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NOTE FROM THE FRONT LINE

# An introduction to mutual support groups based on the work of Alan Robinson

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**ABSTRACT**

This text is based on a reading of Alan Robinson's work, from which the aim is to question the institution of 'saneism' and the logic behind psychiatric discourses. It is from this perspective that we turn to the possibility of posing and thinking about mutual support groups as a way to confront the over-individualisation of mental health perspectives, aiming at collective alternatives that escape from the predominant neoliberal logic. Part of the intention of this text is not only to make a brief tour of the background and tools that mutual support groups have, but also to think about the possibilities of their application within the field of mental health.

**KEYWORDS:** mutual support; mental health; activism; saneism; lived experience

'Life is a delicate encounter between madness and sanity, between the abnormal and the normal. The balance consists in knowing how to go from one extreme to the other' (Alan Robinson in *Jorgino*, 2023, p. 48).

Throughout his work Alan Robinson addresses the notion of madness in two possibilities, being and to be mad (Robinson, 2014). While to be mad implies periods or episodes, which varies in terms of the way it presents itself, of its intensity and frequency, it's something momentary from which the subject can get out. Being mad implies a constitutive form of the person; it is a way of being in the world, of perceiving and communicating.

Alan works the notion of madness and mental health from social and cultural aspects, seeking to move away from medical paradigms. For him, madness is a way of relating with

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himself and with others, and which does not represent in itself a positive or negative quality, but something that simply is. Of those characteristics that from other frameworks are considered to be part of the field of psychopathology, such as hearing voices or visions (as he refers to hallucinations), Alan places them in the theatrical field, as a performance of the subject, a language, a way of communicating. It is the social barriers (such as stigmas and prejudices around mental health and madness) that can impede the possibility of communication between the subject and others.

So, for Robinson, madness is an attempt at language invention; 'it is a problem between two different languages, that of sanity and that of madness' (Robinson, 2019).

'Inventing language is an exercise used in theater classes when the intention is to approach impulse, communication and expressiveness outside the mandates of intellect, psychology and rationality' (Robinson, 2023, p. 12). Here, Alan raises a similarity between this quality of creation that allows madness and the tools that theatre makes possible. It is through this approach that Alan questions what socially has been constructed as madness, and it is through the work with theatre that Alan seeks to make an approach, if not of treatment, then of accompaniment of the processes and experiences of madness. Starting from the notion that 'mental health is a social and collective problem' (Robinson, 2014, p. 64), it is understood that the alternative cannot be individualised, but must be accompanied by group processes that allow the person to build their own tools and enunciate their own language.

It is at this point that Alan gives us an outline of his experience in working with theatre groups and his encounter with mental health, and it is in this device that can be located what is known as a *mutual support group*.

In Alan's words,

> [the] mutual support is that it allows the people who participate to hear other ways of telling their stories. The ways in which my supporters told their experiences were transforming my own way of thinking about my own experiences in relation to suffering, delusions, hallucinations and crises. (Robinson, 2022, para. 5)

He continues:

> There's something that sustains me and allows me to maintain a certain constancy in my participation. Mutual support is a way of relating that does not set out to 'help' but simply consists of giving and receiving support according to each person's possibilities. (Robinson, 2022, para. 7)

With these two ideas, the general possibilities offered by a perspective from mutual support groups can be presented: an approach based on the experiences of the people who form it, the questioning of an individualistic approach to mental health, and the change of

position between being a recipient of services and being a participant and manager of one's own alternatives.

Now I introduce some notions about mutual support groups, their background, characteristics, and their benefits in order to have a clearer picture of the proposal based on the reading of Alan Robinson's work.

## NOTES ON MUTUAL SUPPORT GROUPS

### *Faced with individualisation, the collective approach: Introduction*

Although there is a recognition of mental health as a cause not only of biomedical factors but also of social components, the alternatives, treatments, and proposals are mostly based on the individual. Dresda Méndez de la Brena (Arroyo Lynn, 2024) uses the idea of Estados Mórbidos (Morbid States) to express the relation between the alternatives that focus on the individual as responsible while ignoring the part of the social and political context: 'part of the *chronification* and that is to play with the affective part of our lives, is to individualize the pain and make us self-responsible for it, because that takes away a tremendous responsibility from the State.' (Arroyo Lynn, 2024, p. 23). (For more about the individualisation of discomfort or '*sickness*', see Arroyo Lynn 2023a,b; Méndez de la Brena, 2022.)

This situation leads users to develop the feeling of being the cause/responsible for their own 'discomfort', a situation that may increase in cases where the condition has triggered an emotional crisis that requires an intervention beyond outpatient treatment, generating breaks with their environment, and leading to situations of exclusion or segregation.

The notion of mutual support arises as part of the collective health movements, as an antagonistic proposal to individualism and the predominant neoliberal logic in the field of mental health. This logic has determined the functionality of people under the terms of performance and productivity, and has seemed to resort to the notions of motivation and overcoming as the resolution of crises and discomfort, which maintains a perspective focused on production/activity as equivalent to wellbeing. (For more references about the relation between neoliberal logic and mental health, see Exposto, 2020, 2023; Frazer-Carroll, 2023; Huertas, 2001; Huertas, 2017.)

At the same time, from the logic of mutual support, not only the socialisation of the experience and the re-appropriation of enunciation from the experience is expected, but it is an alternative in terms of the proposals of care for oneself and others. The socialisation of care seeks to avoid that the responsibility falls only on one person or support network, or on a single system or institution; rather, it seeks to weave a much broader network where the

different people who are part of it can provide care. The distribution of responsibility for care is therefore an alternative that makes it possible to eliminate excessive burdens, as can occur in the cases of family members of users when, in addition to care, they must be responsible for their own duties and obligations, even leading them to face situations of chronification.

Mutual support then not only has effects on the people who are part of these groups, but its effects could extend even further, even becoming a tool that serves as an accompaniment to the therapeutic processes to which people could turn to; being not an antagonistic resource, but complementary.

## *Background: Where does the notion of mutual support come from?*

It is from the book *Mutual Aid: A Factor of Evolution* by Kropotkin, first published in 1902, that the author begins to trace the importance of this concept. Although, in this text, the author focuses the concept not within the conceptualisation of the group, and it is not even outlined as an aspect of relevance in the subject of mental health, but as an evolutionary factor of societies.

For Kropotkin, mutual support is the possibility of 'creating the very conditions of life in society in which man was enabled to develop his arts, his knowledge and intelligence' (Kropotkin, 1902/2020, p. 325), as well as the 'real foundation of our ethical conceptions' (p. 327). It is then the condition of reciprocity and co-responsibility that are established in the links within a community or some social space; it is a way of facing adversities so that the species can ensure its survival.

It is necessary at this point to emphasise the notion of species, since for Kropotkin mutual support is not a unique quality of the human species, but of different animal groups.

'In our mutual relations each of us experiences its moments of rebellion against the individualistic creed in vogue in our days' (Kropotkin, 1902/2020, p. 255). To think that more than 100 years ago Kropotkin spoke of individualism as a predominant posture, what would he think if he were present today when, in Lipovetsky's (2018) words, we find ourselves in a *neo-Narcissistic* era, in which the exaltation of the individual predominates over the possibility of community building. A time in which achievements and accomplishments are considered as individual responsibility and deeds and not as social advances.

However, Kropotkin states throughout the book that collective collaboration—mutual support—is what allows individuals to sustain and build themselves, but above all to overcome crisis situations; an isolated individual is a doomed individual.

## CHARACTERISTICS OF MUTUAL SUPPORT GROUPS

In general, mutual support groups are established by, and with, almost exclusive participation of users or ex-users of mental health services. Within these processes there may be participation of professionals; however, this participation is focused on very specific aspects such as clarifying doubts, technical support, and some dynamics that need to be organised. These interventions are raised on very specific occasions and with the request made by the members of the group.

It is then that the protagonism of mutual support groups falls on the users or former users, and from this proposal (and following the logic outlined by Kropotkin) the group is built from horizontality, where there is no distinction in the roles that people can assume within the group. The differences are blurred according to the preparation or professional career that the person has, but the participation in the process is made from the experience of each person.

Highlighting experience as a condition of participation allows for the breaking of the power and hierarchical relationships that are present in other therapeutic spaces. Even when it is a professional with the greatest possible openness and respect for the processes of each person, a certain barrier is always established between those who hold the title of professional and those placed on the other side as patients or users.

This situation causes the interventions of the professionals to be endowed with the qualities of ‘certainty’ or ‘truth’, while those of the users remain fluttering as simple ‘experiences’ or ‘profane knowledge’.

However, it is this horizontal and mutually supportive approach that retakes the experience as a condition of sufficient validity, since it places the person in a place from where they can enunciate their own knowledge regarding what is happening to them. This condition allows for the positioning of the person as an active subject of their own process and recovery.

Regarding the technical organisation of mutual support groups, this will be very variable and will depend on the conditions or needs of those who make up the group. The frequency of meetings may be variable, whether they are held with a scheduled frequency or for a specific issue that needs to be addressed. In terms of spaces, there is also the possibility of variability, as there are experiences that have been created within hospitals, some others outside in private spaces, etc. These are points that will have to be taken into consideration when setting up or participating in these groups, since the locality could define certain issues, such as the space available, costs to be covered, etc.

The dynamics of reciprocity that are established within the group follow the logic of the gift, elaborated by Marcel Mauss (2009), which establishes that the gift follows three obligations: giving, receiving, and giving back. The people who are part of the group do it

not only with the idea of receiving something in return (support, company, experiences) but also to add to the development of the group, to give support, and to help when necessary. It is under this proposal that the dynamics of caring and being cared for is established in the group, '*even when you are very bad you can also take care of yourself*' (Erro, 2021, p. 195).

It is important to clarify that this giving and giving back do not imply an excessive act, nor an act of dependence towards others. However, following Saubidet and Azaretto's (2019) proposal, the gift and its triple obligation 'imply [its] counter-responsibilities in both directions, generating beyond goods, alliances and social bonds of all kinds; sharing being a way of attenuating competition' (Baeza Menz, 2016, as cited in Saubidet and Azaretto, 2019, p. 803). It is this possibility of sharing what is given that allows for the avoidance of the development of hierarchy and power relationships within the group's dynamics.

The possibility of giving is not only in the direction of the other person, but is also established within a logic of self-care, where the exchange is carried out under previously established conditions, considering the availability and possibility of each member. Namely, a person may not always be available or able to provide support (it could be because a crisis prevents them from doing so at that moment), and these limits are established in order to maintain self-care, avoid excessive fatigue of the members, as well as to avoid the development of dependency.

The limits of a mutual support group are initially established by the members themselves, and the people who make up the group may set their own conditions for the group. These limits establish the availability of the participants, the activities in which they wish to be involved, and timetables for participation, etc. The activities of the groups are not limited to the concrete space of the group, but extend to other spaces where support may be required. For example, a person in the group enters a period of crisis and needs accompaniment during the nights. One of the members may propose to cover this care at specific times and schedules, but this care provided by the person may not be used as a condition to demand further care.

## APPLICATION AND EFFECTS IN THE MENTAL HEALTH FIELD

The fight against self-stigma and the possibility of socialising the discomfort caused by a mental health condition, not as a disease or as an anomaly or deficiency of the subject, but as a way of being in the world, allows the person to question the barriers and prejudices that have been attributed to him/her. It is to be able to 'shed the label of "mentally ill", stuck in a specific diagnosis that transcends the symptoms (what happens to them) to the subjects (what they are), and regain the legitimacy to name themselves, think of themselves and build discourse' (Keller Garganté, 2022, p. 5).

The effect of self-stigma leads the person not only to a situation of greater discomfort and low self-esteem, but also to the belief that they are the cause of his or her own situation, generating a cycle from which it will be difficult to break free.

However, the scope of this proposal is not limited to the registration of self-identity. Its proposed scope seeks to have effects both for the welfare of the users and for the environment in which it develops. As mentioned at the beginning, mutual support groups seek to respond to the needs not covered by mental health institutions, either due to lack of resources, time, space, etc., and being then an accessible possibility to have access to alternatives to mental health treatment. This makes it possible to move from being passive subjects of mental health policies to the search for a community involved in the management and support of care.

While the alternatives coming from institutions are mostly solutions focused on the individual, drugs, and psychotherapy, mutual support groups aim for the creation of support networks outside institutions that allow the person to resume his or her activities outside mental health services. They also aim for the construction of affective bonds that are not governed by institutional norms and that can act as support in those places and spaces where mental health services and professionals cannot access.

It is necessary to emphasise that the logic that is given in the accompaniment within the mutual support groups goes 'beyond the management of discomfort, care is a way of generating well-being, enjoyment and a meaningful life' (Keller Garganté, 2022, p. 14). The logic is then not only to provide care or support during moments of crisis, but to achieve the establishment of an accompaniment network that allows the person who is part of it to resume or maintain their activities. Unlike an approach based on functionality or performance, this accompaniment is not focused on the idea that the person can be productive, but can have access to enjoyment, which implies having access not only to cultural or recreational spaces, but also leisure, all of which are considered as part of the process of recovery and wellbeing of the person.

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## NOTE

The articles and books published originally in Spanish were translated by the author of this article.

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