Mental Health Activism in the Post-War Public Sphere: A Socio-Historical Analysis
Award no. R000222187 – Dr. N. Crossley

This project traced the history of social movement activism in the British mental health system, through the post-war period, and sought to profile the present state of such activism. The need for such a project was argued for, in my original proposal, on the grounds that very little work had been done in this area, with the consequence that sociological perspectives on the ‘politics of psychiatry’ were skewed towards the issues of control, power and exclusion, to the detriment of a proper understanding of the ways in which psychiatry is contested and resisted. Accounts of the early history of psychiatry do focus on such resistance but this theme, I argued, has not been carried forward to the present, such that we tend to underestimate the extent to which mental health is a contested domain in contemporary UK society. In the process of completing the project I also noted that psychiatric movements are afforded much lip service in the social movements literature without ever being subject to detailed analysis, and I retrospectively adopted the aim of rectifying this state of affairs as a raison d’être of the project too.

Objectives

The primary objectives of the research were to:

1. Gather and analyse new historical data on mental health movements and campaign groups.
2. Chart the emergence and decline of the key movements and groups during the post-war period.
3. Identify the social conditions which gave rise to these movements and groups and which shaped their subsequent growth and development.
4. Provide a detailed comparative profile of the major groups, identifying their differences and similarities in terms of claims, constituents, tactics/strategies.

In my initial proposal I stated the additional objective of assessing the efficacy of the interventions of these movements and groups. It was pointed out by referees that my proposed methods of analysis would not easily accommodate this objective, however, and I followed their advice in dropping this particular objective.
Methods

Data was gathered in two ways. In the first instance, key activists from the various movements and groups were identified, tracked down and interviewed using an unstructured oral history format. All interviews began with a question asking which specific movements/groups the interviewee had been involved in and how they first became involved, but the interview was free to follow an independent path from that point. Key players were identified for interview, in part, by reference to the documentary archive I was compiling (see below). A snowball sampling technique proved by far the most effective means of identification, however. I listened to who my interviewees identified as key players and generally asked them, as a final question, who they thought I should speak to. 35 key players, from 11 major groups, were interviewed in total. By the time I had reached this number I found that I had tracked down and interviewed, or at least tried to track down and interview, everybody whom my interviewees regarded as a key players. There were some key players I was unable to reach, either because they had died, were not contactable or unwilling to partake but I was confident that I had accumulated a strong sample of key activists.

The second method of data gathering involved the compilation of a relatively small documentary archive. This method was necessary for the investigation of early developments in the history but also highly instructive in relation to more recent events. The archive includes: journals, newsheets and articles produced by the various groups; minutes of certain meetings; newspaper/magazine articles reporting group activities; manifestos and draft manifestos; general propaganda materials and internal communications. Documents were gathered in a number of ways. Much was either donated or made available for copying by the individuals (and groups) I interviewed. This included material that is not in the public domain. Much was also obtained by way of library visits, book buying and newspaper searches too however. As with my interviews, I intend to continue this process of archiving for the purposes of further research. At the most recent count, however, my archive contained 56 document

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1 Key players became apparent in the archive either by virtue of the frequency with which their names appear, the events with which they are associated or the way in which they are written about.

2 Interviewees did not simply inform me of friends and allies. Many passed on names of individuals they did not know and, in some cases, whose views they opposed.
wallets, each containing documents on a different group, event or aspect of movement activity. Moreover, it contains certain 'classic' documents, such as the ‘Fish Manifesto’ (see Figure One), which was the first manifesto of the earliest mental health user group in the UK, the Mental Patients Union (see Crossley 1999a), as well as newspaper articles which were directly implicated in the formation of more recent (and more paternalistic) groups, such as SANE and the National Schizophrenia Fellowship.

Figure One: A Reproduction of the Fish Manifesto Cover

Each data set was analysed both thematically and chronologically. My first key concern was to trace the basic shape of developments in the post-war period, identifying when the various groups emerged and, in some cases, when they various changed direction and/or declined. My task then was to consider possible explanations of the patterns discovered in this way, a process which took me deeper into my analysis as well as further afield to a consideration of both wider historical events and sociological theories.

In conjunction with this, I was concerned to investigate some of the predominant themes that emerged out of the documents and interviews I was analysing. In part 'themes' refers to the ideologies and ideas of the aforementioned groups and their exploration was contained within the chronological story. I was concerned, for
example, to examine when the idea of ‘anti-psychiatry’ emerged (see Crossley 1998a) and when the term ‘survivor’ was substituted for ‘patient’ within the survivor campaigns (see Crossley 1999c). In addition to this, however, the thematic analysis was used to allow me to deepen my consideration of the nature of the groups and movements and their ways of functioning. To give one example: I noted that a sizeable number of my interviewees had visited the Trieste psychiatric experiment in Italy and/or the Kingsley Hall therapeutic community, and were extremely enthused by these places, and I was able to explore this, considering what uses such ‘working utopias’ have for the movements who invest such a great deal in them (see Crossley 1999b). The NUD.IST for Windows software package was used for much of this thematic analysis.

Conceptually I had intended to use the work of Jurgen Habermas and, to a lesser extent, Clauss Offe, as a framework for my analysis. This proved less fruitful than expected. Although I was able to use my data to put the respective theories of ‘new social movements’ offered by these two thinkers to the test (Crossley 1999d), a test which proved very interesting and useful, I found their conceptual framework unhelpful to the process of data analysis. Instead I turned, on the one hand, to the wider field of social movement analysis, but more particularly to the work of Pierre Bourdieu (esp Bourdieu 1977, 1992, 1998). This proved to be an instructive move and has allowed me to forge a relatively independent path within movements research. I have published four papers using this framework, covering different aspects of my research, and have received positive feedback from peer reviewers, regarding my use of Bourdieu, in each case. It is my intention to pursue this particular unintended outcome of my research in more detail in future research projects and I have recently been awarded both a small research grant and a contract for a book on social movements, which should allow me to do just this.

**Results 1: A Chronological Sketch of Major Developments and My Analysis of Them**

The nature of historical analysis is such that it is not easily compressed. In this first results section I offer a brief sketch of the chronology of events and groups I have analysed, with a brief description of the explanations I have offered for their emergence. More substantive detail is provided in Crossley (1997, 1998a,b, 1999).
The earliest developments analysed in the project involved the formation, in 1946, of the National Association for Mental Health (NAMH)(Crossley 1998b). This group, which has been extremely influential in mental health politics throughout the era and is still in existence today, was formed out of the merging of three inter-war groups (see Figure Two): the Central Association For Mental Welfare (formed in 1913), the National Council for Mental Hygiene (formed in 1922) and the Child Guidance Council (formed in 1927). My analysis of the reasons for this merger suggested that the overlaps and competition between them was proving extremely counterproductive for all involved and that this was amplified beyond a reasonable level of acceptability by the formation of the Welfare State. The Welfare State seemingly undermined the philanthropic rationale for each organisation and called for a streamlining of their role. The confusion which this created led to the formation of a Royal Commission, the Feversham Commission, which recommended merger. All three groups agreed to merge but one further group who had also been party to the Commission, the Mental Aftercare Association (MAA), refused and remained independent ancestral groups.

The rationale which informed NAMH activities, and also those of MAA, was explicitly rooted in the discourse of mental hygiene that had been advocated by its
Though progressive and pioneering in certain respects, my analysis of this discourse revealed that it embodied a range of social prejudices which would be deemed largely unacceptable today, as well as a strong attitude of paternalism towards both ‘patients’ and the working class (whose lifestyles and child rearing practices were deemed psychologically pathogenic). Advocates of this position did, in the main, support the many humanising changes in psychiatry which were being implemented during the post-war period, including a move towards ‘open door’ policies. And they were key advocates of the shift towards more community based psychiatry, which was proposed in 1957 by the Percy Commission—a commission to which they gave evidence. When more substantive critiques of the process of certification began to emerge in the 1950’s, however, NAMH representatives were very hostile towards them and initiated a range of defensive manoeuvres. Certain of their members argued that patients did not need protection from doctors and that criticism of the mental health system, from the civil rights lobby, was rooted in ignorance and misinformation.

What opposition there was to certification, though persistent, came from diverse sources and failed to crystallise into any durable movement. The National Council for Civil Liberties (NCCL), who formed in 1934 and adopted certification as one of their earliest campaign issues, provided the most sustained criticism. They campaigned over a number of years, taking several cases of wrongful confinement to the courts and producing a pamphlet in 1951, *55,000 Outside the Law*, which claimed to have identified 200 such cases. They were ultimately to move on to other issues, however, and most other campaigns, though high profile and quite explosive in some cases, tended to fizzle fast. Such ‘fireworks’ included the publication, in 1957, of *The Plea for the Silent*, a collection of 7 personal accounts by (unconnected) individuals who claimed to have been wrongly confined, and a protest by magistrates involved in the certification process, at their annual conference, which was reported in *The Times*:

> We hate it. We feel that we are in the hands of the medical officer. They often persuade us against our better judgement (Cries of “Oh”). On a recent occasion I was called to help and certify an old lady of 90, and neither the medical officer nor I could find anything wrong with her at that moment. She answered all our questions. The medical officer assured me that the only thing was certification because her daughter of 70 could no longer cope with her and was on the verge of a nervous breakdown. *The Times* Oct 19, 1957

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3 The collection was edited by two MP’s, Dodds and Mc.I. Johnson, one from either side of the house, and was rooted in letters (by the authors) which these politicians encountered in their respective mailbags. They elected to follow up the stories and ultimately to publish them in extended form.
Such criticism culminated in the aforementioned Percy Commission and, ultimately, in a radical reorganisation of mental health law: the 1959 Mental Health Act. This act might have put a temporary end to the critical impulse within the mental health field, had it not been for another key development: the emergence of the anti-psychiatry movement.

Anti-Psychiatry

My analysis of anti-psychiatry suggests that it emerged out of the philosophical and scientific interests of a number of young psychiatrists, most notably Ronald Laing in this country, and their ‘discovery’ of a new way of understanding and working with mental illness (Crossley 1998a). This ‘paradigm’ was rooted in a range of diverse sources, including existentialist philosophy, the ideology and experiences of the therapeutic community movement and cybernetics. Laing et al understood these ideas, initially, as a ‘scientific revolution’. They believed that they were making a great step forward in scientific psychiatry (Crossley 1998a). Their view was not commonly accepted within psychiatry, however, and, as a result, they found that avenues within the psychiatric field began to close down for them. As this field was closing down for them, however, another was beginning to open. The political Left, which had traditionally been narrowly economistic in outlook, was beginning to open out to new themes and issues, including many of those Laing had been experimenting with: e.g. drugs, family life, communal living, illness, madness and existentialism. Moreover Britain, like the USA and a number of other European countries, was giving birth to a counter-culture and entering an upturn in what Tarrow has called the ‘cycle of contention’; that is, the general level of protest in society was beginning to escalate at a pace, leading to the high levels of activism of the late 1960’s. Within this context the ideas of Laing found a voice. Furthermore, he was clearly enthused by the changes in his society and this affected both his own work and that of his colleagues. As I have shown in my full account of this development, his work took a radical turn around 1964 and he began to reinterpret much of his earlier work. Thus anti-psychiatry was born. And its message began to spread very quickly, at least across the arts and social science faculties of the University campuses.
As a movement, anti-psychiatry remained very closely connected to the radical politics and counter-culture of the 60’s. The Kingsley Hall therapeutic community which Laing and his colleagues founded and ran between 1965 and 1970, hosted many radical events, including the anti-university of London. Furthermore, Laing’s group, The Philadelphia Association, organised a key political conference in 1967, The Dialectics of Liberation Congress, which was attended by radical figures from a variety of social movements in both the UK and USA. Notwithstanding this, however, the movement had begun to fizzle by 1970.

*The Survivor Movement*

If anti-psychiatry had more or less fizzled, in its original form, by 1970, the effects of the broader cycle of contention were still evident for a few more years after that. One notable off-shoot was the very earliest development in what was later called the ‘survivor’ or ‘user’ movement: the formation, in 1973, of the Mental Patients Union (MPU). This group were evidently influenced by the ideas of the anti-psychiatrists, though perhaps more so by the Marxism of their founder members (Crossley 1999a). They emerged out of a strike action at their day hospital in Paddington, London. The hospital, which had pioneered radical therapeutic treatments based on the Laing model, was to be closed and patients and some staff banded together to oppose the closure. The result was that the hospital remained open and the strikers elected to form a permanent mental patients union.

The initial band of activists in the union was relatively small (6). A brief radio appearance was sufficient to generate a considerable ‘amplification effect’, however, such that their first official meeting was attended by over 150 people from around the country. This led to the formation of branches around the country, and although exact figures aren’t available, estimates suggest that the MPU soon had around 500 members nationwide.

The MPU were not the first group of patients to ever become involved in psychiatric history. One can find examples at a number of points throughout the history of psychiatry. They are important, however, for a number of reasons. Firstly, they outlived their initial protest and became an identifiable social movement; no earlier patient protest or group achieved this. Secondly, they gave rise to a number of off-
shoots who were to become important in later developments within the user movement. Thirdly, clear continuities of personnel and resources can be identified between them and the contemporary user movement, such that we can argue that they were, in fact, the earliest development in that movement.

One important off-shoot of the early MPU was the COPE group (*Community Organisation for Psychiatric Emergencies*), who subsequently reversed their acronym, to become EPOC, before merging with further MPU members to become PROMPT (*Protection of the Rights of Mental Patients in Therapy*) and then finally, in 1985, CAPO (*Campaign Against Psychiatric Oppression*) (see Figure Three). This group represented the most radical voice in psychiatric politics for many years, only folding after the death of their charismatic founder, Eric Irwin. The impetus of anti-psychiatry, the MPU and their equivalents elsewhere around the world gave rise to a variety of competing groups and positions within the UK.

**Figure Three: From the MPU to CAPO**

CAPO (*Campaign Against Psychiatric Oppression*) (see Figure Three). This group represented the most radical voice in psychiatric politics for many years, only folding after the death of their charismatic founder, Eric Irwin. The impetus of anti-psychiatry, the MPU and their equivalents elsewhere around the world gave rise to a variety of competing groups and positions within the UK.
Another early and important group was the British Network for Alternatives to Psychiatry, formed in 1983 as an offshoot of the European Network for Alternatives to Psychiatry. The British became involved in this network after Laing’s main collaborator, David Cooper, was invited to take part in the European network by Franco Basaglia, the leader of the Italian democratic psychiatry network, _Psichiatria Democratica_. Cooper and a colleague became involved and BNAP was later formed when this colleague linked up within another British activist who had become interested in the Italian developments.

CAPO and BNAP formed a training ground for much of the important activity in radical mental health politics that was to follow in the mid to late eighties. Moreover, by attracting previously uninvolved and unconnected individuals into them, and bringing them into association, they functioned to create the basis of the networks or ‘social capital’ which would form the basis of much of that activity. One extremely important group which at least partly grew out of BNAP was _Survivors Speak Out_ (SSO). Formed in 1986 by a combination of mental health workers and users or survivors of mental health services they became central players in what had by then become known as the user or survivor movement.

**Figure Four: The Symbol of both the MPU and CAPO**

*Human Head on a Spiders Web*

It is important to note the terminological shift here. The term ‘patient’, which had been common prior to this time, was dropped and a new term, ‘survivor’ (or sometimes ‘user’) adopted. This shift, which is also reflected in the final name change of PROMPT (Protection of the Rights of Mental Patients in Therapy), to CAPO,
(Campaign Against Psychiatric Oppression)\textsuperscript{4} indicates an important shift in the discourse of the movement and the identities of its members. I have argued elsewhere

\textit{Networks and Habitus}

CAPO and BNAP had both folded before my research began and rumours that SSO had disbanded began to spread during the final stages of my research. One of the key findings of my research, however, was that groups are much more transient and less durable than the habitus\textsuperscript{5} and social networks they help to create. Although groups are important means for realising specific projects, as well as extending networks and reproducing habitus, they are, to some extent, merely vehicles which well connected and appropriately disposed agents create as a means of furthering specific ends. And, as such, they are much less fundamental than either networks or habitus. For example, even as SSO was collapsing, one ex-member I interviewed was involved in the formation of \textit{Reclaim Bedlam}, a new direct action network.

\textit{The Geography of Movements}

CAPO, BNAP and SSO were all very largely London based, or at least, in the case of SSO, became so after an initially wider geographical spread. If I had the space I would use this observation as a way in to exploring much of the interesting material on the geography of movement formation that has emerged out of my research. For present purposes, however, it must suffice to say that my research discovered a number of important movement centres outside of London, which had varying relations of contact and involvement with the capital: Sheffield, Manchester, Nottingham and Aberystwyth.

\textsuperscript{4}One ex-CAPO member revealed in an interview to me that the name change was inspired by the need to abandon the reference to ‘mental patients’ and this was further confirmed with a published interview with another member which I discovered in the archive that this shift mirrors certain wider political developments at the time and cannot be understood to be an entirely internal movement development. Nevertheless, it was a shift which was central to what the movement was about: relabelling ‘madness’ and taking back control of it as an experience.

\textsuperscript{5}That is, schemas of perception, action, thought and discourse which are habitual, operating below the level of reflective thought, and yet flexible.
• Sheffield was important because it was here that the main journal of the survivor movement, *Asylum: a Magazine for Democratic Psychiatry*, was founded and based. This journal was intended as a vehicle for promoting the ideas of *Psichiatria Democratica* in Britain and emerged out of a visit of the members of that group to Britain. This visit was co-organised by mental health practitioners from Sheffield, Manchester and London.

• In Manchester two significant groups emerged. The first was the *Hearing Voices Network*, a group which promoted a radical new approach to the phenomenon of hearing voices and which is now an international and highly acclaimed branch of the user movement. Secondly, there was the *Schizophrenia Media Agency*, a group devoted to media lobbying and campaigning.

• Outside of Sheffield and Manchester, Nottingham and Aberystwyth have been two further central sites of development. Nottingham was the birthplace of the *United Kingdom Advocacy Network* (UKAN), now based in Sheffield, an organisation which represents and links a vast array of small groups and organisations around the country. I visited two anti-ECT groups from within the network: ECT Anonymous, who are based in Keighley (North Yorkshire), and Shock, who are based in Blackpool. UKAN represent over 20 organisations from a variety of regions, however (see figure one). Aberystwyth is important because it has recently given birth to a group who are widely identified as the most radical and energetic of groups in the current movement, the *All Wales Network*. I was repeatedly informed in the process of snowball sampling that I must visit the people in Wales. I did so and found what I had been led to expect that I would: a well organised and very busy network of activists.

*A Radical Change of MIND*

These various groups have done much to cajole and persuade others into change. The National Association for Mental Health, for example, who were so overtly paternalistic during the early 1950’s, and so radically opposed to the civil rights perspective, have effectively become key proponents of the civil rights perspective. In the early 70’s,
having already adopted the campaign name, MIND, they employed an ex-civil rights lawyer from the USA, Larry Gostin, and set about launching a number of important test cases in mental health law in both the British and European courts. Moreover, following pressure from the user groups, they were persuaded in 1987 to open a user run branch of the organisation, MINDLINK. The politics of the organisation still remains an issue of contention, both within the organisation and in the wider movement field. My research has revealed that they have played a fairly crucial role in the development of the user movement, however, in spite of the antagonism they have generated. As a large charity they have been able to furnish smaller, more radical groups with some of the resources required to launch their activities. Furthermore, they have served both as a vital source of networking and, as a more moderate organisation, as an important stepping stone towards radical activism for many user radicals who were initially intimidated by the more radical groups.

**Counter-Currents**

Many movements encounter resistance in the form of counter-movements; that is, movements who form either in opposition to them or as an expression of an opposite view. This is true of the mental health movements. In my research I have identified three groups who fit this bill. The first group to emerge, in 1971, were the National Schizophrenia Fellowship (NSF). The NSF formed after their founder wrote a short piece in *The Times* explaining the difficulties of being the parent of a schizophrenic child and the dangers of the radical attitude towards schizophrenia posited within the anti-psychiatry movement. Readers responses to this article generated the network that would become the NSF and, as one would expect given the original article, the organisation was (and is) very much focused upon the needs of relatives of the mentally ill and the need for a more paternalistic stance in psychiatry. Much the same concerns and a very similar history surround the second organisation in this counter-movement: SANE (Schizophrenia A National Emergency). This organisation was founded by award winning journalist, Marjory Wallace, following readers responses to a series of articles on ‘The Forgotten Illness’ which she published in *The Times* and *Sunday Times* respectively. The flood of letters corroborating her story persuaded Wallace and *The Times* of the need for a campaign, and thus campaign group, to follow up these concerns. Hence SANE were created.
The media were very much implicated in the formation of the final group in this organisation too: the Zito Trust. This group was formed by Jayne Zito after her husband, Jonathon, was killed by a ‘schizophrenic’, Christopher Clunis, on the London Underground in 1993. The Clunis case was extremely high profile within the news and Jayne Zito did a great deal of campaigning, using this publicity, to call for both an inquiry into what happened to her husband and a change in mental health law. Her original position, to some extent shaped by her early association with MIND, tended to eschew the paternalism of SANE and the NSF but over time, and particularly as she has had less direct involvement in the Trust she (co)founded, the Zito Trust has tended to move in the more paternalistic direction.

In describing these three groups as a counter-movement I do not mean to suggest that their ideas or formation can be explained entirely or even primarily by way of their opposition to the groups discussed earlier. In many respects their history is that of a mobilisation around issues raised by the implementation of community care policies, as experienced by groups in society other than users themselves. Moreover, SANE and NSF both have their own user wings, indicating that they have taken on board aspects of the user movement even as they oppose it. Notwithstanding this, however, the NSF and SANE in particular have identified the more liberal groups as a central part of the problem they seek to address, and have sought to discredit such liberal views and the practices it is believed stem from them. In this respect they clearly do conform to the definition of a counter-movement.

**Results 2: The Current State of the Field**

The proliferation of groups, variously pulling in different directions and attempting different types of intervention, has led me to think of the movement as a ‘field’ of contending forces, in Bourdieu’s\(^6\) sense. It would be impossible to do justice to the complexity of this field here, nor to the points of contention around which it is based. Suffice it to say that the following are key themes and issues, around which the field is polarised.

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• **Paternalism.** One of the key divisions within the field is between those who believe that medicine and the institutions of wider society are best placed to determine the interests of users, and should be afforded more power to act upon that basis, even against the wishes of users, and those believe that these powers should be lessened and that users know what is best for them.

• **Anti-Psychiatry and Civil Rights.** Within the anti-paternalistic groups, particularly but not exclusively those which are user led, the debate over paternalism further subdivides in two ways. Firstly there are debates over the value and efficacy of the civil rights perspective. Some groups, such as MIND, advocate this position, where others, such as CAPO, deem it ‘bourgeois’ and insufficiently radical. Secondly, there is a debate over the necessity (or not) of psychiatry, with some groups, such as CAPO, adopting a strongly anti-psychiatric line, whilst other groups want a reform of psychiatry.

• **Dangerousness.** SANE and also more recently the Zito Trust have tended to emphasise dangerousness in their campaign activity; that is, the danger which, they argue, ‘patients’ pose to both themselves and others. These are key issues for both of these groups and SANE also feel that flagging up danger is an important way of attracting both publicity and financial support. Other groups oppose this to varying degrees. Critics argue both that the dangers are overstated and socially constructed in a variety of ways, and that emphasising danger, whatever its merits in attracting publicity and funds, has disastrous implications for user rights and stigmatisation.

• **User involvement.** There is a concern, particularly within the user groups, regarding the degree of involvement users should have in movement organisations. Many of the user groups I studied were founded by combinations of users and mental health professionals, with the latter often playing a central role, but many of the struggles within groups were based around this division too. Interestingly my research revealed that a number of professionals involved in the user movement are users too and that some users have professional qualifications but that the dynamics of movement politics demands (or at least has done in the past) that individuals with a foot in either camp declare themselves in one camp or another.
Co-operation with professionals. Related to this above theme, the more radical and separatist groups have questioned the willingness of other user led groups to work with mental health professionals. CAPO in particular were extremely reluctant to work with professionals. This issue appears less important today and some of the more radical figures I interviewed now seem to regard co-operation with professionals (esp. nurses) as an important step towards change.

Therapy or protest. Groups are divided according to the types of activity in which they engage. Some are primarily oriented towards campaigning, whilst others are more oriented towards providing alternative forms of help for those experiencing mental distress. There isn’t any antagonism between groups with respect to this issue, though opinions differ. And some groups are involved in both forms of activity. There is sufficient a distinction for us to say that the field is shaped by this particular dichotomy however.

Results 3: themes in social movement analysis.

As I became more involved in the research I became more interested in the area of social movements analysis and began to make a number of contributions to this field. At a general level my contribution consisted in mapping an approach to movements analysis rooted in the work of Bourdieu (Crossley 1998a,b,1999a,b,c), an approach which I am now building upon for a forthcoming book on social movements. Not all developments related to this development in conceptual approach, however. Others concerned observations of movement dynamics which would be of relevance to analysts across a range of perspectives. I do not have the space to outline these contributions in any detail but a few salient points may be listed.

1. Field Differentiation. The groups and movements I studied emerged in a very specific social space (‘psychiatry’), constituted by a unique ensemble of social relations, technologies and rules of the game. What protestors could do ‘in’ psychiatry by way of protest and resistance, I noted, was different to what they might do in other social arenas. I made sense of this by way of Bourdieu’s notion of a social field and his insistence that society is differentiated into distinct fields.
Protest in psychiatry, I argued, is shaped and bounded by the psychiatric ‘game’. I also noted, however, that groups did not campaign exclusively in the psychiatric field. They became involved in law, the media, parliamentary lobbying and many other areas of social life, and in each case they were subject, again, to very specific dynamics. The tactics, skills and resources that might serve one well in the media field, for example, may have much less value in relation to a legal campaign. Thus I developed a model for thinking of the interrelated fields within which groups, individuals and movements contest psychiatry. This basic notion is represented diagrammatically in figure five. An important point which should be added here is that the various groups I have studied have, in some cases, tended to specialise in specific forms of intervention. Some groups, such as the Schizophrenia Media Agency, for example, focused entirely upon media based intervention.
2. **Media Centrality.** The media field has been central to the history I have charted. I have identified at least six groups who emerged, to some extent, out of media campaigns and the publicity and ‘amplification’ of movement activity that they generate. This is an important observation because it illustrates the extent to which campaigning is dependent upon and therefore shaped by the media field. Moreover, it allows us to see how power within the campaigning field may be related to access to and position within the media field.

**Activities**

**Conferences and Oral Presentations**

Crossley, N.(1997) Contesting Psychiatry: Mental Health Movements and Pressure Groups in the Public Sphere in Post-war Britain, presented at the Centre For Psychotherapeutic Studies, Department of Psychiatry, University of Sheffield (October).


Crossley, N. (1999) New Social Movements and the Post-war Challenge to Psychiatry: A Critical Engagement with Habermas and Offe, presented at Department of Sociology, University of Keele (June)


**Networks**

Through this project I have become an active member of the British Sociological Association’s ‘Social Movements’ section and am currently co-organising conference which, it is hoped, will revitalise this section of the BSA.

**Output**

**Papers In Refereed Journals**


Other Publications


Data Bases

Small documentary archive of mental health movements in post-war Britain.

Electronic archive of open ended oral history interviews with x mental health activists from x different groups.

Impacts

I am currently in the process of organising a seminar in which the main findings of the study will be presented back to those individuals interviewed for it. Many of these interviewees expressed great enthusiasm for the project and stated that they looked forward to hearing about its results. It is anticipated, therefore, that the seminar will be well attended.

Academically my research has been well received, particularly my development of a new approach to social movements analysis, using the work of Bourdieu.

Future Research Priorities

The data gathered for the project, particularly the documentary archive, contains an immense amount of data which I shall continue to explore and investigate for many years to come. The four published papers to have come from the paper hitherto are really just the tip of an enormous iceberg in terms of themes and issues which could be addressed. I envisage a number of further papers coming out of the project and intend to continue extending the database indefinitely.

In addition, through doing the project as I have developed the necessary expertise to and interest in the social movements area to successfully win a further grant for movements research and a contract for a book on movements.