWade, Brigit, Damian Milton, and Peter Beresford. 2015. "Mad Studies and Neurodiversity: A Dialogue." *Disability & Society* 30 (2): 305–9. <https://doi.org/10.1080/09687599.2014.1000512>.
- Penney, Darby. 2021. "Using Survivor Knowledge to Influence Public Policy in the United States." In *The Routledge International Handbook of Mad Studies*, edited by Peter Beresford and Jasna Russo. Milton, UNITED KINGDOM: Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/latrobe/detail.action?docID=6747730>.
- Procknow, Greg, and Tonette S. Rocco. 2021. "Contesting 'Authenticity' in Authentic Leadership through a Mad Studies Lens." *Human Resource Development Review* 20 (3): 345–73. <https://doi.org/10.1177/15344843211020571>.



RCVMHS. 2021. "Royal Commission into Victoria's Mental Health System, Final Report, Summary and Recommendations." Parliamentary Paper no. 202, Session 2018-2021. <https://finalreport.rcvmhs.vic.gov.au/>.

Russo, Jasna, Peter Beresford, and Mary O'Hagan. 2018. "Commentary on: Happell, B. & Scholz, B (2018). Doing What We Can, but Knowing Our Place: Being an Ally to Promote Consumer Leadership in Mental Health. *International Journal of Mental Health Nursing*, 27, 440–447." *International Journal of Mental Health Nursing* 27 (6): 1877–78. <https://doi.org/10.1111/inm.12520>.

Taggart, Danny. 2021. "'Are You Experienced?': The Use of Experiential Knowledge in Mental Health and Its Contribution to Mad Studies." In *The Routledge International Handbook of Mad Studies*, edited by Peter Beresford and Jasna Russo. Milton Park, United Kingdom: Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/latrobe/detail.action?docID=6747730>.

Tang, Lynn. 2021. "Upcycling Recovery: Potential Alliances of Recovery, Inequality and Mad Studies." In *The Routledge International Handbook of Mad Studies*, edited by Peter Beresford and Jasna Russo. Milton Park, United Kingdom: Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/latrobe/detail.action?docID=6747730>.

Voronka, Jijian. 2016. "The Politics of 'People with Lived Experience' Experiential Authority and the Risks of Strategic Essentialism." *Philosophy, Psychiatry, & Psychology* 23 (3): 189–201. <https://doi.org/10.1353/ppp.2016.0017>.

Waldron, H A. 1983. "Did the Mad Hatter Have Mercury Poisoning?" *BMJ* 287 (6409): 1961–1961. <https://doi.org/10.1136/bmj.287.6409.1961>.