

**Linking the Academy and Activism: From
constructed subjectivities to participatory,
communicative agency.**

by

Mick McKeown

**A thesis submitted in partial fulfilment for the requirements of the
degree of PhD by published work at the University of Central Lancashire**

March 2012

*I kissed goodbye the howling beast on the borderline which separated you
from me*

Bob Dylan

You must be the change you wish to see in the world

Mahatma Gandhi

No-one is free, until we all are free

Jurgen Habermas

Permissions

Permission is given granting powers of discretion to the depository library to allow this thesis to be copied in whole or in part without further reference to myself. This permission covers only single copies made for study purposes subject to normal conditions of acknowledgement.

Declaration

The material in this thesis has not been submitted for any other award nor have I been concurrently registered for any other academic award.

Abstract

This thesis presents a narrative that connects discussion of a number of my papers submitted for consideration of the award of PhD by published work with reflections on methods and theory within a critical sociological context. This analysis of my publications is extended by a critical engagement with communicative action theory to consider its relevance for thinking about service user involvement activity in university settings.

The thesis explores methodological and theoretical ideas by first narrating the thematic consistency of the portfolio of published work presented for consideration and, second, considering analytic connections with wider critical social theory and emancipatory goals. In part this is accomplished by exploring a scholarly interest in the *subjective*: tracing in my own papers a development of thought from an affinity for critical post-structuralist concepts of a de-centred subject, as illustrated in my use of Q-methodology as a particular means of accessing forms of subjective expression, through to a current interest in forms of critical social theory, aligned to the Frankfurt School. Despite some acknowledged philosophical tensions, it is argued that there is a consistency of theoretical exposition whereby a line of reasoning via Habermas's theory of communicative action, focuses on a radical subjectivity which is not antithetical to the aforementioned post-structural accounts. A contribution to original knowledge is demonstrated with respect to theorising social constructions of difference and identity in a mental health context and critical analyses and commentary on the mental health service user/survivor movement. Themes of radicalism and emancipation in research methods and praxis, and their critique, connect with a concluding focus on academic alliances with user movement activists including an analytic reflection on the university as a particular social space which may be amenable to forging effective solidarity.

Table of Contents

Permissions and declaration	i
Abstract	ii
Contents	iii
Acknowledgements	iv
Introduction	1
The selected published work	2
Methods: neutral techniques or emancipatory means?	8
Q methodology and discourse analysis	9
Participatory action research	13
Critical social theory	17
Communicative action	18
Survivor activists and critically engaged academics	21
The university as a supportive social space	28
Reflexive critique and limitations	31
Conclusions	39
References	42
Appendix 1. The submitted published work	I

Acknowledgements

Many people deserve my grateful thanks for help and support. First the numerous collaborators and co-authors of the submitted publications, notably Mark Stowell-Smith and Dave Mercer who respectively stimulated my interest in Q methodology and critical perspectives on mental health. Second, the various university colleagues and all of the service users, carers and community activists who have helped initiate and sustain the Comensus initiative which figures centrally in the thesis. It is difficult to single people out but I'd especially like to thank Soo Downe whose early contribution was irreplaceable, Eileen Johnson who gave us our bridge to the community but sadly passed away before seeing the project grow, Lisa Malihi-Shoja and Janet Garner in the Comensus office for carrying the weight and helping me stay organised, and all of the members of the Community Involvement Team who over the years have created Comensus as we know it. Third, other university colleagues whose collegiality and understanding have afforded the practical and intellectual room to write this thesis, notably Karen Wright who always has the time for a coffee. Special thanks to Carmit Erez for helping me with formatting the thesis. Fourth, my comrades in Unison who have been receptive to critical debate and have begun organising for union renewal. Fifth, very warm thanks to my supervisory team of Helen Spandler, Bernie Carter and Dave Pilgrim for generous and sage advice and support. I would like to especially thank Bernie for going the extra mile with the paperwork and bureaucracy and Helen for her significant contribution to my thinking and being a critical friend in more ways than one.

Last, but not least, I wish to thank Lynda and Rachael for putting up with me at home and humorously putting the idea of the PhD into much needed perspective.

This thesis is dedicated to the memory of my good friend William Bingley who was always in solidarity with the mental health survivor movement and was a good ally to Comensus: with us from the start but taken far too soon.

INTRODUCTION

This thesis draws upon thematic, theoretical and methodological elements of a selection of my published work to develop a contribution to knowledge that presents the university setting as a paradoxical social space for the consideration of alliances between professional staff and mental health service users. Analyses and critique contained in the submitted body of work is discussed and extended with recourse to critical social theory with a particular emphasis upon the work of Jürgen Habermas. Habermas's theory of communicative action (Habermas 1986a, 1987) is critically examined to illuminate reflections on the notion of supportive conditions for deliberative discussions and decision making amongst service user activists engaged in involvement activities with university personnel. In my own writings there has been a journey through an early focus upon subjectivity in the field of mental health, understood largely in social constructionist terms, to a later interest in participatory action research as one possible means for realising social change. A major university involvement initiative that I helped to initiate and study, the Comensus project, is pivotal in precipitating the central ideas presented here.

Comensus (Community Engagement and Service User Support) is an initiative that spans the diversity of experience of health and social care and also includes informal carers. As such it is not limited to mental health, but mental health service users are significantly represented in the overall Comensus activity and a number of strands of activity are exclusively about mental health. In the thesis I am interested in the extent to which involvement opportunities open the door to movement activism. In some places I use the terminology of user involvement, in others I refer to either the user movement or the survivor movement. I am not attempting to say that these terms are synonymous, nor that movement activism and involvement *are* the same thing. Rather, if there is any slippage in terminology it is because activists can and do become involved in activity that is badged as involvement, especially if it can be seen to have the potential to further movement goals and politics. Similarly, participants within involvement initiatives can exhibit some of the characteristics of activism even if they do not necessarily describe themselves in these terms.

The thesis addresses some of the continuities and tensions between constructionist and critical social theorising, not least with regard to the Habermasian privileging of rationality, before arguing for a praxis that allows for an informed strategic adoption of theory or method for progressive ends. Insights from critical social theory will be argued as important for thinking about prefigurative aspects of movement activism discourse in this context, but such

conclusions must be seen as tentative and not an uncritical endorsement of communicative rationality as a singular model for activism.

THE SELECTED PUBLISHED WORK

The published work presented for consideration covers some key issues in mental health with occasional forays into the wider organisation of nursing and healthcare work (see Appendix 1)¹. My work in general has a consistent critical theoretical stance which accompanies research and commentary on aspects of mental health services that exposes anomalies in the treatment of significant groups or critiques the negative consequences of the dominance of a too narrow psychiatric orthodoxy. A focus on the importance of critical theory in highlighting socially constructed categories of personhood influential in psychiatry is developed in relation to the key issues of gender and race, and wider concerns with diagnostic practices. For instance, the work focuses upon gendered discourses in the understanding and treatment of women (McKeown & Mercer 1998, **McKeown et al. 2003**) and constructions of otherness influential in the care and treatment of ethnic minorities, black men in particular (McKeown & Stowell-Smith 1998, **Stowell-Smith & McKeown 1999a, Stowell-Smith & McKeown 1999b**, McKeown et al. 2008, **McKeown & Mercer 2010**). Additional problems are exemplified associated with a categorical approach to defining mental disorder, for example in the contested diagnosis of personality disorder (Wright, Haigh & McKeown 2007). Such demarcations of social difference are taken up with disquiet regarding the social effects of medicalisation (**McKeown et al. 1998, McKeown & Stowell-Smith 2005**, Wright, Haigh & McKeown 2007). These critical accounts of aspects of the organisation and practice of psychiatry lead on to analyses of power and empowerment issues in a context of service user involvement (**Downe et al. 2007, McKeown et al. 2010**) and reflections upon the potential for both nursing radicalism (**McKeown, Stowell-Smith & Foley 1999**, McKeown & Spandler 2006) and political alliances with a service user movement (McKeown & Spandler 2006, **Downe et al. 2007, McKeown 2009, McKeown & Mercer 2010**). This thesis extends these ideas to consider further the role of radical elements in the academic workforce and the effectiveness or desirability of alliances with service users in university settings.

¹ The included publications represent a selection of the totality of my published work. For ease of recognising publications that are part of the submission, included publications are bolded in both the text and reference list. Certain other publications of mine which are also referenced but not included amongst the submitted work are referenced normally. The latter are not included in the submission because relevance is limited to context or they have only progressed on route to publication since registration. A complete list of the submitted works is included as an appendix, annotated to indicate my proportional contribution to authorship for co-authored publications.

In parallel with this critical focus on issues, the publications also exemplify a personal journey through various research methodologies and the development of reflexive thought concerning the extent to which these methodologies can be seen to be associated with radical or transformative ends. An early affinity for post-structural critical theory led into a number of Q-methodological studies that presented this method as particularly suited to a critical focus on subjectivities linked with various calls for progressive change in mental health services or practitioner activism (**Stowell-Smith & McKeown 1999a, McKeown, Stowell-Smith & Foley 1999, McKeown et al. 1999, McKeown et al. 2003**). Other publications have worked similarly with discourse analysis (**Stowell-Smith & McKeown 1999b**) or relevant critical theory to offer a fresh view on taken for granted phenomena (**McKeown et al. 1998, McKeown & Mercer 1998, McKeown & Stowell-Smith 1998, McKeown & Stowell-Smith 2005, Wright, Haigh & McKeown 2007**). Latterly, my publications have reported on studies utilising participatory action research as an approach with quite clear connections to critical theory (**Downe et al. 2007, McKeown et al. 2010**).

My early interest in critical post-structural philosophies can be seen, with hindsight, to relate to their appeal in explicating context and conditions pertaining in my work environment at the time; moving from employment in a high secure psychiatric facility, through conditions of lesser security and some community work before arriving at an academic post. Particularly in the high security hospital, the actual and symbolic disciplinary, social control and surveillance aspects of psychiatric services were writ large as were the ways by which otherness was demarcated in the social relations of everyday life and work. Similarly, there was a dominating bio-medical orthodoxy by which care, treatment and containment was organised, leaving little conceptual space for alternative views and approaches to mental health care. A chapter in an edited collection by Dave Pilgrim describes my personal reflections on the frustrations and challenges of working in Ashworth whilst holding a critical stance to the institutional regime (McKeown 2007). Other contributions in this volume, including Pilgrim's context setting introductory chapter describe the invidious position that staff who voiced progressive challenges might find themselves in; more often than not eventually succumbing to an 'escape' strategy to maintain integrity or well-being.

Experiences of the carceral psychiatric domain led to an initial interest in Foucauldian ideas and drew me into wider reading and thinking about the disciplinary power of psychiatry to shape subjectivities; opening up or closing down different ways of accounting for selfhood (see Miller & Rose 1986). Such ideas were critical of psychiatry but also antithetical to much of the previous anti-psychiatry 'movement' of the 1960s. They were later taken up by Phil Thomas

and Pat Bracken in their formulation of a vision for a *post-psychiatry* (Thomas & Bracken 2004, Bracken & Thomas 2001).

These themes have been pursued in a number of my publications, often written collaboratively with other critically minded colleagues. An early paper applied social constructionist ideas to criticising the psychiatrisation of human behaviour, and specifically the extension of new diagnostic categories, such as the terminology of dual-diagnosis to indicate people with existing psychiatric diagnoses who also use illicit drugs (**McKeown et al. 1998**). This can be seen as a part of the colonisation enterprise of the *psy-complex* (Rose 1985, 1989) and is problematic in terms of the potential to expand stigma without necessarily offering anything constructive with regard to care and treatment; indeed the so-called dually-diagnosed often fall between services or are explicitly excluded from mainstream support. This paper is one of a number of publications co-authored with Mark Stowell-Smith and Dave Mercer which build upon collaboration commenced whilst variously practitioners and educators at Ashworth Hospital and carried on after we all moved on to other posts; Dave and myself moving to the University of Liverpool, where amongst other things we taught applied sociological ideas to Bachelor of Nursing students.

My collaborations continued with two co-authored chapters in Mason and Mercer's seminal *Critical Perspectives* book, which presented a constructionist critique of secure mental health services. One chapter explores the social construction of gender within secure psychiatric care. Via an analysis of articles in the *British Journal of Criminology*, the gendered nature of criminological studies was relied upon as a point of departure to argue that at least some of the anomalous experiences of women in secure care at the time were explicable in terms of blind-spots in theoretical underpinnings (McKeown & Mercer 1998). The second chapter (McKeown & Stowell-Smith 1998) is the first of a number of my publications which address the widely acknowledged ways in which black and ethnic minority service users are treated problematically in psychiatric services (see also **Stowell-Smith & McKeown 1999a, 1999b**, 2001, McKeown et al. 2008, **McKeown & Mercer 2010**). The narrative engages with the constructionist view that language is constitutive and that the ways in which race is socially constructed as *other* can point to a more complete understanding of problematic issues (for example, the over-representation of black men in various diagnostic categories, receipt of physical treatments, compulsory care, and detention in secure units amongst other anomalies) than is afforded by the usually proffered explanations alone.

Similarly, a chapter in an edited text focused on contemporary development of theorising about stigma in the health field, took further my previous work on ethnicity and mental health and

related this to the operation of stereotypes in secure care services and how these reflect wider social stereotyping and stigma (Stowell-Smith & McKeown 2001). This was explicitly related to the notion of institutional racism in a concluding reference to evidence given to the Stephen Lawrence Inquiry. A later paper returned to familiar themes in my interest in race and psychiatry to utilise the findings of a funded piece of research into mental health advocacy with African and Caribbean men to engage in a critique of the emasculating features of an overly medical model of psychiatry, particularly in terms of disempowerment within services and sexual side effects of psychiatric medication (McKeown et al. 2008). Appropriate independent advocacy was suggested as one important means by which black men can be re-empowered and impotence, in its various guises, repudiated. In the spirit of critical engagement, these arguments have been made at numerous academic conferences and movement gatherings including, specifically, a large meeting of black and minority ethnic community groups convened by The Advocacy Project in Liverpool in 2009.

Carrying on with my interest in socially constructed aspects of mental health services, two significant publications dealt in different ways with the contested psychiatric diagnosis of personality disorder. Firstly, together with long-time collaborator Mark Stowell-Smith, I was invited to produce a chapter for inclusion in Tom Mason's edited text *Forensic Psychiatry: Influences of Evil*. This book includes contributions from a number of renowned international researchers and commentators in the field. Our chapter analysed the collective psychological effects of high secure hospitals and horror movies depicting dangerous personalities through an original consideration of the work of Julia Kristeva and her notion of *the abject* (McKeown & Stowell-Smith 2005). We argued that the particular constructions of otherness at stake together with the symbolic role of high secure hospitals and forensic psychiatric practices are as much to do with the containment of public anxiety as any scientific medical enterprise and that this is mimicked in the public consumption of abject representations in the horror genre. Ultimately, the text takes an original turn to suggest that thinking about the relationship between public consciousness and psychiatric practice in these terms mirrors a contemporary critique of inadequacies in the modern western polity, as advanced by Adam Curtis in his documentary *The Power of Nightmares* (2004). This view that governments have more or less given up on progressive appeals to make the world a better place and substituted a reactionary manifesto of protecting the electorate from their fears was taken up in our piece with reference to the British government's legislative proposals for Dangerous and Severe Personality Disorder and the more general exaggeration of risk posed by those designated mentally ill in society.

The critique developed in this paper complements the numerous critical commentaries published at the time and associated movement activism evident in, for instance, the Mental Health Alliance which engaged with the protracted 'reform' of the 1983 Mental Health Act (England and Wales). Arguably, the prevailing political rhetoric emphasising public protection and perceived dangerousness was influential in blocking many of the progressive demands of the Alliance for root and branch reform of the legislation framed less around compulsion and more concerned with service user rights and entitlements. Since the eventually reformed Act emerged in 2007 the use of sectioning powers to compel treatment or detention has increased steadily.

Complementary arguments were taken up in a later paper which focused on the care and treatment of individuals who attract the label personality disorder in mainstream psychiatric services (Wright, Haigh & McKeown 2007). This original paper built upon the critical literature to address the constructed nature of the diagnosis of personality disorder and consequent *othering* of those so-designated (the theoretical element of the paper was my contribution to the collaborative authorship). A critical view of services was advanced to persuade readers of the value of challenging, or deconstructing, negative constructions of personality disorder so as to open up possibilities for reclaiming individuals into a more helpful framing of their difficulties and relationships emphasising common humanity rather than spuriously constructed difference. We were invited to include a version of this paper in the respected and influential reader *Mental Health Still Matters* (Open University Press/Palgrave) attesting to its original contribution and hopefully extending the influence and impact of its argument.

More recently, my work supporting a significant community engagement and service user involvement initiative within the university (itself a participatory action research project) has allowed me to develop an interest in action research methodologies (**Downe et al. 2007, McKeown et al. 2010**), together with affinity for their anticipated emancipatory effects. Findings arising from this work have raised questions of authenticity in service user involvement as opposed to tokenistic or incorporated involvement, raising deeper questions which can be reflected on utilising critical social theory. Participant emphases on the value of relational aspects of their engagement with the university and its personnel links back into my previous interest in subjectivities by foregrounding concerns with identity in a context of institutional relations with a progressive survivor movement. It is these points which will be taken up in the main body of the thesis to develop new knowledge that builds upon themes from the published work in consideration of alliances between academic staff and mental health survivors.

This original aspect of the thesis will engage with the critical social theory of the Frankfurt School, notably the work of Jürgen Habermas and his concept of communicative action, to explore the extent to which university settings can be conceived of as a privileged, but threatened, social space for the facilitation of effective alliances and fostering of radical discourse for change. The focus here is upon academic staff who mainly come from a health or social care practitioner background. For example, mental health nursing lecturers, social work researchers or staff who work alongside these colleagues in other academic roles e.g. social sciences researchers who do not hold a practitioner background. It is also worth acknowledging at this juncture that my use of the terms service user or survivor does not imply that these are synonyms or homogenous groups; there are multifarious distinctions, for example, between and within service users and their organised groupings.

The field of mental health care has been a focus for a range of critically inspired studies and critical theoretical reflections. Over recent decades in the UK this has spawned a number of critical collectives and scholarly networks concerned with radical ideas and practices in mental health. In the UK these groupings have tended to be mainly the province of psychologists and less so psychiatrists, though there are notable exceptions and various nurses and social workers have been involved including my co-authors and myself. Such groups have been associated with the adoption of means of inquiry, such as Q methodology and discourse analysis, as methods suited, or adaptable, for utilisation in conjunction with critical theoretical perspectives (see Stainton Rogers et al. 1995, Parker 1992, 1999, Willig 1999). Emancipatory approaches such as participatory action research have an established history of relevance to the aims of critical social theorists and activists alike (Beresford & Wallcraft 1997, Bernard 2000, Kemmis & McTaggart 2003). My own work has taken up these approaches and applied them to the critical study of anomalies and disadvantage in mental health care and the development of new forms of alliance between scholars and service user activists, latterly in a context of involvement in pedagogy and research at this university. This selection of my publications is part of a wider body of work that has been influential within UK mental health nursing, especially the forensic context, and the field of user involvement in education and research. The use of Q-methodology, for example, was highly original in the field of nursing inquiry at the time and the Comensus initiative is now a well respected exemplar of authentic user involvement with a growing national and international reputation. This reputation has been extended by the international conference that we host: *Authenticity to Action* which takes place every two years and is now in its third iteration. We regularly host visiting

academics and activists interested in involvement in university settings and field e-mail queries from far afield for support and information.

It is worth noting at this juncture that I was the first UK nurse to publish a constructionist reading of Q methodology and have since been invited by a number of universities to assist in the supervision of post-graduate students who have adopted this approach in their work (including Masters work at University of Manchester, PhD studies at Liverpool John Moores University and the research element of the DClín.Psychol. at University of Liverpool). I also undertake reviews of Q methodology papers for a number of international nursing and health discipline journals.

I turn next to consider the appropriateness of methods featured in my submitted publications for exploring key research interests concerning, broadly, the exploration of contested concepts in mental health, the ways in which difference is constructed, and possibilities for enacting change. Equally, I am interested in this regard in forms of analysis informed by critical social theory. The next section reflects upon the theoretical relationship between epistemology, methods, the role of the researcher and research participant, and the potential for radical social change whilst maintaining a critical disposition to the limitations of applied theory and practices in this field.

METHODS: NEUTRAL TECHNIQUES OR EMANCIPATORY MEANS?

My use of Q methodology and discourse analysis explores the idea of subjectivity in a mental health context and the construction of difference therein. Both methods afford opportunities to access the diversity of ways in which individuals make sense of their circumstances and enable the expression of critical responses to perceived problems and injustices. My involvement in participatory action research was driven by the need for a method which promised to deliver actual change whilst participants experience as active and democratic a role as possible. Ideally, this would also hold out the possibility of emancipatory or empowering effects for participants. For Gibson (1985) the research process in this context links critical theory with critical methods. Kincheloe and McLaren (2002) argue for a reconceptualised theory and methodology that strategically avoids many of the internecine disputes within critical social theory and owns up to the extant commonalities with many of the *post* critiques emanating from feminisms and constructionist theories. One such aspect of common ground is held to be the role of language in constructing what we recognise as *reality* and discursive power to delimit 'what can and cannot be said' (Kincheloe & McLaren 2002: 94).

Q Methodology and Discourse Analysis

There are various forms of discourse analysis. Critical discourse analysis is interested in subjective accounts and is as much concerned with articulating the function of these discourses in wider society. Constructionist scholars view subjective discursive accounts as disembodied entities, not belonging uniquely in individual consciousness, but having an external existence, freely available to be drawn upon. It is in this way that the accounts generated by Q methodology are viewed.

My use of discourse analysis is exemplified in a highly original co-authored paper providing insights into a quite particular anomaly within the myriad of discrepancies in the diagnosis and treatment of black men in psychiatry: namely the significant under-representation of black men in the diagnostic category of personality disorder (in this case psychopathy) despite being disproportionately over-represented in all other categories of mental disorder (**Stowell-Smith & McKeown 1999b**). The wider literature only rarely addresses this issue and this discourse analytic study is the first to offer a route to understanding grounded in critical constructionist theory. The analysis suggests that the prevailing constructions of black otherness operate to emphasise physicality over psyche; with black individuals difficult to locate in a diagnosis framed in terms of *disorder of mind*. All other psychiatric diagnoses, where black men are over-represented, are framed in terms of organic, or physical, *disorder of brain* and hence more easily accommodate black people.

Turning to Q methodology, this approach can be seen to have moved through various phases since its invention (Stephenson 1935): Early innovation; lapsing into disuse or misuse in the face of a positivist backlash; reinvigoration by US social scientists; and, more latterly, adoption by UK scholars as a method appropriate to a social constructionist research philosophy (Brown 1980, Kitzinger 1986, McKeown & Thomas 1988, Febbraro 1995). Much recent international Q research has been in the domain of health and social care, with a mixture of studies sympathetic to constructionist ideas (see Stainton-Rogers W. 1991, Gleeson 1991, **McKeown et al. 1999**, **Stowell-Smith & McKeown 1999a**, Stenner et al. 2000, **McKeown et al. 2003**, James & Warner 2005, Watts & Stenner 2005, Warner 2009) and non-constructionist use of Q techniques (see Leary et al. 1995, Brown 1996, Thompson et al. 2001, , Ryan & Zerwic 2004, , Pelletier 2005, Cross 2005a, Cross 2005b, Kim et al. 2006, Chang et al. 2008, Ellingsen et al. 2010, Dick et al. 2011, Absalom-Hornby et al. 2011). The method has been advocated as especially pertinent to the discipline of nursing and nursing inquiry (see Dennis 1986, Cordingley et al. 1997, Karim 2001,

Akhtar-Danesh et al. 2008, Barker 2008), and the approach has been used to explore service user involvement in care (Combes et al. 2004).

More often than not the reasoning for Q method's suitability for nursing inquiry is couched in terms of the complexity of health related subject matter and an assumed desirability for exploring a plurality of subjective positions. As such this rationale is clearly not unique to nursing and similar points have been made by scholars from other disciplines, notably Wendy Stainton-Rogers (1991) in her seminal text *Explaining Health and Illness: An Exploration of Diversity* which makes a more universal recommendation of the method across disciplines. Steven Brown, the reviver of Q methodology's popularity in the 1980s, has gone on to argue that this methodology is suited for researchers concerned with issues of empowerment (Brown 2005), and presents Q methodology as 'a marginalized method' most appropriate for studying marginalized peoples, especially in enabling them to have a voice as a first step towards escaping powerlessness (Brown 2006).

Q methodology was initially presented as a *science of subjectivity*; a means to explore subjective viewpoint characterised by a particular notion of the self (Kitzinger 1986). Though this was against the grain of the prevailing behaviourist orthodoxy, Stephenson's concession was to conceive of subjectivity in terms of *viewpoint*, which he defined in terms of behaviour, coining the term *operant subjectivity*. The social constructionist treatment of Q methodology rejects key elements from these foundational interpretations and contests the very idea of a viewpoint on the external world from the perspective of an individuated selfhood or centre of awareness. The constructionists dismiss any modernist reading of Q as 'a royal road to subjectivity' preferring to see the method as:

a powerful form of pattern analysis.....which can be used to identify alternative propositional configurations (Stainton Rogers & Stainton Rogers, 1990: 5).

The emergent patterns are then open to interpretation as forms of text which simultaneously are constructed by and construct the person completing the Q sort:

...we are multiply storied as well as well as multiply storying beings: homo narrans narrator (Stainton Rogers & Stainton Rogers, 1992: 5).

This translates into a conception of discourse that is collectively defined, exists independently of social actors, available in culture, expressed as viewpoint, but not belonging to any single individual in a simplistic, cognitive sense (Gleeson, 1991), with the possibility for people to hold a variety of often conflicting accounts. The narratives people endorse will not be fixed or enduring, and will depend on the prevailing material, political or discursive climate; 'what is salient at a particular moment' (Curt 1994: 197). Hence, Q methodology can illuminate the decentred self of post-structural theorising and the findings of Q studies can be seen as not dissimilar to the way in which subjectivity and wider discursive practices are accessed via discourse analysis.

This standpoint connects with an interest in social representations that construct individuals or groups as *other* (see my publications: **McKeown et al. 1998**, McKeown & Mercer 1998, **Stowell-Smith & McKeown 1999a**, **Stowell-Smith & McKeown 1999b**, Stowell-Smith & McKeown 2001, **McKeown & Stowell-Smith 2005**, Wright et al. 2007); for example stigmatising constructions of mental health survivors and how these intersect with psychiatric categories and practices. These constructionist perspectives are associated with the denial of singular claims to truth evident in other social scientific *metanarratives* (Lyotard, 1984). An important feature of such an approach is the aforementioned emphasis upon language, or discursive practices, in mediating our subjective view of the world; things are the way they are because of the ways we have of making sense of them. Importantly, dominant knowledges or theoretical constructions, referred to by Foucault (1970) as epistemes, can operate to delimit alternative objects of knowledge or ways of thinking about them. Concomitant with these ideas is the view that experience and truth are historically located phenomena, being transformed in accordance with changes in the epistemological system. Here there is a significant departure from the critical social theory of Habermas (1990) whose discourse ethics is concerned with normative, universal principals; though certain commentators have argued for a critical appraisal that minimises some of these theoretical differences (see below, pages 32-35).

The various Q studies I have been involved in reflect my interest in how the landscape of mental health practice is replete with socially constructed phenomena and the extent to which actors therein draw upon available discourse to make sense of circumstances. One paper reports a Q methodological study of the ways in which practitioners understand mental health, and how this is articulated differently if applied to black or white men (**Stowell-Smith & McKeown 1999a**). We argue that the findings of the study demonstrate how particular constructions of race (that have been historically associated with colonialism for example) can be seen to structure thinking about mental health and how these may offer theoretical insights into the ways in which this might

influence practice and account for some of the previously noted differences in care and treatment.

My next Q methodology paper explored the contentious topic of risk and its management in mental health services and demonstrated that not all practitioners shared an uncomplicated and consensual view of the contemporaneously dominant discourse on risk (**McKeown et al. 1999**). This study was undertaken at a time when the containment of risk was seen to be a high priority in services following a number of high profile service failures resulting in fatalities and coinciding with a burgeoning emphasis on establishing bureaucratic systems of coordinated care and case management. At least one critical account of risk emerged from the study, demonstrating the value of this method for accessing the range of available accounts on any subject. The paper is also of interest in providing quite an extensive description of the practicalities of the method, more detailed than is usually allowed within the reportage of research papers. The discussion also reflected upon participants' experiences of being involved in a Q study and suggested a novel way in which the Q-set developed for this study (and perhaps others) could be used in contexts other than research, for instance in terms of provoking critical thinking within staff training. The quality and originality of this work was reflected in the receipt of the UCB Journals Outstanding Paper of the Year Award for 1999.

Another Q paper in the field of mental health returned to the issue of gender and explored how this intersects with ways in which staff make sense of so-called challenging behaviour in a secure unit for the care of women with learning difficulties (**McKeown et al. 2003**). Despite the availability of discourse that brings in critical analyses of gender, these were not typically referred to by staff when accounting for challenging behaviour, and some of the favoured understandings emphasised simplistic views grounded in biology or moralising. James and Warner (2005) present a Q study covering similar territory, focused on women with a learning disability who self-harm and are detained in a secure setting. Their study, involving service users and staff in the Q sorting, revealed a range of more thoughtful accounts of self-harming behaviour as adaptive and meaningful.

In a slightly different vein a further Q study departed from the focus upon mental health to inquire into issues of nursing radicalism in a discursive territory typically dominated by stereotypical representations of nurses (**McKeown, Stowell-Smith & Foley 1999**). This paper explored the different ways in which nurses understood their industrial relations context at a time of dispute with government over NHS re-organisation and terms and conditions. The findings contradict a prevailing view of nurses as uniquely passive in their industrial relations, defined in

terms of a simple professionalism. The paper suggests that nurses are probably not too dissimilar from other groups of workers, with some complexity and complications in their disposition towards the idea of industrial action. In the spirit of critical social theory, recommendations were made for nurses' political strategies with particular reference to implications for trade union organising. My own labour movement activism within the public sector union Unison ensured that these ideas were aired fully in union meetings at local, regional and national level and the paper itself makes explicit reference to Unison's organising around a ballot for industrial action.

It is possible to make an argument that there is a continuity of critical thought which links the methods I have associated with constructionist ideas and other methods more usually associated with the critical social theory of Habermas and others. In a recent review of the state of the art in qualitative research Lincoln (2010) makes the case that methods are not divorced from epistemology. Her paper charts the development of new paradigms and commonly associates this with theoretical stances that reject scientism, calling particular attention to a number of critical theories; including post-structural critical accounts as part of the wider discourse of critical theory. She highlights the merging of qualitative research with action research and critical lenses for those concerned with 'positive social ends, self-determination for peoples, and transformation towards a more just world' (Lincoln 2010: 4).

Participatory Action Research

Arguably, participatory action research is the archetypal methodology for use in conjunction with an affinity for critical social theory, with many foundational ideas culled from critical standpoints, for example, the critical pedagogy of Freire (1971) and forms of praxis advocated by the Frankfurt School. Key authors in the field cite Habermas's theories of communicative action and the public sphere as crucial to understanding the inter-subjective relations and democracy enacted in the course of participatory action research projects, especially the potential for the approach to facilitate the opening up of communicative space, build solidarity between participants, and legitimate their decisions and actions (see Kemmis 2001, Wadsworth 2001, Kemmis & McTaggart 2008, Wicks & Reason 2009). Wicks and Reason (2009) explicitly utilise Habermas's theories to better understand the initial engagement of participants, and note paradoxes and contradictions in the role of facilitators balancing leadership and empowerment.

Boog (2003), in an analysis of the emancipatory character of action research with reference to its historical development, emphasises communicative and relational elements and cites the Frankfurt School and Habermas particularly to associate the goal of emancipation implicit in

the method with key aspects of critical social theory. These include a sense of movement from states of repression in the present towards a utopian future replete with equality and social justice. The claimed emancipatory effects of action research methods can also be conceived of as relevant to Habermas's ideas of communicative action and unconstrained dialogue with specific impacts for participants that include:

[improved] capacities to solve problems, develop skills ... increase their chances of self-determination, and to have more influence on the functioning and decision-making processes of organizations and institutions from the context in which they act (Boog 2003: 426).

Critical scholars in the mental health and wider disability fields have argued for the value of participatory action research methods, attempting to link radical theorising with adoption by practitioners of a critical stance to health care practice and engagement with activism whilst also acknowledging the complexities of these inter-personal and theoretical relationships (Goodley & Parker 2000). Kagan and Burton (2000) extend such arguments to make the case for the prefigurative potential of participatory action research to realise innovatory forms of social organisation and relations in healthcare settings.

The Comensus initiative was initially conceived as a modified participatory action research study (Reason & Bradbury 2000, Kemmis & McTaggart 2003). Arguably, the philosophical underpinnings and inclusive practices of participatory research methods render them highly suited to developing and evaluating user involvement initiatives (Frankham 2009, McLaughlin 2010). Typically action research involves a number of repetitions of planning-action-observation-reflection-planning cycles (Lewin 1946) and traditional boundaries between researcher and research subjects are blurred in the pursuance of collective development goals. Our project is best described as a modified form because the initial planning phase to secure funding was mainly organised by university academics, albeit informed by previous engagement with community partners. From there on in the framing of the project was as fully participatory as we could make it. We thus sought to make changes to practices in a single university directly where the action took place. Though action research is most concerned with the actual changes wrought in the course of a project, the focus on a single university setting ought not to preclude thinking about the potential for insights from the change process to be applicable for other similarly situated universities.

The methodological approach taken is described in detail in a multi-authored paper which also presents findings from the first stages of the action research cycles (**Downe et al. 2007**). This paper is highly original being the first in the UK to report on a participatory action research approach to systematically changing practices and developing systems to support a relatively comprehensive approach to service user and carer involvement in a university. It covers the period of setting up the project in a context of community engagement and the initial development of involvement systems within the university. In broad terms Comensus has progressed through three meta-cycles of action and analysis. The launch phase involved thorough engagement with community partners to frame the project, ending with the recruitment of the first Community Involvement Team (CIT) (January 2004-February 2005). The second stage of development covered the maturation of the CIT (March 2005 –June 2006). The CIT is a diverse group of service users and carers operating as the decision making forum for Comensus and networked with a myriad of affiliated community groups and individuals interested in becoming involved in the university. Thirdly, the current phase is notable for developing the growth of increasingly autonomous user-led practices in the CIT.

Without mentioning social space explicitly, an implicit feature of this paper is reflection upon the extent to which the university setting for involvement was supportive or conducive to authentic expression of service user or carer voices. All of the participating staff, service users and carers who made the effort to establish this initiative are justly proud of what it has achieved to date without claiming that every goal and aspiration has been achieved. Right from the start it can be seen that consideration of service user and carer involvement in terms of movement politics has had appeal, rather than simply framing involvement in instrumental or bureaucratic terms. In line with participatory ideals we have also produced a collectively written book (**McKeown et al. 2010**), largely co-ordinated and facilitated by myself. Elsewhere in the text I will refer to this book in short as the Comensus book.

In the alliances forged in Comensus we have a commitment to write reports and scholarly papers as collectively as possible, including producing the Comensus book contributed to by upwards of sixty collaborating individuals (**McKeown et al. 2010**). This collectively written text and others (see McKeown et al. 2011, McKeown et al. 2012) ultimately reflect the theorising presented in this thesis about the value of alliances and the ethos of participatory action research and the writing process mirrors the research cycles. This sort of approach and ethos to collective writing has been remarked upon as especially suited to community practice and harnessing the creative energy of individuals (see Speedy et al. 2010). We include people's contribution to the writing enterprise pragmatically and eclectically depending on particular

states of preparedness, confidence and experience – some write fairly independently, some prefer a process akin to amanuensis. We also meet together in small groups for collective reflection (often recorded), writing, review and redrafting and prefer to use collective language and personal pronouns unless there is a need to indicate individual attachment to a sentiment, idea or piece of biography, for example.

A number of the themes advanced in this thesis connecting with the relational and communicative aspects of service user involvement and activism within university settings were first flagged up in the pages of this Comensus book. For example, chapter nine reports qualitative findings from the participatory action research study which support a view that this involvement shares features and characteristics with social movement activism in other contexts. This analysis highlights participants' primary motivations as the desire to make a difference, stressing the importance of relationships within the collective and altruistically down-playing personal gain or material reward (see also McKeown et al. 2011).

There is a debate about the extent to which the various forms of action research can be truly emancipatory: there may be implicit problems of epistemology and methodology, the methods may be poorly executed, or there may be pragmatic limitations in different contexts, including health service settings (see Gibson 1985, Oliver 1997, Waterman et al. 2001, Johansson & Lindhult 2008). That said, arguably of all methods, participatory action research is the most readily compatible with critical social theory and congruent with the beliefs of researchers committed to applied research, praxis and radical critique, or a desire to furnish positive prescriptions for change.

Lincoln (2010) is at pains to assert the importance of thinking clearly about allegiances to paradigms or metaphysical models, calling for inquiry to be theory-rich. For Lincoln (2010: 7) it is an abrogation of responsibility to minimise the importance of:

one's philosophical belief system associated with research and inquiry ... under the guise of being pragmatic We do not do ourselves, our work, or our students any service when we fail to make our premises, assumptions, or paradigmatic bases of our work clear, or worse yet, pretend we have [none].

Arguably this plea for consistency between method and expressed epistemology and clarity of this expression in writing does not preclude the idea of using methods strategically - for example in the service of wider social movement goals. Febraro's (1995) history of Q

methodology, for example, denies any *predetermined* association between research methods, ideology or epistemology.

The next section builds upon my aspiration to be involved in research that effects change to briefly outline aspects of critical social theory relevant to the analysis of service user involvement in university settings that follows.

CRITICAL SOCIAL THEORY

Critical social theory is concerned with knowledge production which is inseparable from aspirations for transformative social change. That is, it draws on Marxist roots to assert that it is insufficient to attempt merely to better understand the world rather one should also be involved in changing it (Marx 1969). The origins of this analytic turn are usually attributed to the scholars of the Frankfurt School, notably Horkheimer (1937), with significant later contributions from, amongst others, Habermas (1981a), and, though not strictly members of the Frankfurt School, Bhaskar (1987) and Bauman (1976) for instance. Commentators typically make a distinction between early and late Frankfurt School, the former being more pessimistic about the potential to escape the oppressive dominion of capitalism, and the latter being more optimistic, for instance in relation to the emergence of *new* social movements. This theorising includes, importantly, the work of Jürgen Habermas and his theory of communicative action in particular which is key in my synthesis of my own published work and extension of analysis in this thesis. Notwithstanding an obvious heterogeneity of theorising, those thinkers most clearly associated with work referred to as critical social theory can be seen to have rejected some of the more simplistic, dogmatic and materialist features of classical Marxism. Instead, they have taken Marxian ideas, along with other humanist and post-structural philosophies, and developed them to arguably better suit analysis of contemporary concerns; with key interests in globalisation, modernity, complexity, and urbanising societies (see Habermas 1987, Melucci 1996, Castells 1997). Relevant literature to this thesis includes a focus on movement activism and movement knowledge (Habermas 1981b, Offe 1985, Tilly 1988, Tarrow 1994, Barker & Cox 2002, Della Porta & Diani 2006), the mental health survivor movement in particular (Rogers & Pilgrim 1991, Crossley 1999, 2006, Spandler 2006) and commentary on the civic role of universities, public intellectuals or critically engaged academics (**McKeown et al. 2010**, Cresswell & Spandler 2011).

Communicative Action

Habermas thoroughly developed his thinking about communicative action in two volumes published in English a year apart in the late 1980s and these ideas are central to his wider social theory (Habermas 1979, 1981, 1986a, 1986b, 1987, 1988, 1989, 1990, 1996, 1998a). For Habermas the term *communicative* is deployed to indicate a form of social relations oriented towards the development of understanding through dialogue (Habermas 1986a, 1987). These relations are neither instrumental nor strategic but rather are characterised by seeking rational consensus or morally acceptable ends. This is a view of the inter-subjectivity of communicative acts, where language is privileged and brings about social relations in an exchange of ideas tending towards problem-solving in a process of critical agreement or rational negotiation of consensus (Habermas 1986a, 1987, White 1995, Outhwaite 1996, Sitton 2003, Delanty 2005). Put simply, this communicative action ought to result in the *best* ideas or solutions emerging as long as, crucially, the conditions for the dialogue taking place are optimised (Roberts & Crossley 2004). For critical theorists the notion of *best* ideas corresponds with progressive politics. Harrington (2005: 316) states, for example, 'we cannot have a rational will to want a future that is always the same as the past. We can only have a rational will to want to change the world for the better, as best we can'.

This must involve setting conditions of mutual respect and roughly even power relations between participants:

... the very act of communication presupposes the possibility that communication can be 'unconstrained'; that is, that it can arrive at uncoerced consensus, where social actions are initiated not by intimidation or manipulation but by valid reasons (Delanty 2005: 280).

By a process of reflection and deliberative argument, agreement comes about as people work to resolve differences (Habermas 1986a, 1987, White 1995, Sitton 2003, Delanty 2005). Trust is important because these efforts to reach understanding between protagonists involve appraisal of *validity claims* pertaining to each other's contributions to the dialogue; weighing up a sense of truthfulness, appropriateness and sincerity (White 1995, Sitton 2003). Habermas distinguishes between 'illocutionary' and 'perlocutionary' dimensions of speech (Sitton 2003: 52). One aims at agreement grounded in reasons or validity claims, the other aims to change the behaviour of others.

Habermas's (1981) analysis downplays means-ends reasoning for making sense of the behaviour of, for example activists seeking change; instead viewing communicative reason as a necessary step along the path to action for change. In this sense, the communicative basis for action is a form of *prefigurative* relations, whereby participants are engaged in shaping the world as they would like to see it in the course of trying to achieve it. For Habermas, unconstrained communication holds the potential to transform society, realising more reasonable social relations (White 1995, Delanty 2005). Habermas was also concerned with demonstrating the universality of his theory; it ought to apply across cultures and different societies on the basis of rationally defensible universal moral principles:

The test of such principles is not whether they conform to a particular society's self-conception but whether such principles would be rationally accepted by participants in an unconstrained discussion, that is, in freedom and on the basis of mutual recognition. (Sitton 2003: 57).

Habermas is consistently dismissive of neo-right conceptualizations of the individual, motivated by self-interest, and associated rational choice theories: in effect a society made up of such individuals would obey no rules and be unable to reproduce the institutions and structures of open society that enable them to freely exercise choices in the first place (Sitton 2003). Arguably, the self-interested, other-disregarding archetypal individualism of neo-liberalism is the most obvious source of mistaken reasoning or 'irrationality' in modern society. In contrast, individuals suggested as irrational by the diagnostic enterprise of psychiatry often prove in their engagement with survivor movement politics to be quite capable of reasoned debate and communication that leads to problem solving; and are no less capable of this than any other social group.

The transformative potential of communicative reason and action is linked to other thinking about the sorts of social space that are conducive to supporting unconstrained dialogue. Concentrating on the development of new forms of civil society, freedoms and rights pertaining in bourgeois society following the enlightenment, Habermas identifies the emergence of new physical spaces in the public sphere where citizens could meet and engage in untrammelled and reasoned discussions and ultimately arrive at agreement on ideas for the common good (Habermas 1989). Classically Habermas had in mind 18th Century coffee houses. In developing this historical analysis Habermas was not only concerned with making the case for the power of reasoned communication to make a progressive difference in the world, he

was also philosophically reacting to the fundamental pessimism of his mentors, Horkheimer and Adorno in the early Frankfurt School (White 1995).

Despite their aspiration to develop critical thinking of value for effecting real change in society, these early critical social theorists arrived at a philosophical impasse wherein their analysis of society and rationality seemed to suggest that humankind's capacity to exert dominion over nature inevitably leads to oppressive social systems of discipline and control: the potential for moral progress is dialectically doomed to revert to barbarism, as cruelly witnessed in the Nazi tyranny which directly impacted on the lives of the Frankfurt scholars (Finlayson 2005). For Habermas, this conceptualisation of history and the role of rationalism in social progress is mistaken. To rescue the foundational progressive aims of the Frankfurt School required fresher thinking; including a re-appraisal of the rationality and ideals implicit in the Enlightenment. It was to these ends that Habermas developed his theories of the public sphere and communicative reason. His historical reflections on the 18th Century public sphere are important because they establish this form of social space as a prototypical form from which ideals of democracy, equality, rationality and liberty could be nurtured and sustained. This resonates with a view that critical theory must connect with the institutions of democracy and have something to say about how democratic practices might be renewed to protect people from the oppressive forces of domination and capitalism. Habermas's faith in the institutions of democracy is fragile and open to some serious criticism, not least the observation that there appear to be some significant contradictions between elements of his social and political theory. Nevertheless, his observations on the public sphere can be viewed as a Weberian ideal type, which allows for progressives or movement activists to incorporate elements of these theories and practices into their models for organising and decision making.

Importantly for those interested in the social position of mental health service users and the survivor movement, Habermas (1998b: xxxv-xxxvi) locates his thinking about communicative reason to a conceptualisation of inclusive community that is sensitive to and accepting of difference:

Equal respect for everyone is not limited to those who are like us; it extends to the person of the other in his or her otherness. And solidarity with the other as one of us refers to the flexible "we" of a community that resists all substantive determinations and extends its permeable boundaries ever further. This moral community constitutes itself solely by way of the

negative idea of abolishing discrimination and harm and of extending relations of mutual recognition to include marginalized men and women.

Habermas argues that in contemporary Western states conflict along traditional, class-based, lines has diminished for a number of reasons, not least the successful operation of welfare policies. Indeed, a major criticism of Habermasian theory is his relative dismissal of the importance of class politics (see Eder 1993). In the second volume of *The Theory of Communicative Action* Habermas posits a specific development in his theorizing about social structure. Habermas divides the social world into the *system* (the state, market economy etc) and the *lifeworld* (the everyday lives of citizens and related social practices). The system is driven by *instrumental rationality* whereas the lifeworld is grounded in processes of *communicative rationality*. Habermas suggests that society is witness to an increasing encroachment of the system into the lifeworld (and we might see the institutions of psychiatry as part of this colonization). Importantly, however, Habermas is not suggesting that social conflict vanishes. Rather, the complexity of the inter-relationship between economic and administrative sub-systems and the lifeworld results in the emergence of serious and particular tensions that may help to explain why certain social movements are formed at certain times (Habermas 1981b, Sitton 2003). The rise in prominence of new social movements in this context can be thought of as indicative of the lifeworld re-asserting itself against the system. Edwards (2004) questions the extent to which 'new' social movements are divorced from more traditional capital-labour conflicts. My interest in the potential for alliances between practitioner trade unions and mental health activism echoes some of these concerns.

Arguably, one arena where the lifeworld and the system collide is the university, especially when movement activists come together with critically engaged academics in a context of contradictory policy demands. It is possible to conceive of a number of ways in which the borders between lifeworld and system are apparent in university settings. Most obviously, is the encroachment into the students' lifeworld of the system elements of education regulation and administration, for instance the governance of practitioner training in a context of reproduction of the health and social care workforce. It is to this context that I turn next.

SURVIVOR ACTIVISTS AND CRITICALLY ENGAGED ACADEMICS

Initiatives in health and social care services to involve people more thoroughly in their own care and aspects of policy-making have risen up the political agenda (DH 2004, DH 2005, HM

Government 2007). This push for service user involvement has been matched in university contexts concerned with the education of health and social care practitioners (see Wykurz & Kelly 2002, Felton & Stickley 2004, Bassett et al. 2006, Beresford et al. 2006, Lathlean et al. 2006, Repper & Breeze 2007, Brown & Young 2008, Towle et al. 2010, **McKeown et al. 2010**). There has been a concomitant demand for service user involvement in research partnerships and knowledge production (see Church 2005, Hanley 2005, Involve 2007, Frankham 2009); so much so that levels of participation are now typically appraised as part of research grant approval processes and user involvement is a focus for internal and external quality reviews of teaching and learning provision. With its investment in Comensus, UCLan has been in the vanguard of these developments, opening up possibilities to examine such university involvement settings as an interesting form of social space.

Authors such as Hodge (2005a, 2005b, 2009) and Godin and colleagues (2007) have used the concept of communicative action to critically examine service user involvement in mental health service settings. Arguably, the politics of expanding participation are beset with ideological contradictions where consumerism clashes with the radicalism of social movements (Brown & Zavetoski 2005, Crossley 2006, Spandler 2006, Stickley 2006, Cowden & Singh 2007, Williamson 2008). Various well-placed commentators have questioned whether service users' transformative goals can ever be realised within institutionalising or incorporated systems of involvement (see Beresford 2002, Pilgrim 2005, Carr 2007) and a recent Foucauldian critique highlights problems with this policy agenda, raising the possibility that participation may become part of new governance strategies (Cooke & Kothari 2002). Alternately, the involvement of service users inside university bureaucracies raises the possibility of engaging with the politics of the wider user movement, mainly situated externally to the academy but possibly now infiltrating into classrooms and research activity. As such, the contribution of service users to the work of universities connects with other progressive agendas: amongst these are the humanising of curricula and student experience through the contribution of creative arts and humanities in a context of user-involvement and the related opportunities this affords for expression of a radicalised academic identity, engaged with local and global politics of change.

In this light, service user involvement faces significant challenges to move beyond tokenism to achieve genuine empowerment, autonomy or control for participants or greater authenticity of expression (**Downe et al. 2007, McKeown et al. 2010**). Associated with these concerns have been efforts to calibrate different levels of participation (Arnstein 1969, Tew et al. 2004, Tritter & McCallum 2006) which idealise true partnerships over minimal or tokenistic forms. We must

also take into account problems in the culture of universities which despite affording multiple opportunities for involvement, may perhaps fundamentally fail to appreciate the scale of effort brought to bear and fail to appropriately value involvement (Basset et al. 2006, Felton & Stickley 2004). Nationally, this is evidenced in the relative lack of resources devoted to supporting user involvement and paying for it comprehensively and fairly.

The teaching provided by Comensus participants brings people's lived experiences to bear on learning objectives relating to the professional development of health and social care practitioners. In its simplest sense this involves people relating certain aspects of their biography or experiences in receipt of care for reflection and discussion with students. At the interpersonal level of contact with learners, we can pick out key moments where students and teachers are personally moved within the learning experience. What I would like to emphasise here is the profundity of small changes at the inter-personal level, and personal comments and connections that arise in the course of this teaching and learning. In this sense the *personal is the political* and we square the circle back to the idea of involvement having features of a social movement. These individual or small-scale collective *moving moments* in the classroom are not the grand, transformative shifts in power or consciousness demanded by the wider user movement, but are, nonetheless profound in their own way, and may, indeed, be part of working towards larger scale social change (McKeown et al. 2012).

Consideration of identity issues in the university setting must involve thinking about the implications for alliances on staff roles including the notions of public intellectuals and critically engaged academics. A notable collection of authors have wrestled with ideas surrounding the public role of staff in academia, specifically with regard to their potential for supporting the advancement of a radical agenda for social change. Over the years, at least some of this thinking has focused on the idea of public intellectuals arguing for a transformative politics and/or the role of arts and humanities in the amelioration of forms of human alienation endemic in advanced capitalism (see Marcuse 1991, Reitz 2000).

Habermas himself has been an exemplar in the role of public intellectual becoming a doyen of the democratic left in Germany and regularly writing left critiques of international issues and policy for a popular audience and engaging in interviews (Specter 2010, Finlayson 2005). Indeed, the very idea of the public intellectual can also be seen to connect with Habermas's thinking about the importance of the public sphere in effecting social change (Habermas 1989). From a different critical perspective, Edward Said (1994: 17) connects thinking about

subjectivity and the social construction of otherness with creative ideas regarding university space and the potential for unconstrained interaction:

Our model for academic freedom should be the migrant or traveller: For if, in the real world outside the academy we must needs be ourselves and only ourselves, inside the academy we should be able to discover and travel among other selves, other identities, other varieties of human adventure. But, most essentially in this joint discovery of self and Other, it is the role of the academy to transform what might be conflict, or contest, or assertion into reconciliation, mutuality, recognition and creative interaction.

Charles Reitz (2009: 2) draws upon the critical social theory of Herbert Marcuse to make a case for university academics to become more critically engaged in the service of their communities and the furtherance of radical political objectives:

Marcuse contends that artists and intellectuals (especially) can find in their own personal estrangement a critical impulse to serve a future emancipation of self and society. Art and philosophy (i.e., the humanities) can, by virtue of their admittedly elitist critical distance, oppose an oppressive status quo and furnish an intangible, yet concrete, telos by which to guide personal growth and emancipatory social practice... Neither art nor higher education, on their own, can fulfill the promise of liberation, yet in Marcuse's view, the insights provided by study of the humanities furnish the intellectual precondition to any political transformation of alienated human existence into authentic human existence.

A simple conceptualisation of the notion of public intellectual need not move much further 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 work or embodied solidarity within movements; that is, it may be about ideas not action. Alternately, certain academics, perhaps less well known than the major public figures, are actively engaged in different movements and attempt to align their intellectual interests with the realisation of movement goals. For Drury (2003), a critical psychology researcher himself, universities are mainly arenas for the generation of ideas and have little practical relevance. Moreover, movement activists do not need scholars to make sense of their actions and tactics; though some academic produced theory is undoubtedly useful. Hence, when academics adopt a critical pose this can be simply self-

indulgent (Drury 2003). For Biglia (2003) critical scholars become useful for movements when they can engage with or even provoke debate *within* movements rather than within academic circles.

Reitz's reflections on Marcuse illustrates the archetypal notion of the public intellectual and some of its limitations: massively important for generating philosophy and theory critical of the inequities of capitalist political-economy (and hugely prescient in terms of the threats posed to public services, including universities, especially the humanities, by the imposition of neo-liberal ideology) but acknowledging the elitist standpoint of launching this critique from within a relatively privileged social position: the academy. A number of recent texts offer commentary and analysis on different degrees of more active academic roles that are much more critically engaged with either local communities or other communities of interest (see, for example, Charles Hale's (2008) edited collection, *Engaging Contradictions*). Similarly, the *Alternative Futures & Popular Protest* international conference held annually at Manchester Metropolitan University does an excellent job of bringing together scholars and activists, and those who do both. Our own Mad Activism & the Academy event (convened by Helen Spandler and myself) achieved something similar in the field of critical engagement with survivor activism. Kathryn Church and David Reville from Ryerson University, Toronto, who variously embody the identities of activists, scholars, politician, and critically engaged academics were a significant presence at this event and also authored the forward to our Comensus book (McKeown et al. 2010). They have adopted the terminology of 'mad positive' to refer to individuals without significant experience of mental distress who choose to ally themselves with the survivor movement. Alternately, other forms of public intellectual activity include potentially quite conservative trends in the popularisation or commercialisation of academic ideas, or the deployment of academics in the service of government policy.

Within this context, critics such as Barker and Cox (2002) have stressed the need to distinguish between knowledge *about* movements (largely generated by academics) and movement knowledge that arises from *within* movements themselves (generated by activists). Various commentators have applied similar reasoning to the field of user politics and movements. Cresswell and Spandler (2011) move beyond 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 can assume both an academic and activists role at one and the same time. Cresswell and Spandler (2011) highlight the sorts of *lived contradictions* which can arise for the critically engaged academic. Similar, complexities, challenges and fault-lines for *scholar activists* are noted by Hale (2008) and other

contributors to his aforementioned text. The concept of *unsettled relations* remarked upon by Church (1995) was itself borrowed from feminist critique of university spaces (Bannerji et al. 1992). Crucially, these authors highlight the tensions and experiential contradictions that arise for academics who choose to have a *foot in both camps*.

The idea of university academic roles crossing over into activism is resonant in a number of my publications and personal involvement in trade union and service user alliances and other community activism (see McKeown & Spandler 2006, **McKeown & Mercer 2010, McKeown 2009**). Ongoing questions about the role of trade unions in communities resonate with more general concerns about a labour movement legitimacy crisis (see Cresswell 2009). Efforts at trade union renewal suggest some cause for optimism, with interesting developments amongst public sector unions including calls for alliances with community groups and service user movements in a context of new models of relational organising (Wills & Simms 2004, Cresswell 2007, **McKeown 2009**). Arguably, an analysis of the public face of universities reveals a similar legitimacy crisis, similarly linked to the influence of neo-liberal ideology and the marketisation of learning. A proposed solution in the union context is to frame institutional identity in terms of the communication of mission and value: recasting trade unions as *discourse organisations* (Hyman 2007). Given the key university association with knowledge production and dissemination the concept of discourse organisations may be distinctly apposite. Critically engaged academics would then have a role in shaping the particular institutional identity that is projected into the community. This might also open up possibilities for breaking down stigma in relation to involvement in the university of a range of disability/user groups, not exclusively mental health.

Material in the Comensus book (**McKeown et al. 2010**) takes up relevant inter-subjective concerns to develop the commentary on alienation originally outlined in a previous paper including a discussion of the potential for conflict and estrangement in practitioner-service user encounters which flows from features of compulsion in services or the impact of neo-liberal economics in rationing access to support or limiting the potential of initiatives such as personalisation to deliver service user control (McKeown & Spandler 2006). In tune with critical social theory the paper makes an argument for alliances between practitioners, their representative groups and the survivor movement. The twin ideas of therapeutic and political alliance are argued as possibly redemptive strategies for the aforementioned alienation.

Another paper uses an analysis of media coverage of a mental health nurses' strike in Manchester to discuss the implications for solidarity and alliances with service users in a context of competing discourse constructing the strikers and service users (**McKeown 2009**). Taking a critical stance to some of the media messages relayed by the strikers, I argue that the potential for strong and enduring alliances with service users is undermined by unsophisticated reproduction of damaging stereotypes of mental health, especially those which play into public fears of dangerous individuals or diminish the agency of service users by casting them as passive recipients of expert care. The need for trade union renewal is acknowledged and progressive models of community unionism and relational organising are urged as more likely to succeed in sustaining alliances with user groups and other community activists. I have taken these arguments to various Unison committees including the health sector national conference and national delegate conference resulting in the adoption of various resolutions establishing efforts to improve community organising and solidarity with service users as union policy. This has connected with similar efforts elsewhere in the union, notably organising associated with London Citizens. It is now fairly commonplace for the Unison leadership to make explicit reference to alliances with the user movement and wider community groups in their press-releases and anti-cuts rhetoric (see Unison 2011).

Such themes linking activism across communities, within universities and connecting trade union with user movement activism are evident in community organising to fight racist and fascist groups. A recent co-authored paper of mine traverses this territory, returning to my scholarly interest in the uneasy relationship between race and psychiatry to develop a polemical exhortation for health care workers to become part of the community struggle against fascism (**McKeown & Mercer 2010**). This paper discusses the socio-historical literature on the role of nurses in either collaborating with or resisting fascism and the extent to which the psy disciplines have been associated with unsavoury *scientific* discourses which emphasise racial, gendered or psychic otherness and associated discriminatory and annihilatory practices. An argument is advanced that nurses and other health care practitioners should be in the vanguard of resisting and challenging contemporary forms of racism and fascism at a time of increasing visibility of groups such as the British National Party. Again, this critical writing was accompanied by various strands of related activism and also linked into my pedagogy; teaching nursing students about mental health equalities, human rights and anti-discriminatory practices. I moved a successful motion at Unison Health Conference stating that membership of the BNP and other racist groups was incompatible with a nursing career and calling on the Nursing and Midwifery Council to view this as a professionalism issue and de-register individual nurses who are found to be members of such groups.

THE UNIVERSITY AS A SUPPORTIVE SOCIAL SPACE

My shared publications (**Downe et al. 2007, McKeown et al. 2010**) highlight the value placed upon the social and relational aspects of Comensus activity wherein access to power and influence is at least in part sustained through relationships with others and mutual support. Theories of social capital suggest that individuals and groups gain resources and benefits from their connections to each other: that social networks have value (see Putnam 2000). Progressives have coined the term *insurgent* social capital (Hyman 2007) to describe the rich networks of mutuality and solidarity in social movements geared towards realising societal change. Building on these experiences, the Comensus book first raises the contention that the university setting might be an interesting social space for engaging with service user activism.

It should be noted at this juncture that survivor activists may be sceptical or even hostile to the idea that university settings or academics 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 simultaneously). 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.

In certain respects this assertion mirrors the commentary on social space and mental health service users provided by Parr (2008). She has demonstrated that different social spaces are more or less amenable to supporting involvement and engagement, and that positive consequences of such activity include the impact on *citizen subjectivities*, sense of belonging and a potential to dismantle exclusionary relationships. 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'. This conceptualisation affords reflection on both concrete spaces and abstract spaces.

For Spandler (2009), participants within a movement can hold contradictory ideas, but there needs to be a space that allows for this and holds those tensions without destroying solidarity. Of importance is the value of these ideas at the strategic level. I would argue that this is also reflected in my publication journey, wrestling with the possibilities of at times conflictual perspectives, but being ultimately concerned with the strategic value of key ideas, despite contradictions but also thinking about whether these philosophical tensions are as obvious as some may assume, necessarily undermine action, or preclude selective recourse to particular theories or ways of knowing at any time. Hence, Habermas's emphasis on rationality may not *always* be the best way of thinking about the socially constructed territory of madness or mental illness, but this need not *preclude* thinking about the prefigurative potential of his theory of communicative action for framing thinking about how movement participants might relate to each other in strategic planning or decision making, and how this might be optimised in certain social spaces, such as in the university.

Despite prevailing incorporation and co-option hazards, perhaps university settings represent a serendipitously advantageous environment for enacting involvement or other forms of encroachment (**McKeown et al. 2010**). Arguably, the notion of communicative action is an appropriate analytic frame for considering the social relations of user activism brought to bear in such contexts and the degree to which any dialogue is supported by the necessary conditions of respect and mutuality and, indeed, whether this can be seen to be indicative of wider prefigurative aspects of such organising. We might then turn to pose the question whether university spaces are open to achieving these necessary setting conditions. Moreover, we might regard some aspects of the social space in the university as particularly opportune in this regard because some of the barriers to mutuality and trust prevailing in clinical practice settings, most notably the effects of compulsion, do not translate simplistically to the academy. 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 mad activism can be enacted in the pursuance of movement goals.

Tutors and researchers working in universities 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 or compulsory treatment with medication 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. The latter relations have been noted to form at times of labour movement tensions (e.g. in defence of services against cuts or closure, see Cresswell 2009) or in a context of democratising service configurations, or when these circumstances coincide (see Spandler's (2006) analysis of the rise of the Mental Patients Union around the time of the threatened closure of Paddington Day Hospital)

In a physical sense, the university setting may also be better off for quiet, comfortable meeting space and can have access to other relevant resources such as information repositories and critically engaged personnel experienced in supporting community activism or facilitating 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 service organisation. 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.

It has been argued that where service user groups and 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 for the service users 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 participatory 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 critically engaged 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.

REFLEXIVE CRITIQUE AND LIMITATIONS

There are undoubted discontinuities between Foucauldian post-structuralist theories and the work of Habermas and to some extent this is evident when comparing some of the theoretical content in my earlier publications and some of the central arguments taken up in later work and further developed in this thesis. In part this reflects real movement in the depth of my understanding of epistemology but also a personal journey of alliance building involving a certain strategic selectivity regarding theory and methods. I hope I have achieved a consistent attachment to critical theory in its broadest sense together with an affinity for radical actions for change in mental health services and society in general.

In the course of my methodological journey, from Q methodology to participatory action research, I believe I have preferred to rely on methods underpinned by different forms of radical theory and suited to both the context and objectives of the various studies. In one important sense, the movement from constructionist analyses of subjectivities to

participatory, change-seeking approaches reflects my personal political affinities and a desire for my academic role to have some value beyond knowledge generation. As such, any reflexivity associated with preferred methods is not distinct from reflections on my personal journey of activism, which has opened up within the university but builds upon wider experiences. Despite differences in the respective methodologies and underpinning theory, there are also consistencies, and strategic and utility factors would determine my selection of methods for future studies.

My personal values and political affinities have been grounded in various experiences in youth and later life. I grew up in a solidly working class environment and my dad was a committed trade unionist who was also concerned to develop a critical, questioning disposition in my brothers and myself, including trying to be constantly alert to critique of one's own preferred standpoint. He encouraged us to make liberal use of the local library and read quality newspapers with a critical eye on their editorial line. My mum was quite religious, and not untypically for Liverpool Catholic families, my upbringing involved a strange brew of atheistic socialism and Christianity. When I was around ten years old my dad was involved in a series of strikes, including a nine weeks stoppage. What I recall most about this time was the impact of the industrial action at the interpersonal level, precipitating much strife in my parents' relationship; arguments revolving around money exposing tensions between loyalty to family and workmates. With hindsight, I can also see that being away from work did not appreciably alter the traditional division of domestic labour at home: the socialism of the seventies did not incorporate feminist ideas in our house, with mum still carrying all the housework.

Having spent the whole of my NHS career as a union activist and continuing to be involved since moving into academia, I have latterly been drawn to affinities for relational forms of organizing and consideration for the connections between workplace unionism and communities at large. I am exceedingly fond of the democratic structures and processes of trade unions when they work to their full potential but remain exasperated by the corollary potential for splitting and personal antipathies which are fairly endemic in the organized left.

I like to remain optimistic that grand transformational change is possible but I am pessimistic that the institutions of the labour movement are even interested in such change. This has led me to an increasing personal interest in the possibilities afforded by the so-called new social

movements. Over the years, I have also been consistently disaffected with the organizing features of psychiatric services, particularly the dominance of biological models, their proclivity for reinforcing social division and segregation, and the acquiescence of para-professional groups such as nursing in this. In my view, being a practitioner within such a system presents a relatively powerless position from which to effect significant positive change in the lives of service users, individually or collectively. The external critique provided by the survivor movement has much appeal, opening up possibilities for alliances, including the potential for connecting with unions and the labour movement as part of wider attempts at organizing renewal. Of course, my interest in pursuing the possibilities for such alliances to be enacted on the territory of academia, also represents something of a flight from the relative impotence and frustration of my previous practitioner role. For myself, these shifts in ideas and location have always connected with appreciation for Marxist ideas and practices tempered with an acknowledgement that simple Marxism is insufficient for a complete understanding of the complexities of social relations and different forms of division and conflict in society other than can be explained in terms of economics or class.

Both Foucault and Habermas hold different appeal in this regard, and Habermas was to engage in a continuing, vigorous debate with Foucault in his lifetime (see Habermas 1986c, Kelly 1994, Flyvbjerg 1998). Jameson (1991) points out that a key fracture between Habermas's view and post-modernist scholars is that he is concerned to reclaim the implicit utopianism of the Enlightenment and the emancipatory promise of such liberal ideas as humanitarianism, civil rights, equality and freedom of speech. In effect, Habermas is claiming *reason* and its communicative analogue as a force for good which can prevail against other post-enlightenment tendencies towards negative systems of government, administration and domination (Roberts & Crossley 2004).

Despite theoretical differences there are also a number of key agreements or areas of connection, if not absolute convergence. For example, Outhwaite (1996: 20) stresses 'differences in style' or 'emphasis' rather than radical divergence between much of Habermas's theory and key post-modernists such as Lyotard. Kelly (1994) has remarked upon first hand utterances from the two, at least on occasion, whereby they are congratulatory of each other's work and dismissive of accusations of comprehensive disagreement. Kelly depicts Foucault as essentially a somewhat different sort of critical theorist, rather than the implicit conservative that he has been accused of in some quarters, not least by Habermas himself. It is

not without irony, given Habermas's celebration of the public sphere and the key principles of communicative action, that though Habermas and Foucault did attempt to hold a public debate of their ideas they consistently failed to agree on the particular focus so that the proposed event failed to take place before Foucault's death (Kelly 1994).

Habermas argues that the lifeworld is reproduced and structured through the constitutive effects of language, rather than thinking in terms of consciousness, and this point reflects key aspects of post-structural thought. Similarly, McCarthy (1994: 273) argues that Foucault's critical-historical methods are far from the antithesis of critical social theory and might be better understood in terms of continuity and enrichment:

The strengths of genealogy are better viewed as complimentary to those of classical critical theory. The point is not to choose between them but to combine them in constructing theoretically informed and practically interested histories of the present.

Following such reasoning, authors of post-structural accounts such as Foucault (1969) can be loosely included in the wider panoply of critical social theory for their critique of power relations and knowledge production. Much like Marx's denials of being a *Marxist*, Foucault often disavowed the labels postmodernist or post-structuralist. Foucault (1961) especially contributed much pertinent critique of power relations and constructions of difference within the institutions of mental health. Similarly, Pilgrim (forthcoming) highlights the common ground between the work of another Frankfurt scholar, Offe, accounting for the functionality of welfare systems in pacifying class unrest and securing stability for the state and Foucault's writings on power, social control and the role of psychiatric systems in particular in reproducing normative behaviour. The latter point highlights the fact that recent neo-liberal threats to state welfare can be seen to intersect problematically with certain goals of service user and disability movements, notably on the territory of personalisation, hence complicating the politics of resistance and possibilities for alliances with practitioner groupings.

Habermas (1998b: 439) himself comes close to a conservative analysis of the welfare state in reflection upon the extent to which state provided care might undermine traditional notions of community solidarity:

.... duties of caring have been replaced by bureaucratically administered provisions of basic necessities. As this transformation occurred, the consciousness of belonging to a

community that was held together, not simply through abstract legal relationships but also through solidarity, fell by the wayside. Deteriorating relationships of solidarity cannot be regenerated among isolated clients who lay claim to entitlements from welfare bureaucracies.

Kellner (1999: 2) argues for further consistencies between post-structural accounts and the Frankfurt School, notably in theorising subjectivity:

For traditional philosophy, the subject was unitary, ideal, universal, self-grounded, asexual and the centre of the human being and foundation of knowledge and philosophy, while for the poststructuralist and postmodern critique the human being is corporeal, gendered, social, fractured, and historical with the subject radically decentered as an effect of language, society, culture, and history. Yet if the construction of the subject in language, the social, and nature is the key mark of a poststructuralist or postmodern conception of the subject, then the Frankfurt School analyses are not that antithetical to such conceptions.

For Kellner (1999), Habermas synthesises ideas concerning the social construction of the individual, drawing on amongst others Hegel, Marx and Weber, and notions of subjectivity constructed in language, drawing on Hegel, Nietzsche and Freud, arriving at the conceptualisation of *the subject* to be found in his theory of communicative rationality.

There is an issue of scale when critically applying Habermas's ideas to the behaviour of activists and social movement groups and, on the face of it, the notion of rationality would appear to be implicitly problematic when considering the psychiatric survivor movement. Especially 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. Much social action is as replete with emotional rather than reasoned responses to perceived disadvantage or oppression (see Taylor & Whittier 1995, Jasper 1997, Barker 2001) and does not require broadly based consensus across a movement if the source of action is smaller groupings. The radical psychologist Vygotsky (1962) criticised mainstream psychology theories for too simplistically drawing a distinction between thought and emotion. Similarly, feminists and others have challenged the extent to which reason is privileged over emotion in much western theory and that those concerned with praxis and communicative

action ought to reclaim the emotions as an important dimension of rationality itself (Williams 2000).

These criticisms might be especially relevant for mental health activism where consensus over the complexity of available perspectives is difficult to achieve and rationality itself is contested. 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, not necessarily defined in terms of rationality. In the mental health field there have been numerous critiques of the inadequacies of psychiatry's treatment of women, including the ease with which emotional expression and perceived deviance from expected gender roles are pathologised (see Chesler 1972, Busfield 1996). Feminists and mad activists have also drawn attention to the failings of psychiatric services to care for survivors of sex abuse; highlighted by Warner (2004, 2009) and a recurrent theme in a special edition of *Asylum* magazine (2004, Vol. 14, number 3).

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 has impacted on students' and their own sense of identity; how they see themselves and how they think they are seen by others. Whilst some of the transformative changes to services which participants aspire to are postponed or difficult to demonstrate, small, but nonetheless profound, changes at the level of individual relationships are reported. More often than not this is articulated in terms of moving people in ways that touch them emotionally (McKeown et al. 2010, McKeown et al. 2012). These observations resonate with Garlick and Palmer's (2008) development of Bauman's (1995) work to explore the notion of relational forms of organising: 'an ideal form of togetherness ... of community engagement between universities and centres of community activism'

Habermas's emphasis on rationality is of concern for user movement 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 an international service user consultant from New Zealand 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' (O'Hagan 1986: 32) mirroring experiences in services. O'Hagan argues that such

forms of oppression can be seen to be part of a process of devaluing different ways of knowing grounded in experience.

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. Crossley (2004: 89) suggests that this concept is 'not properly established' and 'overly dependent on a psychological frame of reference'. Habermas (1990) also talks about communicative competence as a pre-requisite for meaningful dialogue, potentially providing further ammunition for those who would discount certain service user 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 or deliberative democracy. 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 ideas of autonomy and rationality. Interestingly, Clifford suggest that Habermas's childhood experience of a speech impediment was influential in his distrust of his public body and privileging of the rational content of speech.

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 this works to further diminish any limitations in communicative competence and close down the possibilities for communicative action. Hodge (2005a, 2005b) emphasises this point in relation to interaction between service users and professionals in a context of user involvement for policy change. For Hodge, Habermas's notion of competence is flawed because it is grounded in an understanding of inter-subjectivity that is insufficiently social and embodied.

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:

... rather than being challenged, the dominant cultural framework of psychiatry and its ideological and political effects became reproduced as well as reinforced in the context of user involvement, the discursive constraints of which left only limited space for subversion and resistance (Lewis 2009: 269).

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).

Undoubtedly, 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 the relational aspects of his communicative action, its potential for achieving progressive social change, and an appeal to include the marginalized and challenge the oppressive consequences of *othering*. Gardiner (2004) argues that the ideas of Bakhtin can be used to improve Habermas's theory notably 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 service user. Furthermore, the 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 ... on the science of psychiatry'.

If we are to consider the university as a critical social space that supports the forms of unconstrained 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 unconstrained. Clearly, a multiplicity of constraining factors are also apparent including question marks over the sincerity of engagement and the

threat of incorporated or co-opted models of involvement. 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 to be a work in progress, built by the interaction of user activists and academic activists working within the academy, then, arguably, such fora should flourish where there is a dynamic centre of user activism together with the presence of public intellectuals or (better suited to transformational goals) critically engaged academics as a more prominent feature of the prevailing institutional culture. Undoubtedly, even the most progressive universities are far away from constituting an ideal typical setting in this regard.

My work within Comensus has demonstrated some nascent characteristics and experiences that point to promising future avenues of alliance building, and associated possibilities for development and inquiry. These endeavours may also open up the potential for developing movement knowledge that illuminates the complexities at stake in forging a more progressive politics of mental health. Cresswell and Spandler (2009) have persuasively argued for using ideas from Sedgwick's (1982) text *Psychopolitics* as a point of departure for such a new politics, better suited to supporting creative alliances and solidarity between those situated as practitioners or academics and the mental health survivor movement; arguments taken up in one of my papers (McKeown 2009).

CONCLUSIONS

This thesis and body of published work demonstrates a degree of originality in a number of respects. First, it develops knowledge with regard to the complexities of the relationship between particular methodologies, a critical theoretical standpoint and emancipatory effects. Respective critical research methodologies utilised in the published work, including Q methodology, discourse analysis and participatory action research, are located as relevant to a personal commitment to critical theoretical accounts and social change. Second, the relationship between universities and scholars on the one hand and communities and service users on the other has been further illuminated. The Comensus initiative in particular offers an opportunity to develop new thinking about the impact of engagement in emancipatory methods and espousal of critical theoretical positions for both academic and activist identities.

Conceiving of participation as part of a wider movement for social change opens up the 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. This must of necessity include activism to defend universities from the vicissitudes of current neo-liberal policies and cuts, especially the undermining of the humanities and the marketisation of higher education. Arguably, critically engaged academics must win this struggle if they are to preserve the potential for universities to be the sort of social space envisaged in this thesis. Interestingly, academic staff in the Schools of Health and Social Work at my university collaborated with local community groups and activists from Preston Anti-Cuts network to organise a successful protest teach-in event, building upon alliances that were cultivated in the course of involvement activity.

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. Critically engaged academics who are activists for change within and without their universities would radically remodel the notion of academic identity, shifting away from traditional, elitist and isolationist conceptions of universities and their staff which typify the extant barriers to involvement (Church 1995, Cresswell & Spandler 2011).

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. Various features of contemporary university governance militate against progressive ways of organising work and social relations. Cresswell and Spandler (2011) describe how expectations of traditional academic careers, such as the imperative to publish and associated research excellence frameworks, creates notable dissonance with more progressive standpoints. An important *lived contradiction* is the authorship issue in a context of participation. Despite the collaborative nature of user involvement in a university setting, it is precisely this setting which requires academics to claim authorship. We have made efforts to share authorship credits, but even with our collectively written book the eventual authorship credit was a compromise with the publishers, who were insisting on named academics as 'editors' (the actual appellation refers to 'supporting' the Collective, rather than a preferred sole reference to the Collective). This thesis itself exemplifies such contradictions. A significant amount of the work on which the thesis is based is built upon a shared enterprise, and one

might pose the question – how reasonable is it that one person, myself, is considered for a PhD to the apparent exclusion of the Comensus collective?

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. The endorsement of communicative action and a commitment to rational and deliberative communication should not work to exclude individuals designated as irrational in other quarters.

In concluding this thesis with an acknowledgement of difficulties and challenges it is worth noting Habermas's own view on the scale of the task to achieve transformative social change (1994: 97):

If there is any small remnant of utopia that I've preserved, then it is surely the idea that democracy – and its public struggle for its best form – is capable of hacking through the Gordian knots of otherwise insoluble problems. I'm not saying we're going to succeed in this; we don't even know whether success is possible. But because we don't know we still have to try.

Those concerned with trying in this regard should acknowledge the lived contradictions of alliances and the tensions that arise from difference in a mental health context, but also hold on to the always present possibilities of connecting on a basis of common humanity. With this in mind I leave the final word to one of my Comensus comrades, John:

Each of us occupies each other's position at some stage in the past, or in the future, and we are interested in making [this] as good as it can possibly be
(McKeown et al. 2010: 166).

REFERENCES

- Absalom-Hornby, V., Hare, D., Gooding, P. & TARRIER, N. 2011. Attitudes of relatives and staff towards family intervention in forensic services using Q methodology. *Journal of Psychiatric and Mental Health Nursing*, on-line early. doi: 10.1111/j.1365-2850.2011.01770.x
- Akhtar-Danesh, N., Baumann, A. & Cordingley, L. 2008. Q-methodology in nursing research: a promising method for the study of subjectivity. *Western Journal of Nursing Research*, 30, 759-773.
- Arnstein, S. 1969. A Ladder of Citizen Participation. In *Journal of the American Institute of Planners* 35 (4) 216-224.
- Bannerji, H., Carty, L., Dehli, K., Heald, S. & McKenna, K. 1992. *Unsettling relations: the university as a site of feminist struggles*. Women's Press, Toronto.
- Barker, C. 2001. Fear, laughter and collective power: the making of solidarity at the Lenin shipyard in Gdnask, Poland, August 1980. In J. Goodwin, J. Jasper & F. Polletta (Eds.) *Passionate Politics*. University of Chicago Press, Chicago, IL. pp. 175-194.
- Barker, C. & Cox, L. 2002. "What have the Romans ever done for us?" Academic and activist theorizing. Proceedings of 8th Annual Alternative Futures and Popular Protest Conference, Manchester Metropolitan University, Manchester, April. Available on-line at: <http://eprints.nuim.ie/428/> accessed June 28 2011.
- Barker, J. 2008. Q methodology: an alternative approach to research in nurse education. *Nurse Education Today*, 28, 917-925.
- Basset, T., Campbell, P & Anderson, J. 2006. Service user/survivor involvement in mental health training and education: overcoming the barriers. *Social Work Education* 25, 393-402.
- Bauman, Z. 1995. *Life in fragments: essays in postmodern morality*. Blackwell, Oxford.
- Bauman, Z. 1976. *Towards a critical sociology: an essay on common-sense and emancipation*. Routledge & Kegan Paul, London.

- Beresford, P. 2002. User involvement in research and evaluation: liberation or regulation? *Social Policy & Society* 1, 2, 95-105.
- Beresford, P., Branfield, F., Taylor, J., Brennan, M., Sartori, A., Lalani, M., & Wise, G. 2006. Working together for better social work education. *Social Work Education*, 25, 326-331.
- Beresford, P. & Wallcraft, J. 1997. Psychiatric system survivors and emancipatory research: Issues, overlaps and differences. In C. Barnes & G. Mercer (eds) *Doing Disability Research*. The Disability Press, Leeds. pp. 66-87
- Bernard, W. T. 2000. Participatory research as emancipatory method. Challenges and opportunities. In D. Burton (Ed.), *Research training for social scientists* (pp. 167–185). Sage, London.
- Bhaskar, R. 1987. *Scientific realism and human emancipation*. Verso, London.
- Biglia, B. 2003. Radicalising academia or emptying the critics? *Annual Review of Critical Psychology*, 3, 71-87.
- Boog, B. 2003. The emancipatory character of action research, its history and the present state of the art. *Journal of Community & Applied Social Psychology*, 13, 426–438.
- Bracken, P. & Thomas, P. 2001. Postpsychiatry: a new direction for mental health? *British Medical Journal*, 322, 724-727.
- Brown, K. & Young, N. 2008. Building capacity for service user and carer involvement in social work education. *Social Work Education The International Journal*, 27, 1, 84-96.
- Brown, P. and Zavetoski, S. 2005. Social movements in health: An introduction. In Brown, P. and Zavetoski, S. (eds) *Social Movements in Health*. Blackwell Publishing, Oxford, pp. 1-16.
- Brown, S. 1980. *Political subjectivity: applications of Q method in political science*. Yale University Press, New Haven, CT.
- Brown, S. 1996. Q methodology and qualitative research. *Qualitative Health Research*, 6, 561-567.

Brown, S. 2005. Applying Q methodology to empowerment. In D. Narayan [ed] Measuring Empowerment. World Bank, Washington DC . pp. 197-215.

Brown, S. 2006. A match made in heaven: a marginalized methodology for studying the marginalized. *Quality and Quantity*, 40, 361-382.

Busfield, J. 1996. Men, women and madness: understanding gender and mental disorder. Macmillan, Basingstoke.

Campbell, P. 2009. The service user/survivor movement. In Reynolds, J., Muston, R., Heller, T., Leach, J., McCormick, M., Wallcraft, J. & Walsh, M. [eds] *Mental Health Still Matters*. Palgrave/Open University Press, Basingstoke. Page range

Carr, S. 2007. Participation, power, conflict and change: Theorizing dynamics of service user participation in the social care system of England and Wales. *Critical Social Policy*, 27, 266-276.

Castells, M. 1997. *The Information Age Volume 2: The Power Of Identity*. Oxford, Blackwell Publishing.

Chang, S., Kim, J., Kong, E., Kim, C., Ahn, S. & Cho, N. 2008. Exploring ego-integrity in old adults: a Q-methodology study. *International Journal of Nursing studies*, 45, 246-256.

Chesler, P. 1972. *Women and madness*. Doubleday, New York.

Church, K. 1995. *Forbidden Narratives: Critical Autobiography as Social Science*. Routledge, London.

Church, K. 2005. Conflicting knowledge/s: User involvement in the field of knowledge. In Tilley, S. (ed.) *Field of Knowledge of Psychiatric and Mental Health Nursing*. Blackwell, Oxford, pp 181-185.

Clifford, S. 2009. *Disabling Democracy: How Disability Reconfigures Deliberative Democratic Norms*. American Political Science Association 2009 Annual Meeting, Toronto September 3-6, Published Proceedings. Available on-line: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1451092 accessed July 5 2011.

Coleman, E. 2008. The politics of rationality: psychiatric survivors' challenge to psychiatry. In B. Da Costa & K. Philip [eds]. *Tactical biopolitics: art, activism, and technoscience*. The MIT Press, Cambridge, MA. pp 341-363.

Combes, H., Hardy, G. & Buchan, L. 2004. Using Q-methodology to involve people with intellectual disability in evaluating person-centred planning. *Journal of Applied Research in Intellectual Disabilities*, 17, 149-159.

Cooke, B. & Kothari, U. 2002 *Participation the new tyranny?* Zed books

Cordingley, L., Webb, C. and Hillier, V. 1997. Q methodology. *Nurse Researcher*, 4, 31-45.

Cowden, S. and Singh, G. 2007. The 'user': friend, foe of fetish?: a critical exploration of user involvement in health and social care. *Critical Social Policy*, 27, 5, 5-21.

Cresswell, M. 2009. Deeply engaged relationships? Community trade unionism and mental health movements in the UK. Lead Address to Fringe Meeting - Unison in the Community: Mutuality and Solidarity. Unison Health Conference, Harrogate, April 20-22.

Cresswell, M. & Spandler, H. 2009. 'Psychopolitics' Peter Sedgwick's legacy for the politics of mental health. *Social Theory & Health*, 7, 129-147.

Cresswell, M. & Spandler, H. 2011 The engaged academic: academic intellectuals and the psychiatric survivor movement. Published conference papers for the Alternative Futures and Popular Protest. 16th International Social Movements Conference, Manchester, April 18-20.

Cross, R. 2005a. Exploring attitudes: the case for Q methodology. *Health Education Research*, 20, 206-213.

Cross, R. 2005b. Accident and emergency nurses' attitudes towards health promotion. *Journal of Advanced Nursing*, 51, 474-483.

Crossley, N. 1999. Working utopias and social movements: an investigation using case study materials from radical mental health movements in Britain. *Sociology*, 33, 809-830.

Crossley, N. 2004. On systematically distorted communication: Bourdieu and the socio-analysis of publics. *The Sociological Review*. Special Issue. After Habermas: New Perspectives on the Public Sphere, 52, s1, 88-112.

Crossley, N. 2006. *Contesting psychiatry: social movements in mental health*. Routledge, London.

Curt, B. 1994. *Textuality and tectonics: troubling social and psychological science*. Open University Press, Buckingham.

Curtis, A. 2004. *The power of nightmares: the rise of the politics of fear*. BBC TV documentary in three episodes. First broadcast October 20 – November 3, 2004.

Delanty, G. 2005. Modernity and postmodernity: part II. In Harrington, A. [Ed] 2005. *Modern social theory: an introduction*. Oxford University Press, Oxford. pp273-291.

Della Porta, D. & Diani, M. 2006. *Social movements: an introduction*. Second edition. Blackwell Publishing, Oxford.

Dennis, K. 1986. Q methodology: Relevance and application to nursing research. *Advances in Nursing Science*, 8, 3, 6-17.

Department of Health. 2004. *NHS improvement plan: putting people at the heart of public services*. Department of Health, London.

Department of Health. 2005. *Commissioning a patient-led NHS*. Department of Health, London.

Dick, K., Gleeson, K., Johnstone, L. & Weston, C. 2011. Staff beliefs about why people with learning disabilities self-harm: a Q methodological study. *British Journal of Learning Disability*, 39, 233-242.

Downe, S., McKeown, M., Johnson, E., Comensus Community Involvement Team, Comensus Advisory Group, Koloczek, L., Grunwald, A. & Malihi-Shoja, L. 2007. The UCLan community engagement and service user support (Comensus) project: Valuing authenticity making space for emergence. *Health Expectations*, 10, 392-406.

Drury, J. 2003. What critical psychology can('t) do for the 'anti-capitalist movement'. *Annual Review of Critical Psychology*, 3, 90-114.

Eder, K. 1993. *The new politics of class: social movements and cultural dynamics in advanced societies*. Sage, London.

Edwards, G. 2004. Habermas and social movements: what's 'new'? *The Sociological Review Special Issue. After Habermas: New Perspectives on the Public Sphere*, 52, s1, 113-130.

Ellingsen, I., Storksen, I. & Stephens, P. 2010. Q methodology in social work research. *International Journal of Social Research Methodology*, 13, 395-409.

Febbraro, A. 1995. On the epistemology, metatheory, and ideology of Q methodology: A critical analysis. In I. Lubek, R. Van Hezewijk, G. Pheterson, & C. Tolman (Eds.) *Trends and issues in theoretical psychology*. Springer, New York. pp. 144-150.

Felton, A. and Stickley, T. 2004. Pedagogy, power and service user involvement. *Journal of Psychiatric and Mental Health Nursing* 11, 89-98.

Ferree, M. 1992. The political context of rationality: rational choice theory and resource mobilisation. In A. Morris & C. McClurg Mueller (Eds.) *Frontiers in social movement theory*. Yale University Press, New Haven, CT. pp. 29-52.

Finlayson, J. 2005. *Habermas: a very short introduction*. Oxford University Press, Oxford.

Flyvbjerg, B. 1998. Habermas and Foucault: Thinkers for civil society? *British Journal of Sociology*, 49, 2, 208–233

Foucault, M. 1961. *Madness and civilization*. Routledge, London (2001).

Foucault, M. 1969. *The archaeology of knowledge*. Tr. Sheridan Smith, A. (2002) Routledge, London.

Foucault, M. 1970. *The order of things*. Tavistock Publications, London.

Frankham, J. 2009. Partnership research: a review of approaches and challenges in conducting research in partnership with service users. ESRC National Centre for Research Methods Review Paper. NCRM/013. ESRC, London.

Freire, P. 1971. Pedagogy of the oppressed. Penguin, Harmondsworth.

Gardiner, M. 2004. Wild publics and grotesque symposiums: Habermas and Bakhtin on dialogue, everyday life and the public sphere. *The Sociological Review*. Special Issue. After Habermas: New Perspectives on the Public Sphere, 52, s1, 28-48.

Garlick, S. & Palmer, V. 2008. Towards an ideal relational ethic: re-thinking university-community engagement. *Gateways: International Journal of Community Research and Engagement*, 1, 1, 73-89.

Gibson, R. 1985. Critical times for action research. *Cambridge Journal of Education*, 15, 1, 59-64.

Gleeson, K. 1991. Out of our minds: the deconstruction and reconstruction of madness. PhD Thesis, University of Reading. British Library Document Supply Centre, ref:DX79812

Godin, P., Davies, J., Heyman, B., Reynolds, L., Simpson, A. & Floyd, M. 2007. Opening communicative space: a Habermasian understanding of a user-led participatory research project. *The Journal of Forensic Psychiatry & Psychology*, 18, 452-469.

Goodley, D. & Parker, I. 2000. Critical psychology and action research. *Annual Review of Critical Psychology*, 2, 3-18.

Habermas, J. 1979. *Communication and the evolution of society*. Heinemann, London.

Habermas, J. 1981a. Social action, purposive activity, and communication. In Habermas, J. 1998. *On the pragmatics of communication*. [Ed M. Cooke] MIT Press, Cambridge, MA.

Habermas, J. 1981b. New social movements. *Telos*, 49, 33-7.

Habermas, J. 1986a. The theory of communicative action. Volume 1. Reason and the rationalization of society. Polity Press, Cambridge.

Habermas, J. 1986b. Communicative rationality and the theories of meaning and action. In Habermas, J. 1998. On the pragmatics of communication. [Ed M. Cooke] MIT Press, Cambridge, MA.

Habermas, J. 1986c. Taking aim at the heart of the present. in Hoy, D (ed) Foucault: A critical reader. Basil Blackwell, Oxford.

Habermas, J. 1987. The theory of communicative action. Volume 2. The critique of functionalist reason. Tr. T. McCarthy. Polity Press, Cambridge.

Habermas, J. 1988. Actions, speech acts, linguistically mediated interactions and the lifeworld. In Habermas, J. 1998. On the pragmatics of communication. [Ed M. Cooke] MIT Press, Cambridge, MA.

Habermas, J. 1989. Structural transformation of the public sphere: an inquiry into a category of bourgeois society. Tr. T. Burger & F. Lawrence. MIT Press, Cambridge, MA.

Habermas, J. 1990 Moral consciousness and communicative action. Tr. C. Lenhardt & S. Nicholsen. Polity Press, Cambridge.

Habermas, J. 1994. The past as future: Jürgen Habermas interviewed by Michael Haller. Tr. M. Pinsky. Polity Press, Cambridge.

Habermas, J. 1996. Some further clarifications of the concept of communicative rationality. In Habermas, J. 1998. On the pragmatics of communication. [Ed M. Cooke] MIT Press, Cambridge, MA.

Habermas, J. 1998a. Reply to symposium participants. In M. Rosenfeld & A. Arato [eds] Habermas on law and democracy: critical exchanges. University of California Press, Berkeley, CA.

Habermas, J. 1998b. The inclusion of the other. *Studies in political theory*. [eds C. Cronin & P De Grief]. MIT Press, Cambridge, MA.

Hale, C. 2008. Introduction. In C.Hale (Ed) *Engaging Contradictions: theory, politics, and methods of activist scholarship*. University of California Press, Berkeley, CA.

Hanley, B. 2005. Research as empowerment? User involvement in research: building on experience and developing standards. Toronto Seminar Group/Joseph Rowntree Foundation, York.

Harrington, A. 2005. Conclusion: social theory for the twenty-first century. In Harrington, A. [Ed] 2005. *Modern social theory: an introduction*. Oxford University Press, Oxford. pp313-316.

HM Government 2007. *Putting people first: a shared vision and commitment to the transformation of adult social care*. HM Government, London.

Hodge, S. 2005a. Participation, discourse and power: a case study in service user involvement. *Critical Social Policy*, 25, 164-179.

Hodge, S. 2005b Competence, identity and intersubjectivity: applying Habermas's theory of communicative action to service user involvement in mental health policy making. *Social Theory & Health*, 3, 165-182.

Hodge, S. 2009. User involvement in the construction of a mental health charter: an exercise in communicative rationality? *Health Expectations*, 12, 251-261.

Horkheimer, M. 1937. Traditional and critical theory. In Horkheimer, M. (1982) *Critical theory*. Seabury Press, New York.

Hornstein, G. 2002. Narratives of madness as told from within. *Chronicles of Higher Education*. January 25th. Available on-line:
<http://www.freedom-center.org/pdf/narrativesofmadnesshornstein.pdf>

Hyman, R. 2007. How can trade unions act strategically? *Transfer*, 13, 2, 193-210.

Involve. 2007. *Good practice in active public involvement in research*. Involve, Eastleigh.

James, M. & Warner, S. 2005. Coping with their lives - Women, learning disabilities, self-harm and the secure unit: A Q-methodological study. *The British Journal of Learning Disability*, 33, 3, 120-127.

Jameson, F. 1991. *Postmodernism, or, the cultural logic of late capitalism*. Verso, London.

Jasper, J. 1997. *The art of moral protest: culture, biography and creativity in social movements*. University of Chicago Press, Chicago.

Johansson, A. & Lindhult, E. 2008. Emancipation or workability? Critical versus pragmatic scientific orientation in action research. *Action Research*, 6, 1, 95-115.

Kagan, C. & Burton, M. 2000. Prefigurative action research: an alternative basis for critical psychology? *Annual Review of Critical Psychology*, 2, 73-88.

Karim, K. 2001. Q methodology - advantages and the disadvantages of this research method. *Journal of Community Nursing*, 15, 4, 8-12.

Kellner, D. 1999. Marcuse and the quest for radical subjectivity. *Social Thought and Research*, 22, 1, 1-24.

Kelly, M. [ed] 1994. *Critique and Power: recasting the Foucault/Habermas debate*. MIT Press, Cambridge, MA.

Kemmis, S. 2001. Exploring the relevance of critical theory for action research: emancipator action research in the footsteps of Jürgen Habermas. In P. Reason & H. Bradbury. [eds] *Handbook of action research: participative inquiry and practice*. Sage, London. pp 91-102.

Kemmis, S. and McTaggart, R. 2003. Participatory action research. In Denzin, N.K. and Lincoln, Y.S. (eds) *Strategies of qualitative inquiry* 2nd edition Sage, Thousand Oaks, CA pp. 336-96.

Kemmis, S. and McTaggart, R. 2008. Participatory action research: communicative action and the public sphere. In N. Denzin & Y. Lincoln [eds] *Strategies of qualitative inquiry*. 3rd edition. Sage, London. pp. 271-330.

Kim, D., Kim, H., Barcott-Schwartz, D. & Zucker, D. 2006. The nature of hope in hospitalized chronically ill patients. *International Journal of Nursing Studies*, 43, 547-556.

Kincheloe, J. & McLaren, P. 2002 Rethinking critical theory and research. in Y. Zou & Trueba, E. *Ethnography and schools: qualitative approaches to the study of education*. Rowman & Littlefield, Lanham MD.

Kitzinger, C. 1986. Introducing and developing Q as a feminist methodology: a study of accounts of lesbianism. In S. Wilkinson (Ed) *Feminist social psychology*. OUP, Milton Keynes. pp. 151-172.

Lathlean, J., Burgess, A., Coldham, T., Gibson, C., Herbert, L., Levett-Jones, T., Simons, L. & Tee, S. 2006. Experiences of service user and carer participation in health care education. *Nurse Education in Practice*, 6, 424-429.

Leary, J., Gallagher, T., Carson, J., Fagin, L., Bartlett, H. and Brown, D. 1995. Stress and coping strategies in community psychiatric nurses: a Q-methodological study. *Journal of Advanced Nursing*, 21, 230–237.

Lewin, K. 1946. Action research and minority problems. *Journal of Social Issues*, 2, 4, 34-46.

Lewis, L. 2009. Politics of Recognition: What Can a Human Rights Perspective Contribute to Understanding Users' Experiences of Involvement in Mental Health Services? *Social Policy & Society*, 8, 257-274.

Lincoln, Y. 2010. "What a long strange trip it's been...": Twenty-five years of qualitative and new paradigm research. *Qualitative Inquiry*, 16, 1, 3-9.

Liotard, J. 1984. *The postmodern condition: a report on knowledge*. Manchester University Press, Manchester.

Marcuse, H. 1991. *One-dimensional Man: studies in ideology of advanced industrial society*. Routledge, London.

Marx, K. 1969. *Theses on Feuerbach*. Transl. W. Lough. In *Marx/Engels Selected Works*. Volume One. Progress Publishers, Moscow. pp 13-15.

McCarthy, T. 1994. *The critique of impure reason: Foucault and the Frankfurt School*. In M. Kelly [ed] *Critique and Power: recasting the Foucault/Habermas debate*. MIT Press, Cambridge, MA. pp. 243-314.

McLaughlin, H. 2010. *Keeping service user involvement in research honest*. *British Journal of Social Work*, 40, 5, 1591-1608.

McKeown, B. & Thomas, D. 1988. *Q-Methodology*. Sage, London.

McKeown, M. 2007. *Psychosocial interventions: an occupational delusion*. In Pilgrim, D. (Ed) *Inside Ashworth: Professional accounts of institutional life*. Radcliffe Publishing, Oxford.

McKeown, M. 2009. *Alliances in action: Opportunities and threats to solidarity between workers and service users in health and social care disputes*. *Social Theory & Health*, 7, 2, 148-169.

McKeown, M., Anderson, J., Bennett, A. & Clayton, P. 2003. *Gender Politics and Secure Services For Women: Reflections on a study of staff understandings of challenging behaviour*. *Journal of Psychiatric and Mental Health Nursing, Special Forensic Edition*, 10, 585-591.

McKeown, M., Downe, S., Malihi-Shoja, L., supporting The Comensus Writing Collective. 2010. *Service user and carer involvement in education for health and social care*. Wiley-Blackwell, Oxford.

McKeown, M., Hinks, M., Stowell-Smith, M., Mercer, D. & Forster, J. 1999. *Q methodology, risk training and quality management*. *International Journal of Health Care Quality Assurance*, 12, 6, 254-266.

McKeown, M., Hogarth, R., Jones, F., Edwards, M., Holt, K., Traill, S., Cameron, F., Priestley, J., Watkins, G., Hellawell, M., Lunt, J. & Malihi-Shoja, L. 2012. Movies, movements and moving moments: connecting film, user involvement and student learning. In T. Stickley (Ed) *Qualitative research in arts and mental health: contexts, meanings and evidence*. PCCS Books, Ross-on-Wye.

McKeown, M., Malihi-Shoja, L., Hogarth, R., Jones, F., Holt, K., Sullivan, P., Lunt, L., Vella, J., Hough, G., Rawcliffe, L., Mather, M. & The CIT. 2011. The value of involvement from the perspective of service users and carers engaged in practitioner education: not just a cash nexus. *Nurse Education Today*, 32, 178-184.

McKeown, M. & Mercer, D. 1998. *Fallen From Grace: Women, Knowledge and Power*. in T. Mason & D. Mercer [Eds] *Inside Out: Critical Perspectives in Forensic Care*. Macmillan, Basingstoke.

McKeown, M. & Mercer, D. 2010. Mental health nursing and resistance to fascism. *Journal of Psychiatric & Mental Health Nursing*, 17, 152-161.

McKeown, M., Robertson, S., Habte-Mariam, Z. & Stowell-Smith, M. 2008. Masculinity and emasculation for black men in modern mental health care. *Ethnicity and Inequalities in Health and Social Care*, 1, 1, 42-51.

McKeown, M. & Spandler, H. 2006. Alienation and redemption: the potential for alliances with mental health service users. Published conference papers for the Alternative futures and Popular Protest. 11th International Social Movements Conference, Manchester, April 19-21. Volume 3.

McKeown, M. & Stowell-Smith, M. 1998. Language, Race and Forensic Psychiatry: Some Dilemmas for Antidiscriminatory Practice. in T. Mason & D. Mercer [Eds] *Inside Out: Critical Perspectives in Forensic Care*. Macmillan, Basingstoke.

McKeown, M. & Stowell-Smith, M. 2005. The comforts of evil: dangerous personalities in high security hospitals and the horror film. In T. Mason (ed) *Forensic Psychiatry the Influences of Evil*. Humana Press, NJ. pp. 109-134.

McKeown, M., Stowell-Smith, M., Derricott, J. & Mercer, D. 1998. Dual Diagnosis as Social Control. *Addiction Research*, 6, 1, 63-70.

McKeown, M., Stowell-Smith, M. & Foley, B. 1999. Passivity versus Militancy: A Q Methodological Study of Nurses' Industrial relations on Merseyside. *Journal of Advanced Nursing*, 30, 140-149.

Melucci, A. 1996. *Challenging codes*. Cambridge University Press, Cambridge.

Miller, P. & Rose, N. 1986. *The power of psychiatry*. Polity Press, Cambridge.

Offe, C. 1985. New social movements: changing boundaries of the political. *Social Research*, 52, 817-868.

O'Hagan, M. 1986. From taking snapshots to making movies. *Community Mental Health in New Zealand*, 3, 1, 31-49.

Oliver, M. 1997. Emancipatory research: Realistic goal or impossible dream?' in Barnes, C & Mercer, G. (eds.) *Doing Disability Research*. The Disability Press, Leeds. pp. 15-31.

Outhwaite, W. 1996. General introduction. In W. Outhwaite (Ed) *The Habermas reader*. Polity Press, Cambridge. pp. 3-22.

Parker, I. 1992. *Discourse dynamics: critical analysis for social and individual psychology*. Routledge, London.

Parker, I. 1999. Critical psychology: critical links. *Annual Review of Critical Psychology*, 1, 1, 3-18.

Parr, H. 2008. *Mental health and social space: towards inclusionary geographies?* Wiley-Blackwell, Oxford.

Pelletier, C. 2005. Feeding beliefs of certified nurse assistants in the nursing home: a factor influencing practice. *Journal of Gerontological Nursing*, 31, 7, 5-11.

- Pilgrim, D. 2005. Protest and co-option: the recent fate of the psychiatric patient's voice. in A. Bell & P. Lindley (eds) *Beyond the Water Towers: The unfinished revolution in mental health services 1985-2005*. Sainsbury Centre for Mental Health, London. pp 17-26.
- Pilgrim, D. (forthcoming) The British welfare state and mental health problems: the continuing relevance of the work of Claus Offe. *Sociology of Health and Illness*
- Putnam, R. 2000. *Bowling Alone: The Collapse and Revival of American Community*. Simon and Schuster, New York.
- Reason, P. & Bradbury, H. 2000. (eds). *Handbook of action research: participative inquiry and practice*. Sage, London.
- Reitz, C. 2000. *Art, alienation and the humanities: a critical engagement with Herbert Marcuse*. State University of New York Press, Albany, NY.
- Reitz, C. 2009. A new Marcuse: Educational theorist for a new generation. Conference paper: Marcuse and the Frankfurt School for a New Generation. Third Biennial Conference of the Herbert Marcuse Society, York University, Toronto. October 29-31.
<http://sites.google.com/site/marcusesociety/charles-reitz-2009-conference-paper>
- Repper, J. & Breeze, J. 2007. User and carer involvement in the training and education of health professionals: A review of the literature. *International Journal of Nursing Studies*, 44, 511-519.
- Roberts, J. & Crossley, N. 2004. Introduction. *The Sociological Review Special Issue. After Habermas: New Perspectives on the Public Sphere*, 52, s1, 1-27.
- Rogers, A. & Pilgrim, D. 1991. 'Pulling down churches': accounting for the British Mental health Service Users' Movement. *Sociology of Health and Illness*, 13, 2, 129-148.
- Rose, N. 1985. *The Psychological Complex: psychology, politics and society in England 1869-1939*. Routledge and Kegan Paul, London.
- Rose, N. 1989. *Governing the Soul: the shaping of the private self*. Routledge, London.

Ryan, C. & Zerwic, J. 2004. Knowledge of symptom clusters among adults at risk for acute myocardial infarction. *Nursing Research*, 53, 363-369.

Sitton, J. 2003. *Habermas and contemporary society*. Palgrave Macmillan, Basingstoke.

Said, E. 1994. Identity, authority and freedom: the potentate and the traveller. *Boundary 2*, 21, 3, 1-18.

Sedgwick, P. 1982. *Psychopolitics*. Pluto, London.

Spandler, H. 2006. *Asylum to action: Paddington day hospital, therapeutic communities and beyond*. Jessica Kingsley Publications, London.

Spandler, H. 2009. Spaces of psychiatric contention: a case study of a therapeutic community. *Health & Place*, 15, 672-678.

Specter, M. 2010 *Habermas: an intellectual biography*. Cambridge University Press, Cambridge.

Speedy, J., Bainton, D., Bridges, N., Brown, T., Brown, L., Martin, V., Sakellariadis, A., Williams, S. & Wilson, S. 2010. Encountering "Gerald": Experiments With Meandering Methodologies and Experiences Beyond Our "Selves" in a Collaborative Writing Group. *Qualitative Inquiry*, 16, 894-901.

Stainton Rogers, R. & Stainton Rogers, W. 1990. What the Brits got out of the Q: and why their work may not line up with the US way of getting into it! *Electronic Journal of Communication*, 1, 1, 1-11.

Stainton Rogers, R. & Stainton Rogers, W. 1992. Q methodology and discourse analysis: is there a connection? Unpublished paper presented to the Discourse Unit, Manchester Metropolitan University.

Stainton Rogers, R., Stenner, P., Gleesen, K. and Stainton Rogers, W. 1995. *Social Psychology: A Critical Agenda*. Polity Press, Cambridge.

Stainton-Rogers, W. 1991. Explaining health and illness: an exploration of diversity. Harvester Wheatsheaf, London.

Stenner, P., Dancey, C. & Watts, S. 2000. The understanding of their illness amongst people with irritable bowel syndrome. *Social Science & Medicine*, 51, 439-452.

Stephenson, W. 1935. Correlating persons instead of tests. *Character and Personality*, 4, 17-24.

Stickley, T. 2006. Should service user involvement be consigned to history? A critical realist perspective. *Journal of Psychiatric and Mental Health Nursing*, 13, 570-577.

Stowell-Smith, M. & McKeown, M. 1999a. Locating Mental Health in Black and White Men: A Q Methodological Study. *Journal of Health Psychology*, 4, 2, 209-223.

Stowell-Smith, M. & McKeown, M. 1999b. Race, Psychopathy and Self: A Discourse Analytic Study. *British Journal of Medical Psychology*, 72, 459-470.

Stowell-Smith, M. & McKeown, M. 2001. Race, Stigma and Stereotyping: The Construction of Difference in Forensic Care. in Carlisle, C., Mason, M., Watkins, C. [Eds] *Stigma and Social Exclusion in Health*. Routledge, London. pp. 158-169.

Tarrow, S. 1994. *Power in movement: social movements, collective action and politics*. Cambridge University Press, Cambridge.

Taylor, V. & Whittier, N. 1995. Analytical approaches to social movement culture: the culture of the women's movement. In H. Johnston & B. Klandermans (Eds.) *Social movements and culture*. University of Minnesota Press/UCL Press, Minneapolis/London. pp. 163-187.

Tew, J., Gell, C. and Foster, F. 2004. *A good practice guide. Learning from experience. Involving service users and carers in mental health education and training*. Mental Health in Higher Education/NIMHE, Nottingham.

- Thomas, P. & Bracken, P. 2004. Critical psychiatry in practice. *Advances in Psychiatric Treatment*, 10, 361-370.
- Thompson, C., McCaughan, D., Cullum, N., Sheldon, T., Mulhall, A. & Thompson, D. 2001. Research information in nurses' clinical decision-making: what is useful? *Journal of Advanced Nursing*, 36, 376-388.
- Tilly, C. 1988. Social movements, old and new. In L. Kriesberg (Ed.) *Research in social movements, conflict and change*, vol. 10. JAI Press, Greenwich, CT. pp 1-18.
- Towle, A., Bainbridge, L., Godolphin, W., Katz, A., Kline, K., Lown, B., Madularu, I., Solomon, P. & Thistlethwaite, J. 2010. Active patient involvement in the education of health professionals. *Medical Education*, 44, 64-74.
- Tritter, J. & McCallum, A. 2006. The snakes and ladders of user involvement: moving beyond Arnstein. *Health Policy*, 76, 156-168.
- Unison. 2011. *Working with local communities to fight cuts and privatisation: a practical guide*. Unison, London.
- Vygotsky, L. 1962. *Thought and language*. MIT Press, Cambridge MA.
- Wadsworth, Y. 2001. The mirror, the magnifying glass, the compass and the map: facilitating participatory action research. In P. Reason & H. Bradbury. [eds] *Handbook of action research: participative inquiry and practice*. Sage, London. pp 420-432.
- Warner, S. 2004. Radical politics from the women's liberation movement to mad pride. *Asylum*, 14, 3, 30-34.
- Warner, S. 2009. *Understanding the effects of child sexual abuse: feminist revolutions in theory, research, and practice*. Routledge, London.
- Waterman, H., Tillen, D., Dickson, R. & de Konig, K. 2001. *Action research: a systematic review and guidance for assessment*. NHS R & D Health Technology Assessment Programme, Southampton.

- Watts, S. & Stenner, P. 2005. Doing Q methodology: theory, method and interpretation. *Qualitative Research in Psychology*, 2, 1, 67-91.
- Weinberg, D. 2007. Habermas, Rights, and the Learning Disabled Citizen. *Social Theory & Health*, 5, 70–87.
- White, S. 1995. Reason, modernity and democracy. In S. White [Ed] *The Cambridge companion to Habermas*. Cambridge University Press, Cambridge. pp. 3-16.
- Wicks, P. & Reason, P. 2009. Initiating action research: Challenges and paradoxes of opening communicative space. *Action Research*, 7, 3, 243-262.
- Williams, S. 2000. Reason, emotion and embodiment: is 'mental' health a contradiction in terms? *Sociology of Health & Illness*, 22, 559-581.
- Williamson, C. 2008. The patient movement as an emancipation movement. *Health Expectations*, 11, 102-112.
- Willig, C. 1999. *Applied discourse analysis*. Open University Press, London.
- Wills, J. & Simms, M. 2004. Building reciprocal community unionism in the UK. *Capital & Class*, Spring, 82, 59-84.
- Wright, K., Haigh, K. & McKeown, M. 2007. Reclaiming the humanity in personality disorder. *International Journal of Mental Health Nursing*, 16, 236-246.
- Wykurz, G. & Kelly, D. 2002. Learning in practice – developing the role of patients as teachers: literature review. *British Medical Journal*, 325, 818-821.

Appendix 1. The submitted published work

McKeown, M., Stowell-Smith, M., Derricott, J. & Mercer, D. (1998) Dual Diagnosis as Social Control. *Addiction Research*, 6, 1, 63-70.

Lead author: roughly 70% authorship effort is claimed and initiation of central argument.

Theoretical paper. No funding associated with this work.

Stowell-Smith, M. & McKeown, M. (1999) Locating Mental Health in Black and White Men: A Q Methodological Study. *Journal of Health Psychology*, 4, 2, 209-223.

Co-authored paper with roughly 40% share of authorship claimed. Research study. No funding associated with this work.

Stowell-Smith, M. & McKeown, M. (1999) Race, Psychopathy and Self: A Discourse Analytic Study. *British Journal of Medical Psychology*, 72, 459-470.

Co-authored paper with roughly 40% share of authorship claimed. Research study. No funding associated with this work.

McKeown, M., Stowell-Smith, M. & Foley, B. (1999) Passivity versus Militancy: A Q Methodological Study of Nurses' Industrial relations on Merseyside. *Journal of Advanced Nursing*, 30, 140-149.

Lead author and principal investigator: a shared collegiate approach to the research, but the lion's share of authorship, planning and effort (80%) is claimed. Research study. No funding associated with this work.

McKeown, M., Hinks, M., Stowell-Smith, M., Mercer, D. & Forster, J. (1999) Q methodology, risk training and quality management. *International Journal of Health Care Quality Assurance*, 12, 6, 254-266.

Lead author and principal investigator: again a shared collegiate approach to the research, but the lion's share of authorship, planning and effort (70%) is claimed. Research study. No funding associated with this work.

McKeown, M., Anderson, J., Bennett, A. & Clayton, P. (2003) Gender Politics and Secure Services For Women: Reflections on a study of staff understandings of challenging behaviour. *Journal of Psychiatric and Mental Health Nursing, Special Forensic Edition*, 10, 585-591.

Lead author and principal investigator: again a shared collegiate approach to the research, but the lion's share of authorship, planning and effort (70%) is claimed. Research study. Bursary awarded by National Forensic Nurses Research and Development Group £1, 000.

McKeown, M. & Stowell-Smith, M. (2005) The comforts of evil: dangerous personalities in high security hospitals and the horror film. In Mason, T. (ed) *Forensic Psychiatry the Influences of Evil*. Humana Press, NJ. pp. 109-134.

Lead author: roughly equal (50%) share of authorship claimed. Theoretical piece. No funding associated with this work.

Downe, S., McKeown, M., Johnson, E., Comensus Community Involvement Team, Comensus Advisory Group, Koloczek, L., Grunwald, A. & Malihi-Shoja, L. (2007) The UCLan Community Engagement and Service User Support (Comensus) project: Valuing authenticity making space for emergence. *Health Expectations*, 10, 392-406.

Co-authored paper: significant contribution to authorship and research effort is claimed (this is difficult to quantify but at least 50% of overall effort, if not more). Uiniversity of Central Lancashire funded research project £300, 000 for first three years. Has also led to numerous other funded projects in progress. Original grant secured by Soo Downe and myself as co-applicants.

McKeown, M. (2009) Alliances in action: opportunities and threats to solidarity between workers and service users in health and social care disputes. *Social Theory and Health*, 7, 148-169.

Single authored paper. Research study and commentary. No funding associated with this work.

McKeown, M. & Mercer, D. (2010) Mental health nursing and resistance to fascism. *Journal of Psychiatric & Mental Health Nursing*, 17, 152-161.

Lead author: roughly 50% of authorship claimed. Theoretical paper. No funding associated with this work.

McKeown, M., Malihi-Shoja, L. & Downe, S. supporting the Comensus Writing Collective (2010) *Service user and carer involvement in education for health and social care*. Wiley-Blackwell, Oxford.

Lead support for collectively written book. This text exemplifies the notion of alliances central to this thesis. Significant contribution to authorship and key ideas driving the text is claimed.

Given the collaborative effort involved in producing the book it is antithetical to the guiding philosophy to quantify a claimed proportion of authorship.