Power of Recognition and Redistribution: An Analysis of the Advocacy Strategies of the National Alliance for Mental Illness

Tanınma ve Adil Dağılım: NAMI Bağlamında Akıl Hastalarını Müdafaa Stratejilerinin Analizi

Patricia Boyd
Arizona State University, USA

Abstract

This study considers the strategies the National Alliance for Mental Illness (NAMI) uses to advocate for those living with mental illness in the United States. As a grassroots organization, NAMI works to achieve social equity for that population by redressing injustices that are based on stigma. I illustrate the ways in which NAMI defines the injustices of stigma as problems of both maldistribution and misrecognition in ways that hearken to Nancy Fraser's arguments for the need to treat distribution and recognition as integrally interconnected in creating social problems. Throughout the article, I use Fraser's analytical framework to analyse how the organization works to remedy those two injustices through affirmative, transformative, and non-reformist reform strategies. The effective and insightful use of these strategies makes them a good example for other organizations.
Keywords: Nancy Fraser, redistribution, recognition, reform, social injustice, NAMI.

Öz

Bu çalışma, Amerika'da "National Alliance for Mental Illness" (NAMI) adlı Ruhsal Hastalıklar Birliğinin akıl sağlığı sorunları yaşayan hastalara müdafaa sağlamak için kullandığı stratejileri değerlendirmeyi amaçlamaktadır. Köklü bir organizasyon olan NAMI, ayrımcılığa dayalı adaletsizliklerin üstesinden gelerek hastaları adına sosyal eşitliği sağlamak için çalışmaktadır. Bu çalışma, NAMI'nin ayrımcılığa dayalı adaletsizliği adil olmayan gelir dağılımı, inkâr ve farklılıkları tanımama sorunu olarak tanımlamasını Nancy Fraser'in adil dağılım ve tanınma kavramları bağlamında değerlendirmektedir. Fraser'e göre sosyal sorunların oluşumunda bu kavramlar içiçe geçmiş ve bağlantılı olarak ele alınmalıdır. Fraser'in kavramları ışığında, NAMI adlı organizasyonun bu sosyal sorunlara bu çalışmanın da odağı olan olumlu ayrımcılık, yenilikçi olmayan, dönüştürücü ıslahat stratejileri sayesinde çözüm getirebildiği iddia edilmektedir. Çalışma konusu bu üç stratejinin benzer kuruluş ve organizasyonlar için örnek oluşturabileceği savunulmaktadır.
Anahtar Kelimeler: NAMI, Nancy Fraser, yeniden dağılım, tanıma, reform, sosyal adaletsizlik.

Introduction

How can we remedy the injustices that occur in contemporary society? How can we map the parameters of a particular injustice and determine the best ways to resolve it, without creating more harm than good? In "Social Justice in the Age of Identity Politics: Redistribution, Recognition, and Participation," Nancy Fraser

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Submitted: June 1, 2019; Accepted: June 19, 2019
ORCID#: 0000-0003-2304-8704; patricia.boyd@asu.edu

argues that in order to successfully redress injustices and restore justice to any given situation, we must challenge the ways these two concepts (redistribution and recognition) are currently being divided in the claims for justice currently being made. Instead of embracing the current trend of privileging recognition over redistribution, Fraser contends that "justice today requires *both* redistribution and recognition. Neither alone is sufficient … the emancipatory aspects of the two problematics should be integrated in a single comprehensive framework" (9). Throughout her work, Fraser advocates that we need to enact a definition of justice that includes the beneficial parts of both redistribution and recognition combined. Fraser's two-fold distinction between redistribution and recognition is particularly effective in showing us how these false distinctions work in the world and the ways in which the distinctions limit the possibilities for changing the injustices created by the insistence that these two paradigms are separate from each other. While Iris Marion Young and others have critiqued Fraser's two-fold distinction as creating false dichotomies, what Fraser's project actually does is illustrate how these distinctions are being used in the world. By using the lens of redistribution and recognition, we get a better sense of the complexities of mental health injustices so that sustainable and effective solutions can be enacted.

The National Alliance for Mental Illness (NAMI) is a solid example of an organization that has clearly adopted and enacted the principles evident in Fraser's definition of justice. As advocates for those who have mental illnesses, NAMI presents the injustices surrounding the treatment of people who have mental illness as a two-pronged one—a problem with the way that mental healthcare resources are made available (or not) to those who need them which is an issue of redistribution and a problem with stigmatization of those who have mental illnesses and the impacts of that stigmatization which is an issue of recognition. It is only when we address both of those problems that we can transform the injustices into implementable solutions that address the complexity of the issues facing people with mental illness. It is clear from analyzing the advocacy strategies that NAMI employs consistently across issues that its proposed and enacted solutions are creating participatory parity suggesting "social arrangements that permit all (adult) members of society to interact with one another as peers" (Fraser 36). Analyzing NAMI's strategies highlights the ways in which redistribution and recognition paradigms can be collaboratively synergized.

In this article, then, I first examine Fraser's claims for the need for combining recognition and redistribution in order to solve injustices. I then analyze aspects of NAMI's advocacy strategies in order to illustrate the ways they evidence the effectiveness of weaving together redistribution and recognition in order to thoroughly conceive of the problem and present remedies that address the problem in a way that is sustainable and productive. NAMI's strategies can serve as examples to other organizations like the National Institute for Mental Health, an organization funded by the U.S. government, to guide their policies and to avoid the pitfalls of separating redistribution from recognition.

Fraser's Recognition and Redistribution

In "Social Justice in the Age of Identity Politics: Redistribution, Recognition, and Participation," Nancy Fraser articulates moral, social, and political theories that she argues are useful in remedying injustices that face our culture today. In her work, Fraser examines two major problematics of justice—one of recognition which "targets injustices it understands as cultural, which it presumes to be rooted in social patterns of representation, interpretation, and communication" (13) and one of redistribution which focus on "injustices it defines as socio-economic and presumes it to be rooted in the economic structure of society" (13). The politics of recognition is typically linked to identity politics while the politics of redistribution are typically linked to class politics. According to Fraser, in the past, critiques of injustices have centered heavily on economic injustices created by class differences, affecting the distribution of resources. Fraser argues that in our post-socialist age, however, there has been a growing privileging of recognition over redistribution. Through this lens, problems are interpreted to be matters of representation and language, without little to no consideration of the economic or resource-based aspects of particular injustices. Critiquing this trend, Fraser argues instead for a "two-dimensional conception of justice" (35) which "treats distribution and recognition as distinct perspectives on, and dimension of, justice. Without reducing either dimension to the other, it encompasses both of them within a broader overarching framework" (Fraser 35). Further, Fraser points out that these problematics have been overly simplified, limiting our capacity to understand the complexity of how injustices work and what they produce and prohibit. For instance, the paradigm of recognition includes not only issues of identity politics but can also include "deconstructive tendencies, such as queer politics, critical 'race' politics, and deconstructive feminist, which reject the 'essentialism' of traditional identity politics" (Fraser 12). And the paradigm of redistribution can include not only traditional class-based issues but can also include "those forms of feminism and anti-racism that look to socio-economic transformation or reform as the remedy for gender and racial-ethnic injustice" (Fraser 12). For social injustices in a post-socialist world, recognition and redistribution are not only broader than some conceive them to be but also impact and shape each other and therefore must be addressed together. Instead of separate entities, then, the two are intertwined in creating and redressing injustices today. As Fraser argues, both paradigms "should be integrated in a single comprehensive framework" (Fraser 7).

For Fraser, considering both problematics in tandem with each other yet still delineating clear distinctions between them requires using a lens of perspectival dualism that "enables us to grasp the full complexity of the relations between … maldistribution and misrecognition, in contemporary society" (Fraser 66). Perspectival dualism takes a two-dimensional approach, "treating every practice as simultaneously economic and cultural, albeit not necessarily in equal proportions" (63). When we approach a societal problem through the lens of perspectival dualism, we can determine the factors that are preventing all members from being heard and considered in the public sphere. "Perspectival dualism allows us to theorize the complex connections between two orders of subordination grasping at once their conceptual irreducibility, empirical

divergence, and practical entwinement" (Fraser 64). Fraser, thus, argues that it is an "indispensable conceptual tool" (64) for helping us understand the complexities of social injustices and for exploring possible remedies to them.

In response to the question "which remedies for maldistribution and misrecognition should proponents of justice seek to effect?" (73), Fraser discusses three plausible strategies—affirmative, transformative, and non-reformist reforms. Affirmative strategies work to resolve injustices by addressing a particular feature of a structure without challenging the underlying structure. These strategies target "end-state outcomes" (Fraser 74). An example of an affirmative response to misrecognition is mainstream multiculturalism which "proposes to redress disrespect by revaluing unjustly devalued group identities and the group differentiations that underlie them" (Fraser 75). The use of this strategy, however, can oversimplify people's identities and can pose difficulties in addressing the ways each individual is multiply positioned (Fraser 76). Transformative strategies, on the other hand, work to resolve injustices by deconstructing the structure which undergirds the end-state outcomes. Transformative strategies address root causes" (Fraser 74) and insist that the very structure needs to be challenged, instead of working to make it more palatable for people to live within the current structure. For instance, in addressing racial injustices, transformative strategies deconstruct "the symbolic oppositions that underlie currently institutionalized patterns of cultural value" (75). Instead of valorizing devalued identities as multiculturalism does, transformative strategies question and challenge the foundation that create and sustain the inequalities. While Fraser acknowledges the potential power of transformative strategies, she acknowledges that they are difficult to enact.

To resolve the issues facing both affirmative and transformative strategies, Fraser posits a third option—non-reformist reform. In Fraser's framework, non-reformist reform strategies are "policies with a double face: on the one hand, they engage people's identities and satisfy some of their needs as interpreted within existing frameworks of recognition and redistribution; on the other hand, they set in motion a trajectory of changes in which more radical reforms become practicable over time. When successful, non-reformist reforms change more than the specific institutional features they explicitly target" (Fraser 79). She claims that these types of strategies can solve some of the difficulties faced by the other two in that it both addresses the discriminatory injustices by helping claim value for those discriminated identities and it can, cumulatively "set in motion a trajectory of change in which more than the specific institutional features they explicitly target" (Fraser 79). By adding other possibilities to an injustice, non-reformist reforms can cumulatively change structures over time by altering "the terrain upon which later struggles will be wage" (Fraser 79). Therefore, non-reformist reform strategies can effectively mediate between the goals and practices espoused by affirmative and transformative strategies.

Ultimately, Fraser argues that given the complexity of the injustices we face today, when considering what redresses should be made, we need to take "an integrated approach that can redress maldistribution and misrecognition simultaneously" (Fraser 83). She emphasizes that an adequate theory of social justice must account for the distinctions between the two problematics as well as map the relationships

between them. When taking this approach, we can devise a careful understanding of the nature of the injustice and consider workable solutions.

In the next sections of the essay, I use Fraser's social theories to study the strategies that NAMI uses to redress injustices those with mental illness face. I illustrate the ways that NAMI draws on all three reform strategies—affirmative, transformative, and non-reformist reform—in order to provide a map of the current ways they are understanding the problem as well as perceiving the solution. I do this in order to illustrate that Fraser's theory of recognition and redistribution are, in fact, quite effective in helping us map ways to redress social injustices.

Overview of NAMI

The National Alliance of Mental Illness (NAMI) is the "nation's largest grassroots mental health organization" made up of "more than 500 local affiliates who work in your community to raise awareness and provide support and education that was not previously available to those in need" (www.nami.org). As an organization, it works to create "a world where all persons affected by mental illness experience resiliency, recovery, and wellness" ("The Public Policy Platform" 6). It also "fights to ensure that people who are not experiencing recovery, but instead coping with hardship such as homelessness, substance abuse and incarceration, receive every support possible to put them on the path to recovery" ("The Public Policy Platform" 6). NAMI bases its work on a particular definition of mental illness: "in accordance with current scientific evidence, mental illness is essentially biological in nature sometimes triggered by environmental factors such as trauma, countering the myth that these conditions are failures of character and will. Mental illness affects behavior and behavior can affect mental illness, but mental illnesses are not behavioral" ("The Public Policy Platform" 3).

As NAMI posits, one of the main injustices facing those living with mental illness and their families is the pervasive cultural stigmas that circulate around those with mental illnesses. The difficulties with stigmatization are many, as "stigma reflects prejudice, dehumanizes people with mental illness, trivializes their legitimate concerns, and is a significant barrier to effective delivery of mental health services" ("The Public Policy Platform" 2). Because of stigma, NAMI claims, "individuals and families are often afraid to seek help; health care providers are often poorly trained to refer people to mental health professionals and/or mental health practitioners, and services are too often inadequately funded" ("The Public Policy Platform" 2-3). Clearly, NAMI acknowledges that stigma has impacts not only on the identities of people living with mental illness but also on their material realities and hence are bivalent. Thus, NAMI analyzes stigma as both an issue of misrecognition and maldistribution and does not fall into the trap that Fraser says many fighting injustices do—focusing on recognition to the exclusion of redistribution. The institutionalized cultural values that stigmatize those with mental illness have real, material effect through the creation of situations in which resources are withheld from people who need them. Attitudes toward those with mental illness that blame them for their illness and see mental illness as issues of

moral character and lack of knowledge about resources that are available lead many people to not "seek treatment or remain unaware that their symptoms could be connected to a mental health condition" (www.nami.org).

In order to redress these bivalent injustices, NAMI works to create participatory parity for those with mental illnesses through four strategies: educating diverse groups of people about mental illness, advocating for those living with mental health conditions and their families, listening to those who call their hotline for information on mental illnesses, and leading increased public awareness through sponsoring community events ("About Us"). The organization's visions for and practices in advocacy are of particular interest to this essay because there NAMI most directly impacts U.S. society through altering public policy in a way that redresses both misrecognition and maldistribution. Through their advocacy work, NAMI tries to transform current cultural attitudes toward and practices related to mental illness in American culture. As the organization describes it, "NAMI advocates for effective prevention, diagnosis, treatment, support, research and recovery that improves the quality of life of persons of all ages who are affected by mental illness" ("The Public Policy Platform" 6). In its public policy advocacy work, NAMI focuses on a wide range of injustices, including mental health insurance coverage, SSDI (Social Security Disability Insurance) and SSI (Supplemental Security Income) payments, mental health screening, discriminatory criminal justice procedures, and unequal access to treatment.

In the next section, I analyze the way NAMI approaches injustices faced by those living with mental illness through the lens of documents they have published on their advocacy work. As the following analysis makes clear, NAMI views injustices against those with mental illnesses through the lens of perspectival dualism in order to enact solutions that employ non-reformist reforms that help people navigate the system as it currently exists as well as work toward structural changes to public policies that impact those with mental illness and their families. I illustrate the ways the organization uses affirmative, transformative, and non-reformist reform strategies to advocate for those it represents. Through this analysis, we see examples of effective ways to deploy these strategies.

NAMI's Use of Affirmative Strategies

To achieve some of the changes that NAMI advocates for, it uses affirmative strategies. For example, when NAMI works to remedy Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), it recommends that equity be achieved within the system but does not argue for changes to the system. A large number of Americans are impacted by SSI and SSDI policies and regulations, with nine million people currently receiving SSDI, and, 35.2% of those recipients being designated with mental illnesses (www.nami.org). One of NAMI's main issues with the distribution of funds is the criteria used to evaluate the claims people submit to the U.S. Social Security Administration (SSA) which oversees SSI and SSDI. Instead of basing its definitions and diagnostic criteria on medical research and professional organizations' knowledge and experience, "the SSA uses its own definition of disability and its own diagnostic criteria for determining whether or not a certain individual has a disability" (www.nami.org).

Many diseases that are recognized by the professional community are not acknowledged by the SSA, so NAMI charges that its definitions are flawed and make it hard for a significant number of people with mental illnesses to qualify for needed assistance. Further, the criteria which is not in alignment with the professional communities' criteria "are not reviewed by mental health professionals and the reviewers may know little about mental health conditions" (www.nami.org). Clearly, in the way that NAMI perceives it, the injustice is one of maldistribution since people who need and should qualify for funding do not always receive it. But it is also positioned as misrecognition for NAMI because the definitions do not thoroughly acknowledge the range of serious mental illnesses that have been identified by professional communities and thus people are misrecognized. Further, the criteria used to evaluate claims do not align with current research and professional community standards, so these SSA policies also misrecognize people with mental illnesses in this way. The solutions to these problems, then, must address both misrecognition and maldistribution in the way that Fraser insists is necessary.

On the website, NAMI presents two major solutions—expanding the list of mental illnesses that qualify for aid and changing the existing evaluative criteria to match the professional community's standards. Changing the definitions and criteria would involve challenging the current institutionalized cultural value associated with mental health conditions, and would, thus, recognize those who are currently are evaluated to be not qualified for SSI/SSDI. Further, adding to and/or changing the current evaluative criteria by drawing on professional community's definitions along with having professionals/experts apply those criteria would also work on the level of redistribution. When the definitions and criteria change and when the people applying the criteria change, there is no doubt that who receives funding will likewise change. Both solutions exist in the realm of affirmative reform because these recommendations "correct inequitable outcomes of social arrangements without disturbing the underlying social structures that generate them" (Fraser 74). Throughout NAMI's discussion of this injustice, however, the structure of the SSI/SSDI system is not questioned in NAMI's proposed changes. Clearly, NAMI's proposed changes do not question the root causes for the financial difficulties, and affirmative change can achieve certain goals, but it is limited in scope.

NAMI's Use of Transformative Strategies

In addition to proposing and using affirmative strategies to address the injustices facing those with mental illness, NAMI also adopts the strategy that, Fraser argues, is most difficult to implement—that of transformation. The use of this strategy is evident in a report called "Engagement: A New Standard for Mental Health Care," in which the organization presents the results of research they did to determine how successful mental health care in the U.S. is. In particular, throughout the report, the organization focuses on the ways that system is at engaging with those who need it because "trusting and respectful relationships are the basis for recovery" ("Engagement" 3). Engagement is defined as "the relationships between people with mental illness and service providers, families and the broader community" ("Engagement" 3). In order to get a better sense of the nature of the

complex problems with engagement and to identify areas that need to be redressed, NAMI invited a diverse range of people to participate in listening sessions where these individuals shared their experiences with the problems and brainstormed potential ways to redress them. NAMI insists that the solutions can only be found when the multiple stakeholders are invited to participate in the conversation, giving everyone an important voice in determining what needs to be changed.

The results from the listening sessions made it clear that the diverse participants all agreed that the mental health system was failing those who need it. The participants' responses led NAMI to conclude that "outdated policies and practices are significant barriers to engagement in mental health services and supports. Overcrowded hospitals, large caseloads, time constraints imposed by payers, lack of training and lack of coordination across systems are some challenges that impede providers, programs and systems from engaging individuals and families" ("Engagement" 12). These material realities that impact the kind of engagement that people with mental illness have with health care professional are, according to NAMI's representation of them, structural. As NAMI explains it, "mental health systems of care are often designed in ways that fail to meet the ends of the people being served. Directly or indirectly, policies, procedures and practices exist that distance individuals with mental health conditions and their families and disregard opportunities for engagement" ("Engagement" 13). The consequences of this distancing and disregard are potentially life-altering and destructive: "Lack of effective engagement can have serious consequences when a condition gets worse: hospitalization, incarceration, homelessness and early death" ("Engagement" 13). This range of issues results in many of those who need the care not receiving that care.

As with the other injustices examined in this essay, NAMI adopts a perspectival dualist stance toward the problems with engagement in the mental health system. Both misrecognition and maldistribution come into play in creating the current injustices. The report cites shortage of mental health professionals, too large of caseloads for mental health professionals, and "rigid adherence to program rules and regulations" ("Engagement" 14) as parts of the problem that are caused by maldistribution. Yet, the report also cites uncaring mental health professions who show a "lack of respect for individuals and families" and an "inability to convey a sense of hope for recovery and achieving life goals," ("Engagement" 14) which align more with misrecognition. For NAMI, these two factors combine to create a hostile system that undercuts people's desire and needs to receive help for their mental health conditions.

In addition to looking at the problem through the lenses of maldistribution and misrecognition, NAMI's perspective on the solutions also adopt perspectival dualist approach, requiring that both maldistribution and misrecognition are addressed. The remedies the organization posits can only be achieved through intensive structural change. At the heart of the solution is NAMI's call for creating a culture of engagement for the mental health system, a change that would require changes in both distribution and recognition:

> Adopting a culture of engagement requires a reorientation of how we provide and pay for mental health services. Moreover, it requires a

> fundamental change in how we view mental illness and people who live with mental health conditions. This cultural shift is essential to promoting connection to care and the hope of recovery for Americans who live with mental health conditions—from those who are experiencing first symptoms to those who have struggled with severe and complex conditions for decades. (“Engagement” 19)

I quote this passage at length because it highlights not only the perspectival dualism that the organization uses to frame the solutions, but it also illustrates that these changes require intensive structural change. Both funding and thinking need to change in order for the system to help the diverse range of people who live with mental illness.

As part of the solution, the report advocates for the U. S. mental health system to “adopt 12 principles for advancing a culture of engagement” (“Engagement” 18) which embrace both recognition and redistribution. A representative sampling of these 12 principles are as follows:

- “make successful engagement a priority at every level of the mental health system. Train for it. Pay for it. Support it. Measure it” (“Engagement” 18).
- “Promote collaboration among a wide range of systems and providers, including primary care, emergency providers, law enforcement, housing providers and others” (“Engagement” 18).
- “Shape services and supports around life goals and interests. A person’s sense of wellness and connecting may be more vital than reducing symptoms” (“Engagement” 18).

First and foremost, these remedies require a focus on problems with misrecognition. These solutions require changes in the values assigned to mental illness and in the priorities that the system emphasizes. For instance, using a person’s wellness as the measure of success would require a conceptual shift in the “society’s institutionalized patterns of cultural value” (Fraser 17). NAMI also acknowledges that the solution to the problems facing engagements in mental health systems must involve the redistribution of resources. For instance, the report advocates training for mental health professionals which would include information about engaging with the population they serve. Doing so would require funding and knowledge, two significant resources. It also urges for the U. S. mental health system to invest in research that, among other things, studies “retention and dropout rates for individuals receiving mental health care” (“Engagement” 18). This funding would provide data that would help the system to better its ability to reach and retain people with mental illnesses who need the services the system has to offer. Thus, from NAMI’s perspective, the remedies to the injustices associated with lack of engagement in the system are a complex mix of recognition and redistribution.

The solutions NAMI proposes are complex and require transformative reform, as Fraser describes it. Throughout the report, NAMI argues that the problems with engagement are systemic. “The cultural shift embodied in the steps and principles above may appear simple and intuitive, but it has significant implications” (“Engagement” 19). These implications are transformative in nature. It is not a matter of simply changing a policy or adding definitions to the mix. Using

affirmative reform would not allow the organization to achieve the lofty goals this report lays out. Instead, what is required is that the current system be deconstructed and rebuilt, based on the lives and experiences of people with mental illness along with scientific research and medical professionals' knowledge. This goal will require systemic change. If, for instance, different systems and providers are to work together to provide better care as is recommended by NAMI, systemic change must occur. If services are to be shaped around people's life goals, institutional structures must be changed since current institutional practices do not necessarily align with such a belief. If engagement is made a priority as NAMI recommends, the system needs to change since that is not currently its priority. While individuals within the system can certainly choose to act in a caring manner and have an important effect on the experience of those receiving treatment, achieving the goal of a *culture* of engagement requires more than just changes in individuals; it requires changes in institutions.

What would this change look like? The report stops with recommendations for the principles that should drive change, but in it, NAMI does not lay out a specific plan for implementing them. The vagueness of report's conclusions echo Fraser's warning that transformative reform is difficult to implement.

NAMI's Use of Non-Reformist Reform Public

In other areas, NAMI employs non-reformist reform strategies in order to provide concrete suggestions about the ways we should address the injustices faced by people with mental illnesses. A representative example of the way the organization uses these strategies is in "Public Policy Platform of the National Alliance on Mental Illness," a report published by the organization, which presents the core injustices it works to remedy. In the report, NAMI argues that stigma is at the center of the difficulties faced by those with mental illnesses: "NAMI condemns all acts of stigma and discrimination directed against people living with mental illness, whether by intent, ignorance, or insensitivity … NAMI considers that acts of stigma reflect prejudice, dehumanize people with mental illness, trivialize their legitimate concerns, and are a significant barrier to effective delivery of mental health services" ("The Public Policy Platform" 2-3). As a problem of misrecognition, stigma is prevalent in U. S. culture in "epithets, nicknames, jokes, advertisements, and slurs that refer to individuals in a stigmatizing way" ("The Public Policy Platform" 2-3) and in literature, films, and television which frequently feature depictions of those with mental illness that are based on "degrading stereotypes and reinforce societal prejudices that serve as impediments to recovery" ("The Public Policy Platform" 3). NAMI's definition of the injustices associated with stigmatization illustrates the ways in which some are made "deficient or inferior" (Fraser 30) and the effect those value judgments have on people's material lives. It shows the ways in which stigmatization creates a flattening effect that simplifies the experiences of living with mental illness into a few stock images. Beyond generally condemning stigmatization, however, NAMI avoids making generalizations about the population of those with mental illnesses**.** In fact, it explores the unique characteristics of various groups while still managing to acknowledge a bridge that connects them all. A main goal of the report is to educate readers about this diverse range of issues that affect the lives

of people with mental—from PTSD to homelessness. Throughout the report, NAMI acknowledges the ways in which people's identities are multiply defined and thus avoids reifying the category of "mental illness."

On the surface, it would appear that NAMI's perspectives on stigmatization arise completely from misrecognition. However, in NAMI's discussion of stigmatization, maldistribution is also featured prominently through the effects that stigmatization has on people's access to equitable resources. Stigma, the organization argues, "is a significant barrier to effective delivery of mental health services. Because of stigma, individuals and families are often afraid to seek help; health care providers are often poorly trained to refer people to mental health professionals and/or mental health practitioners, and services are too often inadequately funded" ("The Public Policy Platform" 2-3). Further, training for healthcare providers and funding research that is "aimed toward the ultimate prevention and cure of these conditions" ("The Public Policy Platform" 7) are important resources that are often distributed inequitably because of social stigmas. Because NAMI views the problem of stigmatization through this perspectival dualist lens, analyzing the ways misrecognition and maldistribution operate within the framework of stigmas, it is able to highlight the complexity of the problem.

NAMI's solution aligns with this bivalent view of the problem, exploring changes that can achieve the needed changes in recognition and distribution. The report challenges stigmatized assumptions about people with mental illness, examining the ways age, ethnicity, gender along with their employment status, the languages they speak, the places to live that they have available to them all impact the kind of treatment that is needed. As the report explains it, "these differences must be respected, embraced, and accorded appropriate representation in mental diagnosis, treatment, services, and support in provider and governmental organizations as well as throughout the organization and operation of NAMI" ("The Public Policy Platform" 8). The organization proposes the need for all those who are impacted by and impact those with mental illness to be culturally competent throughout all aspects of diagnosis, treatment, and research. As NAMI explains it,

> becoming culturally competent is a developmental process that incorporates—at all levels—the importance of culture, an assessment of cross-cultural relations, vigilance about the dynamics that result from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet cultural needs. It is also a developmental process that can improve the quality of care and mental health service delivery system for all Americans. ("The Public Policy Platform" 13)

NAMI contends that it is crucial for both mental health and criminal justice professionals to understand the diversity of those who live with mental illness. Thus, there is a need to educate both groups on how to engage effectively and helpfully when encountering diversity.

This proposed solution addresses both issues of misrecognition and maldistribution. Clearly, developing cultural competence in health care providers, criminal justice professionals, and researchers can work to remedy the

misrecognition associated at the heart of stigmas not so much to help those with mental illness to become self-realized, but in order to create justice for those who are stigmatized and marginalized. At the same time, though, changes need to be made to how services are distributed. The report works to encourage cultural competence so that decisions made about the allocation of resources is based in that view. First, institutional funds need to be shifted in order to provide ongoing training in cultural competence. Cultural competence, then, should shape the training about mental illness that is given to healthcare professionals, administrators, and police, and the new perspectives and awareness gained through education should then be used to guide the ways in which services are distributed to those with mental illness.

NAMI's suggestion to educate mental health practitioners, criminal justice professionals and researchers is an example of non-reformist reform because it works both on the level of identities and institutions. The ongoing education of professionals would lead to changed perceptions of those who have mental illness, this change would influence the policies, the policies would influence the services available, and the changes in services could lead to different kinds of access. The type of education that NAMI proposes is a step toward larger change, not an end in itself. There is an acknowledgement that the system needs to change, that it's not just a matter of changing things within the system, but the solution proposed starts with changing aspects within the current structure—i.e. education which is only a step toward the long-term solution of changing the values upon which the mental health system is based and the services and access policies that derive from those foundational beliefs. Education, thus, has a double face, as Fraser describes it—the change works within the system by working to adjust the ways people's identities and needs are addressed within the system but also works to "set in motion a trajectory of changes in which more radical reforms become practicable over time" (Fraser 79). As diversity is more thoroughly incorporated in terms of how those with mental illness are seen as well as the diversity of those who work within those systems, the system will likely change. Non-reformist reform works to use practical changes to begin to alter the structure upon which those specific practices are operating/are based.

Conclusion

Analyzing NAMI's arguments for and practices of advocacy to enact public reform illustrates the ways in which we can enact the core principles that Fraser's theory advances. First and foremost, Fraser insists that "one should roundly reject the construction of redistribution and recognition as mutually exclusive alternatives. The goal should be, rather, to develop an integrated approach that can encompass, and harmonize, both dimensions of social justice" (Fraser 26). For Fraser, when we study any injustice, we need to look at both aspects. As the above analysis illustrates, NAMI successfully studies the connections between recognition and redistribution when analyzing the nature of the injustices and advocating for particular solutions. Further, Fraser argues that "a critical theory of contemporary society must include an account of the relation of status subordination to class subordination, misrecognition to maldistribution" (Fraser 59). In its advocacy documents, NAMI successfully explains the ways in which stigma attached to

those with mental illnesses impact the distribution of resources, showing how multiple recognition factors impact distribution of resources. Further, the organization also successfully explains the ways in which a lack of resources can lead to further stigmatization. If mental health care professionals and others are not educated about the needs of those with mental illness, if research on mental illness is not funded, if mental health services are not funded for everyone, then the ground is fertile for continued and increased misrecognition. If, for instance, criminal justice professionals are not provided training on mental illnesses, they may likely rely on cultural stereotypes and their own experiences. Further, the resource of the knowledge and experience of those living with mental illness is not capitalized on by the mental health system since those with mental illness are not given an equal voice in their own treatment much less in what the mental health system privileges and how it operates. Studying the ways in which NAMI uses affirmative, transformative, and non-reformist reform strategies provide us with examples of how the principles that Fraser lays out can be implemented to redress injustices.

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