

BSA MEDICAL SOCIOLOGY GROUP 46th ANNUAL CONFERENCE

Aston University, Birmingham, 10-12 September 2014

SOCIOLOGY OF MENTAL HEALTH STUDY GROUP SYMPOSIUM

STREAM: MENTAL HEALTH

Time: Thursday 11th Sept., 8.30-10.10 a.m.

MENTAL HEALTH, MENTAL HEALTH CARE AND THE FAMILY

Norvoll, R. , Pilgrim, D, Ridely, J.,

The role of the family has been controversial in mental health care throughout history and has been widely discussed in relation to mental health and mental health services, including recent policy discourses. Although there has been sociological debate in this area, empirical research about mental health care and the family is limited. This symposium, organised by the Sociology of Mental Health Study Group, will explore sociological approaches to research about mental health, mental health care and the family from a range of perspectives. The first presentation will provide an historical discussion of psychiatric paradigms and their implications for understanding the role of the family in 'mental illness'. Then the symposium will move on to discuss current perspectives on family members' involvement in mental health care through two empirical studies of coercion that include both family members and service users' views and experiences. The following three papers will be presented, after which there will be opportunity for open discussion and research exchange:

1. *Family systems as sites of psychopathology: A critical realist account*, David Pilgrim, Professor of Health and Social Policy, University of Liverpool
2. *Partners in care?*, Julie Ridley, Reader in Social Policy and Practice, School of Social Work, University of Central Lancashire.
3. *It depends on the relation - Coercion in a family perspective*, Reidun Norvoll, Post-Doctoral Researcher, Centre for Medical Ethics, Institute of Health and Society, University of Oslo.

Organisers: Reidun Norvoll and Lydia Lewis

Chair: Lydia Lewis, Research Fellow, Centre for Developmental and Applied Research in Education, Faculty of Education, Health and Wellbeing, University of Wolverhampton.

Conference bookings: <http://www.britsoc.co.uk/events/medsoc-annual-conference.aspx>

ABSTRACT 1

FAMILY SYSTEMS AS SITES OF PSYCHOPATHOLOGY: A CRITICAL REALIST ACCOUNT

David Pilgrim, Professor of Health and Social Policy, University of Liverpool

This paper begins with some clarifications about critical realism and their implications for the study of mental health problems. It then applies those philosophical assumptions to the investigation of what is described as 'mental disorder' by psychiatric positivism. After the interesting gains of hermeneutics in the 1960s (the work of Ronald Laing and his colleagues), which combined radicalised psychoanalysis with existentialism, biomedical psychiatry regained its position of hegemony in the mental health industry. The possibility that early life (in familial and institutional settings) might account for misery, madness or incorrigible egocentricity was depicted by this new epistemological conservatism as (secondary) victim blaming. The orthodox view now was that the parents of those who suffer from the genetically-caused brain diseases generating the symptoms of mental illness were victims not agents. The circle is now turning as far as evidence is concerned. Childhood adversity does predict the symptoms of what is called 'mental disorder', including for those patients diagnosed with psychosis and personality disorder (i.e. not just the 'common mental disorders' investigated by social causationists like George Brown and his colleagues. The paper concludes with that evidence and also draws critical attention to the unfulfilled potential of the biopsychosocial model left to us from the work of Adolf Meyer and George Engel.

ABSTRACT 2

Partners in Care? Exploring Carers' Experiences of Coercion and Secure Mental Health Services

Ridley, J.

(University of Central Lancashire)

Being a 'carer' and 'caring', both theoretically and operationally are now firmly embedded in social policy and professional practice. Family carers are increasingly seen as legitimate stakeholders in wider policy processes, and as 'co-producers' and key providers in the 'triangle of care', although the needs and views of service users and carers should not be assumed to be the same. The relatives of people subject to compulsory treatment (coercion), as well as those in forensic (secure) mental health services, often report that their caring role goes unrecognized and they feel overlooked and marginalized, despite having experienced major trauma and significant emotional burden from their

caring role. Established models of 'carer', associated with physical frailty and dependence are considerably challenged by the nature of the caring role in these contexts. This paper will draw on the findings from two research studies in Scotland to reflect on the nature of the

caring role in mental health – one undertaken in 2009 involving 33 carers whose relatives were under compulsion, and the other, a more recent study in 2013 involving a survey of 66 carers and interviews with 19 relatives of people in forensic mental health services. The first study of coercion also provides an opportunity to contrast perspectives of service users and carers. The work emphasises the importance of considering carers' perspectives in mental health care and of recognizing the complexity and contradictions of the role.

Abstract 3

IT DEPENDS ON THE RELATION – COERCION IN A FAMILY PERSPECTIVE

Norvoll, R., Hem, M.H., Pedersen, R.

Centre for Medical Ethics, University of Oslo

The role of the family has long been controversial in mental health care. Service users have recently expressed ambivalence about the increased tendency for understanding family members as carers, since it fails to capture the complexity of interpersonal relationships, and the overlapping or different needs. Their views have, however, often been left unheard. Research on all family members' views on coercion can increase our understanding of these controversies.

Qualitative interviews were conducted with 24 adults and 9 adolescents with mental health problems, and 36 family members of adult and adolescents patients recruited from both user-organisations and hospitals in Norway.

The results show that coercion is closely related to interactional processes within the family. Coercion can be a solution, but also creates conflicts and the need for reconciliation work. Family members' views on coercion and relations to the ill person are influenced by psychiatric discourses and their situations are characterized by both power and powerlessness. Persons with mental health problems have a broader perspective on mental health and families, and their views on family members depend on how the family members respond to their problems and on the quality of their relationships.

The study underlines the importance of incorporating a broader sociological perspective on families in mental health and of seeing the patient as an active subject, in order to understand these complexities. Implications for mental health policy will be discussed.