Contesting Psychiatry
Social movements in mental health

Nick Crossley

Critical Studies in Health and Society

Also available as a printed book
see title verso for ISBN details
Contesting Psychiatry

Sociologists have written much about power in relation to psychiatry and mental health services. Until now, however, there has been little research on resistance to this power, whether in the form of individual crusades or the collective efforts of social movements. As a result, a central thread in the social constitution of the mental health system has been overlooked.

Contesting Psychiatry explores the history of resistance to psychiatry in the UK between 1950 and 2000, and more particularly, the history of the social movements which have mounted this resistance, calling psychiatry into question. Key features include:

• an account of the key social movements and organisations which have contested psychiatry over the last fifty years
• an exploration of theories and conceptions of social movements as they apply in the health domain
• a theorisation of resistance to psychiatry which might apply to other national contexts and to social movement formation and protest in other medical arenas.

Original and provocative in its approach, Contesting Psychiatry offers a new sociological perspective on psychiatry. It is essential reading for students and academics alike and a unique contribution to the sociological understanding of psychiatry and medicine.

Critical Studies in Health and Society
Series Editors
Simon J. Williams & Gillian Bendelow

This major new international book series takes a critical look at health in a rapidly changing social world. The series includes theoretically sophisticated and empirically informed contributions on cutting-edge issues from leading figures within the sociology of health and allied disciplines and domains. Current authors/titles include the following:

New Social Movements and Mental Health
Nick Crossley

Men, Masculinities and Health
Alan Dolan

Medical Understandings of Lifestyles
Gary Easthope and Emily Hansen

Medical Sociology and Old Age
Towards a sociology of health in later life
Paul Higgs and Ian Rees Jones

Violence against Health Professionals
Jonathan Gabe

New Health Technologies and the Lifeworld
Sonja Olin Lauritzen, Lars-Christer Hydén and Fredrik Svenaeus

Emotional Labour and Health Care
Catherine Theodosphius

Written in a lively, accessible and engaging style, with many thought-provoking insights, the series will cater to a truly interdisciplinary audience of researchers, professionals, practitioners and policy makers with an interest in health and social change.

Those interested in submitting proposals for single or co-authored, edited or co-edited volumes should contact the series editors Simon Williams (file:///D:/Input/2000e577/s.j.williams@warwick.ac.uk) and Gillian Bendelow (file:///D:/Input/2000e577/g.a.bendelow@sussex.ac.uk)
Contesting Psychiatry
Social movements in mental health

Nick Crossley

LONDON AND NEW YORK
This book is dedicated to Jakey A.J.Crossley (11 months old), who is too young to have read the manuscript but who did chew over one or two of the chapters.
Contents

List of illustrations viii
Acknowledgements x

Introduction: researching resistance 1
1 Social movements, SMOs and fields of contention 11
2 A value-added model of mobilisation 27
3 Contextualising contention: a potted history of the mental health field 41
4 Mental hygiene and early protests: 1930–60 61
5 Anti-psychiatry and ‘the Sixties’ 88
6 Parents, people and a radical change of MIND 112
7 A union of mental patients 128
8 Networks, survivors and international connections 146
9 Consolidation and backlash 170

Notes 186
Bibliography 190
Index 197
# Illustrations

## Figures

1.1 Zald and McCarthy’s model illustrated (and simplified) 13  
1.2 URL links between mental health sites 18  
1.3 A network of activist links 18  
1.4 Indegree values for Figure 1.2 21  
1.5 Structural equivalence between SMOs 23  
3.1 Number of county borough asylums in Britain 1827–1930 48  
3.2 Average number of patients in county asylums in Britain 1827–1930 48  
3.3 Rates of insanity per 10,000 of the population 1807–90 49  
3.4 Legal status of admissions to county and borough mental hospitals 54  
4.1 Number of NAMH local associations 1953–96 78  
7.1 The evolving network structure of the MPU 135  
7.2 MPU membership in March 1974 136  
8.1 Overlapping membership between BNAP, CAPO and SSO 164  
8.2 Survivor’s speak out membership figures 1986–95 165
<table>
<thead>
<tr>
<th>Tables</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Lunacy reform in the nineteenth century</td>
</tr>
<tr>
<td>5.1</td>
<td>Laing’s early and later journal papers</td>
</tr>
</tbody>
</table>
Acknowledgements

The research upon which this book is based was funded in large part by a grant from the Economic and Social Research Council (ref. 00222187). Many thanks to them for their support. The writing up was completed during a teaching buyout funded partly by Manchester University’s Centre for Research in Socio-Cultural Change (CRESC), to which I belong, and partly by the Sociology discipline area, to which I also belong. Again, thanks to both. I promise I’ll get on with what I said I was going to do now!

I began this project whilst working at the Centre for Psychotherapeutic Studies in the Department of Psychiatry at the University of Sheffield. I finished it whilst working in what was the Department of Sociology at the University of Manchester (what is now the sociology ‘discipline area’). Each of these locations has had a large impact upon the project and I am very grateful to colleagues at both for their support and input. It’s been challenging and fun, in no small part because of you.

Thanks as ever go to Michele, who has kept me on my toes, intellectually and every other way, throughout, and to little Jakey who always reminds me that there is a life beyond the academic world—a wonderful life in fact.

Finally, thank you to the activists who allowed me to interview them and, in many cases, fed me a diet of documents relating to their groups, movements and causes. I have a great deal of respect for all of the people I interviewed and though you can’t all ‘win’, whatever that entails, I wish you all well in your struggle. Whatever side of the fence one sits on, it is pretty obvious that much needs to be done to improve mental health services in the United Kingdom and it is due to people like you that it just might be.
**Introduction**

**Researching resistance**

This book is about the ‘field of contention’ that grew up around psychiatry and mental health services in Britain in the second half of the twentieth century. That is to say, it is about the interactions of competing and conflicting agents who sought to transform both conceptions and practices within the mental health system and the treatment of the ‘mentally ill’ in wider society. I focus not only upon groups who have opposed conventional psychiatry, pioneering their own alternatives, but also upon groups who have countered this opposition, calling upon mainstream psychiatry to ignore its liberal and radical critics and to stick to its ‘proper role’.

The project upon which the book is based first began to take shape in the mid-1990s. I was working in a ‘Centre for Psychotherapeutic Studies’, in a Department of Psychiatry, teaching aspects of the sociology and philosophy of mental health to postgraduate students. I had decided to base a research project around this teaching interest and the imbalance in the curriculum pointed me in a very obvious direction. It seemed that almost every perspective in sociology had something to say about psychiatry and in most cases what they had to say centred upon issues of power and control. Much less, in fact scarcely anything at all, was written about resistance to this power and control. Foucauldian work was very much in the ascendancy in British sociology at the time and the early British Foucauldians, many of whom had cut their empirical teeth on ‘psy’ issues, were quite critical of what they took to be simplistic ‘social control’ approaches to the sociology of psychiatry (e.g. Miller 1986). However, ‘power’ was still central to their understanding of ‘the psy-complex’ (Miller and Rose 1986, Rose 1985, 1989), as it had been to Foucault (1965, 1987) and to French sociologists inspired by him (Castel 1988). Beyond the Foucauldians, there were prominent contributions from Marxist writers (Scull 1984, 1993), interactionists (Goffman 1961, 1971, Lemert 1951, Scheff 1984), feminists (Busfield 1996, Showalter 1987, Ussher 1991) and theorists of race and ethnicity (Fernando 1991, Littlewood and Lipsedge 1989, Sashidharan 1986), all of whom pointed in some way to the power and controlling function of psychiatry. Even less politically charged and more general accounts, such as we find in Parsons’ (1951) reflections upon ‘the sick role’, essentially describe and name a process of social control. As noted earlier, however, what was much less evident was any attention to resistance to this power and control. Many sociologists themselves opposed and in their own way resisted psychiatric power and control but this and other forms of resistance were seldom made thematic as a topic of analysis. Resistance, so it seemed, was a blind spot. And its absence from the analytic spotlight, to my mind, generated a very one-sided picture of the mental health field.

The Foucauldians, admittedly, had a concept of resistance but it was poorly developed and never seemed to find its way into their otherwise impressive empirical accounts (although, more recently, see Cress well forthcoming). Goffman (1961) had ventured a
little further, offering a typology of ways in which inmates accommodate to life in large mental hospitals, which included forms of resistance. But this typology didn’t ‘do’ very much except indicate that some inmates do sometimes resist in a variety of ways. Sedgwick (1982) was much more directly interested in resistance but his primary concern was to challenge fashionable streams of anti-psychiatric thought in a head-on political-philosophical contest, rather than exploring the emergence and context of these ideas in a sociological fashion. In a roundabout way, the historian, Roy Porter (1987b), in a study that explores selected stories of relatively well-known ‘mad persons’, had the most to say about resistance. Many of his ‘stories of the insane’ were, at least in part, stories of resistance. But resistance was not thematic in his analysis and was not analytically dissected. It seemed, therefore, that I had found an area in need of analysis. I was going to investigate resistance to psychiatry.

My original inclination was to approach resistance at an individual level, focusing upon small gestures, such as omitting to take pills. I hoped to work observationally and in ‘real time’. Perhaps I would observe on a ward? This quickly proved a dead end for both methodological and pragmatic reasons. Much individual level protest, insofar as one can tell, is conducted in secret or at least beyond the reach of the psychiatric gaze. It is conducted in private spaces where it is not amenable to observation and those who do it keep it private because they do not want to be identified. In addition, when resistance is more overt (e.g. a patient absconds) it happens unannounced and, to all intents and purposes, out of the blue. This makes observation and ‘real-time’ analysis very difficult. On top of this, the more I examined and thought about isolated acts of resistance, the more slippery their meaning became and the less sure I was that they could be described as acts of resistance. Omitting to take medicine, throwing it down the toilet or absconding can be motivated by a variety of factors: for example, forgetfulness, distraction, apathy, despondency, fear etc., not just opposition to psychiatry. In the medical sense of ‘treatment resistance’ these diverse motivations are of little consequence since anything that hinders treatment, for whatever reason, is regarded as resistance. Likewise psychoanalysis is inclined to read oppositional intent into a variety of seemingly innocent motivations. Sociology, however, must be more discriminating with respect to meaning. Are patients who forget to take their medication really resisting? Even absconding cannot unproblematically be deemed ‘resistance’, at least if motivated by an impulse of fear and an opportunity to run. Running from what one fears is not exactly resisting it. And neither is omitting or avoiding what is unpleasant. At least these are not examples of resistance with a capital ‘R’.

Resistance, I began to think, implies a project of resistance which, even if it begins life in the form of vague, spontaneous and pre-reflective gestures and impulses, at some point becomes thematic and reflective, linking up to ‘vocabularies of motive’ (Mills 1967) which formulate it as resistance. Resistance is ‘theorised’ by those who engage in it. And these theories, in turn, steer and sustain it. The problem with individual and isolated acts of resistance, it became clear, was that I could not link them to reflexive projects of resistance which would constitute them as acts of resistance. And without reflexive projects of resistance I could not be clear that what I was looking at were acts of resistance at all.

One way out of this problem might have been to interview patients who engage in such acts in order to ascertain whether they define their acts in terms of resistance
projects. However, this is easier said than done. On the one hand, identifying patients who engage in these activities is difficult because the acts are often invisible. On the other, though my (always sympathetic) psychiatric colleagues would have supported and aided such a project wholeheartedly, medical ethics committees, who act as gatekeepers in such research, often prove less amenable. I felt that, methodologically, the open-ended and exploratory nature of an investigation of this kind would not appeal to their narrow and relatively conservative view of good research design (generally based on hypothetico-deductive and double-blind models). More importantly still, however, I had doubts about the methodology myself. Would interviews really give me access to what I was after in this situation? Wasn’t there a risk that my results would turn out to be an artefact of my project; that I would put interviewees in a situation where they felt obliged to concoct stories of resistance for my benefit, or at least to thematise, reflect upon and make sense of behaviours that they would not ordinarily have given much thought or meaning to? Would I be turning what might otherwise, for my interviewees, be mundane and largely insignificant molehills into mountains of sociological research? This is always a danger in interview research, of course, including the research that I did eventually go on to do, but it seemed particularly acute in this context.

For these reasons it began to dawn upon me that publicly organised forms of resistance, which were the main source of my sense that there was resistance in the first place, might make a better focus for a sociological study. In public forms of resistance, agents freely identify themselves as ‘opposed to psychiatry’ or indeed, in favour of it. They register their views in documents which an interested social scientist can access and analyse. They have an explicit project of resistance and they spell it out in manifestos, magazines, books and meetings. There is, for this reason, less ambiguity at the level of meaning with respect to their acts of resistance. Furthermore, there are ‘naturally occurring’ data which are free of the potential contamination of sociological prompts. Public forms of resistance generally generate a paper trail which the sociologist can pick up and analyse.

The more I looked at instances of resistance and resisting individuals, defined in this way, the more I found them to be connected to collectives of various sorts. Although most individuals are capable of saying ‘no’ and refusing to comply and although there are many individual biographical trajectories into resistance, the maturing of individual sentiments and inclinations into projects of resistance is very often a collective phenomenon. Projects of resistance and the components they involve (e.g. identities, narratives, protest activities, vocabularies of motive) are much easier to generate and sustain collectively. Ideas develop and flourish in dialogue and agents can confirm for one another the ‘reality’ of what they are doing and opposing. The maintenance of even mundane and uncontroversial definitions of reality, as Berger and Luckmann (1979) note, often requires confirmation and complicity from others. This is all the more so when the definition in question runs contrary to and is critical of that proffered by symbolically and materially powerful agents. Moreover, group life generates an esprit de corps which binds members into their collective project (Blumer 1969) and networks of support which raise morale and keep the project afloat when downturns threaten. Resources can be pooled and labour shared. And groups and networks recruit, intentionally and
unintentionally, thereby generating pathways into resistance which others may follow and may find easier to tread than the self-made path of the pioneer.

The importance of the collective dimension led me to the literature on the sociology of protest, social movements and what Tilly (1978) and Tarrow (1998) call ‘contentious polities’ (see Crossley 2002a). Working through this literature, I elected to map collective resistance of contentious politics in the mental health domain in terms of three key elements: (1) social movements, (2) social movement organisations (SMOs) and (3) fields of contention. These concepts are explained in detail in Chapter 1. Suffice it to say for now that I define social movements, very loosely, as emergent discourses within a society or subsection of society which constitute or connect to a political demand. I define SMOs, following Zald and McCarthy (1994), as specific organisations, groups, networks or projects which represent, service, cultivate and act upon that demand in pursuit of its goal, sometimes in competition or conflict with one another. I define a field of contention as the dynamic, always-in-process social and cultural structure generated by way of the interactions and relationships both between SMOs and between SMOs and a range of further relevant players who are implicated in the problems or issues identified in social movement discourses. The other relevant players referred to here include funding bodies that SMOs might apply to, agents of social control who seek to restrict and regulate their activity, government departments, and pools of ‘adherents’ and ‘constituents’ (see Chapter 1).

There may be more than one movement represented in any field of contention, as, indeed, there are often many competing SMOs seeking to represent a single movement. The field of psychiatric contention is a good example of this. Between 1950 and 2000, the period I cover in this study, it has been populated by at least five distinct social movements, all of which are discussed in this book and most of which have been represented by more than one SMO at any point of time:

1 a mental hygiene movement;
2 a civil rights movement;
3 an anti-psychiatry movement;
4 a movement which began as a ‘patients’ movement but later renamed itself a ‘user’ or ‘survivor’ movement, and then later, for some at least, became a ‘mad’ movement and
5 a movement which has no obvious label but which tends to represent the interests of the families of ‘the mentally ill’, which is critical of liberalism and radicalism in psychiatry, calling for quicker diagnosis and treatment, and which therefore tends to be critical of and criticised by activists and SMOs in movements 2, 3 and 4: an anti-anti-psychiatry movement.

The mental hygiene movement slightly predates the others and had more or less faded out before the patient and anti-anti-psychiatry movements had emerged. It coexisted, not altogether peacefully, with the civil rights and anti-psychiatry movements, however. And the others have coexisted with one another, again not always peacefully, in more recent times. This interplay of different movements and their SMOs, within a single field of contention which they collectively constitute, is one of the key foci of this study.

Posing the question of resistance in terms of movements, SMOs and fields, it will now be obvious, raises a historical aspect. Fields are, as noted, always ‘in process’. Movements and SMOs come and go within them and change their patterns of alliance.
and relationships, as indeed do funding bodies and government departments. The question therefore arises of where specific movements and SMOs come from. Why do they emerge where they do, when they do, in the way that they do? These are key questions for this study. In addition, however, I have also been interested in questions of stability and reproduction; how do movements and SMOs manage to survive and maintain their identity and stability over time, given their own processual nature and the often changing dynamics of the field in which they are involved?

Sociological theories are useful in answering these questions and I have situated my analysis within a strong theoretical framework, which is outlined in Chapter 1. Equally important, however, is the historical narrative of the field, its movements and their SMOs. To understand a field and its ‘parts’ (i.e. movements, SMOs and activists) we need to understand its ‘story’; that is, how events, episodes, SMOs etc. unfold and connect across time. Moreover, we need to make space for the events and contingencies that often assume a central place in these stories. Sociologists are often reluctant to focus on ‘story’ in this way, partly because of concerns that analysis might collapse into ‘mere description’ and partly because of the tacit nomothetic bias of the discipline, which makes contingencies and particularities difficult to engage with. However, we need to move beyond this position. First, we must recognise that narratives and descriptions always already embody a considerable amount of analytic work. Second, we need to recognise that narratives in particular access and analyse a central aspect of social reality which tends to elude other research approaches: its temporal flow and processual nature. Third, as Andrew Abbott (2001) has argued, sociological explanation cannot begin to get off the ground without strong descriptions and narratives which pull together the available data. I am not proposing to abandon all conventional sociological models and forms of analysis in favour of ‘the story’. Clearly both are important and the line between them can become very blurred. But ‘the story’ is important in this study, and I want to prepare the reader for that and briefly explain myself.

Questions of method

Mention of ‘the story’ raises further questions: how have I pieced it together and where has my data come from? My initial inclination was to access the field by way of an analysis of the archives of written material produced by the relevant SMOs. In the event, however, following a successful application for a small grant to the Economic and Social Research Council (ESRC), I was able to supplement my archive analysis with a series of oral history interviews with ‘key players’ from the various groups I was identifying; that is to say, activists who had been involved in setting up groups, who had been involved in a number of groups and/or had achieved a high profile in the field. Totally, 35 key players were interviewed. Moreover, as no formal archive existed for most of the SMOs I was becoming interested in, archive compilation became as much a part of my project as archive analysis, and this tended to run alongside the interview process. In the course of my interviews I asked interviewees if they had kept any of the documentation of the various groups and campaigns they had been involved in. Some had kept a great deal, including manifestos, newssheets and minutes of meetings, and most were willing to allow me to make copies of what they had. In this way I was able to build an archive...
consisting of over 50 A4 document wallets of materials, which filled 3 large storage boxes.

Interviewees were selected, in part, by way of a snowball sample. I asked each of my interviewees who the key players in the field were and whether they had contact details for these people. I then chased up these people and repeated the process until no new names came up. In addition, I selected interviewees from the archive, looking out for names which tended to crop up repeatedly. When I had identified a person in this way I contacted them by whatever channels were open to me and requested an interview. I didn’t interview everybody who was on my wish list. Some had died. Others did not respond to my letters or phone messages. I was, however, able to interview many of the key players from UK mental health politics, particularly from the 1980s and 1990s.

The interviews, which all lasted between 30 minutes and 2 hours (except for two email interviews), were open ended but focused primarily upon individual histories of activism and the histories of specific SMOs. They are cited anonymously in the text with an interview number and, where relevant, a brief description of the interviewee (e.g. ‘psychiatrist’). Interview numbers reflect the order of first appearance of the interviews in the body of my text, such that the first interview I use is cited as ‘Interview 1’ throughout the study, the second as ‘Interview 2’ etc. (not all interviews are cited in the study). It has sometimes proved difficult to reconcile the imperative of anonymity with the broader nature of my project. The history I am recounting is replete with ‘stars’ of various kinds, some of whom I have had to name as actors in the drama, since doing otherwise would render my account absurd—like a history of the kings and queens of England which omitted their names. Activists, almost by definition, generate publicity for their causes and, by default, for themselves. Moreover, they write, sometimes prolifically, attaching their own names to what they write. It has been difficult sometimes to discuss a named individual and their writing and then cite interview material with them whilst keeping them anonymous. I hope, however, that I have succeeded.

I approached the analysis of interview transcripts and archive documents in three ways. Some, which spoke directly of the history I was attempting to trace, I treated as ‘witness statements’. I was aware, of course, that witness statements are often partial, on account of the location and interests of the witness. They don’t see everything and neither do they say everything that they did see. They are selective and they may have an investment in telling the story one way rather than another. I was seldom in a situation where I had only one account of major events to draw upon, however, and was thus able, through a process of cross-checking and corroboration, to piece together an account which was agreed upon by a number of independent sources. Other documents didn’t so much report upon the history I was tracing as belong to it. They were minutes of meetings, newssheets, posters and flyers; speech acts produced in the heat of a moment but now frozen in time on a photocopied sheet before me. These documents too recorded and reported on events, and I was able to use them as direct evidence, drawing information from them about events, relationships, issues etc. Moreover, both these and my witness statements served the purpose of directing me to further possible sources of evidence. Some, for example, refer to media articles, debates in Parliament or published books. Finally, in relation to all documents and interview transcripts, I adopted a stance that was more ‘phenomenological’ in nature. I was interested to see how different writers and speakers ‘constructed’ their domain; how issues were framed, what language was
used and what assumptions made; what was taken for granted and what thematised; who was referenced and referred to and what this might say about the referee, referent and their relationship. Inspired by Mead (1967) and Merleau-Ponty (1962, 1965), I took these discourses to be a concrete embodiment of the thought processes of the agents who produced them, albeit an embodiment in need of interpretation and one which could not be taken at face value; an embodiment which better allowed me to understand how they made sense of their own situations. The documents and transcripts contained vocabularies of motive and plans of action. They betrayed the typifications and reasoning processes of those who expressed them. Moreover, and of historical interest, they could be seen to change over time. Typifications and schemas which dominate at one point in time drop out of favour and are replaced at another time, thereby indicating discursive shifts. Interestingly, they also sometimes served as ‘fingerprints’, allowing me to roughly date documents and identify (probable) links between groups and activists. Tracing the migration of particular terms and symbols across different groups and campaigns, for example, allowed me to hypothesise links between the groups and campaigns themselves, which I could then follow up with further probing.

The final aspect of my research involved a wider reading of secondary sources on the history of both psychiatry and wider UK society during the period I was examining. I wanted to understand the evolving context to which mental health politics belonged and which might have affected it in various ways. Sometimes, of course, these wider events are referred to within the archive. I did not need to read the wider history, for example, to appreciate that mental health services were being transformed in the 1980s by an acceleration of the shift towards community care. The groups I was examining all made reference to this and, for some, it was central. Sometimes, however, wider events which have an impact upon activism are either too immediate and obvious or too distant for them to notice, such that they only really become apparent to the sociologist with the benefit of hindsight. To capture these factors, however, it is necessary to read the wider histories alongside the primary materials I was using. And that is what I did.

Empirical limits

Has this study referenced every relevant and important SMO active in the UK field of psychiatric contention during the latter half of the twentieth century? No. In the first instance, my study is primarily focused upon the national level and affords only passing consideration to international and local developments, and only then when they are relevant to understanding the national level. This is a limitation of the study but, in my defence, it is always necessary to set the limits somewhere.

Perhaps more problematically, the ‘national level’ is not always easy to define. National SMOs generally have local headquarters and in the case of small SMOs, they generally lack regional or local offices. Some claim to represent the nation but in effect, tend to operate locally. And some are better placed, because of their location, to pass themselves off as national when they are no more so than other SMOs which tend to be regarded as local. This blurs the distinction between local and national. I am aware, for example, that I have tended to treat London based groups as ‘national’ (where they claim to be) even in cases where I know that their active membership and range of activities are
all based in London. This is not my bias as such. My own base is not London and I would not have afforded priority to London-based groups if they did not appear to enjoy priority and national standing. But they did. In addition, I probably did introduce my own local bias. I began the project when located in Sheffield and finished it at my current Manchester base. I must surely therefore also have taken the claims to ‘national significance’ of Sheffield and Manchester based SMOs more seriously than similar groups in other localities which are less well known to me. I am aware for example that I was not able to pursue important developments in both Nottingham and Bristol to the same extent as I was able to pursue equally important developments in my home town(s) because the latter were so much easier to access and return to. And of course there may be developments in other places that I did not hear about. There is an interesting geopolitics to fields of contention that could be studied here. I have not studied it but I am aware that I may have been influenced by it.

Another effect which may have influenced me concerns the tendency towards differentiation in fields of contention. Although it is not possible to talk in terms of simple linear patterns of development in fields, one relatively durable trend that I have noted is towards differentiation. Over time, a field becomes more populated with SMOs and this generates a tendency for greater specialisation amongst these SMOs. Where early SMOs claimed to represent ‘mental patients’ in general, for example, many recent SMOs are more specific and deal with a particular ‘condition’ (e.g. manic-depression) or even specific ‘symptoms’ (e.g. hearing voices or paranoia). Likewise, where the early SMOs tended to take on all relevant issues we now find SMOs devoted specifically to tackling particular problems, such as ECT or a specific mental health policy. Finally, where early SMOs committed themselves to pursuing their struggle across many domains (e.g. the media, the courts, parliament, the psychiatric system itself) we now find some groups who specialise in very specific interventions (e.g. they focus upon the media)—or who have differentiated internally, developing offices corresponding to these different areas of intervention. As the field has become more heavily populated and differentiated it has not been possible for me to pay as much attention to each individual SMO. This is justifiable in this particular case because my concern has been, throughout, with the field of contention as a whole, and as that field has become more populated and busy it has been necessary to step back a little further from it in order to keep the whole in focus. Inevitably, however, it means that my account of earlier groups is richer than my account of later groups.

The later groups perhaps also lose out slightly in the respect that the interview period of my study ended in the late 1990s, annoyingly just before a number of interesting new developments at the end of the century. I was fortunate to meet and interview one of the key innovators of this later period (Peter Shaughnessy) before his sad death. So I had some sense of these new developments in their embryonic stages. When they did happen, however, I had my eye off the ball. I was working on other things. And I therefore had to retrospectively re-engage with these very late (in terms of my ‘period’) developments, working from documentary sources alone, when the opportunity for this book arose. That is unfortunate.

Finally, as one is forced to be selective in any study, I have tended to focus upon SMOs which appear to form a particular common narrative thread in the field; SMOs who interact with one another, sometimes cooperating but also often competing or