Alliances and communicative action: one possibility for reframing theory and praxis

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Introduction

The papers by Plumb, Beresford and colleagues, Thomas, and Spandler and Calton which were a point of departure for the symposium are replete with both the complexity of competing ideas for framing the theory and politics of mental health survivor identity in a context of wider 'disability' struggles and the sense that activism for change is paramount. Different theories or means of making sense of the social position of mental health survivors have the potential to underpin movement activism. Questions arise over the extent to which different understandings, and the means by which they are arrived at, might foster solidarity or division with potential allies. This paper will not directly seek to develop critique of the merits or otherwise of social models of disability for the mental health context. Rather, it will explore understandings of ways by which individuals and groups might take part in discussion and debate to arrive at more agreeable theories or politics of mental health. A critical look at Habermas's (1986, 1987) theory of communicative action will be developed and its relevance for this context discussed. The idea of the university as an interesting social space for deliberations on movement politics and theory will be highlighted, bringing together movement activists and critically engaged academics.

 There is a mixed history of this sort of coalition building with some notable examples of constructive dialogue and action over the years. The main arguments put forward here are twofold: First, university spaces, populated by critically engaged academics, might afford creative opportunities to forge political alliances at the same time as working through the complexity of debates about the politics and theory that can sustain action. Second, the action which proceeds beyond talk to advance political and social objectives relevant to mental health and people's lived experiences could and should mobilise actors across a range of social movements and progressive organisations, including the trade unions which organize public sector workers. Arguably, this need not dilute or co-opt the survivor movement voice but this is a threat that must be considered and countered.

Habermas's theory of communicative action has been expounded and critiqued at length, and there is not room here to revisit most of this in detail. Suffice to say, certain authors have recognized the

possibilities of an 'ideal-type' communication, unconstrained by unequal power relations, respectful of difference and grounded in reason as a vehicle for enacting social change and associated with the sorts of prefigurative, deliberative democracies of certain social movements. Others have applied this thinking to analysis of mental health social movements and the notion of user involvement in arenas such as policy making and organization of health care services.

University space

A general policy trend to support service user involvement has been matched in university contexts. In my university, for example, the Comensus initiative supports a range of individuals and groups across a wide spectrum of personal experience of use of health and social care services (or refusal to make use of some of these) to participate in the education of health and social care practitioners and engage in associated research projects. This sort of activity is replicated in different forms and with different degrees of intensity across the higher education sector. Though, at present, precious few of these are hotbeds of activism, there are moments when such a possibility shows its face. Many of the participants who enter universities to interact with students or academic staff *are* activists in other parts of their life, and these people value the opportunity to attempt to change the future of services by influencing the hearts and minds of student practitioners.

Pre-dating this, has been a tradition in universities for the emergence of public intellectuals. A simple view of this notion, however, need not move beyond possession of a radical worldview and an inclination to pursue those ideas within and beyond the academy. In its most limited sense the degree of *activism* is restricted to writing and speaking and may not extend to actual embodied solidarity with movements. Alternately, certain academics, perhaps less well known than the major public figures, are more actively engaged and attempt to align their intellectual interests with the realisation of movement goals.

Movement activists do not need scholars to make sense of their actions and tactics. Though some academic theory is undoubtedly useful, when academics adopt a critical pose this can merely be self-indulgent (Drury 2003). Critical scholars become useful for movements when they can engage with or provoke debate *within* movements beyond academic circles (Biglia 2003). Various commentators have applied similar reasoning to survivor politics and movements. Cresswell and Spandler (2011) utilise Barker and Cox's (2002) deployment of Gramsci's distinction between *organic* and *traditional*

intellectuals to coin the term *critically engaged academics*, highlighting a valued positioning wherein university personnel assume both an academic and activists role at one and the same time. Crucially, these authors highlight the experiential contradictions and overall *unsettled relations* that arise for academics who choose to have a *foot in both camps* (see also Bannerji et al. 1992, Church 1995, Hale 2008).

One possibility is that survivor movement activists enter the university in a context of involvement and encounter critically engaged academic allies. In such a scenario there is the possibility of making much more of the potential for involvement to pursue radical ends. Of course, this is not an argument that survivor movement politics are necessarily best served in a university context nor that other domains of contention, especially clinical practice, should be left alone. Rather, university space might be *one* place where activism can be brought to bear. Tutors and researchers with a background in clinical practice remain somewhat protected from direct association with statutory power or service provision. The fact that this may be more symbolic than actual does not deny the possibility that the academic role and setting might afford more potential for nurturing trust between staff and service users than may exist in, for example, service settings. This is not to say that positive relationships do not exist between staff and service users in practice settings or, indeed, that movement alliances cannot be enacted. Rather, the social relations in practice can be coloured by the operation of legislative powers, not least compulsion into services and the organisation of practitioners' work may militate against having the necessary time to invest in non-clinical conversations about, for example, movement politics.

Despite this, there are numerous instances of positive and progressive therapeutic relations within services and opportunities for constructive political alliances between service users and certain practitioners. These have been noted to form in defence of services against cuts or closure (Cresswell 2009) or in a context of democratising service configurations, or when these circumstances coincide (Spandler 2006).

The university setting may also be better off for quiet, comfortable meeting space and can have access to other relevant resources such as information and personnel experienced in supporting community activism or empowerment via action learning or research. This might include access to sources of knowledge that offer different understandings of mental health than the mono-cultural

biological psychiatry which dominates services. This is not an elitist point: there are plenty of sources of alternative knowledge external to the university, not least the experiential knowledge held by the survivor movement and universities themselves have a significant role in reproducing the culture in service settings through the education and training of practitioners. Rather, access to alternative knowledge *is* readily available in a university setting.

The view that universities might offer a productive social space for mental health activism mirrors other commentary on place and mental health service users. Different social spaces are more or less amenable to supporting involvement and engagement, and positive consequences of such activity include impact on *citizen subjectivities*, sense of belonging and a potential to dismantle exclusionary relationships (Parr 2008). Crossley (1999) highlights the occurrence of particular transformations of social space in psychiatric settings that hold special appeal for user activists, are prefigurative of more progressive social relations and are associated with processes of legitimation and knowledge production: these he describes as *working utopias* or *laboratories of experience*. Spandler (2009: 677) discusses places of contention which might be either convergent or paradoxical spaces: *potentially creative spaces* where contradictions and conflicts can be faced and these tensions allow for the *articulation of difference* or acknowledgement of unsettled relations to the point where 'such expression opens up new spaces of resistance by imagining an elsewhere and expanding prefigurative social relations'. Arguably, the university setting might represent just such a space for engaging with survivor activism.

The university as a social space for alliance building

It should be noted at this juncture that survivor activists may be sceptical or even hostile to the idea that university settings have anything to offer their movement. Many will not need the academy for access to knowledge; either preferring knowledge forged in experience, which may not be wholeheartedly endorsed in academic circles, or being self-reliant in plotting personal learning, akin to the labour movement identity of *auto-didact*. A corollary of this is that critical engagement between university personnel and community activists must be as much about transforming the academy as it is about realising movement goals (but, if the target is psychiatric knowledge, for instance, some of both can possibly be achieved). The critically engaged academic typically has modest claims for their personal contribution to any movement, but has an interest in both

supporting the movement and seeking changes to the organisation and social relations of the university.

It has been argued that where survivor activists engage in formal involvement opportunities with health care provider institutions and policy makers the conditions for truly unconstrained communication are never fully realised, and key topics of interest can be closed down or completely off-limits (Hodge 2005a). Thus, the Habermasian threshold ideal of freeing up communication and evening out power imbalances as a precursor for communicative action is not reached. Alternately, Godin and colleagues (2007) deployed Habermas's theory in reflecting upon a research study bringing together academic staff and service users from secure psychiatric care in university settings to plan and participate in research activity and also engage in the university's public sphere of academic seminars. These authors conclude that there is a difference between university settings and forensic care environments in the extent to which open communication can take place – the crucial enabler being the participatory approach contrasted with forms of institutional social relations in the hospital settings better described in terms of instrumental or strategic communication. Furthermore, it might be the case that progressive academics, who have a critical disposition towards psychiatry and the politics of mental health need not necessarily feel constrained by defensiveness about fundamental critique of services provided by service users. Again, Spandler's (2006) account shows that critically minded staff allies of the user movement are not unique to university settings. I would argue, however, that it is on the whole *easier* to express critical ideas in a university rather than a service context.

There is an issue of scale when critically applying Habermas's ideas and, on the face of it, the notion of rationality would appear to be implicitly problematic when considering the psychiatric survivor movement. When considering a movement territory made up of small and disparate groups, it can be argued that neither consensus nor rationality need be necessary for social action or change to take place. This might especially be the case for mental health activism where consensus over the complexity of available perspectives is difficult to achieve and rationality itself is contested. Much social action is as much replete with emotional rather than reasoned responses to perceived disadvantage or oppression (Taylor & Whittier 1995, Jasper 1997, Barker 2001). In this vein, feminist critique of Habermas's ideas contends that the emphasis on *reason* is masculinist and downplays the importance of factors such as care or kindness.

These factors, however, are very much of relevance to prefigurative, relational forms of organising and activism and have been remarked upon explicitly by Comensus participants (Downe et al. 2007, McKeown et al. 2010). For example, service user participants in Comensus report how their involvement affects students and their own sense of identity. Whilst some of the transformative changes to services which participants aspire to are postponed or difficult to demonstrate, small, but nonetheless profound changes in individual relationships are reported. More often than not this is articulated in terms of moving people emotionally (McKeown et al. 2010, McKeown et al. forthcoming).   Garlick & Palmer (2008) develop the work of Bauman (1995) to explore this idea of relational forms of organising: 'an ideal form of togetherness ... of community engagement between universities and centres of community activism'.

The *rationality* problem

Habermas's emphasis on rationality is of concern for activists, with a lengthy history of the silencing and marginalizing of survivor voices on the grounds of irrationality (see Campbell 2009, Bracken & Thomas 2001, Hornstein 2002). Mary O'Hagan (1986: 32) noted in the 1980s how the voices of people with direct experiences of service use were silenced in both scholarly settings and wider society; their views were effectively 'seized by the reality regulators and put under lock and key in seclusion' mirroring experiences in services.

One of the rhetorical strategies of the survivor movement has been to resist psychiatric models and explanations for different experiences. Similarly, prevailing conceptualisations of self and other are disputed, as psychiatry is challenged for defining the boundary that divides sane from insane, normal from abnormal. Habermas's concept of systematically disordered communication uses psycho-pathology and psychoanalysis as its analogues (see Habermas 1979), further complicating the appeal of his theories for movement activists. He also talks about communicative competence as a pre-requisite for meaningful dialogue (see Habermas 1990), potentially providing further ammunition for those who would discount certain contributions. Weinberg (2007) makes this point regarding problems with Habermasian theory in accounting for the position of learning disabled individuals in a context of user involvement. Clifford (2009) goes further to suggest that the embodied nature of communication, including non-verbal expression, is specifically excluded, and that the appeal of communicative action theory for various forms of disability activists, including mental health

survivors, could be extended by appropriate revisions bringing in notions of inter-dependence and shared vulnerability as counterpoints to simplistic autonomy and rationality. Hodge (2005b) points out that oppression also takes place within the inter-subjectivity of the lifeworld, where the otherness identity of being a mental patient thrives, user voices are discredited, and possibilities for communicative action are limited. Lewis (2009) makes similar observations on the ways in which service user identity suffers from status subordination diminishing possibilities for parity with professionals in any dialogue, and that this is effectively a human rights issue. However, despite negative consequences of being denied opportunities to communicate freely in the mainstream there may be a certain advantage in identification with an oppressed group because: 'The oppressed are free to know differently' (O'Hagan 1986: 40).

Taken together, this critique poses some serious questions regarding the applicability of Habermas's theory to the context of survivor movement communications. Yet Habermas is also keen to stress the importance of relational aspects of his communicative action, its potential for achieving progressive social change, and an appeal to include the marginalized and challenge oppressive consequences of *othering*. Gardiner (2004) argues that Bakhtin's ideas can be used to improve Habermas's theory by tackling some of the overly abstract features, acknowledging more plurality in the public sphere and rendering the whole less inimical to *difference* and the complexities or multiplicities of everyday speech for ordinary people. Different views, different ways of making sense of the world need not be seen as essentially irrational just because they are voiced by a survivor. Furthermore, dialogue within movements must achieve some degree of clarity of expression and comprehensibility to others to take the movement forward: arguably, it is equally oppressive to deny capacity for rationality to the person deemed *irrational* by psychiatry. Coleman (2008: 341) charts the extent to which psychiatric survivor activists have 'significantly contributed to a reconfiguring of the relationship between madness and rationality' and 'forcefully nullified entrenched stereotypes of their incapacity through vibrant political expression'. She concludes that users of mental health services must be seen as holding 'a rational capacity to speak credibly about their condition and their treatment and ... the science of psychiatry'.

Conclusions

If we are to consider the university as a social space that supports forms of dialogue amenable to forging effective alliances between survivors and academics it would be naïve to pretend that these

spaces are ideal, fully-formed, or that communication therein is completely open. A multiplicity of constraining factors also exist including questions over the sincerity of engagement and the risk of incorporation. The involvement tag itself is somewhat paternalistic and does not adequately encompass the activist roles and identities noted here. Nevertheless, if the development of such social spaces can be seen as a work in progress, then, arguably, such fora should flourish where a dynamic centre of survivor activism coincides with the presence of critically engaged academics. These endeavours may also open up the potential for developing movement knowledge that illuminates the complexities at stake in forging a new, more progressive politics of mental health or develops strategic thinking in relation to different conceptions of disability.

The realisation of such goals would also herald potential for academics to embrace new forms of identity and activism for themselves. Entering into alliances with service users and carers in a university context may be a first step towards further connections between scholars, community activists and other community groups realising a broader inter-relationship of politics, engagement and activism. Aspirations for transformative and redistributive goals may be beyond what can be achieved in any single institutional setting but need not neglect positive changes that can be enacted at the local level. A powerful movement for a more equal society, bringing together alliances of service user activists, practitioner staff, critically engaged academics, and associated trade unions is one possibility that does not have to be derailed by contradictory forces and tensions as long as these are faced up to. Habermas's theory of communicative action has much to offer when thinking about how best to organise prefiguratively for change within university settings but any aspirations for alliances or consensus ought be tempered by an appreciation that relations along the way are likely to be unsettled and unsettling.

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