

## Mental Health and Society PSYC3200 seminar 2 Week 7

### Resisting mental health care, resisting stigma

Reading for this seminar is Nancy J. Herman and G.R. Musolf's (1998) paper 'Resistance among ex-psychiatric patients: Expressive and instrumental rituals, from Journal of Contemporary Ethnography, vol. 26, no. 4, ps. 426-449.

This is available in the electronic 'brown library' <http://www.brown.uk.com/liblist.htm>

There are a good many accounts in the literature of psychiatry, psychotherapy and nursing of people who are difficult to treat and are resistant to therapeutic interventions. I have included this paper by Nancy Herman because it gives an account of the struggle between health professionals and service users from a user's point of view.

In reading this piece we hope you will appreciate the conflict between clients and staff in mental health care settings which may occur between staff and patients, the subjective experience of one's diagnostic status as a patient and the perception on the part of patients that treatment is not always benign.

It is also intended that this will accustom you to reading material from outside the mainstream genre represented by Kring et al's *Abnormal Psychology* textbook and to encourage you to try to understand how these diverse viewpoints can be integrated into your understanding of mental health care.

In reading the piece and discussing the issues it raises, perhaps you could think about the following issues:

What kinds of 'antideferential rituals' did the users engage in?

Are they likely to be effective? How?

How do health professionals respond to the resistance strategies employed by Herman's informants?

What do you suppose it's like for the staff? How will it make them feel about their jobs? How will it make them feel about their clients?

There's an article about this sort of thing I've put online for you

Whittington, R. (2002) Attitudes toward patient aggression amongst mental health nurses in the 'zero tolerance' era: associations with burnout and length of experience, *Journal of Clinical Nursing*, 11, 819-825. (Once again, look at the Brown library)

In Whittington's piece some staff express positive attitudes to patient aggression – how could this be?

Herman and Musolf depict a rather antagonistic relationship between staff and patients. To what extent might this be typical?

Why does Herman's depiction of mental health care look so different from textbook versions such as Davison and Neale's?

The picture painted by Herman's informants is of a rather grim institutional environment with offensive, patronising staff and rather ill-conceived attempts at rehabilitation. To what extent is this picture true also in this country? If you have any experience of the UK system yourself as a worker or user, or know people who have, consider how true this depiction would be in the UK.

Are there any implications here for therapy? If you were a health professional does this article tell you how you can do your job differently? Is it possible for the professionals to work more effectively with the clients?

Is it possible for therapy and rehabilitation to be conducted in a way which avoids the threats to 'face' which Herman and Musolf identify?

Some educational initiatives for health care professionals have involved including service users in training for mental health practitioners. E.g. nursing students. There's a paper about this I've put online for you

Forrest, S., Risk, I., Masters, H. & Brown, N. (2000) Mental health service user involvement in nurse education: Exploring the issues, *Journal of Psychiatric and Mental Health Nursing*, 7, 51-57. (In the Brown library)

Does this kind of initiative offer any hope for reconciling staff and clients? Why or why not?

Are there any implications here for helping us understand the health care and social care systems more generally? Are there any similar processes at work in e.g. nursing homes, children's homes, schools, general hospitals (as distinct from psychiatric ones)?

Herman & Musolf's informants express resistance at the psychiatric staff, for example by spitting on them, and yet at the same time, for some of them, they protest at closures, cutbacks and reductions in services. Is there a contradiction here?

In the UK, there are some groups, for example those who believe they suffer from 'Seasonal affective disorder' who are very keen to get the medical profession to take their 'illness' seriously. Why do you suppose some people are so keen to gain a diagnosis? With problems such as 'ADHD', 'autism' or 'dyslexia', why are people so keen to acquire a diagnosis for their kids? Equally, there are some people who have been diagnosed who are not too keen on their diagnoses – those who identify as 'survivors' often want to escape from their diagnostic label. Why might this be?

After having read these kinds of accounts of care in institutional contexts, it is sometimes worth thinking of the alternatives and whether they could work instead.

How easy or difficult would it be to take care of people with mental health difficulties in the following ways?

Being cared for by family members

- Living in their own homes and being supported by visits from nurses, psychologists, home helps etc.
- Through befriending schemes
- By means of self help support groups
- By GPs and primary care services

To what extent do these work? What could we do instead?