

Community care and mental disorder: An analysis of discursive resources

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The number of people with mental disorders living in the community has recently increased with further increases likely. This study provides a post-attitudinal examination of the discursive resources on which ordinary New Zealanders draw when talking about 'community care'. Four common resources were identified: dual community, rights, disorder and patronization. Each of these resources is examined by using a range of analytic concepts which illustrate the rhetorical achievements and social practices found in the data. We argue that the dual community resource works to position the disordered as being outside the community which is contrary to the broad aim of community care. The analysis of talk of rights was cast as an ideological dilemma for participants who endorsed both universality and conditionality of rights for the disordered. The disorder resource was notable for its flexible rhetorical deployment, while patronization contributed to the positioning of the disordered as subordinate. The implications of these resources are discussed in terms of existing notions of stigma and possibilities for change centred around affiliative resources.

Recently in Aotearoa/New Zealand the number of people with mental disorders living in the community has increased. Several factors may have contributed to this increase, including more efficient medication, alternative treatment approaches and legislative measures. The Mental Health (Compulsory Assessment and Treatment) Act 1992 restricts hospitalization to those in crisis or with chronic conditions. In restricting hospitalization this legislation aims to promote the policy of caring for the mentally ill in the community. The success of the recently adopted 'community care' policy will partially depend on the reactions of community members to these changes. Legislative change will not necessarily meet with positive public support. For example, in the United States, following policy changes which resulted in closures of mental hospitals, Hall (1985) documented growing public hostility associated with the increased numbers of people with mental disorders living in the community.

Community reactions have typically been studied by researchers interested in 'attitudes' towards mental disorder and community care. A number of studies (Dear & Taylor, 1982; Patten, 1992; Rabkin, 1980) have highlighted negative public attitudes with respect to close involvement towards those with disorders, and

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resistance to residential facilities being located in close proximity. The consistent documentation of such negative views has subsequently led to the suggestion that changing public attitudes should become a priority.

The suggestion that links between attitudes to people with mental illness, and behaviour towards them, be further investigated (Patten, 1992; Rabkin, 1974) highlights a number of problems in the area of traditional attitude research. The weakness in the attitude-behaviour relationship was dramatically demonstrated in La Piere's (1934) classic study of racial discrimination. Wicker's (1969) review similarly concluded that expressed attitudes hold little predictive power. People are likely to say one thing and then act in a manner which is at odds with what would be expected on the basis of the expressed attitude. Some writers (for example, Ajzen & Fishbein, 1980) have suggested the impotence of attitudes results from a lack of specificity in the way attitudes are measured.

Potter & Wetherell (1987) propose a theoretical reorientation in recommending a move 'beyond attitudes'. They argue for a post-attitudinal approach pivoted on a critique of the notion of attitudes, combined with a plea for a functional analysis of discourse. Their critique involves three key points. First, they criticize traditional measurement techniques (see Kline, 1988, for similarly articulated concerns). Second, they question the often taken-for-granted assumption that attitudes are enduring entities. The assumption of endurance encourages the same form of measurement enterprise which the first point argues against. Third, they stress the importance of contextual sensitivity. Context informs organizational understanding, which in turn clarifies the action orientation of talk. One of the cornerstones of discursive psychology (Edwards & Potter, 1992) is the action orientation of talk and writing. This orientation suggests that text is constructed with attention to the facilitation of particular tasks. These tasks include explanations, justifications, blamings, denials, accusations, excuses and describing events in such a manner as to subvert negative attributional interpretations. From this inexhaustive list the inherently social nature of these tasks is revealed, and their importance for social psychologists becomes apparent. Potter and Wetherell argue for analysis in terms of construction, function and variation. For a more detailed elaboration of the theory and practice of discourse analysis see Edwards & Potter (1992), Potter & Wetherell (1987, 1994) and Wetherell & Potter (1988).

The current study owes much to the movement within psychology towards social constructionism (Gergen, 1985). For social constructionists (for example Kitzinger, 1992), research involves treating the subjects of inquiry (in the current study 'mental disorder' and 'community care') as sociopolitical constructions. The research aim becomes the study of such categories, examining the ways they have been put together and how they are used. Kitzinger argues for the importance of opening categories for exploration.

Reflexively, it is worth considering that particular discursive contexts will, inevitably and unavoidably, be invoked by the deployment of such terms. 'Community care' carries with it a wider social context whereby it might be regarded as a contemporary version of the former policy of 'deinstitutionalization' (Hall, 1985). Certainly the two have much in common, one key difference being that the latter lacks the positive ideological loading associated with the former. In the current study

'community care' was used consistently by the interviewer as it has a high media profile and participant familiarity was therefore assumed. Similarly, 'disorder' is a widely used term (Wakefield, 1992) which is less ideologically loaded than alternatives such as 'sickness' or 'illness'. In the interviews the use of such representations was unavoidable. We resist the suggestion that the particular discursive contexts which were invoked by these terms are 'biased' or 'tainted'. We would argue that these terms were chosen precisely *because* they were able to invoke the 'moment of appropriation' (Wetherell, 1995). In short, the terms gave rise to the discursive context we were most interested in examining.

Wooffitt (1992) has commented on the increasing recognition of the constructive and dynamic properties of language use. This recognition has stimulated projects which make language use itself the focus of study. This is one such project: a study of people's accounts of 'community care'. Wetherell (1995) similarly notes that the strength of discourse analysis is that it privileges the social/linguistic over what has previously been considered the psychological. Thus, the current work attempts to open up people's accounts of 'community care' rather than attempting to measure their attitudes. Harré & Gillett (1994) suggest two discursive aims for psychological research: identification of resources, and an examination of how these resources are put to work. Similarly, Potter (1996) comments on two defining characteristics of discourse analysis. He notes the emphasis placed on both discourse as social practice, and the linguistic resources which facilitate those practices. In its broadest sense this study sets out to identify the resources, and associated social practices, on which ordinary members of the public draw when talking about people with mental disorders living in the community.

In providing a detailed examination of these social practices, it is important to consider the issues of entitlement and authority (Shuman, 1992). In her study of teenage fight stories, Shuman showed that differential knowledge was inextricably involved with concerns of entitlement. The entitlements of community members, whose 'voice' has been the subject of this study, does not rest on specialized knowledge of mental disorder. Rather, participants were chosen *because* of their ordinariness: their unexceptional status simply as members of the community. An associated point relates to the issue of authority. The participants in this study, by the very nature of their inclusion, provided inauthoritative accounts which were characterized by hesitation and caution (see, for example, Extract 4). Such delivery is consistent with participants' claims of uncertainty regarding many of the issues they were asked about. Often the acknowledged 'authority' informing their views was the newspaper or other media sources. Recent reviews of the media representations highlight the prevalent and relentless linking of mental illness with violence (Wahl, 1995). Furthermore, there is some evidence to suggest that media portrayals constitute the major source of people's knowledge of (and 'attitudes' to) mental disorder (Borinstein, 1992).

Ten ordinary members of the public resident in a southern suburb of the city of Wellington (Aotearoa/New Zealand) were interviewed on a range of topics regarding the care of people with mental disorders in the community. Participants were aged between 25 and 60. Recruitment was informal, with five participants casual acquaintances of the interviewer (second author) and the remaining participants

acquaintances of the initial participants. Willingness to participate in the study was a key to seeking out volunteers who included a neighbour, a local librarian, a solo male parent and a shopkeeper. Transcription followed modified Jeffersonian conventions (see Atkinson & Heritage, 1984). Pseudonyms have been used to identify speakers.

The following analysis was organized around four patterns which were evident in the data. While these patterns may constitute a single ‘community care’ repertoire, we present them as separate rhetorical resources. These patterns were broadly organized around the theme of community care, with points of overlap. The interdependence of resources is apparent in the analysis for which we have deployed a range of analytic concepts which most usefully illustrate the rhetorical achievements and social practices found in the data. The resources identified are ‘dual community’, ‘rights’, ‘disorder’ and ‘patronization’.

Rhetorical resources

Dual community

At the heart of this pattern was a linguistic distinction which functioned to separate those with mental illness from the functioning healthy human community. While the physical community environment may be portrayed as *including* people with disorders, phrases which indicated an us/them binary clearly worked to maintain a strong psychological separation. This binary may be usefully understood as operating to differentiate between subject positions (Davies & Harré, 1990) which are constituted through and made available by particular discursive practices. Positioning includes locating subjects within the rights, duties and obligations which are associated with notions of disorder and community care.

- (1) Tom: To care for them in the community as opposed to keeping them in a hospital? (.) it depends on what sort of mental disorder they have, some people fit the community environment, and other people will never fit the community environment.

Tom’s version of dual community is based on ‘fitness’, which in turn is based on the type of disorder. Clearly, some disorders are more acceptable than others. Access into the community will depend on their particular disorder, thereby positioning some as unacceptable to the community. The use of ‘never’ is a persuasive tactical move which Pomerantz (1986) refers to as an extreme case formulation. Such a device may enhance rhetorical effectiveness by emphasizing the extremes of relevant dimensions of judgment. The extreme case is used here in conjunction with a contrast which suggests that some will fit into the community environment and others will not. This argument promotes the view that for some, a custodial environment will be necessary. The basis for the extreme case formulation and the differential rights and responsibilities is unstated, but presumably rests on assumptions of dangerousness, and permanence of mental disorder. Dangerousness and seriousness are both key aspects of ‘disorder’, which were flexibly deployed by speakers for varying effect.

A notable feature of this extract is Tom’s reference to ‘care’ in the community, as opposed to ‘keeping’ in the hospital. This contrast emphasizes the custodial aspects of hospital treatment and works to bestow preferential status on the community-

oriented approach. This preference is consistent with the evaluative force of 'community care'. Potter & Collie (1989) argue that this ideologically loaded term is sufficiently persuasive to present a rhetorical stumbling block for those wishing to critically examine the policy of community care.

Another important analytic point relevant to the above extract (and others) concerns the status of the data. The extract begins with a question/clarification which follows from the interviewer's question about the general policy of community care. While interviewer questions are excluded, we resist the suggestion that the data represents mere expressions of participants views. Rather, we wish to acknowledge that the interviewer has contributed to talk which is both occasioned and interactional. Inevitably, interviewers frame questions by drawing on certain linguistic resources and as such contribute to the interactional status of the data.

- (2) Tom: ...um but a lot of this I think comes down to pretty much common sense, if somebody can survive in the community then they they are placed in the community, um forget about where the funding comes from, and some of the people have to be locked up forever.

Here a distinction is made between those who may have community access and those for whom it will be denied. Survival within the community warrants being positioned as a member of the community while failure to survive compromises one's rights to belong to the community. This binary has a distinctly 'Catch 22' aspect to it, whereby survival within the community warrants retaining a position (placement) within the community. The notion of 'placement' is illustrative of the operation of 'patronization' which was a conspicuous feature of participants' talk. As such it highlights the point that these rhetorical resources were deployed flexibly with considerable overlap.

'Dual community' is evident above as those with mental disorders are tacitly positioned outside the broad community. From this position they are provided with two options: either community placement or permanent incarceration. Tom's appeal to common sense draws on the suggestion that this distinction is commonly made by most people. Invoking the support of common sense may be regarded as a form of consensual warranting (Edwards & Potter, 1992), which makes any attempt to argue with the position more difficult. Claiming commonality effectively works to strengthen the espoused view against possible rebuttal. Finally, note Tom's dismissal of economic constraints. He advocates an uncompromised disregard for the funding origins. The thrust of this is to cast aside financial constraints with the implication that the principles involved are of prime importance.

The next extract provides a clear illustration of the operation of the dual community.

- (3) Kim: Well I think you can look at it from two angles. You can look at it from their point of view and from the community's point of view. Now from the patients (.) you know (.) in quotes (.) point of view, obviously that's going to be a very positive step because obviously they need to be reintroduced back into society.

Kim introduces duality with the initial distinction between the 'two angles' from which things may be viewed. In acknowledging two points of view, Kim presents herself as a balanced commentator who is aware of both sides of the issue. The two perspectives are labelled as views belonging to 'their' and the 'community's'. Rather

than electing to talk about the community view she talks instead about the patients' point of view. The relabelling of this perspective is achieved with due sensitivity by placing patients in quotes, thereby providing passing reference to the issue of whether *sickness* is involved.

From the patient's perspective, Kim argues that community care is positive because of the need for reintroduction into society. Such reintroduction is founded on the assumption that possession of a mental disorder automatically positions one outside of society. The appeal to obviousness works to strengthen both the necessity of reintroduction, and the claimed benefits thereof. In this context, obviousness is another form of consensual warrant which functions to pre-empt the validity of potential counter-claims.

The dual community resource was commonly based on the implicit suggestion that those with mental disorders are positioned *outside* the community. The problem is that, increasingly as a result of community care policies, people with disorders are living in the community. Participants' talk was uniformly positive towards the integration of the disordered into the community. We would suggest this type of talk allows speakers to state views which appear supportive, while also preserving the division between themselves and those with disorders.

'Dual community' was flexibly deployed by speakers to achieve rhetorical ends. Talk of community care had participants drawing on the notion of the community as split between those inside the community and the disordered who were positioned outside the wider community. Community integration was seen as positive and based on criteria such as fitness and ability to survive. The pervasiveness of this resource was evident also when the rights of the disordered were considered.

Rights

This resource was constituted as dealing with particular entitlements and applied to both the disordered and those without disorders. When the rights of those with disorders were considered, participants typically qualified these as being conditional. We suggest that such talk of conditional rights highlights both the operation of the dual community, and the unique manner in which the disordered are positioned. The following illustrates the conditionality of rights.

- (4) Bev: I suspect I would say they should have every right ((pause)) but um (.) again you see I don't, I don't know ((pause)) if (.) if it's hypothetical I mean cause I don't know, but if someone with a mental disorder were disposed not not to take medication and due to their refusal to take medication became a danger to themselves or to anybody else (.) then I think that, that has to override ((pause)) other basic human rights.

An obvious feature here is the tentativeness of expression and associated disclaiming of authority. Bev talks about what she 'suspects' she would say, which is tempered by numerous claims of not knowing, and a reminder that the situation she is talking about is 'hypothetical'. The exercise of interactional caution has previously been shown to achieve pragmatic ends such as maximizing interpersonal agreement (Maynard, 1992) and mitigating critical, accusatory, and other sensitive actions (Pomerantz, 1984). In this case, the tentativeness is highly conspicuous and

works to underscore Bev's lack of authority, *before* she details the conditional nature of rights. The initial egalitarian view (every right) yields to a more conditional set of rights as consideration of potential dangerousness unfolds. Clearly, 'every right' does not include the right to refuse medication and the conditional nature of the rights of the disordered becomes sharply focused at the point when dangerousness becomes an issue.

The swift move from unconditional to conditional rights for the disordered highlights a number of important points. First, this extract provides a good illustration of the kind of variability and contradiction which is predicted by discursive researchers. While quantitative researchers would regard this contradiction as pointing to an unreliable data source, discursive psychologists see such variability as the very thing to be studied. Second, the rhetorical, persuasive features (Billig, 1987) of 'attitudes' like those in the extract above are important as they are framed around issues of controversy and dispute. Traditional methodological standbys (correlational studies and laboratory experiments) are simply unable to deal with the contextual, dilemmatic nature of the views which people espouse. Third, the move from unconditional to conditional and qualified rights illustrates one of the fundamental claims of Billig, Condor, Edwards, Gane, Middleton & Radley (1988) who suggest that people's thinking about their social worlds is often characterized by contradictory themes. The contradictory theme of universal, yet conditional, rights is illustrated above where the issue of dangerousness is mooted as a sufficient ground to 'override' the universality of human rights.

Dilemmas over practice and principle have previously been well documented (Billig *et al.*, 1988; Wetherell & Potter, 1992; Wetherell, Stiven & Potter, 1987). For example, Wetherell *et al.* analysed discussions about gender and employment opportunities and showed how talk was organized around two co-articulated, yet competing themes. The endorsement of the principle of equal employment opportunities was thus undercut by the idea that such a principle would necessarily involve practical considerations. As Wetherell *et al.* note, "'practical talk" ensures that the ideal remains an ideal' (p. 65). In our own data, it was clear that consideration of practicalities (such as potential dangerousness) ensured that the ideal of equal rights also remained an ideal.

Contrastingly, when participants talked about the rights of the non-disordered, these were constituted as universally unconditional. The following extract occurred in the context of the interviewer making the point that Gay's neighbours knew nothing about her before she moved into the neighbourhood.

- (5) Gay: Yeah but that's different. I'm not considered to be needed to be looked after twenty-four hours a day or whatever, all right, so I am generally a person considered to be without an illness, a mental illness. I'm sane, considered to be sane.

Gay previously claimed the right to know in advance about prospective neighbours who have mental disorders. Here she asserts her right to privacy on the grounds of self-professed sanity. In repeating the claim of sanity she clearly positions herself as entitled to the unconditional rights which are granted the non-disordered. The supporting rhetoric rests on three grounds (independence, lack of illness and sanity) which entitle her to have her privacy preserved. Gay also employs a device

(the three-part list) which has previously been shown to have rhetorical force. In their analysis of political rhetoric, Atkinson (1984) and Heritage & Greatbatch (1986) found three-part lists were used by speakers to produce a variety of actions that consistently drew positive audience response.

When talking of rights, participants frequently espoused an egalitarian position, while simultaneously placing conditions and provisos on the rights of the disordered. While illustrative of the kind of duality mentioned above, such differential consideration of rights also posed a problem for participants in that they were placed in the position of advocating broad universal principles, while almost in the same breath delineating exceptions to these principles. In the above extract, this matter of dealing with differential rights is prefaced by ‘...but that’s different’. Differential rights become based on differences which are then delineated as being important in justifying differential treatment. Edwards & Potter (1992) refer to this as a dilemma of stake. Bluntly, this refers to the challenge for participants to present an account without overtly seeming to manage self-interest. Clearly, speakers’ interests are not absent from considerations which advocate the infringement of the rights of some members of the community.

Talk about denial of rights and discrimination needs to be managed delicately as previous researchers have shown (Gill, 1993; Praat & Tuffin, 1996). Such talk relies on discursive resources which allow speakers to ‘justify injustice’. Gill’s work examined the justifications for employing predominantly men as radio announcers, while Praat and Tuffin looked at the discursive resources which were utilized to sustain the practice of excluding gays from joining the police. The resource which is employed in Extract 4 is the notion of ‘dangerousness’, while in Extract 5 the speaker relies on qualities (‘sanity’ and ‘independence’) which distinguish her from the disordered.

In a broad sense, explanations of the differential rights afforded the disordered rely on understandings of the nature of disorders. It is to that resource that we now turn.

Disorder

Participants’ talk about disorders was notable for the enormous variability in what was claimed to be ‘common’ among people with disorders. This is demonstrated in the following extracts where severity varies considerably.

- (6) Bev: I think simply because they may happen to have a mental disorder does not preclude them from doing a job, holding down a job.

Here disorders are constituted as a matter of inconvenience, with possession not being sufficient to avoid the world of work. The casting of disorder as excuse has the effect of minimalizing the seriousness of having a disorder, which contrasts strongly with other occasioned constructions where issues of dependence or dangerousness were highlighted. In the above, ‘simply because’ works to minimize the potentially debilitating impact of a disorder, thereby supporting her general point of self-sufficiency.

- (7) Val: ... BUT supervision comes into it. It does (.) there's got to be back-ups, people are going to be frightened if they know there's a bunch of people there and the fact is they don't know which one is going to (.) you know, go berserk. It's not always the case, but this is what goes in people's minds (.) and they don't want police cars going in there every five minutes or something or other.

Here, particular constructions of 'disorder' are deployed to support an argument about the importance of supervision. Val draws on a construction of disorder as violent rage with the associations of dangerousness invoked by the notion of people going 'berserk'. In claiming 'this is what goes [on] in people's minds', she purports knowledge of 'others' views. In appearing to represent these views she fails to claim them as her own. What this does is to distance Val from such fears because they are attributed to others and not herself. Another function served by this consensual claim is to legitimate these fears by making them generalized. This works to strengthen her argument for supervision. An additional function is served by generalizing these fears: it deflects from her the charge of prejudice, as she makes no claim regarding the validity of such fears.

When Val claims that 'they don't know which one is going to... go berserk', she utilizes an interesting combination of certainty and uncertainty. There seems no doubt that someone *will* go berserk, the major uncertainty is attached to the question of which individual it will be. Uncertainty regarding the identity of the person who will go berserk works to raise suspicions and fears about all members of any community care scheme. This combination (uncertainty/certainty) works to highlight the position of neighbours as being one fraught with suspicion regarding unpredictability and dangerousness of members of their own community. We suggest that dangerousness and uncertainty have been played up for rhetorical effect in arguing for the importance of supervision. The concessionary, 'It's not always the case', softens the solid, factual nature of community fears which have been summoned in support of the argument for supervision.

In these extracts we have seen how speakers magnify or minimize issues of seriousness, dangerousness and unpredictability in order to justify and support particular claims. The above analysis of 'disorder as excuse' and 'disorder as violent rage' constructions illustrates the extent to which participants flexibly deployed rhetorical resources to contrasting effect.

Patronization

Another commonality was positioning (Davies & Harré, 1990) of the disordered as a group which required 'looking after' in the way adults might refer to children. Patronizing talk was apparent in terms which were condescending and/or domineering. Examples included talk which described people being 'put' somewhere, or 'allowed' to do something. Such talk was often cast as being in the interests of the disordered, with particular actions advocated 'for their own good'.

- (8) Bev: I suspect, from what I glean from papers, news and so on that what has happened that people have been let out and they've been put in circumstances in the community where they're not capable of looking after themselves, as as you or I might quite comfortably do, and they need a large amount of help to do this, if they're not given that help I think (.) I think I think they're better off in an institution, if that help is not available.

Bev acknowledges that her views are derived from secondary sources, rather than claiming direct experience of community care. Indeed, such sources were not in the least bit unusual among this group of 'ordinary' members of the public. A further characteristic is the cautionary disclaimer which begins the extract. Similar caution is further apparent at the end of the extract when she prefaces her conclusion with a triple 'I think'.

In terms of patronization, references to 'the people have been let out', and 'they've been put in', indicate actions taken with regard to the disordered by another. 'Let out' suggests they had to wait until an authority allowed them to leave, and 'put in' indicates that they had no choice but to be institutionalized. The control of these events is clearly in the hands of others. The invocation of these particular terms share some similarity with the way in which we might talk about control of the movements of family pets. The conditional conclusion ('they're better off in an institution if that help is not available') advocates institutionalization and is justified as being in the best interests of the disordered.

Statements highlighting dependence on others were also considered part of this resource. Dependence was mostly talked about in caring, supportive, benevolent terms, thus making any criticism seem uncaring and unsupportive of people less fortunate.

- (9) Tom: Well that's crazy, that is crazy. I mean there is nothing like, they're just similar to children you turn children out on their own they wouldn't survive either, we've we've got to have (.) er more um (.) not control but more responsibility than just casting them adrift and saying 'well we've we've done our bit, we've had them in here and we've looked after them, done all we can' and they open the doors and they pop out into the community and our responsibility finishes, it it's not like that at all. There needs to be an ongoing system whereby they are supported.

In advocating ongoing support, Tom likens people with disorders to children. Saying 'they're just similar to children' employs a comparison which functions to emphasize vulnerability and dependence. This interpretation is consistent with his later reminders about responsibility.

Tom uses a combination of collective personal and impersonal pronouns in the construction of his argument. In stating 'you turn them out', Tom describes an uncaring act from which he distances himself, by the use of 'you'. This is followed by a number of references to what 'we've got to' do. Use of the terms 'we've' and 'our' have the effect of involving others in his statement which talks of responsibility and things which the collective 'we' should not do. Note that the first reference to responsibility is preceded by a disclaimer concerning control. Finally, by using the term 'there needs to be', which is completely impersonal, Tom separates himself from involvement with what needs to be done. This has the effect of shifting this responsibility to 'an ongoing system'.

The above illustrations show the operation of a linguistic resource which was commonly invoked to permit patronizing talk which was socially acceptable. Such talk attained acceptability as it was typically presented as deriving from concern for the care and support for those unable to care for themselves. We would argue, however, that the claim that people are not able to care for themselves is itself a form of patronization.

Conclusions

The linguistic resources identified above have provided an analytic framework for an examination of participants' accounts of community care. It is worth reiterating the point that these resources were seldom used in isolation. Indeed, the degree of overlap between these patterns of talk prevented them from being labelled as independent 'repertoires'. However, we would argue that these patterns of talk are ideologically related and were drawn on interdependently by participants. Mostly they were used in combinations which indicate an active and careful construction of the view being expressed. Putting resources together in particular ways does not happen haphazardly, but is done in order to produce convincing versions which are designed to have particular effects. One of the broad aims of the current work was to provide a detailed examination of how the resources have been packaged and to consider the possible effects of such constructions.

Articulation of versions of an event are constructed purposefully. The production of any version becomes part of the discursive reality, strengthened by the telling of it. In turn, the narration provides linguistic resources for others who also create their own versions. In this way, the production of versions of events becomes the participants' reality. Such constructions do not reflect reality, but are critically involved in creating it.

People with disorders, regardless of residential circumstances, are, arguably, still part of the community. The 'dual community' carries a contrary inference which has the effect of maintaining a division between those with disorders and those without. Many minority groups live *in* the community. Some of these groups, for example gangs or street kids, may be considered socially undesirable but there is no suggestion that they are not part of the community. We would suggest the operation of 'dual community' works in opposition to the general aims of community care, as it has the effect of positioning the disordered outside the community. The binary nature of this resource fostered constructions of the disordered as separate from the community, while simultaneously providing participants with the opportunity to talk about the positive benefits of reintegration. Discourse which preserves the separateness of those with disorders also serves to justify the treatment of these people as different, and functions to keep them marginalized.

Talk which states outright, or infers, that the rights of people with disorders are subordinate to the rights of others has the potential to become a dangerous discursive reality. The disordered may also come to accept this, or find it difficult to challenge such a resource. Talk of rights was characterized by the conditional nature of the rights of the disordered. Quite remarkably, it was not uncommon for the conditionality of rights to be mentioned in conjunction with rhetoric about universality of rights. Possible attributions of discrimination were countered by drawing on concerns regarding dangerousness or safety.

Talk of disorders was characterized by variable deployment whereby participants portrayed disorders as wide ranging in their effects. This point was illustrated with contrasting examples of 'disorder-as-excuse' and 'disorder-as-violent-rage'. Disorders were talked about variously as insufficient to exempt one from the responsibility of work, and as inducing fear in the community which could anticipate

a violent outburst. The first of these takes constituted disordered individuals as self-sufficient and fully responsible, while the second cast the disordered as unpredictable, dangerous and in need of long-term supervision. Of all the resources examined in this analysis, constructions of disorder were by far the most flexible as participants were able to draw on it to support almost every possible view. This remarkable variability would be masked by traditional methods of studying attitudes, yet is anticipated by the discourse analyst. Indeed, this talk was variably deployed by focusing on particular aspects of disorders, thereby supporting the particular view of the speaker. Wooffitt (1992, p. 36) makes the same general point in suggesting that 'descriptions are themselves informed by the pragmatic tasks for which they are designed'. Thus, less severe disorders were invoked to illustrate self-sufficiency of the disordered, while more severe disorders were called on when illustrating dependency. We suggest this contributes to the understanding of disordered people as being pluralistically problematic and distinctly different from other people. In this way, talk of 'disorder' contributes to the social distance which is inherent in notions of dual community and the attendant schedule of differential rights.

Patronization was evident in the transcripts of all participants. Such talk was usually shrouded by the broad rhetoric of care, concern and knowing what is best for the disordered. Patronizing discourse which positions the disordered as subordinate is a social practice which carries with it a number of potential consequences. First, those with disorders may come to accept their place as dependent and inferior, and accordingly accept the inference that those who do not have disorders are somehow better than themselves. Second, it enables people without disorders to assume an air of superiority, which conveys an entitlement of dominance over those with disorders. Finally, by inferring responsibility for people with disorders, others may depict themselves as considerate and noble. It should be noted that gross generalizations often accompany patronizing talk. This has the added consequence of targeting all people with disorders with the consequences of such talk, irrespective of their ability to take responsibility for themselves.

It would seem that one of the major effects of the way people talk about those with disorders is the maintenance of social distance. This separation, while most palpable in the dual community resources, was also evident in differential assignment of rights and the patronization which was pervasive in participants talk. Indeed, differences between the disordered and participants were based on language use which highlighted a range of contrasts in areas such as self-sufficiency, dangerousness, and 'psychological' ability. Those interested in usefulness, especially the pragmatics and politics (Burr, 1995) of discursive studies, will be quick to see opportunities which arise from this work. For example, affiliative, inclusive discourses which promote similarities rather than differences might provide a starting point from which current social practices could be challenged. We would caution against promotion of affiliative resources to the point where special circumstances and needs are overlooked. An illustration of an overly inclusive discursive resource was provided earlier when one participant claimed that possession of a disorder was not a sufficient ground for avoiding the responsibility of work.

Perhaps the most blatant social practice associated with the discursive resources discussed in this work is the continuation of the stigma attached to mental disorder.

Goffman (1965) discussed how people were generally reluctant to associate too closely with those who had disorders, and how those who had received therapy or treatment were often reluctant to discuss it. More than three decades later, this situation seems to have changed little. While not wishing to reify the notion of stigma, what we hope to have achieved in this work is to have exposed some of the linguistic resources and the dynamics of how these operate in the everyday talk of laypersons.

When discussing the findings of his research investigating public attitudes towards mental illness, Patten (1992, p. 30) reported that 'mental illness is viewed negatively by New Zealanders and that there are many misconceptions about it'. He pointed to a number of areas which would benefit from further research, including investigation into how attitudes could be changed. While critical of the assumption that attitudes are enduring entities, we would suggest that one of the strengths of the current work is that it has provided details of the resources through which community care and disorder are constituted. We are optimistic that this work has provided a useful backdrop against which further discussions about change might take place. Detailed understandings of current discursive practices are essential before current social practices may be challenged and ultimately changed.

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