



Social Movements and Sociological Knowledge on Mental Health: Where are we now?

**Friday 13th June 10 a.m. – 5 pm
University of Wolverhampton, City campus**

Briefing paper

Compiled by Dina Poursanidou and Lydia Lewis

In celebration of the Study Group's 10 year anniversary and building on its programme of work to date, this event brought together a diversity of stakeholders to consider theoretical and applied sociological knowledge on mental health across a range of social movements and the relationships between these movements. Over 40 people attended for what proved to be a hugely successful event. The event provided a space for critical reflection and discussion on:

- i) the ways in which the psychiatric survivor movement, the disabled people's (disability) movement, the trade union movement, the civil rights movement & the women's (feminist) movement and their social histories have shaped sociological knowledge on mental health;
- ii) overlaps, links, commonalities and synergies, as well as differences, points of departure and tensions between these movements; and
- iii) the possibilities or otherwise for alliances between these social movements and between the movements and academia in sociological knowledge construction and social action for the future concerning mental health.

The event offered space for multi-disciplinary debate and discussion of the interface between disciplinary/study/practice areas concerned with social perspectives on mental health (e.g. Medical Sociology, Education, Disability Studies, Social Work, Women's Studies, Social Psychiatry) and provided the opportunity for reflecting on the implications for policy and practice of critical research on mental health across these study areas.

The day began with an introduction to the Study Group by Lydia Lewis, Centre for Developmental and Applied Research in Education, University of Wolverhampton and to the day by Dina Poursanidou, Centre for Women's Mental Health, University of Manchester. Sessions and presentations were as follows and a summary of key points is included for some of the presentations:

Session 1: The contribution of the survivor movement to sociological knowledge on mental health and ways forward for the movement

Origins of self advocacy discourse- Janet Wallcraft, Centre for Developmental and Applied Research in Education, University of Wolverhampton. Key points:

- Foucault argues that the discourses of psychopathology, for instance, on melancholia, or neurosis, 'constituted its object and worked it to the point of transforming it altogether.' i.e. the objects described by the discourse of psychopathology are 'shaped by measures of discrimination and repression'.
- The discourse of psychopathology, therefore, was founded, according to Foucault, on a monologue of psychiatrists about patients.
- Most attempts at reform, from the 19th century Quakers onwards, have been co-opted and assimilated into psychopathology, which continues to define what is suitable research and what is real knowledge, while the law allows treatments to be enforced 'for our own good'.
- By creating our own discourse, one of 'self-advocacy', which began as soon as patients began to speak out individually and in groups, our movement challenges psychopathology's right to define us. Survivors and service users have told our own stories as simple narrative, and increasingly have carried out research and writing which challenges the discourse of psychopathology, in particular in relation to crisis, ECT, self harm, psychosis, and human rights and justice.
- The existence of the UN Convention on the Rights of Persons with Disabilities is a clear statement that forced treatment in mental health is oppressive and discriminatory and contrary to human rights. Based on our collective writings, our national and international organisations, and our legal position under the UNCRPD we have the potential to challenge psychopathology's hegemony as an intellectual and legal framework.

The potential of autoethnography for generating user/survivor knowledge - Sarah Carr, Sarah Carr and Associates Ltd, Universities of Birmingham and York and Co-Vice Chair of the National Survivor User Network (NSUN). Key points:

- People who have mental health problems and LGB people have had their stories told by and identities determined by others.
- Auto-ethnography has the potential to provide a methodological framework for capturing personal testimony, experience and narrative for research on mental health and LGB people which can add to collective knowledge.
- Critics of auto-ethnography claim it encourages narcissism, but in this context analytical auto-ethnography can be a tool for activism: 'the task of life history and personal narrative is not merely to develop a catalogue of silenced lives, as if such a creation of a catalogue is sufficient, but rather, we undertake such research to challenge the oppressive structures that create the conditions for silencing' (Tierney 1998 p.55).

Reference: Tierney, W. (1998), Life's history's history: Subjects foretold, *Qualitative Inquiry*, vol 4, no 1, pp 49-70.

Learning from Feminism: Epistemology, Power and Activism - Diana Rose, Institute of Psychiatry, King's College London

Mind Freedom International – film clip, introduced by Lydia Lewis, University of Wolverhampton

Session 2: The women's movement and sociological knowledge on mental health

Experiencing mental health services - Donna Adams, Wolverhampton Women's Wellbeing Centre

Is the personal (bio)political in the digital age?: Feminism, depression and the troubling of neuro selfhood - Simone Fullagar, Faculty of Humanities and Social Sciences, University of Bath. Key points:

- This paper examined how the feminist ethos ('the personal is political') is configured in contemporary debates within online communities (via blogs, twitter) about women's mental health (particularly relating to depression). These digital sites have become central to the activist agenda of what has been termed 'fourth wave feminism'. Several different examples of sites were selected that seek to:
 - advocate for and give voice to women's experience of distress,
 - question the inclusiveness of feminist politics (in terms of mental health issues/language) and
 - facilitate critical responses to the expert knowledge of policy makers about women's lives.
- These digital debates open up important discursive spaces within public culture and situate mental health within gender politics, unlike so many mental health prevention and policy initiatives that treat gender merely as a variable describing the different rates of depression for women and men.
- Digital platforms enable a fluid set of practices through their association with feminist and survivor movements as there are multiple identities performed. Digital spaces do not rely on co-presence; individuals connections with collective issues and actions of various kinds can be produced in localised places or communicated more broadly via the web. Digital spaces and forms of interaction are also highly gendered and have been central to the emergence of various forms of feminist activism.
- The paper drew on the work of Nikolas Rose to examine how the rise of neuroscience has permeated our everyday understandings and self-interpretations with respect to mental health and extended this approach to analyse the effects of neurobiological selfhood for women.

Commentary on identities and ideologies in the women's and mental health service user/survivor movements – Lydia Lewis, University of Wolverhampton. Based on an article entitled *Mental Health and Human Rights: A Common Agenda for Service User/Survivor and Women's Groups?* published in *Policy and Politics* in 2009 (issue 37 no. 1 pp. 75-92), this presentation:

- Provided a description of the histories of the mental health service user movement and women's third sector services relating to 'mental health';
- Described the relationship between the service user and women's movements in relation to action concerning mental health;
- Examined why issues of gender and links with feminism have tended to be overlooked by mental health service user groups and action in the recent context;
- Explored the points of convergence as well as divergence and conflict between service user/survivor and feminist politics in the mental health sphere; and
- Drew out implications for future strategies.

Session 3: The trade union movement and sociological knowledge on mental health

Solidarity between survivor and trade union activists: organising for democratic alliances - Mick McKeown, School of Health, University of Central Lancashire: Key points:

- For those of us interested in using social sciences to tackle some of the inequalities and other problems of urban life, insights into cooperation and alliance formation between different forms of activism hold out some promise. I am interested in exploring the ups and downs of alliance formation between members of the mental health workforce, academic staff, and autonomous service user/survivor groups. This is a territory loaded with both perils and possibilities. Contemplation of this opens up wider potential to develop critical thinking about the role of universities and other stakeholders in supporting civic society and democracy.
- Alliances, by definition, bring people together and develop close social ties and relationships around common cause. In this context, where the conceptual and political territory is contested, potential allies may have to pause and consider how best to frame and conduct discussions about mental health and disability in society. With the potential for varied standpoints to arise in discussion, both within and between the survivor and disability movements, there is a need to give thought to the forms of social space which might facilitate dialogue and social action. Ideas about respect, cooperation and 'communicative action' offer one way forward but standard approaches might need adapting and refining. Building on various personal experiences, including involvement in a community engagement initiative (Comensus) at

the University of Central Lancashire (UCLAN) and community campaigning and trade union struggles in this and other contexts, I see possibilities for developing spaces for communicative action which forge alliances across diverse groups and work with conflicting demands. Translating talk into action might involve strengthening the power and influence of the survivor movement by contemplating possibilities for alliances with other social movements, the labour movement and trade unions. Trade unions, especially right now, are attempting to renew and revitalise themselves and one set of organising strategies looks to form community alliances and coalitions.

- Social science theorising in this field is replete with both a complexity of competing ideas for framing the theory and politics of mental health survivor identity in a context of wider 'disability' struggles and the sense that activism for change is paramount. Similarly, there is a wealth of critical debate within the fields of labour relations and trade union studies. Different means of making sense of the social position of mental health survivors and workers have the potential to underpin movement activism. Questions arise over the extent to which different understandings, and the means by which they are arrived at, might foster solidarity or division within the survivor movement or with potential allies. As with any context where ideas and strategy are open to dispute as much as consensus, there is an always present possibility for the sort of acrimony or splitting that is the enemy of collective action towards political goals.
- There is a need to explore understandings of ways by which individuals and groups might take part in discussion and debate to arrive at more agreeable theories or politics of mental health. A critical look at Habermas's theory of communicative action and its relevance for this context was discussed. Similarly, the contribution that community focused activism might make to broader struggles for trade union legitimacy, citizen voice, participation and a progressive polity was discussed.
- There is a mixed history of this sort of coalition building with some notable examples of constructive dialogue and action over the years. The main arguments put forward here are that action which proceeds beyond talk to advance political and social objectives relevant to mental health and people's lived experiences could and should mobilise actors across a range of social movements and progressive organisations, including the trade unions which organize public sector workers. Arguably, this need not dilute or co-opt the survivor movement voice but that is a threat that must be considered and countered. Any praxis must be able to accommodate the sort of unsettling and unsettled conversations necessary to achieve authentic rather than imperfect solidarity. The progressive left can be accused of insufficiently understanding mental health, and also have a tendency to take cooperation for granted. Cooperative alliances have to be nurtured and worked at if they are to be sustained. To engage in this work could offer possible redemption for the legitimacy crises and democratic deficits faced by various movements for change. One person's peril is another's possibility.

Community and union, bridges towards a holistic approach in service delivery -
Matthew Danaher, Unison

Session 4: Social Models

Women, alcohol, mental health: how a politics of oppression has been instrumental in shaping our lives – Patsy Staddon, Women's Independent Alcohol Support and University of Plymouth. Key points:

This presentation explored the connections between a social model of disability and one of mental health and of the use of substances by less powerful groups, such as young people and women. It showed some of the ways in which society may control behaviour it sees as potentially destabilising, such as behaviour out of role, and the issue of human rights when approval rests upon prescribed and circumscribed appearance and behaviour for such groups. It challenged the concept of alcohol as problem, as opposed to a means of exploration and self-discovery, but one which is meant to be available only to privileged members of society, such as the wealthy and powerful, and most commonly men. It perceived the attitude of society, towards the drinking of women and young people in particular, as a politics of oppression, whereby the use of shame and contempt are widely used to persuade these less privileged groups to return to the modest, decorous and above all, reliable, behaviour expected of them.

Madness and the sociology of disablement: tensions and possibilities - Helen Spandler, School of Social Work, University of Central Lancashire. This presentation:

- raised issues about the situating of 'mental illness' as disability within current policy frameworks;
- identified the development of sociological knowledge from the disabled people movement and the psychiatric survivor movement (through disability studies and mad studies); and
- explored the potential cross fertilisation of ideas and practices from the disabled people movement and the psychiatric survivor movement.

In addition, the symposium included a poster display from the University of Wolverhampton Faculty of Education, Health and Wellbeing's SUCCESS Group of service users and carers, organised by Sarah Connor and Rupy Pandaal. This generated a significant amount of interest.

The day ended with an overview of and reflections on the proceedings from Dina Poursanidou and with group discussion of the implications of the day's proceedings for action surrounding mental health. Points of discussion included: the diminishing of community association; the inadequacy of existing mainstream mental health services and the need to imagine and create alternatives; the possibilities offered by community development approaches and the resourcefulness of communities but the need to ensure these approaches don't lead to expectations of voluntary, rather than funded, provision; and opportunities for cross association solidarity.

Delegate feedback comments included:

"I enjoyed the meeting with all the survivor/user/academic researchers much more than expected [and] believe that the kind and informal welcoming and facilitations did a lot to create this atmosphere."

"Thank you so much for Friday - I loved it! It was interesting, thought provoking and challenging."

"It was a very intellectually stimulating day. Congratulations for putting together a great range of speakers, covering many perspectives and creating good discussion."

"Thanks to you and colleagues for organising what was a really interesting and engaging BSA event in Wolves."

"It was indeed a very interesting event and I found it thought provoking as did my colleagues. We did receive a lot of interest and made a number of contacts which was fantastic."

"I felt it was a really interesting event and ran very smoothly."

"Well done on a thoroughly worthwhile and well put together day - it did go down really well."

"Thank you for all the work you put in to make yesterday a success, which it definitely was."

The presentations are now available on the Study Group's web site (below). Following an approach from a publisher, a book based on the proceedings is also planned.

Organisers: Dina Poursanidou, University of Manchester, Lydia Lewis, University of Wolverhampton and Patsy Staddon, Women's Independent Alcohol Support and University of Plymouth.

The organisers would like to thank the BSA and the UoW for their support of the event and Liz Brosnan and Angela Cotton for their help on the day.

BSA Mental Health Study Group web site:
<http://www.britsoc.co.uk/medsoc/MedSocMentalHealth.aspx>

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