

# **Open to Suggestion: Ordering, Risk and Invention in Community Mental Health Work**

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degree of Ph D (Sociology)

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**Signed Declaration**

In accordance with the University of London's Regulations for the Degrees of M Phil and Ph D, September 2008 (s4.3.6) I hereby confirm that the work presented in the thesis is my own and the thesis herein presented is the one upon which I expect to be examined.

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## Abstract

Accounts of contemporary mental health policy and practice are contested and diverse. Yet they tend to share an implicit ontological commitment to a logic or ‘register’ of *specialism*. That is, they fundamentally assume the existence of a range of professional and disciplinary activities designated by ‘mental health work’ may be unproblematically divided off from other areas of social activity and relations.

In this thesis I contrast the register of specialism to a *register of suggestion*.

Firstly, this notion evokes comparatively neglected aspects of the histories that condition present-day practice. More importantly, making primary recourse throughout the thesis to the work of A.N. Whitehead as inspiration and lure, I argue that suggestion offers a fertile conceptual device that problematises subject-predicate modes of thought underpinning ‘specialist’ accounts.

Moreover my approach opens up inter-connections and contingencies between mental health work and the affective as well as socio-technical dimensions of everyday life.

The thesis draws on empirical material gathered during a six-month ethnographic study of a multidisciplinary Community Mental Health Team in London. Using the contrast between suggestion and specialism as a key conceptual device I focus on team members’ experience of risk and of the tension between crisis and routine and on the ways in which they participate in the constant reconfiguration of order within their day-to-day work. I will argue

that regarding workers as constantly and fundamentally ‘open to suggestion’ not only allows otherwise neglected and creative aspects of practice to emerge to the fore. It also raises important methodological and epistemological questions concerning processes of social change and (insofar as adoption of the register of suggestion bears implications for the notion of an ethnographic sensibility) for the enterprise of social research itself.

Thus the thesis reaches beyond the remit of mental health work as conventionally interpreted. It resonates with established and contemporary controversies within social theory around methodological challenges and limitations and within the sociology of health and medicine around the nature of therapeutic change. It is posited simultaneously as directly relevant to practitioners and policy-makers working in the mental health field and as an intervention in these ongoing social-theoretical debates.



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## Introduction

### 0.1 ‘A Restraint upon Specialists’

The useful function of philosophy is to promote the most general systemization of civilized thought. There is a constant reaction between specialism and common sense. It is the part of the special sciences to modify common sense. Philosophy is the welding of imagination and common sense into a restraint upon specialists, and also into an enlargement of their imaginations. By providing the generic notions philosophy should make it easier to conceive the infinite variety of specific instances which rest unrealized in the womb of nature. (Whitehead, 1978: 17).

My opening citation is drawn from the first pages of *Process and Reality*, generally accepted as the *magnum opus* of the British mathematician-turned-philosopher, Alfred North Whitehead (1861-1947). Whitehead’s thought comprises a major source of inspiration for the present thesis. In a strong sense it provides a theoretical anchor for my entire approach. A major task of this Introduction is to begin to explore how his conception of philosophy as a ‘*restraint upon specialists, and ... an enlargement of their imaginations*’ might relate to the empirical and theoretical scope of my own project.

What does it mean to be a specialist? In the academic world, and perhaps most strikingly within the ‘harder’ sciences, the tradition of separating out different areas of knowledge and establishing more or less definite boundaries between them has long become sedimented and even quasi-naturalised. Nevertheless, the distribution of specialist knowledge is not an ahistorical ‘given’ and is open to

sociological analysis.<sup>1</sup> Outside the academy, meanwhile, the notion of specialisation is frequently linked to – if also differentiated from – that of *professionalism*, seen by many commentators, from the time (at least) of Spencer and Webb, to be a defining feature of modernity and a fertile resource for theorists of institutional power and knowledge (Freidson, 1986).

The present thesis will not however seek, except tangentially, to contribute to this sociological exploration of *professional* either in general or in the narrower context of psychiatry and mental health work. Rather, at this stage simply noting the intimate connection between the appellations ‘professional’ and ‘specialist’, together with the role that a clamour to be *recognised* in terms of the first designation has played and continues to play in the history and politics of mental health, I am content to follow the dictionary definition of the second term insofar as it coincides with everyday understandings. A specialist will thus be understood *as one who (mainly) devotes, confines or applies herself to a distinct or particular subject*. This is loose enough to cover, yet also point beyond, the more overtly contested notion of profession, whilst sufficiently clear to generate the contrast I will go on to outline below.

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<sup>1</sup> To offer just a single example, Kusch (1995) provides a detailed account, strongly informed by the sociology of scientific knowledge approach of the 1980s and 1990s, of the ways in which ‘experimental psychology’ emerged as a separate discipline from Schools of Philosophy in German Universities during the decades preceding the First World War.

Whitehead, then, distinguishes ‘philosophy’ from the ‘special sciences’. He asserts that the use value and ultimate justification for the former lies in its ability to perform a service for the latter that at once *restrains* and *enlarges*. This at first sight rather obscure statement evokes profound questions related to the ways in which distinctions between the *general* and *the particular* emerge and are elaborated in our habitual modes of thought. The point I want to emphasise from the outset is that specialism and generalism are not *opposed* – at least not in any superficial or straightforward superficial sense. The ‘general’ is rather offered to the specialist as a *resource* and as an incitement for further creativity and invention.

Whitehead’s reference to ‘imagination and common sense’, meanwhile, provides a clue to the nature of those dimensions of reality he was convinced had been neglected or filtered out within large parts of the Western philosophical canon, resulting in philosophy performing a signal *disservice* to other more narrowly focused or specialised forms of inquiry. Whitehead frequently deploys key terms familiar from everyday life in expounding a comprehensive and coherent metaphysical framework that seeks to redress such neglect and to stimulate the production of knowledge rather than, as he puts it (1978: 17), ‘indulg[ing] in brilliant feats of explaining away’. Later (s.0.4), I will begin to tackle the explication of a number of seminal themes within Whitehead’s thought and to indicate how I will seek to ‘operationalise’ them in similar spirit in the particular context of my own study.

## **0.2 The Two Registers**

First, however, I need to introduce that context, in other words attempt to clarify as best I can what my project ‘is all about’ and where it ‘comes from’. As its subtitle indicates, the thesis sets out to explore aspects of contemporary mental health policy and practice in the U.K. It does *not* of course, however, aspire towards anything approaching an exhaustive coverage of this topic. Over the two Sections following this, I will endeavour to convey a general overview of the proximate scope, reach and limitations of the thesis as well as a sense of its gestation and development.

The somewhat clumsy phraseology I’ve adopted here, however, serves to highlight a first difficulty relating to *how* these objectives might be accomplished. For within the academy they are conventionally framed in terms of ‘locating’, ‘situating’ or ‘grounding’ the work within a pre-given if hypothetical disciplinary *space*. A key feature of my orientation is that this ‘command’ notion of location, whilst inescapable, is inherently problematic and demands some unpacking. Again, a further, wholly conventional distinction invariably employed within the social sciences posits a basic distinction between ‘theoretical’ and ‘empirical’ aspects. Certainly, my study embodies each of these dimensions, but I do not feel it may be straightforwardly *divided by* any differentiation between theory and practice. .

Thus, the project may ostensibly be regarded as *empirically*-based, insofar as much of its impetus and content alike derives from a relatively extended piece of fieldwork. Over a six month period in 2006-07, I spent a considerable amount

of time observing and talking to members of a multidisciplinary Community Mental Health Team (CMHT) – ‘Bridgevale’ in East London. I have little hesitation in claiming the term ‘ethnography’ as an appropriate working label for this activity and indeed for the thesis as a whole.

Explicit commentary on and analysis of the data obtained during the fieldwork comprises a significant part of the thesis as finished text. In particular, Chapters Three, Four and Five are framed along these lines. Exactly what underlies the ‘ethnographic’ claim, nevertheless, and how the latter may or may not assist to ‘locate’ my study in relation to other approaches, will require some elaboration (cf. s0.3).

Meanwhile, the title’s primary clause, ‘open to suggestion’, prefigures the extent to which this same exploration is predicated not only on a particular *theoretical* strategy (or bundle of strategies) but – equally and perhaps more importantly – on an underlying ‘attitude’ or disposition. The phrase conveys at once the ideas of susceptibility to influence and of readiness for novelty and adventure. In common parlance, being ‘open to suggestion’ implies ‘suggestibility’: indeed, sometimes a pejorative association with being ‘easily led’ is remarked!

On the other hand the words are often employed in a much more positive sense to imply qualities of open-mindedness and flexibility. Above all, they have a resonance with the notion of *speculation*, a term which itself carries powerful connotations of both risks *and* rewards. Their deployment here is thus



consciously intended to elicit attention to this *range* of usage. Moreover – crucially – ‘openness to suggestion’ is presumed to ‘apply’ as much to my research procedure as to my research ‘object’.

Whilst a core inspiration for my approach derives directly from Whitehead’s thought, the thesis also engages with a variety of other philosophical, historical and sociological resources. The discussion that will take place in Chapters One and Two may therefore be best characterised as a sustained – and at times decidedly speculative – encounter with a varied, perhaps eclectic range of literature. These parts of the thesis are anchored, no less than the more patently ‘empirical’ Chapters, to a presumption of the utility and productiveness of ‘suggestion’ both as a generative and structuring theme and as an analytical and critical device.

Therefore to separate the thesis into distinct theoretical and empirical elements, however neat in principle, strikes me as ultimately unsatisfactory and liable to misinterpretation. I am not, for instance, entirely comfortable with a depiction of the thesis either as an ethnography *supported by* theory *or* as a predominantly theoretical discussion that *draws on* observational data to reinforce its conceptual claims. Nor, for reasons I will attempt to make clear later, am I sure it is best described as essentially an ethnography *of* (mental health) *practice*. If a single defining tag is to be insisted upon, perhaps ‘conceptual ethnography’ comes rather closer to the mark. I will return to this notion presently.

Arguably, *any* tracing of relations and associations undertaken in the name of

‘sociology’ generally and inescapably involves an intricate blending of theory *and* practice. This is the case, indeed, I would contend, whether or not a specific ‘field’, where the researcher was actively present, is there to be appealed to. As Marilyn Strathern (1991: 9) has argued, the mere authority of being there ‘no longer convinces’ (it is debatable it ever did!) in its own right. Recourse to theory, however tacit or inarticulate, is unavoidably built into the equation. Conversely, but equally fundamentally from this perspective, the arduous assemblage of any academic text, however ‘theoretical’, amounts *of itself* to a dynamic, embodied, sometimes impassioned and irreducibly *empirical* practice.

In any event, within the present thesis, I have endeavoured as far as possible not to allow myself to be unduly constrained either by a notional split between theory and practice or by any other *premature* imposition of structure, order or boundaries. Such an approach inevitably throws into relief a tension with the notion of being required to situate oneself within a dominant paradigm: the ideas of concretion and location mutually sustain one another.<sup>2</sup> By the same token, questions of *method* are posed in ways that exceed, although of course

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<sup>2</sup> The underlying thought here being that, as soon as any work of locating commences, the setting within which that work takes place also changes by howsoever small a degree. This insight is not only consistent with approaches that stress the fundamental ‘autopoietic’ nature of system and organisation (cf. Maturana and Verela, 1980 or in a more explicitly sociological context of inquiry, Morgan, 1986), but also, as will become clear below (s0.4 and Chapter Two), with Whitehead’s ‘theory of prehensions’.

also incorporate, reduction to the latter's own 'situatedness' within a pre-given methodological terrain.

Earlier I introduced Whitehead's notion of philosophy as a 'restraint on specialists'. As will hopefully become apparent, I have found this insight an infinitely fertile orienting device that is open to being mobilised not only with respect to my research 'object' (insofar this is understood as 'mental health work' – see s3.2 below) but also to the activity of ethnographic 'production'. I take the view that dominant contemporary accounts in each of these areas tend to share an implicit commitment to a 'logic' or 'register' of *specialism*. Such perspectives by definition have often hurried to 'essentialise' their procedure as disciplinarily valid, and thus are liable to blind themselves to some quite foundational aspects of the conditions of their own production.

In contrast, I appeal throughout the thesis to what I will call a *register of suggestion*. It is important to underscore that my aim in so doing, is not to controvert specialist accounts but to extend and complement them. The mutual interplay between the registers of suggestion and specialism forms a kind of central – if loosely-hinged – conceptual pivot around which the thesis will evolve. It is through *this* contrast – rather than any rigid distinction between theory and practice – that I intend to link together what otherwise might appear quite disparate parts of my discussion and to offer the whole a degree of coherence and form.

The notion of 'suggestion', as I've already begun to demonstrate, defies simple

summary. In itself suggestion entails a complex chain of associations. At the same time it remains an irreducibly amorphous and to an extent paradoxical concept. To offer just one instance, its use may equally evoke a sense of *freedom* yet in certain contexts be redolent of an almost sinister sense of *control*.

In the mental health field, moreover, the term suggestion directly evokes relatively neglected but important antecedents of present-day practice. In Chapter One I will attempt to show how aspects of a ‘genealogy’ of suggestion have left a detectable impact on contemporary notions of psychiatric therapy and expertise. Suggestion also, I will argue, offers a route whereby the conceptual divide between the general and the particular may be bridged and, in Whitehead’s phrase, something of ‘the totality obscured by the selection’ (1978: 15) be recovered.

That *a* selection has ‘always already’ taken place seems undeniable. This too is thrown into sharp relief by returning to the use of the language of suggestion within ‘ordinary’ life and language. In everyday usage it most often denotes a kind of *supplement* to reality, a hint, prompt or piece of advice. It is crucial to observe, however, that this understanding cuts both ways. A suggestion adds, yet also by its nature displaces or takes away from other possibilities, other futures.

Furthermore, even the absence of suggestion also suggests. In this regard, Gregory Bateson’s assertion (1973: 427) that ‘in the world of mind, nothing –

that which is *not* – can be a cause’ is especially instructive. Bateson noted that this insight contrasts with the implicit rationalities that underpin much scientific thinking where ‘we ask for causes and expect them to exist and be real.’ He would be at one with Whitehead in advocating we attend more carefully to the role *negation* plays in establishing any contrast or matter of ‘importance’.

### **0.3 Ethnographic Production**

#### *0.3.1 Opening Remarks*

I mentioned earlier that the idea of ‘conceptual ethnography’ seems to offer a relatively effective shorthand with which to encapsulate the general thrust of the thesis. No label is perfect, and any given label may bring more confusion in its wake, but I have failed to identify a better alternative. As a working notion it at least has the merit of retaining focus on the importance I have attached to the mobilisation of a singular ‘governing’ conceit – suggestion – *across* a series of domains, including but not limited to the practices I actually witnessed ‘in the field’. Arguably – to pick up on the thread of thought with which I ended the preceding Section – it also hints helpfully at what might be named as the thesis’ ‘negative capabilities’<sup>3</sup>.

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<sup>3</sup> The reference is to the often-cited (and perhaps over-exploited) epigrammatic declaration made by John Keats in a letter of 1817. ‘Negative Capability, that is when man is capable of being in uncertainties, Mysteries,

Yet the term ‘ethnography’ itself at first sight appears relatively unproblematic. It would seem to provide a convenient, sufficiently general and accessible label with which to demarcate alike my primary methodological orientation and the eventual textual production from other socio-scientific approaches. Even *this* claim, however, is clearly neither neutral nor unproblematic. The notion of ethnography brings in its wake a long and sometimes contested history, a wide range of differing contemporary interpretations and an inherited landscape of expectation. Clearly it behoves me to some extent try to ‘situate’ my own work as ethnography against this background *even as* I struggle on quite a fundamental level with aspects of the very trope of situation. In the present Section I accordingly address three interrelated and overlapping themes. Together they amount to a reflection on (or even a sort of ‘defence’ of) the thesis as a variant of ethnographic production.

A little later I will endeavour to relate my approach to selected aspects of the literature of and on ethnography, including ethnographic work carried out in healthcare settings. Following this, I attempt to flesh out some the more obviously idiosyncratic ‘local’ and ‘personal’ conditions and constraints involved in the production of the present study. First of all, however, I want to address an issue which goes to heart of the question of the ‘specification’ of my own working notions of ‘field’ and ‘research object’ and thus the differentiation of my approach from those of others.

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doubts without any irritable reaching after fact and reason’ (Wu, 2005: 1351).

### 0.3.2 *The Case of the Missing Patient*

Insofar as the thesis as a whole purports to address the activity of ‘mental health work’, it undeniably does so in a way that leaves glaring lacunae. In particular, an intuitive and commonsensical ‘take’ on mental health practice might perfectly reasonably arrive at the conclusion that it ‘obviously’ involves, to a great extent, and arguably as its core element, direct interaction between professionals and those entrusted to their care. That is, mental health work is primarily made up of forms of treatment, counselling and other interventions with service-users or patients.

Yet, not only was I unable to observe these practices in action within my fieldwork, except tangentially. Also, by and large, I did not *seek out* opportunities to do so. They are thus, to a great extent, absent from my study. Moreover, and a distinct if closely related point: the *perspective* of the patient or service-user – and also, by extension, those of the user’s relatives, supporters and advocates and indeed the wider ‘community’ that a CMHT is supposedly intended to serve – likewise remains effectively ‘missing’ from my discussion.

Now, there seem to me to be two somewhat distinct dimensions of this issue.

On one hand, both on ‘pure’ philosophical grounds *and* at the sort of ‘instinctive’ or gut level I have tried hard not to suppress or bracket out throughout, I am frankly inclined to adopt a relatively unapologetic stand on the fact that the present thesis happens *not* to be a study of worker-patient interaction in the mental health field. Self-evidently, it is impossible for

everything to be encompassed by any one project. Not for a moment, of course, would I wish to imply that areas thus neglected here are therefore not vitally important and worthy of investigation by others.

Furthermore, a very general and equally obvious point may be made about ‘relevance’. This is that any insights and findings reached from any given perspective may be pertinent, perhaps even potentially crucial, for those approaching the same topic from other angles. In the case of the present study and its possible contribution to engaging with approaches that view mental health work as an essentially a ‘patient-centred’ activity, I both hope and believe that a degree of relevance will become readily apparent with respect to at least parts of my discussion, for example my treatment of risk in Chapter Five.

On the other hand, a rather different potential objection may also be anticipated and confronted. This is essentially ethical and political in character. Insofar as the thesis offers *any* meaningful account, however partial, of mental health practice, its ‘omission of the patient’ might very well be understood as not only skewing any eventual conclusions, but also as contributing towards redefining its ‘target’. That is, depicting ‘practice’ itself – at least some of the time and in some places where it sufficiently manifests itself *as* practice, and therefore logically to a significant extent – as an activity that *can* bypass the user. Criticism, here, has a propensity to drift towards the re-iteration of a pre-given moral hierarchy related to how things ‘ought’ to be rather than how they are<sup>4</sup>.

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<sup>4</sup> I would contend indeed that an underlying if often un-worked-out assumption



This tension between what somehow ‘ought’ to be investigated and what in contrast *is* explored strikes me as inescapable within all serious research activity, although it is often suppressed in finished accounts. Interestingly, comparable issues *do* surface within ethnographies which like mine deal with aspects of mental health work. For example, Mueller (1995: 38) in her study of how the trope of ‘community’ both is differently translated by, and organises life for, nurses and patients on a psychiatric ward, makes clear she sees her prime task as researcher as one of making ‘more explicit those connections’ already made by these ‘persons constituting practice’, rather either than as making her own ‘novel’ connections or as evaluating or judging practice in any way. She is perhaps rather less clear that this is *in itself* is a highly evaluative

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behind not only many debates and discussions *within* the health care field, but also understandings internal to academia, of what researching that field ‘should’ or should not involve, is that an ‘ought’ exists that is *a priori* to the activity of observing, questioning and reflection. In the present context, the implied logic, if more fully articulated, might (put crudely) run as follows: mental health ‘care’ (a loaded word, incidentally!) *obviously* must involve working directly with patients as its ‘primary substance’. Therefore all research worthy of the name should address this, and what’s more, the patient’s/ user’s ‘perspective’ must also be taken on board and indeed prioritised. Certainly, something like this reasoning demonstrably underpins the rhetoric currently adopted within the protocols for research authorisation within the NHS, as well as that deployed by many grant-making bodies.

move.

Somewhat similarly, Tilley (1995: 8) in *his* study of staff-patient interaction in a psychiatric setting, asserts that in focusing his attention on the accounts whereby nurses and patients interpret their interaction, he does not intend ‘to answer questions of... effectiveness, efficiency and resource planning’; nor ‘should [his project] be interpreted in those terms’. This strategy is, it seems to me, a form of distancing and in some ways a denial of responsibility. For a writer to make such statements does not of course mean that their work will thus (magically?) *not* be interpreted by others as evaluative or prescriptive. Tilley, for one, goes on in the next breath to admit it is very likely this will happen.

Admittedly, in each of these examples, interaction between workers and patients *does* remain at the heart of the researcher’s approach and analysis. This is not the case, however, with every study that has taken place within a proximate field. For instance, at least at the time I embarked on my own project, Lesley Griffiths (1996, 1997) had produced the only other sociological thesis at doctoral level that I was able to identify that was directly focused on *community mental health team* practice in the UK .

Griffiths, just like Mueller, Tilley and myself, explicitly describes her approach as ethnographic – in her case the term of choice is ‘policy ethnography’. Yet her empirical material is pretty much exclusively derived from attendance at formal team meetings, and her emphasis is on the discursive construction of ‘teamness’ within these settings. Not only is the patient, and the patient’s perspective

missing here, or, more accurately, at least ‘placed at remove’ (as it similarly is to a large extent in my own discussion). So also is much that I *will* try to address later – the material environment within which (much of) mental health work is performed, the informal and non-linguistic exchanges and emotional tones that play a part in constituting practice, and so on.

In my own case, as a mental health professional long before I became a researcher, and even before I joined the Bridgevale team in the first capacity let alone resolved to carry out research there, I had experienced a great many aspects of my job both puzzling and intriguing. Much of my interest – and my bafflement – tended to coalesce over time around questions to do with the ways whereby negotiation, conflict and decision-making were effected *within* the multidisciplinary team. Typically these processes were most obviously evident in contexts where users or their families were not (at least physically) normally present.

From the perspective of my own individual ‘habitus’ (cf. Bourdieu, 1977) both as a scholar and former mental health worker, it is doubtless a topic potentially worthy of reflection that, to put it simply, I just wasn’t expressly or primarily interested in incorporating into my study users’ experiences of care or attention to how workers performed ‘clinically’. This is not, however, a theme I feel it is appropriate to pursue here in any detail. All I *can* really say ‘in my defence’ is that, when I worked as a professional, I suppose these aspects of practice or care did not perplex or ‘bother’ me to anything like the same extent as other ‘rival’

questions<sup>5</sup>. These latter presented – i.e. *suggested* – themselves in the guise of curiosity and confusion about how the presumed goals of my work were defined in organisational and disciplinary terms, around how decisions (which in fact often seemed to ride roughshod over patients’ expressed preferences) were reached, and, in short, over what being a specialist among specialists was ‘supposed to’ involve.

The point I am trying to make here is essentially very straightforward. It concerns the extent to which inclination or ‘appetite’ may, indeed inevitably does, stimulate and condition the formulation of a research problem. As I have noted above, such notions of ‘preference’ and therefore of the unavoidable conscious and non-conscious ‘exclusion’ of other areas strike me as equally present, if latent, in one way or another, in other studies. As I will try to make clear throughout this discussion, suggestion and the contrast of registers sketched out above can play a helpful role in retaining such processes to the forefront of analysis.

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<sup>5</sup> Once again, this *isn't* to imply that I didn't or don't feel that the role of the patient and what happens face-to-face ‘with’ the patient is not a crucially important element in the making up of what mental health work ‘is’ in many different contexts. It is, I suppose, to recognise that it was the comparatively neglected ‘hinterland’ of more direct or clinical intervention appealed to me, *early on* as an ‘appropriate’ (interesting, stimulating) area in terms of my own initial ‘situation’ and that, without artifice, this sustained itself more or less as a ‘research object’ throughout the lifetime of my project.

One further point worth making concerns the intrinsically *dynamic* and *cumulative* nature of such acts of exclusion. In other words, in my own case the ‘disappearance’ of the user, was at least in part an effect and not solely a precondition of the evolving and mobile trajectory taken by my research. Furthermore, these aspects may be approached under a dual aspect. They concern the emergence and sedimentation of both (relatively) ‘exogenous’ and ‘endogenous’ constraints.

I have already touched on the latter and more will emerge in the more biographical background I will present below (s.0.3.3). To illustrate an external factor, what I have described as the patient’s absence was actually *reinforced* by the formal National Health Service procedures I was obliged to undergo before access in a research capacity was authorised. As a matter of record, my early written formulations for the fieldwork *did* encompass the notion of attending to the interaction between team members and service-users (although I would not go so far as to claim that at any stage this was ever my primary focus of interest). As well as attending meetings and observing office life, I envisaged being able with users’ consent to follow practitioners about their work as they met with clients either individually or in groups, and incorporated this plan into the proposal I submitted to the relevant Local Research Ethics Committee (LREC).

However, when my application came before the LREC, I was obliged to give a firm commitment to *avoid* all direct contact whatsoever with patients in my

research. This imperative might well be found somewhat ironic given the rhetorical stress customarily laid within the same procedures on user participation and perspectives. It was also, incidentally, quite *un*-achievable in literal or absolute terms. At Bridgevale, as presumably at the majority of other community-based mental health facilities, unsurprisingly, users, staff and researchers are alike obliged to gain access to the premises by the same doors, pass through communal areas, and indeed – sometimes – engage in at least rudimentary forms of social interaction! But then, this is precisely the kind of inconvenient truth that a (suggestible) ethnographer is constrained, precisely *through* their empirical approach, to be reminded of and an LREC Chairman, say, perhaps more inclined to forget!

### *0.3.3 The Ethnographic Context*

Before shifting the focus of discussion away from the explicit part played/ not played by the service user within my research, it is worth recapitulating briefly. Insofar as this issue is approached on a somewhat concrete and surface level, the marginality of the *voices* of users within the final account admittedly emerges as critical. It must remain a moot point, however, whether this (partial) ‘silencing’ was mainly a function of my chosen methodological approach, or of the ‘reality’ performed at Bridgevale, or of pragmatic constraints imposed from ‘outside’. I have argued that each of these elements can be demonstrated to have been in play.

As I have also hopefully shown, furthermore, to approach this question solely in terms of absence/ presence is somewhat misleading. A point perhaps not

sufficiently emphasised thus far is that the concerns and understandings of users', and indeed of a wider public, play a significant a pervasive part in conditioning not only *workers'* verbal articulation of practice but their production of day-to-day routine. The 'phantom', 'lurking' or indeed 'suggested' presence of the patient will thus crop up at various points of my discussion as it continues (for instance especially in Chapters Four and Five).

For now, however, I want to return to the broader question of the thesis' 'location' *vis à vis* a wider literature and in particular to its 'self-understanding' as an intrinsically *ethnographic* project. Here, if anywhere, however, I risk losing sight of the wood for the trees. Historically, self-consciously ethnographic approaches largely derive from the discipline of late nineteenth-century anthropology, although the roots of the genre have been posited to stretch much further back (cf. de Certeau, 1988). If, within the 'mainstream' of sociological discipline the term was a relatively late adoption, it has become over recent decades a ubiquitous if multivalent reference point, a common signifier for a rather disparate range of understandings, theories and differentiations.

It would certainly take me much too far off my course to linger long on the question of definition. It is tempting to follow Wolcott (1995: 83) in his admirably functional/nominalist reflection:

the research process deserves the label ethnography... when the intended product *is* ethnography... a claim to be "doing ethnography" is also a proclamation of intent.

Yet at the same time, to adopt this position prematurely tends to close down

important questions. On balance, I'd like to avoid the evasive strategy of simply declaring the present thesis an ethnography by fiat. Rather, whilst fully recognising the latter term's instability and under-determination, I feel it may be helpful to at least *make contact with* a limited range of established positions and moves within *a* relevant literature that might assist to contextualise the present thesis to some extent.

By 'relevant' here, I mean both writing *on* ethnography and writing framed *as* ethnography (whether or not in specifically healthcare settings). And by 'contextualise', I *don't* mean precisely the same as 'locate' – this to me remains a highly significant distinction. Perhaps it would be better to describe my aim here in terms of allowing something the thesis' fluctuating receptivity to other currents to emerge.

For two complicating factors immediately become apparent. First, to reinforce a key assertion made earlier, it is an essential corollary of my orientation to Whitehead's thought and the contrast of registers that I hold significant reservations around the use of 'location' to prematurely *de-cide* (i.e. cut away from) what I would prefer to approach on the order of an *event*. More precisely, there is a tendency for 'location' and near-synonymous notions (situation, position, placing etc) to be somewhat conservatively mobilised within contemporary social research in a way that supports or even may equate with a procedure of 'legitimisation'. The logic I want to *avoid* implies that once one is thus situated, a large portion of the work of engagement, evaluation and contestation with the literature is accomplished. This latter approach is of the



essence of a commitment to the ‘strong end’ of what I’ve called the register of specialism.

Second, and equally related to the overall problematisation opened up by use of the specialism/ suggestion axis: as a matter of stubborn fact I have in this project as frequently felt ‘closer to’ and more (or at least as) directly inspired by work that is superficially well ‘off-topic’ as by texts that are nominally and/or conventionally more adjacent to my field of enquiry, at least as far as this is defined as mental health work.

Thus, to offer just a couple of concrete instances, in developing my own articulation of the challenge of communicating effectively from one ‘field’ to another, from practice to discipline, I have to date found little more helpful and apposite than a somewhat obscure (and sadly neglected) anthropological study by Alan Tormaid Campbell (1989). Yet Campbell’s ‘official’ specialist focus – the shamanic practices among the Wayãpí (an indigenous people in Brazil) – is very distant from my own. Again, as mirroring my understanding of the tensions between ‘insider’ and ‘outsider’ (whilst also problematising each of these positions), Karen Ho’s (2009) reflections on working as both a professional and as an ethnographer in the very, very different world of U.S. investment banking have sounded more resonances for me than the many evocations of the ‘nurse researcher’ role (e.g. Tilley, 1995; Gerrish 2003) that perhaps ‘ought’ to have felt closer to home.<sup>6</sup>

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<sup>6</sup> As witnessed by my gloss on Wallace Stevens’ poetry in Chapter Six,

In a passage that strikes me as well worth pausing over briefly, Campbell (1989: 14), refers to the ‘nature of an ethnography’ as neither ‘a matter of the obdurately objective fact’ nor of ‘the impressionistic subjective opinion’. He adds that the ethnographer finds themselves caught between two forces, ‘one that pulls towards eccentric obscurity, or worse, ill-informed triviality’ and another toward an ‘easy imitation of the vocabulary... turns of phrase...[and] expository conventions’ of an established discipline or field of interest.

Campbell then continues:

The double effort is, therefore, on the one hand to be sceptical of the conventions of the discipline and to interrogate the tastes that underlie them, and on the other to elaborate as clearly as possible the inchoate interests that inform my inquiry so that others will not be puzzled or disappointed when they cannot find their own interests encouraged by what I present. I can’t presuppose a community of shared taste, nor assume that I can be interesting in an original way. Hence this must be *une tentative*, like saying one comes from a country that doesn’t yet exist.

This, to my mind, is both beautifully put, and quite telling. Ethnographers have, for the past generation or more, worried – noisily, (often) brilliantly, reflexively, very publicly and at times almost to distraction – over questions related to the ‘scientific’ status of a genre that relies on ‘thick description’ (Geertz, 1973) as much as strict reasoning, and the ineluctable embeddedness of these representations within a culturally and socio-politically conditioned domain of possibility and constraint. This has undeniably led to sustained self-criticism and consequently to a fruitful self-awareness of the inescapably ‘fictional’ as well as partial nature of ethnography’s textual formations and formulations (cf.

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moreover, my search for ‘identifications and corroborations’ has often taken me outside ethnography proper altogether.

e.g. Clifford and Marcus, 1986; Strathern, 1991; Van Maanen, 1995).

Thinkers such as Foucault and Bourdieu, among others, meanwhile, have provided systematic, meticulous, subtly argued, boldly revisionary and endlessly provocative theoretical frameworks whereby these concerns may be (and invariably are) articulated and presented as providing intellectual backcloths against which contemporary ethnographic practice may be staged. The only ‘trouble’ here, to my mind, is that such schema tend all-too-easily become quasi-naturalised and to an extent ‘black-boxed’ as disciplinary ‘grids’ (considerable irony here in Foucault’s case!) within which one’s contribution somehow *requires* to be ‘lodged’ as part of the necessary apparatus of ‘situation’ and reflexivity. The situating act of ‘lodgement’ is thus liable to morph rather too exclusively into a static programme of legitimisation and to result in a somewhat over-rigid and self-limiting conception of what the (any/my) ethnography can do and where it can travel.

In the citations given above, Campbell does indeed mark the importance and inevitability of the pre-existing disciplinary context and its demands. Yet he goes a good deal further. He appeals explicitly to ‘inchoate interests’ that threaten/promise to take on a life of their own. He also isolates the notion of the collective *taste* of a given ‘community of interest’ that cannot be presupposed and indeed calls out to be interrogated. Campbell thus evokes original ethnographic work as requiring a perilous balancing act between accommodation and challenge. It is comparable, he adds, to returning from of ‘a country that doesn’t yet exist’.

This last image is nicely attuned to a problematic that will feature prominently throughout the remainder of my introductory discussion. Far from being ‘merely’ poetic or decorative, it is also somewhat troubling. The notion of ‘returning’ (i.e. coming from *the past*) to a land whose *present* is not yet settled implies that a profound reevaluation of *temporality/ies* as well as space has a crucial part to play in determining the role of ethnography as a craft wherein the activities of observation/ participation and writing/ reporting are inextricably intermingled. Rather similarly, if more prosaically, these complications are also evoked in Paul Rabinow’s (1996: x) coins the term ‘dia-ethnographic’ to convey a sense of a practice that understands itself as performatively *in motion* on a range of simultaneous levels, across time, cultural fields and geography.

Temporality is likewise an insistent theme in Johannes Fabian’s (1983; 1991, 2001, 2010) sustained critique of the tension he sees as implicit and insufficiently examined within contemporary ethnographic discourse. In a word, Fabian argues that the latter serves up an ‘allochronic’ finished account that tends to deny or obscure the fact that it is based on the empirical *sharing* of time in the field by researcher and researched. In this way an effect of ‘false distance’ is achieved from what Fabian calls the essentially ‘co-evalness’ of the different but mutually constitutive *experiences* from which the account eventually emerges.

For Fabian (2001: *passim*) this deceptively simple insight leads him to problematise a key theoretical issue for ethnography as essentially one

concerning the contrast between representation and *production*. The latter is in a crucial sense more primordial than the former, both ‘in time’ and also as the generative fulcrum of the *work* of ethnography – negotiating the field, method, textual assemblage and the rest. Yet, on the register of specialism, problems of and with representation have tended to eclipse concern with production as the conscious epistemological focus of ethnography’s self-interrogation.<sup>7</sup>

Returning now to work that has been undertaken within healthcare settings, the contrast articulated by Fabian facilitates the enunciation of the differentiation of

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<sup>7</sup> I confess that I have only come across Fabian’s work at a very late stage of my own project. Yet both his premises and the conclusion he reaches from them strike a strong resonance with my own more intuitive approach. I would myself maintain that what I have called here ‘specialist’ perspectives are often preoccupied alike by attention to the vicissitudes (‘crises’) of representation and by the concomitant problems that unavoidably arise through a demand to pin down ‘reflexivity’ (cf. Aull Davies, 2003). This latter notion, however, has often served as a distraction from in a way even more fundamental questions related to the *productive* associations and experiences that allow in the first place for there to be something there to be represented. Where I part company with Fabian incidentally is with his tendency to frame this (more) ‘ultimate’ ground in terms of an inter-subjectivity viewed largely in terms of linguistic exchange. In contrast, in the present thesis I deploy the notion of suggestion in part to try to, as it were, disturb this ground too in its turn, and to explore some of the extra-linguistic and feeling-oriented aspects of production.

my intended contribution from other approaches. For instance, a collection edited by Joanna Latimer (2003) brings together a diverse selection of papers detailing the challenges and opportunities faced by researchers involved – in the majority of cases explicitly under an ethnographic aegis – facets of nursing as a practice or set of practices. As Latimer spells out in her Introduction (2003: 2), contributors to this volume share a determination to foreground ‘taken-for-granted, implicit or marginalised practices’ in a way that exemplarily – and effectively – both mobilises theory as an integral factor within method and is reflexively attentive to the interpenetration of the researcher and researched.

Papers in the collection thus creatively re-orientate attention to comparatively neglected dimensions of practice such as embodiment and materiality as well as discourse and organisation. All this I find highly congenial. Given a broadly shared domain of interest, intuitively it might therefore well be felt that I should locate (that word again!) my study in close relation to such work.

Certainly, I fully recognise that these interventions, alongside the studies of Mueller, Tilley and Griffiths mentioned above, are simultaneously instructive and valuable. Together they contribute to making impressive inroads that subvert the somewhat hideous shibboleth of a reductive interpretation of ‘evidenced-based practice’ that has come to occupy a dominant position within healthcare settings over recent years. Nevertheless, by and large, and despite the occasional coincidence of themes and preoccupations, I confess there is something in the tenor of their collective approach (insofar as it is legitimate to discern a common factor) that I experience as somewhat alien or at best

tangential to my own.

How then may this sense of distance, or lack of ‘fit’, be explicated if not necessarily justified? As hinted above, I suspect a clue to resides in the contrast between representation and production. Yet in this case *that* distinction needs to be restated rather carefully. Otherwise there is a danger of either, on the one hand, over-stating the extent of difference at stake between our perspectives or, on the other, leaving the matter obdurately un-graspable.

For clearly the writers I have mentioned, alongside many others working in similar areas, *are* in one sense invariably attentive to production. Further, this attention manifests itself on two distinct levels. Firstly, they are often consistently and deeply interested in the everyday production of the order and organisation of practices: in the present case those constituting nursing work, nurse-patient relations and so on. For example, Purkiss (2003: 47), in the Latimer-edited collection, conceives of her task as ‘offering a space in which nurses can examine how they organise their... practice’ and ‘a moment of critique to ask the question, “Who am I when I am nursing?”’. Questions of the constant making, unmaking and remaking of ‘community’ are at the heart of Mueller’s thesis (1995). And Tilley (1995: 91-92; 341) aims at reproducing (one version of) reality by reclaiming the way nurses and patients give voice to ‘inside interpretations’ of psychiatric practice.

Secondly, many of the writers mentioned also demonstrably display concern (albeit often only ‘at the margins’) with interrogating the conditions of

production of their own ethnographies, whether regarded as methods or texts. Thus, Gerrish (2003: 83) meditates on the ‘unique and privileged’ position of the researcher who is also a nurse. Savage (2003), in positing an approach she calls ‘participative [as distinct from participant-] observation’, addresses the notion of the researcher consciously deploying their own body to gain insights into general nurses’ practices, noticing by-the-by how factors such as the possession of an ageing or unrehearsed body may problematise such an approach. And as Latimer herself has elsewhere (2008: 2) expressed matters: ‘the creation and continuous rewriting of an ethnographic *text*’ also ‘draws upon many different registers of social life, including interactions over time and across many differently situated occasions’ [my italics].

Yet it seems to me that *in between* these two explorations of production, which are staged on the one hand *within* the (‘subjective’) business of ethnography itself, and on the other within the (‘objective’) *practices* studied, lies a putative and potentially vast *third* domain, a sort of ‘excluded middle’, which continues to elude detailed scrutiny within many forms of specialist discourse. In a nutshell, this refers *back* – not necessarily ‘in time’, in linear terms, but in a vital sense to an *a priori* – to an ‘originary’ *and* ongoing distribution and redistribution of subject and object that allows ordering/ production on either of the levels alluded to above to proceed. It is something akin to this notion that I believe Fabian addresses in his critique of (in his case) anthropology’s persistent disregard of its ‘allochronicity’.

For the key idea expressed here is *not* simply the fact that (ethnographic)



representation separates itself out from production. *This* move surely must be accepted, once any kind of writing-up activity has commenced, as inevitable: an ‘always, already’ accomplishment. In terms of the conceit of the contrast of registers introduced earlier, it is integral to the emergence of *any* form of specialist account.

A crucial distinction also remains, however, between recognition of the obvious *fact* of separation between account and field, and even acknowledgment of the desirability of a given account to reflect on itself *as a* separate production, and in contrast the retention of focus on what is ‘lost’ *through* separation and thus eclipses an ‘original’ status of relation. To persist with a notion of an underlying temporal sequence (which should not however be taken too literally), this relation might be approximately encapsulated in terms of ‘superposition’ or in Fabian’s terms *co-evolution*. Viewed subjectively, the account stands in relation to the field as to a far greater universe of practice and feeling (made up of more subjects) that it *only then* (unavoidably) abstracts from. In other words, the process of making an(y) account in effect ‘lifts’ or extracts a slice or slices of experience *from* the (far larger and richer) environment upon which it is ineluctably dependent and wherein it remains embedded.

Admittedly, this schema may sound highly abstract if not entirely abstruse as an orienting frame. To my mind, at this stage this is entirely unavoidable: it is why the thesis *requires* detailed engagement with Whitehead’s thought, alongside other resources, in order to justify its claim to open up alternative conceptions. It will nevertheless be noticed, hopefully, that my formulation attempts,

howsoever clumsily, to evoke the possibility of maintaining a perspective on a reality that is at once messier, more general and more *concrete* than a more 'representational' orientation allows. And it is *these* dimensions of experience (an experience that subsists *in-between* subject and object and within their distribution) that I seek to recover within my own project, at least partially, through a persistent exploration and mobilisation of the register of suggestion.

Most of the 'ethnographies of practice' I have encountered, for their part, tend, at least to my reading, to fail to explicitly address such aspects *as* production, or at most to abandon them to the margins of analysis. They thus tend to accept, by and large, the *emergence* of a general and generative theme – for example in Mueller's case, for example, 'community', in Griffiths' and Tilley's 'talk' – as self-evident and then follow/ interpret it's workings-out in the field. Invariably, their 'selection' is buttressed *by* a substantial mobilisation of theory; sometimes it is simultaneously located more 'subjectively' in terms of prior interest and intellectual predilection.<sup>8</sup> Yet the brute fact that *a* selection or abstraction, howsoever arrived at, *has* taken place in the interest of specialist science and has inherently thus created its object remains comparatively unacknowledged and under-developed. This *can* lead toward a rather dangerous (if implicit) species of elision between account and reality.<sup>9</sup>

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<sup>8</sup> With refreshing honesty, for example, Griffiths (1996: 255) writes that "interdisciplinary talk" was what she was 'really always interested in' and that she looked around for other settings where she could study it before alighting on a community mental health work context.

<sup>9</sup> Another way of approaching this is to consider the integral ambivalence and different slants of meaning that may be imposed in ordinary language on that innocent looking little preposition 'of'. Consider again the phrase 'the ethnography *of* practice' or for that matter 'the geography *of* Brazil'. I would contend that a tendency *does* exist, within the worst excesses of academic specialism, for this to be employed in a way that is redolent of something close to outright annexation or comprehension. But this is neither necessary nor inevitable. Compare other

I am very reluctant, however, to have recourse to a default language of critique or contestation at this point. As my earlier discussion of the absent patient amply demonstrated, the present thesis is of course as ‘guilty’ of omission or neglect as any other. But my purported focus *is* on the way specialism prizes itself away from suggestion and in this sense the distinction referred to earlier is now hopefully clear. Beyond this, I am content leave matters where they are. In short, in terms of any comparison with the writings mentioned above, it is a case of having different overall goals in mind, and thus different notions of how to go about their pursuit.<sup>10</sup>

At a later stage of the thesis, however, having hopefully by then further elaborated the contrast of registers and honed it somewhat more sharply as a conceptual device, I *will* deploy it more pointedly as critique. And this in a way that will display some continuity with my remarks above. For instance, a literature that has so far eluded discussion, but in fact has had considerable

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common usages, for example ‘Robin of Sherwood’; ‘pictures of France’ etc! (I am indebted here to Chris Bunn – personal communication).

<sup>0</sup> 10 To offer one further instance, Latimer (2003: 237-38) summarises her own methodological approach thus: In my ethnographic work, then, I travel like an anthropologist... At the bedside I sit and wait: observing what flows to and from the patient, noting when and how it flows... Critically, I trace what and who authorises the flow of materials to and from the bedside. It is in these accounts that one can find *what* has authority, *what* gives permission to privilege one kind of work or one kind of patient. This is a vivid and helpful description, one that intriguingly opens up further discussion on ordering and power within the hospital setting. But what, here at least, remains elided, is any discussion of how certain flows are noted and/or traced (by either researcher or practitioner or patient) but many (presumably and unavoidably *most*) are not. Latimer is silent with respect to the possible inter-subjective processes and influences that orders ordering, founds finding and triggers tracings. Yet these latter *are* in contrast, broadly speaking, those very dimensions that at Bridgevale caught my interest and fuelled my speculations. To repeat, no criticism is intended here: not everything can be said at once, and in different contexts and settings, very different things promote themselves as important to say. Yet hopefully the citation does reinforce my point

direct influence on both my own work and those of some of the other writers mentioned, concerns perspectives loosely grouped under the rubric of ANT/STS (Actor Network Theory/ Science and Technology Studies). Key writings here include work by Bruno Latour, John Law, Marc Berg and Anne-Marie Mol, all of whom have engaged explicitly with healthcare settings.

These writers to my mind succeed more overtly in penetrating the notion of production in the third and fuller sense sketched out above. In other words, their analyses tend to engage consistently with process as foundational and to explore the dependence of multiple overlapping social realities on a shifting background of ‘experience’. Yet, as my exploration of Law’s ‘modes of ordering’ in Chapter Four will seek to demonstrate, I feel that the contrast between specialism and suggestion has a productive role to play in teasing out some of the potential limitations of such analyses as well as in reinforcing their strengths.

#### *0.3.4 Local Conditions*

For the present, however, and perhaps as a relief from a ‘situating’ that has so far proceeded somewhat negatively (i.e. as a ‘situating *against*’), I would like to adopt a more straightforwardly narrative and descriptive approach, in fleshing out some of the ‘local history’ that has defined the (auto)biographical parameters *for* my particular project. Whilst my focus in what follows is on the ‘nuts and bolts’ of the thesis’ production, in particular insofar as they concern

the empirical work at Bridgevale, it will be clear that even here I find it virtually impossible to resist allowing more ‘theoretical’ speculation to worm itself up to the surface! A little later (s0.3.5), moreover, I will begin to attempt to *demonstrate* something of the process whereby my vague, uneasy early intuitions and perplexities eventually evolved *alongside* and *in parallel to* my empirical research, progressively into (slightly) more well-defined quandaries, temptations (or perhaps better *tentatives* in the sense articulated above by Campbell), themes and finally fully-fledged problems.

My interest in studying mental health professionals at work derived initially from my own experience of training and working as a professional in the mental health field. Between 1983 and 2004 I was employed – off and on – first as a nurse and subsequently as a Social Worker. In the latter capacity I was a member, over several months during 2003/04, of the CMHT at Bridgevale where I was eventually to return to undertake my fieldwork. This period coincided with the beginnings of the materialisation of a long-held aspiration to return to full-time academic study.

In early 2004, whilst working at Bridgevale, having applied rather serendipitously for ‘1+3’ Ph D studentships in Sociology at Goldsmiths College sponsored by the Economic and Social Research Council (ESRC), I found myself launched on the lengthy and decidedly non-linear trajectory that eventually resulted in the completion of this thesis. Around the same time, I began to put out provisional ‘feelers’ with local managers and others at Bridgevale related to the possibility of carrying out some sort of observational

qualitative study there in an 'academic' capacity. I received a reassuringly favourable reaction.

At this stage, to apply the framework introduced above, I was without a shadow of doubt positioned well towards the suggestive pole of any suggestion/specialism axis! I had only the vaguest notions of any theoretical underpinnings of my project, and that my grasp of ethnography or of any other methodological approach was to say the least rudimentary. I knew – or more accurately, perhaps, *felt* – that I wanted to 'get closer' to the *experience* of practice, my own and that of others. I possessed even at this juncture, moreover, some initial if inchoate grasp of the potential (political/ intellectual/ disciplinary) significance of exposing some of the contrasts between a naïve (i.e official) perception of expertise and 'what really went on' in offices and meetings on a day-to-day basis.

Of course, the Masters in Social Research I was to complete as the '1' of my '1+3', not to mention the new adventures of reading I was able to undertake as a correlation of my return to full-time study, immensely assisted me in 'anchoring' and developing these formative ideas and plans. At the same time in many ways and at many turns it also confounded and complicated them! My 'choice', however, of a – very broadly speaking – 'ethnographic' stance, was I think in a strong sense made well 'before the act' of its identification was complete.

Rather similarly, to a great extent, many of the more important questions around

the *dimensions* of ‘access’ to the team preceded and became relatively settled long *before* the formal process of *gaining* access was underway, much less achieved. By this I mean in part that my identity – as a colleague, as a (former) Social Worker, or as ‘that guy who went back to college’ – was already largely established, faintly or otherwise, in others’ minds. The effort later made, on either side, to insert or accommodate my presence as a researcher ‘into the order of things’ was later inescapably contingent on these understandings and assumptions.

This is very far from suggesting that everything was fixed or determined in advance. It is however to hint at an intricate and complicated intersection of temporalities at play in providing the ‘ground’ for my research . That my eventual fluctuating insider/ outsider status as researcher was a pre-given function of a ‘return’ strikes me as an inescapable and important dimension of the completed project.

Again, from when I first started to conceive of ‘researching’ Bridgevale, it impressed me as ‘self-evident’ that I could begin to clarify more closely exactly what I was interested in finding *only* by remaining in the field, albeit under a new guise, in the field *as an observer* (as opposed to ‘merely’ carrying out focus groups or interviews for example). I suppose this presupposition passed in a relatively unquestioned way into my ‘planning’ process (although *this* reflection is of course itself deceptive insofar as it is raised retrospectively) and my methodology. And, interestingly, those parts of that ‘field’ that seemed to open themselves to me most readily and ‘naturally’ for observation were *already*

those where – as noted earlier – the patient was by and large ‘absent’, physically if not in other senses.

On my eventual return to Bridgevale, much of the actual *conduct* of my fieldwork took the form of a tentative mix of improvisation, trial-and-error, caution, ‘guesswork diplomacy’ and naked cheek. I operated on a basis of trying to ‘follow’ and find about as much as I thought I could get away with without behaving unethically (a moot question what this means of course) or seriously putting myself at risk of being asked to leave. In other words, I tried to conduct the research in a way that would remain consistent with my *continued* acceptance as, if not a full ‘member’ then a (more-or-less) tolerated, (more-or-less) temporary adjunct of the team.

In Chapter Three, through a focus on the first day in the field, I will describe in some detail how this ongoing and mutual process of (re)alignment may be approached analytically in terms of both a tension *between* and a blending *of* experiences of *novelty* and *familiarity*. In other words it was rooted in past understandings but at the same time continually encountered new challenges, threats and opportunities. Here, conscious of my main aim of providing context, I will restrict myself to a few brief and rather more prosaic comments around observational strategy, data collection and analysis.

To a large extent any collective routine at Bridgevale centred around a series of weekly meetings that took place on Thursday mornings. Of these, the best attended was a Clinical Meeting that followed a fairly regular structure and



tended to last around an hour and a half to two hours. This was the *only* occasion during the week when most team members from the various disciplines tended to be present at once together in the same place.

I will argue at some length in Chapter Five that, in a very palpable if immaterial sense, service users, in particular users conceived to be ‘in crisis’ were also in a sense both ‘made present’ and reconfigured – literally both *represented and reproduced* – at these gatherings.<sup>11</sup> Without doubt my attendance at the Clinical Meeting over a six month period afforded a wealth of opportunities to witness a wide range of recurrent patterns – and variations. It struck me as one key setting (but not necessarily a unique one) where, discursively and otherwise, key aspects of practice, for instance priority-setting, the short-term planning management of care and the evaluation of risk were negotiated, inter-disciplinary relations were played out and ‘teamness’ was accomplished (or came undone).

This Meeting was sandwiched chronologically between two other regular forums, a Business Meeting (usually less well attended but open to all) and a smaller Referrals Meeting where a handful of key team members were present. By regularly attending here too, I was able to greatly broaden my understanding of elements (among others) such as the team’s performance of (self-) administration, identity and morale, its maintenance of boundaries (‘gatekeeping’) and especially in the case of the Referrals Meeting, its

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<sup>11</sup> Cf. my problematisation of the ‘absent patient’ at 0.3.2 (above).

conception of the way its role interacted or ought to interact with other parts of a nexus of health service providers and with the wider 'community'. I think it is fair to conjecture that if I had limited my ethnographic participation to attendance at these three Meetings alone, I would still have garnered a wealth of observational material, probably which I then might have chosen to analyse and present in any number of different ways.

Yet I was also keen to complement the experience of observation within these relatively structured settings with some insights into the routine operations of community mental health work insofar as it manifested itself to an witness of more 'informal' goings-on outside of the context of meetings. In fact, given my formative interest in the notion of 'specialism' and its limitations, I early conceived of this part of my research programme as equally if not more important than attendance at meetings. For at least four months out of the six I attended the team premises for two or sometimes three days a week, and did my best to find corners where I could observe, as unobtrusively as possible, in what I described to others at the time – not wholly accurately – as 'fly-on-the-wall' mode.

Bridgevale operated a (broadly-speaking) nine-to-five, Monday to Friday service. Why then did I not attend there 'full-time'? I was to a certain extent constrained by pragmatic factors: also, frankly, my intuition was that two or three days weekly was just about the maximum either I or team members could reasonably stand of one another! For longish periods, outside meetings it often seemed to me there was very little of note to observe or record (although this is

of course *in itself* something to observe and record!). The team premises, on the other hand, particularly after an organisational policy shift around the midpoint of my planned period of fieldwork which effectively doubled its day-to-day occupancy, could be at times become cramped and overcrowded, and stress-levels were palpably raised. It was difficult to avoid getting in the way – very tangible proof that the fly-on-wall metaphor is a misnomer.

Moreover, in an episode I will return to later in the thesis, and which occurred shortly after the halfway point of my fieldwork, the fact of a service-user ‘under’ the team’s care being charged (in somewhat sensational circumstances) with murder led to an exceptional degree of attention being brought to bear on Bridgevale staff, from senior management as well as the external media, and seriously disrupted the ‘normal’ (if already decidedly ‘irregular’) rhythm of its day-to-day activity. Despite regrets that I was thus missing an ethnographic ‘opportunity’, I felt on balance it was both ethically imperative as well as politic to withdraw myself for a fortnight or so. Although I later returned, my observational input into the fieldwork never really resumed its previous level.

Both within and outside of meetings, I took copious contemporaneous field notes by hand where I could. As far as I could I established a daily habit of typing up summaries of these at the end of each day spent with the team. In addition, during the last two months of the fieldwork, I carried out lengthy semi-structured recorded interviews with volunteers from among the team membership, comprising representatives of a range of different disciplines (frustratingly if interestingly, I was unable to persuade any of the medically-

qualified staff to take part) and including administrative and student as well as professionally qualified grades.

All-in-all I compiled transcripts of 10 to 15 hours of interviews and amassed records of around 300 hours of direct observation. As I have already suggested, even given all the limitations of my study, whether self-imposed or externally determined, the sheer bulk of ‘data’ obtained by far precluded any prospect of analysing it exhaustively. How I in fact then proceeded to select and analyse my (always already of course pre-selected) data and interweave it with ongoing reflection is not, however, so easy to reduce to a simple summary.

In many ways it is a key overall theme of the thesis – negative capability again! – to assert that a process of suggestion underlies and in a sense out-trumps the conscious adoption of any particular methodological procedure. Moreover I hold this to be the case for my research participants and I alike. In any event, in terms of my field notes and interview recordings, it strikes me as important to record that I elected not to ‘code’ (at least not with any rigour, or for example by employing a packaged qualitative data-analysis such as NVivo). Moreover, I restrained myself from making too great an attempt to pre-categorise or order the ‘material’.

Rather, I read and re-read what I had written and repeatedly reflected and re-reflected on what I had felt, heard, seen, intuited and, as certainly, missed. At various stages, beginning well before the fieldwork had itself ended, I began to experiment in utilising data and reflection alike within the assemblage of more-

or-less coherent text. Inevitably this experimentation involves repeated and painful processes of discard, revision and re-envisioning.

#### *0.3.5. So, Conceptual Ethnography?*

I will return to a further consideration of these processes and to the question of how they might be connected to a more general reflection on method in Chapter Six. For the present, with (some) immediate context now in place, I wish to attempt to isolate a small number of key strands of the processes whereby my inquiry developed *out* of the ethnographic context, through the blending of thought *and* practice, into a final, if decidedly unfinished ‘product’. Remaining at a very general level of description, and with a little (if not I hope excessive) employment of retrospective artifice, these threads may be re-stated as questions resonant with the three themes signalled in the thesis title: ordering, risk and invention. From the resultant weft a fourth question may be formulated, approximating a preliminary statement of my main ‘research problem’.

In the interests of economy, I will address the emergence of only the first of these questions in any detail. It should be borne in mind, however, that all four developed and were refined over time, and in no sense sprang into being ‘fully-hatched’. What follows therefore not only prefigures the argument to be developed in later Chapters; it also is intended to serve as both exemplary and demonstrative of the *process* of (ethnographic) production.

(i) (*Ordering*) Working as a mental health professional in a range of different institutional contexts, I had (as already noted) long found myself perplexed as to

*what it was* that I was supposed to equip myself for, whether on the level of knowledge, attitudes or skills. What *was* ‘mental health work’? Or, put another way, was it possible to isolate or identify an ‘essential minimum’, either in general terms or within any given setting, which provided some sort of qualitative standard or template for ‘effectiveness’?

Admittedly, there was no shortage of guidance, advice, information and sources of inspiration at my disposal. Textbooks; academic commentaries; job descriptions; policies and protocols, for example, all offered a range of theories, facts and rules of conduct. In terms of ‘tacit’ or craft-like knowledge (cf. Polanyi, 1962), moreover, in each case a local semiotics had to be learned and embodied practical techniques (for instance, administering injections; conducting an assessment with an agitated and suspicious client; finding out where referral forms were kept or how to get an outside telephone line) needed to be mastered. With regard to more ‘emotional’ and ‘ethical’ aspects of apprenticeship (cf. Hochschild, 1983), not only was I surrounded by dedicated guides and role models, but also I had my own store of memory and feeling to draw from.

Yet despite all this, I often found myself at a loss to define or delineate what it meant to ‘do’ or ‘perform’ mental health work, let alone what it meant to do it *well*.

Even whilst working at Bridgevale as a Social Worker, I began to relate these somewhat naïve questions of ‘essence’ to somewhat different problems. These, in sum, revolved around ‘order’.

Why did ‘everything’ – materially or otherwise – so often strike me as chaotic and disorganised? At the same time, how was it possible that this confusion and disorder could and would resolve itself into determined action and decision? A patient is sectioned and rushed to hospital in a matter of minutes or hours. A new policy (one say concerning physical security at the worksite) is implemented and everyone acts ‘almost overnight’ as if the old one had never existed. An ‘onstage’ area such as the reception area is transformed by the fiat of a new manager and/or the addition of new furniture, yet a ‘backstage’ one – the staff kitchen for instance – remains as gruesomely chaotic as ever?

My perplexity here wasn’t simply a matter, I am convinced, of lack of understanding, a newcomer’s confusion or naivety. Nor was it entirely reducible to a lack of resources or a failure of will – my own or that of others – to ‘tidy up’, although each of these factors undoubtedly played their part. I became increasingly interested in trying to make sense of processes it was clear that both my colleagues and found difficult to articulate.

To posit this in more theoretical terms, I gradually began to feel I had made something of a breakthrough once I encountered the work of thinkers such as James and Bergson as well as Whitehead. My reading encouraged me gradually towards fundamental shifts of focus – from essence to process, from stasis to emergence and from singularity to multiplicity. As my trajectory took me from ‘worker’ to ‘researcher’ I came to regard, if not the ‘solution’ to my difficulties, then the *more interesting questions* as being somehow encapsulated in the *how*

rather than subsisting in the *what*. Or, perhaps, more accurately, in the ‘whatness’ of the how.

‘Reality’, from this new perspective, was not merely produced by change, but *subsisted in* change, in the production itself. My attention passed from *order* to *ordering*. My initial queries started to radically mutate even if I found at first I could only express them extremely clumsily. *How does (whatever it is that at a given moment of instantiation may become accepted as) ‘mental health work’ – not to mention anything that might be called ‘good’ practice – emerge from but separate itself from the ‘blooming, buzzing confusion’* (James, 1950: 488) *of files, coffee mugs, computers, policies, feelings and the rest?*

(ii) (*Risk*) The term ‘risk’ marks at once a notoriously nebulous and leaky *concept* and a *topic* susceptible to a wide range of both common-sense and (conventionally) scientific understandings. Recent social theory has ascribed risk a central, even defining role within contemporary life (Beck, 1992). In everyday usage, the word is highly redolent of affect and often virtually interchangeable with other ‘feeling’ notions, such as ‘danger’, ‘challenge’ ‘excitement’ and ‘worry’. At the same time to talk of risk often involves invoking a philosophical heritage linked to the dreams of universal explanation and mastery characterising certain versions of the myth of reason. According to these accounts, risk may be isolated, predicted, measured and controlled for.

*My own* interest in the theme of risk in the context of mental health practice was from the start a *felt* one. Throughout my career, and very strikingly at



Bridgevale, risk was simultaneously continuously and explicitly articulated as a dominant concern within ‘official’ or managerial discourse *and* ‘owned’ and deployed by virtually all actors as a shorthand for a range of anxieties and fears regarded as an unavoidable ‘part of the job’. That is, it was upheld as an inevitable attribute of specialism. More frequently and more intensely than I care to remember, as a professional I laboured more or less constantly under a burden of insecurity and sometimes a pervasive sense of dread.

I became increasingly convinced that to adequately address the theme of risk theoretically involved taking cognisance of the ways whereby any specific account of *a* risk or risks (i.e. as nouns) takes place against a background that is vague and incalculable. The infinitive form – *to* risk – came to better describe my focus on the *processes* whereby particular hazards or dangers are reified, made concrete and foregrounded. Given a more overtly methodological gloss, such insights resonate with Garfinkel’s (1968: 74) claim that in the investigation of everyday knowledges [*sic*] the researcher inevitably both follows and intervenes: the ‘situations [he] purports to describe... are modified, elaborated, and extended, if not indeed created by the fact and manner of being addressed’.

The question that gradually shaped itself, therefore, was not ‘where do these fears come from?’ but ‘how do they coalesce into a particular form that comes to characterise mental health workers’ professional activity?’ A further question, one with considerable political edge, followed logically. ***How might an intervention or event – whether within mental health practice or social research – be approached as playing a role in the creation and renewal of risk***

*rather than merely as a response to it?*

(iii) (*Invention*) Thirdly, I was curious about the part played by innovation within mental health work at a grassroots level. Was there more to the craft of practice than *learning* a repertoire of knowledge within the training offered by the various professional disciplines, and then more or less *repeating and perfecting* such techniques and strategies within different contexts and situations? Gut instinct and common sense informed me that there must be, and experience reinforced these feelings over the years.

Yet the topic of innovation seemed to be given scant attention in the textbooks, manuals and commentaries that might be grouped under the appellation of ‘practice literature’. Or, more precisely, ‘innovation’ *was* frequently encountered, but tended to be deployed as a ‘buzzword’ in ways I found confusing and frustrating. For instance, in a text specifically devoted to the CMHT context, Onyett (2003: 61) describes innovation as a ‘key output’; he says it ‘can be regarded as the process by which team effectiveness may be achieved.’ Burns (2004: 184), meanwhile, announces (in consecutive lines) that ‘not all change is innovation’ and ‘innovation is not enough.’ A ‘worthwhile’ innovation, and ‘not simply a change’, he continues, must be ‘sustainable and generalisable’.

It might be reasonably objected that it is unfair either to lift such comments from context or to expect rigorous conceptual analysis in works that posit themselves primarily as ‘practice guides’. Yet this merely reinforces my point:

such vague pronouncements struck me as signally unhelpful in terms of *guiding* the practitioner. They largely echoed, moreover, the ‘management speak’ to which my colleagues and I were exposed in verbal and written form on a day-to-day basis. As I began to research the relevant literature more widely, they increasingly seemed to gel with a pervasive sense of pessimism and conservatism that often seemed to me to inflect the contemporary mental health field regarded in a more ‘global’ sense.

A helpful re-orientation of the question, however, may be achieved via the adoption of a rhetorical strategy that transfers attention from ‘innovation’ to ‘invention’. As Michael Billig (1996: 88) notes, invention – regarded as the *analysis* of new situations and the selection and mobilisation of ‘old’ strategies and techniques – was from classical times considered an essential part of the repertoire of oratorical wisdom and skills. In ordinary language invention is associated with imagination (inventing a fictional character, for instance), memory (e.g. the word ‘inventory’) and contrivance. Moreover, within a constructivist metaphysics exemplified by writers including Deleuze and Guattari (1994), Simondon (1980) and Stengers (1997), invention has assumed a key terminological role linking the technical, conceptual and affective processes of change.

Inspired by (the very suggestiveness of) such approaches and returning to the empirical context, my third set of research questions might now be articulated in the following way. *How might the notion of invention help explain and enhance a grasp of the way mental health practitioners demonstrate creativity*

*and innovation in their day-to-day work? How might such practice-events be delineated and traced? What implications for practice and policy might such tracings carry?*

(iv) From the above, it will readily be seen that ordering, risk and invention tend to fuse. With something of its ‘genealogy’ of ethnographic production now in place, to ‘reduce’ these dimensions of the thesis’ approach to mental health work to one ‘central’ research question becomes a more feasible aim.

Fundamentally, from each of the three angles tackled, two elements stand out: namely, the contrast between suggestion and specialism and the idea of making new. Thus my summative if provisional research question is phrased accordingly: *in what sense is ‘mental health work’ – regarded as a specialism – creative?* Put the other way around ### and rather more provocatively: *might not any creativity it can lay claim to reside precisely in the extent to which it remains – riskily – open to suggestion?*

#### **0.4 Whitehead’s Suggestiveness**

Before concluding this Introduction, I wish – as promised at 0.1 – to return to Whitehead’s mature thought as a direct spur to speculation. In the present Section I begin to elaborate on the absolutely key role this writer is accorded in the thesis as a whole, and isolate a number of general themes in his work that I have found particularly relevant to the contrast of registers. I will return in much more detail to these topics in Chapter Two.

Whitehead's work has come – not all at once, but bit by bit, as I have hinted above – not only to offer me a wonderful resource replete with intriguing, challenging and (I feel) endlessly pertinent if often difficult ideas and illuminations whereby (alongside other influences) the sort of issues and questions I have outlined above were both directly shaped and stimulated. It also for good or ill has tirelessly provided me with a consistent spur to further and independent speculative *activity*, in a sense that proceeds beyond the specific content of Whitehead's philosophy but equates well with the spirit of what I have characterised above as 'conceptual ethnography'. It is entirely consistent with Whitehead's approach that 'experience' in the broadest sense should be retained at the heart of commentary. Although this Section is primarily oriented to theory, therefore, the exact converse of what I noted earlier applies: *practice*, whether of research or everyday life, just keeps on bursting through!

Whitehead's ambition in *Process and Reality* was to develop a radical and inclusive cosmology – 'a coherent, logical, necessary system of general ideas in terms of which every element of our experience can be interpreted' (Whitehead, 1978: 3). Though influential and respected within the Western philosophical canon for over seventy years, his work has only within the last decade or so begun to be 'rediscovered' (Thrift, 2008: 228) and mobilised in and for social theory (e.g. Haraway, 1997; Latour, 1999; Stengers, 2004; Halewood, 2005a and b; 2008). The present thesis thus aligns itself in general terms with a growing trend within contemporary thought. From this perspective its relation to

Whitehead's work – and to the more recent reception of his thought – may be viewed quite straightforwardly as a *product* of suggestion.

Yet whilst he does not employ the term itself as part of his conceptual armoury, I would also contend that there are strong grounds for also approaching Whitehead as a key thinker *of* the register of suggestion. It is in relation to this second sense of 'suggestiveness' that I will attempt here to address a number of themes within Whitehead's work. Broadly speaking, four dimensions can be delineated as of key relevance.

The first three of these concern, respectively:

- (a) the rejection or reformation of the subject/object divide as a metaphysical foundation for knowledge;
- (b) the formulation of a theory of 'prehensions' that accords and restores attention to the role played by 'feeling', tone, contrast and 'importance' within processes of change,
- and
- (c) an emphasis on, and attempted explication of, process, creativity and 'the production of novelty' as ultimate factors and functions of reality.

A fourth dimension becomes apparent when Whitehead's project is approached from a rather different perspective. Namely, less as a target for (even rough) partition or dissection, but

- (d) as a whole, as presenting an exemplary 'lure' for thinking 'adventurously' – and to that extent rejecting all static or final systems of thought, even that of

Whitehead himself, insofar as they regarded as settled accounts.

All four dimensions overlap, and the fourth especially might be seen as pervading and encompassing each of the others.<sup>12</sup>

(a) Firstly then, Whitehead mounts a coherent challenge to what he calls ‘subject-predicate forms of thought’, insofar as these presuppose the notion of either ‘subjects’ or ‘objects’ being the ‘ultimate characterization[s] of fact’ (1978: 7). He retraces this assumption to Aristotle’s conception of ‘matter’ and posits it as fundamental to the seminal expressions of modern Western thought (by, for instance, Descartes, Spinoza, Kant). It continues to a greater or lesser extent to tacitly inform both natural-scientific (including medical and psychiatric) conceptions of knowledge *and* the perspectives of many of those social scientists who attempt to theorise such activities (Halewood, 2005a: 75). A foundational bifurcation is exhibited between, on the one hand, objective ‘substance’ regarded as fixed, concrete or inert, a piece of data offering itself to be *known*, and on the other the *knowing* agent-subject, the subject of experience, consciousness and action.<sup>13</sup>

In contrast, for Whitehead, the basic units of analysis are termed ‘actual entities’ and ‘eternal objects’. Actual entities are ‘the final real things of which the world is made up’ (1978: 18). Yet they are *processes*, ‘throbs of experience’ characterised by their *relatedness* to the remainder of the world, rather than

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<sup>12</sup> In part because what is here attempted runs counter to dominant preconceptions, it seems unavoidable that essentially similar points will be reiterated in different vocabulary. Whitehead himself wrote of the ‘apparent redundancy of terms’ (1967: 272) required in order to arrive – as far as possible – at an adequate summation of reality. ‘The words correct each other. We require “together”, “creativity”, “concrecence”, “prehension”, “feeling”, “subjective form”, “data”, “actuality”, “becoming”, “process”’ (Whitehead, 1967: 274-275).

<sup>13</sup> That similar presumptions remain unquestioned within (some/many) contemporary understandings of *ethnographic* practice suggests itself, of course, as an alternative point of entry to the argument advanced at s.0.3.3 (above).

‘objects’ as conventionally understood. As such, and as conceived as experiencing ‘subjects’, they are transient and unrepeatable; ‘perpetually perishing’ in a phrase Whitehead borrows from Locke and employs repeatedly (e.g. 1978: 29). Only once their experience has been realised and passed into history, may actual entities be properly be regarded as objects: ‘objectively immortal’ in fact, conditions for the next creative advance (31).

‘Eternal objects’, meanwhile, considered in themselves, are ‘pure potentials’, possibilities for the becoming of actual entities. Unlike the latter, considered in their subjective phase eternal objects are definite, changeless and atemporal. They relate to the myriad of ways whereby the future, *any* future might unwind. As far as human comprehension extends, their number is therefore infinite. In fusion with actual entities – more precisely, in the case of any conceivable frame of practical analysis, with macrocosmic aggregates, termed ‘nexūs’ or ‘societies’ by Whitehead, composed of many, many actual entities – eternal objects impart ‘character’ and a degree of permanence to reality, making *this* apple *this* red or *this* sweet, *that* man *this* angry.

Whitehead (1978: 50ff) insists the distinction between ‘actual entities’ and ‘eternal objects’ mirrors in some respects, but *does not equate with*, a traditional philosophical principle that opposes ‘particulars’ to ‘universals’. By means of his conception of eternal objects’ ingression in the flux of actual occasions he schematises a complex and dynamic ontology that radically disrupts the subject-predicate division at the highest possible level of generalisation. As he points out, that division was given perhaps its most emphatic exposition by Descartes,



in his statement that an object or substance ‘requires nothing but itself in order to exist’.

In the Cartesian account, all values, ideals, feelings, beliefs and thoughts subsist on the side of the subject’s perceiving mind, a particular described by universals. Meanwhile, everything outside that mind (including the physical matter that makes up the body of that same subject) is fundamentally inert, solitary, devoid of potential and – given what we know of the frailty of our perceptions – might well be illusory. In contrast, Whitehead’s perspective extends experience, and on some level ‘feeling’ (see (b) below) to *all* occasions – animal, vegetable, mineral, or, indeed, electromagnetic – and at the same time ‘particularises the universal’ by insisting that the circumstances in which eternal objects and actual entities entwine can never be exactly the same twice.

All this, I would contend, is consonant with the use of the word ‘suggestion’ within both the ordinary vocabulary of everyday discourse and the more intellectualised but only somewhat more specific terminology evident within the histories of psychology and psychiatry (Chapter One). Suggestion lies somewhere *between* the subject and object, as rigorously demarcated within a Cartesian logic. The etymological derivation of the word, from the Latin *subgerere*, ‘to put or slide something beneath’, itself evokes an *additive* or *excessive* process, whether conscious or otherwise.

In everyday language, as I have remarked, suggestion is resonant with persuasion and sometimes compulsion, but tends to stop short of outright

coercion, inevitability or force (cf. Gheorghiu, 1989). In other words, to speak of suggestion tends to evoke something of the sense of ‘pure’ potentiality or indeterminism. A suggestion may ‘take’ or ‘not take’ for an individual ‘subject’. Once taken, however, it changes the very constitution or nature of that subject – and by extension its interaction with others (and with future suggestions) – in a way that is in each case unique and irreplicable.

In a critique of the tendency to ‘overstatement’ he felt dogged earlier rationalist philosophies, Whitehead famously coined the phrase ‘fallacy of misplaced concreteness’ (1948a: 52; 1978: 7). By this he marked the temptation within such perspectives to neglect the degree of abstraction involved in imputing a certain quality or nature – typically a fixed spatial location and/or enduring substance – to an entity within one field of knowledge and then extending that description to posit a certain, universal claim of that entity’s abiding essence. Further, in *Modes of Thought* (1958: 109) he argued that mere attendance to the seeming clarity of the subject-predicate order could obscure the role played by those ‘vague and disorderly elements of experience’ integral to a grasp of creative advance and the very possibility of ‘the unforeseen... progress... excitement’.

To appeal to the register of suggestion is one way of trying to ensure that on both these counts the grossest fallacies of concreteness (and location) are avoided. Suggestion *gently* problematises any exaggerated notion of the fixity or detachedness of the subject – it is difficult if not impossible to imagine a situation where, literally *nothing at all* suggests itself to me. Similarly, to note

the presence of suggestion as a potential within the ‘object’ that at the very least *might* rub off on and change me as ‘subject’ retains focus on aspects of reality such as chance, risk, indeterminacy and freedom. To return to the contrast of registers, far from negating specialism, suggestion actually works to preserve and protect the specialist’s *élan vital* by insisting that new possibilities for acting and knowing are constantly able to arise from *out of* the ‘vague and disorderly’.

(b) Whitehead incorporates a fundamental role for aesthetic, affective and evaluative dimensions in his cosmology in ways that resist their reduction to the remit of human consciousness or cognition alone. Within the speculative system elaborated in *Process and Reality*, this is achieved through an intricately worked ‘theory of prehensions’. As already mentioned, Whitehead imputes a variant of participatory ‘experience’ or ‘mentality’ (albeit in the vast majority of cases infinitely faint in comparison to our usual inference from such terms) to *all* actual entities.

Prehension involves ‘feeling’. Whitehead wrenches this term from its familiar restriction to an animal if not merely human context, yet it is also apparently deliberately chosen to maintain a close connection between that context and the ambitious level of generalisation on which he operates. ‘Feeling’, Whitehead declares (1958: 13), ‘is the agent which reduces the universe to its perspective for fact.’

This universal ascription of ‘feeling’ has perhaps been among the aspects of

Whitehead's philosophy that many have found most difficult either to grasp or accept. It has been perceived, by both critics and supporters, as being the basis for a kind of 'pan-psychism'. However, this was not a label Whitehead himself welcomed (Lowe, 1990: 270). Rather, his emphasis is on affect and evaluation as distributed processes going on everywhere and at every scale.

'Feeling' for Whitehead has to do with *contrast* and *importance*: with the ways that at in any given 'cut' of reality, value is constantly being determined by processes that include and confer significance on certain aspects of 'the rest of the Universe' and exclude, or more accurately render insignificant, others. This theory of 'positive' and 'negative' prehensions is an attempt to establish a consistent metaphysical account of 'what matters' that resists the 'bifurcation' – or for that matter any other division – of nature into disparate spheres.

Whitehead thus reforms, rather than completely overturns, the Cartesian *cogito* whereby human consciousness is privileged as the *sole* source and terminus of knowledge. 'Consciousness is a factor within fact' he writes (1958: 151).

Admittedly it thus 'involves its knowledge'. *But*, 'in its exhibition of this character our consciousness [also] exhibits its significance of factors of fact beyond itself'.

Adoption of the register of suggestion, I would argue, offers considerable heuristic potential to ensure the attention to feeling, value and importance Whitehead advocates is not lost to specialist procedure. As will be seen in Chapter One, suggestion or suggestibility may be understood as naming a ubiquitous and pre- or trans-conscious faculty at work within (at the very least)

interaction between humans and between humans and the environment. At any rate, this was a belief explicitly promulgated by a number of leading psychologists and sociologists around the turn of the twentieth-century. Within a series of important controversies, nowadays largely neglected but never entirely or effectively concluded, suggestion can be seen to stand for the contaminating power of affect as opposed to the purity of reason.

Once again, vernacular language use lends some support to this insight.

Whenever we speak, in different domains of life and work, of someone acting ‘suggestively’, being ‘suggestible’ or ‘taking up a suggestion’ we raise the ghosts of profound philosophical questions related to the latent impact of the influence of desire on change, on what is felt and then made to matter for the person(s) involved. Whilst suggestions *may* be attached or ascribed to the conscious agency of a defined Other, they equally often seem to pop into our heads ‘from the ether’ or are only discovered in their enactment, very much in the manner of Whitehead’s description. All this, meanwhile contrasts with (some) received notions of specialism and expertise, where the specialist (supposedly) knows what she knows because she has studied it, is adjudged firmly in control of her actions, and hence acts ‘rationally’ in a coolly or even coldly neutral manner!

(c) Whitehead exhibited unswerving commitment to the notion of *process* itself. His firm belief was that the basic ‘building blocks’ of experience are made up of ‘occasions’ and ‘events’. These, rather than smaller and smaller units of ‘substance’, are the elements of ‘things’ as they are given to us. The latter ought

in the last resort to be regarded only as more-or-less arbitrary abstractions – ‘stills’ from an unstoppable film as it were. Whitehead variously named this basic process ‘concrecence’, ‘becoming’, or ‘the production of novel togetherness’ (1978: 21-22).

It would be a mistake, however, to consider Whitehead an *unrestrained* advocate of ceaseless Heraclitean flux. His approach consistently entails maintaining a balance between endurance and novelty. Nevertheless, the latter factor, ‘creative advance’, is the *sine qua non* of his entire philosophy, the ‘ultimate of ultimates’.

The creative present is constituted by past events, events that have completed their concrecence and have thus obtained ‘objective immortality’ (1978: 31-32). Things *do* repeat themselves, but only in ways that allow for the indeterminate and the new. For ‘yesterday’s creatures’ have been added – together with the infinite potentiality represented by ‘eternal objects’ – to the stock of possibility from which the ‘next’ act of concrecence can take place.

As already indicated, this enhancement of the basic ontological role played by change and creativity is clearly compatible with the adoption of the register of suggestion. Where unfettered specialism has a tendency to codify and classify, to seek for and establish rigid or unalterable laws, a suggestion – precisely because it can come from *any* source or angle – tends to break or blur boundaries, introduce novelty and foster invention. Equally clearly, coupled with its propensity to mobilise and incorporate affect into decision, the register

of suggestion invariably carries a potential burden of risk, danger and unruliness.

The conscious practice of suggestion as method thus enshrines an *excessive* and/or *occult* quality. For example, the power of the imagination to impact on hearts *as well as* minds and thus to threaten or even overturn the established order was, as we will see later, singled out by the first supporters and critics of Mesmerism. Moreover, Whitehead himself was keenly aware that creativity was far from an unmitigated good. It might fall as easily under the sign of Atè, the goddess of mischief (1978: 244), as that of some divine personification of constructiveness and progress. Similarly a suggestion *can* backfire, disrupt or even simply destroy.

(d) The fourth and final aspect of the impact of Whitehead's thought on the thesis concerns its more holistic presence as a speculative 'lure'. The dictionary definitions of lure – a term used frequently by Whitehead – include the idea of an enticement, decoy or bait laid down by a hunter with the intent that the intended prey will fall for the deception. Yet the word also evokes the sense of the scent, trace or dubious vision the hunter himself *follows* and is led by – hopefully rather than blindly, guided and to a greater or lesser extent bolstered by his art but at the same time acutely aware of the possibility of being led astray. In the context of 'adventures of ideas' an *invitation* to take risks is always present. Without guarantee, it is nevertheless inherently persuasive and may be powerfully reinforced by reasoned argument.

At this stage I intend merely to note the importance of this last theme to the thesis as inspiration and exemplar: I will return to it at greater length in Chapter Two. It is nevertheless worth observing that the justification for its introduction here rests on the extent whereby the adoption of the contrast of registers, regarded here as a *methodological strategy* that ‘operationalises’ – or perhaps better, co-opts – a number of Whiteheadian insights, itself resembles the pursuit of an indeterminate trail rather than follows a model, blueprint or map (all metaphors beloved of specialists!). Here, hopefully, a sense of *virtuous* (as opposed to vicious) regress will be readily evident as will a link with the previous Section. Suggestion is itself inescapably suggestive. To follow Whitehead’s lure is by no means to aspire to outpace him, but neither does it involve keeping to any one pre-ordained path or given frame.

### **0.5 Outline of the thesis**

It remains to briefly sketch out the coverage of the thesis in more-or-less systematic form. I will approach this task from two complementary directions. First I feel it is appropriate, given the unusual degree of attention I have given to ‘process’ and ‘production’, to indicate the main conceptual dimensions of what might be called the thesis’ own key *arc of movement*. Only then, and in more conventionally linear form, will I briefly set out the *substantial* sequence of material Chapter by Chapter. Inevitably, of course, *both strategies remain* ‘representational’ – as well as necessarily reductive – recapitulations of the



thesis as an event whose performative singularity is ultimately beyond capture.

The thesis endeavours to deploy the contrast of registers on three main levels or dimensions. For convenience I will label these respectively as (i) *work*, (ii) *change* and (iii) *method*. The levels interact with and inflect one another: they should be regarded as neither topographically fully distinct (i.e. in terms of the layout of the thesis) nor conceptually independent. The division nevertheless perhaps enables a firmer grasp of the diversity of critical engagement the study undertakes and hence of the different readerships it seeks to address.

(i) By *work*, I mean predominantly *mental health work* – and indeed more specifically the kind of multidisciplinary, community-based teamwork undertaken in settings like Bridgevale. This was at its first inception the thesis' chief intended 'topic'. In many ways it remains so, and thus is afforded a certain priority over the other two dimensions in terms of space and detail.

I have already (s0.3) tried to signal the range of questions and problems I seek to address at this level, the inevitable omissions and neglect that accompanies the selection process and the relevance of my approach to the contrast between specialism and suggestion. In essence, to recapitulate, I aim to explore the ontological idea of community mental health practice as an inherently creative activity involving the continuous ingression of everyday or 'common-sense' experience. I will chiefly go on consider how this is manifested in terms of ordering, risk (making and taking) and invention.

Somewhat obviously, the majority of the material presented within the three ‘empirical’ Chapters in the second half of the thesis relates to this dimension of analysis. In addition, however, the historical/historiographical approach adopted within Chapter One is equally pertinent. There I seek to explore aspects of a ‘counter-history’ of suggestion-based approaches that is directly relevant to the persistence of what might somewhat provocatively be described as ‘psychiatric insecurity’. Finally, parts of the strictly-speaking more abstract discussion conducted in Chapter Two are devoted to interrogating the leaky boundaries of any fixed notion of specialist *work*. For example, I touch there on Georges Bataille’s conception of general as opposed to restricted economies and his approach to transgression and excess as vividly exposing the philosophical difficulties of maintaining such boundaries.

(ii) The dimension designated by the term *change* is rather more difficult to delineate clearly. What I have in mind here is the extent whereby, insofar as it establishes the validity and utility of the register of suggestion as a way of applying ‘sociologically’ the more fundamental processes Whitehead dubs ‘prehension’ and ‘concrecence’, the thesis carries implications that proceed well beyond the remit of mental health work as normally regarded. Obviously it is not possible to pursue every potential line of thought suggested by this claim with equal vigour. In the main, in the present thesis, I restrict myself to a tentative exploration of areas that can be regarded as immediately adjacent to my preoccupation with the ontology of mental health work *per se*.

In other words, I contend that a recovery of an interest in the concept of

suggestion might help to inform the study of personal interaction, in particular what Teresa Brennan (2004) describes as ‘the transmission of affect’, and processes of therapeutic change, including but not confined to those that take place within contexts socially sanctioned as ‘healthcare settings’. Where other accounts and approaches do not entirely neglect or dismiss suggestion – within for instance ‘persuasive’ healing, psychodynamic contexts or mundane social encounters – they tend nevertheless to proceed as if it *is an anomaly that has to be explained* (or to adopt Whitehead’s phrase, ‘explained away’). The key theoretical move here reverses – at least partially – this assumption. What, it asks in contrast, are the consequences of regarding suggestion in terms more of ‘ground’ than of figure?

Much of the content of the first two Chapters is relevant to this theme of change. In the former I examine some of the controversies over the relation between suggestion and analysis that have dogged the development of Freudian thought. In Chapter Two, I discuss and attempt to integrate the speculations of a number of writers on the theme of suggestive change including Brennan, Georges Canguilhem, Daniel Stern and Jerome Frank. I would in part justify these seeming digressions from my central theme of mental health *work* on the grounds that the strict isolation of ‘work’ from ‘change’ (in the sense employed here) is simply unsustainable. Hence, even in the subsequent ‘fieldwork Chapters’, an overlap is present between the way practice can be viewed as *suggested* and the sense in which it is itself *suggestive*. In my discussion of risk in Chapter Five, I will contend that mental health workers ‘mediate’ and ‘project’ as well as ‘invent’.

(iii) Finally, the exploration of the contrast between suggestion and specialism, no less than the adoption of a Whiteheadian sensibility, inescapably involves confrontation with epistemological and methodological questions. I have used the term *method* here as a tag for a series of problems that I have not felt able to leave out of the thesis, or even to begin to separate out effectively from the rest of my arguments, findings and conclusions. Conventionally, as intimated earlier, the term ‘reflexivity’ is often employed within (specialist!) social science to indicate the way academic work is ‘supposed’ to be conscious of its own mode of procedure, the questions it poses and the claims, assertions and new findings to which it pretends.

From a certain angle, by highlighting this third dimension the thesis posits itself as an intervention that is shot through-and-through with reflexivity rather than regards it as an ‘add on’ or supplement. Taking a step beyond this, however, if a register of suggestion (suggestion-as-prehension) is to be accepted as in some sense primordial, the notion of ‘reflexivity’ itself becomes highly problematic. A final citation from *Process and Reality* may make point this rather clearer.

‘The data upon which the subject passes judgment are themselves components conditioning the character of the judging subject’ wrote Whitehead (1978: 203) By marking this process of compromise, ‘suggestion’ may assist in exposing the ultimate inadequacy of the reflexive figure – the mirror of introspection and self-critique – so frequently taken up in relatively unproblematic terms. For it implies a failure to sufficiently capture the dynamic mutuality of ‘feeling’ and

‘finding’ in research and the instability and fluidity of self and other engendered by lived research practice.

Within my own study, I hold this dilemma as crucial if ultimately irresolvable. I will return to it at least in passing in virtually every Chapter, hopefully without becoming too bogged down in a cycle of introspection, but rather as a check on pushing too far any single claim or conclusion. Moreover, at various points along the way – and in the concluding Chapter – I will draw attention to general methodological implications where they appear to arise forcefully from the singular context of the analysis.

Having sketched out the rudiments of a ‘territorial’ survey, the need for all but the briefest of linear ‘route map’ for the thesis is greatly lessened. It suffices merely to merely indicate the sequence of themes and objectives. Of the six Chapters that follow, the first might be said to have a mainly historical/genealogical bent. Chapter Two is predominantly theoretical, and the subsequent three Chapters focus on the empirical work I undertook at Bridgevale CMHT. But I have already done enough, I hope, to problematise this way of viewing matters. In the concluding Chapter I will attempt to re-integrate each of these different dimensions in considering the possible implications and limitations of the thesis as a whole.

**Chapter One** presents what amounts to a partial ‘genealogy’ of suggestion. I try to demonstrate there that the latter term serves as a marker for a range of preoccupations and controversies that contribute to shaping disciplines and

practices relevant to the mental health field whilst at the same time ‘haunting’ and threatening to contaminate them insofar as they are considered as ‘specialist’ knowledges or ‘expert’ practices. Topics addressed include the history of hypnosis (as both phenomenon and technique); the role of suggestion within psychoanalytic theory and practice; the use of placebo phenomena and the speculations of ‘crowd psychology’. I make the tentative claim that these areas may be regarded as sites of contestation where suggestion as a ‘mode of generalisation’ at once productively informs and destabilises the particularity of specialist activity.

This way of framing the problem of specialism/suggestion, brings profound and inescapable methodological and epistemological questions to the fore, thus leading directly to an engagement with recent socio-theoretical debates. In **Chapter Two** I return to Whitehead’s thought as providing an unashamedly metaphysical and inclusive framework wherein such questions might be grappled with if not resolved. Via the ‘co-option’ of a number of the purposively everyday-sounding terms that play key roles in his writings, I attempt to tease out some possible consequences of ‘thinking with Whitehead’ on each of the three dimensions delineated above – work, change and method. In each case links are made with other writers, many of whom may be regarded as more overtly ‘sociological’ in their approach.

The thesis then changes tack – although hopefully neither now too radically nor mystifyingly – to address my fieldwork at Bridgevale and the ‘application’ of the contrast of registers to data derived from the observation of everyday

working life there over a six-month period. In one sense, and as a perhaps welcome break from the conceptual gymnastics attempted in the previous Chapter, **Chapter Three** sets out to provide a more-or-less straightforward overview of the ethnographic context by presenting a series of ‘snapshots’ from the field, in part by narrowing the focus of analysis to consider in some detail the first day spent with the team. I emphasise the contrasting but complementary notions of *familiarity* and *novelty* as facets of the experience of the research participants no less than that of the researcher. In so doing I also aim to highlight the extent whereby mundane practices – both those that are predominantly discursive and those involving encounters with technologies and ‘things’ – not only form a suggestive background to, but also *constitute* ‘specialism’.

In **Chapter Four**, I develop this theme by exploring some of the ways practice was *organised* and *ordered* at Bridgevale. John Law’s (1994) conceptualisation of the ‘modes of ordering’ present within a complex working environment here offers both a source of inspiration and, to some extent, a critical target. In the community mental health care context, I am particularly interested in the working – and constant re-working – of terms such as ‘administration’, ‘routine’, ‘hierarchy’ and ‘security’ as markers of team members’ fluctuating *preoccupations*, and indeed in asking in what sense, if ever, ‘occupation’ emerges from ‘pre-occupation’ in anything resembling a settled form. I reach the conclusion that, at Bridgevale at least, any modes of ordering are themselves chronically unstable and fluctuating. In contrast, a sort of ‘regularised irregularity’ prevails.

These last two Chapters exemplify and explore ways whereby on the register of suggestion a deep instability or irregularity is manifested at the heart of day-to-day mental health practice. **Chapter Five** retains this overview of the relation between practice, insecurity, and suggestion-specialism at Bridgevale. Yet it attempts to sharpen the intensity with which it illuminates the felt dilemmas of practitioners, whilst bringing into focus the political implications of my approach, by concentrating on the themes of risk and crisis.

Crisis and risk were widely experienced by team members themselves as key aspects of working life but tended to be regarded in mainly passive terms as externalised threats to be ‘held’, managed, dealt with, kept at bay or overcome. Drawing on recent socio-theoretical approaches to risk, the Chapter aims to re-envision the notion of risk and crisis as *vectors of practice*. From this perspective risk is continually produced within the interaction *between* subject and object. It is best viewed neither entirely as a social construction nor as an imposition of an external reality, but as an event.

Finally, in **Chapter Six**, my aim is to review the ground covered by the study and to summarise its possible implications on the dimensions of work, change and method. From each angle this involves an attempt to evaluate the strengths *and* limitations of the approach pursued and of the adoption of the contrast between specialism and suggestion as a central conceptual device. I also return once more to the essential Whiteheadian motifs of creativity and the relation between general and particular, in considering the present thesis as one ‘likely



story' among others and its interventionist potential as a sort of 'placebo' event.

## CHAPTER ONE

### The Illusion that Cures: suggestion within the history of modern science and medicine

#### 1.1 Introduction

Suggestion, as I indicated in the Introduction, plays a complex and multivalent role in my approach in this thesis. Key to this complexity is entailed by the fact that I set out to deploy it equally as *topic*, *resource* and also, in a sense, as *method*. As was also made clear, however, I conceive of these three dimensions not as discreet but as profoundly intertwined and indeed interdependent.

In this first substantive Chapter my intention is to explicate a set of *historical* preoccupations relevant to the conditions of present-day mental health practice that may be grouped around the themes of suggestion and suggestibility. In so doing, nevertheless, I also attempt to begin to prepare the ground for the more *conceptual* approach to be adopted in Chapter Two. Furthermore, although inevitably at this stage the connections will be less explicit, I want to adumbrate the extent whereby the (more conventionally) *ethnographic* sensibility established in the Introduction and foregrounded in the later part of the thesis draws on and is sustained by the unresolved, ‘open’ nature of the historical problematic marked by suggestion.

Specifically, the Chapter addresses four overlapping areas of concern and controversy. Firstly, the status and nature of hypnosis (both as an object of

inquiry and a practical technique) in the modern scientific-medical enterprise as a whole. Secondly, the role of hypnosis and suggestion in the development of psychoanalytic theory and practice. Thirdly, the adoption of suggestion as an explanatory framework in the work of a group of writers sometimes known as the ‘crowd psychologists’. Fourthly, the supposed phenomena and processes at work in the so-called ‘placebo’ effect. Together or apart, these four themes have tended to suffer relative neglect in recent historical analyses, and their juxtaposition may not be immediately self-evident. Nevertheless, each played a significant role in the emergence of the trajectories taken across the course of the modern era by psychiatry and allied disciplines and professions.

Their neglect, or forgetting, is arguably a function of a major dimension of their ‘content’. As topics of inquiry, each is inextricably associated with questions of how ‘specialist’, scientific (including both social-scientific and medical) disciplines constitute themselves as bodies of knowledge and practice. To anticipate a central thread of my discussion, re-opening attention to the study of suggestion reveals re-iterative processes of attempted *elimination* and *decontamination*. At the same time, I will argue, there is a sense wherein suggestion *lingers* or *returns* as part of the background that activates the very possibility of practice, including the practicing of theory.

A further connective thread of the Chapter involves attending to the ways suggestion tends to ‘pull in’ aspects of experience relating to questions of ‘feeling’ and ‘value’. Wherever suggestion has been mobilised in concrete historical terms, either as an explanation in its own right or as something to be

eliminated if a causal ‘truth’ is to be established, affective factors and issues relating to commitment, faith and belief are also brought to the fore. Suggestion in other words deeply problematises the relationship between ‘heart’ and ‘reason’. In the context of *therapeutic* practices it raises concerns about distinguishing ‘rational’ approaches to cure from the operation of gut instinct, hunch and, from a certain perspective, even love.

A final preliminary point concerns making it clear that whilst I have accorded suggestion a privileged place in my analysis, I do *not* thereby claim that what it has been used to denote on that account represents a universal, stable or ahistorical psychological or social function or property. Put another way, I am aware of the danger of essentialising the key part of what is at root a de-essentialising strategy. As Jonathan Crary (1999: 68) has put it, the *use* of ‘suggestion’ should be approached with reference to a ‘larger field of rationalizing processes’ in Western culture.

In summary then, the Chapter endeavours to provide a selective and inevitably abbreviated *genealogy* of suggestion as an – itself mobile – indicator of dynamic and fluctuating relations within medicine and science, and between science and non-science, heart and reason. Following Foucault’s well-known formulation (1998: 376), a genealogical investigation ‘seeks to re-establish...systems of subjection’ and ‘the hazardous play of dominations’ rather than ‘the anticipatory power of meaning’. It follows that the question ‘what is suggestion?’, whilst perfectly natural, is not one that is easily amenable within my approach to a straightforward response. At the risk of sounding

excessively gnostic, I am more interested in exploring what suggestion *does* than what it *is*.

## **1.2 Imagination, Imitation and Contamination: the challenge of hypnotism**

### *1.2.1 The 'Inaugural Scene' of Mesmerism*

In 1784 two official Commissions, composed of highly-respected figures in the fields of medicine and science, were appointed by the French Crown to investigate the practice of 'animal magnetism', recently introduced to Paris by Franz Mesmer. The perhaps predictable majority verdict of each Commission was to repudiate the claims made by Mesmer and his associates regarding the existence of a magnetic fluid with curative potential. Their conclusions were emphatic and dismissive. For instance, the Report of the first Commission<sup>1</sup> asserted:

Magnetism without the imagination can produce nothing.... There is no proof of the existence of the Animal Magnetic fluid... this fluid, having no existence, has in consequence no utility... the violent effects which are observed in public treatment are caused by touches of the operator, the excited imagination of the patient, and by the involuntary instinct of imitation. [The Commissioners] feel compelled to utter a serious warning: that the touches and the repeated stimulation of the imagination in the production of the crisis may prove harmful; that the spectacle of the crisis is equally dangerous, because of the risk of imitation which seems to be a law of nature; and in consequence all public treatment by Magnetism must in the long run have deplorable consequences (cited in Forrest, 2000: 50).

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<sup>1</sup> That of the Royal Academy of Sciences & Faculty of Medicine, nominally headed by Benjamin Franklin. The other Commission, whose membership was drawn largely from the Royal Society of Medicine, reached similar conclusions. A dissenting voice within this Second Commission was that of the naturalist, Antoine de Jussieu (see below).

The Commissioners' wording here repays close attention. First of all, the emphasis they placed on 'violent effects' is striking. Their investigation was framed by a political context wherein the established regime was peculiarly sensitive to potential threats and subversion. Their appointment was a direct response to reports of scandalous goings-on in the fashionable salons where Mesmer demonstrated his technique.

The collective 'crises' to which they refer took place around the '*bacquet*', a device that 'stored' the allegedly magnetic fluid. Once connected to it, 'women of the best society... lost control, broke out in "hysterical" laughter, fainted, had convulsions.' The nature of the crisis was perceived from the start as gendered and dangerously sexualised. A secret report informed the King: the *bacquet* evoked first 'natural desire' and then 'the complete disorder of the senses' (Forrest, 2000: 20ff; Chertok and Stengers, 1992: 1-4). Normal social barriers came down; the conventional codes of *politesse* were suspended.

As Daniel Pick (2000: 53) comments, Mesmer's practice was regarded by many contemporaries as 'erotically, politically and socially transgressive'. It fed on and into intellectual currents that combined an attraction for the 'marvellous' with the demands for radical political change which within a few years were to find their apotheosis in the Revolution (Darnton, 1968). As 'hypnotism' – regarded as a historically situated set of practices or technologies – emerged from 'Mesmerism' over the decades to come, it tended to retain more than a whiff of this *dangerous* potential for subverting the established social order.

Open to use or abuse, at least in theory, by anyone and everyone – rich or poor, male or female, learned or uneducated – Mesmer’s practice threatened to open an Aeolian sack of revolutionary proportion. Early on in its history, a democratising, populist strain is readily apparent. This is reflected for instance in Bergasse’s scheme for ‘Societies of Harmony’ which extended Mesmer’s notions beyond the purely therapeutic realm to include moral, spiritual and political dimensions (Forrest, 2000: 57-61; cf. Laclau, 2005: 36).

Simultaneously, the very factors pinpointed by the Commissioners in their dismissal of the ‘utility’ of Animal Magnetism expose the severity of challenge the practice posed for scientific *theory*. ‘Imagination’ and ‘imitation’ are singled out as *contaminant* features of the magnetic scene. Beyond these processes, the Report claims, there is nothing to investigate, no causal relationship to consider. ‘Magnetism’ does not exist. And yet *doubt* persists. Imitation itself ‘*seems to be a law of nature*’. In the Age of Enlightenment, as today, the disclosure of fundamental natural laws *was* seen to be the proper business of science.

In a text I will make considerable use of in this Chapter, Leon Chertok and Isabelle Stengers (1992: 1-7) dub the confrontation between the Commissioners and the Mesmerists the ‘inaugural scene’ of a relationship between hypnotism and science that they argue has extended to this day. In particular they emphasise the ‘minority report’ issued by a member of the second Commission, the botanist Antoine de Jussieu. Whilst in full accord with his colleagues in concluding that Mesmer and his disciples were charlatans, Jussieu resisted

‘explaining away’ the phenomena he and they had observed. Unlike his peers, he was not content simply to ascribe what was happening to ‘imagination’ and leave things there. He advocated further non-obtrusive investigation of the affective crises brought about at the *bacquet*.

For Chertok and Stengers (1992: 19), Jussieu’s refusal to accommodate his stance to the other Commissioners is emblematic of a wider theme. It resonates with an enduring conflict between two ways whereby ‘doing science’ may be envisaged. Jussieu protests against a particular mode of abstraction that seeks effectively to eliminate ‘heart’ from the work of reason, from the search for *lawful* causative relations. Further, or so Chertok and Stengers argue, the dominant assumptions underlying ‘legitimate’ scientific method continue to echo the majority verdict:

Although we no longer believe in Mesmer’s fluid, we still pose questions about the nature of suggestion. The Commissioners’ method could not lead them to this interrogation since the imagination played for them the role that the “placebo” plays in medicine today.... In both cases, imagination features as a “parasite” phenomenon... as what has to be separated... from ... the object of investigation.

An even more basic formulation of what was at stake in the inaugural scene, however, is liable to escape attention. Lurking behind questions relating to the challenge it posed to the socio-political order, the authority of medicine and science, and the concept of rational method, is the inescapable ‘fact’ of healing having taken place. *Something* (at least sometimes) *was* clearly going on around the *bacquet*. As an anonymous respondent to a supplement to the Commissioners’ Reports published by one of Mesmer’s early allies, Charles Deslon, declared, with heavy irony:

If the health which I believe I now enjoy is an illusion, I humbly beg the clear-cited



savants not to destroy it. Whilst they clarify the nature of the Universe, let them leave me to my error. Permit me in my simplicity, weakness and ignorance to continue to use this invisible agent, which does not exist, but which cured me (cited by Forrest, 2000: 54).

This quotation, part of which I have borrowed for my Chapter title, rather beautifully captures an aspect of suggestion too easily overlooked. Deslon's respondent 'believes', that is, *feels* he is better. This, for him, entirely understandably and 'naturally', takes precedence over any 'formal' conclusion regarding the nature of the causal relation involved, or indeed the ontological status of the 'cure'. 'Leave me to my error'.

The *achievement* of mainstream psychiatry and other mental health disciplines over the two centuries since Mesmer might well be represented in terms their outstanding *success* in asserting a more-or-less exclusive 'right' over their ability to foster such feelings of recovery and to imbue this success with both social and scientific authority. On the other hand, it is possible, and to my mind wholly reasonable, to postulate an enduring sense of unease and insecurity as an underlying characteristic of these same disciplines. Psychiatry-as-specialism has been quite widely recognised to be to put it mildly something of a 'late developer' in the context of modern medicine, not to mention the sciences more generally. For instance, its attempts to stake out an inclusive or programmatic taxonomical approach to mental disorder emerged very patchily and have proved instable and highly prone to internal as well as external controversy (cf. among others Bentall, 2003, Ghaemi, 2003, Kirk and Hutchins, 1994). Indeed, Prior (1993: 58) has argued persuasively that Kuhn's (1970: 10) famous criteria of a 'normal science' being defined by a single 'body of accepted theory' has

*never* been truly applicable to psychiatry.

Insofar as this ascription is (even broadly) valid, it might well be approached in terms of a continued *failure* to convincingly make visible the ‘invisibility’ referred to by Deslon’s patient. In this sense, then, success appears to be built on failure. Further consideration of the later development of the relationship between science and hypnosis may assist to open up this seeming paradox.

### *1.2.2 The Triumph of Suggestion?*

The therapeutic practice of magnetism was not killed off by the Commissioners’ denunciation. Hypnotic practices flourished, albeit sporadically, throughout Europe and beyond over the next century (cf. Gauld, 1994 for a comprehensive account). Nor were investigators’ ambitions curtailed to identify a coherent explanation – one that fitted into the then accepted framework of physical laws – for the effects attributed to the operation of a universal magnetic fluid.

Significantly, however, even within Mesmer’s lifetime *scientific* attention shifted from the affective ‘crisis’ manifested within the Mesmeric encounter to the nature of the ‘trance’ that preceded it. Such a distinction was not always reflected within wider popular reaction. Hypnotic phenomena fascinated (mesmerised!) the late Victorians in particular on multiple socio-cultural levels. As Daniel Pick (2000) and others have shown, the impact of the stock figure of the hypnotist and his (he was invariably male) power over his subject in fiction and theatre was immense, as works such as George du Maurier’s best-selling *Trilby* bear witness. A form of ‘hypnopoetics’, meanwhile, linked both to a burgeoning interest in occult phenomena (mediumship, telepathy etc.) and to the

spread of mundane communicative technologies such as the telegraph and the telephone has been postulated as fundamental to more ‘highbrow’ literature of the period (Royle, 1990).

During the *fin de siècle*, many doctors and scientists – including some of the most eminent figures within the nascent disciplines of psychology and psychiatry – privileged the hypnotic trance as a research object in two ways. Firstly, as a site of investigation whereby insights into the nature of ‘ordinary’ waking consciousness, the formation of self-identity and personality might be eventually uncovered. Secondly, as a pragmatic context for healing, a place where the ‘unhealthy’, ‘abnormal’ mind could be reconfigured and righted. William James’ inclusion of a Chapter on hypnotism in the first edition of his monumental *Principles of Psychology* in 1890 stands as emblematic of this dual focus.

The relative transience and *instability* of this interest, however, is also worthy of note. Whilst it is perhaps misleading to speak in terms of a straightforward linear ‘decline’ in the importance of hypnosis (cf. Gauld, 1994: 559-67) from before the First World War, a fairly drastic shift away from the topic as one of focal concern for scientific and medical communities seems undeniable. Within a few decades, hypnosis, and with it suggestion, had again become confined to the margins of science and as a therapeutic practice was seen as by and large at best of peripheral significance.

It is not my intention here, even in outline, to trace the convoluted history of

these shifts. The ‘particularisation’ of hypnosis as both an object of study and a field of practice is well-documented. Rather my chief interest is in how these relations open up attention to the way in which suggestion – a term that includes but extends well beyond the ‘imagination’ derided by the Commissioners – may be seen as operating as a marker for a confluence of factors that certainly engaged – and troubled – science and medicine but eventually also evaded, exceeded and ultimately *defeated* any attempt to impose a rational and coherent framework of understanding. From a slightly different perspective, what also might be seen to be at stake in the ‘decline’ remarked above is the question of the separation of suggestion *from* hypnosis, and the impact this had on the ‘fate’ of both concepts.

Two further general historical trends are worth underscoring, moreover. Firstly, as Chertok and Stengers (1992: 228-229) observe, the practice of hypnotism frequently became ‘freighted with what our culture defines as “evil”’, images of diabolical possession and occult forces. Secondly, and in a way paradoxically, the notion of hypnotic influence problematised modern conceptions of *normality*, so long as ‘normal’ was opposed to ‘pathological’ in terms both of consciousness and freedom and responsibility. It followed, Chertok and Stengers suggest, that hypnotism stands for ‘what ought to be avoided if man is to arrive at his truth’.

Each of these themes find an echo, albeit in reverse order from that adopted above, in Alan Gauld’s pithy observation that the receding interest in hypnotism from the early part of the twentieth-century may be explained by the opposition

and distaste of ‘sceptics and moralisers’ (1994: 561) On the one hand, Gauld argues, hypnosis became disreputable in proportion to the extent it became regarded as ‘nothing special’, as *not* indicative of a fundamentally ‘different’ state of consciousness: and therefore, as a method of treatment, eminently replaceable by equally effective techniques of persuasion or encouragement. On the other, ‘hypnotism was also attacked... by persons who fully believed in its effectiveness, but condemned it on that very account.’ These were the ‘moralisers’ who demonised hypnosis as a practice ‘likely to enfeeble [the recipient’s] will and self-reliance... amounting in extreme cases to a form of slavery.’

Both themes resurface when considering the relation between hypnosis and psychoanalysis. The dispute between Charcot at the Salpêtrière in Paris and Bernheim and his followers at Nancy occupies a prominent place in historians’ accounts (e.g. Ellenberger, 1970). And this not least because both schools were substantially to influence the later development of Freud’s thought.

Charcot viewed hypnotism as ‘an experimentally induced neurosis’ brought about in those with a predisposition to hysteria (Forrest, 1999: 224-226). His archetypically positivist approach was directed at establishing a rigorous clinical pathology whereby the objective ‘truth’ of conditions whose origin had no known anatomic-physical cause might be definitively circumscribed. The trance state, in which the subject demonstrated (in actuality within a meticulously orchestrated context) a high degree of suggestibility, was projected as a symptom of a particular kind of morbidity, virtually a ‘manifestation of

hysteria' (Gauld, 1994: 361). Charcot paid little if any attention to the phenomenology of the hypnotic relation itself, or to 'parasitic' factors, such as 'imagination' that might lead the subject to be more or less suggestible outside of a privileged diagnostic framework (Chertok and Stengers, 1992: 23ff).

In contrast, the Nancy school emphasised two sets of clinical findings that dramatically countered the highly specific claims made at the Salpêtrière. First, 'hypnotic phenomena up to and including somnambulism' could be obtained not only in hysterics but across the entire range of the general population (Gauld, 1994: 327). Secondly, direct verbal suggestions, made during the trance but operative post-hypnotically, seemed (as indeed some of the first generation of Mesmerists had noted) to perform a curative function for a wide array of illnesses and were capable of promoting a range of long-acting physiological processes, whether excitatory or inhibitory. Bernheim saw hypnosis as part of a continuum that operated in daily experience. Ultimately, indeed, he came to view it as inseparable from 'suggestion'.

His dramatic announcement at the twelfth International Congress of Medicine, held in Moscow in 1897, that '*il n'y a pas d'hypnotisme*' ['there is no such thing as hypnotism'] must be read in this light, although Bernheim's eventual position is perhaps better glossed by Gauld (1994: 554) as holding that hypnosis is a 'special state' of heightened responsiveness to suggestion paralleled within other occasions of 'everyday' experience. Broadly speaking, contemporaries and historians agree that the Nancy School's position won out over that of Charcot among the medical community as a whole: as early as 1890, James

(1950: 599) announced it as ‘quite triumphant’. Yet in addition to leaving undecided the question of the aetiology of any ‘special state’, this victory raised issues related to the explanatory power of ‘suggestion’ as an alternative to hypnotism. By implication it problematised the physician’s or psychiatrist’s claims to expert, *professional* knowledge as opposed to the therapeutic arsenal available to the *healer*.

Admittedly, the researches of Nancy’s school contributed directly to a range of developments of psychotherapeutic techniques based on suggestion, for example those associated with Pierre Janet (1925); Edouard Coué and Charles Baudouin (1927). On the other hand, the basis of these techniques on the very diffuse notion of Bernheimian suggestibility as a universal or near-universal human capacity might well be translated as a threat to *medical* authority and expertise. For if, firstly, a readily identifiable link between hypnosis and particular organic conditions may no longer be safely established and, secondly, if there is nothing intrinsically isolable about the state that must be induced for the suggestive cure to take effect, where did this leave the alienist’s special authority?

Baudouin, for instance, logically extended Bernheim’s teachings to argue that all suggestion was in fact ultimately *auto*-suggestion. Change, according him, is caused and effected within the mind of the subject, albeit often in contradiction to the conscious will. The seemingly ‘hetero-suggestive’ process taking place within the hypnotic encounter is no exception to this rule. Deliberate induction of a trance state, by prompting relaxation, should be regarded as merely a

peculiar case of enabling an inner dynamic of ‘acceptation’ that may and does also take place spontaneously, without a ‘suggester’ being present.<sup>2</sup>

Therefore, Baudouin (1927: 332) concluded, ‘suggestive practice must not be looked upon as a chapter of medicine’ and ‘is not properly speaking a therapeutic method’. Rather, it concerned itself with the ‘education or re-education of certain mental aptitudes and habits which human beings have been tending more and more to lose’ Despite his emphasis on the potential total redundancy of *any* external healing agents, there are strong parallels between Baudouin’s approach and those adopted far more recently by Milton Erickson and François Roustang among others (see below, s2.3). At the very least, such orientations unite in their departure from what might be characterised as the Charcotian tradition with its implication that hypnotic technology is the exclusive preserve of specialists in medical science.

### 1.2.3 *An Altered State?*

A consideration of the aftermath of what has been dubbed ‘the golden age’ of hypnosis<sup>3</sup> involves undertaking a series of reframing moves. Geographically, the

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<sup>2</sup> This perspective, in rejecting the notion that the hypnotiser plays a controlling function or is able to impose their will on the subject, has enjoyed an enduring appeal, and its influence may be traced to this day in a plethora of self-help texts and theories. However Baudouin tends to ignore the importance of *relational* context of hypnosis-suggestion, and in this sense his position contrasts with the approach of say Ferenczi or Roustang touched on in s1.3. Nevertheless, the notion of auto-suggestion – which admittedly in Baudouin’s presentation takes the form almost of a caricature of therapeutic optimism (“Day by day, in all respects, I get better and better” (Baudouin 1927: 190)) – is highly pertinent to my later discussion to the extent that it problematises the notion of the autonomous subject.

<sup>3</sup> Although as Alan Gauld (1994: 578) has wittily observed, “‘ormolu” would probably be nearer the mark’.



centre of gravity of scientific research shifted from Europe to North America (Forrest, 1999: 261). Theoretically, it became increasingly inflected by a behaviourist orientation that sought to expunge 'mentalist' vocabulary from psychological discourse (Sheehan and Perry, 1976: 271). Finally, there was a concomitant shift away from the therapeutic contexts of medicine and psychiatry to the experimental setting of the laboratory, from 'the hospital to the university' (Chertok and Stengers, 1992: 235).

Nevertheless, hypnosis continued to be consciously utilised as a therapeutic technique in clinical settings. Significantly, during the two World Wars it surfaced as a 'treatment of choice' in combat zones where the pragmatic need for a rapid, effective response to trauma and distress took precedence over the exercise of diagnostic logic. Meanwhile, *suggestive* techniques were often decoupled from their origins in the writings of theorists of hypnosis such as Bernheim and Coué. For example, according to Forrest (1999: 260), practices ranging from 'thought-stopping' to systematic relaxation exercises, have 'been resuscitated and incorporated among the plethora of modern behavioural therapies'. These approaches, among which Cognitive Behavioural Therapy (CBT) is perhaps currently the best-known, *remain* very much within the 'mainstream' of contemporary mental health practice.

What becomes evident then is perhaps not so much the straightforward decline of clinical interest in either hypnosis or suggestion *per se* but a progressive modification in the relation between practice and scientific investigation. In focusing, in the name of rational method, on rigorously controlled

experimentation to ‘get to the bottom of hypnosis’, psychologists changed the object of their inquiries. They confined themselves, claim Chertok and Stengers (1992: 235), to ‘the register of regularity’. Emphasis was placed on *purification*: rather than regarded primarily in their social, everyday context, hypnotic phenomena were seen as ‘*constituted* by the ‘gesture of experimental reason – eliminate, purify, control’ (249 [my italics]).

Continuing theoretical controversy and debate over the core ‘nature’ of hypnosis should be read in this light: that is, as it took place *within science* rather than in a more general social context. In crude summary, the signal feature of dispute during the twentieth century has been the confrontation between ‘state’ and ‘trait’ theorists – that is, between those who adhere to a belief that hypnosis is an altered state of consciousness and those who reject this notion (Sheehan and Perry, 1975; Wagstaff, 1995). ‘Neo-dissociationists’ such as Hilgard thus posit the existence of multiple states of consciousness in the same subject. Altered states, accessible through trance, here ‘explain’ the ability of hypnotised persons, for example, to tolerate surgery without apparent pain or to access early memories that are irrecoverable in a waking state. Highly sceptical of this approach, ‘no-state’ theorists like Orne and Spanos emphasise the *constructed* nature of the hypnotic encounter in the laboratory, the parts played by role expectation and the personal characteristics that render experimental subjects more or less susceptible to ‘being hypnotised’.

Suggestion, imagination and ‘feeling’ continue to inflect the position adopted by each party to the controversy. For state theorists, these are parasitic phenomena

that must be ‘stripped away’ to reveal an ‘objective’ state of affairs. ‘Non-state’ believers tend to maintain in contrast that there is nothing to be disclosed or revealed. In a sense, then, they approach far closer to an acknowledgment that ‘all’ is suggestion. But they tend to frame their assertions in the language of role theory and simulation. Suggestive influence remains for them an *artefact* of the encounter presenting itself to be ‘unveiled’ via scientific method.

As Chertok and Stengers point out, both sides share in common an aspiration to make their ‘findings’ reproducible, to control the ‘conditions’ of suggestion within an experimental setting. This tends to render their efforts to establish a ‘winning position’ or final settlement – one that would incontrovertibly establish the ‘truth of the phenomenon’ – ultimately self-defeating, even Utopian. Arguably, both science and medicine are rendered losers by the sort of ‘forgetting’ that is an inevitable by-product of investigators’ procedure ‘by exclusion’ in pursuit of such a limited (specialist) version of truth/ knowledge.

Admittedly, Forrest (1999: 271) claims that ‘the lack of agreement on theoretical matters has had little effect on the ways in which hypnotic techniques are being used in practice.’ Yet today, in marked contrast to a century ago, scientists have largely abandoned attention to the challenges and opportunities offered by the purported presence of suggestion *in the context of* the production of healing. Meanwhile, in clinical circles, suggestive practices have become frequently viewed as marginal, outdated, of dubious respectability and tainted with the ‘magical’.

### 1.3 Copper and Gold: suggestion and psychoanalysis

#### 1.3.1. Freud and Suggestion

R.D. Laing (1960: 25), by no means an unconditional admirer, once described Freud as both a 'hero' and 'survivor'. According to Laing, Freud 'descended to the "Underworld" and met there stark terrors. He carried with him his theory as a Medusa's head which turned these terrors to stone... He *survived*.'

The stress placed on survival and the vivid image of the petrifying power of heroic theory-building are equally pertinent to a consideration of Freud's troubled, complex and changing orientation towards hypnosis and suggestion throughout his career. An overly simplistic assessment often frames this relation in the language of violent struggle. For instance, it has been claimed that the psychoanalytic 'rejection' of hypnosis 'constituted its death blow' as a therapeutic agent (Marcuse, 1959: 121). Considerably more subtly, but remaining within a dialectic of combat, Jean-Michel Rey asserts (1986: 58) that 'Freud's whole method emerged precisely as a *reaction against the "tyranny" of suggestion*'.

Rey's statement admittedly evokes a somewhat mythic claim that Freud himself was on occasion eager to propagate. For example, in his *Five Lectures on Psychoanalysis* delivered at in 1909, arguably at the height of his powers, Freud declares: 'I soon came to dislike hypnosis, for it was a temperamental and, one might almost say, a mystical ally' (Freud, 1962: 46). Later in the same lecture

course, he adds that although ‘hypnosis was found to be a help therapeutically’ it was ‘a hindrance to the scientific understanding of the facts’ (83).

The disparagement of non-science (‘mysticism’) and personal affect (‘temperament’). At first sight, the erection of a blatant opposition between therapeutic effectiveness and scientific fact. Here, within a couple of brief gobbets, seems to lie the kernel of Freud’s opposition to hypnosis.

Yet reality, as ever, is both messier and more complex. As noted above, outside of psychoanalytic practice, hypnosis has stubbornly ‘lingered’ both as a clinical practice and as an object of scientific study despite the increasing prominence of behaviourist ideals. Whilst profoundly affected by the latter trend it continues to haunt its margins. Somewhat similarly, Freud was unable to fully ‘dispose of’ hypnosis – whether theoretically or practically – within the rather special domain of truth to which psychoanalysis laid claim.

As the citations from *Five Lectures* demonstrate, Freud consistently reasserted the foundational influence of hypnosis on the development of his own thought and method, even within the act of repudiation. Furthermore, throughout his career Freud repeatedly and generously acknowledged his debt to both Charcot and Bernheim. He had served part of his own *scientific* apprenticeship with Charcot in Paris in 1885 fresh from his training as a laboratory-based physiologist. Yet when he began to practice hypnotic technique therapeutically – on the very threshold of his first formulations, with Breuer, of a cathartic ‘talking cure’ and thus ultimately of the invention of psychoanalysis – he took

rather more inspiration from Bernheim. The latter's approach, as observed, eschewed attempts to arrive at a rigorous 'objective' definitions of hypnosis *experimentally* within a systematic nosology. Rather it placed emphasis on the artistry or craft of the practitioner-healer and the *experienced* relationship between doctor/hypnotist and patient/subject (Chertok and Stengers, 1992: 36-45).

Freud's 'take' on suggestion thus defies easy summary. Over the decades it echoed his *fluctuating* enthusiasm for the *practice* of, first, hypnosis and eventually – at least as far as own personal participation was involved – psychoanalysis itself. His various pronouncements on the topic reflect the influence of each of the rival schools of the 1880s: they tend to oscillate, in terms of the spirit if not the letter, between basically Charcotian and Bernheimian stances.

At times the two are confusedly intertwined. Exploring his abandonment of hypnotic *technique* in the mid-1890s, Chertok and Stengers (1992: 41) note that Freud concluded that there was a *double* reason why hypnosis was to be condemned. On the one hand, in 'Charcotian' terms, whilst enabling the arousal of traumatic memories it failed to put them to the test of *truth*. On the other, viewed from a more 'Bernheimian' perspective, it instituted to a degree that was 'dangerous and uncontrollable' an *affective* relationship between the analyst and subject.

The twin aspects of Freud's eventual antipathy to hypnosis gel nicely with the

notions of ‘mysticism’ and ‘temperament’ to which he refers. Yet in what was to become the ‘orthodox’ position of psychoanalysis *vis à vis* suggestion they become hopelessly blurred. Roughly glossed, this amounted to maintaining that suggestive technique within therapy – including but not confined to hypnosis – was to be avoided primarily because it masked the truth established through free association and the unravelling of the ‘transference’. The latter, in contrast, albeit itself regarded ultimately as a ‘front’ for ‘deeper’ drives stemming from infant sexuality, provided the cornerstone of the Freudian edifice.<sup>4</sup>

Yet suggestion was also targeted from a rather different angle. Repeatedly, but perhaps most emphatically in his 1914 paper entitled ‘Observations on Transference-Love’, Freud (1955a: 159-165) advocated the rule of ‘*abstinence*’ as a ‘fundamental rule of the treatment being carried out’. He made clear not only that the analyst must abstain from entering into any kind of erotic relationship with the analysand, but also that s/he should also renounce as far as possible *all or any* affective bonds. ‘The patient’s need and longing should be allowed to persist in her [*sic*]’. Elsewhere, Freud (1958: 115) recommended the analyst practice ‘emotional coldness’, modelling themselves on a surgeon ‘who

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<sup>4</sup> Freud repeatedly used metaphors of *depth* and *surface*, imagery resonant of archaeological excavation and sculpture, to convey the rational method of analytical procedure. In his essay *On Psychotherapy* (1953a), for instance, he compared suggestion to the operation of the painter who applies paint to the surface of a canvas and contrasted it with the approach of the sculptor who hacks away at a block of stone to ‘reveal’ what potentially lies beneath.

puts aside all his feelings, even his human sympathy.'

Freud puts forward a varied rationale for advocating this 'aseptic' almost 'monastic' neutrality (cf. Chertok and Stengers, 1992: 60) so passionately. Yet a recurrent theme was that any departure from the rule would put at stake not only the 'truth' of the analysis but the interest of the cure, and with that, the *professional status* of the analyst. This last point, highly significant to the present discussion, is underscored in 'Observations' (Freud (1955a: 165) in tellingly typical Freudian fashion. That is, through the medium of a joke.

A free-thinking insurance agent, Freud says, 'lay at the point of death and his relatives insisted on bringing in a man of God to convert him before he died'. What happened instead of course was the precise converse of the outcome the pious family had envisaged. The atheist died confirmed in his unbelief but the priest went away insured.

What is the 'point' of this humorous anecdote? Freud clearly intends the aspiring analyst to identify with the priest *as a professional*. Essentially the 'punch line' warns against the perils of 'going native'. Yet the tale also admits a more subversive interpretation. There is more than a hint too of a grudging respect for the enduring *craft* [-iness] of the dying man and his stubborn adherence to a task that has become (from his perspective) literally absurd.

Taken on face value, suggestion, insofar it is a marker for the involvement of 'temperament' within the analytic environment, is once more depicted as a



contaminant. Yet not so much this time as a threat or obstacle to objectivity, but rather as factor that would bring disrepute to the public perception of psychoanalysis. In this sense a *political* aspect of Freudian thought, almost a public relations exercise, is foregrounded. In any event, as Chertok and Stengers observe (1992: 60), ‘emotional coldness must be an expression of the purity of the analyst, of his capacity not to introduce the bacteria of real life into the analytic setting’. Yet what is purported to be eliminated or repressed, precisely ‘real life’, has a habit of returning, despite the most fervent determination of the practitioner.

It is beyond doubt that Freud himself, after all a pioneering expositor of the ‘return of the repressed’, was keenly aware of the presence of this dimension within his own thought. His occasionally somewhat dogmatic attempts to purge psychoanalysis of the taint of suggestion must be balanced against a recurrent and at times overt trait within his work that betrays considerable ambivalence towards hypnosis, his erstwhile ‘mystical ally’, and indeed towards suggestion more generally. For instance, in 1918, discussing the hopeful extension of psychoanalysis throughout society, Freud (1955b: 168) conceded that ‘it is very probable... that the application of our therapy to numbers will compel us to alloy the pure gold of analysis plentifully with the copper of direct suggestion’.

### *1.3.2. Psychoanalysis and its Discontents*

Nevertheless, Freud’s edicts on the preservation of analytic gold, on the purification rituals to be carried out firstly by means of the training analysis and thenceforward by the calculated neutralisation of affect in the clinic, ultimately

carried the day within the field of specialist practice. They have bedevilled several generations of analysts and greatly contributed to a history characterised by heated controversy and schism. As representative of a 'loyalist' perspective take Racker's (1982: 70) comment that the most 'serious dangers' arise 'from the infiltration into analytic technique of what is alien to its essence, that is to say, alien to the analyst's function of making conscious the unconscious'.

Racker adds,

I am referring to all of that which at times unduly displaces the technical instrument *par excellence*, the interpretation, as for instance suggestion, advice, the analyst's subjective and perhaps neurotic ideals, his compulsive acting, etc.

The difficulties with such claims are somewhat blatantly obvious. What Racker describes as 'dangers' are not only arguably unavoidable elements of any human interaction. They also seem to closely connect with what analysis explicitly demands of the *analysand*: that is, the free play of association allowing unconscious – therefore non-rational and affective – forces to emerge. The analysand *by definition* suggests – associates; acts out; cajoles; attempts to persuade, and so on. Meanwhile, according to doctrine, the analyst, protected by the fact she has 'been through it all before' within her training analysis, maintains a studied and 'cold-blooded' neutrality. She *interprets* what is being suggested whilst resisting any temptation to become affectively involved.

Thus a wedge is driven between the two central actors involved. Admittedly, the orthodox line here is that this division is precisely what provides psychoanalysis with its foundational *raison d'être*. Analysis for its defenders remains a discursive practice, which in however paradoxical and asymmetric a manner,

uniquely reorders experience. Precisely the pains taken to split the analytic setting from the ‘real world’, privileges the former as a site of cure. Yet, as John Forrester (1990: 222) has pointed out, anyone anywhere *can* interpret. The discourse of practising analysts within the sanctum of the consulting room, he observes, inevitably leaks out into gossip, extra-mural ‘shop talk’ and third-party accounts.<sup>5</sup>

Many of those who have remained, broadly speaking, within a therapeutic orientation inspired and sustained by other of Freud’s *dicta* have devoted substantial energies towards rethinking and reworking the official notion of analytic neutrality.<sup>6</sup> ‘External’ critiques on the other hand, allow themselves to set aside more practical questions and ‘stay with’ the assumed demarcation between the analytic and the everyday. Here an *idealised* self-conception of analysis as a re-presentation of infantile crises and conflicts tends to be the target. In recent decades the philosophical foundations of this notion have been challenged from a starting-point that, taking a certain problematic of the ‘subject’ as read, challenges the primacy of ‘representation’ over ‘experience’

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<sup>5</sup> These issues are dealt with, in a judicious discussion giving equal weight to be both or all ‘sides’, in Frosh (2006).

<sup>6</sup> For example, in addition to the ‘case’ of Ferenczi, discussed below, comparisons might be made with Kohut’s version of ‘self psychology’ (e.g. 1977); Balint’s ‘basic fault’ (1968) and Winnicott’s notion of the importance of the ‘holding’ relation (1986). Cf. also Chertok and Stengers’ (1992: 134-145) discussion of the ‘ingredient of empathy’ for these and others among Freud’s heirs.

(Borch-Jacobsen, 1988; Henry, 1993).

Henry, for instance, attacks the psychoanalytic conception of the unconscious by insisting on the primacy of 'life' over 'representation'. He sees Freud's focus on the past as fundamentally involving a 'wrong turn' and invokes the writings of Schopenhauer and Nietzsche to reclaim the possibility of a therapeutic procedure designed to 'liberate' attention to the present, including the affect experienced as 'here and now' in the consulting room. Borch-Jacobsen's approach is more sceptical. Applying a strong version of deconstructionist technique, he effectively seeks to expose the entirety of the psychoanalytic project as a labyrinthine exercise in self-referentiality, without any real beginning or exit – 'nothing but a great egotistic dream, that of "Sigmund Freud", but also "ours", that of a throng of parricidal listeners and readers' (Borch-Jacobsen, 1988: 239; cf. Chertok and Stengers, 1992: 223).

Significantly, both writers appeal to suggestion, and explicitly to the existence of the hypnotic state as a cultural phenomenon (in possession states, trance, mediumship etc.) indicative of an order of interaction that exceeds and escapes representation and indeed the very constitution of subjectivity, being *a priori* or more fundamental than either. Nevertheless, it seems fair to add that their respective analyses say little about the concrete operation of the register of suggestion register either within or beyond the clinic. Whilst Henry gestures towards the therapeutic possibilities that might result from analysis' return to 'affective lived experience' (cited by Chertok and Stengers, 1992: 219), exactly what kind of practice he has in mind must remain open to conjecture. His

advocacy of ‘life’ is itself couched in rather vague and abstract language.

With Borch-Jacobsen, meanwhile, it is difficult to avoid reaching more nihilistic conclusions. If the whole of Freud’s project is indeed a myth of bad faith, a ‘great egoistic dream’, that nevertheless harnesses that which escapes being staged, any potential to speak meaningfully, critically or otherwise, about the effectiveness or otherwise of *what actually happens* within analytic practice also seems to slip away. In both his and Henry’s case it seems to me that it is the *mode* of critique that fosters disillusion. A crucial question for the present thesis arises here and has a double aspect. Firstly, can the – admittedly risky – transposition legitimately be made from psychoanalysis as a sort of ‘limit case’ to a far more general conception of mental health work? Secondly, are there alternative and more productive ways of attending to and utilising a ‘register of suggestion’?

### *1.3.3 Ferenczi versus Freud*

In moving towards a response to the first of these questions, it is worth exploring the ‘gap’ between theory and practice by considering an episode within psychoanalytic history that has a decidedly more ‘clinical’ feel. Sándor Ferenczi, later described as ‘undoubtedly Freud’s closest interlocutor’ and the ‘embodiment’ of analytic practice (Borossa, 1999: ix) began from around the mid-1920s to actively experiment with strategies including direct advice-giving, the open conveyance of empathy, and even the use of touch and mutual analysis. In addition he raised the theoretical possibility of ‘readmitting hypnosis or other suggestive methods’ (Chertok and Stengers, 1992: 81) into

analytic practice.

These departures from prevailing doctrines of neutrality and detachment launched Ferenczi on an eventual collision course with Freud himself as well as with many of his less adventurous-minded followers. Ferenczi's subsequent 'theoretical' reflections on the 'elasticity' of technique arose however directly from clinical experience and repeatedly returned to it as a justification for further revision. '*I found myself infringing... Freud's injunctions*', Ferenczi (1999a: 280-281 [my italics]) writes. The context of this remark is the illustration of a general principle with a concrete, flesh-and-blood example. In this particular case, *what matters* is a patient who finds it unbearable to tolerate the injunction that he undergo analysis and has an 'uncontrollable impulse... to walk about the room or speak to me face by face'. It was the exigencies of everyday practice and his desire to be an effective healer that fuelled Ferenczi's critique of psychoanalytic dogma and not *vice versa*.

The painful nature of Ferenczi's personal confrontation with Freud and the considerable vilification – indeed virtual excommunication – he endured during his final years has been well-documented (e.g. Leys, 2000: 120ff; Chertok and Stengers, 1992: 67-120; Borossa, 1999: ix-xxxv). Their rupture is often viewed as having crystallised over an episode in 1931 where Ferenczi allowed a female patient to kiss him during an analytic session. This and other 'aberrations' came to Freud's attention and were interpreted by the latter in psychoanalytic terms. Freud appeared to have at least half-convincing himself that Ferenczi was by the end of his life degenerating mental and physically and that this 'explained' his

increasingly ‘deviational’ tendency. For his part, Ferenczi tended to analyse his own relationship to Freud – father figure and his own erstwhile training analyst – in terms of the former’s depth psychology. The anguish the process caused him is poignantly evoked in his posthumously published *Clinical Diary* (Ferenczi, 1988).

But to frame this divergence between two pioneering figures merely in terms of a biographical relationship would surely be an error. In many respects, Ferenczi’s entire approach to treatment exhibited, as it developed, a kind of reversal of Freud’s distinction, cited above, between the ‘gold’ of analysis and the ‘copper’ of suggestion. Theoretically, he explored the consequences of a ‘neo-cathartic’ approach that led him increasingly to regard hypnosis/suggestion<sup>7</sup> as indicative of an originary incoherence that preceded the establishment of *ego* and *alter*, subject and object.

From this perspective, trauma, infantile or adult, signals the repetition or re-iteration of an allegedly basic, universal function of the human condition,

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<sup>7</sup> Ferenczi followed the Nancy school in regarding each terms as fundamentally interchangeable. Moreover his interest in such topics was not merely a product of his divergences with Freud in the last decade of his life. He addressed them in ways that are highly suggestive of his later split with the latter as early as 1909 (1999b), and his preoccupation with the curative potential of suggestive treatments can be traced back even further, to a pre-Freudian interest in ‘spiritism’ and thought-transference.

namely the capacity for – and indeed inevitable tendency toward – mimetic identification with the Other. The un- or re-working and resolution of this relation within therapy therefore ultimately takes primacy over the interpretation of libidinous drives and desires based on transference relations (Leys, 2000: 124-134). This approach, although never fully elaborated by Ferenczi, potentially turns the orthodox Freudian position on its head.

Ferenczi's gradual conceptual re-orientation went hand-in-hand with his innovations in the clinical setting. Indeed, his refusal to follow Freud in prioritising interpretation, and thus eliminating attention to the suggestive-mimetic dimensions ineluctably present *in* therapy – in the reliving or re-enactment of the trauma and in the affective aspects of the relationship between the analyst and analysand – might well be approached as a reluctance to confer *any* privileged status on theory over experience. Ferenczi's advocacy of the deployment of 'tact' (1999c: 257) – a manifestation of the analyst's 'capacity for empathy' – together with his experimentation with mutual analysis (incidentally carried out only selectively and with the analysand's consent), might thus be read primarily as exhortations aimed at allowing theory to shape itself to practice.

Above all, Ferenczi approached the analytic exchange with an increasing awareness that it was primarily a *social* encounter involving a mutuality of *feeling*. 'Only sympathy heals' he noted in *The Clinical Diary* (1988: 200). In another entry, he asserted that without sympathy and love analysis was 'just a protracted vexation' (194). With these dimensions present, with the *active* –



participating not merely interpretative – ‘presence of someone with whom one can share and communicate joy and sorrow (love and understanding)... personality is reassembled – “healed” like glue’ (201).

Such claims risk being read as banal, sentimental or even simple-minded.

Commenting directly on these passages, Chertok and Stengers (1992: 123)

make the crucial point that Ferenczi’s appeal to sympathy, love and

understanding should not be seen as a return to ‘humanism’ as usually regarded.

Rather it raises a question ‘anterior to humanism. It is the question posed by the

magnetists and, beyond them, the problem of ancient magical and shamanistic

practices with which Freud attempted to break.’ Ferenczi appeals to a ‘new’ (at

least for analysis) mode of mutuality in the name of healing, one in which even

a traumatised personality may be ‘reassembled’ as if by glue.

This is strikingly consonant with an enduring but recently renewed approach to

hypnosis which concerns itself less with its specificity than its ‘anteriority’ and

‘near-universality’. Francois Roustang (2003:55) posits the hypnotic state as a

sort of ‘*veille paradoxicale*’ [‘paradoxical wakefulness’], parallel to the

‘paradoxical’ or ‘REM’ sleep long known to be associated with dreams. The

process of induction allows access to ‘*une manière d’être au monde*’ [‘a way of

being in the world’] (44), present but customarily veiled over within

contemporary social interaction. Hypnosis for Roustang is by no means the

exclusive route to this state: paradoxical wakefulness ‘*est comme un édifice*

*dans lequel on peut entrer par de multiple portes*’ [‘is like a building which you

can enter by multiple doors’] (56). For animals, Roustang suggests, and for the

human subjects he terms '*frontaliers*' [persons labelled as 'borderline' cases between psychosis and neurosis] (43-44), the state of free-floating, generalised mental alertness induced by hypnosis approximates to the 'normal' waking state. It gives rise to the acquisition of power, '*pouvoir de configurer le monde*' ['power to configure the world'].<sup>8</sup>

In the hypnotic trance 'proper', Roustang argues – in a way that tallies closely with Ferenczi's stubbornly optimistic, highly pragmatic orientation – it is not the hypnotiser who controls or directs, still less interprets. At most she *precedes* the subject in a transition towards a state of suggestive openness that puts the very differentiation of 'subject' and 'object' at stake. Here however Roustang reaches 'beyond' psychodynamic notions of the therapeutic dyad altogether, beyond even the radical psychoanalysis of Ferenczi. Whilst he follows many others in emphasising the *initial* importance of the rapport established between hypnotist/therapist and the subject, he asserts that this relation is suspended, '*mis entre parenthèses*' ['bracketed'] within hypnosis (149). The hypnotic session is seen here as only one site where the very possibilities of relation may be re-invented. In this sense, Roustang's ideas also point beyond any easy distinction between auto- and hetero-suggestion (see s1.2, above).

#### **1.4 'Man the Veritable Somnambulist': suggestion for the masses?**

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<sup>8</sup> Cf. in this regard Milton Erickson's often expressed belief in 'hypnosis without hypnosis', as documented by Jay Haley (1973).

Towards the end of his career Freud himself increasingly moved away from an ‘individual psychology’ *per se*, indeed to a great extent from analysis as a dyadic encounter. In his own words, he made ‘use of the newly discovered findings of analysis... to investigate the origins of religion and morality’ (Freud, 1959: 72). His 1921 text, *Group Psychology and the Analysis of the Ego* offers a key resource in tracing this attempt to transpose psychoanalytic ‘findings’ onto a wider cultural and (broadly-speaking) ‘sociological’ domain.

*Group Psychology*, moreover, drew on and challenged a body of work that, whilst it enjoys a prestigious place in the *history* of psychology, has until recently tended to be relatively neglected or even openly disparaged (e.g. McPhail, 1991) as a *resource* within contemporary social theory. In a curious trans-disciplinary looping effect, these studies, collectively sometimes known by the epithet ‘crowd psychology’ (cf. Graumann and Moscovici, 1988), themselves relied heavily on notions derived from ‘medical’ theories. They involved hypnosis and suggestion alongside the more ‘organic’ notion of contagion (Brennan, 2004: 54). Writers with whom Freud explicitly took issue include Le Bon, McDougall, Trotter and (less directly) Tarde.

Freud cannily noted that these theorists tended to *pathologise* the ‘group mind’ or ‘crowd’ as irrational, immature or perverse in a way that by implication privileged the individual as more ‘rational’. Suggestion was thus *simultaneously* invoked and *promoted* as an explanation for social and cultural processes *and* degraded and *demoted* as a marker for the debased, ‘primitive’ properties of collectives. In *Group Psychology* Freud (1955c: 58) ironically referred to

suggestion as the ‘magic word’ (*Zauberwort*) to which socio-psychological explanations of the profound alteration happens to an individual when he joins a crowd are reduced. He substituted for it ‘libido’, a referent to his own by then well-established economics of the individual Unconscious. This in its turn privileged ‘drives’ and ‘instincts’ by firmly keeping separate the ‘subject’, with its identifications of love and hate, from the ‘object’, the Other.

According to Borch-Jacobsen, Freud’s strategy here is based on a kind of sleight of hand. This may be exposed to reveal a circular process of reasoning.

Psychoanalysis’ attempt to found a ‘psychosociology’ falters precisely because it fails to account for the existence of the libidinal bond between leader and follower outside its own terms. Whilst ‘suggestion’ is translated in *Group Psychology* as ‘libido’ Borch-Jacobsen argues, from a close reading of Freud’s earlier texts, ‘libido’ originally itself translates ‘suggestion’ (Borch-Jacobsen, 1988: 134)! It boils down to a case of ‘psychoanalysis contesting its own prehistory’ (147). In any event, suggestion itself remains unexamined, unexplained.

Teresa Brennan (2004: 51ff) offers a rather more positive and productive gloss on the crowd theorists Freud took to task. She argues they foregrounded the role of the communication of *affect* in contributing to an understanding of a crowd or ‘gathering’ having capacities for action, for good or ill, that are ‘more than the sum of its parts’. Brennan notes that two of the writers Freud mentions, Trotter and McDougall, espoused the notion of primary human instincts of suggestibility (in addition to those directed at self-preservation, nutrition and

sex). She herself however somewhat dismissively rejects suggestion as an *explanatory* concept, considering it ‘occultish’ (68) and tainted by ‘circularity’ (55)<sup>9</sup>.

Brennan distances herself from the Le Bon, among others, to the extent he tends to associate *Massenpsychologie* with regression to a violent, uncivilised past. She re-echoes a frequent criticism levelled at the early social psychologists, namely that their analysis pathologises the masses and thus shifts attention from ‘structural’ or ‘political’ dimensions of a given social context (cf. Apfelbaum and McGuire, 1988; Laclau 2005). She nevertheless identifies the utility of their contribution to keeping open questions regarding the *reality* of interpersonal influence. As Brennan observes, these aspects of debate tended to be closed down by the characteristic emphasis placed within twentieth-century science on cognition over affect and on the self-contained individual over social relation. Moscovici (1988a: 25) makes a rather similar point. Although their writings ‘are often tedious and repulsive’, the crowd psychologists ‘make us look things in the face and come to grips with reality’.

Yet the question of what it *is* possible to say about this ‘reality’ remains strangely and persistently elusive. Suggestion once again seems to mark an *excess* or *remainder*, a sort of non-explanatory explanation. It is as if, with Brennan as with other contemporary theorists who make use of the notion such as Henry and Borch-Jacobsen, it merely becomes a receptacle for another sort of

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<sup>9</sup> I agree here with Brennan in principle – suggestion indeed *explains* nothing – but consider the dismissive note of her treatment of the utility notion of suggestion as to say the least

forgetting. Acknowledging the significance role suggestion has played in allowing other more-or-less ‘scientific’ theories to establish themselves, they nevertheless seem keen to ‘get on’ leaving it unexamined and therefore, *by very definition*, ‘occultish’.<sup>10</sup>

Yet at least one of the writers mentioned by Freud *had* already mobilised the notion of hypnosis-suggestion in a positive and searching way in a very general conceptualisation of social phenomena. Gabriel Tarde proposed ‘*imitation*’ – a term he very explicitly associated with the processes at work in ‘person-to-person suggestion’ – as the name of a process merely reflective but fundamentally *constitutive* of society (Tarde, 1903: 76). In Tarde’s reversal of the ‘macro-micro’ relation, social ‘laws’ and collective behaviours, including the ‘contagious’ operation of suggestion within crowds, were not in any sense *explanations* for individual actions: they were merely agglomerations of ‘averagings-out’ of ‘minute elementary acts’ (Tarde, 2000: 35). ‘The impersonal collective character is thus *the product rather than the producer* of the infinitely numerous individual characters’ (13). According to this logic, suggestion cannot ‘explain’ anything; it is *what emerges*, ‘the product rather than the producer’.

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premature. I will return briefly to a discussion of her theory of the ‘transmission of affect’ in Chapter Two.

<sup>10</sup> Note however that the implications of the crowd theorists’ work *have* been developed more positively within political theory. Their presence may be felt for example within Ernesto Laclau’s writings on ‘populism’ (e.g. 2005) and Jacques Rancière’s (1999) notion of politics as involving the ‘uncountable part’ or ‘supernumerary’. These writers among others observe that so-called popular movements ‘universalise the particular’ by gathering together heterogeneous demands that open themselves to be analysed in form rather than content. Attention to form returns the focus to the operations of ‘suggestion’ or at least to the same problem of ‘mass psychology’ with which Freud and the crowd-theorists grappled. Yet, if it is accepted with Tarde that the ‘macro’ is effectively an aggregate of ‘micro’ attractions and repulsions, the issues raised here return to ‘metaphysical’ questions concerning the subject/object relation.

‘Society is imitation and imitation is somnambulism’ (Tarde in 1890, cited by Moscovici, 1988a: 23). Furthermore, Tarde – as would Whitehead after him – held to a vision of the social that extended ‘all the way down’ and did not stop with the individual human being as the ultimate unit of analysis. ‘Every thing is a society...and all things are societies’ he wrote in 1895 (cited by Latour, 2005: 14).

With this precept in mind Tarde’s depiction of ‘man, the veritable somnambulist’ begins to make more sense. His meaning was *not* that people, either collectively or individually, were the automatons implied by a crude caricature of hypnosis. Rather he advocated a profound shift in the way agency and autonomy were regarded on both human and non-human levels. I will return to Tarde’s social metaphysics, and to its relevance for my own argument, in Chapter Two.

### **1.5 The Placebo: suggestion, experiment and healing**

Frank (1973: 138) defines a *placebo* as a ‘pharmaceutically inert substance that the doctor administers to his patient to relieve his distress when, for one reason or another, he does not wish to use an active medication.’ As Shapiro and Shapiro (1997: 12) observe, this is far too narrow an interpretation in that it limits ‘the placebo effect’ to the administration of drugs whilst also implying its

intentional deployment by a physician. These authors extend the term to cover ‘any therapy...used...by a healer...or laymen...for its therapeutic effect...but which actually is ineffective or not specifically effective for the symptom or disorder being treated.’

Combining both definitions, it seems reasonable to argue that virtually all the ‘talking cures’ that have graced the history of psychiatry are at the very least *candidate* placebos insofar as their principle of causation – ‘action’; ‘specific effect’ – has not been to date conclusively demonstrated. Compared with the domain of ‘physical’ medicine in the West, the establishment of consensus regarding effectiveness in psychiatry has been extraordinarily elusive, with any conclusions that have been reached have been tentative in the extreme (e.g. Fonagy and Roth, 1996). Indeed, in the 1970s, Fish (1973) claimed provocatively that all psychotherapies were ‘placebo therapies’ and suggested that realisation of this ‘fact’ should prompt a shift of attention from their theoretical foundation to their mode of delivery.

But this is to press forward too quickly. Shapiro and Shapiro make a further contentious proposal (1997:19). Even in the field of general medicine, they aver, ‘the available data support the somewhat startling hypothesis that the history of medical treatment until recently is largely the history of the placebo effect’. The phrasing of this claim is telling – ‘somewhat startling’ and ‘until recently’ – imply an assumption that contemporary medicine is (now, finally) in a position both to judge its predecessors and to establish its own effectiveness beyond doubt. Other commentators are far more circumspect. Placebos, Anne



Harrington (1997a: 1) vividly asserts, ‘are the ghosts that haunt our house of biomedical objectivity’; they ‘expose the paradoxes and fissures in our own self-created definitions of the real and active factors in treatment’.

Numerous writers have linked the placebo ‘effect’ and the (not necessarily conscious) symbolic power of the healer, together with the (not necessarily conscious) expectations of the recipient. Freud himself, for example, (1953b: 289) conceded that ‘expectation coloured by hope and faith is an effective force with which we have to reckon...in all our attempts at treatment and cure’. And he was far from the first: Galen, perhaps the most influential physician-writer of late antiquity, had already put it succinctly. ‘He cures most successfully in whom the people have most confidence’ (cited by Shapiro and Shapiro, 1997: 13). In this sense the *person* of the physician has often been regarded, to borrow Howard Brody’s striking image (1997: 77) as a ‘walking placebo’.

Today, the conscious and explicit use of placebos is most often encountered in the context of standard randomized double blind controlled trials of pharmacological or other interventions deemed at least potentially to be specifically and, as it were, ‘scientifically’ effective. Here, whilst playing an acknowledged ‘benchmark’ role whereby the success or failure of the ‘other’ is measured, the question of the placebo’s own effectiveness tends to be masked and relegated to ‘background noise’ (Harrington, 1997a; Spiro, 1997). A positive effort of thought is required to recall that, wherever healing takes place, the identification of cause and effect routinely involves the ‘sacrifice’ of information which is – at least potentially – equally ‘knowable’. In trials those

who receive placebo regularly do better than a 'no-treatment' control group. Yet this 'finding' is as commonly relegated to the status of the irrelevant, incidental or inassimilable.

Insofar as it has been regarded in its own right as a scientific problem, the placebo effect has been approached in recent years from two contrasting angles. The 'softer' sciences have tended to tackle it as a cultural phenomena, whereas a 'harder' approaches including neurobiology have tended, by framing their questions in terms of the materiality of the brain, to try to make it disappear. It is as if the placebo, in addition to presenting as a residual enigma that to date evades knowledge *per se*, is also an object that both challenges the borders *between* disciplines, and continues to pose centuries-old questions related to a supposed 'hierarchy'.

The anthropologist Daniel Moerman is among those who have widened the exploration of the placebo effect to include a cultural dimension. He points out that the seeming inability of Western researchers to 'place' the placebo within dominant conceptual schema is mirrored by the bafflement of investigators with regard to 'traditional' healing practices. Moerman suggests (2002: 241) that the effectiveness of treatment may universally have a *bimodal* aspect in that it is related to both 'form' and 'content'. Whilst, in the West, the latter is generally privileged, 'we have only a rudimentary capacity for simultaneously understanding both modes'.

According to Moerman, (2002: 134) what we call the placebo effect is thus a

‘special case’ of a wider phenomenon he names ‘the meaning response’. From this perspective, the success or otherwise of a placebo has to do with the ‘outside influence’ on physiological processes usually considered as ‘mechanisms’, somehow detached from subjective experience. For example, the human immune system has tended to be seen as entirely self-regulating and insensitive to external influence, despite the large weight of evidence that demonstrates its susceptibility to changes in emotional state and indeed conscious cognitions (Moerman 2002:143-144). A key part of Moerman’s thesis is that meaning is produced and mediated via symbolism, and that this is reflected in the language of metaphor and metonymy – that is via the sort ‘imaginative rationality’ (cf. Lakoff and Johnson, 1980) – often employed by traditional healers in describing their procedure.

Yet responses to such theses that mobilise recent neurobiological findings suggest these ‘plays of representation’ themselves refer ‘ultimately’ to brain chemistry, albeit to a chemistry that strives – non-traditionally – to *account* for phenomena such as ‘desire’ and ‘expectation’ (Price and Fields, 1997). None of this, however, fully explains the extent to which placebo effects have tended in the main to remain ‘uninteresting’ to all but a handful of investigators. Very possibly, professionals’ fears of being judged, if associated with a ‘cure’ they cannot justify or control, as ‘charlatans’ or ‘magicians’, plays a role here (cf. Chertok and Stengers, 1992: 277).

A further factor is also relevant. The ways wherein it is possible to *speak* of placebo and indeed to consciously administer placebo interventions have

themselves considerably fluctuated over the course of the modern era. This in turn seems to bear a relation to changes in dominant ‘lay’ perspectives on questions such as the distinctions between mind and body, individual and the collective ‘rights’ and ‘goods’ and ‘lay’ and ‘expert’.

For instance, in the mid twentieth-century heyday of medical ‘paternalism’ doctors knowingly ordered and prescribed inert pills. In the 1960s and 1970s this practice began to be increasingly questioned in a political climate characterised by ‘autonomy’. A generation later, the progressive dissemination of findings – those of cognitive neuroscience on the one hand and social science on the other – that in different ways challenge the nature/culture divide may themselves be changing *both* the conditions within which one treatment rather than another can be described as a placebo *and* the receptiveness with which it is understood and accepted as such by recipients (cf. Harrington, 1999b: 236 ff).

Put another way, here ‘suggestion’ itself seems to be a function of ‘suggestion’ (in the sense that the notion was understood by Tarde and McDougall). Unlike some of the other themes considered in this Chapter, the ‘placebo effect’ arguably marks a topic where ‘non-specialist’ interest is waxing rather than waning. It thus remains an intellectual enigma for scientists and clinicians – ‘the place where modern medical knowledge confronts its limits’ to quote Gordon Kaufman (Harrington, 1999b:209). But within a broader culture, intermittently at least, the placebo presents itself as an object of mystery – ‘the coolest,

strangest thing in medicine' carrying more than a whiff of shame and scandal.<sup>11</sup>

## 1.6 Postscript: psychiatry and the uses of suggestion

### 1.6.1 Foucault on Psychiatric Power

In a lecture given in January 1974 (2006: 265-95), Michel Foucault elaborated a fundamental contrast between the emergent 'psychiatric order' in nineteenth century France and the parallel development of other branches of medicine. Whereas within the latter the development of an increasingly sophisticated specular science of anatomical pathology (cf. Foucault, 1973) disposed of the practical and theoretical need to attend primarily to the generalised and bodily distributed episode of 'crisis', this was not, he argues, the case with psychiatry, which by definition could not appeal to anatomy. Uniquely here, 'differential diagnosis' is not therefore pre-eminent.

Rather, it is

only a superficial and secondary activity in relation to the real question posed in every diagnosis of madness, which is not whether it is this or that form of madness, but whether it is or is not madness... In the domain of mental illness...the only real question is posed in the form of yes or no (Foucault, 2006:266).

Foucault names this process 'absolute diagnosis'. Together with the 'absence' of the body that demarcated psychiatry from general medicine, it amounts to a *test of reality* as opposed to the test of truth that characterised the latter. This test 'punctuates, organizes and distributes' psychiatry regarded as a 'field of disciplinary power' (268).

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<sup>11</sup> The citation is from Ben Goldacre's 'Bad Science' column in *The Guardian* newspaper (<http://www.badscience.net/?p=620> accessed on 30.9.2008). Goldacre has frequently touched on the placebo in his Saturday column and has presented a number of radio programmes on the

Foucault makes two further general assertions in the lecture. Firstly, he implies, psychiatric knowledge *qua* specialism tends to rely for its social power on a foundational sleight of hand. Lacking ‘real medical content’ in terms of the clinical identification of a lesion, it needs to bolster its authority by ‘re-transcribing’ the decision to intervene in any given case in terms of ‘symptoms and illness’ – Foucault calls this ‘the test of administrative-medical reduplication’. A second, closely related claim is thus that ‘psychiatric reality’ is pragmatically obtained and maintained through the ‘surplus power’ of the *patient* not the doctor.

This second point requires some elaboration. Foucault argues that it is *only* through the subject-patient’s ‘madness’, her capacity to *suggest* the category of ‘being mad’, that the psychiatrist is continuously established as a doctor, and that the whole apparatus of expertise – in the nineteenth-century the asylum system – is able to perpetuate itself. The contrast is made once again with the ‘truth’ of organic illness. Here getting better or worse may indeed be regarded as in part a consequence of medical skill and the application of knowledge, but that knowledge and skill does not rest *a priori* on the grounds of the patient’s behaviour. The core task of psychiatry, however, is to ‘actualize’ the madness rather than discover the source of symptoms (268-74).

From this brief gloss, it will be readily observed not only why Foucault was

often claimed by (mainly) Anglo-American anti-psychiatrists<sup>12</sup> as one of their own but also how well his writings in this period fit in to the wider hypothesis of psychiatric ‘insecurity’ noted earlier (s1.1). They are nevertheless not themselves immune from deconstructive criticism, however. Arguably, Foucault’s specification of psychiatry’s focal problem itself relies on a persisting distinction between mind and body which many might find suspect.

My present aim, however, is not primarily to attempt to assess or critique

Foucault’s analysis. Rather I seek to *mobilise* it in a discussion of the register of

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<sup>1 2</sup> The tag ‘anti-psychiatry’ first emerged explicitly in the mid-1960s. It has proved to be remarkably resilient, notwithstanding – or possibly in part because of – the obvious challenges presented by questions of how literally it is to be interpreted and how its boundaries or core characteristics are to be determined. As a label, it is perhaps most commonly applied to the work of a relatively small, closely associated group of British-based writers/doctors including Ronald Laing, David Cooper and Aaron Esterson, and to the Italian writer/doctor Franco Basaglia, all of whom themselves intermittently used the term self-descriptively (cf. Sedgwick, 1982). But anti-psychiatry has also been variously linked to the thought of the American psychotherapist and psychiatrist Thomas Szasz (1962), and albeit less confidently and consistently, its remit has sometimes been extended to cover wider anthropological and sociological approaches, for instance the ‘double bind’ theory of Gregory Bateson (Bateson et al, 1956) – drawn on explicitly by Laing – and the symbolic-interactionist theories of deviance expounded by Goffman, Lemert and Scheff, among others. Furthermore, the term ‘anti-psychiatry’ has been consciously deployed – by critics and supporters alike – to designate concrete political ‘movements’ or activist causes as much as purely theoretical or intellectual approaches (cf. e.g. Barnett, 1973; Campbell, 1996). For present purposes, the specificity of ‘the’ anti-psychiatric account as a broad type may be most concisely captured by suggesting that it contains and more or less successfully mediates two conflicting *extremes*. On the one hand, it tends to address far more explicitly, directly and aggressively than do other forms of critique on a very *general* ontology of mental health and illness in the context of wider social practices. This aspect is certainly reflected in Foucault’s early work. Yet on the other, in seeking (often in somewhat utopian vein) the immediate amelioration of society, many of the anti-psychiatric activists frequently addressed themselves *intimately* and with *particularity* to *actual* operations on what is conventionally called the ‘micro’ level. In this sense, and through its ambitious merging of the local and the general, the approach of the anti-psychiatrists strikes resonances, if it also contrasts, with my orientation in the present thesis. I will return, albeit briefly, to the significance of this identification in Chapter Six.

suggestion. From this perspective the emphasis Foucault goes on to accord to *hypnosis* in the arrival at an ‘absolute diagnosis’ is of particular importance.

Hypnotic technique, he argues, is one of three main routes whereby psychiatry managed to equip itself for the task of actualising madness, and *hence itself* – the other two being questioning and the use of drugs (270). In elaborating his argument, Foucault makes a critical distinction between with the procedure of the early magnetists and notions of hypnosis that began to flourish after Braid. Whilst Mesmerists admittedly assumed the magnetiser’s power to control the will of the patient, their practice also relied on the *patient* revealing, within the trance thus contrived, what was wrong with them (284).

In contrast, the psychiatric appropriation of hypnosis, Foucault observes, required that – in the service of the absolute diagnosis – this ‘supplementary’ power of the patient be altogether neutralised. Hypnosis, practised at this level, ‘delivered the body’ wholly over to the psychiatrist; it permitted him to proceed beyond mere control toward a sort of ‘training’ whereby desired *symptoms* could be produced. The attempted reinforcement of this appropriation of hypnosis within an orderly schema of scientific knowledge was perhaps best epitomised by Charcot’s ‘staging’ of hysteria through trance, wherein his prized patients served as ‘functional mannequins’ (Foucault in the Lecture of 6 February 1974, 2006: 315). Thus the ‘absent body’ was returned to psychiatry through the exhibition, under hypnosis, of a *physical* demonstration of an underlying *mental* (i.e. non-lesional) illness.



Of course, as Foucault observes, with the Nancy school's rise to prominence and eventual success, this always-precarious attempt to found psychiatry on neurology, and to thus progress from absolute to differential diagnosis, failed. It left psychiatry still reliant on 'what it could make of' hypnosis (or, it might be added, suggestion), language and drugs. 'The three elements with which psychiatric power' Foucault concludes, 'still operates today' (288).

### *1.6.2 Concluding Note*

Only suggestion? What has emerged as having been at stake throughout this Chapter is the notion of suggestion as indicative of a *mode of generalisation* within, broadly speaking, the dominant discourses, practices and disciplinary traditions that may still be seen to be at play today within mental health practice. By using the phrase 'mode of generalisation', I mean to imply that in various times and settings, both for enthusiasts and detractors, the deployment or exploration of suggestive techniques and concepts, whether on the level of theory or practice, exposed a *leakage* beyond (or *blurring* of) the boundary *between* a certain view of scientific procedure or disciplinary adherence, predicated around regularity and established habit *and* something altogether vaguer, more disordered and less easy to articulate. This 'something' was invariably what was marked by 'suggestion'.

No firm conclusion can immediately follow from this. A genealogical approach by its very nature opens up complexities and contradictions rather than resolves them. But the unfolding of the register of suggestion, regarded under this mantle of 'mode of generalisation', as an important and multi-faceted theme in the

histories pertinent to my topic demands at least an effort towards its thoroughgoing *conceptual* reconfiguration. It is to this task I will now turn.

## CHAPTER TWO

### The Lure of Suggestion: method, change and mental health work ‘after’

#### Whitehead

##### **2.1 Introduction: Co-opting Whitehead**

The present Chapter maintains ‘suggestion’ at the centre of analysis whilst opening up a rather broader conceptual approach to the notion. There is thus a shift in focus from history to social theory, from topic to resource, and from genealogy to methodology. To the extent that the mobilisation of a suggestive register profoundly impacts on ‘foundational’ ontological and epistemological issues, the discussion here will be *inevitably* taken towards a ‘higher’ level of abstraction and generality. The register of suggestion, say Chertok and Stengers’ (1992: 156-57), ‘cannot be characterized in terms of relations between “heart” and “reason”. On the contrary, it conditions those relations’.

As the Chapter title indicates, my intention is to *co-opt* key aspects of the thought of A.N. Whitehead in an attempt to demonstrate one possible approach toward rethinking the impact of attention to the register of suggestion on several levels. In the Introduction I have already roughly distinguished three main dimensions where it seeks to pose an intervention. These were delineated as *method, change* and *(mental health) work* itself.

Four Whiteheadian *themes* were also presented there as particularly pertinent to my project. These were, in headline form,

- (a) a reformulation of the split between subject and object;
- (b) an emphasis on ‘feeling’ and ‘experience’;
- (c) the role accorded to creativity or novelty, and
- (d) the very general feature of Whitehead’s approach, encapsulated by his frequent use of the word ‘lure’. In essence his notion of the process of thought itself as an open, risky and adventurous process.

In what follows – whilst fully acknowledging the overlap between each dimension – I continue to adhere to this rough schematic of levels and themes and structure the Chapter accordingly. I will however to *reverse the order* in which I introduced the four themes earlier and listed them above. Thus I will commence with a consideration of the ‘lure’; work through notions of creativity and feeling, and conclude by returning to Whitehead’s reframing of the ‘subject-predicate’ approach.

It logically – indeed inescapably – follows from any consistent adoption of a Whiteheadian orientation that elements of what is conventionally considered as a ‘subjective’ perspective are ‘blended into’ the analytic mix. Furthermore, as Mick Halewood (2008: 8-9) observes, any approach that seeks to ‘apply’ Whitehead’s work to social theory or research as a putative ‘model’ or in a slavishly programmatic way is effectively contra-indicated by the latter’s emphasis on experience, novelty and becoming. Whitehead, (1978: 290) himself was persistently attentive to the *inseparability* of conceptual rigour from what he calls ‘appetition’, a forward urge towards realisation of ‘what is not and may be’ (1978: 32). Concepts, he points out elsewhere (1958: 167) are ‘always

clothed with emotion', with aspiration.

The challenge I have set myself in this Chapter is therefore not only ambitious but also somewhat complex. Firstly, I seek to attempt to clarify how Whitehead's often highly abstract thought offers a powerful and persuasive theoretical resource whereby, on each of the key three dimensions, the stakes of my own inquiry within at first sight a far narrower domain, may be – or stronger, demands to be – re-envisioned along the lines of the suggestion/specialism axis. Secondly, I will attempt to relate this reconfiguration to both well-established and current debates within social theory. This endeavour involves the 'recruitment' of other writers in a way that may well be seen to be eclectic or unconventional. Any justification for the selective strategy employed must be sought in the 'adventurousness' of thought to which Whitehead himself appeals. Thirdly, although I have attempted to maintain the analytic rigour and, to a great extent, the *tone* of detachment that the complexity of my subject-matter demands, I have tried at the same time to ensure that what might be called my 'ethnographic voice' – in the sense that this was appealed to in the discussion of conceptual ethnography in the Introduction – remains detectable, if muted, throughout.

With all this in mind I have chosen the preposition 'after' in the Chapter title. Rather than regarding his thought as providing a 'map', 'guide', 'toolbox' or 'blueprint' I favour here Whitehead's own chosen metaphor of a 'lure' or 'bait', something that draws one on and offers an (uncertain and affective) incentive without pre-figuring a specific 'route' or 'point of arrival'. Thus, in a sense 'in

its own right', the pursuit of a trail delineated by the relation between Whitehead's approach and the register of suggestion comprises one of the Chapter's guiding themes or threads.

In Section 2.2 a meditation on the notion of 'lure' will be linked to recent attempts to define what is meant by the 'social' and how it might be investigated or followed in a way that attends to its multiplicity and complexity. *Method* itself forms the key 'grouping' notion here. Among other writers with whom I engage will include Gustave Tarde (whose work was touched on in the previous Chapter); Bruno Latour and John Law, and, within a specifically healthcare context, Anne-Marie Mol and Marc Berg.

Section 2.3 addresses the 'ultimate' role afforded within Whitehead's approach to creativity and novelty. I will interrogate the links between this and the notion of individual *change* on the register of suggestion. Much of this part of my discussion will be focused around the very different ways the notions of the relationship between the '*normal*' and the '*pathological*' were addressed by two major theorists of the modern era, Émile Durkheim and Georges Canguilhem.

Section 2.4 takes its cue from the emphasis Whitehead accorded to 'feeling' and 'experience'. I will try to relate this vast theme to the place accorded to the notion of *excess* in the thought of Georges Bataille, a writer whose work may be seen as carrying surprising resonance with that of Whitehead. A contrast and comparison between the two thinkers' orientation facilitates a grasp of the productive tension the contrast of registers generates for the idea of *work*,

considered very broadly.

Finally, in Sections 2.5 and 2.6, Whitehead's critique of 'subject-predicate' modes of thought is directly juxtaposed with some of the implications of the dilemmas and challenges introduced in the earlier treatment of suggestion as a historical/experiential topic. It is at this stage that I will attempt to *reintegrate* the three levels of method, change and work and to summarise my overall theoretical position as succinctly as possible. I will also endeavour to encapsulate the implications of my approach *in the specific context of mental health work* as a backcloth for the three 'empirical' Chapters that follow.

One further comment relates to my presentational strategy. The headings for each of the remaining Chapter Sections take the form of, firstly, a couplet of 'ordinary' terms given prominence by Whitehead and only then, secondly, a rather more conventionally descriptive tag intimating the topic to be addressed. To a greater extent than many other philosophers, Whitehead often consciously employed familiar, almost 'household' terminology in a highly 'technical' sense. But this was *not* with the more usual intention of *narrowing* their definition: on the contrary he insisted (1978: 4; [my italics]) that 'words and phrases must be stretched towards a *generality* foreign to their ordinary usage...however such elements of language be stabilized as technicalities, they remain metaphors mutely appealing for an imaginative leap.' It is precisely this suggestive *expansion* of horizons that I intend to evoke in what follows.

## 2.2. Explanation/ Adventure: the lure of ‘constructivism’

### 2.2.1 Explanation and Adventure

With Whitehead, the single short word ‘lure’ connects the (for him) fundamental notions of ‘enjoyment’ and ‘feeling’ with the specialised ‘higher level’ cognitive activities evoked by terms that are commonplace within all specialist, ‘intellectual’ activity – words such as ‘concept’; ‘theory’ and ‘proposition’. ‘The primary function of theories,’ he wrote (Whitehead, 1978: 184), ‘is as a lure for feeling, thereby providing immediacy of enjoyment and purpose.’ Conversely, Whitehead regarded both ‘judgment’ and ‘consciousness’ as ‘very rare components’ in the ‘realization of propositions’. Elsewhere in *Process and Reality* he describes the ‘lure for feeling’ as primordial to both, the ‘germ of mind’ (85).

The image of the lure – considered in terms of its primary dictionary definition as an ‘incitement’ or ‘bait’ – vividly conveys the sense whereby properties at large in the ‘external’ world induce us to (try to) follow and understand. They awaken ‘subjectively’ felt curiosity, desires, appetites and urges. Whitehead exhorts us to recover the extent whereby more exact processes of *reasoning* are included in and ultimately derive from an affective ‘background’.

Notions of ‘cause’ and ‘explanation’ are both implicated and at times transcended in the experience of the lure. In *Adventures of Ideas*, Whitehead (1967: 142ff) explicitly criticised a dogmatic positivist approach that would confine the goal of science solely to ‘description’. Explanation, in contrast,



requires a speculative outlook, prompted by ‘a motive of unrest’ (153) or curiosity, ‘the gadfly driving civilization from its ancient safeties’ (167). The concept of explanation relies in any given context in part on the interaction between the ‘datum’ to be explained and the *explainer* – whether this be regarded as a human subject, technology or set of ideas.

In other words, the ‘explaining’ context *suggests* the particular explanation offered. It is perilous to detach the explanation from its context by asserting it has a ‘totalitarian’ claim to authority or truth. As Williams points out (2008: 87), Whitehead argues for the importance of acknowledging that ‘our imagination and aims are part of any explanatory structure’.

The significance of the term ‘adventure’, meanwhile, is evidenced by its inclusion in the title of arguably the most ‘sociological’ of Whitehead’s major works. Here it is posited as essential to any ‘general definition of civilisation’ (1967: 315). Its heuristic importance is explicitly grounded and justified on three metaphysical doctrines or principles. Firstly, process as ‘the very essence of actuality’; secondly the finitude inherent in ‘moments’ of actuality – that is, the claim that ‘any one experience necessarily excludes the unbounded welter of possibilities’ (318) and, finally, and as counter- balance to this emphasis on *potentiality*, the persistence of ‘enduring individuals’ – the sense of self-ness without which, Whitehead argues, no claim towards freedom is conceivable (323).

In human experience, Whitehead adds, the fundamental essence of adventure is

a far cry from the influential metaphor, present in John Locke's work, of the mind as an 'empty cabinet' ready to receive impressions or ideas. Rather, 'the process is itself the actuality and requires no antecedent static cabinet' (318). Moreover, 'the processes of the past, in their perishing, are themselves energizing as the complex origin of each novel occasion.'

Transposed into the register of suggestion this emphasis on *becoming* – 'the process is *itself* the actuality' – disposes of the demand to seek the 'why' of suggestive influence elsewhere than in the pre-existing inter-relatedness of occasions. Whitehead's careful balancing of the past in its 'enduring individuality' *and* the future with its 'welter of possibilities' – resonates with two notions familiar from everyday discourse. Namely, (i) the way a suggestion is 'taken up' inevitably depends on the context wherein it is initially given, *and* (ii) the outcome of its 'take-up' is irreducible to any timeless law or failsafe causal sequence. It is in this double sense that *all* thought might well be described as both suggestive and adventurous: as Whitehead notes (1978: 9), 'rationalism' itself is just such an adventure.

### 2.2.2 Method, Research and 'After'

The significance accorded to the notion of lure also conveys a creative and radical way of *reading* or *following* Whitehead that departs from traditional conceptions of using philosophy. In advocating what she calls a 'constructivist' approach, Isabelle Stengers (2008: 92) emphasises this amounts to a certain fundamental *refusal* in that it resists the temptation to interpret, evaluate or critique his work as offering an overall 'conception of the world', at least

insofar as this suggests ‘the kind of neutral statement which comes from nowhere’. Rather ‘it emphasises the need to actively and explicitly relate any knowledge-production to the question that it tries to answer.’

Yet such a refusal is also an *opening*. To begin to mobilise his insights in the context of social science it is enough to recall Whitehead’s statement that ‘apart from the experience of subjects there is nothing, nothing, nothing, bare nothingness’ (Whitehead, 1978: 167) and to juxtapose this with another assertion made early in *Process and Reality*: ‘there are no brute, self-contained matters of fact, capable of being understood apart from interpretation as an element in a system.’ (14). Whitehead’s unyielding, emphatic emphasis on the interpenetration of ‘experience’ and ‘interpretation’ *allows*, ‘legitimizes’ in a way or – as Halewood and Michael (2008: 45) have it – ‘demands’, attention be restored to the experiential *process* of research (observation, method, analysis...) as inseparable from the reality that it helps to establish as ‘data’ or fact.

‘Objective’ facts emerge therefore as products of always *situated* frames of inquiry. They are an infinite diversity of actualisations of potentialities, ‘satisfactions’ of appetition, for the many different actors with an *interest* in any given event. The researcher meanwhile must be regarded as one actor, or ‘actant’, among many. The reality produced by research is inevitably *multiple*. It is sustained ‘as an element in a system’: yet, as there are as many systems as there are ‘occasions of experience’, it is irreducible to the singularity of any given standpoint.

From this perspective the task of the social researcher may be approached in two complementary and mutually-dependent ways. Viewed ‘objectively’, it is to trace, expose and bear witness to this multiplicity: considered more ‘reflexively’ it is to acknowledge the mutual implication of her act of witnessing and the resultant ‘findings’. Yet any rigid distinction between objectivity and reflexivity collapses. The matter reflected on *continues* to contribute to the constitution of the reflecting subject. Irreducibly the analysis is *partial*, in the dual sense of incomplete and situated, and *suggestive* in the very mundane sense that it comes from *somewhere* rather than nowhere.

Tarde, whose work I touched on in Chapter One, provides some assistance towards adapting these inevitably general insights to a more explicitly ‘sociological’ frame. There is a striking resonance between his metaphysical stance and that of Whitehead. Each accords priority to *relationality* over either subject- or object-ivity (cf. Alliez, 2008).

For Tarde, as noted earlier, interpersonal exchanges between individuals were linked explicitly to the constant operation of something akin to hypnosis-suggestion processes. They were moreover *constitutive* of, rather than *derivative* from, society and social laws and institutions. Acknowledgement of the pervasiveness of *imitation*, which implies both repetition and a quantitative accumulation or expansion, is crucial to sociological understanding. In his celebrated debate with Durkheim, Tarde declared that it is to ‘*inter-psychology* that we must turn for the explanation of social facts’ (Tarde, 1969b: 138) [my

italics].

Tarde's approach was thus grounded within a metaphysics that is able to adequately account for change, creativity and novelty within social exchange. Imitation, although ceaselessly emphasised, was counterbalanced with *invention* as among the 'elementary social acts'. Moreover, both imitation and invention rested in turn on two properties Tarde posited as 'irreducible' throughout nature: *belief* and *desire*. He viewed all practical or intellectual achievement as resting on a combination of these forces (Lazzaroto, 1999: 109-113).

They are the two psychological quantities which are found at the bottom of all the *sensational* qualities with which they combine; and when invention and then imitation takes possession of them in order to organise and use them, they are also the real social quantities' (Tarde, 1969c: 178).

Tarde (1969d: 195-206) thus envisaged a future social science that would proceed by devising ways of 'measuring', as far as possible and on a sufficiently 'local' scale, the *quanta* of belief and desire and the continuous variations between them within social interaction. Such intensities *are* measurable, at least in theory, since they are subject to intensification and de-intensification within a given frame of reference: a maximum and minimum, a more or less. Tarde employed a hopeful analogy with temperature, conventionally measured by the imposition of an essentially arbitrary scale that has come to be accepted as 'universal' across a range of domains.

Whilst the increase or decrease of a belief or desire is not susceptible in most cases to an exact mathematics, it *is* nevertheless emphatically felt and experienced. For example, Tarde continues, consider the case 'when we see one

of our friends in the distance and we are uncertain at first whether or not it is he. [Yet] we feel as he comes closer, a regular increase in our belief in the reality of his presence'. Whilst instruments and technologies do not yet exist to satisfactorily capture such gradations, it does not follow they are therefore are unreal or outside the purview of (social) science. 'Measurability persists after calculation is forced into silence' (201).

Tarde's 'social science of affects' (Lazzaroto, 1999: 150) has not, or not fully, come to fruition, and his work as a whole has suffered neglect. The point to bring to the fore in the present context concerns both the way wherein he endeavoured to render the measurability of desire and belief *thinkable* and his reversal of the priority accorded, implicitly or otherwise, to the general over the local by the dominant strain in 'classical' sociology. Each aspect resonates strongly with a Whiteheadian world-view.

Furthermore, as previously noted, it is striking how frequently Tarde appealed to the phenomena of 'suggestion' – insofar as they were manifest to the science of his day – *not* as indicative of the marginal or of abnormalities to be explained by rational method, but as providing an entry-point to a consideration of the basis of sociological reason. Here too his focus was on the ontological primacy of *difference* and *multiplicity* over *identity* and *singularity*. '*La diversité, et non l'unité, est au coeur des choses*' ['diversity, and not unity is at the heart of things'] (Tarde, 1999: 78).

A number of recent postmodern – or perhaps better, never-modern (cf. Latour,

1993) – theorists would, I suspect, wholeheartedly endorse the methodological implications of this statement. Among those mentioned below, some but not all explicitly acknowledge a direct debt to Whitehead, Tarde or both. Far more important to my argument, however, is that in different ways such writers demonstrate a similar propensity to explore ways of avoiding the reductive tendencies within much sociological explanation.

‘Events’ writes John Law (2004: 5-6), for instance, ‘necessarily exceed our capacity to know them...the world in general defies any attempt at overall orderly accounting’. Law makes clear this is not simply because the world is complex: rather methods, whether regarded in terms of rules or practices, ‘help to *produce* the reality that they understand’. In more critical vein, Bruno Latour (2005: 22) pinpoints the linkage of ‘explanation’ within conventional or traditional sociology – what he calls the ‘sociology of the social’ – to a ‘sudden *acceleration* in description’.

In opposing the latter to his preferred ‘sociology of associations’, Latour advocates, with deceptive simplicity, a radical change of ‘tempo’, a slowing of pace. A major advantage of Actor Network Theory (ANT), he maintains, is that it ‘claims to be able to find order much better *after* having let the actors deploy the full range of controversies in which they are immersed’ (23).

Methodologically, it is this de-acceleration, coupled with – to maintain the analogy with travel – a refusal to hitch a ride on existing notions of ‘social order’ that enables new associations, objects and actions to emerge, or more precisely, be enacted.

One striking consequence of this change of pace is to *return* to non-human as well as human objects their role as participants or delegates within social action. I emphasise ‘return’: as Latour notes (71), common parlance does not share the evident difficulty with this view of agency that is experienced by many social scientists. Kettles boil water and guns kill. *But* they do *not* do so in isolation from the people who operate them and the institutional context within which they are operated (cf. Latour, 1994: 6).

Marc Berg and Anne-Marie Mol are among those who have utilised a broadly ANT-inspired orientation within health-related settings. Mol (e.g. 1999; 2002; 2008), like Latour, stresses the importance of ‘enactment’ and ‘performativity’ in her exploration of routine medical ‘objects’, including illness ‘entities’ such as diabetes or atherosclerosis. The point of enactments, she declares, is that they ‘come in the plural...but are not fragmented into being many’ (2002: vii-viii). Mol argues that, far from being seen as opposed or divided, the different and shifting expressions and experience of a disease, that is, its *multiple ontology*, are intimately associated and interconnected, routinely, and, generally if not universally, co-exist without continuous conflict.

Meanwhile Berg, in *Rationalizing Medical Work* (1997), takes a concrete area of contemporary medical practice – the use of decision-support tools and standard protocols. Rather than attempting ‘grand conclusions’ regarding their efficacy or otherwise, he focuses on the two-way relationship between tool and practice. These categories ‘are intimately involved in each other’s production’



(165). They ‘co-evolve’ and transform one another.

If Berg’s contribution is strongly reminiscent of Tarde’s approach to ‘measurability’ (see above), he also adds a fresh twist. He emphasises the mutual reinforcement operating *between* the notion of ‘scientific’ medicine and its application through computerisation and other clinical tools. During the twentieth-century, he argues, expertise became increasingly linked to statistical ‘precision’, and to changes in the very conception of ‘evidence’<sup>1</sup>.

Accounts such as Berg’s and Mol’s challenge any idea of the supposed singularity and stability of medical objects and the notion of the ‘local’ as an instance of the general. Moreover, the importance of re-envisioning the *political* inevitably emerges or re-emerges alongside such re-visionary ‘methodological’ trajectories. That is, a stance surfaces that is attentive not only to the interactions and associations ‘there to be traced’, but also to the ways whereby the act of tracing itself demands to be viewed in political terms.

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<sup>1</sup> On the changing status and function of the notion of evidence, and its contingency on both the wider historical context and underlying and often unstated metaphysical or ‘cosmological’ foundations see Gigerenzer et al, (1989); Hacking, (1990) and Chandler et al (1994). Notions of what ‘stands’ as ‘evidence’ themselves rely on assumptions around probability, generalisability and demonstration, ideas which are themselves by no means ‘settled’ but whose meanings radically shift across time and from one context to another within both the natural and social sciences.

Latour has put the ‘negative’ case of the argument powerfully. ‘If there is a society’ – singular, immutable, invisible and total – ‘then no politics is possible’ (2005: 250). In her discussions of ‘options-based’ approaches to health-care decisions, meanwhile, Mol notes (1999: 86) that what we view as choices are invariably ‘incorporated’ in a more or less extended network of other practices, institutions and things. This operates both restrictively (for instance in contrast to some aspects of myths of liberal, individualistic ideology) and at the same time ‘resonates openness [and] indeterminacy’ (Mol, 2002: 177 [upper text]) insofar as the question of ‘what to do’ in any context ‘is not given in the order of things’ but needs to be established.

Attention to the register of suggestion and a return to an explicitly Whiteheadian approach reinforce and extend such insights. As noted in the previous Chapter, the ‘power’ of suggestion within the therapeutic frame may be viewed as exceeding and even part-constituting the ‘order of things’, for example as this tends to be presumed within a psychoanalytic setting. Moreover, in methodological or more precisely ethnographic terms, the act of tracing advocated by Latour and Law is, as Whitehead would have it, inevitably ‘prehensive’ – a *felt* process of *judgment* proceeding by selection, association or indeed suggestion (!), well before any explicit, conscious articulated *verdict* is reached or expressed.

Whitehead asserts that ‘the data upon which the subject passes judgment are themselves components conditioning the character of the judging subject’

(Whitehead, 1978: 203). As a by-product, ‘reflexivity’ is certainly always already compromised, but then so is the ‘data’ if this be regarded as a finished product, rather than as *performed* by the production. The politics is *in* the process.

Yet this is to anticipate somewhat. Over the course of the remainder of the Chapter I will pursue further core Whiteheadian concepts and attempt to show how each might relate to and inform existing social theory in a way that hopefully deepens the notion of the relevance of a suggestive register from one angle or another. A major purpose of the present Section has been to demonstrate how the deceptively simple idea of the ‘lure’ productively opens up questions of method-making in general.

## **2.3 Creativity/ Expression: the normal and the pathological**

### *2.3.1 Creativity*

The simplest way to approach Whitehead’s view of creativity is to take his words at face value. Within his cosmology, ‘the ultimate realities are the events in their process of origination’. Further,

each event, viewed in its separate individuality, is a passage between two ideal termini, namely its components in their ideal disjunctive diversity passing into these same components in their concrete togetherness... there is nothing in the Universe other than instances of this passage and components of these instances’.

Moreover, ‘the word creativity expresses the notion that each event is a process issuing in novelty’ (Whitehead, 1967: 235-36).

If the ideas enshrined within this passage demand considerable unpacking, it is not fundamentally because they are particularly ‘difficult’. Rather, they perplex because they remain radically *disruptive* of established modes of (especially) specialist thought. To grasp the full significance with which Whitehead imbues the term creativity it is essential to realise that for him it is *integral* to the event, to ‘passage’, becoming, change and thus to the whole of reality .

Creativity, Whitehead announces in *Process and Reality*, is the ‘universal of universals characterizing ultimate matter of fact’ (1978: 21). It is *presupposed*, he reminds us, in the entirety of the remainder of his cosmological schema. In order to begin to fully appreciate the extent of the potential implication of this move for social theory and its applications, it is crucial to *extend* the notion of creativity to cover those dimensions of reality such as ‘routine’ and ‘endurance’ with which it is usually, if only implicitly, contrasted.

Many other citations might be mobilised to reinforce this point. For instance, Whitehead suggests that creativity is ‘another rendering of the Aristotelian matter’ (31); it is the transition into the concrete (211); in its most general conceivable form it is the ‘character’ or nature of ‘God’. My intention here is not, however, to attempt a systematic survey – let alone a critique – of the interlocking terms and concepts comprising Whitehead’s expositions, but to try to put the force of his insights to work within my own far less ambitious framework of analysis. Most important to register is that, for Whitehead, creativity, as Griffin (2007: 28) observes, is ‘always embodied’ in events. It is

‘the twofold power of a unified event... to exercise self-determination (final causation) and then to exert causal influence (efficient causation)... *These causal principles are inherent in the very principle of things.*’ [my italics].

Thus, with Whitehead, ‘creativity’ provides a sort of shorthand for an emphasis on *change, becoming* and *causal influence* as approximations of the *essence* of experience, and as primordial to any splitting up of that experience into subject and object. In this context ‘suggestion’ acquires an analogical importance. In Chapter One it was singled out as denoting, in concrete historical terms, a means of describing if not accounting for or explaining forms of change – both within and outside of the mental health field – that cannot simply be reduced to mechanistic causative models. Both terms (creativity and suggestion) imply a *dimension* of experience that is neither ‘supplementary’ nor ‘marginal’ but inextricable from the process of change and from ‘actuality’ itself.

Suggestibility, like creativity, presupposes changeability, and new possibilities for rethinking influence and causation.

### *2.3.2 Expression and Scientific Interpretation*

In *Modes of Thought*, Whitehead distinguishes ‘expression’ from ‘importance’. Whilst importance is ‘monistic’, referable to immanence and infinitude, and ceases to be important when limited to the finite occasion, expression is ‘the activity of finitude impressing itself on its environment’ (Whitehead, 1958: 28). Earlier, he had introduced a distinction between ‘importance’ and ‘matter-of-fact’. The former is described as ‘that aspect of feeling whereby a perspective is imposed upon the universe of things felt’ (15).

Thus the notion of expression is chosen by Whitehead to convey the manifold ways unique individuality asserts itself within existence. It is the 'local', unrepeatable manifestation of importance, 'what is made to matter' *in a given case*. Expression is fundamentally associated with 'feeling'. It is simply the impulse, not necessarily conscious, to 'diffuse' (30). In the context of human interaction, 'feeling passes into expression' (37), by means of embodied behaviour, and through language and culture. Language systemises and 'civilises' expression (48). Moreover in Man language and mentality create one another and are co-dependent (57).

In *Adventures of Ideas*, Whitehead rather more explicitly sketches out ways whereby this very abstract-sounding schema might assist to inform and elucidate traditional sociological concerns. He speaks (1967: 250) of the 'apparatus of expression' and gives the example of the tribal ceremony where 'the output of emotion becomes the mode of expression for ideas'. The physical ceremony is a basic 'intellectual construction' whereby importance is manifested, literally real-ised. Fundamentally then, expression equates with *interpretation*. It is a form of explanation, or at least the kernel of one, and is always already infused with feeling.

We are thus brought back, albeit by a rather different route, close to a point made in the preceding Section. Expression *precedes* and *encompasses* 'rational' or 'scientific' explanation: the latter is a development or refinement of the former. The radicality of such a proposition becomes apparent when it is

deployed as a lure whereby the knowledge claims and practices of science are interrogated. A focus on ‘expression’, alongside ‘creativity’, allows what Whitehead called the ‘bifurcation of nature into causal and apparent components’ (1920: 40) – in other words the split between knowable, ‘objective’ fact and the knowing mind – to be resisted and for its operations and achievements within specialist accounts to be re-appraised.

Over recent decades sociologists of science have productively developed very similar lines of thought. For instance, Karin Knorr-Cetina (1981: 137) cites Nietzsche’s (1998: 15) observation to the effect that ‘it now may be dawning on five or six thinkers that even physics too is only a way of interpreting or arranging the world... and not a way of explaining [it]’. She deploys the illustration of a laboratory scientist who exclaims ‘the stuff has gone white!’ This becomes ‘the protein was precipitated’ in the final published account.

Knorr-Cetina observes:

many events in the natural or technological scientist’s laboratory are found to be every bit as “unclear” as the objects of interpretation postulate[d] for the social sciences. The paradox is that [natural] scientists are familiar with the pay-offs which living experience can provide in this sense-making process - a benefit which some social scientists seem to have forgotten (1981: 144-45).

‘What is the case’ – in Whiteheadian terms, what is *expressed as important* – is thus dynamically ‘constituted and reconstituted’ by interpretation, by ‘the scientist’s sense-making activities’ (146).

Knorr-Cetina’s thesis in *The Manufacture of Knowledge* reveals the natural scientist as *constructivist* rather than descriptive. As later debates within Science Studies have suggested (cf. Latour, 1993), there is no reason, however, why scientists should be singled out for ‘special treatment’ in this regard.

Whitehead's approach, by postulating the linkage between expression, feeling and interpretation at the highest level of generality, helps render this insight self-evident.

Medicine, meanwhile, has long and routinely been consciously *practiced*, if not systematically theorised, at and across the borders between interpretation/arrangement and explanation, in precisely the way Nietzsche deploys these terms. In my 'empirical' Chapters, I will attempt to demonstrate that mental health workers may be seen to share, on a day-to-day basis, in the expression, construction, constitution and indeed creation of their 'objects' of interest and *vice versa*. 'Suggestion' names the 'mode of generalisation' whereby these change processes can be followed, at least to some extent, in *reverse* mode. Returning back, as it were, from the 'precipitation' to the crude and less abstract percept of 'stuff'.

### 2.3.3 *Normal and Pathological I: Durkheim*

The terms 'normal' and 'pathological' resonate deeply with focal preoccupations of those involved in any form of health care. Self-evidently, they also invariably carry analogical freight *from* the domains of physiology and physical illness when deployed in other contexts, *including* those involving the opposition of madness and sanity. Any interrogation of their relation *qua* concepts, moreover, inescapably involves a confrontation with the notion of change: how does what is 'wrong' (pathological) become 'right' (normal) or *vice versa*?



In the third Chapter of *The Rules of Sociological Method* (Durkheim, 1982), first published in 1895, Durkheim famously sought to make explicit a ‘scientific distinction’ between the terms of ‘normal’ and ‘pathological’. In line with his overall project – as set out in the Preface of the first edition of *Rules* – ‘to extend the scope of scientific rationalism to cover human behaviour’ (33) he endeavoured to reach beyond a moral or affective evaluation, because ‘for science, good and evil do not exist.’ (85). In attempting to establish an ‘objective criterion’ for ‘distinguish[ing] scientifically health from sickness in the various orders of social phenomena’, he understandably turned to existing biological and medical models relating to physical pathology. ‘For societies, as for individuals, health is good and desirable; sickness on the other hand, is bad and must be avoided’ (86).

But Durkheim’s attempt to achieve his goal soon stumbles. As Mike Gane observes (2003: 69), his Chapter charts a ‘strange trajectory’. It commences by asserting that the definition of what is normal in a given society is related to what is *general*. ‘The normal type merges into the average type and any deviation from that standard of healthiness is a morbid phenomenon’ (Durkheim, 1982: 92).

However Durkheim immediately complicates this assertion by introducing the notion of change in the guise of the ‘laws of evolution’. Once more comparing society to the individual organism, he maintains that there are ‘transition periods where the whole species is in the process of evolving’, and that in this situation the ‘only normal type extant at the time...is one that relates to the past but no

longer corresponds to the new conditions of existence' (94). In these circumstances, 'we shall be forced to conclude' that what is general 'now constitutes a morbid state, however universal it may be' (95).

Hence social normality (within behaviour, attitudes, beliefs...), according to Durkheim, refers most often simply to proximity to the average. Deviance, pathology, morbidity are fundamentally defined by *difference*, by their presence on the fringe or at the extremes. Yet at times of 'transition' an entire society may become 'sick' and the rule is reversed. 'Normality', with its intrinsic link to 'health' is now in the minority until the transition is completed and 'new conditions' are established.

In the latter part of the Chapter Durkheim's attention shifts to the phenomena of crime. He attempts to puncture the commonsensical view (then as now) that the 'pathological' nature of criminal behaviour is 'indisputable' (97). Rather he depicts it as a universal – and thus by his definition *normal* – social feature regardless of the historical or geographical context: 'it appears to be bound up with the conditions of all collective life' (98). This claim leads Durkheim towards the conclusion that not only is crime normal, it is '*necessary*' (101). The criminal 'no longer appears as an utterly unsociable creature, a...parasitic element, a foreign, unassimilable body... [in] the bosom of society': rather 'he plays a normal role in social life'.

In many ways Durkheim's thesis thus was, and remains, extremely radical and challenging. His argument that crime fulfils a *positive* social function in

upholding the rule of law, 'morality' or 'the good' betrays an underlying 'relativistic' sensibility. Transposed into a mental health context, with 'madness' substituted for deviance or crime and 'sanity' for normality or generality, both parts of his argument contain a flicker of resonance with the much later statements of the anti-psychiatrists. Madness, or the activity of labelling certain behaviours as such, may well fulfil the dual function of goad and prop within a 'sane' society. In addition to presenting potential symptoms of a generalised social malaise, meanwhile, individual presentations of disorder can be viewed as 'advance indicators' of collective change.

Yet, at the same time, Durkheim's treatment of the relationship of the normal and the pathological signally *fails* to convince precisely because it tacitly assumes an 'outside' from which such universal categories can be sensibly posited by the social scientist. His identification of normality/ health with 'the general' as a *state* makes it difficult for him to account for transition or progress, although, as his reference to the 'laws of evolution' betrays that, influenced as he was by Darwinist thought, he identified a clear need to do so. Similarly, and in line with his conception of the role of sociology as a *science*, he conceives of interpretation of fact as distinct from 'mere' expression and tries to divorce description from morality, value, and emotion. Yet without an acknowledgment of the role of 'desire and belief' – as his great rival Tarde appreciated – it is impossible to identify any coherent yardstick whereby a judgment of any given society or individual – whether as 'sick', 'well', or in transition between the two – may be posited.

#### 2.3.4 Normal and Pathological II: Canguilhem

In contrast to Durkheim, Georges Canguilhem engaged rigorously with the notions of normal and pathological *as they had developed* historically in biological theory and medical practice and as they were applied *by* as well as to the individual organism. In the Introduction to his thesis, *The Normal and the Pathological*, first published in 1943, Canguilhem described the work as ‘an effort to integrate some of the methods and attainments of medicine into philosophical speculation’ (Canguilhem, 1991: 34). In his ‘New Reflections on the Normal and the Pathological’, appended in 1966, he went on to address the concepts of ‘norm’ and ‘normal’ on the *social* level. This was, as he insisted, in comparison with the ‘vital’ norms interrogated in his original study. ‘It is with the organism in view that I am allowing myself some forays into society’ (235).

Canguilhem thus consistently places emphasis on the *achievement* of health on the level of vital experience. Firmly indebted to Nietzsche’s interrogation of the genealogy of truth, Canguilhem’s thought espouses a refusal to leave unexamined the underlying metaphysical assumption that such terms as health, illness or normality are fundamentally *capable* of being universalised. As Foucault suggests in his Preface to *The Normal and The Pathological*, in his eventual formulation of the centrality of ‘error’ as intrinsic to the process of life, Canguilhem radically opens up ‘the entire theory of the subject’ to re-formulation. He opposes to the ‘philosophy of meaning, subject and the *experienced* thing...a philosophy of error, concept and the living being’ (in Canguilhem, 1991: 23-24 [my italics]).

Canguilhem's straw man is the 'nineteenth century dogma' of the 'real identity of normal and pathological vital phenomena' (43) articulated in different domains by Comte and Bernard among others. A working premise for such writers is that, when establishing a contrast between 'normal' or 'pathological' states, the latter may be read and articulated through the former. There is, in essence, only a measurable, quantitative difference between them.

Canguilhem does not deny that the adoption of this principle has fuelled considerable advances in scientific medicine. However, he asserts that this conception of normality rests on philosophically flawed assumptions, which he then proceeds to methodically demolish. No theoretical system, no 'codified knowledge' (105), he argues, may anticipate or 'cover' the possibilities of 'technology's rashness'. Systemic reason is continually outmanoeuvred by the inventiveness and resourcefulness of clinical experience.

If this point is broadly consonant with Whitehead's affordance of *ontological* privilege to creativity, the subsequent thread of Canguilhem's discussion is *epistemological*, and chords with the former's treatment of 'expression'.

Crucially, writes Canguilhem, the pathological is *prior*, in 'knowledge of life' and in 'knowledge of society' (285) to any imposition of 'normality'.

Furthermore, the reduction of the relationship between normal and pathological to purely quantitative measures falsely suppresses the issue of the *quality* of a given physiological state; the value accorded it by either patient or doctor (110-111).

As an alternative way of exploring issues of health and disease, Canguilhem introduces his own distinctive thesis of *normativity*. 'There is no fact' he declares, 'which is normal or pathological in itself'. Anomalies and mutations are inherent in biological processes; they 'express other possible norms of life.'

He continues:

If these norms are inferior to specific norms in terms of stability, fecundity, variability of life, they will be called pathological. If these norms in the same environment should turn out to be equivalent, or in another environment superior, they will be called normal. Their normality will come from their normativity. The pathological is not an absence of a biological norm: it is another norm which is, comparatively speaking, pushed aside by life.

The disruptive implications of all this for any static ontology of 'positive' health are considerable. In a fundamental way, Canguilhem suggests, both the normal and the pathological are immeasurable and inaccessible to precise scientific *definition*. But not necessarily therefore to description and interpretation. Health is a function of the organism's adaptation to the environment, and because the environment is 'inconstant', subject to perpetual flux, it is better described as an '*event*' or a 'becoming' than a fixed state.

Moreover, the 'subjective aim' of the individual whose health or illness is contested, and the essentially *affective* elements of their experience are brought firmly back into play. Canguilhem is quietly uncompromising in the concluding part of his 1943 text (198):

Let us say it once more. We do not profess indeterminism... We maintain that the life of the living being, were it that of an amoeba, recognizes the categories of health and disease only on the level of experience, which is primarily a test in the affective sense of the word, and not on the level of science. Science explains experience but it does not for all that annul it.

In the *New Reflections*, however, the analogy between normality/pathology on

the level of the individual organism and that of society is resisted and broken down. Whilst individual organisms evolve by means ‘of stricter integration of organs and functions’ towards higher levels of autonomy and self-regulation, society proceeds ‘in spatial externality’, repeatedly seeking the solution to problems ‘of information and regulation...by the creation of institutions...parallel to those whose inadequacy, because of sclerosis and routine, shows up at a given moment’ (254-255). As Canguilhem demonstrates via an interrogation of the evolution of the *usage* of the term ‘normal’ in social contexts, what is regarded as such in any given situation itself participates in setting norms. Indeed insofar as those norms reflect idea(1)s of health whether mental or physical, ‘medicine helps govern society... by holding up normality as a norm’ (cf. Mol, 1998: 280)<sup>2</sup>.

Canguilhem’s attention to the instability and ‘inessentiality’ of social norms thus contrasts radically with Durkheim’s rather confused attempt at

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<sup>2</sup> Arguably, at this point Canguilhem’s vitalist stance tends to take a rather different trajectory from the Whiteheadian approach. For he perhaps tends to fetishise somewhat the autonomy of the corporeal organism and its separability from other ‘societies’ of occasions within which it continually participates. Although Whitehead recognised the more or less enduring unity of the central coordinating control exercised by the brain over the body, he was also sensitive to the ways in which it leaks out into the world (cf. Whitehead, 1967: 155ff. for a sustained discussion), he emphatically did not limit ‘experience’ to the notion of humanity or even animality.

systemisation. Whilst the latter endeavours to define collective structures and behaviour through the appeal to more-or-less fixed and reified abstractions, Canguilhem's main referent is the activity of an organism in relation to the inconstant environment in which it finds itself. His approach makes room for the breadth of factors appealed to by Whitehead in his discussion of creativity and expression. For instance 'recovery' for him was the establishment of *new* 'norms' by divergent, creative means in response to environmental flux.

This train of thought lends itself fruitfully to a consideration of those phenomena of healing that have tended to have been regarded as impenetrable to rational investigation and have been demarcated as 'only' the outcome of suggestion. Take the notion of the placebo effect. At the core of the problem confronted here by science is that there is ample evidence of change that cannot (or cannot unproblematically) be ascribed to a single measurable cause. Research also often tends to suggest that whilst 'organic' alterations take place they may be short-lived and are inconsistent across populations.

Canguilhem's emphasis on normativity does not *explain* why a placebo may work in one context rather than another. But it does provide an analytic frame where an encounter with a placebo may be viewed as a 'test of experience' and the evaluative and affective components of that encounter not be relegated to insignificance. To echo Whitehead once more, the event will be both 'creative' and 'expressive' for the recipient and the administrator of the placebo alike. What is made to matter stands out against a background of matter-of-fact.



## 2.4 Feeling/ Experience: beyond work ‘as such’

### 2.4.1. *Feeling and Experience*

Each term of the couplet ‘feeling’ and ‘experience’ plays significant, if subtle roles in Whitehead’s cosmology. As a crude indication of their importance, entries under ‘experience’ takes up 39 lines of the Index provided in the Corrected Edition of *Process and Reality*, and those for ‘feeling’ 46 lines. I have moreover already attempted to begin to elucidate the importance of each term as organising notions for my thesis as a whole (cf. Introduction).

In maintaining focus on them here my primary aim is once again to demonstrate Whitehead’s *relevance*; to explore resonances between his recourse to such notions and the use of suggestion in the study of social practices. And in this Section my chief emphasis is on how they illuminate the topic of *work* regarded very generally. As a ‘bridge’ between the philosophy of process and the specific setting with which the thesis is concerned, I again ‘recruit’ writings rather more familiarly linked to social and cultural theory. On this occasion, however, Georges Bataille stands as an intermediary, albeit at first sight an unlikely one.

First however, I want to briefly consider the extent to which Whitehead’s terminology consistently refers itself, despite initial appearances, directly to the ‘everyday’ as much as to the language and systems of other philosophers. For instance, consider the deployment of the word ‘feeling’ in a mundane rather than self-consciously philosophical sense. At once vague and evocative, it is utilised meaningfully in a wide range of situations and contexts. In academic

social science, however, it is commonly *contrasted with* rationality and/or seen as what must be eliminated if rational analysis is to proceed. Yet, as Fineman (1993: 30) has observed, with particular reference to *workplaces* as ‘emotional arenas’, ‘traditional organizational concepts such as culture, politics and roles are infused with issues of feeling’.

We know intuitively *what* Fineman means here without having to laboriously dissect his statement. In everyday discourse, ‘feeling’ is susceptible to many different dimensions of interpretation. For instance the word may refer directly to haptic sensations: I *feel* the wind on my hair, a hand on my shoulder. When talk is about *my feelings* I tend to invoke passions, desires, emotions or sentiments: the feeling of being angry, happy, or curious. Nevertheless I also at times employ the word to convey something vaguer still. I have *a feeling* that it will rain – a hunch or an instinct, an intuition or impression.

Yet another everyday usage interestingly evokes the *practice* of therapy or healing, viewed very broadly. We *feel* unwell, or we feel pain or distress. But we know or suspect that a dose of medicine, a conversation, a hug from a friend or a walk in the park, may help us to *feel* better.

Especially in a *mental* health context, this last usage denotes a holistic, undifferentiated process. At any given stage we may be confident that we now feel better or worse, but are unable to be more precise. Of course, the ability to determine more exactly the processes and reactions underlying the change from better to worse is at the very heart of any pretension

towards *specialist* expertise embraced by psychiatry and its associated disciplines. Yet that *specificity* is not always possible is widely admitted. A happy *outcome* in terms of ‘feeling’ may generally be accepted (again perhaps necessarily more often in mental health than in the field of general medicine) as ultimately taking priority over a precise causal identification.

Clearly each shade of meaning outlined above intercommunicates and intermingles with the others. Moreover, there is something in the notion of feeling that persistently resists exact description or quantification (even in the first example I gave: the texture of my cat’s fur is unmistakable, but I am hard put to describe it except in terms of analogies to other sorts of ‘feelings’). Meanwhile, there is a close if hard-to-articulate relationship between ‘feeling’ and suggestion. Both terms may be ultimately appealed to as *markers* for a sort of ‘remainder’: for, as Fineman implies, what tends to ‘drop out’ of analysis.

Whitehead nevertheless habitually incorporates the elusive, multivalent term as ‘feeling’ into an analytic schema that strives towards rigour and coherence. At first sight his attitude is puzzling and strikes a contradictory note. For instance he declares at one point that he employs feeling as a ‘mere technical term’ (1978: 164). Yet, elsewhere in *Process and Reality*, he indicates he deliberately uses it in line ‘with the requirements of common sense’ (e.g. 52; 128).

In fact, his own careful deployment of ‘feeling’ both encompasses and

*exceeds* each of the everyday meanings noted above. 'Feeling is the agent' he declares, 'which reduces the universe to its perspective for fact' (1967: 13) That is, crucially, with Whitehead it is simply not possible to talk about fact without regard to feeling. Feeling is an *achievement*; as one commentator puts it, 'all any feeling *is*, is an achieved intensity of contrast' (Jones, 1998: 106; italic in original). It thus 'covers' much *more* for instance than 'just' emotion, desire, or fantasy, and incorporates many other aspects, including rational thought.

In the final analysis, Whitehead's positioning of feeling at the epicentre of his thought is not arbitrary, but strategic. Withal his many provisos with regard to the inevitable vagueness of philosophical language, feeling *matters*; it avoids the *disjecta membra* provided by processes of abstraction (1967: 233). Applying this insight to a given social context leads quite simply to the realisation that *nothing* that comes about through experience need – or indeed should – be 'thrown out' or discarded as irrelevant because 'merely subjective'. Whether characterised as intuition; suggestion, emotional response mood or aesthetic reflex, every facet plays a contribution and is potentially worthy of further analysis.

It is unnecessary to linger unduly over Whitehead's parallel appeal to the concept 'experience'. The essential point has already been made. It remains important to underscore, nevertheless, the extent to which this latter term, alongside 'novelty' or 'creativity' and 'process' plays an absolutely foundational part in his metaphysics. 'Apart from the experiences of subjects',

he asserts, as we have seen (1978: 167), ‘there is nothing, nothing, nothing, bare nothingness.’ Alongside this it must be recalled Whitehead extended ‘subjectivity’ – as an irreducible aspect of experience – to *all* occasions, to the entirety of reality.

Throughout his mature writings, from *Science and the Modern World* onwards, Whitehead articulates a determination to take account of ‘naïve experience’ remaining outside ‘the narrow and efficient scheme of scientific concepts’ (1948: 75). One way in which he accesses this is via an appeal to poetics.

Enthusiasm for poetry and other arts, and the need they answer within human society, often assumes the form of a marker for feeling in Whitehead’s work. Literature evidences the *importance* of the concrete over the abstract, ‘with its appreciation of the concrete character of individual events’ (Siegel, 1984: 256). It is an aspect of an inclusivist, anti-reductionist strategy that assists in the ‘taking care of our abstractions’ (cf. Stengers, 2008). As Siegel has it, ‘We cannot *add anything* to an abstract scheme that will make it equal to reality. What we have to do is to *restore* something that has been removed [original italics]’.

#### 2.4.2 Bataille, Excess and Non-Knowledge

Such notions of restoration or salvage tend not to be accorded priority in the writings of Georges Bataille, to whose work I now turn. Bataille obsessively and unflaggingly pursued the notion of *excess* throughout his life, fiction, poetry and philosophy. Overtly far more iconoclastic and uncompromising than

Whitehead, he also consistently placed stress on an experiential determination to *shed* constraints in life and thought, many of which he linked to the ‘projects’ that dominate Western civilisation, including scientific rationality. In his thought the absorption with excess revolves around the notion of a lavish, unreciprocated expenditure, a frenetic *dépense*. Repeatedly this led Bataille, self-consciously and perilously, to the brink of nihilism, to ‘non-knowledge’, the paradoxical abandonment of *all* project, and (in the context of his massively important contribution to the theory of art) to the *informe*.

Bataille and Whitehead make for a strangely contradictory and uneasy pairing. Nevertheless, as I will try to show, they share an unswerving commitment to non-reductiveness and inclusivity, and indeed to identifying and establishing what I have earlier referred to as ‘mode of generalisation’ adequate to the richness and depth of experience. The writings of both are infused with attention to feeling and experience. Again similarly, both appeal to poetry and religion (or at least in Bataille’s case the notion of the sacred) in order to expose and collapse the limitations of a scientific world-view.

In contrast to Whitehead, Bataille’s trajectory however, involved a direct intervention, simultaneously derivative and combative, with the dominant social science of his day. In developing his notion of the sacred and the role of an alternative and radical ‘sacred sociology’, Bataille drew unashamedly if subversively on leading social theorists, including Durkheim. In particular, Bataille directly confronted and utilised the latter’s assertion in *The Elementary Forms of Religious Life* (Durkheim, 1976:38) that the binary division between

the ‘two worlds’ of the sacred and profane is the fundamental, universal and originary articulation of difference or distinction within sociality.

This formulation profoundly informed Bataille’s assault on what he saw as the suffocating restrictiveness of rationality and systemic thought of all types. It haunts his discussions of transgression and taboo and his development of a critique of ‘work’ marked by the terms ‘heterology’ and ‘general economy’. His writings indeed exhibit a central paradox in that they demand to be approached simultaneously as serious and well-researched attempts to turn established social science against itself, *and* as endeavours to ‘realise’ the re-incorporation of raw experience and feeling in a creative/destructive re-structuring of both knowledge and labour (Richman, 2002).

The play between ‘transgression’ – the violation or exceeding of any prohibition – and ‘taboo’ – prohibition and limit imposed by social systems or system of thought supposedly ‘founded in reason’ – is a key theme unifying Bataille’s highly disparate textual production. In one of his last major writings, *Eroticism*, he contended that ‘transgression does not deny the taboo but transcends it and completes it’ (Bataille, 2001: 63). In most cases transgression – as in wars that however violent are essentially subject to regulation – contains its own limits (65). Bataille, however, was fascinated with the possibility of ‘unlimited’ transgression, the *exceptional* situation where the ‘sense of rupture gets the upper hand and disorder knows no bounds’ (66). This was for him the ‘summit experience’ – ungraspable, and, as soon as approached, let alone described, lost.

Both transgression and taboo, for Bataille, following Durkheim, relate to the essential division between sacred and profane. The profane world *of* work, which nevertheless emanates from the sacred, is ‘the world of taboos’. This world basically fulfils an economic function: ‘taboos are there to make work possible’. From earliest times limits were imposed to insure things were *produced* – science, and all rational activity, proceeds from this. Transgression is ‘sacrilege’, because it shatters the awe and devotion instituted by the prohibition.

Nevertheless transgression ultimately *complements* rather than opposes the profane world, ‘exceeding its limits but not destroying it.’ ‘Human society is not only a world of work’. ‘Men are swayed by two simultaneous emotions...the taboo would forbid the transgression but the fascination compels it.’ (67-68).

The interplay and interdependence between taboo and transgression in Bataille’s thought may be juxtaposed with his formulation of the notion of ‘heterology’. Heterology refers to everything ‘placed outside the reach of scientific knowledge’; it is ‘opposed to any homogeneous representation of the world, in other words to any philosophical system’. The process of intellectualisation ‘automatically limits itself by producing...its own waste products, thus liberating...the heterogeneous excremental element’. Refusing to abide by the limits inherent in any rational method or project, heterology ‘reintroduces the demand for violent gratifications implied by social life’ (Bataille, 1985: 97).

A heterological motif runs as a golden thread throughout Bataille’s work. For



instance, it resurfaces in his attempt in *The Accursed Share* (Bataille, 1991a), to set out the laws of a ‘general economy’, wherein the ‘immense squandering’ related to expenditure (*dépense*) and excess were to be fully acknowledged, and opposed to the ‘restricted’ and thoroughly conventional economy of production and utility. Bataille was well aware of the inevitable tension and paradox at the heart of any such project, ‘the trap of having to describe systematically how he is going to write about systems’ (Hegarty, 2000: 28). In the Preface to *The Accursed Share* he lyrically articulates this paradox, one which also lies at the heart of the ‘work’ of *writing* itself (cf. Pefanis, 1990: 151):

My work tended first of all to *increase* the sum of human resources, but its findings showed me that this accumulation was only a delay, a shrinking back from the inevitable term, where the accumulated wealth has value only in the instant. Writing this book in which I was saying that energy finally can only be wasted, I myself was using my energy, my time, working; my research answered in a fundamental way the desire to add to the amount of wealth acquired for mankind. Should I say that under these conditions I sometimes could only respond to the truth of the book and could not go on writing it? (Bataille, 1991: 11)

Similarly, in a 1951 article in *Critique*, Bataille (1994: 115) suggested that to *reflect* on the sacred, sociologically, or in any sense ‘scientifically’, was only possible so far as one remained within the perspective of the profane. Insofar as his intention was to at least approach the point of rupture between the two worlds, Bataille is indeed a thinker of the ‘impossible’. More than this, he renders the attentive reader complicit, as Jean-Luc Nancy (1993: 319) has observed, in ‘the impossibility of communicating anything at all without touching the limit where all meaning spills out of itself.’

#### 2.4.3 *Whitehead and Bataille*

This last comment offers an opportune occasion for reflection on the relevance

of Bataille's contribution to the theme of this Chapter. For in a sense it is precisely the 'impossibility' of meaning and communication to which Nancy refers that marks the sharpest contrast between Whitehead and Bataille. The latter, often adopting a 'feeling tone' that might be described as grimly ecstatic, *commits* language *and* indeed experience as a whole to a boundary where 'system', knowledge or science is irrevocably threatened, or at the very least, as Jacques Derrida (1978: 268) observes in a seminal essay, 'made to tremble'.

Whitehead too fully recognised the *inadequacy* of language *as opposed to* experience to impose ultimate definition on expression.<sup>3</sup> His consistent aim however was to struggle for the best possible *framing* of experience within language. Witness the passage already cited from the first Chapter of *Process and Reality*. 'Speculative philosophy is the endeavour to frame a coherent, logical, necessary system of general ideas in terms of which every element of our experience can be interpreted.'

Yet it would be misleading to posit this contrast as an insurmountable gulf between the two thinkers. Each was profoundly concerned with resisting the exclusion of vital aspects of lived, felt experience, conscious or otherwise, manifest within modern modes of intellectualisation. Each moreover strenuously traced these aspects in part by attending to *aesthetics*, especially

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<sup>3</sup> 'I am impressed' Whitehead informed Lucien Price, 'by the inadequacy of language to express our conscious thought, and by the inadequacy of our conscious thought to express our subconscious. The curse of philosophy has been the supposition that language is an exact medium' (Whitehead/Price, 1956: 295).

literature, and albeit very differently, *spirituality*.

Moreover, from the perspective of the present thesis, the sometimes-explicit target of their critique of the exclusionary strategies of modernity might be described not as *work as such* but of as an *approach* to work that operates according to a discourse and practice of ‘restriction’ and ‘decontamination’. This is as true of Bataille – for all his talk of non-project and his flirtation with the impossible, he continued, compulsively, through physical pain and over many years (Surya, 2002), to write, research, criticise and challenge – as it is for Whitehead’s far more softly articulated aim of imposing a ‘restraint’ upon specialists. For all their differences in outlook and presentation a deep strain of similarity, perhaps even ‘community’, may also be posited between them.

Final comments in this Section concern the potential ‘use value’ of Bataille’s work in the context of my thesis, and its potential relevance to the register of suggestion. Two main points may be made here. Each returns to the overall thrust of his elaboration of heterology and the distinction between the general and the restricted economy.

The first point has to do with the *content* of those features and elements of experience Bataille incorporated into his heterological schema. They included aspects such as bodily dejecta (vomit, excrement, saliva, tears etc); ‘profitless’ economic and social activity (potlatch, festival, orgy, luxury, war) and ‘inner’ psychological and/or spiritual drives and forces (desire, lust, self-destruction, death and disgust but also meditation, mysticism and prayer). The paramount

linkage between all these diverse elements is surely *excess* in its most general and inclusive definition. Neither Bataille's posthumous reputation nor the particularity of his penchant for obscenity and perversion (narrowly viewed) should blind us to the diversity of his preoccupations and the fact that his enduring objective was the crossing of classificatory boundaries between public and private, body and mind, and good and evil as conventionally viewed.

The second point follows on from this and concerns the *intensity* with which Bataille seeks to extend his ontological vision beyond a Cartesian world-view. Whilst Whitehead tackles this question primarily by reference to process, Bataille's position is altogether flatter and more static – admittedly this perhaps lends an ultimate limitation to his thought, characterised as it is by a kind of lostness in paradoxes of unobtainable summits, nothingness and non-knowledge. Nevertheless, reading Bataille fruitfully provokes an appetite for the persistent questioning of boundaries. By evoking the 'outside' of thought and the heterogeneous domains of ineffable experience, it profoundly challenges and subverts the very idea of work, and by extension mental health work, as a separate domain.

'Suggestion', in the ways I have pursued the notion thus far, evokes in contrast a far gentler, less violent and more *persuasive* line of approach. Essentially, it marks an alternative way of pursuing a broadly similar aim – the infusion of feeling and experience into the specialist account. For instance in my discussion of Ferenczi's revisionary approach to psychoanalytic practice, it was noted that conventional divisions between subject and object tended to fragment,

reconfigure themselves and blur in a play of mimesis.

Significantly, eroticism and excess (including, *contra* orthodox Freudian theory, recognition of the inevitable excess of the present over the past) played a crucial part in prompting Ferenczi to probe beyond the ‘restricted’ economy of psychoanalysis towards something closer to a ‘general’ economy. Suggestion disturbs and – to offer a very Bataillean term – *ruptures* the distribution of subjects and objects. It is to this aspect of the register of suggestion I will now turn.

## **2.5 Importance/ Understanding: superject to suggest**

### *2.5.1 Importance and Understanding*

The concept of ‘importance’ is afforded a sustained treatment in the first pages of *Modes of Thought* (1958: 1-27). Here Whitehead attempts what he calls an ‘assemblage’ of the basic, pre-systematic generalities which he describes as ‘ultimate’. Importance is contrasted with the ‘inescapable’ – the immediate, the undifferentiated – in experience, which Whitehead denotes by the antithetical yet complementary notion of ‘matter-of-fact’ (5).

Importance is closely related to *perspective*. It is, Whitehead asserts, ‘a generic notion which has been obscured by the overwhelming prominence of a few of its innumerable species. The terms “morality”, “logic”, “religion“, “art”, have

each of them been claimed as exhausting the whole meaning of importance’  
(16).

Whitehead, then, is speaking, in the most general way possible of *what matters*. And what matters, is invested, almost tautologically, as attention to everyday language reveals – ‘this matters to me!’ – with care, concern, *feeling*. Yet Whitehead underscores a crucial twist. Matter-of-fact is, he continues, countering an often unstated assumption adopted by much of the Western philosophical tradition, ‘an abstraction, arrived at by confining thought to purely formal relations which then masquerade as the final reality’ (25). Of the two, it is *importance* that is more concrete and ‘the concentration upon matter-of-fact is the supremacy of the desert’ (27).

In the same text, discussing ‘understanding’, Whitehead emphasises first of all that this term refers primarily to *process* rather than to the idea of the completion or establishment of settled fact. In its most general form understanding has to do with *self-evidence*. The more specialised notion of ‘proof’ is derivative and secondary. Philosophy, Whitehead declares is either self-evident or it is not philosophy. It is ‘sheer disclosure’ (66-67), and its perennial failing and limitation is that it is necessarily obliged to express itself in language. For ‘language halts behind intuition’. As soon as we bring language into play, thought is subject to mediation, alteration, rendering. ‘Understanding is self-evidence. But our clarity of intuition is limited, and it flickers. Thus inference enters as means for the attainment of such understanding as we can achieve’ (69).

### 2.5.2 Mobilising Whitehead...

Throughout this Chapter, I have struggled to relate Whitehead's philosophy, with its exceedingly sweeping ambition and scope, to the (superficially at least) narrow empirical focus of my thesis. From the standpoint of my own explication of the contrast between the registers of specialism and suggestion and its pragmatic operation in the context of an ethnography of mental health world, two paramount principles have emerged that I regard as absolutely critical. It is worth attempting to rephrase these in the clearest possible manner.

Firstly, the Whiteheadian doctrine of importance implies the following. *Feeling, howsoever vague and indistinct, and regardless of whether or not it is consciously discriminated, is a priori in experience – and in an important sense more concrete – to fact, rationally derived and purified.* Where, as in scientific method and theory but also in everyday practice, 'fact' is produced and prioritised this is to be regarded as merely one 'species' among the many operations of importance.

Secondly, Whitehead's conception of understanding privileges a quality that may be traced but not ultimately captured through discourse, language.

'*Knowing*' – I use the verbal form deliberately to underline the contrast with 'knowledge' – *is a dynamic process and is always incomplete.* It manifests itself, *in the rendering, through the process of inference. Such a process is inevitably 'local', coloured by contingency and circumstance.*

To these two working axioms should be added a third. ‘Confusion is no less fundamental than order’ declares Whitehead (70). *Disorder and de-ordering characterise all forms of experience including the process of gaining knowledge or insight into any complex set of data*. De-ordering promotes *re-ordering* – the realisation of heretofore undisclosed potentialities. It is with this in mind that one of Whitehead’s most often quoted dicta, ‘philosophy destroys its usefulness when it indulges in brilliant feats of explaining away’ (1978: 17), should be approached.

The notion of suggestion, as deployed throughout this thesis, combines aspects of each of these three principles. Firstly suggestion might be substituted for the words ‘feeling’ to evoke how importance is generated. Secondly, suggestion captures a large part of the sense in which understanding takes place ‘on the hoof’ and is primordial to its verbalisation or formulation. Thirdly, the term conveys something of the inherent uncertainty and indeterminacy involved in processes of re-configuration.

### 2.5.3 ...*On the Register of Suggestion*

I touched briefly on Whitehead’s critique of the subject-object divide in the Introduction to the thesis. To recapitulate his position briefly (no easy task!) I will resort here to a comparatively crystalline exposition in *Adventures of Ideas* (1967: 175-77) where the main elements are cogently stated. Here Whitehead asserts first that, with the partial exception of Plato, the greatest Western philosophers have tended more or less to



identify the 'structure of experience...with the bare relation of knower to known' (175).

Whitehead, for reasons already elucidated, firmly rejects this identification. Conscious knowledge is arrived at by abstraction and is 'only present in the more elaborate...occasions of experience.' Moreover, 'the basis of experience is emotional' (176).

Whitehead developed this basic insight into his 'theory of prehensions'. This analyses experience 'into modes of functioning which jointly constitute its process of becoming.' Subjects and objects for him are such modes, relative to one another and to the activity under consideration and not to knowing and being known.

In *Process and Reality* Whitehead (1978: 29; 87) adopts the notion of the '*superject*' to convey the way in which any occasion of experience may be seen both in terms of a subject experiencing and as completed – 'concreted' 'satisfied' by its experiences, that is as an object for other subjective occasions. The concept of superject marks the passage of time and the ingression of new experiences. In a human context it's 'existence' is evidenced within the operation of very (second-to-second) short term memory that enables us to preserve a sense of individuality and continuity from one moment to the next (Whitehead, 1967: 177; 184).

As Halewood and Michael point out (2008: 35) the idea of the superject

rescues Whitehead from the charge of idealism. The coupling of this notion with a pan-experientialist orientation also emphatically underlines the fact that all existence is ineluctably social. The distinct, bounded, Cartesian self is exposed as a fiction and there is a continuous relation of interdependence between ‘provoker and recipient’ (176).

I would myself conjecture a close relationship between Whitehead’s ‘superject’ and the notion of the ‘*suggest*’. This latter coinage is borrowed from Borch-Jacobsen, whose critique of psychoanalytic theory was encountered in the previous Chapter. He deploys it in addressing ‘the strange and disquieting suggest of hypnosis’ (1988: 149), to underscore the extent whereby in his view the very notion of the intact, self-determinate and independent Freudian ‘subject’ is thrown into question by the phenomena of the trance supposed as present, howsoever masked, at the very core of the analytic scene.

Whilst I part company from Borch-Jacobsen in terms of the overall thrust of his mobilisation of this neologism<sup>4</sup>, I find it extremely helpful toward rethinking the

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<sup>4</sup> The full extent of my distancing move here is captured in a distinction made between the deconstructive bias of much ‘postmodern’ thought and (Whitehead’s) ‘postmodern modernism’ (Griffin, 2007: 13) or ‘constructivism’ (Stengers, 2008; see also 2.3.2 above). In my view Borch-Jacobsen – in the course of an admittedly highly insightful deconstructive critique of psychoanalysis – tends to ‘throw the baby out with the bath-water’ by over-emphasising the negative, ‘controlling’ dimensions of suggestion, as compared

notion of the register of suggestion on Whiteheadian lines. That is, as indicative of a basic, creative dimension of experience. The term combines the already multiply nuanced theme of the ‘subject’ in the social sciences (the subject as, for instance, ego, cogito, topic, agent or that which is under political control...) with suggestion as an indicator of processes of interactive change. This perhaps has particular resonance in discourses related to mental health, where, as has been observed, the problematic of suggestion has played an explicit historical role. Yet, by definition it evades restriction to that field alone.

Finally, I need to stress that I do not attempt to *equate* the suggest with the Whiteheadian superject. Rather, I want to establish the relationship between them as provocative and productive, a demonstrative instance of following the speculative lure appealed to in Section 2.2. Attention to suggestion and the idea of the suggest together – as conveyers of the general themes of importance and understanding – conjure a possible mode for the mobilisation of Whitehead’s thought on a variety of levels.

## **2.6 In Conclusion: suggestion and mental health work as ‘craft’**

As stated at the outset, the conceptual enterprise undertaken in this Chapter has been pursued on three distinct levels or dimensions. These concern, respectively, method, change and work. It is now appropriate at approximately the midway point of thesis, not only to offer a few concluding remarks

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to its creative and actualising potentialities.

pertaining to each dimension in turn, but also to endeavour to integrate them in terms of my overall orientation and focus.

***Suggestive Method:*** Firstly then, how might suggestion relate to method ‘*assemblage*’? This latter term has often been associated with the writings of Deleuze and Guattari (esp. 1988 *passim*). Their widely influential insights crop up variously places within recent social theory and have for example been reworked into a general manifesto-like ‘philosophy of society’ (De Landa, 2006). This might be crudely summarised as consisting as an appeal to becoming against essence and a focus on forms of enunciation (deterritorialisation; haecceity; ‘body-without-organs’ nomadism etc.) that open up space(s) for the possibility of re-envisioning dominant hierarchies and ‘arborescent’ taxonomies. Meanwhile, complementarily to such approaches, and not infrequently in dialogue with them, Actor Network Theorists and other sociologists of science (e.g. Law and Hassard, 1999; Latour, 2005) have utilised assemblage to evoke heterogeneous agency and the role played within it by the intertwining of material and technical objects with human aspirations and conceptions (hence ‘hybrids’; ‘cyborgs’ etc.).

The accent in both Deleuzian and ANT approaches is on rethinking ingrained assumptions related to multiplicity and singularity; diversity and unity; the Many and the One. This, ‘*the basic ontological problem*’ flagged up at the very beginning of *A Thousand Plateaus*, has been addressed by anthropologists such as Marilyn Strathern (1991) and sociologists like Anne-Marie Mol (2002) among many others. It is also a question repeatedly returned to by Whitehead

himself (e.g. 1978: 21; 1958: 29). How to trace the emergence of (the appearance of) singularity, in a way that accords the fullest possible attention to multiplicity and the potential for alternatives.

Combining both aspects ('Deleuzian' and Actor-Network) of this now well-established orientation and addressing specifically the notion of *method* assemblage, John Law writes: 'I will define this as the enactment or crafting of a bundle of ramifying relations that generates presence, manifest absence and Otherness, where it is the crafting of presence that distinguishes it as *method* assemblage' (Law, 2004: 42). Methods then, for Law are a 'bundled hinterland' (43). And 'different objects [are] produced [by] different method assemblages' (55).

Utilisation of the register of suggestion can play a useful and potentially significant role here, I believe, because each and every suggestion 'brings to presence' through relation. Something or someone suggests something to me, and I am changed, however radically or imperceptibly. Considered as 'suggest' I have taken on something of the object that suggests, whether this regarded as another person, a book, a piece of equipment like a photocopier or a chair or an 'atmosphere'. Of course, where a Whiteheadian approach is followed it will never be 'just' any one of these elements at stake because each becomes a suggest in its turn and will be 'clothed in emotion'. Suggestion thus entails multiplicity: the environment continuously suggests. I am bombarded by 'new' suggestions, new possibilities, simultaneously and as the suggest I have (uniquely) this moment become.

All this is pregnant with implication for the consideration of methodological approaches in general and for retaining a modest, partial and open-ended orientation to the ‘adoption’ of any particular method. It promotes, in Mol’s terminology, a ‘praxiology’ (2002: 53-54) as opposed to epistemological over-confidence, or as Law suggests, ‘allows us to investigate the uncertain and complex lives of objects in a world where there is no closure’ (2004:59). In Chapter Three, for instance, I will attempt to apply the spirit of such an approach in exploring the challenges I faced beginning my work in the field.

***Suggestive Transformation:*** It is noteworthy that a number of recent approaches exist within what might be broadly described as the social science and philosophy of health and illness that either explicitly utilise the notion of suggestion. They may, I believe, be aligned with the trajectory adopted here without doing great violence to their self-conception. The phrase ‘broadly described’ is used advisedly, however. A hallmark of these approaches is that – almost by necessity – they cross and transcend traditional disciplinary boundaries. I would offer that they are effectively obliged to do so, simply because their aim integrally entails an inclusive view of experience and a radical repositioning of the subject-predicate order that itself maintains such divisions.

I have in mind, for instance work by Daniel Stern (1998) exploring the infant’s development of senses of self and Teresa Brennan’s (2004) investigation of the ‘transmission of affect’. Significantly both these works engage directly with psychoanalysis in part as inspiration, in part as target. Each may be glossed as

pursuing ‘theories of persons-in-relation’ which have key implications for, but are not confined to, healthcare settings.

Stern’s (1998: xv) central idea is that selves are from the beginning thoroughly constructed interactively, in process ‘from the patterned experience of self in interaction with another. His approach has been persuasively aligned with the register of suggestion by Chertok and Stengers (1992: 147-61). Brennan, whose work I touched on earlier, seeks meanwhile to capture a series of processes that she sees as ‘social in origin but biological and physical in affect’ (2004: 3). She draws on a range of resources – including theology, sociology, psychoanalytic findings and contemporary neuroscience – to argue that there is a good case for positing that emotions and affects can be enter into a person from others in a way that can be traced at least partially materially and not merely analogically or figuratively.<sup>5</sup>

*Mental Health Work as Suggestive Craft:* Approaches such as Brennan’s and Stern’s are also instructive when viewed from a slightly different angle. They are consonant with, and maintain and develop, a counter-tradition discernible – and persistent if somewhat muted – throughout the recorded history of Western

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<sup>5</sup> Brennan, unlike Stern, has explicit recourse to the legacy of theorists of suggestion. My main reservation with regard to her book is that, as hinted above she tends to disparage their terminology over-hastily and to rely on an ‘explanation’ that fits rather too neatly into a positivistic and mechanistic framework that many of her own reflections conspire to dissolve.

medicine and psychiatry. The tag of ‘persuasive healing’ might be reasonably applied here. This is worthy of a few remarks that extend the historical perspective adopted in earlier Chapters.

Pedro Lain Entralgo (1970: 241ff) postulates that the Greeks from the Homeric period onward believed that what Aristotle in his book on rhetoric, dubbed ‘the persuasiveness of which any matter admits’ (1991: 74) might be exploited for *therapeutic* purposes. He demonstrates that the notion that a harmonious re-ordering of the soul (*sôphrosyne*) could be brought about by the ‘effectively suggestive word’ (*epôde*) is present throughout the writings of both Plato and Aristotle, and was apparently applied ‘to the curing of certain maladies’ by Sophists such as Gorgias and Antiphon. The notion of therapeutic effectiveness rested in part, Entralgo argues, on the *rapport* established between the speaker and the hearer: ‘the latter must have made a sort of “presentation” (*paraschesis*) of his soul to the former and must listen as though tied to him by the bond of attention’ (244).

However, and crucially for medicine’s later self-conception, this ‘therapy of the word’ was largely ignored within the Hippocratic canon. Entralgo, in an earlier work (1955) traces the partial eclipse of rival, less ‘naturalistic’ conceptions of disease within the texts often credited with being foundational to the later development medical science. The opposition he posits between the ancient philosophers and the ancient physicians, and the deracination of the notion of the power of rhetoric and suggestion from dominant medical lore may be seen as setting a pattern for and profoundly foreshadowing later developments in



medicine and psychiatry.

To an extent this venerable divorce has explanatory force in accounting for the ‘scandal’ presented by the Mesmerists and their successors. The ‘natural’ suggest of both rhetoric and healing, readily identified by the pre-Hippocratics, over time became indelibly associated with the charlatan and the magician and dissociated from the professional practice of medicine. In this respect a fresh perspective may be arrived at on the breadth of vision, openness of mind and radicality of many of the psychiatrists, psychologists, and philosophers who characterised the ‘golden age’ of suggestion by challenging this long-established exclusion

To offer a single instance, Pierre Janet not only took very seriously, and attempted to think through with some rigour, suggestive techniques extending beyond hypnosis itself and including various ‘therapies of religious origin’ such as those practiced within Christian Science. Janet also came up with a working definition of the term ‘suggestion’ (Janet, 1925: 128): ‘a particular reaction to certain perceptions... [which]...consists in the more or less complete activation of the tendency that has been evoked.’ In its emphasis on agency and relation this to some extent anticipates the position adopted here.

Janet, however, remained within a (broadly speaking) Cartesian understanding of the subject. For him suggestion was of limited although significant use within therapy. Significant, precisely because of its direct link to *action*: elsewhere he spoke of the hypnotised or automatised subject ‘thinking and acting’ at once,

and participating in a reorganization of consciousness (cited Chertok and Stengers, 1992: 233). Limited because Janet tended to restrict its transformative potential to the ‘suggestible’, those whose ‘personality’ was sufficiently pliable, or weakened through illness.

Far more recently, in a groundbreaking work first published in 1961, the American psychiatrist, Jerome Frank (1973), was perhaps the first Western writer since Janet to attempt a systematic exploration of the effectiveness of different psychotherapeutic approaches which does not discount suggestion ‘in its own right’. The hallmark of Frank’s approach is that he identifies deep and continuous connections in both pre-modern and modern settings between healing, emotion, expectation and some form of ‘conversion’, religious or otherwise. He emphasises also that influence is very much a ‘two-way street’ (134) between subject/patient and experimenter/therapist, with both being to a greater or lesser extent ‘at the mercy of’ their (more or less theoretical) expectations. Moreover he takes the bold step (164) of contrasting all forms of psychotherapy with the placebo effect.

The aspect of the tradition of persuasive healing on which I would like to place final emphasis here however returns to Aristotle’s treatment of rhetoric referred to above. If Entralgo may be relied upon as a guide, this resonates not only with the ‘might-have-been’ *normative* history of medicine and its insecure stepchild psychiatry. It also evokes a hidden actual counter-history of the practice of those disciplines and indeed includes a crucial dimension of contemporary mental health practice.

For the context of Aristotle's discussion of persuasion is understood by classical scholars to have been to establish a coherent philosophical basis for rhetoric's claim to be considered a *techné*, the root-word of modern-day 'technology' and technique and usually translated as 'craft' (Lawson-Tancred in Aristotle, 1991: 11-15). As it happens, this same word 'craft' is also discussed in some detail by Whitehead in *Adventures of Ideas* (1967: 57-58). Indeed it forms a recurrent theme in his essays on pedagogy and social philosophy (1959 *passim*).<sup>6</sup>

The scope, creativity and adaptability signalled by the term 'craft' is in the former work contrasted sharply with the relative 'canalisation' and rigidity of the more 'modern' idea of 'profession'. 'Crafts,' Whitehead avers, are 'shot through and through with flashes of constructive understanding. Professions, however, 'are based upon limited procedures'.

It is important not to distort Whitehead's intention. He makes clear that he regards a *balance* of craftsmanship and professionalism as a requisite for progress. He expresses, nevertheless, a palpable note of regret for the relative absence of 'a due proportion of the former' (58) in the society he observed around him. Moreover, Whitehead's avocation of 'craft' must be viewed in the context of his larger argument in *Adventures*, a development of a theme he finds

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<sup>6</sup> Whitehead's writings on education offer a rich if often neglected resource. In *Aims of Education*, Whitehead (1929: 22) praised the Montessori Method: 'its essence is browsing and the encouragement of vivid freshness'. Montessori principles prioritise observation (by the teacher) over didacticism and concrete and creative play over a systemic approach in either content or form. Here too (see below) he seems to privilege 'craft' over profession and connects the former to the development and sustenance of inventiveness. I am most grateful to Sarah Martinez [personal communication] for pointing me in the right direction here.

first expressed by Plato to the effect that the ‘creation of the world – that is to say, the world of civilised order – is the victory of persuasion over force’.

My own claim is that contemporary mental health practice – and the question of its effectiveness in the pursuit of *change* – may be profitably if riskily<sup>7</sup> pursued on the register of suggestion as a ‘persuasive craft’ rather than, or at the very least as well as, a set of professional activities. As such it resists and overflows the narrow grasp of its definition of a ‘specialist’ *work* activity conditioned by ‘specialist’ accounts. In parallel, as wide as possible attention to the suggestive elements of the encounter represented by the tag ‘research work’ retains important if difficult question of *method* to the fore. Openness to suggestion, I have tried to argue in this Chapter, thus productively maintains a focus on each of the three levels of method, change and work whether viewed together or

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<sup>7</sup> I would acknowledge there are problems with the term ‘craft’, for instance. It comes supplied with quite an amount of sociological ‘baggage’ attached: it has been mobilised in a rather different way by Sennett (2008), for example. More generally, though, the notion that thought itself, when not strait-jacketed by an excess of specialism, is *inherently* risky, runs through the entirety of Whitehead’s thought. Philosophical activity, he clearly felt passionately, is *called* to be speculative (cf. Whitehead, 1978: 3-17). In Chapter Five, I will pick up on this broader theme of riskiness in addressing the role overtly expressed risk plays in the working lives of team members at Bridgevale. Inevitably, given my overall orientation, this also casts a sidelight on the risky process entailed by the research act itself.

apart. To paraphrase Whitehead, it restrains specialism whilst enlarging the imagination.

## CHAPTER THREE

### Familiarity and Novelty: encountering and experiencing mental health work

#### 3.1 Introduction

This Chapter marks a distinct ‘break’ in the thesis, with my attention now turning to the ethnographic project that constitutes the empirical part of my research. Whilst subsequent Chapters will be structured around an exploration of cross-cutting themes that emerged over the entire six months I spent as researcher at Bridgevale Community Mental Health Team, here I will focus, superficially at least, only on the events and encounters of my very first day in the field.<sup>1</sup> By adopting a presentational strategy that juxtaposes narrative and commentary and arrives at a sort of *montage* of my initiation into the fieldwork, I hope to make progress towards achieving three distinguishable if linked objectives.

Firstly, my aim is to offer a reasonably coherent overview of some the main contours of my ‘subjective’ *experience* of (re-)entering the field. Secondly, I seek to convey a flavour of the ‘objective’ richness and complexity of team life,

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<sup>1</sup> It is possible to regard this strategy as a provisional ‘framing’ device or a crude form of ‘sampling’. By bringing to the fore aspects of ‘before’ and ‘after’, however, the approach adopted also problematises the very strategies of exclusion suggested by such method texts’ ‘staples’.

and to demonstrate its openness to analysis within the conceptual framework outlined in earlier Chapters. Thirdly, I mobilise, and at the same time begin to problematise, the contrasting qualities of ‘familiarity’ and ‘novelty’ as twin conceptual levers towards illuminating and particularising the ethnographic event. These properties, it is important to add, ‘apply’, or may be assigned, in my eyes equally to the experiencing or act of research on the one hand *and* to the processes experienced, the ‘researched’ or ‘found’ on the other.

For as will be clear by now, however, any strict or rigid dichotomy between subject(ive) and object(ive) within ethnography is inimical to my overall approach. At most these notions represent tendencies that pull in one direction or another. The inevitably limited perspective of a ‘world’ at Bridgevale that I will try to reproduce in this Chapter reflects both my feelings *and* findings. It is an inescapably *inter-subjective* production.

My presentational strategy, however, perhaps requires some further initial justification. It might well be seen as paradoxical and self-defeating to focus on only a narrow ‘segment’ of experience and observation where my first stated objective is to provide an ‘overview’. In part, however, my intention is to foreground the ways whereby overviews in general are to a great extent established and consolidated through *introductions* and *reintroductions*. At stake too are overlapping if differently-slanted notions of the research event itself – as a chronologically experienced sequence of happenings, as a ‘whole’ that may be reflected on retrospectively, and as a textual production (the ‘writing up’) that reconstitutes and reconfigures at best an echo of that whole. I wish to emphasise the extent whereby, from *each* of these perspectives, research

‘findings’ emerge as precarious ‘outcomes’ themselves constitutive of further suggestions. Any easy separation of subject(ivity) and object(ivity) is thus further disturbed.

The intention behind the second and third objectives given above reinforces this line of thought. To remain – as far as possible – on the register of suggestion is to appreciate more fully that both linear chronologies and distinct spatial topographies are *derivative*. Suggestion inflects any relatively ‘detached’ overview as an inevitably *tenuous achievement* of specialism. Further, the pairing of familiarity and novelty has in part been chosen to underscore the interpenetration of both past and future in the ongoing experiences of the present from which any notion of ‘practice’ (whether ethnographic or mental health) must be retrospectively constituted.

From a methodological perspective, an important impulse behind the form the Chapter takes thus concerns an attempt to avoid conveying the impression of parachuting *into* the field from some illusory ‘outside’ as the archetypal ethnographic ‘stranger’ (cf. Simmel, 1950; Schutz, 1964; Agar, 1996). An appeal to ‘familiarity’, *inter alia*, conveys my sense of being ‘always already’ immersed *within* the field, in both thought and action. Complementing rather than opposing this, the appeal to ‘novelty’ evokes the creativity articulated by Whitehead as fundamental to all experience and implicated within the very notion of suggestion.

Arguably, much of the ‘trick’, alike in pursuing empirical research and in presenting an account of one’s findings, lies in maintaining and expressing a



fine balance between one's capacities for (re)familiarisation and for shock.

Writing specifically about the research act, Bruno Latour (2005: 247) has suggested that 'the question of the social emerges when the ties in which one is entangled begin to unravel'. When this is allowed to happen, he continues, 'surprising movements' are 'detected' between one 'association and the next'. These movements *are*, or become, for Latour 'the social' itself. His notion of association seems to me to come close to what have I imputed to the idea of suggestion. In any event, insofar as the register of suggestion might be shown to have 'purchase' within the context of the Bridgevale team, the Chapter is posited as a preliminary and tentative exercise in just such detection of surprising moves.

### **3.2 The Business Meeting I: re-presenting my research**

*Narrative:* It is around 9 30 am on a cold Thursday morning in early October 2006. I perch nervously on the edge of an armchair in the first floor Meeting Room at the Bridgevale Locality Office. Roger, one of the two Team Leaders, says something like, 'OK guys, can we make a start?'<sup>2</sup> thus effectively opening

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<sup>2</sup> Throughout this and the following two Chapters, I will follow accepted ethnographic convention in directly attributing verbal statements to individual team members based on my notes from observation. Whilst I have endeavoured to be as accurate as possible, clearly there was considerable margin for error in terms of my recording practice. For instance in any given case mishearings;

the weekly Business Meeting. My fieldwork at Bridgevale is underway.

The meeting room is around the size of an average school classroom. An assortment of sofas; armchairs and hard backed office chairs encircle an empty expanse of carpet. A few cheap reproductions – bland landscapes and still lifes – adorn the walls, alongside a poster recommending a regular daily intake of fruit and vegetables. I am very warm: I have recalled too late that if possible it is always best to avoid sitting on the side of the room to Roger's left with your back to the radiator! I remove my jacket and shift on my chair in an attempt to feel more comfortable.

This morning, evidently, *I* comprise – or rather, my research comprises – the first item on the agenda. Roger requests I say a few words to the team. He adds that this will particularly benefit those who were not present when I responded to an invitation to attend a similar meeting a fortnight earlier. This group includes Roger himself; on that occasion Danny, one of the Community Psychiatric Nurses (CPNs), had taken the chair.

Clearing my throat, I begin haltingly, more or less reiterating what I'd said on that earlier occasion. I thanked the team for allowing me to be with them and described something of the project's background. I explained that I was

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misattributions, and lapses in memory may well have intervened. I have tried not to wilfully paraphrase let alone distort, but that distortion will have occurred to an extent is inevitable. Statements provided in interview, meanwhile, are direct transcripts from tape recordings. Where this was my source I have indicated the fact in the text.

interested in learning more about how they, as professionals, interacted with one another and their environment and how 'mental health work' manifested itself at Bridgevale .

Assuming their continued cooperation, I added, the research was liable to impact on them practically in three different ways. Firstly, over several months I aimed to attend the office every Thursday morning to sit in on and observe this meeting and the two that routinely followed it, the 'Clinical' and 'Referral' Meetings. Secondly, they might encounter me around the office at other times during the week. My intention was to observe... 'quasi-naturalistically', I thought, but did not say. Instead I used phrases such as 'float around' and 'fly on the wall' in order to try to convey the sense in which I envisaged having no set routine.

I noted a few comprehending nods and smiles around the room. I would try not to get in people's way, I added. If I did, or if for any reason any individual wanted me to withdraw at any time, could they please tell me? My intention was as far as possible to 'become part of the scenery' (further smiles). I might, from time to time, put questions to individuals if I felt it appropriate. Once again, however, they should feel under no obligation to respond. Thirdly and finally, towards the end of the research period, I would like to carry out taped interviews with a number of 'volunteers' from different disciplinary backgrounds.

I briefly mentioned the formal processes of approval I had had to undergo before the research could commence. I thanked Roger and, in their absence,

Jayne, the other Team Leader, and their line manager, Andy. All three had been involved in the process of negotiating access and I was grateful for their help. I added that whilst it was nice to see a number of ‘friendly faces’ in the room, I also looked forward to getting to know those who were new to me. I concluded by asking if there were any comments or questions.

The reference to new and familiar faces reflected my varying levels of acquaintance with attendees. When I began to speak there were perhaps a dozen people in the room, and during my remarks three or four others latecomers arrived. Perhaps altogether I knew around half of those present in one way or another from my time spent working as a Social Worker at Bridgevale in 2004.

Of these, Joseph had once been based at an adjacent desk to mine. ‘Actually, Paul,’ he now interjected in response to my concluding request, ‘there *were* a few concerns raised by people after you left us the other week. I think people were a bit too shy to put them to your face.’

He went on to express worries that had apparently been aired following my departure. Two areas in particular were seemingly troubling some team members. The first revolved around the potential identification of individuals, primarily within internal communications to Trust managers, but also in any eventual publication resulting from the research. Kay, an Occupational Therapist, meanwhile asked whether members could ‘opt out’ of being observed. ‘Not that I have any problem with this,’ she hastened to add. ‘But some people might...’

I nodded attentively and cleared my throat again, doing my best to think

quickly. I was, in truth, somewhat taken aback by Joseph's statement. Not dissimilar issues had indeed been raised and discussed within the processes whereby I had obtained approval for the Research from the (NHS) Local Research Ethics Committee. At the previous meeting I had offered reassurances on confidentiality and anonymity and had distributed the information sheets and consent forms I had carefully prepared. I'd also mailed these to Roger and Jayne. They had assured me that they'd been circulated throughout the team; that nobody had raised any concerns, and that everyone was looking forward to me starting the research.

I experienced a discomfiting if momentary touch of panic. Thanks to my proximity to the radiator, I was already sweating heavily. Was it likely there would be a major issue here, after all the hurdles I had crossed to get this far? I had visions of the whole project collapsing before it even got underway.

This queasiness quickly passed, however. Out of the corner of my eye I noticed that both Joseph and Kay were smiling benignly, and I wasn't conscious of hostility elsewhere in the room. Relaxing a little, I began a stumbling response.

Firstly, I emphasised, no real-life names would be used in any written account I produced. Whilst I aimed to capture everything I saw and heard at Bridgevale with as much accuracy as possible, it was far from my intention to find fault with or criticise individuals. At the end of the fieldwork only a very general thematic report of my 'findings' would be forwarded to immediate managers – this had been a stipulated condition of access. However, I would first circulate a draft to all team members and they would have an opportunity to raise

objections or suggest revisions.

As for any publication that might arise from the research, in the first place this was not anticipated to happen any time soon. Nevertheless, I continued, I fully appreciated their concern. Regardless of my efforts to ensure that identities were disguised, it was not possible to guarantee that readers *might* not have relevant knowledge and draw their own conclusions. Furthermore, again where it did not compromise my basic intention to report honestly, I would be jumbling up key details, changing genders and job titles for example, to make any such eventuality more unlikely.<sup>3</sup> As for the second issue...

At this point, Jayne, who had arrived a few minutes earlier, interrupted. I found her presence reassuring. The senior of the two Team Leaders, Jayne had been in post at Bridgevale when I worked there in 2004 and had warmly encouraged my plans to return to carry out research there. She now seated herself beside Roger on the sofa, and, although nothing was made explicit, from this point on appeared to take over from him the role of chairing the meeting. 'Frankly, this

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<sup>3</sup> In attending to members' concerns around confidentiality and anonymity, I *have* in fact, on occasion and where I have felt it appropriate, deliberately 'jumbled' key information (e.g. job titles; gender etc.) All names used in the thesis, moreover, are pseudonymous, and I am reasonably confident that participants will not be readily identifiable from the final account. It is worth noting, however, that with the odd exception, anxieties similar to those articulated on my first day were *not* expressed in my hearing again throughout the fieldwork.

has all been negotiated. Beyond what Paul's said, it's not really an option for anyone to opt out. Can we move on, now? The doctors are here...'.<sup>4</sup> Nobody demurred. I took a deep breath and sank somewhat thankfully back into my chair.

**Commentary:** In addition to their obvious connotation with family, home and domesticity, the term 'familiar' (and cognates such as 'familiarity'; 'familiarisation' and so on) is frequently employed in a number of somewhat differently nuanced ways within everyday discourse. It implies a knowledgeable and/or intimate acquaintanceship extended *over time*, whether in terms of past achievement ('he was familiar with the British education system') or future aspiration ('familiarise yourself with the content of this manual'). Moreover, the notion of recognition, of *re-discovery* is often evoked ('she looked familiar'). Alternatively, in a rather narrower – sometimes pejorative – sense, familiarity may carry connotations of licence or freedom from constraint ('he was becoming over familiar') or may evoke the notion of informality.

So far, above, I have offered an inevitably selective gloss on my (re-) entry into the field at Bridgevale. In appealing to the figure of 'familiarity' as a way of meditating on this experience it is helpful to keep in mind the wide range of usage to which I have referred. In more self-consciously social-theoretical terms, moreover, a central claim expounded by social representations theory (Moscovici, 2008; Rätty and Snellman, 1992; Volklein and Howarth, 2005) is cogent here. According to this influential approach the main function of

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<sup>4</sup> In readiness for the Clinical Meeting (see below).

representations as ‘ways of world-making’ (Moscovici, 1988b: 231) is that they *make the unfamiliar familiar*. In play are the twin notions (i) that social reality beyond or outside of such representations is threatening and incomprehensible and that (ii) representations are situated within a triadic relation of individuals, objects and groups.

This provides a useful departure-point from which to reflect on a research encounter which, appropriately enough, began with a more-or-less formalised representation of my project and the initial reception and negotiation of that representation by my co-participants. Reference *together* to both the everyday language-use and theoretical mobilisation of the trope of familiarity assists to make sense of four different areas of concern that are important to the trajectory I will follow as the Chapter unfolds. These are, respectively,

- (a) the notion of ethnography as a return;
- (b) the importance of ‘know-how’ to the expression of craftwork in language;
- (c) the relation between informality and order, and
- (d) the intrinsic presence within the ethnographic project of elements of risk and insecurity.

In beginning to elaborate on their significance, I would like now to relate each of these four themes to my initial narrative sequence.

(a) I have tried in my account to convey the extent whereby the process of encountering ‘the field’ was marked by *recognition* as well as strangeness. In the case of any important new venture, a first day’s experience often carries a



particular intensity under each aspect. It involves a highly-charged, multi-sensorial and emotionally-tinged receptivity to past as well as present, old as well as new. In commencing a research project – as in beginning a new job or moving home, say – openness to novelty coincides with an urge to establish some sort of ‘groundedness’: to attain more or less secure footholds derived from previous knowledge or experience in approaching and assimilating the unexpected or exotic. Yet this (re)orienting tendency, simultaneously recognisant and expectant, hardly proceeds in a coherent, orderly fashion. Rather, it stumbles jerkily and distractedly forward, groping towards making *associative* connections between the known and the unknown.

For instance, the extent whereby, as a former team-member, I attempted to latch on to what was *unchanged* and *enduring* at Bridgevale was palpable. Within the context of a need to ‘anchor’ myself into a pre-existent system, physical aspects of the immediate environment as well as the recognition of known faces fulfilled a profound emotional demand. Even such a seemingly trivial aspect as the belated remembrance of the ‘don’t sit near the radiator’ rule played a part.

Admittedly, it must be conceded that my circumstances were comparatively unusual in that I was, after all, carrying out research at my former workplace. Furthermore, questions arise of the extent whereby the text as artifice itself plays a role in producing the sort of relation I am seeking to unpack. Arguably, nevertheless, the claim that *any* ethnographic endeavour is invariably coloured by *some* notion of return carries considerable force. Far from being the ‘disinterested scientific onlooker’, the ‘unhistorical man’ [*sic*] evoked by Schutz (1964: 91; 92), the ethnographer is perhaps *always* to some extent harnessed

within an elliptical if not circular orbit. That is, one involving hooking on to whatever is already experienced as at least close to the known, at the same time as attempting to render the (more fully) unknown more knowable<sup>5</sup>.

One of the aspects of the usage of ‘familiarity’ referred to above is particularly relevant here. What appears familiar is not for that matter necessarily *identical*

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<sup>5</sup> This line of thought is consonant with a well-established tradition within anthropology that takes a lead from van Gennep’s (1960: 11-12) notion of *rites of passage*. Van Gennep posits a schema of three stages for ‘threshold experiences’, seen by others as applicable to a broad range of social contexts. Separation (pre-liminal) is followed by transition (liminal) and then by incorporation (post-liminal). The middle, *limen* phase is characterised by acute anxiety and lack of certainty, and indeed, as one more recent commentator has put it, by the *threat* of ‘nihilistic freefall’ (Jenks, 2003: 44). Yet, whilst subjectively the individual undergoing the experience of the rite is in ‘unknown territory’ where new ‘knowledge’ – in the widest sense – becomes radically possible, the passage is cyclical insofar as incorporation is to a great extent *re-incorporation*. For those who guide the novice, and who have already passed themselves through a parallel experience, the sense of return remains very strong. The whole process may be read as one ‘rousing initiative’ (Turner, 1974: 276) i.e. stimulating innovation *at the same time as* reaffirming custom. Van Gennep’s schema thus neatly captures precisely the balance between familiarity and novelty I have attempted to evoke here. For the liminal significance of suggestion conceptually, meanwhile, cf. Motzkau (2006).

to what has been already experienced. The feeling of having arrived late for a lecture is certainly familiar, but I have never before been late for *this* particular lecture! Similarly, there is a strong sense whereby any *account* is inevitably already itself a more-or-less accurate return to the ‘events themselves’.

(b) This granted, doubtless my previous experience, at Bridgevale itself and elsewhere in the mental health sector, considerably facilitated a process of acclimatisation. Similarly, this background also helped me at least to grasp towards something of the ways whereby *members themselves* might be reasonably imputed to operate within categorical and conceptual fields which, precisely because familiar to them, were not required to be – and indeed were perhaps not always amenable to being – made fully explicit. Within the fragment of narrative so far offered, moreover, it was my research which – from members’ perspective in a somewhat unusual departure from routine – formed the main topic of discussion. Here, processes of familiarisation and anchoring may be seen to have taken on a strongly mutual, reciprocal aspect.

In other words, what I suggest here is that just as I was involved in representing my research to the team, and attempting to clarify my intentions and meet their concerns, *they* were struggling to accept *me* and to articulate their reservations and anxieties about my presence as researcher. On each side of the divide, it was important for us to be able to adequately *translate* our preoccupations and feelings into a ‘common language’. The achievement of a *shared* and thus familiar representation – in this case of the impact of my research on their working lives – was vividly exhibited as more crucial to our effective accommodation than the construction of an unduly specialist and thus

inaccessible account, however accurate, full or ‘rounded’ this might have been.

There are clear resonances here both with ethnomethodological discussions of ‘members’ categories’ (e.g. Garfinkel, 1967) and with Michael Polyani’s (1962) conception of the ‘tacit knowledge’ being central and indispensable to understanding scientific practice. In terms of professional practice, a consideration of workers’ expressive and ongoing ability to familiarise both themselves and others with their aims and intentions forms a gateway to any understanding of ‘competence’ and ‘accomplishment’. On the order of the research event, meanwhile, the indispensability of a shift from a narrowly-conceived register of specialism is equally reinforced.

(c) The relation between ordering and disordering within the processes and practices whereby everyday working life was enacted at Bridgevale will form a central thread of Chapter Five. Here, I merely wish to highlight the extent whereby the ‘familiar’ – using the word in a sense that opposes itself to the formal, the punctilious or ceremonial – characterised by far the greatest part of the associative encounters and assemblies (whether or not explicitly designated ‘meetings’) I was to witness during my time there. In this sense, the Business Meeting, with its late arrivals, shifting Chair arrangements, and the scope it provided for unpredictable discursive ‘turns’, set the tone for the vast majority of the other meetings I was to attend.

This is not to imply that formal order was absent from these contexts – agendas; minutes and other ceremonial modes were (at least some of the time!) in place – nor that institutional hierarchies and other power relations did not continually

make their presence felt in a variety of ways. Indeed, a subtle, complex and fluctuating nexus of institutionally-sanctioned power weightings were constantly in evidence, as the opening narrative segment has already begun to demonstrate. Nevertheless, there were frequently also observable trends in an opposing direction: towards formal rules being set aside or honoured in the breach, and involving interpolations, distractions, unscheduled diversions and so forth. Beginnings and endings of meetings, likewise, tended to be blurred and indistinct. Of course, outside of such (loosely) structured settings, during the times I operated in ‘fly-on-the-wall’ mode within the office, such aspects of informality, flux and uncertainty were magnified.

(d) Finally, it should be noted how far the relative familiarity I have been describing bred, rather than proverbial contempt, a quantum of *uncertainty* that might otherwise have been obscured within a more rigorously ordered, predictable and tightly-managed regime. In any organisational setting, it seems almost tautological to insist that rules, norms and protocol, where enforced consistently and conservatively, bring into play an even, consistent horizon of *expectation*. This allows, to a greater or lesser extent, for things to be said and done ‘in their proper place’.

Consequently, both anxiety and the propensity for change and innovation may be reduced. Formality thus tends to reproduce itself and to freeze out or at least limit dissent and creativity alike. Conversely, however, familiarity – using the word in the sense noted above – permits the short-circuiting of order and the production of *surprises*. Whilst these latter may easily subvert or derail planned procedures they arguably also provide occasions for innovative re-orderings and

associations<sup>6</sup>.

In the Business Meeting, for example, I found my research plans somewhat unexpectedly challenged, despite my belief that I had earlier successfully pursued a strategy of 'selling' them to team members. An established culture of familiarity simultaneously formed the background from where these challenges could be more or less comfortably posited, *and* provided me with the opportunity to re-state and re-argue my 'case' to the team somewhat differently in an effort to secure members' trust and cooperation. Moreover, whilst Jayne's intervention – 'this has all been negotiated...its not really an option for anyone to opt out' – might indeed be read in one sense as a re-instantiation of pre-arranged order, at the same time it reflects further feature of informality and unpredictability, this time in terms of leadership style. Note the eruption of contingency: had Jayne not happened to enter the Meeting Room at that stage, or had her immediate mood or attitude been otherwise, the outcome of this (to me) rather crucial discussion might well have been quite different.

As already remarked, notions of insecurity and risk as being underlying characteristics of interaction at Bridgevale have considerable resonance with the

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<sup>6</sup> Cf. the arguments presented by Moscovici and Doise (1994) in their study of the psychology of group decision-making. According to these researchers a basic property of collectives where there is minimal formality and initial *divergence* of expressed opinion is to eventually arrive at more 'extreme' agreed positions and conclusions than those where initial *convergence* is either established or reinforced by the imposition of a high degree of formal order.

wider sociological and historical background to contemporary community mental health care. Their potential coupling with the theme of familiarity introduces a note of caution within my commentary thus far. An organisation, however familiar it may become, is not, in the final analysis, a family. Too great a reliance on familiarity as a metonym for what was at stake at Bridgevale, for researcher and researched alike, tends perhaps to obscure the complexity of the relations and interventions and the degree of indeterminacy that reigned there. The contrast of familiarity with *novelty* is one to which I will have cause to return.

### **3.3 The Business Meeting II: reporting back**

*Narrative:* Jayne presented a brief report of a recent ‘Away Day’ she and Roger had attended. They had met with Team Leaders from other three Localities.<sup>7</sup>

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<sup>7</sup> When my research commenced the Bridgevale Team was one of four ‘localities’, Community Mental Health Teams based in different parts of the Borough and named after the compass points, North West, South East etc. Bridgevale for instance was otherwise known as the ‘South West Locality Team’. ‘Borough’ here refers to the local government authority; the ‘Trust’ to the local NHS Mental Health Trust. Both are stakeholders in delivery and funding of services. Nationally, the arrangements for the governance and

She knelt on the floor beside a low table, smoothed out a roll of flipchart paper and began swiftly to summarise some of the main points that had come up during their deliberations. A key intention behind the Away Day, she explained, had been to provide managers with an up-to-date snapshot of community mental health services in the Borough and review differences between the various teams within the context of planned restructurings. Feeling it fortuitous that the occasion would provide me with valuable introductory data, I hastened to scribble down what I could of Jayne's comments on my notepad.

Not without a hint of pride, Jayne meanwhile was making clear that the official caseload statistics – the ‘returns’ – ‘prove what we all already know...

Bridgevale is the busiest of them all.’ She rattled off figures. Some 1600 individuals were referred last year in the Borough overall. The South is ‘busier’ than the North – 900 referrals compared to their 700. ‘Our’ total caseload is around 250, 65% of which carry a diagnosis of schizophrenia.

For the most part Jayne’s presentation chimed with my existing knowledge.

Referrals to CMHTs such as Bridgevale come generally from General Practitioners’ surgeries (GPs), although some are received from other agencies,

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management of CMHTs are complex; there is a greater or lesser extent of integration with local authorities, who, under the 1990 NHS and Community Care act have a statutory responsibility for the delivery of certain services. In Bridgevale’s case, the team is for the most part managed as an integral part of the local NHS Mental Health Trust, although some posts and services are directly funded by the Social Services Department of the Local Authority.



statutory or voluntary; more occasionally directly from users' families or friends, or users themselves. Not all referrals are deemed appropriate – it was the task of the Referrals' Meeting I was to attend later this morning to filter them.

As a rule, every new referral is regarded for accounting purposes as a separate event. For instance, it is possible and indeed not uncommon for the same individual to be referred – accepted or rejected, and if accepted, discharged – several times in the course of a year. 'Accepted' in this context means that persons referred fulfil certain basic criteria whereby they are regarded as requiring to be offered some form of service by the Team. This may well be quite minimal, for example, only a brief initial assessment. If, after this, further assessment and/or treatment are deemed inappropriate or unavailable, the person is 'discharged' – either because no further mental health intervention is felt necessary, or because they are to be 'referred on' to another service.

But when Jayne says 'caseload' *here* she means people who undergo the initial assessment and are 'taken on'; that is, offered a further, far more in-depth assessment which usually takes several weeks to perform, and then may be followed by a programme of planned management and care. In this sense – as full 'cases' – individuals are allocated to a specified 'Care Co-ordinator' or 'key worker'. This might be a professional qualified within any of the non-medical disciplines represented at Bridgevale. The person allocated is then responsible on a day-to-day basis for managing what goes on with that person's care and for making sure that all the relevant records are up to date.

Jayne went on to speak about a planned reorganisation of the structure of the CMHTs. Her tone was wary and rather sceptical. ‘They say this is “pending”’, she said, ‘but I’ve heard it all before...I’ll let you all know as I know more. But don’t hold your breath!’

The plan, apparently, is to reduce the number of localities from four to two, i.e. a North-South split only, and at the same time to split the ‘generic’ function they currently possess. Separate teams in each half of the Borough will be created to carry out the two aspects of their present roles, namely assessment and short-term treatment on the one hand and longer term ‘case management’ on the other. Therefore, essentially, Jayne added, when the change happened everyone’s job would change. Individuals would be able to state a preference with regard to which of the new Teams they would like to belong. Jayne added that the proposal should be seen in the context of changes in the wider mental health policy agenda – for instance the emphasis on ‘mental health for all’ and calls for greater access to ‘talking therapies’.

I scanned the room. People appeared to be listening attentively and respectfully, but at the same time somewhat disinterestedly, as if they too ‘had heard it all before’. ‘No-one did!’ I scrawled in the margin alongside my transcription of the comment, ‘Don’t hold your breath’. When Jayne asked for comments, no one responded directly.

But somebody asked Rachel, the Psychologist, about plans for training in Cognitive Behavioural Therapy (CBT) techniques. ‘There’s going to be lots of it in-house,’ Rachel answered, ‘I’ll tell you all another time...’ She trailed off. It

appeared the Business Meeting was over. 'Go and get yourself a drink, guys', Jayne suggested, 'bring yourselves back here in two minutes.'

**Commentary:** In her feedback on the Away Day outcomes, Jayne deployed a semi-technical but also somewhat indeterminate vocabulary. For example she used terms such as 'caseload'; 'referrals', and 'assessment' in apparent confidence she would be readily understood. Within my account, in contrast, I have made some attempt to elaborate the contextualised meaning of such terms. Jayne clearly did not feel the need to do likewise. Indeed, to have done so, I think, would have struck others as more than a little bizarre.

Furthermore, over the fieldwork as a whole, I observed the meaning of such designations vary considerably. They appeared to carry a happy burden of vagueness in that they were always somewhat transparently open to differing interpretations. To be provided with anything like an explicit or watertight definition of what constituted a 'referral', for instance, was to prove to be the exception rather than the rule<sup>8</sup>.

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<sup>8</sup> In certain contexts, 'referral' at Bridgevale was taken to mean the initial call, letter or so on where a request to the team to intervene was first received. In others it implied the referral form on which this request was documented, if proper procedure was being followed. Yet again, sometimes 'referrals' meant *accepted* referrals, those not eliminated as inappropriate within the Referrals Meeting (see below).

The 'report-back' illustrates further dimensions of the relevance of familiarity, moreover. In exercising her leadership role, Jayne might be regarded as achieving – or at least attempting to achieve – the aim of steering the Team towards an adjustment or development of members' *pre-existing* representations of both fact and feeling. On one hand, she was engaged in updating their (and coincidentally my) 'information base' by sketching out the current 'state of play', for instance in terms of the available statistics on caseloads and referrals. On the other, it seemed to me she clearly intended her intervention to have a 'moral', teambuilding impact. For example, she appeared to want to convince the team that any sensibility they had of 'busy-ness' was justified and substantiated by the 'numbers'.

Jayne was greatly assisted in this dual task by what both she and I assumed to be members' established understandings, 'what we already know'. This in terms both of their basic grasp of terminological categories *and* of far less definable intuitions – the *feeling* of being under pressure, of being the busiest of the localities. An assumption of this shared level of familiarity indeed might well be posited as essential to the quite subtle objective of 'feedback' Jayne was attempting to accomplish. Yet, and at the same time, this *vagueness*, the 'merely suggestive' aspects of the brief, might *also* be seen as coming to her aid, at least by implication, assisting her to be simultaneously selective with the facts *and* emphatic about the feelings. An appreciation of this double aspect potentially deepens a grasp of the subtleties of Jayne's *performance* of the manager's role (cf. Goffman, 1990).

The final part of Jayne's feedback dealing with proposed changes in

organisational structure, meanwhile, may best be approached via something of a shift along the conceptual axis from familiarity toward *novelty*. Two points are worthy of particular emphasis here. Firstly, *change* – and in a sense, ‘absolute’ change, irreversible progression toward an unprecedented, unpredictable future – is being projected as inevitable, if reassuringly distant. Secondly, this is associated, for example within Jayne’s reference to a wider agenda in the field and Rachel’s remark about the extension of CBT training, to members’ understanding of ‘global’ developments in mental health care that far exceed the day-to-day working ‘framings’ provided by notions of the ‘Bridgevale team’, ‘the office’, or even ‘the Borough’ or ‘the Trust’.

In terms of Latour’s insight, noted earlier, these references exemplify ways whereby ‘the social’ may be ‘caught in the act’ of revealing itself through the unravelling of conventional orders of interpretation, in this case any stable local/global division. The report-back session in this way provides an exemplary ‘moment’ where a suggestive ‘hinterland’ of day-to-day practice can be seen to work its way ‘to the fore’, to intrude, whether threateningly or promisingly upon members’ ‘local’ horizons. I was to find that this sort of evocation of a *risky* future, one with which it was inherently impossible to adequately familiarise itself, constituted an inescapable and ever-present dimension of practice, and indeed also of my research.

### **3.4. The Clinical Meeting**

*Narrative:* The second of the morning meetings got underway at around 10 20am. In contrast to the Business Meeting, the room was now full: twenty or more individuals were assembled and latecomers had to drag in chairs from other areas of the office. Among the newcomers, I recognised Hans, a Consultant Psychiatrist who had been briefly attached to the team during my time as a worker there.

Hans, I was to learn subsequently, now held a permanent post with the Trust and occupied one of the two Psychiatric Consultant posts at Bridgevale. The other was held by Gabriel –also present this morning – on a temporary or ‘locum’ basis. Effectively, this meant that every user who received a service from the team would have either Hans or Gabriel assigned to them as their ‘Responsible Medical Officer’ (RMO). But whilst Gabriel and Hans based themselves at the locality for part of the week, they each also had other responsibilities at the acute psychiatric unit of the large General Hospital. This was around two miles distant – or, anything between ten minutes and an hour away, depending on mode of transport and the state of the traffic.<sup>9</sup> There, they

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<sup>9</sup> Unfortunately space does not me permit to expand on this particular dimension of team life here. Undoubtedly, however, the various transport options available to team members in their working lives – and indeed the traffic conditions in the inner-city part of London where Bridgevale was situated – played an intriguing part in the generation a range of the ‘relations and interventions’ referred to above. Whilst at first sight these are ‘offstage’ factors, they frequently entered suggestively into the negotiation and construction of performativity *within* the office. For instance, issues such as parking space;

both held regular Outpatient clinics and oversaw patients admitted to Chestnut Ward, the inpatient facility for the population served by the Bridgevale Team.

A Charge Nurse from Chestnut, Karla, had also arrived. I overheard her grumbling that she had already been waiting nearly half an hour, and that ‘as usual...everything is delayed’. Two representatives of the ‘Home Treatment Team’ (HTT) entered, like Karla, peeling off their outdoor coats and scarves in an apparent effort to adapt to the over-heated, stuffy atmosphere.<sup>10</sup> Many of those present were unfamiliar to me. It would take considerable time before I could distinguish regular Team members, permanently based at Bridgevale, from ‘outsiders’.

For, whilst the Clinical Meeting invariably brought together in one room the largest number of bodies during the Bridgevale week, actual attendance fluctuated, coinciding neither with the total available team membership nor with any easily identifiable pattern of ‘affiliation’. Next week, for example, Karla would bring along a colleague whom she introduced as a nurse on a study visit from overseas. More frequently, a succession of medical students attended, two or three at a time, and sat through the meeting looking nervous and out of place,

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dependence on lifts from colleagues; jammed roads; the frequency of busses, and so on, might vividly inflect discussions over the possibility of a case discussion or a home visit.

<sup>10</sup> As the name implies, the role of this team of experienced practitioners, mainly nurses, was to provide intensive short-term home-based interventions with users who were considered to be in one way or another ‘in crisis’, with the aim of if possible preventing their admission to hospital. Care Co-ordinators at Bridgevale were frequently admonished to consider the possibility of ‘referral to Home Treatment’ as a sort of ‘default strategy’ before proceeding to negotiate hospital admission.

often without being introduced. Conversely, certain workers based full-time at Bridgevale seemed to rarely appear at Clinical Meetings, notwithstanding the fact that, in contrast to the Business Meeting, I was given to understand that there was a basic expectation that they should attend whenever possible.

This morning Roger chaired the Meeting, whilst Jayne sat beside him and occasionally seemed to take over. In procedural terms, I noted that an underlying if rough-and-ready structure I recognised from 2004 remained in place and was essentially followed. Joy, one of the administrators, had typed and photocopied notes from the previous week's meeting listing attendees and 'cases' of users aired by team members. This was then gone through one by one, and in each case a decision was announced to 'keep someone on' or 'take them off' the list.

A slot followed for 'pre-listed' clients – individuals whom members had conveyed through Joy they wished to be discussed. Finally, the chairperson proceeded 'around the room' asking everyone present if they had any 'new' cases they wished to raise.<sup>11</sup> Joy noted down their details in a ledger, and in effect this would then constitute next week's list.

A (more-or-less representative) flavour of the meeting may best be demonstrated by detailing a couple of examples from the first morning's exchanges. Today, for instance Caroline (Social Worker) described a middle

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<sup>11</sup> This procedure was sometimes also named 'going through the crisis list', the notion being that only cases of users who were currently seen as 'in crisis' should be brought up at this stage of the meeting, with other, more long-term issues to be dealt with in different ways, such as within supervision or case conferences. Interpretation of this rule, however, tended to fluctuate widely, to an extent that problematised any simple working definition of 'crisis'. I will return to this theme in Chapter Five.



aged man – an individual with little known previous psychiatric history – with whom she was in the process of completing a ‘full needs assessment’. The man’s wife reports that he has repeatedly wandered out of the house and apparently lost his way. On two occasions he has not returned home for several nights. The police found him eventually, wandering and apparently confused. Caroline says he cannot account for these wanderings and is unable to state where he has been. She feels he is vulnerable, and wonders if he has an organic illness. Hans and Carmel (Psychiatric Registrar) add that they have seen this gentleman at outpatients’ appointments a number of times.

**Hans: Well, I don’t think he has paranoid schizophrenia...’**

**Hadley [interrupting]: Have you done a scan yet?**

**Carmel: Yes, its negative...**

**Hadley [laughs]: He’s just a nomad, then...**

**Caroline: The accommodation’s such a state though. Could someone come in to support them?**

**Roger [doubtfully]: We might mean to make a referral...**

**Jayne [firmly]: Anyway, Caroline needs to complete her assessment. (to Hans) Should we bring him in?**

Hans says nothing but shakes his head slowly. Jayne comments that ‘it needs to be thrashed out at a CPA [Care Programme Approach] Meeting’. Roger, seizing the initiative, asks Caroline if she has anybody else she wants to bring up.

Later, Danny introduces the case of a man in his late twenties whose physical health he is increasingly concerned about. This individual, Danny says, underwent a sex-change operation several years ago and had his gender reassigned from female to male. Danny repeatedly refers to him as ‘she’ and then corrects himself. Currently the main problem is one of excessive alcohol use. The man’s flat, where he lives alone, is ‘filthy’. He has numerous health problems related to his drinking including severe leg abscesses. He seems depressed and hopeless. Following a referral by Danny, the ‘Substance Use Team’ are involved. But Danny feels that things are deteriorating and that ‘he needs admission’. Gabriel is the patient’s RMO.

**Gabriel: Is he willing to come in voluntarily?**

**Antoine [CPN]: Can’t he come in on the physical side for a detox?**

**Danny: Ah, it’s a bit of a mystery for the Substance Use team to access a bed that way...**

**Gabriel: Would he better placed in a physical setting, do you think?**

**Jayne: He’s been on Chestnut in the past. It could go either way...**

**Hadley [Social Worker]: A bit like him, then... [one or two people laugh at**

**this, but Gabriel quickly moves the discussion back on track]**

**Gabriel: Well, I don't mind...he needs a proper detox. Maybe we could tie [admission] in to a [subsequent] spell in rehab...**

A discussion ensues over whether the patient will agree in the first place to voluntary hospital admission for a detoxification programme, and secondarily to a longer-term spell (of perhaps a few months) in a residential rehabilitation setting. This might involve him losing his current accommodation, rented from the local authority. Danny believes his patient would say 'yes' to the former proposal but might be hard to persuade to put his flat at risk. Roger now picks up the thread of the discussion, with an air of moving the Meeting towards a decision.

**Roger: What you're saying, Danny, is that health and safety issues are critical *right now*...?**

**[Danny nods.]**

**Gabriel [demurring]: I wouldn't be happy to offer detox, just for things to happen the same way...**

**Roger: Let's cross that when we come to it...Now, can't you just get him to come to A & E [Accident and Emergency Department]?**

**Antoine: [protesting]: But Danny says he can hardly walk... he might have**

a seizure.

**Danny: He could hardly get to the door yesterday.**

As the discussion develops it becomes clear the focus has shifted to *how* the patient may be best admitted to hospital. Gabriel's reservation, to the effect that there is little use of him *merely* coming in for detoxification, appears to have been overridden, or at least set aside. Now Jayne intervenes, raising various practical options. These include Gabriel making a home visit, or asking the man's G.P to refer him to A & E. Finally, Jayne turns to Danny seeking confirmation:

**Jayne: So then you're going to follow it up?**

**Danny [good-humouredly]: Looks like I've been handed the poisoned chalice...**

**Jayne: Yes. Ask [the patient] if he'll come in. If he says yes, ring an ambulance...Next?**

***Commentary***: At first sight, the Clinical Meeting might well be posited as an ideal 'site' at Bridgevale within which to identify the emergence of 'community mental health work' on the register of *specialism*. It routinely involved the participation of representatives of the different disciplines and

brought their expertise and experience to bear in the negotiation and agreement of decisions and interventions – particularly those concerning their identification and management of ‘at risk’ users. Nevertheless, by mobilising the register of suggestion and the (broadly Whiteheadian) conceptual approach underlying it a more inclusive and rather subtler grasp of the relations enacted within the Meeting may be allowed to develop.

From this latter perspective, ‘objects’ – things, technologies but also more abstract intangibles such as policies or beliefs – do not inertly stand by simply to be *acted upon* by detached, autonomous ‘subjects’. Rather they may be seen to ingress *within* the dynamic performance of subjectivities. To offer one simple example, consider the role played by the central heating system. ‘Feeling warm’ – or at least this seems a reasonable assumption – does not simply prompt Karla’s removal of her coat or Hans’ restless opening of the patio doors. It forms part of the configuration of Karla *as* irritable or Hans *as* restless.

In a rather more complicated way, objects (both conceptual and physical) are not only annexed, mobilised or set aside by, but also may be postulated as *transforming* the various participants in the interchange over Caroline’s wandering, conceivably organically ill client. ‘Caroline-*in-her-concern*’, for instance, is part-constituted by the notion of ‘the vulnerable person’ involved. In contrast, Carmel, Hans, and Hadley appeal to a specific medico-scientific technology – the brain scan – whose assurance (‘it’s negative’) might be regarded as configurative of their relative *unconcern*. In Hadley’s case to the extent that he feels able to crack a joke on the topic.

‘In role’ as Team Leaders, meanwhile, Roger and Jayne may by the same token be regarded as partly enacting themselves in terms of quasi-physical, quasi-conceptual ‘organisational’ objects – ‘referrals’ and ‘assessments’ for instance. It is noteworthy that in this case no overt distinction need be made by team members between the more material and more abstract aspects of such entities. Jayne's comment, ‘Caroline needs to complete her assessment’ may be pragmatically interpreted as referring to *either* the physical document, *or* the wider, more notional ‘task’ of evaluation. Given only a slight contextual shift, however, for example when a referral *letter* is lost or misplaced, this is a distinction on which team members *would* readily draw if needed.

Direct recourse to Whitehead’s theory of prehensions offers a starting-point for approaching the enactment of *decisions* within the meeting. Whitehead insisted (1927: *passim*) that human perception fundamentally takes place in ‘the mode of causal efficacy’ from which ‘perception in the “mode of presentational immediacy”’ derives and with which, within conscious experience, it is always blended. Essentially, as previously noted, the term ‘prehension’ appeals to the former, more primordial mode. It allows focus to be retained on the (often unconscious and even non-sensory) processes whereby certain instances within the constant flow of data acquire importance and value through contrast with what is excluded.

A danger resides, certainly, in pushing this line of thought to far. I do not mean, in my analysis and interpretation of team members’ interactions, to either confidently or directly ascribe *definite* feelings to others on the basis of my (suggestive) reading of their statements or behaviour. I have thus been careful,

and will continue to take care to ensure, that I ‘hedge’ any such *tentative* imputations with the use of phrases such as ‘hints at’, ‘might be assumed’, ‘may be postulated’ and so on. Nevertheless, it is a signal strength of Whitehead’s philosophy that it provides a conceptual framework which allows a place for such *speculative* and admittedly risky extrapolations. From another angle, these ‘suggestive readings’, it strikes me, are fully consistent to what *we all do* within social interaction, and indeed are arguably a crucial constituent of what makes meaningful interaction *possible*.

Furthermore, the Whiteheadian notion of establishing importance through contrast is inextricably tied to the ascription of ‘something analogous to our own mentality’ (Griffin, 2007: 60) to the occasions of experience or ‘unit-events’ that originate beyond, but ‘now’ contribute to, our immediate self-consciousness. In other words, ‘the presence of the past’, howsoever it is derived by the subject-actor, is accorded a potent efficacy, and an affective, aesthetic, or even ‘moral’ charge.. Historical – or for that matter – ‘global’ perspectives are more than resources: they are constituent players in the present event.

I have repeatedly proposed ‘suggestion’ as a marker for these otherwise easily overlooked or ‘subterranean’ processes. Let me now attempt to develop this point with reference to the exchange of data presented above from the Clinical Meeting around the user with alcohol problems. As Danny (*qua* specialist) sketches out a mini-narrative that allows aspects of the individual, his environment and the past provision for his care to come to the fore, suggestion provides a shorthand for denoting the ways the ‘case’ may be made concrete for

other members and – moreover – co-constitutes their formulation of a plan for the future.

These processes involves a heterogeneous mix of ‘local’ circumstance – the dirty flat, the abscessed legs and so on – and ‘global’/conceptual features such as normative notions of ‘health’, ‘safety’, ‘vulnerability’ and ‘risk’. What comes to the fore from all this will inevitably be different for each individual team member. Whilst those aspects selected play a leading part in the negotiation of a plan of intervention, others, importantly, although *potentially* significant, are either consciously rejected or simply do not surface. At least some of this is readily apparent from the purely verbal elements of the exchange. For example, here, despite Danny’s initial confusion and Hadley’s jibe, dominant and normative notions of gender are (quite properly) cast aside as irrelevant to the decision-making process.

Proceeding in the direction of more specificity, discursive regimes emerge that simply defy any easy local-global dichotomy. For instance, the Mental Health Act (‘Will he come in voluntarily?’) and the ramifications of the institutional split between ‘mental’ and ‘physical’ interventions are mobilised. Each of these areas refer directly to *national* policy and protocol that is nevertheless readily understood by team members as operating and being (to an extent) open to manipulation *locally* (cf. Berg, 1997).

It is also noteworthy that the indeterminacy and uncertainty with which such regimes take effect impacts – and is admitted to impact – very concretely on the team. Questions concerning where treatment ‘ought’ to take place – ‘it could go



either way' – and even the narrow notion of 'correct' procedure within a formal organisational frame – its 'a bit of a mystery' how the other team would access a bed – are characterised by a considerably level of *undecidability*. It struck me that the need not to get too bogged down in such issues of protocol, but to speedily reach a consensus on *action* was central to the challenge facing the Bridgevale team.

Not only in the examples documented, but typically in my finding, it was the Team Leaders, although not they exclusively, who *consciously* played a leading role in sharpening the contrast between what is or ought to be, on one hand, and what *can be achieved*, on the other. They prompted and encouraged members to focus on certain issues and thus help eliminate or re-background others. Thus they assisted in forcing an *outcome*: in forging a singular decision from a plurality of suggestions.

Thus too, the process from presentation, through negotiation to eventual decision tends to progressively home in on quite a limited area of the larger 'field' of suggestive possibilities initially introduced. In the case we have been discussing, it is the patient's damaged body and in particular his weakened legs, rather more than other potential elements of concern – his longer-term motivation towards stopping drinking, for example, or the issue of which branch of the service should be responsible for his care – that finally emerges into a sharper focus. Can he reach hospital under his own steam, or will he need to be transported there? Paradoxically, moreover, within the very address of risk, new risks manifest themselves. Will that broken body - as Antoine fears - fatally assume agency in a way that threatens to undermine plans to 'save' it?!

It may reasonably be posited, furthermore that the entire discussion of this particular individual, whilst framed superficially within a context characterised by a mix of practical ('craft-like') know-how and instrumental, professionalised detachment, is *simultaneously* permeated by feeling and affect. This is rendered explicit, for example, within Gabriel's expressed 'unhappiness' to adopt a particular course of action. But it is implied throughout the discussion. To borrow Danny's evocative phrase, the 'poisoned chalice' of professional decision is itself laced with affect.

### **3.5 The Referrals Meeting**

*Narrative:* Sitting in on the Referrals Meeting was in some ways the most strikingly novel aspect of my first day. Whilst I had attended the other two gatherings many times as a team member, I had only previous knowledge of this affair, which involved the gathering of a kind of 'team within the team', at second-hand. It had acquired for me then something of a note of arcane significance, evoking the idea of a sort of inner elite who were especially privy to key deliberations and decisions.

In fact, the question of who exactly was expected or permitted to attend Referrals Meetings was quite an open one. Generally it involved the participation of at least one of the Team Leaders and one or both Consultants, along with Rachel and Kay. It was held either, as today, in the Meeting Room after the Clinical Meeting was over, or, if it was free, in the office allocated to

Andy, the sector manager.

As with the other meetings a skeletal procedural structure remained fairly constant week to week. First new referrals were 'presented'. Then some sort of decision was arrived at in each case. Key details would be recorded in longhand in a battered ledger, 'the referrals book'. Nevertheless, I was to find this basic, invariant framework allowed ample space for often quite unusual strands of discussion and negotiation to develop.

Referral letters (usually but not invariably from GPs) were handed around amongst those present to be read out in turn. In later weeks, I was invited to play my part in this ritual. As it seemed a way of 'making myself useful', however slightly, and at the same time did not strike me as overly comprising my status as observer, I readily accepted.

In many cases the 'next step' on the referral was decided briefly, without extended discussion. Roger might mutter 'initial assessment' or 'outpatient appointment', in the latter case looking towards Gabriel or Hans for confirmation. The others would nod and Jayne, say, would scrawl in the ledger. Much about the process often struck me as almost 'semi-automatic'. The full attention of the participants, some of whom had after all been by now sitting in Meetings for upwards of three hours, hardly appeared engaged.

Exceptions – cases that might provoke several minutes of animated debate – *could* suddenly bring the Meeting to life. Today, for example, Kay read out a letter concerning a twenty nine year old woman. Although she had no previous psychiatric history, the referring doctor wrote, she had experienced a series of

traumatic bereavements, losing her husband and father in quick succession. She reported being sexually abused by a family priest as a child. She was depressed and had 'no libido at all'. Anti-depressant medication had had little effect. In the GP's view, she needed 'in depth psychotherapy'.

In terms of an agreed protocol based on her home address, Kay noted, this lady's RMO would be Hans rather than Gabriel if any Bridgevale intervention were agreed. Nevertheless it was the latter who began the discussion. Turning to Rachel, he asked her:

**Gabriel: Do you *do* sexual therapy?**

**Rachel [short laugh]: I try not to!**

**Gabriel [after a pause, turning towards Hans]: Hmm...There are other issues here...Would she benefit from a one-off psychiatric assessment?**

**Hans: [emphatically] No. She's not suitable for anything long-term...she needs short-term work around the current issues.**

**Gabriel: But the issues around sexual abuse are ingrained...**

**Rachel: [energetically siding with Hans]: Look. Half the people we see [as psychologists] have been sexually abused. [She picks up the letter from where Kay has left it on the coffee table and gestures with it]. From *this*, she's...just not a CMHT person!**

Gabriel appeared to accept that he had been voted down and remained silent.

The discussion shifted to practicalities. Hans asked, 'Couldn't he [the GP] have referred directly to Psychotherapy [i.e. a separate service within the Trust]?'

Roger was unsure: 'Doesn't a psychiatrist need to see her first?' But Jayne demurred: 'No, it doesn't need to come from us...' She paused, smiling at Hans almost coquettishly. 'Although I suppose it would be nice of us...' However, Hans was apparently not disposed to be 'nice'.

**Hans [decisively]: I'm going to send her back.**

**Roger: OK. You'll write?**

**Hans nods.**

**Rachel [musingly] CAT [Cognitive Assertive Therapy] would be another possibility. They are touting for business at the moment...**

**Roger [with an air of finality]: Shall we move on?**

*Commentary:* Stability *and* novelty were apparent throughout the weekly routine at Bridgevale. This was perhaps particularly evident in the case of the Referral Meeting. On the one hand, as remarked above, there often seemed to be an acquired, 'semi-automatic' and markedly unreflexive quality about the ways business proceeded. On the other, I repeatedly noted the meeting's potential to throw up new constellations of relation and affect that demonstrably altered the

‘ground’ for future configurations and interactions.

For example, the disagreement over the psychotherapy referral evinced traces of what I later came to understand as a fairly persistent if ‘subterranean’ rivalry – a battle of wills or at least clash of perspectives – between the two Consultants. Hans was the more established and strictly in terms of organisational hierarchy, the senior: Gabriel, though a ‘locum’ and a much more recent arrival to the team, quite frequently appeared to challenge his authority. Given that overt evidence for such conflict was at most muted, it perhaps can *only* be pursued on something approaching what I have called the register of suggestion.

Put somewhat differently, such exchanges might be regarded not so much as a symptomatic of the doctors’ professional working relationship but as *productive* of it. Furthermore, the role of other agents – in this case including the affective situation of other participants in the meeting; ‘background’ discourses of a distinctly ‘political’ or ‘ideological’ hue, and material objects such as the GP's letter – may all be seen to play a part in *conditioning* this production. Moreover, the *temporal* character of the encounter takes on a new sheen: that is, it is not exhausted by simply saying that it takes place *within* time, that is that it takes up a certain number of minutes of the meeting.

Gabriel’s interest here is initially attracted by a referral that is not strictly speaking his formal responsibility. After first querying with Rachel if it is the sort of case that she, as a psychologist, would be likely or inclined to follow up, he issues what sounds like a direct challenge to Hans: in his shoes, this is what he, Gabriel, would do, he implies. Hans is having none of it, however. and –

whether because he strongly disagrees with the appropriateness of completing an assessment, or simply because he feels piqued, or for any other combination of reasons – he states his position quite assertively. It is hard to see how this disagreement, however marginally, will not have an impact on the future predisposition of both Hans toward Gabriel (or *vice versa*) in a *new* situation. Rather, the open-endedness of the exchange suggests a means whereby the developing mode of their relation might be charted.

Yet the fallacy of reducing the encounter to one merely between individuals is also readily apparent. For example, Rachel's second intervention ('She's just not a CMHT person'), and, even more emphatically, those of Jayne and Roger, may reasonably be seen as contributing towards heading off Gabriel's objection and prompting the emergence of a 'team' decision. It is far from clear exactly where 'power' lies here, or what the episode might say, for instance, about medical authority (after all represented by both Gabriel *and* Hans) contrasted to that of the Team Leaders or other professionals. Rather, what appears undeniable is that power is dynamically expressed in ways that both build upon precedent and innovatively set up precedent for the future.

Additionally affects, values and belief-systems play roles that are irreducible to purely 'personal' or 'public', 'subjective' or 'objective' aspects. Rather, the discussion may be best seen as exhibiting a range of cross cutting trajectories. Some are more or less self-evidently oriented towards a personal 'in here' and others to a public 'out there' disposition. But all to a greater or lesser extent are a blend of both.

In this case, as so often at Bridgevale, it is the former, as exemplified by Rachel's self-deprecating humour ('I try not to') or Jayne's softly persuasive leadership style ('It would be nice of us'), which *tend* to predominate over the latter – for instance the 'correct' remit for a CMHT or a notion of a protocol that needs to be rigorously adhered to. For example, the formal question of whether, 'officially', a psychiatrist needs to see the patient first before referral on is left floating, and essentially remains unsettled. Agreement on a pragmatic outcome takes precedence over regulation.

Finally, as hinted above, the interchange exceeds reduction to a single time schema, linear or otherwise. Certainly, the immediate 'clock-time' of the Meeting itself, the desire and need to have the morning's business completed, is *one* dominant motif. This is well-illustrated by Roger's intervention ('Shall we move on?'), explicitly aimed to bring the discussion of this particular referral to a conclusion. The exchange nevertheless also operates in reference to a range of other temporal orders. These are variously mobilised by participants and played off against one another, in what often seemed an inconclusive struggle over ranking and significance.

For example, Hans refers to a distinction between 'long-term' and 'short-term' therapeutic programmes as part of his argument for the inappropriateness of the referral under CMHT criteria. Later in the discussion, the balancing of other temporal frames is placed at stake, if rather more implicitly. For instance, the delay involved to the patient or others in returning the referral as unsuitable, in contrast to 'referring on' to the Psychotherapy team. Whilst the latter strategy, as Jayne remarks, would be 'nice' (read, perhaps: in terms of fostering or



maintaining effective inter-agency relations) it is in itself time-*consuming*, as is (for Hans and for Joy who will type and send out the letter he dictates) the option eventually consensually agreed, involving Hans writing to the GP.

Yet I think there is also something even more fundamental at work, however, which goes right to the heart of what, following Whitehead,<sup>12</sup> I would appeal to here in the name of ‘novelty’. It concerns the nature of an ‘event’ that – put very crudely – *makes* rather than *takes* time. In this sense the episode sketched out above takes on wider significance as representative of a far more general ‘property’ of the contrast between the registers of suggestion and specialism.

From this perspective, as it passes into the immediate history of the team, the interchange between Hans and Gabriel – however slightly and subtly – ‘alters everything’. For example, the relation between the consultants; the Team's stance on psychotherapy referrals; the notion of a ‘CMHT person’ and, indeed, the ‘idea’ of the Referrals Meeting itself will all have ‘moved on’, however imperceptibly. Rachel's final comment at the end of the sequence neatly illustrates this orientation towards ‘becoming’.

Although a decision has already been made with *this* patient, the discussion has brought to her mind ‘*another possibility*’ – that of involving the CAT team as a resource. This ‘new’ data may or may not be mobilised by her or others in a subsequent encounter, later today, next week, or next month. But it has shifted

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<sup>12</sup> Whitehead's re-evaluation of the significance of temporality is at the heart of his philosophic project and defies easy summary. Yet pertinent here is his emphasis on the mutual dependence of ‘inescapable flux’, and ‘overwhelming permanence’ (Whitehead, 1978: 338), and on the ‘perpetual perishing’ of the experienced present alongside entities' achievement of ‘objective immortality’ (e.g. 29; 60).

from background towards foreground as a *potential* resource – as an ‘object’, which may offer itself a little more insistently towards a future ‘conrescence’.

### **3.6 The Afternoon: an ethno-topographical fragment**

*Narrative:* The café where I took lunch was almost exactly as I remembered it, right down to details such as the gaudy plastic tablecloths, the noisy clientele, and the high- cholesterol menu! I noted however that I would perhaps have to revise my evaluation of one its chief recollected merits, which was that it provided a readily accessible ‘Bridgevale-free’ enclave. Today, Hadley was already installed at a corner table when I arrived. A little later Hans and Joy came in and looked about for a seat.

On my return to the office I spent some time at the ‘Duty desk’ on the first floor. The rented premises in which the Bridgevale team was based were spread over two floors of a somewhat dingy and dilapidated Victorian building. A commercial business occupied most of the ground floor. Access from street level to the team was via an entry-phone system and a flight of stairs. Team members of long standing possessed their own set of outside keys. All others (myself included) had to press a buzzer at the outside door and wait for the door to be released, usually by one of the administrators, once they had been identified on a CCTV camera.

For service users and other visitors, there was a small waiting area at the top of the first flight of stairs. The remainder of the office was – in theory at least – accessed only by those acquainted with the correct security code to punch into

the pad on a further internal door. This led in turn to an L-shaped open-plan area. The desks for two of the three administrative grade staff were situated here, within the longer side of the 'L'. Communication was possible with those in the waiting area ('Reception') through a grilled window.

The remaining part of this area (the shorter projection of the 'L') was generally designated simply as 'Duty'. The third administrator's desk was based here; behind it, facing the opposite wall, stood the 'Duty desk' referred to above. Its surface was crowded: I noted three or four plastic ring binders; wire trays heaped with case files and other documents; a prospectus for evening courses at a local College; a holiday travel brochure; an empty Coke can, and a couple of coffee mugs, as well as a telephone, and off to one side, a computer monitor and keyboard.

The 'Duty Officer' usually based themselves here. All qualified Social Workers and Nurses in the teams were rostered for Duty. The Duty Officer dealt in the first instance with new referrals, handled calls or visits where a professional response was indicated, but no specific Care Co-ordinator had so far been allocated, and covered as needed for absent colleagues.

The Meeting Room was situated immediately behind this area, as was the miniscule kitchen; Andy's office, and a mysterious 'Filing Room', accessed only by the administrators, where records on users currently closed to the team were stored. Parallel to the Meeting Room, a narrow corridor, lined on one side with filing cabinets containing 'open' case files and a photocopier led to a further open plan work area (the 'Back Office'); two small offices used by the

Team Leaders, and washrooms for the use of staff. Upstairs, i.e. on the second floor of the building, were found a second large open plan area (the 'Upstairs Office'); a room set aside for the Consultants' use; three more furnished with desks and armchairs and used for interviewing; a 'Clinic Room' complete with an examination couch and a locked medicine cupboard, and further washrooms – this time for the use of service users and visitors as well as team members.

Over the course of this afternoon, and indeed most days thereafter whilst engaged in 'informal observation', I tended to 'drift' between the three main work areas. I would make it a rule of thumb to try to ensure I spent at least part any particular observation session in each. Beyond this, any (semi-coherent) 'strategy' I adopted in relation to the office space as a whole, consisted largely of an attempt to maintain a balance between my curiosity, declared intention to avoid 'getting in the way', and (increasingly as the fieldwork wore on) sense of enforced physical inactivity, passivity and tedium.

On this first day, I by now felt increasingly weary. All the same, I tried to listen carefully to Caroline, Duty Officer today, as she explained (or reminded me) how the system worked. She showed me some of the 'key' documents – a loose leaf ring binder where assessments and visits are diarised several days ahead and a Duty list, typed out at the end of each day by Ellie, one of the administrators, where tasks are prioritised in order of importance and urgency. 'Who decides the priority?' I ask her. 'Um...I'm not sure,' Caroline replies, 'Jayne and Roger I suppose...I haven't been here too long.'

Upstairs, Kay returns to her desk having just concluded an appointment. She

does not sit down immediately, but sighs, picks up a tube of hand cream that lies beside her computer and rubs cream onto her hands. 'Depressing,' she announces, 'At least, every time I see her, I'm depressed.' Antoine, a CPN, looks briefly up from the screen on which she is typing. 'Do you need to debrief?' she asks Kay. 'Oh, not really. Anyway there's someone else due in any minute'. Kay sits down at her desk and logs on to the computer.

In the back office, Hadley is on the phone to the hospital trying to find out from the nursing staff if any decision has been made at the ward round about one of his clients. He replaces the receiver and shrugs. 'They're useless. They don't seem to have any idea what's going on'. He imitates the person to whom he was evidently speaking. "'Oh, I'm a student, I've just started here. Could you ring back in half an hour and speak to the Charge Nurse?" They shouldn't let their students answer the phone, in that case.' Hadley sighs and turns back to the phone. 'Hi mate,' I hear him say after a few moments, 'what are your plans tomorrow night?'

Finally, back in the Duty Area, just as I decide to call it a day, Roger approaches me holding a leaf of paper on which a statistical table appears in very small, blurry print. 'Paul, look. You'll be interested in this.' He adds that it's a monthly summary, just faxed over from the Trust HQ, of comparative 'performance indicators' for all the community-based teams based in the Borough. I peer uncomprehendingly at the columns of tiny figures.

Roger explains these represent CPA 'returns'. They indicate, he says, how complete and up-to-date records kept by Care Coordinators are in comparison to

those from other localities. 'I'm really pleased by this,' he continues. 'We've topped 90% for the first time in three months. That's the target, you see, 90%. And we're marginally ahead of most the others, too.' I express my appreciation to him for the explanation, and then, as he appears to expect something more from me, I ask the first question that pops into my head. 'What happens if you fall below target consistently?' 'Ah' Roger replies vaguely. 'Well, questions are asked!'

**Commentary:** In devoting narrative space to topographical and material detail – the office layout and furniture; the presence of photocopiers, telephones, faxes, washrooms, computers and so on – I have had two objectives in mind. In one sense, I have aimed to offer an unashamedly '*situated*' account that adequately transmits not merely 'information' but also 'feeling' in that it conveys something of the *texture* of my embodied affective experience as observer/researcher. But simultaneously, I have tried to **begin** to evoke the sense whereby aspects of the spatial and technological environment at Bridgevale might be approached as entering associatively – indeed suggestively – into team members' performances of mental health work.

This second objective might be pursued productively in very many directions. To give just a few examples, physical security features such as locked doors; keypads; strengthened glass, and so on all resonate with notions of *danger*; with the inherent unpredictability of some service users, and with professional discourses of risk, protection and taking care. The 'clinic room' with its couches

and medicine chests, or the blank prescription pads that could be found on almost every Care Coordinator's desk<sup>13</sup> evoke the persistence of established accounts of illness and medicine. Kettles, coffee mugs, armchairs and so on, meanwhile, suggest somewhat contrasting ideas of relatively unmediated face-to-face care and support.

Similarly, the ubiquitous presence of communication devices such as computers and telephones hint at wider organisational networks and chains of command linked to, and in conformity with, superficially more 'global' systems and orders. Yet the very same technologies sit alongside more mundane or 'low-tech' entities such as filing cabinets, notice boards and stationery cupboards, in addition to 'tailor-made' artefacts (such as the 'Duty list') that would be fairly meaningless outside of their immediate context. These are no less involved in the production of 'locally' improvised 'in house' regimes. In juxtaposition with such artefacts and devices, team members had artful recourse to a range of superimposed translation and re-translation strategies (cf. Callon, 1986; Latour, 2005) in more-or-less constant shifts from one order of magnitude (e.g. telephoning the Home Office) to the next (placing a form in the correct pigeonhole, say).

The notion of suggestion serves as a reminder that the relations between actors and technologies were not always consistent, resilient or even relatively static.

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<sup>13</sup> Only doctors could legally prescribe. Care Co-ordinators, however, often effectively initiated medication changes, by getting hold of a 'passing' doctor and briefly explaining the changes they had noted in their mental state, or relaying a user's request to have a dosage reduced or amended. The pad on the desk may therefore be approached as an object routinely possessing a multiple valency – a symbol *simultaneously* of formal medical authority, the pragmatic power of other disciplines *and* of the trust that existed across disciplinary boundaries.

Whilst not dissimilar and heuristically helpful, the idea of ‘networks’ enshrined in ANT-oriented approaches occludes attention to often analytically interesting, short-lived *dynamic and affective* ensembles. A suggestion may be fleeting in the extreme, or may lie dormant for a long time.

A (perhaps only superficially banal) illustration is provided by the conjunction between Kay, following her ‘depressing’ interview, and the tube of hand lotion that lay on her desk, as it happened, throughout the entire duration of my fieldwork. The suggestive event ‘captured’ here might be seen in terms of the momentary link forged between the routine stress of interviewing and a homely, self-protective notion of caring and pampering oneself. At other times, the same object, like the telephone on Hadley's desk, may be recruited in rapid succession to serve very different purposes, functional levels and feeling tones – here for instance one moment in pursuing the frustrating task of liaising with other agencies on behalf of others and the next with setting up one’s own recreational project.

Somewhat similarly, for Roger at the end of my day, a single printed sheet of paper seemingly ‘speaks volumes’ in terms of issues related to the his personal job satisfaction, team effectiveness and a particular variant of ‘security’ (questions, for now, ‘will not be asked’). Interestingly, Roger appears to assume that this same object will be highly ‘suggestive’ to me, as researcher - it is thus singled out for my attention. In reality, at the time, whilst overtly eager to demonstrate my willingness to be interested in anything that team members themselves regarded as important, other suggestive factors predominated on an immediate, embodied level!



Equally, the suggestive register forefronts the *porosity of boundaries* at Bridgevale, whether regarded in conceptual, emotional or physical terms. For instance those between professional and non-professional; between team and non-team and, in more reflexive vein, between researcher and researched. My lunchtime visit illustrates each of these aspects. For both myself, and for harassed team members fleeing switchboards, waiting-rooms and to-do lists, the café suggested itself as a temporary haven from the fray, yet in reality easily becomes a geographical extension of the teamwork setting.

Within the physical office, moreover, sudden expressions of humour; outbreaks of conviviality, and (above all!) refreshment breaks marked the constant liability of boundaries to break down and then re-establish themselves along subtly different lines. This it seems to me amounts to more than merely a blurring. Rather continuous de- and re- configurations took place, between and among disciplines and hierarchies; around 'work' and 'recreational' space, and between time 'to get on' and time for play. Indeed, perhaps, between 'everyday mental health work' and 'everyday life'.

### **3.7 Conclusion**

In this Chapter, my overall intention has been to (largely) bracket methodological considerations of representativeness and selection, which tend to be posited in the literature on research processes in defiantly 'specialist' terms (e.g. Denzin and Lincoln, 1994; Gubrium and Holstein, 1997). Instead I

have wanted to allow the *contrast* of registers to shape both my choice of material and my attempts at interpretation. Without doubt this orientation brings with it no failsafe guarantee of success. From the perspective of the research event, to maintain at the forefront of analysis a claim that this itself takes place on the register of suggestion inevitably means the sacrifice of any notion of observation as detached or neutrally objective. ‘Finding’ from this perspective, cannot detach itself from ‘feeling’. Rather, each mutually inflects the other.

Nevertheless, ‘remaining with’ the suggestive register has also enabled retention of focus on the insight (or at least claim!) that the research participants, the team members at Bridgevale, may be *no less* caught between the horns of an essentially similar dilemma. In other words, on the one hand, they too are tasked, in a temporally bounded context – for example within a discussion of a particular case within the Clinical Meeting – to draw on a reservoir of heterogeneous know-how, intuition, habit, memory and inclination in pursuit of ‘specialist’ knowledge. On the other, and equally importantly, from the perspective I’ve followed their enactment of practice will inevitably be inflected by and will recruit adjacent aspects of the social, moral, technical and affective environment.

Throughout the Chapter, I have made use of the twin notions of familiarity and novelty in an attempt to open up ways whereby both team members’ and my own experiences might productively be approached as drawing associatively (and suggestively) on the past whilst confronting, engaging with and indeed *creating* a risky and uncertain future. Familiarity forms the necessary background to ‘craft-like’ practice, and assists in defining what it is to be an

‘insider’. Yet it also can be associated with a blurring of hierarchical divisions and the other forms of order that comprise mental health practice. Novelty and indeterminacy are always potentially embedded in familiarity: everyday life does not merely reproduce itself. The next Chapter, by exploring in closer detail a number of the modes of ordering at play at Bridgevale, takes its point of departure from this line of enquiry.

## CHAPTER FOUR

### Routine Preoccupations: questioning ‘modes of ordering’ at Bridgevale

#### 4.1 Introduction

This Chapter focuses on aspects of how mental health work was *ordered* and *organised* at Bridgevale. As mentioned in the Introduction (s0.3) at an embryonic stage of the project, and even earlier as a working team member, notions and impressions of organisation and disorganisation struck me as a potentially productive entry-point for inquiry. In my fieldwork, I continued to be reminded, often viscerally, that those dimensions of practice I was allowed access to in no sense ran – or were ran – consistently and smoothly, whilst on the other hand were far from being apprehensible as ‘pure’ chaos. I was thus drawn to pursue the question of how work ‘hung together’ at all for and at the level I was exploring. The caveat already dwelt on at some length (also in the Introduction) of course applies: my research was mainly limited to ‘backstage’ as opposed to ‘clinical’ contexts, where the patient tended not to be present. Nevertheless, in these contexts, what kinds of order manifested themselves and how were they sustained?

I will approach these potentially ungovernable questions here primarily through a consideration of four interlocking themes. Thus I will address notions of ‘administration’ and ‘routine’, together, somewhat more briefly, with those of ‘security’, and ‘hierarchy’. In each case the theme was discernible as integral to and pervasive within the day-to-day life of the team, inescapably present and

often explicitly articulated as matters of concern to team members. In what follows I will characterise these themes as *preoccupations* – a term to whose implicit suggestiveness I will return shortly. As such they cut across temporal and spatial dimensions; involved a range of human and non-human actors, and assisted in the enactment of what I regard, following Mol (2002), as the *multiple* reality of practice.

Insofar as the Chapter embodies a central claim it is that, at Bridgevale at least, whilst preoccupations endured, organisation and order were constantly breaking down, being undermined, reformed, and de- and re- configured. Yet this is too weak a formulation insofar that it continues to imply a more fundamental ontological primacy of order over disorder. To put matters more strongly, my overwhelming impression was that at Bridgevale, *as often as not*, routine seemed to *be* crisis; security, insecurity, and hierarchy, the dissolution of hierarchy.

To leave matters here, however, would be equally misleading. My intention is *not* for one moment to imply that I found everything at Bridgevale in utter chaos and disorder – although admittedly from time to time I found myself *feeling* this was the case! Overwhelmingly, however, I was also hugely impressed by how well – creatively, flexibly, adaptively – ‘things worked’ or were made to work; how skilfully, resiliently and cheerfully team members managed onerous expectations, and how effective they were at negotiating with one another and in reaching and enacting decisions.

An initial paradox then, and what follows, I really must make clear, is *not* – at least not primarily or straightforwardly – a critique imputing *maladministration* or suggesting, however obliquely, that the team was ineffectual or negligent in contrast either to whatever went on in other mental health work settings (I am entirely agnostic on this point) or to some abstract ideal of practice. On the contrary, my intention is to try to raise, in a specific organizational context but with potentially wider implication, concerns related to the ‘problem of order’ itself. Yet a further hypothesis that might well be regarded as provocative and even somewhat disturbing thus entails.

Before articulating this as succinctly as possible I must summarise another general ‘finding’ from the field. This is that frequently – or again, *at least as frequently as otherwise* – wherever I adjudged ‘effectiveness’ (or excellence, or creativity) as present within the work of the team, it seemed to *follow from and be constituted by* what could equally be described as a situation of crisis, uncertainty or ‘mess’. This further seeming paradox was accompanied by yet another. Try as I might, I found it extremely difficult to identify fixed patterns consistently underlying *outcomes*, whether or not the latter were deemed successful by team members themselves.

These dilemmas resonate with the hypothesis of the disciplinary ‘insecurity’ or instability of psychiatry that I touched on at s1.2.1. They are consonant too with the essence of the central theoretical claims advanced during Chapters One and Two: that is, in effect that the register of suggestion is primordial to and constitutive of that of specialism – whether approached on the level of method,

change or work. The translation of these arguments onto the level of practice, however, potentially raises the stake in *political* terms. Ultimately, adoption of the register of suggestion poses questions and doubts not only for the fundamental adequacy of the concepts of ordering and organisation as analytical tools – within the mental health field but perhaps also more widely – but also for ‘visions of order’ as self-evident social desiderata.

My discussion impinges, therefore, at least tangentially, on two related and well-established shibboleths within social theory. The first of these concerns the generic notion of social order, as conceived within much of the classical-modern sociological tradition as the ‘central focus’ of study or even as a disciplinary *raison d'être*.<sup>1</sup> A second – familiar enough by now from earlier Chapters – relates to the marginalisation or downplaying of the importance of affect and its subordination to notions of rationality and logical structure.

As I have already sought to demonstrate, Whitehead's thought integrates attention to each of these dimensions on a metaphysical or ‘cosmological’ level in a unique and challenging way. On the one hand, Whitehead reverses an equation usually assumed as basic, by presupposing the primacy of *disorder* as a

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<sup>1</sup> In many socio-theoretical traditions – e.g. Durkheimian, Parsonian, Marxist and so on – a conception of structure is posited or at least assumed as foundational, thus simultaneously generating a ‘problem of disorder’ (conflict, contradiction, ‘mess’) where this proves inadequate to account for empirical reality (cf. for example Lockwood, 1992: vii-xiv and *passim*).

‘favourable background’; ‘given’, or ‘ideal’ (1978: 91-93) from which each new and inevitably transient form of order emerges. On the other, in according ‘feeling’ the role of ‘the agent which reduces the universe to its perspective for fact’, he re-establishes an orientation whereby attention is drawn to the affective context of any specific order-production.

In what follows, however, I will utilise a much more recent and more obviously ‘sociological’ intervention, namely John Law’s wide-ranging discussion of ordering and organisation in *Organizing Modernity* (1994). The Chapter draws inspiration from this study whilst to a certain extent simultaneously deploying it as a foil. I will take as starting points for discussion Law’s key substitution of the verb form for the noun – ‘perhaps there is ordering but there is certainly no order’ (Law, 1993: 4), together with his subsequent elaboration of the notion of ‘modes of ordering’.

I should emphasise that, whilst the ethnographic detail on which he draws is from a very different organisational context, I have found Law’s book extremely helpful in developing my own ideas, and am in broad sympathy with many of its conclusions. Nevertheless, I also seek to move somewhat beyond his imputation of ordering modes as ‘tools for sense-making’, insofar as they tend to be grouped ‘centrally’ (1993: 104), ‘come in blocks’ and trace certain ‘econom[ies] of desire and seduction’ (125). To anticipate a major trajectory taken by this Chapter, at Bridgevale I tended to find that such putative modes as I could detect were *themselves* constantly prone to disorder, rearrangement and affective upheaval.



The gap between Law's conclusions and my own is thus, although relatively narrow, significant. Admittedly, it may mainly relate to the differences between the settings with which we have been involved (a community mental health facility compared to a nuclear physics laboratory). Nevertheless, insofar as a disagreement between us exists, it hinges on the emphasis I will place on the intrusion of suggestion on practice in a way which undoes much of even his version – *ordering's* – regularising and patterning impact.

Before returning to an encounter with the data, a refining comment on the notion of 'preoccupation' mentioned above may help to clarify my initial orientation. *Prima facie*, the use of this term indeed evokes constancy and pattern. 'To be preoccupied' suggests the consistent possession of certain thoughts or ideas to the exclusion of others. Yet the image evoked is also one where the past displaces the present, albeit an open-ended past brimming with (already emotionally-coloured) possibility. In everyday parlance the phrase is also often used to describe being 'lost' to the moment, distracted or 'moody'.

Moreover, to stretch the point somewhat, it is possible to give the word a further slightly different inflection: one of 'pre-*occupation*'. This slant resonates with the non-specialist, non-professional dimensions of 'mental health work'. In this sense, however far we are launched down the road of specialism, we have never ceased to be preoccupied. By attending to the detail of team members' interactions and their own comments and reports (drawing on material gleaned from both observation and interviews), I hope to demonstrate the extent each of

these three variations of meaning was in play in daily life in ways which problematise the notion of enduring ordering modes.

Finally, a very brief summary of the way the Chapter itself will be ordered.

Section 4.2 begins with a gloss on Law's text and both summarises and tentatively contests a number of his arguments and assumptions. 4.3 commences the task of tracking – whilst doubtless sometimes also losing the scent! – a series of connections or associations grouped around the themes of administration and routine. Rather more cursorily, I tackle notions of security and hierarchy as further putative sources of ordering in 4.4, before recapitulating the main issues and questions opened up within my discussion.

#### **4.2 'Modes of Ordering'**

*Organizing Modernity* (Law, 1993; henceforth, in this Chapter, OM) opens with Law declaring that he wishes to resist the 'hideous purity' he regards as inherent in much contemporary sociological writing. Rather, he aspires to 'save the epiphenomenal' and contribute to a 'modest sociology' containing 'no privileged places, no dualisms and no *a priori* reductions' (OM: 7; 13). Clearly Law is intent on countering any view of order as static: 'movement and the organization of movement are not different' (OM: 15). He also makes the important and fundamental point that orderings in the workplace are self-generating. Organisations are 'outcomes'. Moreover, ethnography, itself an ordering, should similarly be regarded as an 'effect'.

Thus far, my inclinations are fully in accord with those of Law. He moves swiftly on, however, to introduce his key notion of ‘modes of ordering’. These

(OM: 20)

tell of the character of agency, the nature of organizational relations, how it is that interorganizational relations should be properly ordered, and how machines should be... But they are also to a greater or lesser extent, *acted out and embodied* in all these materials too. I’m saying, then, that they are imputable ordering arrangements, expressions, suggestions, possibilities or resources.

This represents the first of several attempts by Law to define ‘modes of ordering’ in OM. Among them, some are more formally ‘conceptual’ and others more closely tied or ‘applied’ to the specific research project on which his book is based, a study of (mainly) senior management practice at a prestigious physics laboratory, Daresbury in the English Midlands. Drawing on theoretical resources including Foucault’s work and Actor Network Theory, Law insists that his modes are simultaneously ‘real’ *and* contrived. That is, they may be seen (i) as relational *devices*, diachronic rather than synchronic (OM: 22), that trace associations and ‘translations’ whereby ‘the social’ is extended to include non-human and technological networks *and* (ii) are in an important sense ‘out there’ processes, ‘intentional but non-subjective’ (OM: 96). Modes of ordering, he further maintains, are patterns that may be legitimately ‘looked for’ (94) – and found – on all levels of organisational practice.

At Daresbury, Law posits (OM: 83) four modes as ‘fairly regular’, ‘recurring’ patterns, ‘generated in and reproduced as part of the ordering of human and non-human relations’ Within the specific context of the laboratory site he delineates them as ‘enterprise’, ‘administration’, ‘vision’ and ‘vocation’. Each is consonant with certain more or less explicit imperatives within the organisation.

They are at least in part representable, moreover, by character ‘types’ within the managerial styles Law observed, thus ‘cowboy’, civil servant, charismatic leader, scientist... Yet Law emphasises these labels should not necessarily be tied permanently or exclusively to individuals.

I’m not saying that there *are* cowboys and that there *are* civil servants. Rather, I am saying that it is possible to impute several *modes of ordering* to the talk and the actions of managers. And I’m saying that people are written into them in varying degrees (OM: 74).

It is with regard to his more general conceptual approach rather than its more detailed application that I will begin to register tentative reservations, or at least to seek to develop or extend Law’s analysis in new directions. In doing so, I follow the overall spirit of his approach, for Law himself makes clear that the modes he imputes to be at work at Daresbury are not intended to be exhaustive. There, he concedes, performances of the social ‘could be divided up differently’. Moreover, he lays emphasis on the inevitably *located* nature of any claims he might make in the name of these ‘tools for sense-making’. Whilst they ‘do not stand outside’ their own enactment, they are, nevertheless, ‘more than imaginary’ (OM: 83-85).

My concerns centre on questions of the relative scale, stability and regularity of modes, and their adequacy as ‘figures’ actors can be more or less ‘written into’. Before attempting any direct contrast with Bridgevale, it is worthwhile to seek to establish a little more precisely on what grounds Law bases his argument for the modes’ analytical utility. In a more recent paper, co-written with Anne-Marie Mol, he succinctly summarises his approach in OM as concerned with investigating ‘how different modes of ordering *structure what goes on* [in a

given organisation; my italics]’ (Mol and Law: 2002: 9).

Now, I do not doubt that ‘enterprise’; ‘vision’ and so on offer a productive shorthand for what were powerful and pervasive generative forces at Daresbury. Indeed my initial line of thought was to ‘import’ the principle on which they are based, albeit using terms more context-specific to the mental health team setting. My reservations, however, revolve around the ability of *any* such ideals or agendas themselves to consistently and/or more or less inclusively ‘structure what goes on’ at Bridgevale.

Firstly, an over-reliance on a small number of ordering modes may inadvertently occlude attention to other, more chaotic and messily affective processes that were going on all the time there. These processes seemed by definition – i.e. *because* they were chaotic, ubiquitous and in constant flux – irreducible simply to the invention of new modes. In contrast, the very vagueness and generality of a term like ‘suggestion’ arguably confers certain advantages. In any event, as I thought more about the problem, I began to conclude that *just as frequently as ordering modes structure activities, they tend to de- and re-structure and destabilise themselves!*

As I briefly intimated earlier, my doubts fall under three different heads. Each of these takes as its point of departure a different aspect of Law’s claims.

Firstly:

(a) Law writes of ‘*centres*’ of ordering which exercise, albeit to a limited and

incomplete extent, a sort of ‘command’ function within organisations. He calls this an example of ‘verbs behaving in a noun-like way’ (OM: 103), thus it seems to me reversing the substitution of nouns *for* verbs with which his discussion commenced. A centre ‘*monitors* the periphery, *represents* that periphery, and makes *calculations* about what to do next in part on the basis of these representations.’ (OM: 104). The *effects* of such activities are apparent in techno-social practices such as audit and accounting procedures, computing systems and bookkeeping.

Certainly at Bridgevale I too heard and saw day-to-day evidence of continuous attempts being made to define, clarify and evaluate the team’s role as a whole and the ‘ideal’ nature of the work it was (supposed to be) undertaking, and to impose coherent frames of accountability on that activity. For example, an economic model that ‘spoke’ of cost-benefit analysis or ‘effectiveness’ frequently cropped up. Explicit reference was often made, moreover, to *perceived* ‘external’ centres of power such as ‘Trust HQ’, the Borough Council, or the Government.<sup>2</sup>

Nevertheless, I experienced fundamental difficulty imputing *stable* ‘centres’ and

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<sup>2</sup> Even here, however, the overall picture was one of complexity and confusion (see fn. 7, Chapter Three). ‘Effects’ comparable to those Law mentions were clearly also in evidence, as was illustrated (s3.3) by Jayne’s feedback from the Managers’ ‘Away Day’ or by the computer-generated ‘returns’ with which Roger was so keen to impress me.

'peripheries' of power *at* Bridgevale *from* my level of observation of everyday practice. More often, I felt I was participating in a complex and mobile topography of power and influence where a distinction between centre and periphery rapidly lost any essential meaning. Regimes of 'monitoring, representation and calculation' that Law sees as evidence for a measure of central co-ordination often seemed at Bridgevale to flow in an opposite direction. That is, dispersals and reversals of centralizing order were exhibited that seemed to turn 'organization' (as usually perceived) 'inside out'. These very (purportedly centralizing) regimes were thus often themselves re-animated and reconfigured by action at what perhaps should no longer be regarded as the periphery.

(b) Tellingly, Law himself seems to reflect considerable unease with the second aspect with which I would take issue: namely his claim that 'some of the patterns in the networks of the social come in blocks' (OM: 108). Repeatedly (OM: 87-88; 108), he mentions a friendly critique received from a commentator on his work (Susan Leigh Star) to the effect that "“You tend to see big blocks of things, whereas I tend to see differences and contingencies”". In defending his own position, Law makes clear that his preference relates to a theoretical stance on the 'ground of action'.

Law's argument here falls into two parts. Firstly, he suggests that agency is 'only possible' if it can consistently predict outcomes at least some of the time and 'front' them for external audiences. Secondly, such 'fronting' strategies – admittedly themselves also 'scaling' procedures – *allow* the imputation of

general accounts of the social. In this way, Law explicitly links his ‘modes of ordering’ with long-standing aspects of sociological tradition. As tools, he informs us, they are analogous to ‘styles of thought’; ‘ideal types’, ‘discourses’ and so on in ‘other sociologies’ (OM: 107-109).

I cannot resist being left with the impression that there is a hint of ‘performative contradiction’ (cf. Jay, 1993: 29) in the first of these arguments. Surely the making of any statement on behalf of an organization is itself proof of (some) agency, however awry or misleading that statement may be in relation to the reality it seeks to represent. Meanwhile the second point seems to re-echo, however faintly, a notion Law has earlier in his text strenuously attempted to resist. That is, the conventional implication that it is possible to reach a position where ‘global’ judgments are justified.<sup>3</sup>

Admittedly, it is probable that the extent my position differs from that of Law here is a function of my particular concern with the field of *mental health* work. As I have argued, here policies, and statements of policy, have generally come to reflect an overt pervasive ontological uncertainty, an awareness of the plurality of approaches in circulation and of the contradictoriness of prevalent

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<sup>3</sup> Cf. OM: 2, where Law argues persuasively that *we* are caught up in the ordering too: ‘there is no question of standing apart and observing from a distance’. Of course this is a lesson that ‘his’ physicists have themselves already learned, with respect to the orders that constitute the present state of their discipline, many moons ago!



ideas around the nature of practice and its underlying aims and aspirations.

Perhaps there is something singularly pertinent to the nature of this area of practice (and thus its organisation) that consistently prompts the most resilient discursive strategy, typology or classifications as tending to melt together or come undone. In any event, within the limited context of my observations at Bridgevale, I found myself liable to identify networks and patterns diversifying and fragmenting rather than persisting as blocks of order.

(c) Law cannot be accused of ignoring the affective dimensions to the relations between the ordering modes he traces at Daresbury. For instance, he appeals to the differences between physicists and technicians there via the notion of ‘an economy of desire and seduction’. I feel, however, his approach here betrays a touch of heavy-handedness. And this in a way that resonates with the tendency singled out above towards the reification and concretization of modes as settled and conclusive.

For example, Law recounts how whilst the scientists at the lab, in line with ‘visionary’ and ‘vocational’ modes, ‘dream of a world class facility’, ‘in practice the technicians tell of quite different kinds of desire’ (OM: 125). He illustrates his argument with the example of a crew leader whose given motivation for working hard towards early retirement is to be able to devote himself to skippering his beloved sailing boat. Whilst ‘technical heroism’ is not overlooked in OM, it tends to be contrasted against the quite different stories of enterprise and endeavour that characterize the efforts of the scientists and managers. For instance, Law eloquently writes of the night shift at Daresbury,

once the latter have left work, within the frame of ‘relaxation into a special type of routine’.

I can identify strongly with Law’s assertion that institutional and socio-technical economies and ecologies may indeed also be viewed and traced as ‘networks of love and hate’ (OM: 130). Within my own context of inquiry, however, I have been keen to find ways of extending and deepening his approach that avoid the charge that it is status alone, or even status primarily, that dictates and inscribes the forms such affective associations take within organizational life. For me these forms are both far more heterogeneous and far more dynamic than his examples tend to suggest. Flaring briefly but intensely into life, they frequently subvert and *deregularise* – if at other times uphold – assumed hierarchical order and role differentiation.

At Bridgevale, for instance, not only ‘subordinates’ such as Support Workers or Administrators, but also ‘seniors’, Consultants and Team Leaders, pursued various escape routes from their daily work. In many cases these revealed aspirations and ambitions (or resentments) that flew in the face of any neat division of vocation or speciality from routine occupation. Similarly, whilst taking Law’s point (OM: 136 fn. 16) that routine, within common parlance, is often by implication ‘practiced by the *Untermenschen*’, day-to-day observation of team life gainsaid this claim, disclosing a rich weft between routine-following *and* creative innovation at *all hierarchical* levels.

Conceptually and methodologically, moreover, a primary orientation toward

‘feeling’, following Whitehead, places affect and aesthetics somewhat nearer the (continuously shifting and generative) *ground* of order. This enables the temptation to reduce its operation to somewhat hackneyed ideas around class structure to be resisted.

To recapitulate, *Organizing Modernity*’s penetrating critique of the notion of social order as static offers a powerful lure to rethink processes of association and translation within an agency at once different and similar to Daresbury. Nevertheless, I am left with a number of caveats and cautions with regard to Law’s treatment of the notion of ordering *modes*, at least insofar as this may be transposed to the Bridgevale context. The main inducements to my inclination to think beyond his approach revolve around Law’s continued dependence on the comparative resilience of forms of ordering that radiate from a centre, subsist in ‘blocks’ and tend still to ‘stick’ readily to somewhat old-fashioned notions of social power. I respectfully question whether ‘ordering structures what goes on’ (as above, Mol and Law, 2002: 10) quite as much and as consistently as he appears to believe.

### **4.3 Administration and Routine at Bridgevale**

#### *4.3.1 Naming Administration*

Administration, it will have been noted, is among Law’s four named modes at Daresbury. For him it ‘tells of and generates the perfectly well-regulated organization’ (OM: 77) and is linked to notions of ‘conformity’ and ‘due process’ (OM: 78). To what extent, however, might these claims hold at

Bridgevale? Or might 'routine' itself be re-envisaged as being somewhat less of a synonym for 'relaxation' or healthy torpor but perhaps more intimately connected with the generation of change and innovation?

Were Law's approach to be followed slavishly, 'administration' should not only be seen as embodying and generating certain regulatory functions and boundary relations. It would also (OM: 111) be involved in the 'silencing', 'deletion' or 'disenfranchisement' of certain other potential ways of being and doing. In his Daresbury study, administration carves out a kind of consistent and rule-based substrate in the organisation. Hence its close relation in his account with 'routine' – a reliable, highly predictable and enduring *background* against which scientific enterprise and vision is simultaneously sustained and restrained.

Yet, once the enterprise of 'care' is substituted for that of 'science', how adequate *does* Law's model encapsulate processes of ordering within a mental health team setting? The response to this question hinges to a large extent on how far administrative functions or chains of association may be separated out there from other purportedly 'non-administrative' performativities. In other words, on an inevitably local, working definition or (perhaps more pointedly) *designation* of the term 'administration'.

At Bridgevale, the boundaries between administrative and non-administrative functions and tasks invariably appeared vague and blurred. Whilst the idea that there *were* such boundaries was frequently acknowledged and appealed to by members, the ways whereby they were drawn fluctuated considerably. For

instance, no one consistently restricted the designation of administrative processes exclusively to the administrative grade staff (or ‘admins’).

Confusingly enough, activities referred to as ‘admin’ often involved *everybody* at once, at least some of the time. They also brought into play a range of non-human actors, whether tools, instruments or technologies.

A second issue relates to the extent whereby administration could be viewed as sometimes operating to *exclude* elements that interfered with the smooth, effective running of affairs. Law’s claim that administration ‘tells of and generates the perfectly well-regulated organization’ tends by implication to filter out those messy and affective factors that, from another perspective, actually conspire towards constituting the tale in question. In contrast, *my* reading of affairs at Bridgevale suggests that, far from functioning smoothly, the ‘routine’ underwritten by administrative activity manifested itself in ways that often appeared inconsistent, haphazard, oriented to feeling and distinctly *unreliable*.

As suggested above, *no* member of the Bridgevale team, as far as I could ascertain, would have denied that part of their occupational role, often a very large part, fell under a rubric they would readily *name* as ‘administration’.

Simultaneously, however, a more spatialised rendering of the term was also in evidence. Part of the office, as I noted in Chapter Three, was customarily denoted the ‘admin area’.

From here many of the features of daily life broadly aligned with regulative and

support functions largely emanated. It was also where, some but not all of the time, the (designated) 'admins' were physically based. Equally, on the other hand, 'administration' was often explicitly articulated as a substantial ingredient of *management* by those at Bridgevale who had formal responsibility for supervising other workers, namely the two Team Leaders, Roger and Jayne and the 'Office Manager', Andrea.

It will assist to look a little more closely at some of these varied and tangled understandings of administration. Care Coordinators, for example, consistently explicitly accepted that their role included many activities that had little directly to do with face-to-face contact with users or with the application of specific disciplinary skills. The point at which any boundary was drawn in every day discourse, however, fluctuated considerably.

Sometimes, admittedly, it appeared that certain tasks were explicitly demarcated by individuals as 'administrative' as opposed to 'clinical'. For instance, early in the fieldwork, Kay, the Occupational Therapist, expressed her concern that I would not 'see much of interest on Friday afternoons, because that's the time most people just do their own admin'. When I asked what she meant by this, she enumerated activities such as filing, record-keeping, filling timesheets and expense claims, organising desk space, and updating personal diaries with the following week's priority tasks and appointments.

At other times, however, it was apparent that the notion of administration was extended in team members' minds to aspects of the work role that could not so

readily be ‘hived off’ to a particular day or portion of the week. ‘Paperwork’, for example, clearly comprised *both* directly clinically-related tasks – maintaining case notes, writing reports and letters, completing referral forms, assessments, reports and the like – *and* those that, whilst less obviously focussed on ‘care’, could hardly be dismissed as entirely marginal or inessential. In addition to those listed above, interview rooms had to be booked, pigeonholes checked, and mail, circulars, memorandums and notices (whether material or virtual) opened, read, perused and sometimes responded to.

Additionally, administration was sometimes deemed to cover a range of more overtly *embodied*, ‘muscular’ activities involving engagement with a variety of technical networks.<sup>4</sup> A by no means exhaustive listing would encompass sending faxes; photocopying; searching for and within case files, attending meetings, visiting the reception area to greet clients, and physically seeking out colleagues in other areas of the building. Not to mention, (off-site and out of my immediate sight), driving, taking the bus, or walking to home visits or other appointments.

For their part, Team Leaders made repeated reference to the importance of practitioners ‘taking responsibility for their own admin’. Both within and outside of meetings, they delivered repeated exhortations directed towards

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<sup>4</sup> In terms of a formal theory of method, in ways that resonate with the shift from ‘quiddity’ to ‘haeccity’ within the study of work practices advocated by Lynch (1993: 265ff).

ensuring forms and other records were duly and properly completed and submitted punctually. A particularly significant variant related to the monthly 'CPA returns' from which regular statistical reports were compiled by unseen colleagues at Trust Headquarters.

On other occasions, Leaders urged collective efforts towards (re)establishing greater order and tidiness in the office as a whole. For example, they intermittently announced 'bin bag days' when all but the most urgent of appointments were supposed to be avoided. This perennial feature of team life was given especial impetus in the context of preparation for relocation. Individuals' contributions to such 'campaigns' were singled out for praise: for instance, Jayne laughingly observed that 'I can see again that Mohammed's desk is made of wood'.

Meanwhile, insofar as it concerned their own role, Leaders exhibited a further, rather differently nuanced preoccupation with administration. This related more or less explicitly to ensuring overall 'smoothness' in organisational functioning, in ways that were articulated as relatively detached from issues of 'clinical' leadership and supervision. Duty rotas, holiday charts, allocations, 'systems', and (vital in an environment characterised by a high staff turnover) ongoing recruitment processes were amongst the more striking elements in play.

Here again, material and technological tools of various sorts were enlisted. Such artefacts often became the visible representations of a commitment to administrative efficiency. For instance an 'in/out' board stood alongside the



Duty desk, which workers were encouraged to adjust every time they arrived at or left the office. In Andy's office, a large whiteboard was festooned with sticky strips in different colours, designed to show at a glance the balancing act aimed at in the allocation of new cases.

Andrea, the Office Manager, occupied an especially pivotal position in that she was simultaneously a 'specialist' admin and the line manager of three other staff. When I asked her (in interview) how she would summarise her function at Bridgevale in one sentence she responded: 'maintaining a happy environment through my personality, and ensuring that work is distributed fairly [between the individuals she managed]'. Admittedly, this somewhat idiosyncratic statement might well be considered unrepresentative. It is, nevertheless, strikingly suggestive of a notion of administration that incorporates moral and affective sentiments *within* a regulative ideal.

Besides Andrea, the other designated admin staff were Joy and Ellie, who each occupied full time clerical posts, and Rowena, who was part-time and left Bridgevale around halfway through my placement, to be replaced by a succession of short-lived 'temps'. Andrea, Ellie and Joy had all been based with the team for several years, longer indeed than the majority of clinical staff. It was generally acknowledged that their experience and know-how (e.g. of the user population or of local networks and resources) was invaluable. The physical location of their (usual) working base in the 'front of house' admin area reinforced their importance as the visible 'face' of the team for visitors and other outsiders. It seemed to contribute to conditioning the way wherein they

were identified by colleagues, and regarded themselves, as if not a ‘central’ part of the team, then certainly an element that might only with severe jeopardy be relegated to a ‘supporting’ or ‘marginal’ role!

Yet questions of *how* exactly the admins’ contribution was accounted for or designated within day-to-day life, whether by themselves or others, defy easy summary. Their role often seemed *to be defined* by fluctuation. For instance, I observed that most weeks either Andrea or Joy attended the Clinical Meeting to take minutes. There appeared to be a clear expectation that this was the desired ‘norm’. On one occasion however, when asked if she was coming to the Meeting, Joy declared that she was ‘much too busy’. Roger, who was chairing the meeting, accepted this without demur, and asked Kelly (a CPN) if she would take the minutes instead.

During one Business Meeting, moreover, Jayne announced that admins were experiencing particularly heavy demands on their time, owing in part to Rowena being off sick, but also to a ‘rush’ to collate CPA figures demanded by senior managers. They were thus for the next few days ‘not to be disturbed...unless there is very good reason’. What constituted ‘good reason’ was not fully spelt out, but Jayne added that if Care Coordinators had letters that required typing, they should weigh up the urgency of the matter, consider doing them themselves and/or attempt to contact the recipient by other means. Here the scope of ‘administration’ – at least insofar it concerned the administrators! – is ‘caught in the act’ of being rather drastically reduced, at least within an implied context of temporary crisis and the need to prioritise.

Nevertheless, within the same Meeting, during a discussion that, in the wake of a violent incident on the premises involving a service-user, concerned the security risks more generally, Jayne invoked a somewhat contrasting principle. She emphasised that professional team members should exercise discretion before inviting clients identified as potentially aggressive to accompany them to interview rooms on the second floor. Then she added, pointedly: ‘and listen to the admins, won’t you? They’ve been here a long time...they spend time with people greeting and settling them in... they know if someone’s not well.’

Here, too, a *slippage* of any simple identification between the admins and *administration* was clearly evident. For whilst the latter might reasonably be taken as including tasks such as welcoming visitors; checking the time of their appointment, and liaising with the person they had come to see, it certainly did not formally – for instance on the level of job descriptions – include the more typically ‘clinical’ task Jayne implied here. Namely that of making an observational judgment of a visitor’s mental health state based on prior experience.

For the admins themselves, whatever any formal specification might state, their *observed and enacted* day-to-day role included a wide spectrum of activities than such documents could not reasonably be expected to capture. For instance, they collected tea-money and bought milk from the local supermarket. Yet they also frequently exercised a high order of interpersonal skills in interaction with users and others, placating, reassuring, confronting, negotiating and reporting

back. As noted above, other team members explicitly recruited them on occasion both to transmit and extract information – including ‘specialist’ information on users’ ‘mental health symptoms’.

Admittedly, from time to time, the admins, equally explicitly, drew attention to perceived boundaries and the assumed limits to their ‘official’ competence and/or responsibility. ‘I can’t tell you that, I’m only the secretary,’ Joy informed a client apparently seeking advice about her medication over the phone. Yet such overt distinctions struck me as the exception rather than the rule. *Some* delineation was indeed constantly going on but it generally remained implicit and assumed by the actors involved. At least as often as not, the point where they ‘drew the line’ – ‘I’m prepared to do this’; ‘I won’t do that’ – was demonstrably inflected by affect as much as status.

#### *4.3.2 Administration with Feeling*

So far, I have attempted to show that actors discursively imputed the *label* ‘administration’ to cover a multiplicity of tasks and interventions. Its remit was continuously subject to change and adaptation in ways that seriously problematise efforts to distinguish it as a discreet or relatively stable mode of ordering. I would like now, however, to narrow my focus to instances that require no ‘special pleading’ to be assigned an administrative tag within even the most literal or cautious approach. Two further arguments are foregrounded here.

Firstly, such activities may – and I believe ought – to be read neither as purely

neutral, *unaffected* practices *nor* ascribed merely to ‘subjectivity’ and thus rendered comprehensible through a strictly ‘psychological’ analysis of the individuals involved. In other words my interest is to trace some of the ways in which feeling becomes manifest in *social* terms. Yet the ‘social’ here is not confined to the interaction of human actors but involves fluctuating ‘associations’ of (hybrids of) technologies, feelings, intentions and beliefs.

My orientation here is thus firmly aligned with the renewed attention paid to the role played by material objects in constituting social agency by writers including, among others Latour, Mol, Haraway (1991), Michael (2000) and Law himself. It involves a shift away from autonomy to *relatedness* in terms of both humans and things (cf. also Vermeek, 2005: 29; 33). Yet, in a way not perhaps sufficiently explored by some of those writers, I also seek to animate and extend analysis of mundane processes in a way that accords greater prominence to feeling.

As remarked in the previous Chapter, this inevitably involves, from a more methodological perspective, a step beyond the analysis of discourse and behaviour alone and some tentative and necessarily ‘iffy’ imputation of affect as a suggestive factor (cf. here also the contrast drawn between my approach and those of standard ethnographies of practice such as those of Tilley (1995), Mueller (1995) or Griffiths (1996)). Yet I have been inexorably led to such a step, not only by my theoretical orientation, but by the (relatively) undoubted evidence of my senses! In a word, toward restoring the ‘affective’ to the very heart of an understanding of the ‘effective’.

Secondly, and in part in consequence, I would argue that this approach casts further doubt on the idea – persistent, at least by implication even in Law’s work – that ordering modes themselves form an exception to the remainder of reality. That is, that they behave fundamentally in a noun-like rather than verb-like way, and that their achievement is best described in terms of ‘blocks’ or as ‘central economies’ of desire. At Bridgevale at least, the feelings brought into play via the practice of ‘administration’ resonated with the *frustration* of centralising aims as often as they evoked the flawless visions of happiness and justice aspired to by Andrea in the comment cited above. Ordering was confronted by the constant need to improvise, change tack, compromise or de-order itself. Sometimes, moreover, it was obliged to accept defeat.

Vignettes extracted from my fieldwork notes may assist in illustrating these aspects. Robert, Social Worker and the ‘Duty Officer’ for the day, has just promised to ‘fax over’ a copy of a medical report to another agency. The machine is ‘playing up’. Instead of accepting each page of the lengthy report separately, it ingests several at once and jams repeatedly. Robert stands over it, feeding in leaves of paper singly, but the mechanism inexplicably times out and he has to restart the process from scratch.

Meanwhile he is constantly interrupted by the telephone, including one from the initial caller to complain no fax has arrived. Kelly also wants to fax and expresses impatience that the machine, the only one in the office, is still in use. Robert, as he informs me a moment later, is fast developing a headache, one that

clusters around the very whirring and clicks of the fax machine, its flashing red error lights and ‘stupid’, indifferent screen interpolations (‘sending Page 3’; ‘abort’; ‘please try later’ etc.). ‘There are days I *hate* doing Duty’, he complains...

A second scenario involves Ellie, Gabriel, and the ‘fire door’ that separates the Duty/admin area from the corridor leading to the Meeting Room and the rest of the first floor offices. Usually, this door is kept permanently wedged open, allowing traffic, noise and air to flow freely. But some afternoons, I observed that it was closed and remained closed, perhaps for over an hour or two at a time. These periods always coincided with Ellie’s presence at her desk opposite the Duty desk.

On this particular occasion, Gabriel opens the door rather awkwardly; shifting the bundle of files he carries under one arm and transferring a mug of coffee to his free hand. He asks Ellie if there was ‘a reason why the door’s closed?’ ‘Just trying to keep warm in here’ she responds, pausing before adding, with a touch of defiance: ‘but it *should* be kept shut for Health and Safety reasons...’. ‘Just wondering’, replies Gabriel irritably. He deposits the files on her desks and turns away, closing the door carefully behind him.

My use of the present tense in reporting these episodes is intentional. I have wanted to underscore the immediacy of the encounters, their contingency on a host of ‘background’ factors, as well as the ways whereby the ‘feeling tone(s)’ they encapsulate, insofar as these are evident, reflect aspects both of familiarity

and unpredictability. The fax machine, as a matter of fact, was a notoriously unreliable piece of kit – the very same model was in service when I was employed at Bridgevale in 2004, and I recall frequently approaching it with a species of dread that it would behave more or less as described above! Of course *sometimes* it behaved impeccably. On those occasions its use might hardly penetrate consciousness, let alone ruffle any sense of smooth or ‘perfect’ ordering.

Yet in *this* instance, as it happens, Robert is, by his own account, already feeling under pressure. He is doubtless distracted by simultaneous demands on his time, by his aching head, and by the annoyance of others queuing to use the device. It is in the singular ‘thisness’ of the particular engagement that the machine (not for the first time!) foregrounds itself as a disruptive, disturbing ‘sugget’. It may clearly be seen as contributing to a reconfiguration of the immediate future, for instance insofar as it impacts on how effectively Robert will be able to deal with the next duty call.

Somewhat similarly, many of the various elements involved in the second situation persist across time. Presumably these include Ellie’s chilblains (the factor I later discovered provided her with the immediate, subjectively-‘owned’ trigger for keeping the fire door closed if she thinks she can get away with it), not to mention the tendency for team members to encumber themselves with files and drinks, or indeed the supposed authority of the ‘Health and Safety Policy’ (whatever this may or may not actually state). The fire door itself is an enduring and very concrete object. But it is the unique, *coincident juxtaposition*



of these and other elements in a never-quite-repeatable configuration that gives rise to a felt tension, and registers a ‘blip’, however slight, in routine ordering arrangements.

It may be noted that the same suggestive constellation here impact very differently on the human actors. From Gabriel’s perspective, for example, the conditions for his annoyance on finding the fire door closed might be linked, say, to intentions and purposes such as ‘ensuring that these folders are sent for typing’; ‘grabbing a coffee between appointments’, and ‘focusing on what I’m going to say to the next patient’. For Ellie, within the same episodic encounter, a very different ordering of elements doubtless applies. Meanwhile, ‘between’ the two, but also potentially impacting on others, various more ‘conceptual’ entities are – however momentarily or subtly – also placed at stake. For example, these might include shifting power relations within the team; expectations of a non-obstructive working environment, and ideals, including those relating to ‘health’ and ‘security’, around how that environment *ought* to be regulated.

In each instance, through particular and transient conjunctions of objects, feelings and things the notion of administration being deployed is altered *irreversibly*. The faulty fax machine (at least according to the interpretation assayed here) impinges on Robert’s subjective state, on his overall performance of the role of Duty Officer that day and, at least potentially, on the ‘*how*’ of the way administration, regarded as a mode of ordering, will operate in future. In an attempt to minimise further frustration, Robert may perhaps be tempted to try to avoid sending any more faxes today. If so, this will have knock-on implications

in terms of how administration may itself be conceived, not only by him but also by any others – callers; colleagues, or superiors for instance – who are swept into the orbit of ‘Robert-as-administrator’.

Elements such as the closed fire door and the interpretation of the Health and Safety policy, therefore, perhaps need no longer be seen quite as they might be if Law’s notion of ordering conferring structure was strictly followed. That is, they are not merely the *effects* of influences proceeding from a ‘centre’, or stable outcomes of a ‘block’ of regulative order, from which the maintenance of ‘routine’ unquestionably emerges ‘in a noun-like manner’. Rather, in juxtaposition with other entities, say Ellie’s chilblained legs, and her informal authority within the team, they lend themselves to a new and irredeemably *contingent* manifestation of ordering.

For the time being moreover – at least until her legs are sufficiently warm – this actually dictates a *novel aspect* of routine. If head-on conflict is to be avoided, this for the present *will be* the way (this minor aspect of) the health and safety policy manifests itself at Bridgevale! There is significant irony here. Presuming for a moment that Ellie is correct in her appeal to protocol, what Law might call ‘conformity’ and ‘due process’ is simultaneously being undermined and reinstated, the local subversion of the ‘global’, rationalising impulse is itself resisted in a particular conjunction of space and time.<sup>5</sup>

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<sup>5</sup> Cf. Berg (1997: 110ff.) on the ways agreed protocols etc become adapted to context.

Numerous other instances might be offered to support the claim that, when feeling is given its proper due, administration within the mental health team can be read in a rather different way than Law's 'telling of perfect order'. That is, as constraining and obstructing as well as allowing, or as generating the haphazard and the unforeseen as well as the predictable and planned. Moreover, administration 'leaks into' and is itself inflected by other domains that tend to be conventionally regarded as separate. These other realms that administration 'is supposed to' distinguish itself from include the 'personal' on one hand and the 'clinical' and the 'political' on the other.

For example, the porosity of administrative routine was often made evident by the explicit eruption of the (at first sight) 'non-serious' or 'recreational' into everyday office life within gossip, jokes, flirtation and play. In the episode related earlier, immediately followed Jayne's announcement that admins were 'not to be disturbed except for a good reason', Joy flashed back, 'but we like to be disturbed for good gossip.' That this was no empty boast was borne out time and again through observation.

The close rapport between Joy and Hans, the team's permanent Consultant Psychiatrist, fascinatingly exhibited the interdependence and blurring of the clinical and the personal. These two frequently and overtly indulged in badinage, light flirtation and mutual insults: it was indeed sometimes hard to discern whether or not they were joking. A straightforwardly 'political' element was evident here: part of what was being made to matter appeared to relate to

Hans asserting a special claim on Joy's time and energies. Her unofficial (but in Hans' eyes clearly proven) status as his personal appointments secretary had, it would seem, to be continually prised from her formal role as *Team* Secretary.

The 'personal' dimensions thus both sustained and altered the routine order of 'the clinic'. When Hans mislays his favourite scarf, on the eve of an unforeseen absence that has necessitated a frantic last-minute reorganisation of his appointments diary, he stalks agitatedly in and out of the Duty area rifling beneath desks and piles of documents, chastising Joy for neglecting the 'far more serious business' of finding it for questions about his schedule. He even rings the 'temp', at the local café where she is taking her lunch-break, to ask if she has seen where Joy has hidden the item.

Moreover, occasionally administration frankly mobilised obfuscation and delay. When Peter (a newish CPN) asks for a user's file to be 'dug out for the archive', Ellie retorts baldly that this is impossible, as she is the only person currently covering the switchboard. Although it would have been physically possible for Peter to try to locate the file himself, he walks away looking frustrated, stymied by the 'unwritten rule' that stipulates that the room where the closed case notes are kept is locked and normally accessible only by the admins.

Once again, however, the point must be reinforced that none of these features was the preserve of the admin grades alone. To offer one final illustration, this time involving professionally qualified staff, at one Business Meeting Roger harangued Care Coordinators at length over the late submission of assessment

documentation. By convention, however, these had to be ‘signed off’ by the Team Leader before the fact of their completion could be entered on the computer system. Mohammed approached Roger at the end of the meeting. ‘I put three [sets of forms] in Jayne’s pigeonhole last week’, he told him. A few moments later, Roger apologised somewhat sheepishly: ‘I’ve just checked. They’re still there’.

#### *4.3.3 Routine Disruptions*

‘Routine’ is often deployed as shorthand for the unvarying, mechanical or repetitive aspects of work. In this sense it overlaps with administration. But it does not reduce to the latter. Many aspects of the preceding discussion may be thus envisaged as ‘carrying over’ to areas that might not conventionally be viewed under the administrative rubric.

Three further general points strike me as significant with regard to routine at Bridgevale. The first two seem straightforward enough at first sight, whilst the third to some extent undercuts or problematises them. Below, I will first enumerate each point somewhat baldly. Then, with reference to the empirical data, I will seek to demonstrate the extent that they open up further angles of inquiry relating to my chief claim in this Chapter: namely, that the adoption of the contrast of registers leads to a wholesale reassessment of the very notion of order.

Firstly, again taking as my departure point the usage most frequently employed by members themselves, the term ‘routine’ tended to be applied in ways that

evoked stability: states of affairs as familiar, unremarkable and predictable. It was often used to refer to a *temporal* order that opposed itself to moments or phases of ‘crisis’. Yet it was also employed in a more *spatial* manner to denote ‘systems’ – procedures, protocols, and the like – considered the bedrock of practice. Meanwhile, on a more narrowly identifiable ‘clinical’ level, routine was applied adjectivally to reference the ‘ordinary’: individual ‘cases’ and/or pieces of work that departed no great extent from a perceived ‘norm’.

Secondly, ‘routine’ appeared superficially to represent a relative lack of challenge or a sense of *tedium*. It was precisely, I was repeatedly informed, when you ‘didn’t know what was going to happen’ or you ‘hadn’t come across this before’ that community mental health work became interesting, rather than *routinely* boring and repetitive. Conversely, when difficult or alarming situations arose, adherence to a routine practice offered workers both a reassuring ‘anchor’ and a sort of ‘compass’ whereby the new might be negotiated and assimilated.

Thirdly, and more subtly, the reliance on and appeal to routine on the different levels mentioned above often struck me simultaneously *revelatory* and *productive* of disorder. The weekly round of meetings, for example, and indeed the overall conception of the CMHT as a Monday to Friday, nine to five service – can be approached as at the same time as enabling, conditioning and staging crisis. Similarly, the notion of clinical routine, exemplified by the operation of ready-made or even quasi-automatic interventions (cf. my discussion of the Referral Meeting in Chapter Four), is not as securely normative as it appears at

first sight.

Such processes were *already* inflected by contingency and affect – by ‘preoccupation’ in more than one of the usages referred to earlier. Moreover, they themselves could become factors within the generation of risk and complication and thus of the ‘outstanding’, the decidedly non-routine. In other words, a potential slippage between the normal and the exceptional was invariably apparent.

In terms of the way time and space was structured, as already suggested, day-to-day ‘routine’ at Bridgevale contained aspects of both invariability and flexibility. For example, the weekly meetings followed a predictable basic pattern. On the other hand, this very consistency appeared to provide a more or less resilient ‘envelope’, within which team members, regardless of their place within the formal hierarchy, were able to exercise a significant degree of practical autonomy. In most cases, for instance, they were free to arrive early or late, to participate volubly, remain largely or wholly silent, or not to attend at all. It was precisely this routine ‘familiarity’, alongside the management style that fostered it, that – to a greater or lesser extent – licensed and presented the opportunity for creative adaptation.

Moreover, meetings often spilled over from their presumed scheduling and/or altogether changed character in response to ‘special’ circumstances. On occasion, for example, the Business Meeting effectively took the form of a presentation or teaching session: for instance Rachel, the team Psychologist,

used it to introduce Trust plans for extending training in Cognitive Behavioural Therapy techniques to other professionals. That week, no ‘business’ announcements whatsoever were made. Yet this hardly implies that no items that would normally be considered worthy of being aired had in fact come up. On other occasions, my distinct impression was that the Team Leaders were struggling to ‘fill up time’ with somewhat arcane or faintly irrelevant matters.

Sometimes the regular framework of meetings provided a context where a sense of crisis or exception might be fostered, mobilised, and intensified. This occurred, for example, in the wake of an episode where a longstanding service user was arrested and charged with murder. As a direct result, the Bridgevale team became both the temporary focus of local media interest, and of intense activity on the part of otherwise invisible senior management personnel.

Andy, Jayne and Roger’s immediate manager, attended the Clinical Meeting to deliver what came across as a (to me somewhat bizarre-seeming) combination of a morale-boosting pep talk and admonitory censure. Here, the looseness of the usual meeting framework – with for instance some members straggling in late clearly without foreknowledge of preceding events – positively served to heighten the emotional, almost theatrical charge in the room. This somewhat obviously played straight into Andy’s hands. For various reasons, no doubt, he transparently appeared to want to convey a sense of the extraordinary. And for this a sense of the ordinary was also required.

It was not only in the context of formal meetings that the envelope of routine



proved pliable. Team members themselves drew contrasts, often explicitly, between the temporal routine that governed their working lives and ‘special’ or ‘one-off’ events. Examples of the latter might include training courses, away days, ‘extraordinary’ meetings such as the one described above, ‘bin bag’ days, and ‘office festivals’ such as the series of events that preceded the Christmas break, or ‘leaving lunches’ thrown for departing colleagues. Yet members also distinguished between particular *episodes* or *tasks* they deemed routine and those that in one way or another mattered differently, perhaps because they were seen as particularly draining, onerous, interesting, or memorable, but also often because they were viewed as requiring *special skills, attention* or *expertise*.

On the one hand, as already noted, the intrusion of material and technological aspects of the environment into full consciousness – a defective fax or copier, for example, or the difficulty in locating a free desk or computer at which to work – had the potential to disrupt and even to render agonic the most ordinary or ‘non-specialised’ of procedures. On the other, ‘clinical’ interpolations, insofar as these came to my attention, were often apparently regarded by team members as unexceptional and unremarkable, at least at first glance. Yet it was indeed at the very point that things went, for whatever reason, *beyond* first glance, that the subjectively felt transition *from* routine could be (again, tentatively) registered and traced.

For example, the Duty Officer received a phone call relating to a young woman who had reportedly broken all the windows in her hostel room, and was ‘running in the street naked at midnight’. This triggered a frantic search for a

recent referral letter, which, according to Roger, ‘had gone through [had, in fact, been returned to the referring GP] on the nod’. Concern that the referral team’s radar for the un-ordinary had malfunctioned, and therefore at best an embarrassing and at worst a dangerous situation had been allowed to emerge, led here to a retrospective re-envisioning of what *had* been a routine act, and a hasty rearrangement of the morning’s priorities.

On a far wider ‘institutional’ level, as hinted earlier, it might even be argued that *the* foundational routine at Bridgevale, namely its positioning as an ‘office hours’ agency that was closed at evenings and weekends, played a significant part in generating what was seen as urgent, critical or important. Mental health users and the problems they experience, it hardly needs be added, do not as a rule ‘keep’ themselves to such constraints! As Caroline (CPN) informed me, ‘we are not a red light service but people sometimes think we are’. The point may sound facile, and it is not my intention here either to criticise the established policy, or to gainsay the existence of the raft of provisions that covered ‘out of hours’ periods. Rather, as within the more ‘micro- analytical’ tack adopted above, my aim is to underscore the profound interdependence of routine with disorder and crisis.

This relation resonates strongly with the contrast between ‘preoccupation’ and ‘occupation’. To summarise my argument in this Section, many aspects of *work* labelled ‘routine’ might perhaps be better defined through this contrast. To a large extent they are carried out whilst ‘preoccupied’ with other matters and do not require full mobilisation of specific ‘occupational’ or specialised skills and

resources. At the same time, as the episode relating to the woman in the hostel demonstrates, ‘occupation’ and specialism is backgrounded by, and always liable to emerge anew from, *preoccupation* in the third of the slants accorded that term at the beginning of the Chapter.

Preoccupation, in this sense, is nothing other than suggestion. In the above discussion I have concentrated on its *organisational* operation. By erasing and blurring any fine distinction between subject and object, and preserving a key role for affect within interaction, the supposed mechanics of suggestion (as explored from a historical and genealogical point of view in Chapter Two) provides a powerful lure for rethinking questions of changing order on an interpersonal (including therapeutic) level. Similarly, although it is not a theme I have been able to take up in any detail here, the equation of suggestion with preoccupation and occupation with specialism has *methodological* implications too. The further integration of these threads must await my concluding Chapter.

#### **4.4 Hierarchy and Security**

Before drawing the present Chapter to a close, I would like to briefly consider the ordering of practice at Bridgevale from two further angles. I will designate these under the respective heads of ‘hierarchy’ and ‘security’. I aim thus to reinforce my argument concerning the inherent instability of modes of ordering by demonstrating that the area of administration and routine was by no means an exceptional case within the wider frames of practice that I was in a position to access.

What is intended by the terms hierarchy and security in the context of my investigations, however, cannot be settled by any single set of pithy definitions. At issue, as before, are multiple and overlapping shades of meaning and association. On the register of suggestion the temptation to prematurely settle on one to the exclusion of others must be resisted.

‘Hierarchy’ is nevertheless chosen in part to evoke the formal distribution of status and power – job titles; seniority; chains of authority and accountability and so on – among the various human actors within the organisation. Thus deployed, the term echoes classical sociological preoccupations, for instance Weber’s notion of ‘rational-legal bureaucracy’, often mobilised within discussions of *professional* powers and limitations (e.g. Freidson, 1986: 155ff). Yet, at Bridgevale, non-human entities – both material components such as computer systems, telephones, furniture and so on, *and* conceptual objectives such as tasks; needs, and ‘priorities’ – were also frequently subjected to hierarchy, that is ranked and ordered in a variety of ways.

‘Security’, meanwhile, lends itself to a number of productive interpretations within mental health practice. There is ‘physical’ security, a matter involving both things *and* belief-systems – not only panic alarms, keys, locks, and so on, but also policies and protocols and the dispositions and aspirations within which they are conceived, enforced and modified. Rather more ‘psychological’, ethical and personal notions are also often evoked, for instance within talk of ‘job security’ or around issues of confidentiality and data protection.

Security is invariably posited as the opposite pole to *risk* – the topic of my next Chapter – across this range of dimensions. *Greater* security is claimed as both the means of reducing risk and a desired outcome where risk is reduced or even eliminated. There is also, of course, an strong resonance with the historically-conditioned *insecurity* – in the dual sense of both vulnerability and indecision – that arguably lies right at the heart of contemporary discourse and policy in the mental health field (cf. to offer one example, the conclusions of a recent survey by Fawcett and Karban (2005:119)).

A presumption of the relatively static existence and identifiable continuity of hierarchy and security at Bridgevale appeals to talk of ‘noun-like’ order. To be secure, to know one’s place in a hierarchy is frequently encountered as reassuring. Both words smack of reliable, predetermined, and ‘inevitable’ features of organisational life. Nevertheless, as in the cases of administration and routine, I would argue that often what was regarded as reliable was itself constantly subject to breakdown and rearrangement. Hierarchies seemed constantly apt to be overturned or reconfigured. Security, whether regarded as a material goal or desired state of mind, was at best a short-lived, shifting and elusive achievement.

Even in the most formal or ‘official’ terms, I found it difficult if not impossible to be clear in my own mind about many of the rankings or chains of accountability that characterised relations between various team members at Bridgevale. Did or did not the doctors, for example, fall under the authority of

the Team Leaders? Was it possible to compare or rank, the formal status of, say, Kay, the Occupational Therapist, who regularly formed part of the privileged 'inner circle' that comprised the Referral Meeting, and Gerry, a senior Social Worker with over twenty years experience in the locality, who didn't?

In part this uncertainty was reinforced by the complexity and often opacity of the governance arrangements for CMHTs – for instance the ways responsibility was shared between the NHS Trust and the local Council – and historical tensions between issues of 'clinical leadership' and 'operational management' within the multi-disciplinary team. This confusion is also frequently acknowledged within the 'practice literature'. For instance, Steve Onyett (2003: 168) likens what he sees as the task of unpacking 'the power relationship within a given team' to 'something that feels like running through a swamp!'

For my part, more interesting questions concerned *how* all this complexity and uncertainty was experienced and negotiated on a day-to-day basis. My observation was that humour, *ad hoc* judgments, pressure of time, and an often partly *deliberate* maintenance of vagueness all played major parts within these processes. 'Someone has to be in charge...' I overheard Hans telling Joy on one occasion. But it was said half-jokingly.

The context of this particular remark was one wherein Joy, a 'lowly' admin, was assertively resisting Hans' plans to change the way that his Clinic diary was organised. If rank was being pulled here it was with the lightest of touches. And such was the working rapport between Joy and Hans – admittedly, as mentioned

earlier, somewhat exceptional in the degree of its frankness – that she felt able to retort: ‘Mind your own business. Go ride your bike!’

How Team *Leaders*’ exercised of their nominal seniority within the hierarchy, meanwhile, and the ways whereby this authority was interpreted and negotiated by other workers suggests a further fascinating resource, worthy of deeper exploration than I can offer here. In no way, incidentally, do I use the adjective ‘nominal’ here with pejorative intent. On the contrary, I insist on the highly skilful, ‘case-sensitive’ dedication and discretion with which both managers consistently approached their task.

Put crudely, the Team Leaders often impressed as paradoxically maintaining their authority, and preserving the respect of others, precisely by placing ‘authority’ in abeyance. Their sensitivity and discretion took the form of taking cognisance of, and adapting to, feelings, demands and passions around them. In a word, they allowed themselves consistently and publicly to be ‘open to suggestion’.

Jayne, for example, often managed to effectively prompt change via the explicit *denial* of power and of the justification for its exercise. In a discussion around improving arrangements for the ‘Depot Clinic’ she observed: ‘I’m not a nurse – its up to you nurses to run it how you feel best.’ Or again, intervening within a disagreement between the two Consultants that threatened to ‘bog down’ a Clinical Meeting, she commented, ‘It’s between doctors. Come back and tell me what you’ve decided.’

In interview, meanwhile, Roger offered a nuanced reflection on what he saw as core aspects of his role. He articulated this as the difference between being a ‘manager’ – for him primarily about securing and controlling resources for the team – and a ‘leader’. This second aspect, he said, was ‘mainly participatory...being open to people and helping them to clarify what they already know’. Roger added that he felt a major part of what was demanded of leaders was the ability to act as a facilitative ‘observer’ who might be able tease out to the surface what he suggested was a pre-existing ‘unconscious competence’ in others:

In supervision I listen, I let them go through the notes, I ask a few questions. It’s often a matter of allowing them to review the options... But sometimes there’s a need to make a decision...then I’m there to make that call.

‘I’m *there* to make that call’. Roger’s comment strikes me as doubly revealing. Firstly, he alludes to an aspect of hierarchy I am at pains not to neglect entirely – although given the overall thrust of my argument I perhaps run the risk of giving the opposite impression. This is that, of course, on a great many occasions, formal status *was* invoked directly or indirectly to enforce and/or reinforce decisions, whether on a team or individual level. Having said this, going through my notes, I have found it surprisingly difficult to locate occasions where I witnessed anything approaching an explicit *verbal* order being issued by either Team Leader. Far more frequently, I documented summaries; clarifications; suggestions; hints, or approving acknowledgments of proposals mooted by others.

A second reflection on Roger’s comment goes some way towards explaining



this relative absence of direct, hierarchical control. The ‘there’ was, at Bridgevale, all-important: for instance, on more than one occasion I discovered that an outcome that appeared somewhat inconclusive at the Meeting was unequivocally and tautly specified in *writing* in the case file. Formal power doubtless was exercised differently ‘behind the scenes’, for example in managers’ meetings to which I was not privy.

Nevertheless this acknowledgment does not ultimately undermine the main force of my argument. The impact of hierarchy, at least as manifested in the activity of the Team Leaders, remained highly dependant on suggestive context. Where decisions reflecting conventional hierarchical orders were made, they emerged from an *ad hoc* background, shot through by (inherently fluctuating) affective elements, rendered largely invisible in their eventual inscription.

Considered as ordering modes, hierarchy and security sometimes interacted. The latter was liable to shoot up and down managers’ apparent priorities with a high degree of lability. On the Thursday following an incident where Tom was assaulted by a client on the upstairs landing, considerable segments of both the Business and Clinical Meetings were devoted to intense and at times passionate discussion of alarm systems, electronic door codes, protocols for summoning help if an incident threatened, and so forth. Yet in ‘quieter’ periods, attitudes towards such issues often struck me as remarkably cavalier.

This shifting of preoccupations sometimes also could be observed to impact very directly on clinical imperatives. During the first Clinical Meeting after the

discovery of the homicide referred to earlier, Hans worries aloud about another user well-known to the team. He considers his mental state relatively stable despite reports that he has been acting aggressively towards his partner. 'I offered him admission... which any other week, I probably would not have done.'

Certainly, this sort of *reactive* prioritisation is entirely understandable and not necessarily to be criticised. In raising the issue here, in part I am preparing the ground for a later, more detailed discussion of risk and crisis. But I also wish to underscore a more general point concerning the vulnerability of established hierarchy to the *moment*, to a sudden change in the external or internal environment, a relatively transitory mood, or even a chance remark.

'Security' concerns of one sort or another undeniably inflected many areas of everyday practice at Bridgevale. In one sense, then, it would seem to me perfectly legitimate, following Law, to ascribe to security the status of a more or less permanent 'mode of ordering' that 'tells of the character of agency [and] the nature of organizational relations' (OM: 20, see full citation above).

Nevertheless, once again I would question the possibility of pinning down the ways that it structured 'what went on' in any coherent or resilient manner, persisting over time and space.

Consider the case of doors. To gain access to most parts of the office, it was necessary to punch in a code on an electronic keypad to gain access.

Additionally, at street level, a buzzer and intercom system operated the inner of

two doors. The latter was controlled from the admin area.

As evident within the episode recounted earlier involving Ellie and Gabriel, doors in general played a not insignificant part in generating and conditioning feelings and working relations at the office. Similarly the physical operation of their security features provided a frequent source of expressed annoyance, frustration and even conflict. Whilst the presence of locks and pads was widely accepted and justified in the name of safe practice, the ways in which they *operated* varied in accordance to exactly *how* the concept of safety was translated.

For instance, the code for the internal keypad at the beginning of my feedback was '1245'. Transparently, this was for ease of access as much as for safety. These being the digits on adjacent keys on the first two rows of the pad, it was necessary only to jab a thumb or forefinger in that general direction, pressing all the keys at once. The door handle could then be turned. Through practice, it thus proved possible to perform these tasks without having to put down a full mug of coffee or whatever else one was carrying at the time. Convenience displaced security in this instance.

Following the incidence of violence on the premises the code was changed to render it less obvious. Interestingly however, I noted this seemed to lead to an increase in the number of times I found one or more of the doors left wedged open. Security compromised by ingenuity here.

Furthermore, towards the end of my fieldwork, the mechanism on the first floor door developed a fault, which was not attended to for several weeks. Now, even if the correct code was repeatedly entered, the door sometimes still failed to open, and admission depended on someone opening it from the inside. Somewhat obviously, this had potential safety implications – for instance, in the case of someone wanting to beat a hasty retreat from the waiting area. But it also clearly led to heightened levels of routine (!) irritation for both for the would-be entrant and for the person, usually one of the admins, who was obliged to interrupt her work to admit them. Thus security may be mooted to play its part in the transmission of affect.

Finally (on this particular topic), the door at street level also proved itself unreliable. A visitor would press the required button and be ‘buzzed up’. Unless handled carefully, the door would still not open. A note was tacked to it: ‘when you hear the buzz press and then pull’, but many users continued to experience difficulty. Eventually, regular visitors discovered that if the door wasn’t slammed firmly shut on exit it would remain propped open. Those in the waiting area who wanted to go outside to smoke a cigarette at times followed this tactic. I overheard one client advising another that that to follow this strategy would reduce hassle and delay.

Understandably, Andrea, who as Office Manager had responsibility for requesting repairs (which had to be carried out by workers contracted by the Trust) one day gave voice to her frustration: ‘the doors in this bloody office *haunt* me!’ Andrea’s choice of verb here is revealing. Indeed these particular

*material* objects were, in a variety of ways, *felt* – often painfully – as a suggestive, even *phantasmal* presence. As Bruno Latour (1995: 257ff.) comments, the use and abuse of doors provides a fertile site for the study of the interaction and interpenetration of humans and non-human elements, of the social and the technological. Doors attract any number of ghostly ‘delegates’.

The ‘currency’ of security at Bridgevale, meanwhile, extended well beyond overtly technical or material elements such as locks and doors. It also embraced less tangible felt themes: for example, confidentiality, ‘tenure’ or immunity or protection from complaint. Here again, however, at issue are particular conjunctions of environmental, affective and (broadly) ideological influences. In each case, consideration of the ‘how’ whereby security was achieved places any notion of an enduring ‘what’ into question.

To offer just one further example, I witnessed a fragment of informal discussion between Caroline, Kay and Antoine. They are talking about the transmission of confidential information to another agency. ‘Is it OK to put the patient’s name in an e-mail?’ Caroline asked. ‘[NHS] *Trust* e-mail, yes!’ responded Antoine after a moment’s thought. ‘Personally, I’d say *any* e-mail is better than sending a fax’, interjected Kay. In this context, a relatively new and in many ways still undecided form of technology *creates* new challenges related to the interpretation of ‘secure’. A similar conversation would simply not have been possible a decade earlier.

Preoccupations with security, then, possessed multiple, overlapping dimensions

and were frequently subject to continuous and dynamic reconfiguration. At the same time they often carried traits that endured over time and were resistant to change. Felt levels of in/security were both liable to rapid fluctuation and formed part of relatively settled narratives, persistent across time.

#### **4.5 Conclusion**

Throughout this Chapter, I have retained my main focus on the notion of ordering within the context of team life. Exploration of hierarchy and security, no less than that of administration and routine, brings to the fore a tentative 'finding' relating to themes that might otherwise be seen as fulcrums of order. Put simply, what I have preferred to call 'preoccupations' rather than 'modes of ordering' are themselves profoundly unstable, and may be assumed to be subject to changes in affect and environmental influence. In terms of the contrast of registers, the way they manifest themselves at any given time is suggested as well as suggestive.

Of course, questions of my own preoccupations, as researcher, inevitably intrude. In this part of my discussion I have said relatively little about these (however, cf. the Introduction, and Chapters Four and Six). There is admittedly and inescapably always the danger that I 'saw' only those configurations of order, ordering and de-ordering that I already had in mind.

The claims made in this Chapter are nevertheless, it seems to me, fully consonant with common sense. They would, I think, be for the most part readily

owned by team members themselves. Where they *do* pose problems is at a theoretical context, not least because so much of the sociological tradition is predicated more or less tacitly on reliance that there *is* – ontologically – some stable and relatively invariant kind of order ‘out there’ ready to be located. Even for Law, seemingly, ordering frequently maintains a ‘noun-like’ quality.

Up to a point, of course, this must be accepted. Aspects within routine, administration, hierarchy and security *do endure* over time and acquire the sense of solidity associated with object-nouns. In a sense my shift from ‘ordering’ to ‘preoccupations’ may be criticised as merely a sideways move. Nevertheless, my hope is that it has assisted in productively re-focussing the enquiry in the direction of change and contingency. For, as I have repeatedly tried to show, the identity and coherence of these preoccupations are themselves continuously ‘open to suggestion’.

## CHAPTER FIVE

### Mediums, Projectors and Inventors: the production of risk

#### 5.1 Introduction

In this third and final ‘empirical’ Chapter I will attend to the themes of *risk* and *crisis* at Bridgevale. Again I proceed from the starting-point of the species of juxtaposition (or perhaps better ‘superposition’) of findings and feelings that, in my Introduction, I appealed to in the name of ‘conceptual ethnography’. For these two terms permeated and often seemed to dominate both formal and informal discourse within the team. Whilst they pervaded ‘official’, specialist accounts – clinical and managerial – they were also appealed to explicitly by practitioners as key *felt* determinants of professional practice. Certainly, they have haunted *me* both as a practitioner and investigator. Yet both crisis and risk are nebulous and highly slippery notions.

They reverberate, moreover, with suggestive associations that spread well beyond the remit of mental health as usually understood. Risk, in particular, has generated extensive debate within contemporary social theory. *Qua* concept, in the words of one recent commentary, it has had an ‘impressive career’ (Richter et al, 2006: 1).

Below (5.2), I will pick up on a number of threads from recent socio-theoretical literature on risk. In sketching out co-ordinates that strike me of particular relevance to my analysis I will have recourse to work by Barbara Adam, Brian



Wynne, and Sheila Jasanoff, among others. I will attempt to relate such discussions to the Whiteheadian perspective adopted in the thesis as a whole. En route, I will try to establish a working, context-appropriate conceptual distinction between risk and crisis.

This theoretical treatment is a necessary preliminary to a more direct engagement with the fieldwork data. This *will* be primarily an empirical Chapter, however. In 5.3, I will move on the more concrete ‘operational’ detail of the unfolding of risk and crisis within the mental health field in general and Bridgevale in particular.

Here I will focus on two related issues. Firstly I confront the trope of a risk *agenda* frequently referred to in the field and as often encountered in the relevant ‘practice and policy’ literature. The articulation of an agenda and positioning within it of a certain kind of fatality as the ‘greatest risk’ – appears to be quite massively *felt* and serves to reinforce a sense of vulnerability and exposure among mental health workers.

Secondly, I address the idea of crisis as *exception*. This too informs practice explicitly and implicitly. Yet, in contrast, it *also* seems to contradict, at least to some extent, members’ reported experiences and intuitions. As in the case of the risk agenda, undue emphasis on crisis in purely reactive terms – as a threat to be resolved – may be argued as tending to distort a grasp of the mundane *constructive, creative and performative* achievements of mental health workers.

In contrast, I propose that risk and crisis at Bridgevale may be viewed as vectorial properties ‘carrying’ the sense of what matters – Whiteheadian ‘importance’ – from one event to another across time and space. I thus seek to explore the *risk-productive* aspects of team members’ activity, the ways whereby they contribute to the making and shaping of crisis. Moreover, the adoption of the register of suggestion as opposed to that of specialism, and in particular the shift from subject to ‘suggest’, contributes to a revaluation of conventional *distributions* of the experience of risk and crisis between ‘subjects’ and ‘objects’. In concrete terms, to recognise this involves seeking alternatives to characterising mental health workers as either ‘crisis managers’ on one hand or ‘risk holders’ on the other.

I will pursue this line of thought throughout the Chapter by mobilising material derived from my observation and interviews at Bridgevale to explore the utility and validity of describing team members as variously *mediums*, *projectors*, and *inventors* of risk and crisis. This involves (in 5.4), returning to data from the weekly Clinical Meetings to explore how both ‘high risk’ individuals *and* ‘crisis interventions’ were constantly being produced there, and (5.5) a focus on the standard documentation employed by the team as exemplary of the way the ‘political ecology’ of risk and crisis may be expanded to include a wide range of material, informatic and affective factors. In conclusion (5.6), I attempt to restate the main themes of my discussion in capsule form in a way that foreshadows the thesis’ final Chapter.

## 5.2 Theorising Risk and Crisis: some co-ordinates

### *5.2.1 Risk in Social Theory*

The promotion of ‘risk’ as a pervasive, perhaps paradigmatic feature of contemporary (post)modernity has enjoyed an impact within and well beyond the social sciences over recent decades. Among the more influential theoretical approaches to the topic have been those posited by Mary Douglas, Ulrich Beck, and Anthony Giddens. Douglas argues that what is perceived as risky in any given culture – and gives rise to prohibition or taboo – is essentially ephemeral, a function of the intersection of ‘knowledge of the future’ and collective consent around desired outcomes (Douglas, 1966; Douglas and Wildavsky, 1982). Beck (1992), meanwhile, identifies a distinct ‘break’ in the mid-to-late twentieth-century leading to the emergence of a ‘risk society’ or ‘second modernity’ in the West, characterised by processes of globalisation, increased reflexivity and individualisation. In the wake of Beck’s analysis, Giddens (1991) draws attention to the public’s simultaneous dependence on, and mistrust of, ‘expert systems’ within risk society.

A shared feature of such approaches is that they not only reflect, but arguably have also to some extent bled, into a more ‘mainstream’ public consciousness. It is certainly widely acknowledged today that we inhabit a world where an unprecedented premium is placed on accurate predictive ability across a wide range of domains (Beck). Many would accept that certain risks (say, acquiring cancer from smoking; the destruction of rain forests) tend to be evaluated qualitatively and ethically very differently from others (participation in extreme

sports; chronic overpopulation) that might be quantitatively assessed along similar lines (Douglas). It is also recognised that the thirst to have risks of various kinds quantified and defined is often accompanied by high levels of scepticism (Giddens). The topicality of the issue of risk in the (somewhat totalising) sense of a grand, defining feature of contemporary life, moreover, has perhaps never been so self-evident than at a historical moment<sup>1</sup> characterised by preoccupation with drastic climate change, disease pandemics and global economic insecurity.

Assuredly, the more specific risks perceived by/faced by/imposed on mental health workers within the remit of their professional lives demand to be viewed against this general background. I will return (below, s5.3) to a consideration of how some of these latter risks are commonly articulated. For now, I wish merely to register the presence and impact of the broad-brush theoretical positions I have mentioned, whilst noting, however, that they have also generated equally substantial critiques.

These, in their turn, are irreducible to any simple summary. Yet it is fair to say they tend to share a suspicion of the above-named theorists' over-reliance on '*global*' *a priori* assumptions – for instance, around collective ideal types and individual human rationality (e.g. Lash, 1993; Lupton, 1999; Boyne 2003).

Much recent work on risk has tended in contrast to focus on the ways in which perceptions of and responses to risk emerge in '*local*' case-specific, 'real world'

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<sup>1</sup> Added April 2009.

*contexts*. Instances include the ‘psychometrics’ approach adopted by Slovic and colleagues – incidentally within the mental health field among other areas (Slovic and Monahan, 1995) – and the notion of distinct ‘risk signatures’ associated with particular technologies (Horlick-Jones, 2007; Bellaby 2007).

Meanwhile, a further ‘cluster’ of writers have begun to develop a rather deeper conceptual engagement with risk. *This* work radically problematises and complexifies established dichotomies, including that between global and local. For present purposes, I would like to highlight three themes from this literature for special consideration. Crudely ‘headlined’, these are

- (i) Sheila Jasanoff’s notion of risk as ‘memory bumped forward’ and the implications she identifies therein for ideas of governance;
- (ii) Bryan Wynne’s ascription of a ‘naïve sociology’ informing risk expertise, and
- (iii) Barbara Adam’s utilisation of Hans Jonas’ philosophy of biology in formulating the notion of a ‘latent future’.

Jasanoff (2003; 2006) articulates a deceptively simplistic-sounding proposal. She observes (2006: 28) that ‘we often learn most about risk – who is at risk, for what reasons and to what degree – only in hindsight, after risk transmutes into actual harm’. Risk, conventionally regarded as ‘a property of the indeterminate future’ is perhaps ‘better seen as a *projection of what we already know*’ [my italics]. This radical re-orientation from (future) prospect to (past) experience, Jasanoff claims, shifts attention from the search for ever-more accurate prediction to questions related to the development of resilience (38). It

resonates with a 'politics of reflection' which privileges risk 'governance' – the aggregation of 'communal knowledge and experiences, preferences and concerns' – over 'management' a 'predictive stance [that] relies on the manager's presumptively superior knowledge and expertise' (40).

Wynne, among others, has meanwhile pioneered a sustained critique of a too-easy dichotomy between Giddens' 'expert system' and 'public knowledge(s)'. A major thrust of this work (Wynne, 1982; 1989; 1992; 1996; also cf. Irwin, 2001) is to expose the brittleness of scientific knowledge in 'living' contexts where it is all-too-often impelled 'towards unrealism, insensitivity to uncertainty and variability, and incapab[ility] of admitting its own limits' (Wynne, 1992: 294 n16). Wynne also underscores the danger of absolutising any boundary between (always contested) expert and (always heterogeneous) lay discourse on risk (Wynne, 1996: 77). He and others recognise the complexity of lay-expert 'coalitions' (Irwin and Michael, 2003) and indeed the strategic role sometimes played within these of 'discourses of ignorance' (Michael, 1996). Wynne's position is encapsulated within his admonition (1996: 78) to social scientists to resist continuing to regard 'lay' and 'scientific' as fundamental or dichotomous *alternatives*.

Finally, Barbara Adam's work (Adam, 1990; 1998; Adam and Groves, 2007) interrogates even more 'basic' notions of time and futurity within which discourse on risk is usually framed. Her wide-ranging inquiries probe and subvert what she sees as dominant assumptions characterising contemporary western orientations towards a fictive or pretended 'empty' future which is

‘decontextualised and depersonalised... ours to do with as we please’ (Adam and Groves, 2007: 13). Acknowledging, as do Jasanoff and others, that ‘proof based on backward causation’ is an ‘impossible dream’ (Adam, 1998: 81), Adam draws on a range of philosophical resources in placing emphasis on the ways a ‘latent future’ is ‘embodied in things and events’ and ‘embedded in processes’ (Adam and Groves, 2007: 14).

Of particular interest in the present context is Adam and Groves’ (2007: 129ff) development of Hans Jonas’ conception of the centrality of ‘transcendence’ to biological experience. Jonas (2001: 83-84) conceived of the transcendence of life as ‘its entertaining a horizon, or horizons beyond its point-identity’. The living organism’s defining feature is its capacity to enter into an exchange with its environment even at the cost of change in its concrete form. This denotes at once freedom *and* subjection – ‘its can is a “must”’, writes Jonas, ‘since its execution is identical with its being’.

As Adam and Groves point out, Jonas’ perspective brings into focus two linked principles basic to all life, including humanity. Firstly, the *interest* of the organism – whether conscious or otherwise – in appropriating, altering or being altered renders certain aspects of the environment over others *salient*. In other words, Jonas confers the experience of *project* to the heart of being. For example, in the case of the simplest life form such as a bacterium, the project of digestion or absorption of *a mineral among others* is necessary to survival.

Secondly, and complementarily, the organism is oriented in pursuit of its

interest *temporally*. At some level (scare quotes being deployed here to keep to mind the anthropomorphic dangers inevitably involved in deploying such vocabulary), it ‘remembers’ its past in ‘anticipating’ its future. ‘Futures are experienced by organisms, including humans, as an effect of their own needful engagement with the world’ (Adam and Groves, 2007: 130).

This notion of the organism’s embodied participation in its own latent future conveys something of the *universality*, *inevitability* and *ubiquity* of riskiness – insofar as it is intrinsic to all experience and activity. Also, and perhaps more subtly, it deepens and complexifies understanding of the *temporal* situatedness of both the making and taking of risks. It shows these activities arise from past experience and are immanent to present experience. They are not merely or exclusively, to echo Jasanoff, ‘properties of the indeterminate future’.

Adam’s work thus powerfully reinforces Jasanoff’s (2006) advocacy of ‘technologies of humility’ whereby the analysis of *expectancies* and *vulnerabilities* (‘feelings’ of risk) is not neglected or marginalised within too-eager pursuit of calculable outcomes (‘findings’). Meanwhile, Wynne’s approach exposes the degree whereby a rigid and unquestioning demarcation of ‘expert’ and ‘lay’ in contrast supports an over-determination of the feeling/finding dichotomy. To play on the letter if not spirit of the title of one of Bruno Latour’s best-known books (1993): ‘we have never been expert’. And yet, at the same time, it would seem, we are all fully paid-up risk-specialists.



### 5.2.2 Risk on the Register of Suggestion

Aspects of each of the perspectives outlined above<sup>2</sup> resonates strongly with the Whiteheadian orientation posited in Chapter Two. For example, Jasanoff's exhortation that risk be viewed in retrospective as well as projective terms coincides with and is deepened by Whitehead's understanding of process. The latter is emphatic that his primordial actual entities 'really experience a future which must be actual, although the completed actualities of that future are undetermined' (1978: 215).

This also fully accords with my deployment of the notion of suggestion.

Suggestion marks the process whereby projects emerge from the established – *objective* – past as they point towards an as yet decided future. Put another way, suggestion may be viewed as *bearing* a particular but yet not wholly determined 'object' – a term now radically re-interpreted – from 'there' to 'now'. This insight proves extremely helpful when we come to consider the way particular *risky* objects manifest themselves in experience. In *Process and Reality*

Whitehead approvingly cites an assertion by Norman Kemp Smith that underscores this claim, albeit by as it were turning a more conventional reading of the latter's claim on its head: "By an object is meant something which will

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<sup>2</sup> It should be acknowledged that the attention of all three writers glossed here focuses mainly on what are conventionally understood as ecological or environmental rather than 'clinical' risks. I would argue that it is nevertheless possible to 'translate' those aspects I have highlighted here as equally significant for the community mental health context. Indeed, allowing that the boundaries between lay and scientific/ expert knowledge are here manifestly particularly porous and that the 'stakes' are often rather transparently depicted in terms of embodied interest and project, such a move seems all-the-more legitimate.

not allow us to think at haphazard”.<sup>3</sup>

Meanwhile, Wynne’s problematisation of the expert-lay distinction would have surely been welcomed by Whitehead. As noted earlier, the latter consistently contrasted ‘professionalism’ with ‘craftwork’ and expressed anxieties over socially-institutionalised variants of expertise that tended towards the concretisation of problems and issues whilst overlooking vital aspects of feeling and experience. Suggestion here operates within the mode of *persuasion*. It evokes the extent whereby the embodied and affective dimensions of craft might be re-instituted at the core of an analysis of ‘expert’ preoccupation and concern.

Finally, Jonas’ conception of ‘project’ as a defining vital feature, as appropriated by Adams and Groves, is clearly not far from Whitehead’s notion of ‘importance’. Jonas and Whitehead similarly appeal to an ultimate notion of ‘value’ often lost to sight within positivistic and materialist conceptions of science. In *Modes of Thought* the latter writes that the ‘basic expression’ of our ‘enjoyment of actuality’ is ‘Have a care, here is something that matters!’ To approach experience on the register of suggestion is a means of trying to ensure that value – in the sense of embodied, future-oriented concern – does not fall out

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<sup>3</sup> This line of thought connects interestingly to recent – and decidedly unsettled – debates within social theory around the difference between chance and contingency with particular reference to notions of ecologies and complexity. Luhmann (1995: 106) states that ‘something is contingent insofar as it is neither necessary nor impossible; it is just what it is (or was or will be) though it could also be otherwise.’ Smith and Jenks, 2006: 106ff.) criticise this definition as inadequate to account for the dynamic emergence of complex systems. As a conceptual strategy, the register of suggestion perhaps has some contribution to make to this debate. Not only much more than ‘haphazard’ (i.e. truly random) in Kemp Smith’s sense, a suggestion is also ‘harder’ (less indeterminate) than Luhmann’s ‘neither necessary nor impossible’, whilst retaining the essence of his notion of ‘being otherwise’.

of the equation. Risking is seen as emergent *with* experience and not merely as a calculation of something ‘beyond’ or ‘outside’.

An important rift, nevertheless, divides Jonas’ and Whitehead’s positions. The former critically distinguishes between living entities and dead matter and insists that only organisms – as conventionally distinguished by biology – are accorded experience and regarded as individual subjects. As we have seen, Whitehead extends subjectivity, value and feeling at some level to all constituent parts of the universe.<sup>4</sup> Jonas’s orientation ultimately tends towards a divorce between the human actors as experiencers and the ‘inert’ stuff that makes up their environment. Suggestion, and particularly the notion of both humans and non-humans as ‘suggests’, provides a corrective here. It returns attention to the way entities that might otherwise be written off as ‘inanimate’ actively participate in the risky dynamics of emergence and re-ordering.

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<sup>4</sup> The disagreement is metaphysically profound. Cf. Hartshorne (1978: 149); for a critique taking Jonas’ part cf. Donnelly, 1978). Whitehead’s (and Hartshorne’s) position is reinforced by recent work within the natural sciences postulating creative, ordering processes of matter and implying a radical re-envisioning of the borders between life and non-life (Prigogine and Stengers, 1984; Kauffmann, 2000). From another angle, my evocation of the suggestive powers of non-humans has close affinities with Latour’s (1995) approach to the ‘delegation’ that constantly operates between humans and non-humans. Latour insists that this process works effectively in *both* directions.

### 5.2.3 Crisis and Risk as Vectors

‘Crisis’ was deployed at Bridgevale as a kind of shorthand for concern, significance and ‘cause for anxiety’. It often appeared to function as denotative of immediacy and urgency – an appeal for heightened attention or a ‘call to arms’. It was also, nevertheless, sometimes used to convey more enduring features persisting over time. A service user could *remain* ‘in crisis’ – and/or on the ‘crisis list’ that was used to structure the Clinical Meeting – for several weeks on end. The Trust was as often referred to as being ‘in financial crisis’ at the beginning as at the end of my fieldwork.

On the level of observation, meanwhile, crisis comprised a constant though not unchanging part of an everyday horizon of felt experience in team members’ working lives. The term simultaneously evokes notions of emotional stress, the breakdown of order, and uncertainty around outcome: in a word, insecurity. In a sense crisis was risk’s twin at Bridgevale, not least insofar as the one word often closely succeeded the other within everyday talk. Nevertheless, crisis and risk were neither entirely interchangeable nor used synonymously within discourse. Given their apparent importance as indicators of ‘issues and troubles’ within day-to-day interaction, it seems to me helpful to at least attempt a partial, if ‘fuzzy’, discrimination.

Crisis’ etymological derivation – from the Greek verb, *krinein*, ‘to decide’ – is helpful here. To invoke crisis is to articulate at once a *demand* for decision *and*, somewhat paradoxically, the chronic *undecidability* ‘written into’ events.

Although the second shade of meaning in a sense stands opposite to the first – at

times you can *do* nothing about a crisis; you simply have to ‘wait and see’ what happens – there is a fundamental sense in each case of impending change, of a potential for disaster being fulfilled or resisted. The patient will either ‘come through’ the crisis or will succumb. Averting the financial crisis may be used as a justification for sweeping ‘cuts’ or drastic organisational changes. For all that, it may *not* – ‘ever’ – be wholly averted.

Alongside the accent on decision, the adoption of a Whiteheadian perspective allows crisis to be viewed more as an *event* than as a state of affairs. The underlying idea of process is to accord fluency and dislocation priority over a fixed spatiality (cf. Whitehead, 1978: 209ff). In this light, crisis may be approached less in terms of a static set of relations than as a feature of becoming.

Discourse of both risk and crisis might consequently be regarded as indicating ‘*vectorial*’ activity. The term ‘vector’ is employed in a technical sense within both pathology and mathematics denoting respectively a ‘bearer’ or ‘carrier’ – of disease or infection, for example – or lines or ‘arrows of force’ that are weighted both quantitatively and directionally (Paulos, 1992: 138). It expresses the sense of an ‘*intermediary*’ between subject and object. Suggestion, as will by now hopefully be apparent, may be viewed in similar terms.

To return to the difference between ‘crisis’ and ‘risk’, the former term might perhaps best be viewed processually, as a sort of *preamble* to the latter. To speak of crisis tends to evoke the sense of a messy, undecidable and anxiety-

provoking *present*, risk-talk tends to be more explicitly *future*-orientated, bearing affective ballast relating to potentiality and probability. Yet, as noted, the approach towards risk adopted by writers like Jasanoff and Adam directs attention to those aspects of risk embedded in our *past* that may not be yet experienced as crisis.

Meanwhile, if only to further complicate the picture so far assembled, a continuous sense of crisis may become – as the ‘financial’ example illustrates – tolerated and institutionalised to the extent that specific risks are overshadowed or a fatalistic insouciance takes over. Thus risk and crisis tend both to complement and reinforce one another. They can ‘exchange places’ and together lend themselves to a *chronic* more permanent process (a helpful analogy would be the transition from ‘weather’ to ‘climate’). Insecurity is felt and experienced at one point in time in terms of present impotence and distress and at another as futurally-oriented foreboding. In all cases, however, the experience of insecurity emerges as an *achievement* as much as a response. Risk and crisis are equally ‘productions’ involving ongoing processes of suggestion – objects becoming subjects becoming objects for further suggestion.

### **5.3 The Risk Agenda and Crisis as the Rule of Exception**

#### *5.3.1 Team Members’ Conceptions of Risk*

**CATHY [Social Worker]:** *There is a blame culture... We’re in a buffer zone between the chaos of our patients’ lives and the expectations the*

**system places on us. But don't get me wrong; the Team Leaders here are very good. They do their best to protect us... [interview].**

**JOSEPH [Social Worker]: As a society...we can't accept the notion that there are certain things that no one is responsible for... For example, no one really believes that suicides can be prevented. But somebody has to carry the can. As professionals we are held accountable when it happens... It's overwhelming [interview].**

**HELENA [CPN]: She does my head in! I've told Roger it'll lead to my resignation... I don't know [laughs]... I swear that it shortens my life; the only solution is to become a kept woman! [informal discussion with colleagues over a service user; observed].**

Workers at Bridgevale articulated the tensions associated with perceptions of risk and crisis in a wide variety of ways. Their sheer variation of expression is only dimly reflected in the comments selected above. Nevertheless, I would argue that three general tendencies might tentatively be isolated.

Team members:

- (i) repeatedly identify and acknowledge the *ongoing* and *enduring* nature of the challenges and strains presented by the working culture in which they find themselves;
- (ii) often attempt to *locate* these strains and challenges within a cognitive frame that stretches well beyond the immediate physical environment and implies

wider social and institutional processes, and

(iii) try to *tackle* or *respond to* them through a range of individual and collective strategies and dispositions. These include sharing with, supporting and protecting one another, but also adopting attitudes that may smack of fatalism, ‘facing up to’ situations and (more or less escapist) humour.

To take the first point, the *permanence* and *interminability* of – at least a degree of – insecurity becomes implied and taken for granted. As Cathy and Joseph each make clear, it is seen as embedded in the ‘nature’ of the job itself and the lives of those with whom team members are tasked to concern themselves.

Tension and uncertainty is ontologically foundational. As Danny commented (interview), ‘The longer I’ve been in the job the less I think there’s one right answer...or any answer really’. What is drawn from experience is a lesson of infinitude – there can be no perfect or even correct (re)solution. The only exception to this, as Helena suggests, is to break out of the frame entirely, to find a way to cease working altogether in the field.

Secondly, to a greater or lesser extent, and often with considerable eloquence, members tended to *situate* this felt chronic insecurity within a complex nexus of (more or less) extensive relations. In the excerpt cited above, for instance, Cathy alludes to the ‘system’ within which the ‘zone’ she sees herself as occupying is placed. The ‘blame culture’ she references was situated at several removes from the immediate relatively ‘protective’ team environment but might nevertheless threaten to envelop the latter. Others frequently reiterated an association of ‘policy’ from ‘on high’ with notions of surveillance, audit and (sometimes)



scapegoating.

Joseph, in contrast, engages with an even more extended ‘global’ order – ‘society’ and its values. He takes care to avoid excepting himself from such abstractions, as his use of the first person plural bears witness. To an unusual degree, in comparison to other team members, Joseph’s self-reported outlook on life – and, insofar as I would hazard any interpretation at all, his ongoing experience at Bridgevale as manifested within his behaviour – often suggested acute, almost intolerable anxiety: yet if this was so, the anxiety seemed embedded within an equally firmly held social critique. The comment given above was not untypical of his interview as a whole insofar as it tended to resonate with his stated feelings of chronic professional powerlessness, of occupying a role where it was simply ‘impossible’ to satisfy expectations. Even Helena, albeit in a far more jocular and relaxed manner, voices her exasperation in terms of a similar basic tension ultimately revealing the *stake* of remaining in such an ‘impossible’ vocation.

How then, short of walking out, might members *cope* with insecurity? This is a third pervasive theme. Cathy refers hopefully to aspects of ‘teamness’ that may ameliorate the situation. She sets store by the propensity for immediate managers to shield her from any excessive punitive zeal within the ‘system’. And of course, many other variants of coping strategy might be readily identified. As in Helena’s case, black(ish) humour was frequently deployed.

Nevertheless, Helena’s ‘defence’ – if that is what it is – is double-edged. It

betrays a fear that the best-laid schemes and strategies would sometimes be of no avail. Joseph's comments exemplify the extent whereby at Bridgevale the sense of insecurity was always liable to exceed *any* notion of 'containment' and become an engulfing, shattering or petrifying force. Joseph was by no means alone in regarding his experiences of being a member of the team as at times 'overwhelming'.<sup>5</sup>

In summary, then, team members consistently described risk as externally *imposed*. This imposition *might* be addressed constructively; experienced as more or less intolerable and 'impossible', or shrugged off with laughter or bravado – nevertheless it was *there* as an essential condition to be *reacted to*. Juxtaposed with the other two themes explored above – risk and insecurity as a *permanent* part of the working landscape, and as elements within wider networks of relations of indefinite extension – the dominant presumption operating at Bridgevale appeared to be that risk functioned in two ways. *Firstly as a sort of omnipresent horizon of practice, and secondly as an object – or range of objects – that must be confronted, borne or (sometimes/perhaps) overcome.*

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<sup>5</sup> For instance Caroline (CPN) informed me at interview, 'when I'm working at a difficult case it consumes me.' Rafaela (Occupational Therapist) announced one morning that she'd been worrying about a supposedly suicidal service-user all night and had gotten no sleep: 'All I can think about is it too early to give him a ring...'

Each function, moreover, is fully reflected within the notion of a '*risk agenda*'. This tag is frequently encountered within the relevant practice and academic literature (e.g. Norman and Ryrrie, 2004: 214; Holloway, 2007; Warner, 2007). An 'agenda' implies the broad agreement and ordering of priorities as well as a demand for precautionary and preventative action. But questions are also raised of precisely *who* is involved in setting the agenda and of the role it might play within any wider conceptualisations of 'risk society'. Both in terms of its dictionary derivation (things 'to be done') and within the social contexts within it is most usually encountered (committee meetings; political programmes and so on) reference to an agenda hints tantalisingly at the possibility of completion as well as action. Even a 'rolling agenda', presumably, must eventually come to a stop.

Admittedly, then, the conception of 'agenda' also seems to effectively capture the ways whereby workers at Bridgevale *themselves* perceived and understood risk. I would contend, nevertheless, that this seemingly common-sense notion, and some of the widely-held assumptions and perceptions that stem from it, are ultimately inadequate and may indeed prove to be obstacles to a rather more nuanced grasp of risk and crisis. Returning to the dual aspects of the assumed function of risk formulated above, whilst the first part – risk as a horizon of practice – strikes me as entirely satisfactory, the second – denoting a purely 'objective' quality to the risky situations and things encountered and managed – does not.

### 5.3.2 *Crisis as Exception; the 'Greatest Risk'*

Presently I will sketch out an alternative orientation to risk at Bridgevale. This shifts the focus of inquiry to its *production* via a radical re-conceptualisation of *agency* that involves attending to the participation of both humans *and* others on the register of suggestion. And it anchors a more detailed analysis of fieldwork data presented in Sections 5.4 and 5.5.

First, however, I would like to remain with the notion of the risk agenda in order to address a further question not yet fully articulated. What kind of anxieties and concerns *predominated* among team members? In other words, if an agenda is assumed to exist, what are its lead items and how do they relate to broader conceptions of mental health policy and practice?

To begin to respond to these queries, I return to the theme of crisis. As noted above, the term evokes a problematic of *decidability* on the order of the event (or series of events). From any given temporal standpoint where crisis is identified, moreover, the possible outcome of the critical event is ineluctably *undecidable*. It is ‘in the lap of the gods’, or certainly beyond any rational means of prediction from initial conditions.

Parallels in general clinical medicine present themselves – the crisis-stage of a fever for example. Or indeed in wider social discourse: for instance, the ‘fuel crisis’ or the ‘financial crisis’. The crux of the matter seems to be that the representation of crisis is always wrapped up with accompanying notions around an intensification of sensibility towards the inevitability of (drastic, qualitative, irreversible) *change*. Reality stands to be re-configured, for good or

ill. In a crisis, it is said, something ‘has to give’.

This situation tends, however, to be presumed a ‘state of exception’. The presumption logically implies another: *the opposite or negation of crisis is the ‘normal’*. ‘Normality’ is defined by the absence of crisis.

Georges Canguilhem’s distinction between ‘normality’ and ‘normativity’ (cf. Chapter Three) is pertinent here. Canguilhem, it will be recalled, asserts that any ‘normality open to possible future correction is authentic normativity or health’ (Canguilhem, 1991: 352). His referent is the activity of an organism in relation to the inconstant environment in which it finds itself. ‘Recovery’ is the establishment of *new* ‘norms’ by divergent, creative means in response to that inconstancy.

Day-to-day life at Bridgevale, I would argue, strongly reflected this perspective. ‘Normality’ and ‘crisis’ were *not* polar opposites. Rather, routine (see Chapter Four) might best be regarded as exhibiting adaptive normativity in Canguilhem’s sense. The explicit articulation of crisis therefore serves both as a herald of change and as a signal of a demand to *adapt* to processes once only happening ‘elsewhere’, but now intimately and urgently present.

To register crisis, in this sense, was simply, in the first instance, to *follow*, with a particular *upgrading of intensity and concern*, potential or existing upheaval discerned within the surrounding environment. Only secondly and subsequently, was it to *react or respond* to such upheaval, possibly with interventional or

defensive strategies, but equally possibly with expressions of impotence or resignation. Something indeed has to give, but what should or can be *done* is never fully clear.

Reararticulating crisis along such lines, as primarily a property of events and only secondarily an ‘object’ or an ‘agenda item’, assists in grasping the extent whereby crisis, viewed as latent risk, was a more or less *constant* dimension of experience at Bridgevale. In another context Giorgio Agamben (2005), after Carl Schmitt, has postulated crisis as the ‘state of exception’ in contrast to the exception to the rule. The key insight here is that exception continues to be in an important sense exceptional even where it assumes a *general*, ubiquitous significance on the horizon of expectation.

Furthermore, precisely this paradoxical element of ‘exceptional generality’ subverts any straightforward response to the questions I posed above concerning the main items on any supposed risk agenda confronted by the team. From another angle, nevertheless, the position is surprisingly clear. The anxiety that consistently and overtly appeared to *most* preoccupy workers, regardless of their disciplinary allegiance or status, was *not* vague or ill-defined in the least.

It had to do, I would argue, with the perceived potential for service-users to seriously harm themselves or others *and* for this harm to be perceived as directly causally related to the intervention – or the lack of intervention – they had received from the team for their ascribed mental health conditions. Put even more baldly, and taking the ‘highest common denominator’ of perceived risk as

far as it was apparent to me as an observer, *the ne plus ultra of risk viewed 'objectively' was the occurrence a homicide or suicide where the individual worker, and/or the team as a whole would be viewed as (in part at least) 'responsible' and falling short in their duty of care.*

Now clearly this claim demands both 'evidencing' and a certain amount of contextualisation. To take the second requirement first, it will be readily seen that this focal, emblematic fear – if its postulation is valid – draws in a wide range of ethical, affective, political and technical factors. I will not attempt to fully delineate these here – to do so would be to undertake a task of bewildering complexity. Rather, I will briefly list a relatively small group of factors that strike me as particularly cogent to the thread of my argument. These resonate to a great extent with themes dealt with elsewhere in the thesis.

(a) This specification of the 'greatest risk' was *not* framed by workers and others merely as death pure and simple or even in terms of violent or sudden deaths occurring through a service-user's action. Rather, such framings as I encountered concerns fatalities, whether expected or unexpected, that are bound up with (i) the ascription of mental health disorder as a lead causal factor and (ii) notions of accountability, care and prediction, and thus ultimately precaution and prevention. Significant implications follow related to how and whether both risk and 'mental illness' are retrospectively seen to have been *mapped*: for what was done or seen to be done to *address* them. The sheer unavoidability of death in itself, and even of deaths of the kind describe, is written into the equation from the start.

(b) The emphasis placed on homicide and suicide must not only be regarded in the context of contemporary policy landscapes within the mental health field or even wider formulations of a ‘risk society’ which these might well be seen to reflect. It resonates deeply with the historical emergence of a particular trend within the prevalence of a species of ‘psychiatric insecurity’ that I have repeatedly postulated in earlier Chapters. This is also not infrequently noted in the relevant (‘academic’ and ‘practice’) literature (e.g. Coppock and Hopton, 2000; Onyett, 2003; Fawcett and Karban, 2005).

However counter-intuitive it may appear, my belief is that there is nothing ‘given’ about the intensity of such preoccupations contrasted with other possible ‘specialist’ objectives within policy and practice, for instance, the fuller recovery/rehabilitation of a greater proportion of service-users or the success of ‘positive’ preventative strategies through education or other means. It is important to see community mental health professionals as *inheritors* of decades-long processes, wherein the potential achievement of such alternative aspirations has for a wide range of reasons become increasingly regarded as intractable.

(c) Felt risk, in this context, is very transparently *not* simply a matter of cool, detached calculation and self-interest. It would be hard to overstate my impression that team members were highly motivated by altruistic concerns for the well-being of their patients and others; they consciously worked towards, and demonstrated considerable emotional investment in, healthy outcomes. My



use of the term ‘objectively’ above must therefore not be misunderstood. I deploy it – in part indeed to go on to deconstruct the notion – to convey the extent that the paradigmatic risk of a disastrous fatality appeared to be widely understood as an *obstacle* to be feared and countered.

(d) Coupled with the last point, the paramount importance imputed here to workers’ fears of a certain kind of fatality happening ‘on their watch’ also relates interestingly to debates over the notion of ‘expertise’. As frontline professionals, team members were frequently cast in the role of experts in prevention. It was they for instance who were expected to compile individually-tailored risk assessments or to alert their managers to situations where ‘increased’ risk was present. Yet the way this analysis was approached was very much framed and understood in terms of ‘craft’ rather than ‘science’.

Whilst quantitative, ‘scientific’ resources – for instance epidemiological or psychometric studies – do exist to which they arguably *might* have had reference, any evidence that these were actually used in any systematic way was, to say the least, scanty. Moreover, there was no great expectation within the wider organisational culture that they *should* have recourse to such tools. When things do go horribly wrong the criticism that professionals have acted *unscientifically* is *rarely* heard: even bureaucrats, perhaps, are more sensitive to the irreducibility of human tragedy to objective measurement than some accounts might have us believe! More commonly, indeed, workers are accused of having been ‘negligent’ or have ‘not followed procedure’ (cf. Reith, 1998 and below). In this sense, mental health workers sit somewhere in between

Wynne's (1996) hill farmers and his scientists.

(e) Finally, and as a partial corrective to an emphasis on such comparatively rare fatalities, it is worth underlining that they served as a sort of 'limit case' for a variety of other apprehensions and concerns. Team members unsurprisingly articulated their feelings about risk on a wide range of topics and in many different ways. They *were* often and intensely concerned with the *living* fate of their clients, for instance with their loss of employment or housing, drift into substance use or petty crime. Moreover they often complained about 'overload' and 'stress' or worried aloud about the impact of their work on their own health, well-being and domestic lives. Nevertheless, the very specific risks I have singled out here stood out as a kind of lodestone whereby other preoccupations were charted.

This last point neatly returns attention to the 'evidential' aspect of my claim. A first observation here concerns the facticity of both homicide and suicide as part of team members' immediate event-horizon. During my six months at Bridgevale at least three suicides by service-users on the team's 'active' caseload took place. In addition, certain individuals were heavily involved in a formal inquisitorial process concerning the earlier death of a client whose relatives were engaged in legal action against the Health Authority. Naturally, moreover, even where such ramifications were absent, death by suicide evoked strong reactions among workers. For instance, Sonia (Trainee Psychologist) admitted that when someone she had been working with hanged themselves, 'my first thought was, "Oh my God have I killed someone?"' Tellingly, she

added, 'She wasn't seen as high risk. I felt guilty I didn't do a risk assessment even though no one expected me to.'

As mentioned earlier, a further highly traumatic episode occurred during my fieldwork. A female service user was arrested for the murder of her young children in their home. Among other impacts, this occurrence for a while triggered a palpable reconfiguration of risk within the team. I will return to this below. Meanwhile, I want to draw attention to an intervention made by Andy, the Sector Manager, who unusually attended the Business Meeting on the Thursday following the arrest of the service user in question.

After praising team members for the way they had handled the situation and offering sympathy and support, Andy nevertheless commented pointedly that 'everyone needs to look at their documentation, particularly the risk documentation.' He continued:

when these things happen...people are not concerned with the quality of the emotional work and so forth that's been done with the patient... It's what's written down which is the *only* focus of interest.

This might well be considered a somewhat cynical comment in the circumstances, and indeed my general impression was, that in representing a management view, Andy was overtly combining a show of support with the opportunity to reinforce a 'culture of accountability'. Nevertheless, Andy's comments strike me as particularly suggestive. They reflect both the inevitability of the realisation of perceived risk – 'these things happen' – and the *retrospective* priority accorded to representations of riskiness – 'look to your risk assessments' – even (especially?) if the 'dreadful' has already happened.

The perspective reflected within Andy's remarks is given added piquancy, moreover by a consideration of the relevant policy background . The most cursory glance at titles of official government publications over the last decade or so – from 'Safe, Sound and Supportive' (Department of Health, 1998) to 'Avoidable Deaths' (National Confidential Inquiry, 2006) – offers some indication of the importance accorded both to 'security' and 'prediction' within policy rhetoric. A certain 'bottom line' continues to loom large in terms of an aspiration to minimise dramatic fatalities (homicides and suicides) involving mental health users. The sense that the achievement of this 'minimisation' is somehow 'extractable' from a wider social context (one where, for all sorts of reasons, people sadly occasionally do take their own lives or those of others) retains an enduring hold.<sup>6</sup>

### 5.3.3 *Mediums, Projectors and Inventors*

I now want to make good my promise to sketch out an 'alternative' way of conceiving of workers' relation to risk and crisis. In line with my overall orientation, my intention is to try to shift the focus from specialism to suggestion and from *reaction* to *production*. This involves dispelling or at least re-orienting the prevailing apprehension of risk (and crisis) as solely 'objective' towards an approach closer to a (Whiteheadian) position that situates crisis (and risk) as 'vectorial properties of becoming' somewhere between 'subject' and

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<sup>6</sup> Note the prominence given in 'official' accounts to the idea of risk 'pathways'. For instance, the National Confidential Inquiry explicitly addresses the notions of 'avoidable' deaths and the 'culture of inevitability' supposedly surrounding them. There is a deep, rather tragic irony in the fact that such tags simultaneously evoke both indeterminacy ('things might have been different') and substitute one kind of determinacy for another (an 'avoidable' death is one that

'object' as conventionally regarded.

My aim thereby is *not* to imply that team members' were in any sense 'mistaken' about their own experiences and feelings. On the contrary, the longish detour taken to explore a number of facets of the ways risks and their consequences are managed in the context of everyday policy and practice was explicitly intended to reinforce the 'authenticity' of such concerns and their attendant evils.<sup>7</sup> In speaking of an 'alternative' I mean to convey only the modest aspiration that that reality *might* be approached differently at least on the level of thought.

With this caveat in place, I would like to mobilise the three terms flagged up in the Chapter's title. Workers, I'd like to suggest, may be fruitfully regarded as 'mediums', 'projectors' and 'inventors' of risk and crisis to the extent that *they* (team members) may be considered as elements of a 'production'. No one of the three appellations, or indeed the three taken together, should be understood as exhaustive or *definitive*. Rather they are best approached as *incentives* (or

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*would have been prevented if a 'culture of inevitability' had not existed...).*

<sup>7</sup> The term 'evil' is a strong one in any context. By using it here, I do not intend to deny that there are not also possible 'goods' to be identified in the organisational or political culture described. Nevertheless, it seems appropriate to indicate my firm personal conviction that, overall, the burden of responsibility placed on mental health workers in this connection *is* pernicious, unjust and ultimately counter-productive. This felt excess is, I also believe, susceptible (in principle at least) to radical re-vision.

‘lures’!) whereby the conceptual stranglehold of the ‘agenda’ may be resisted.

The term *medium* summons up the venerable if often sceptically-regarded notion – prominent in the history and anthropology of healing within a number of ancient and not-so-ancient traditions – of delegate communication between the ‘spirit’ and the ‘material’ worlds. But I also have in mind the biological usage that denotes a nutritive property in the environment whereby a ‘culture’ (another term pregnant with meaning across domains) is allowed to develop, together with the idea of ‘channelling’ at the base of many contemporary understandings of ‘media’. A resonance, moreover, may be noted with the idea of the ‘intermediary’, vectorial status between subject and object(ivity) touched on in Section 5.2.

In each case there is a sense of the medium as a dynamic conduit that, whilst not the *primary* agent of change, may serve to transform as well as transmit whatever is already ‘out there’. Marshall McLuhan’s (1967) famous and more radical claim, however, that the ‘medium *is* the message’ also comes to mind. In any event, to consider mental health workers as mediums in relation to risk and crisis in any event begins to shift the focus of attention away from them as passive recipients of imposed processes. A wider network of *co*-agents/*cy* is evoked. If there is no medium present and ready to accommodate it, the spirit will not be able to give voice!

In technological contexts, the term *projector* conveys a kindred notion. Yet it additionally suggests a critical ‘narrowing down’ of the frame of reference

within which a message is presented. A cinema projector, for instance, is an apparatus that utilises a beam of light in order to make sensible a certain *representation* of reality. At one and the same time it *reduces*, insofar as it eliminates – or renders ephemeral – a ‘background’, and *enlarges*. Above all it *makes manifest* – without it what is captured on the spool will remain unintelligible or hidden.

To project is thus to make something matter, and – as other uses of the word in everyday discourse make clear – to confront or begin to take issue with an unsecured future. Meanwhile the distinctive Freudian mobilisation of ‘projection’, and the extent this has influenced psychiatric knowledge, should not be overlooked. Rycroft (1972: 125) defines projection as a process whereby aspects of oneself are located in some external object. Laplanche and Pontalis (1988: 354) suggest it is ‘always a matter of throwing out what one refuses to recognise in oneself’. In this specialised sense, the term involves a transmission *from* subject to object in contrast to the medium’s acceptance and delivery in the opposite direction. Approached rather differently, it is congruent with a somewhat sceptical approach to spiritualist practice that might see the medium as, consciously or otherwise, investing the ‘spirit’ with her own personality, needs or desires.

It is unnecessary to take a stance either for or against the orthodox Freudian position to underline that such conceptions offer a strong provocation to the modern fixation on subject-predicate modes of thought. To approach the role of mental health workers as potential projectors as well as mediums of risk and

crisis is to take the reframing exercise suggested above one stage further. In line with the cinematic analogy, how does what appears on the screen relate to not only the nonhuman, machinic apparatus but also the human operators (similarly often described as a 'projectors')? What properties, feelings or qualities do the latter contribute to the encounter and where might these end up?

Finally, to think of the same workers as *inventors* is to acknowledge a far more creative and active dimension at play alongside mediumship and projection.

Essentially it is to register and foreground the occurrence of the element

Whitehead names *novelty* (cf. Chapter Two) within the context of the production of risk and crisis. A tricky balancing act is required, however. For to focus *only* on invention might be read as implying that team members are to be accused of simply imagining situations of crisis or 'cooking up' risks that have no external provenance.

Nothing could be further from my intention. Rather, it might perhaps be more accurate to refer to '*processes of invention*' than to inventors. In such processes subject and object are inextricably intertwined, and hence cry out for the register of suggestion, or some similar strategy, to be deployed in order to do justice to the complexity involved. On balance, nevertheless, it seems defensible to retain the active, personifying term of 'inventor' if only in order to reflect the positive contribution made by workers through their creative, often highly ethically-motivated commitment to exploring new ways of dealing with their own and others' distress.



Inventors typically *take* what they find. They *bring along* their ingenuity and imagination. They *transform* ‘useless’ stones, pieces of wood and string into pulley-systems or rafts. They constantly *adapt* what has already been invented to new contexts.

Equally frequently, they are condemned to *repeat* stages already covered by others, yet always with an eye on differences and new conditions. It is perhaps no accident that the phrase ‘re-invent the wheel’ is so frequently encountered in organisational life. It conveys both recognition of past achievements and their black-boxing: a kind of eternal refreshment by innovation. Thus the wheel constantly has to be reinvented.

To conclude, each member of the triad of medium, projector and inventor ‘calls to account’ aspects of external reality. Mediums rely by definition on there being *something* – often presumed to be insubstantial and disembodied – out there to mediate. Projectors literally throw themselves into the world, at the risk of confusing self and other. Inventors take what is and reconfigure it for a new use. In what follows, I will attempt to put some (empirically-derived) flesh on these three figurations in order to try to make more sense of risky and critical mental health practice at Bridgevale.

#### **5.4 Producing the Risky Patient**

Crisis and risk loomed large as overtly articulated ordering parameters within the formal context of the Clinical Meeting. The ‘crisis list’ was not only an

invariable part of the way procedure was structured. It was also a vehicle of continuity *and* change in that service-users regarded as embodying ‘cause for concern’ were retained on the list from week to week if the consensus required it, or removed – always ‘for the time being’ – if concern was felt to have adequately receded. Meanwhile ‘new’ candidates were added – or old candidatures renewed – each week via a ‘round-robin’ process in which all were invited to take part.

In turn, the organising criteria for mentioning any given individual – thus their potential inclusion on the list – were effectively *defined* by the notion of risk. As Helena informed me:

If I’m worried about someone, I’ll bring it up at the Meeting. Or I’ll talk to Roger [her supervisor]. Or I’ll do both. But I only have supervision monthly... If I’m in doubt I’ll bring it up at the meeting anyway [interview].

Antoine echoed these sentiments:

When I have concerns I’m not afraid to raise them in the Meeting. That’s what its there for after all... You get... a range of opinions and suggestions and if nothing else you’ve covered yourself [informal conversation].

Furthermore, risks emerging within the Meeting correlated strikingly with the primacy accorded above to an ultimate preoccupation with the possibility of untoward fatality. The very real phantoms of homicide and suicide and their potential consequences for team members hung over every Meeting. They appeared to play a major role in organising discourse there and constituting the tone and coloration of discourse.

Admittedly, this was often only by implication. Explicit verbal content of discussion often centred elsewhere – for example, on the impending breakdown

of a rehabilitation placement, recent aggression displayed by the user, loss of contact with services or the need for hospital admission to be assessed. Nevertheless, as will be seen, managers and team members alike appeared consistently to orient the conduct of discussion towards this (normally) unspoken fear even when addressing these more quotidian issues. It served both as a yardstick for evaluating and prioritising questions of interventions *and* – rather more subtly – as an ultimate guarantor of the validity of specialist project.

Thus, in a sense, the Meeting enabled a physically absent person to become present as a ‘risky patient’. Moreover, these processes of ‘making up people’<sup>8</sup> involved the influence – stronger, the recruitment or co-option – of a range of subaltern aspects. Some of these were ready-to-hand in the immediate environment. Others were ‘drawn in’ from further afield.

Having set the scene, I now want to utilise my three ‘modes of production’ to

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<sup>8</sup> A phrase selected in a deliberate nod to Ian Hacking’s (2002) notion of how new classifications of the self tend to come into existence via what he calls a ‘looping effect’ that redounds on those classified. Hacking has extensively mined the history of psychiatry among other sources to provide compelling examples of such processes. The ‘making up’ I have in mind here, however, differs from Hacking’s approach in that in the context with which I am concerned risky individuals are frequently far more transitory and may be made and unmade with bewildering speed. Additionally, they should not be thought of matters of merely *discursive* construction.

explore this volatile process of assemblage in more detail. A point of departure is provided by the informal and fluid nature of conversational exchanges within meetings at Bridgevale. Earlier in my discussion (Chapter Three), I marked this overall looseness of structure by the term 'familiarity' which struck me as one important dimension of the ways agency and decision were generated. This notion may now be supplemented by the observation that the 'atmosphere' in meetings was also often characterised by a strong sense of *expectancy* and anticipation.

The Clinical Meeting, in particular, exhibited this expectant tone. It was both reflected in and reinforced by the relatively simple organising structure that required the presentation of 'something new' each week *within* a stock routine. It was further reinforced by the material arrangement of furniture in the room, with participants occupying the chairs lined against each wall and a large empty space in the middle 'waiting' to be filled. Theatrical metaphors come readily to mind here, but so does a rather more specific analogy. It is not I think entirely over-fanciful to impute that there was something in the set up that smacked of the *séance*.

Within this comparison, the role of members as 'mediums' involved in the constitutive *appearance* of the risky patient becomes clearer. For example, Tom, taking his turn in the round-robin, begins to 'conjure up' the present mental state of a man well known to the team. This individual had apparently harassed and threatened a female nurse (Antoine) whilst attending for an appointment recently. As a result of this incident he has been informed he is

barred *pro tem* from office visits.

‘I went to his flat yesterday to give him his Depot [long-acting injection]’, Tom reports. ‘He took it. But he’s definitely not himself. He’s usually so friendly... but yesterday he was growly and hardly said a word. He’s definitely brewing.’

Hadley intervenes. He describes witnessing part of the encounter with Antoine. ‘He’s very frustrated... He said as much in front of Antoine... He started pulling at his trousers... He made gestures.’ Hadley himself makes a brief, indicative gesture with his hand across his legs.

Jayne, chairing the meeting, interrupts. ‘I don’t think *anyone* should be going to see him alone at the moment.’ Tom nods in agreement. ‘I’m taking Hans along for his next injection in a fortnight. That way he’ll [Hans] be able to assess him too.’ Jayne: ‘Yes, but I don’t trust his promises [not to come to the office], meanwhile’. ‘The admins need to be aware of this too, so that they don’t have anything to do with him if he does. If we see him...call the police, right?’

By way of contrast, a second episode. Helena brings up the case of a young woman, again well known to the team and a long-term inclusion on the ‘crisis list’. She has recently, apparently, been acting in a very ‘disinhibited’ way and presenting at various inpatient units in the area. She complains – albeit in ways viewed as unconvincing by the team – of psychosis-like symptoms.

**HELENA: I think she's going to do something horrible... just to get herself admitted...**

**GABRIEL [Consultant Psychiatrist]: Yes, she wants to be admitted, alright.**

**CARMEL [Registrar]: How come you've got her on Clozaril if she's not psychotic?**

Gabriel, sounding defensive, explains he feels his hands are tied by the fact that a previous Consultant diagnosed 'hebephrenic schizophrenia', and this is 'written all over the notes.' 'A very posh diagnosis', he adds scathingly, 'but I don't agree with it.' He feels the woman has a 'personality disorder first and foremost'. Any psychotic symptoms she presents are 'most definitely learned'.

Roger, as chair, intervenes. He leads discussion back to the problem of the immediate management of the service-user's behaviour. She is currently formally homeless and lodged – at the local authority's expense – at a hotel. Clearly, Roger says, she's not happy there, hence her determination to get herself admitted to hospital. The question is, as he sees it, 'whether it's an acceptable risk to continue to manage her in the community, or...is the risk such to warrant a re-assessment of her diagnosis?'

**CARMEL: Is she too vulnerable to go to the HPU [Homeless Persons' Unit]**

**HELENA: Look... No one will accept her how she is...**

**KAY:** Perhaps [mentions the name of a sheltered housing scheme] might be an option?

**HELENA:** She'd run away after a day.

**ROGER:** It's not ideal, I know... But we have to do something...

**GABRIEL:** The point is... we need firm boundaries. Because she is *not* mad!

**HELENA:** She's desperate though... I think she could try something...really hurt herself by accident.

After several minutes, Roger closes discussion down. 'We're going full circle. There's no need to do anything immediately.' Gabriel promises he will formally review the patient's diagnosis. Helena meanwhile is attending a 'professionals' meeting' on the patient later in the week. 'Perhaps they'll have some ideas about where we can refer her. There are therapeutic communities where she might fit...'

These episodes richly illustrate the notion of risk within the Meeting being *mediated* and not merely reflected or reacted to by members. An individual is *re-introduced* in the context of what is already known. The enactment of risk does not 'come from nowhere'. It is continuous with, and has 'snowballed' from, some prior familiarity.

Risk is at once the new and familiar element, the *raison d'être* for the performance as well as what has to be 'materialised' – not unlike a rabbit out of

the hat or a voice from the ‘other side’. The (at least) tacit presence of what was earlier named the ‘greatest risk’ is moreover present as a background or nodal point in the discussion of particulars. This is clearer in the case of Tom’s patient where a violent, perhaps sexual assault forms part of the immediate history. But Helena also feels *her* patient may do something ‘horrible’, albeit paradoxically only to attempt to gain notice.

The performance, the making-substantial, of risk here is not restricted to a mere transfer of information. It is a highly interactive process, involving the contribution of different attendees, and indeed – though this is somewhat easier to observe than to demonstrate – ‘environmental’ factors (material or otherwise) not so easily attachable to any particular individual.

For instance, Hadley’s symbolic reproduction of Tom’s client’s obscene gesture graphically manifests a significant aspect of the risk he is believed to present. It is tempting to associate this – literally suggestive – gesture with Jayne’s subsequent exhortation to firm up the precautionary regime to safeguard staff. The second episode perhaps even more vividly illustrates the emergent complexity of the process whereby the risky patient is produced. As often at the Meeting, it emerges from one ‘place’ and rapidly flows on elsewhere – not necessarily always in the direction of ‘greater risk’.

Each episode is vividly representative of a further dimension of the mediation of risk. Neither Helena nor Tom was engaged in ‘neutrally’ or *objectively* presenting their initial concerns to the Clinical Meeting. Their contributions,



and those of other team members in their turn, possess an inevitably affective flavour. Risk is *felt* risk and the transmission of feelings is an integral contribution to the processes of deliberation and decision. Following mental health work in the mode of mediumship involves attending to the message ‘wrapper’ as well as the message. Indeed, the wrapper can never be entirely removed to disclose an unadorned, intrinsic ‘truth’.

Moving on to the second mode I imputed above to workers at Bridgevale, that of *projectors*, it will be recalled that in 5.3 I drew attention to three distinct uses of the notion of projection. Firstly (as in the cinema), it narrows and enlarges. Secondly (as in various understandings of ‘project’), it involves confronting and in some way harnessing the future. Thirdly (originally within a psychodynamic context), it evokes the notion of transference from subject to object, from inside to outside.

Roger’s chairmanship of Clinical Meetings offered a particularly striking illustration of the mode of projection at work on each level. His ‘trademark’ intervention was phrased in different ways – ‘What are the risk issues?’; ‘The query here is risk...’; ‘Risk-wise, are we happy with that...’ and so forth. But it was clear Roger regarded it as a significant part of his role as Team Leader to ‘concentrate minds’. The explicit point of convergence he was after might well be characterised as the projection a ‘clear-enough’ statement of risk.

In interview, Roger wryly admitted as much. ‘It’s my signature tune... my ongoing broken record,’ he commented. “‘What is the current level of risk?’”

You'll have heard me say it often enough...'

Significantly, Roger articulated this as relating to what he saw as his 'moderating' role as Team Leader. 'There's a degree of democracy there... But I need to make a decision. I try to tease out of the people who know the patient best [their Care Co-ordinator], what it is they think should happen. But if necessary I'll make the call.'

I asked Roger what he thought were the main criteria for a decision, for example, to proceed with a Mental Health Act Assessment. 'Oh, it's straightforward enough. It comes down to this: do we have a duty to intervene?' And what were some of the risk 'factors' and 'issues' he would take into account? He fluently reeled off a list:

The same questions always go through my head: past behaviour, what's the evidence base? Are there loaded factors... such as has the patient stopped taking medication? Has he made verbal threats? Does this repeat a pattern... what happened before? And... very important... how long the person [who has raised the concerns] has known the client...

Roger's responses intrigued and to an extent still puzzle me. They reveal an almost fiercely conscious *objectification* of risk. The very qualities I have mentioned – sensitivity, thoughtfulness and conscientiousness – appeared to have been honed over time into a well-developed 'risk antenna' dedicated to picking up a finite range of 'signals' and then acting upon them.

This analogy, moreover, raises questions related to the 'bandwidth' to which the apparatus is tuned and the attribution of 'noise' or interference to everything that does not match with the pre-conceived signal and needs to be filtered. Yet

the approach to risk I have followed in this Chapter requires an altogether less passive metaphor. A radio primarily *receives* and its effectiveness is judged on how well it does this. Roger, along with other team members, struck me from *my* perspective to be operating as much on the other end of the process, as actively and creatively involved in the *production* of risk. It is perhaps a remarkable tribute to the strength of the idea of the risk agenda that, for all his strengths, he appeared unaware of this.

Yet the force of the point I am trying to make here comes through in his customary articulation of risk. ‘*Do we have a duty to intervene?*’ ‘*Risk-wise, are we happy with this?*’ Clearly, Roger conceived ‘moderation’ as involving a crucial process of projection, in the sense of first filtering, framing and concentrating upon key issues and then resolving a plan of action on the basis of *duty* – a *translation* of the ‘raw dangerousness’ perceived ‘out there’ into a more internalised imperative that accorded with both an institutional ethic and more ‘professional’ and ‘personal’ values and inclinations. Risk, it seemed to me, was often being crafted at this intersection.

Understandably, the team as a whole sometimes seemed keen to demarcate cases where their duty emphatically did *not* lie. ‘We don’t want to know about *her*’, protested Jayne, when Hans began describing to the Meeting the case of a user who had moved out of the Bridgevale patch. Or (from Caroline): ‘Why do we still keep him on our books? He has no mental illness frankly... its just drugs and drink...’ It was only in cases when the call of ‘duty’ could not be avoided, when the ‘factors’ appeared ‘loaded’ (as in a pistol pointed straight at

the team), that the task of the *invention* of risk was properly launched.

Of the three modes of production postulated, ‘invention’ is the strongest and most active. As suggested above, the process of *inventing* risk became apparent only relatively late in the sequence: it was invariably *preceded* by the other modes. That is, once an external threat had been made manifest through ‘mediumship’ and responsibility clarified partly through projection. Invention – almost by definition – has no settled form: it declares itself in a vast variety of ways. In the Clinical Meeting context, however, it might be roughly summarised as involving the production and use, from whatever lay to hand, of the risky individual as *resource*.

By this I mean that was what was mapped out *there*, and then appealed to, reflected on and if necessary ‘filled out’ by workers between meetings and in their interactions with others. The invention of risk also involved recourse to less animate entities such as policies, records, tools and organisational structures. An essential dimension of this process seemed paradoxically to amount to a sort of forcing into the open of the issue of risk itself, raising the stakes with both long and short-term consequences. Another way of putting this is to suggest that ‘invention’ marks the crossover from a ‘crisis case’ to a ‘risky patient’. And the making of risk and the quest for resolution went hand-in-hand.

With considerations of space in mind, I will try to flesh out this process with reference to just one further example. This should not be regarded as in any sense ‘typical’: inventiveness takes place necessarily *ad hoc* or on the hoof and

involves the continuous reconfiguration and blending of novel elements. Thus, in very practical terms, attendance at the meetings varied week to week; sources of information as well as new associations and perspectives surfaced and disappeared. 'Invention' is not least a helpful term here I think because it combines noun-like and verbal properties: in the first mode it evokes a degree of constancy over time, in the second the sense of ongoing process and adaptation.

My illustration begins with Hadley raising concerns related to one of his 'forensic' clients, a convicted offender subject to formal supervision (ultimately overseen by and managed from the Home Office in line with the Mental Health Act). This particular individual was on the Sex Offenders' Register. He was currently banned from driving and was accommodated at an 'approved' hostel. Hadley succinctly presented a number of issues. Although at present the man was 'mentally stable', Hadley had established that

he's bought a car, using an alias to get insurance... He's testing the limits, broken their curfew a couple of times. He's been intimidating some of the other residents, the hostel staff say. All in all he's being a bit of a bad boy.

Unsurprisingly, this presentation rang multiple alarm bells for Roger. 'He's a nightmare...I don't think we should tolerate it...he's a risk driving... a risk to women.' Jayne chipped in: 'I know him of old. He really shouldn't be seen on his own.' Roger was adamant: Gabriel, as the patient's RMO and (in Home Office terminology) Medical Supervisor, needed to become involved urgently.

I think Gabriel needs to review it... Gabriel needs to write the DVLA... That's got to come from the Consultant. He needs to be reviewed by X. [a specialist Forensic Psychiatrist] too... This guy has a low threshold for recall [to a Regional Secure Unit under the terms of his Section]... We're heading for recall here. But Gabriel wasn't at the Meeting; he was on holiday. 'How long is he off for?' demanded Jayne.

Here, Jayne and Roger mobilise both the formal status and official history of the user in alliance with more personal, ‘unofficial’ impressions and feelings (‘nightmare’; ‘I know him of old’) and *alongside* Hadley’s report of present circumstances. Together these elements constitute a high risk ‘profile’ that proceeds well beyond the original concerns. If Hadley had initially presented the case in a relatively relaxed and casual way, ‘he’s being a bit of a bad boy’,<sup>9</sup> with this intensifying concern, a *plan* emerged, here mostly involving an agenda to be followed by the absent Gabriel.

The following week, in fact, when the user’s name came up again, Gabriel had returned, but neither Roger, Hadley, nor Jayne were around. ‘I saw him yesterday,’ Gabriel announced ‘and read him the Riot Act. He seems quite well at the moment actually. And he says he’s sold the car.’

Gabriel had brought along the patient’s case file, a bulging, well-worn folder an inch and a half thick. ‘And this is Volume *Three*,’ he observed. ‘He goes back a

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<sup>9</sup> It would be mistaken, I believe, to reduce this to *merely* a matter of (in this case, Hadley’s) ‘personal style’. Nevertheless on one level, something like this is clearly in play: similarly Roger’s tendency towards caution and high seriousness. To borrow Horlick-Jones (2007)’ vocabulary, these could be seen as individuals members’ ‘risk production signatures’. A signature is something that is in each case unique, yet generally accords to a recognisable pattern within a wider background of social practice and convention.

long way, doesn't he?' In the brief interchange with Jayne that followed, he leafed through the file as he spoke. 'He's been pretty stable for some time, in fact. I've asked Carmel [Registrar] to write to the DVLA. The hostel confirms he's sold the car on anyway...'

The subtle alterations in tone and emphasis from the previous week's discussion are striking. On one hand, the sense of urgency seemed to have receded. In response to a question from Danny, Gabriel agreed to 'have a word' with the forensic specialist, but 'recall' was not now mentioned. On the other, the risk discourse instantiated by Hadley has been firmed up. It has been permanently added to the official record, which Gabriel has, this week, brought into play, as it were as 'witness for the defence'.

There are many ways whereby the fluctuating processes of invention exhibited here might be fruitfully followed up. For instance, a familiar tension may be detected between medical and other forms of authority. Or, it is tempting to relate the way the notion of the user as a 'threat to women' appears to have dropped out of the equation through the dimension of the gender of the personnel involved on each occasion.

The aspects I have emphasised above however are at once more fundamental and more philosophically subtle. What I have called the 'mode of invention' in mental health work involves the continuous 'summoning up' or recruitment of resources, whether materially present (the case file) or abstract (memories and past impressions). Importantly, this process varies from 'social *construction*' --

at least in the sense this is often depicted – in that inventing neither proceeds from a ‘blank slate’ of potentiality nor prioritises collective forces over individual events. It operates dynamically and continuously, utilising what is at hand and profoundly blending the provisional with the inherited, the creativity of the present moment with the persistence of the past.

### **5.5 Documenting Risk**

Thus far I have confined my attention mainly to *interpersonal* interaction between team members within the Clinical Meeting context. I would like now to briefly widen my discussion to take account of more overtly *impersonal*, socio-technical aspects of the maintenance of crisis and production of risk. This move involves extending a conceptual grasp of the ‘field’ wherein such interactive processes take place. That is, towards an *economy* or *ecology* that takes in – as significant ‘players’ in a connected web of association and power relations – things, feelings, ideas, and flows of information as well as ‘merely’ people. This move too resonates strongly with the Whiteheadian orientation that I have adopted throughout.

Within medical sociology and anthropology such dimensions are often overlooked, alike within accounts that take purely discursive features such as story, plot or narrative as their main point of departure (e.g. Atkinson, 1995; Mattingly, 1999) as well as approaches within the critical tradition that tend to reify large-scale societal structures. It has been a signal merit of Actor Network Theory approaches that they have encouraged researchers to think along the



lines of 'the social' as emerging in assemblages and hybrids with human and non-human elements. Within the sociology of healthcare, meanwhile, Marc Berg (1997) has perceptively analysed the interpenetration and mutuality of 'tool' and 'practice'.

Following this lead, below I address aspects of team members' use of material tools and organisational systems in the 'management' of risk at Bridgevale. Hopefully this permits glimpses of a wider economy of practice than attention on the Clinical Meeting alone allows. I will focus mainly on a single *documentary* element of that economy: the 'risk assessment' contained within each service user's core 'papers'.

First, to put this dimension of practice in some sort of formal context. The risk assessment form comprised part of a sheaf of Trust-wide standard printed forms that was placed, usually by one of the team's administrators, in a cardboard folder – the case file – each time a new referral was accepted and a new case allocated. 'Standard' here requires qualification. The format of these sheets – as with the other parts of the CPA of which it was regarded as part – had been altered several times over recent years. Thus forms of a different layout could be found in 'older' files. Sometimes, but not always, these were replaced by newer versions if the case was re-opened.

Contemporaneously with my fieldwork, moreover, a gradual, seemingly rather haphazard effort was being made to transfer all CPAs (and, in theory, eventually all documentation) from 'hard copy' files online. This so-called 'change

programme' involved visits by external administrators who regularly visited the Team to input handwritten data from the paper files on the computers. Whilst the transitional phase lasted, Care Co-ordinators were expected to update risk assessments and other key documents *both* on paper *and* on the computer.

The way the risk assessment form was structured was quite straightforward. It comprised a number of 'fields' with prompts requiring the person completing the form to consider areas including any history of physical violence, threats, self-harm or suicide attempts and note any criminal offences, use of illicit drugs and alcohol; compulsory admissions to hospital and so forth. The assessment had to be signed and dated and was supposed to be revised at stated, regular intervals (a maximum time was prescribed for different categories of users). It was (again in principle if not always in practice) linked to a further document, a 'Crisis Plan' stipulating actions to be taken/ people to be contacted if certain risk 'thresholds' manifested themselves.

Risk assessments were designed not only with the individual in mind. They also played a part alongside other documentation within a 'regime of accountability' whereby the *collective* 'mental health needs' of the population served by the Bridgevale team could be measured and evaluated. Questions of how effectively those needs were being met were frequently based around data extracted from these artefacts.

At the same time, as already suggested, they often – directly or otherwise – comprised influential elements in the interactive processes whereby risk-as-

experienced was attached to a living, changing individual (cf. *inter alia* Roger's reference to 'risk factors' and Sonia's stated guilt at not completing an assessment on the patient who killed herself). It is easy, nevertheless, to forget a further important factor. Assessments were *things* as well as impressions or communications – technological objects that interacted with other objects such as desks, files, computer hardware, storerooms and cabinets.

As such, they impacted significantly on the production of risk. Typically, this was clearly evident when systems *failed*, and their malfunction augmented the sense of disorder or crisis. Team members frequently complained, for example, that written documents stored in the case files were illegible; that it was 'impossible to find anything' in the bulging multi-volume file sets for 'established' users, or most commonly of all that entire files went missing somewhere 'in the system'.

Equally, the vagaries of the computer system could sow confusion and enhance feelings of anxiety. There were somewhat obvious difficulties involved in maintaining parallel paper and electronic systems side by side. More than once I overheard workers observe that they 'didn't trust' the information – or lack of information – recorded on the database. This was it seemed a 'secondary' or *mediated* mistrust. It wasn't so much that they meant that the substantive content of files was in itself unreliable (although that was often an issue too). Rather, what was often reported was that the 'hardware' was not performing properly. As a limit case, the computers crashed and went 'down' entirely. Engineers were sent for; they came and fiddled whilst team members sat

around. ‘What’s the point of being here?’ muttered Kay, ‘I wish I’d booked appointments.’

How might we begin rethinking the characteristic dismissal of the affective power of objects within sociological analysis? On one level, the precise reverse of the classic Freudian conceit of projection, namely that aspects of experience attributed to one’s core self are perhaps more accurately to be located in an external object, closely accords with common sense and everyday experience. ‘I’m not ill; it’s the weather’.

Yet it remains the case that we tend to struggle to follow Whitehead in imputing ‘feeling’ to supposedly inert and static objects. Rethinking the relation between technologies and people on the register of suggestion is both challenging helpful here. The two other aspects of projection discussed above, respectively the notions of focusing and the transition from past to future, are also pertinent. Each contributes to a clarification of the role of the documentary tools in constituting risk as a ‘projection of the known’ (Jasanoff).

Certainly, risk documents *qua* concrete objects could readily be observed to ‘carry with them’ an affective tone capable of exerting change on the user or receiver. Joseph’s reaction to the fatter file provides an illustration. On another occasion, whilst observing Antoine on Duty I leafed through two of the case files that sat in her in-tray, and later had some opportunity to discuss them with her.

The first might more accurately be described as a collection of papers than a file: a referral form, a few letters, a 'Basic Information Sheet' and a few lines of notes. These had been inserted in a clear plastic envelope: in other words, it had not been deemed important enough to merit a proper folder being made up. 'Oh, that's for closure', Antoine told me, 'I'm just waiting for Roger to sign it off.'

The second file bulged impressively. There were numerous risk assessments going back over several years. I asked Antoine why this was in the tray. She informed me the case was currently closed. She had received an enquiry from a drug-treatment agency requesting information and had asked the admins to 'pull out' the file. She would in fact make use of the filed assessments in order to respond to the agency's queries.

A comparison of the *contents* of the two files was revealing. The letters in the first folder were copies of those written by the (non-) service-user himself to various local agencies over a space of two or three years. These letters were undoubtedly bizarre: the writer accused various officials of directly interfering with his thoughts and reserved especial bile for Gas Board personnel who had tried repeatedly to gain access to his flat to perform a safety check.

But the team's contact with him had been minimal. Although there was mention that a Mental Health Act assessment was at one point being considered, the man had failed to keep appointments and was now being discharged. As Team Leader, Jayne had scribbled a note to the effect that continued involvement solved no purpose and would be 'an additional source of stress' to the patient.

In contrast, the history in the second, larger file 'belonged' to an individual who had been first diagnosed with schizophrenia in 1997. There were references here to a long association with illicit drug use (crack cocaine) and a history of family discord. His case had been held off and on by a series of Co-ordinators, usually in response to repeated requests for help from his concerned mother. However, apart from a brief admission under [Mental Health Act] Section almost a decade ago, here again there seemed to have been a paucity of actual face-to-face contact with his key workers over recent years. He had apparently consistently failed to comply with prescribed medication and repeatedly had not turned up for appointments.

It is not my place to comment, critically or otherwise, on the team's interventions or decisions in either of these cases. What *is* of interest here is *how* the different histories had been physically assembled and the role this assemblage seemed to have played in the production of risk. Both men had clearly at various times been viewed as 'risky' in certain quarters, and both had had relatively little recent contact with or intervention from services.

Yet in the first instance the 'paper trail' was scant. The user had not yet passed the threshold where a risk assessment might be carried out. The second individual was made more vividly present through his records, and a digest of these was now to be passed to another agency. In each case, attentiveness to mental health work to the mode of projection allows a grasp of the ways tools and systems *used and shaped members* in the production of risk as well as *vice*

*versa.*

Documents such as risk assessments thus played a complex and important role in the production of risk that finally went beyond dichotomies between permanence and instability. To a greater or lesser extent, moreover, these documents always required to be completed against a background – an exceptional routine – of crisis. At Bridgevale, they formed one resource – and one challenge – among many, to be mobilised as occasion demanded. Tool and practice merged in any particular characterisation and experience of risk. The notions I have deployed above, mediumship and ‘invention’ as well as projection, are posited somewhere between subject and object and eloquently encapsulate aspects of this process.

## **5.6. Conclusion**

In this and preceding Chapters, I have repeatedly appealed to the notion of a general instability and ‘insecurity’ as enduring characteristics of the everyday processes and practices I witnessed at Bridgevale. Nowhere is this more evident, perhaps, than in the frequent overt recourse made by team members to the vocabulary of ‘risk’ and ‘crisis’. Above, I have attempted to unpack some of the ways these diffuse, often vague and yet powerful terms might be seen as markers for enduring aspects of team life. In the main I have tried to approach them ‘operationally’ in the light of my empirical findings.

I have also sought, however, to relate this data to recent socio-theoretical debates on risk. In 5.2 I sketched out three approaches that struck me as particularly helpful to orienting my discussion. In different but complementary ways, the work of Jasanoff, Wynne and Adam assisted in a re-orienting my project in directions that move away from the notion of risk as a matter of objective calculation and prediction as the preserve of specialists. Instead they promote a firmer grasp of the ubiquity of lived or embodied *risk production* – something akin to Jonas’s ‘project’ – anchored in past experiences and involving constant speculation about the future.

Exploration of possible distinctions and affinities between risk and crisis reinforces and deepens this perspective. At Bridgevale I observed that ‘crisis’ characterised something akin to a rule or state of permanent exception. The preoccupation with risk was a major dimension of this chronic state. The most striking feature and/or limit case of this preoccupation appeared to be conscious fears relating in the last analysis to the possibility of being held responsible for a certain kind of fatality involving service users. Whilst team members themselves often seemed to deploy a working notion of a risk agenda in making sense of their experiences, I question whether this is the most helpful way to approach risk and crisis analytically.

I introduced the notions of invention, projection and mediumship, in a sense, as my own rival ordering devices. I posited these as three possible modes of the production of risk and as an integral dimension of mental health work *qua* specialism. I then ‘applied’ them within a selective analysis of the empirical



data, focussing in turn on the performative constitution of the ‘high-risk patient at the Clinical Meeting, and the role played by documentary artefacts in the socio-technical-affective ecology of risk.

A key claim foreshadowed throughout the discussion may now be firmly articulated. Risk and crisis not only form an ever-present felt background to a great deal of what mental health practitioners are aware of, say and do in their day-to-day interactions with one another and their environment. Attention to their involvement in the suggestive *production* of risk underscores to the extent risk is an almost routine *outcome of* their craft as well as an input *to* their practice. Clearly they don’t operate in isolation from other social trends and processes, but mental health workers, at Bridgevale at least, in this respect play a significant part in the *maintenance* of risky activities and people.

To a considerable extent this argument has close affinities with established social-constructionist approaches, not to mention ‘anti-psychiatric’ perspectives (broadly conceived) within the sociology of mental health (e.g. Scheff, 1999). Yet on the register of suggestion as opposed to that of specialism, my conclusions are at the same time somewhat less dramatic and more profoundly unsettling than those of earlier commentators. Mediumship, projection and invention are not intended to be interpreted as specialist techniques or disciplines that are restricted to a particular network of practices. They are, I would argue, different aspects of suggestion. And I would postulate suggestion (inspired by and following Whitehead and Tarde) as a *general* route towards exploring ‘prehension’ – the ways the past enters into the constitution of events

– within social process.

All this does carry, however, quite deep implications on the level of mental health policy, narrowly conceived. Essentially, it throws into relief a dichotomy often present in the relevant critical literature. Put in the simplest terms, this is *between mental health work as it is and as it 'should' be*. A fairly representative view for example is that 'public anxiety' and a 'media-driven association of mental illness with dangerousness' (Fawcett and Karban, 2005: 63) is corrosive to a greater or lesser extent of 'good' practice.

If the hypothesis sketched out above possesses any validity and is capable of being generalised, statements like this begin to seem profoundly misleading. Where a risk agenda is mainly *imposed*, questions of whether a risk-free practice is even conceivable, and what might look like if it were, naturally arise. But if risk is to a greater or lesser extent *produced*, any assumption that these are the 'right' questions begins to look deeply flawed.

## CHAPTER SIX

### **The Uses of Suggestion: from invention to intervention in practice, theory and research**

#### **6.1 Introduction**

##### *6.1.1 'Throw Away the Lights...'*

*Throw away the lights, the definitions,  
And say of what you see in the dark*

*That it is this or that it is that,  
But do not use the rotted names.*

*How should you walk in that space and know  
Nothing of the madness of space,*

*Nothing of its jocular procreations?  
Throw the lights away. Nothing must stand*

*Between you and the shapes you take  
When the crust of shape has been destroyed.*

In a beautiful section of his long poem, *The Man with the Blue Guitar*, Wallace Stevens (1965: 73) powerfully evokes the way 'objective' reality emerges as a creative co-production involving subjects and objects as active, mutually constitutive participants. In due trepidation, being in no way qualified to tackle them in the guise of literary critic, I would like to commence this final Chapter with a brief gloss on these lines. With an elliptical grace and economy, they resonate with much of what I have been trying to express throughout the thesis in the name of the contrast of registers on the level of work, change and method.

Specifically, four themes relating to my own preoccupations may be identified.

In articulating these at this stage, I make no apology that they raise more

questions than have or can be answered by the thesis. Nor that they set off affairs within what is supposed after all to be a ‘conclusion’ on a decidedly speculative note. For, if one overriding principle has guided my approach in this thesis, it is that openness to suggestion is a radically uncompleted and undecided state.

The first of the themes revolves around the idea of the subject’s fundamental pre-involvement in his or her environment. It is my contention that the insight mobilised here may be transferred to the ‘location’ of social researcher as much as to that of the poet, artist, ‘everyman’ or whoever Stevens felt he was addressing. For s/he is clearly envisaged as an embodied, localised presence, ‘seeing in the dark’ and ‘walking in *that* space’. Not in space in general or the abstract, it is noted, but always a particular, singular, but unbounded space readily identifiable as a particular *field*. Stevens’ injunction is to ‘say of what you see’, to tell or describe what is encountered by and through sensual perception. This telling is itself part of an *ontogenetic production*, an ‘it is this’ or ‘it is that’.

Yet, whilst this descriptive process is thus given as a mode of ‘essencing’, it retains a tentative, incomplete quality – a fundamental provisionality. One is reminded of Plato’s (2001: 59) insistence in the *Timaeus*: in attempting to ‘explain’ how objects ‘are’; how they come to *be of concern*, we deal – at best – only with ‘a likely story’. It is just such stories I have tried to present in evoking mental health work, the moulding of theory, *and* ethnography alike as irretrievably suggestive practices.

For, secondly, the encounter takes place ‘in the dark’: the usual (specialist) ‘lights’, regarded as suspect, must be thrown away. Seeing in the dark is a strangely paradoxical image. Whilst invoking the primacy conventionally accorded to visual perception – and reflected in the use of that methodological commonplace, ‘observation’ – sight is simultaneously compromised and doubted. The poet conveys an impression of ‘finding by *feeling*’, somewhat akin to the experience of returning to an empty flat and, discovering the fuses blown, stumbling around and bumping into *things* – indeed, of the things ‘thinging’ themselves, acquiring shape and possibility by the very fact of their being bumped into. This too chimes with claims made throughout the thesis with regard to practice – both my own as researcher and that of those I researched.

A third theme coalesces around the further paradox that it is the (mis)use of *language* which is denounced, particularly insofar as it portends precise classification or determination. It is the poet, the purveyor of language, who warns us that language itself presents one of the greatest obstacles or threats to a truly fertile description. Specifically, it’s the ‘definitions’ we’re urged to reject: the ‘rotted names’ deeply sedimented in our thought processes risk blocking the fullest possible access to felt experience.

This is, admittedly, a large conceit, capable of infinite development. I have hardly begun to explore this theme in the thesis although it is latent in the context of my more theoretical reflections. Stevens adds no explicit guidance regarding exactly what sort of names or definitions he has in mind.

Arguably, however, this very non-specificity provides a lead. The palpable expansiveness of Stevens' invitation, his demand we learn to orient ourselves in a dim landscape where boundaries are at best blurred and unsettled, resonates strongly with William James' (1950: 254) appeal for the 're-instatement of the vague to its proper place in mental life'. We must find ways, imply both Stevens and James, to re-articulate the vaguely felt or 'merely' suggestive that is nevertheless 'there' in all our doings; to resist the habitual pressure of language that impels us to set aside what is 'nameless'.

Finally, the last couplet enigmatically hints at a productive transformation: the kind of 'reward' we might expect if we manage to track and account for our experience as exhorted. We, as 'suggests' rather than 'subjects', acquire new 'shapes' in relation to the 'objects' encountered. Conversely, objects themselves lose their 'crust', their discrete bounded-ness; perhaps even, their very 'objectivity'.

Throughout the thesis I have deployed the register of suggestion *in* an attempt to encompass this all-important revision of relation, interaction and change. In this light, Stevens' re-iteration of the word 'shape' is particularly instructive. The proffered transformation is far from a purely ideational or mental affair – it is embodied, dynamic and material. It *matters* in the fullest sense of the word.

Here I feel Stevens approaches very close to Whitehead's thought. The latter emphasises 'the production of novelty' through the participation of entities that

make up reality in continually developing modes of ‘concrete togetherness’ or ‘concrecence’ (Whitehead, 1978: 21).<sup>1</sup> Whitehead and Stevens each urge a wholesale ontological shift away from the insistent dominance of ‘subject-predicate’ modes of thought within modernity.

### 6.1.2 ‘Operationalising’ Whitehead: *ethnography from invention to intervention*

Whitehead explicitly aimed in *Process and Reality* (1978: 17) to promote and extend a grasp of the potential for creative change and thus to promote change and creativity in themselves. Thus to ‘make it easier to achieve the infinite variety of specific instances which rest unrealized in the womb of nature’. This goal was to be achieved by the provision of ‘generic notions’, Whitehead argued, whereby ‘imagination and common sense’ would be ‘welded’ together.

Elsewhere Whitehead (1958; 87; my italics) asserts that ‘*apart* from detail, and *apart* from system, a philosophic outlook is the very foundation of thought and of life.’ In other words, speculation is inseparable in a very *general* sense (without system and detail) from *experience*. ‘The sort of ideas we attend to, and the sort of ideas which we push into the negligible background, govern our hopes and fears, our control of behaviour.’ Thus, ‘the assemblage of philosophic ideas is *more than specialist study* [my italics].’

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<sup>1</sup> The parallel may be more than coincidental. It is known that Stevens had read (at least some of) Whitehead’s work and his admiration for him as ‘an example of an all-round man’ is recorded (Jenkins, 2006: 75).

Taken together, Stevens' lines and these remarks of Whitehead go to the heart of my project and encapsulate the 'lure' I have attempted to follow throughout. Mobilising the contrast between the registers of suggestion and specialism as a central axis of my discussion, I have tried to go beyond merely *interpreting*, *criticising* or *evaluating* contemporary community mental health practice. These terms all tend to imply 'coming from outside' and particularising mental health work as an extra-ordinary set of activities with special rules or procedures. Rather, my primary aim has been to *attend to*, or *align myself with*, an inescapably limited range of the *events* 'of'<sup>2</sup> practice in a way that in some manner echoes, restores or *re-creates* their 'shape' in its very ordinariness.

This approach has *inevitably* involved some return to 'generic notions'. What counts in any given field as specialist knowledge is always bound up with how in general we conceive of knowing, feeling and world-making. I have repeatedly had recourse to vocabulary such as 'invention', 'production', 'emergence' and (here) 're-creation' – as well as that of suggestion itself – in attempting to convey the ways whereby static, subject-predicate modes of thought that tend to objectify and 'purify' both researcher and researched may be perturbed and problematised. As my Chapter title indicates, a further term that 'mixes up' and interferes is now mobilised. Namely, *intervention*.

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<sup>2</sup> With 'of' deployed here very much in the 'minor' rather than the 'major' key – equating with 'out of', 'from', 'belonging to' certainly but making no pretensions towards encompassing or fully com-prehending (cf. my comments in fn 9 of the Introduction, above).



In emphasising the thesis' role as intervention, it is far from my intention to assert any grandiose claim in terms of its possible impact. At a minimum, however, the ploy serves as a reminder that, regarded on the register of suggestion, the sort of research process that I have marked by the tag 'conceptual ethnography' *through its very existence* disrupts and supplements reality and, at least potentially, presents itself as a lure toward change. Put rather less disingenuously, (and in accordance with established convention for work at this level), the finished thesis-as-product consciously aspires, with due modesty, to actively intervene on a number of differing levels. In what follows I will attempt to draw out some concrete implications of my study for potential auditors.

Given the nature and scope of the thesis, it is likely that these latter will bring differing preoccupations and concerns to the act of readership. Anticipating this, it is possible somewhat arbitrarily and artificially to assume three main 'interest groups' – 'practitioners', 'theorists' and 'researchers'. Hence the secondary clause in the Chapter title. It should be understood, however, that such categories are merely convenient abstractions and do not represent actual, individual readers. Real individuals are very far from being so neatly over-determined!

Rather my intention is to remain with and try to respond to the thematic division set out in my Introduction. There I posited three dimensions whereby the contrast of registers intervenes: 'work', 'change' and 'method'. In what follows,

I will continue to differentiate strategically between these three levels.

Yet the provisional, partial nature of this tactic cannot be sufficiently underlined. It is of the essence of the notion of a suggestive register that a sort of ‘fuzzy logic’<sup>3</sup> is put into operation. This not only blurs boundaries *between* explanatory categories. It also subverts the very notion of categorical order as settled, and therefore constantly calls into question ‘either/or’ judgments that imply transcendence or permanence. My own procedure is no exception to this rule.

In 6.2, then, my discussion is oriented to the level of ‘work’ and primarily addresses an (imagined) audience of those involved or interested in the delivery of mental health care practice and/or the framing and implementation of policy. As befits an overall conception of my project (despite everything) as an ‘applied’ study, this Section takes up a majority of the space within the Chapter. Recalling not only my empirical findings but also my earlier treatment of the historical and genealogical material, the overall focus will be placed here on the extent whereby mental health work as specialist activity may be productively if provocatively reframed as exhibiting dependence on suggestion. I revisit – respectively – notions of contemporary psychiatric discourse as not only ‘insecure’ but also to an extent ‘heartless’; mental health practice as invented, and risk within mental health care as produced.

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<sup>3</sup> As utilised in mathematics and Information Science, fuzzy logic revolves around the notion of ‘subsethood’. In many of the complex systems encountered in the natural and human worlds, there is no fixed boundary, e.g. between red and green apples. ‘The recognition of an overlapping subset, or red-green, implies an infinite possibility of further subsets according to the degree of “pure” redness or greenness’ (Smith and Jenks, 2006: 18).

6.3 deals with the dimension of ‘change’. In contrast to the preceding Section, it is posited as an engagement with contemporary social theory viewed more generally. Any contribution the thesis may have to make on this level predominantly relates to the ‘applicability’ of the adoption of Whitehead’s thought, alongside the notion of the contrast of registers, to the refreshment of a wider sociological imaginary. Here, however, I will tackle this very broad question mainly by returning in some detail to just one topic touched on earlier. I will focus on the ‘placebo effect’ as emblematic of the thesis’ relevance to contemporary socio-theoretical debate around subjectivity, causation and affect.

Finally, in 6.4, I consider ‘method’. The ‘audience’ in this case are conceived of primarily as my ‘co-researchers’. The Section attempts to gather together – but will signally *fail* to ‘dispose of’ – some concluding thoughts on the relation between feeling and finding and the limits of reflexivity within ethnographic practice. All this reconnects with the problematisation of my own ethnographic approach as set out in my Introduction. Yet, through the very ‘logic’ of suggestion, the thought carries any exclusive notion of a ‘verdict’ or ‘reflection’ on my work alone.

It will be noted, hopefully, that the notion of ‘failure’ referred to above provides a recurrent and at least ‘background’ motif in each of three parts of my discussion. In 6.4, indeed, I accord this conception a more overtly ‘front of house’ role. In doing so I have two principal aims in mind. Firstly, and more conventionally, I want to reinforce and reflect on the limitations of my study in

its own terms. Yet I also aim to flag up a more general theme relating to the inescapable but productive role of *error* within the suggestive event. And this whether regarded in terms of the practice of research or of the practice researched.

## **6.2 Practice: re-creating the everyday**

### *6.2.1 A 'Heartless' Tale? A Re-appraisal of Contemporary Psychiatry*

Various accounts and representations of 'psychiatric modernity' have become integrated into current-day understandings of mental health work as a nexus of specialist practices. An obvious danger in any simple characterisation of these processes lies in depicting the oft-cited 'psychiatrisation' of contemporary society (cf. Miller, 1986; Rose, 1986, 1989; Goodwin, 1997) in monolithic and over-simplistic terms. Despite periodic indulgences in triumphalist rhetoric, much psychiatric discourse has also *tended* to reflect a rather fundamental insecurity over its own foundations – a distinct unease around any aspiration to represent itself as 'normal science' (cf. Kuhn, 1970) *centred* around a consensually-accepted body of knowledge.

The roots of this uncertainty arguably extend right back to the origins of the psychiatric profession in the West and its (paradoxically extremely successful) attempts to consolidate its position as the 'lead agency' within the rapid expansion of a state-sponsored system of asylum care.<sup>4</sup> This uncertainty at once

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<sup>4</sup> Writing over twenty years ago, Michael Donnelly (1983: xi-xii) reconstructs these phenomena from a historical perspective in a way that resonates strongly

intensified and became more widely dispersed with the transition from the asylum system to community care and the proliferation of different sites and kinds of psychiatric intervention. In recent decades it has reinforced, and has perhaps also been reinforced by, a preoccupation among policy-makers with accountability, audit and risk.

In imputing, even interrogatively, the quality of ‘heartlessness’ to (some) contemporary understandings of mental health work in the title of this part of the Section, I have been careful to keep the scare quotes firmly in place. Evoking even the notion of ‘heartless psychiatry’ provides, however, one approach route to exploring how mental health work may be re-envisioned. My

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with my own preoccupation with the contrast of registers. Donnelly maintains that the rise of ‘medical psychology’ in the nineteenth-century demands to be explored in the far wider context of a discussion of inescapably inchoate notions of ‘the social’ as a whole, and rather more specifically in relation to the ‘modern’ idea of the formation and ‘management’ of ‘free-standing, competent individuals’. This was ‘after all something that contemporary politics and economics presupposed but did not themselves account for’. Although Donnelly employs the past tense here, from my own perspective this restriction is unnecessary. We might well, moreover, add ‘sociology’ and ‘social theory’ (as they are often still conceived) to his ‘politics and economics’ For it follows, as he remarks, that the inquiry into a theme ‘of which medical psychology supplies an exemplary [and] influential... instance, but only one special application’, is itself ‘unlikely to have its own specialists.’

appraisal is unashamedly ‘personal’ insofar as it isn’t and cannot be based on a ‘view from nowhere’. Consistent with my emphasis throughout the thesis on ‘feeling’, it is important to ‘own’ my recurrent frustration with and often antipathy toward, both as a former practitioner and as a researcher, a certain widespread accepted playing-out of the notions of ‘mental health’ and ‘mental health work’ in contemporary society. Crudely put, this accepts the first as a straightforward and unquestioned ‘good’ and the second, over and above continuing controversy over ways and means, as the sure and exclusive route whereby the first is to be achieved.

It is certainly not my intention to align myself, on the other hand, in any simple way to a thesis of pervasive psychiatric oppression or violence. Nevertheless, there *are* advantages I think in retaining the tag ‘heartless’, insofar as the everyday meanings of this word encompass but go well beyond notions of simple de-centredness. They can convey the sense of a ‘lack of heart’, a loss of courage and morale, as well as the more pejorative notion of being or seeming unfeeling or uncaring. Psychiatry *in specialist guise* undeniably cannot boast of a particularly proud record in this last regard. Nor does some of the ways it currently frame its conceits hold out a great deal of hope for the recovery of a more ‘heartful’ sensitivity.

One does not have to look too far to find quietly terrifying if well-intentioned example of psychiatry’s heartlessness in this latter sense within the contemporary scene. Take, for instance, the influential Layard Report’s advocacy of an ambitious rolling programme of Cognitive Behaviour Therapy

(CBT)<sup>5</sup>. Layard's ambitious project, which overtly aligns itself with the birth of a 'new science', potentially threatens to greatly extend the medicalisation of 'unhappiness', whilst relying on a formulaic, mass-produced, interventionist project in seeking to 'adjust' individuals' perceptions of complex social and economic realities.

Similarly chilling (to me) is Nancy Etcoff's (2002: 277ff) vision of a remote, technically mediated psychiatric therapy of the near future that will 'be less about the relationship and more about the exchange of information'<sup>6</sup> (286).

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<sup>5</sup> Layard (2006) advances the claim that CBT, either on its own or as an adjunct to drug therapy, provides something akin to a 'magic bullet' for addressing a wide range of anxiety states and depressive disorders. He advocates the implementation of a '7 year plan' involving the training of thousands of new psychological therapists in the delivery of a standard package of cognitive-behavioural techniques. The proposal's justification explicitly resides in its claim to achieve the removal thousands of individuals from dependence on welfare benefits and return them to the workforce, thus lifting them 'out of misery' at the same time as saving the taxpayer many millions of pounds. Layard's practical recommendations develop directly from his earlier work (2005) on 'happiness'. Drawing on a neo-utilitarian perspective, he believes this is a factor that is objectively measurable and quantifiable across human populations. Layard seems to rely, moreover, on a monolithic view of 'mental illness' both as an identifiable, static phenomena and an unmitigated, uncontroversial evil. Even from within its own positivist frame of reference many might regard Layard's approach as deeply flawed. Somewhat alarmingly for a renowned economist, he displays a decidedly cavalier attitude to widely acknowledged methodological problems involved in associating statistical 'findings' obtained at different times and places! In many ways, however, it is the 'feeling tone' of his presentation, and the extent to which it is anchored to long-standing assumptions around human nature and the notion of 'the good', that most tempts me to describe Layard's approach as somewhat 'terrifying'. Repeated and insistent rhetorical appeals to 'science' and 'evidence' are combined with a decidedly unquestioning, even whimsical, adoption of a post-Enlightenment, humanist moral outlook. Notwithstanding the critical reaction his ideas have received in some quarters (e.g. Shaw and Taplin, 2007), the positive reception accorded them in New Labour in the mid 2000s policy-making circles amply demonstrates the enduring purchase of such ideas.

<sup>6</sup> Cf. Bowker (1994) for a penetrating critique of the 'mythological' status of information within contemporary 'global' social imaginaries and Mort and

Interestingly Etkoff explicitly subscribes to the notion of a background of psychiatric insecurity, and talks of widespread disenchantment and ‘discontent’ among the profession. But her proposed ‘solution’ for this is a shift toward a ‘transactional’ model epitomised by the provision of ‘wearables’ – emotion-sensing devices which will apparently ‘gauge us by parameters we might never think to employ’ before prompting ‘us’ to decide (!) to take, or better, themselves automatically delivering, tailored cocktails of psycho-active drugs.

These visions are, I feel, disturbingly dystopian precisely *because* they tend to ‘mobilise’ science in a way that ‘cuts away’ from the messy contingency of everyday intimacy. Significantly, however, both Layard’s and Etkoff’s texts share more than a sense of being caricatures of an enduringly ‘progressive’ utilitarian strand within psychiatric history. They also vividly illustrate the *dependence* of specialism on suggestion (rather than the opposition between them) and the *danger* that results from specialists becoming ‘unrestrained’ – in Whiteheadian terms, their imagination loosed from its moorings in common sense.

There is a poignant irony in the fact that the ‘magic bullet’ of CBT Layard enthuses over is fundamentally a (crudely) suggestive or indeed persuasive

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Smith (2009) for a highly suggestive discussion of the impact of this within healthcare domains. The latter writers stress that there is insufficient realisation that at the ‘local’ level, ‘practitioners work intimately within information that is generative and dynamic’ (228).



technique. 'This is what you're feeling now; this is what I want you to feel. Happy!'. As for Etcoff's notion of affective feedback, it blithely ignores questions related to what wearing the technology does to 'us' in the first place – the complex interdependence of 'subjective' state, 'data' and measurement.

As I noted parenthetically in Chapter One (cf. especially fn 12), over a generation ago the anti-psychiatry movement (or more accurately movements), paradoxically emerging largely from *within* psychiatry, offered a more-or-less coherent focus for resistance to the well-intentioned excesses of psychiatrisation. As commentators such as Lindsay Prior (1993) have noted, a (broadly-conceived) anti-psychiatric streak became directly or indirectly subsumed into 'mainstream' thinking within the mental health field. Concrete examples of these processes of accommodation might include the utilisation within textbooks and training manuals of Bateson's notion of schizophrenic double-bind (Bateson et al, 1956) and of 'labelling' processes theorised by writers such as Goffman (1968, 1990) and Scheff (1966). Ivan Illich's influential writings on 'clinical iatrogenesis' (e.g. Illich, 1976), whilst not usually placed within a specifically anti-psychiatric *corpus*, might also be cited in this context.

On the contrast of registers, a signal merit of the persistence of an anti-psychiatric sensibility within 'official' mental health discourse is that it encourages a mistrust of precisely the sort of excessive reductivism documented above. A recurrent refrain among the anti-psychiatrists related not simply to a condemnation of what they saw as the illiberal and oppressive consequences of

psychiatric ‘violence’ but also to a call for a radical re-assessment of the boundaries between sanity and madness – the need, in David Cooper’s words (1967: 32), to ‘look at the Sane [*sic*] a little more closely.’ Similarly, it is part of the legacy of the impact of this type of account *within* contemporary psychiatry that it is today implicitly understood, along with Illich (1976: 87) that ‘by becoming a specialised place’ characterised by bureaucratisation and tutelage, a psychiatric milieu is ‘made unfit for most people’. Indeed, exactly this kind of sentiment has infiltrated itself into the official rhetoric of community care.

Yet if these may be regarded as welcome and enduring achievements, it also surely fair to suggest that much of the energy, confidence and revolutionary vigour exhibited in the 1960s and 1970s by writers from as diverse as Laing and Szasz now not only reads as dated but also supremely irrelevant. Any cursory survey of the current state of affairs is obliged to take notice of the seemingly unstoppable advance of a ‘biological psychiatry’, intimately linked to a psychopharmacological juggernaut backed by a massively powerful economical interests, and involving the ongoing recruitment of research in genetics, neurochemistry and neurobiology. Meanwhile, the ‘pathologisation’ of different forms of everyday distress and the construction of new ‘ecological niches’ (cf. Hacking, 1998) within which to be or feel mad, continues apace.

Regarded in terms of a programmatic campaign mounted ‘against’ psychiatry, therefore, much of what is encountered within anti-psychiatric accounts today admittedly smacks of naïve idealism. Indeed the very label implies the adoption of an antagonistic, dialectically oriented position that might well be read as

lending itself to *upholding* an essentialist view of what was being opposed. David Cooper, who claimed to have introduced the term ‘anti-psychiatry’ in 1967, was also more aware than many of its limitations. ‘Anti-psychiatry tries to reverse the rules of the psychiatric game as a prelude towards stopping such games’ he wrote in 1974 (Cooper, 1974: 56). Today it is readily apparent that the strategy has failed utterly. The ‘games’ continue.

In contrast to this rather dichotomous view, in the present study I have tried to show that sensitivity to the overlapping mutually dependent registers of suggestion and specialism has been able to wear down, at least to an extent and within the particular frame of reference that was open to me, any rigid distinction between ‘psychiatry’ and ‘*non-psychiatry*’. This thus arguably allows for the opening-up of a conceptual space for the truly radical, risky and subversive *practices* of the anti-psychiatrists *among others* to continue to be permitted to flourish as inspiration and model. Such an orientation is far more amenable to being pursued, moreover, on a level that attends to the particularity of specific inventions and interventions rather than to programmatic aspirations.

One way of productively exploring this approach is via a species of *historical biography*, although this is a tack I have only been able to pursue very tangentially in the present thesis. For instance, Sándor Ferenczi, whose work and thought was touched on in Chapter One, Georg Groddeck and R.D. Laing offer three striking examples of ‘wild’ healers<sup>7</sup> whose (very different) practical

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<sup>7</sup> The term ‘wild analyst’ was a self-appellation coined by Groddeck (1866-

approaches to therapy were – at times grudgingly – hailed as singularly impressive and memorable even by many of their staunchest theoretical detractors . If a common theme can be picked out in this admiration it surely relates to the recognition of ‘heart’ – the feeling tone, warmth and commitment each man brought to his practice. It is this mysterious quotient, by its nature resistant to precise measurement on the order of science, that finally enforces the distinction of individual instantiations of practice from what I have (strategically if doubtlessly unfairly) characterised as ‘heartless psychiatry’.

### *6.2.2 Inventive Mental Health Work*

A focus on the achievements or otherwise of individual ‘great men’, however, has, as I’ve said, been at most incidental to the main thrust of the present study. The focus of my approach has been *ethnographical* rather than biographical and for the most part the character of the ‘practice’ that has secured my attention has been far more prosaic, referring as it has to the backstage of therapeutic intervention and the ‘micro’-level constitution and re-constitution of routine. As emphasised at length in my Introduction, I was not able to directly or generally observe or capture mental health work as it manifests itself within worker-patient interaction.

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1934) and picked up approvingly by Freud. Groddeck’s unconventional and uncategorisable mobilisation of psychoanalytical ideas, whilst accompanied by an unflagging personal devotion to Freud, renders him something of an exemplary limit-case for orthodox Freudian thought (Grossman and Grossman, 1965).

Even so, the link I am trying to forge here is I think important, if elusive and somewhat shadowy. At best, the accomplishments of the figures such as those mentioned above stand in a very hazy relation to the everyday (if often no less 'heroic') struggles of the practitioners whose working lives I followed at Bridgevale. Nevertheless, the 'historical' angle sketched out above remains, I feel, a helpful counterpoint to the themes that dominated my three empirical Chapters.

The overall idea that provides the binding tie between the attempts of individual healers (in whatever historical context) to 'push out the borders' of orthodox specialist practice and the ways whereby 'ordinary', anonymous workers assist in its iterative but at the same time constantly transformative 'playing out' is provided by the notion of *potentiality*. Within this very large theme, three major threads of thought may be identified: these concern respectively (i) the relation between past and present, (ii) feeling and (iii) invention.

(i) Firstly, mental health workers do not go about their business in a vacuum. Their understanding of what they do and experience *as* mental health work is constantly informed by and integrated into 'accounts of accounts'. These include, but are in no sense limited to, those accounts falling within the remit of their 'specialist' training and knowledge. I have in mind here a whole gamut of often repeatedly 'filtered' beliefs, impressions, sensibilities and values centring around not only ideas about health and illness and sanity and madness, but also concepts such as professionalism and amateurism, danger and safety, and work

and play.

Narratives especially associated with the history of psychiatry within modernity thus play a crucially important role in such accounts, but not one that can be neatly contained within mental ‘boxes’ labelled ‘psychiatry’, ‘nursing’, ‘social work’ and so on. Workers can and do reflect on the ‘origins’ of these understandings (i.e. their origins *for them*, often in the context of discussion of factors that drew them to, or motivate them to continue in the field).<sup>8</sup> These *felt* derivations often connect to personal, pre-professional experiences of family life, education, popular culture, political or religious affiliation, and so on. They are, on the one hand, not limitless but bounded within a particular ‘horizon of experience’: we may surely here rightly speak (after Foucault) of ‘conditions of possibility’. On the other, in each individual case they lend themselves to an underlying ‘orientation’ to mental health work that often seemed to me as distinct and as ‘readable’ as a signature.

(ii) Such orientations, whilst more or less deeply-rooted, are also ‘dynamic’ in the sense of being both *open to* and *productive of* change. They are at once inescapably individualistic and idiosyncratic and resonant with collectively owned narratives, ‘cultural’ memories and myths. Above all – and this comprises a second main thread of my argument – they are profoundly infused

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<sup>8</sup> To offer illustrations drawn from my interviews. Martin (Trainee Psychologist) spoke of his initial interest being fuelled by a teenage encounter with a copy of Jung’s *Memories Dreams and Reflections* stumbled across in a second-hand bookshop. Helena (CPN) mentioned being influenced in her choice of career by the study of Philosophy as an ‘A’ level subject and a curiosity to discover ‘what made people tick’. Roger linked both his decision to train as a Social Worker and his subsequent wish to be a Manager to a lifelong commitment to socialist beliefs but also to his mother’s experiences as a mental health patient and ‘survivor’.

with feeling and emotion.

In Chapter Four, I employed the term ‘preoccupations’ in part in an attempt to capture the extent whereby the events and interactions that comprise the minutiae of practice reflect a *mood-tone* (or tones) as much as a set of knowledges or beliefs. Throughout my discussion of my empirical findings at Bridgevale, moreover, I have attempted to show that when specialism is viewed through the lens of suggestion it no longer seems quite so ‘heartless’ in the pejorative senses flagged earlier. Each of these themes are, I believe, eminently *commonsensical* and arguably self-evident wherever practice is followed *closely*.

*Of course* professional and vocational *mores*, inclinations and ideas are rooted somewhere ‘out there’ in wider society and historical memory, and *naturally* people bring their feelings and passions to work and mobilise them there.

Moreover, it would surely be patently absurd to suggest that there exists any clear-cut, stable or *absolute* division between ‘reason’ and ‘heart’, or between specialism and suggestion, in the vast majority of previous representations of mental health work, whether ‘practice-oriented’, ‘sociological’<sup>9</sup>, ‘lay’ or

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<sup>9</sup> As Chris Shilling (2002: 11ff) argues persuasively, much of the ‘classic’ or ‘mainstream’ sociological canon, including, for example, the work of Comte, Durkheim, Weber, Simmel or Parsons may be read as an extended commentary on the relation between and profound interdependence between ‘passions’ and ‘rational order’ within modernity. A charge of ‘amnesia’, Shilling maintains, is

‘personal’. What might be described as a *passionate* dimension is at least potentially discernible from any angle and at every stage of the relevant histories and narratives.

(iii) I have marked the third thread whereby any particular aspect of contemporary practice connects with its historical and theoretical background by the term ‘invention’. My position here follows logically enough from the first two claims, but is not perhaps so readily accessible on the order of common sense. Put simply, given that the ‘heritage’ workers have to draw on encompasses such a rich and tangled diversity of sources of ideas *and* feelings, ‘mental health practice’ is not best regarded simply in *objective* terms – as a ‘ready-made’ ordered nexus that they encounter or must adapt to. Rather it continually has to be *invented* or *re-invented* within active, creative processes – processes that include ‘forgetting’ as well as recruitment and utilisation – in constant reconfigurations of reality.

In Chapter Four, I attempted to demonstrate this empirically by focusing on issues relating to the day-to-day production of order and organisation at Bridgevale. The thrust of my argument there was that it was difficult if not impossible to ‘stabilise’ boundaries between ‘work’ and ‘non-work’. Even John

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ironically rather more fittingly laid at the door of a more recent ‘specialist’ sociology of emotion which has neglected to explicate the place of emotional phenomena within the mainstream than at that of those writers whose texts have become regarded as foundational.



Law's notion of 'modes of ordering', whilst prefiguring my position in many ways, revealed itself as finally inadequate to capture the extent whereby – to borrow Bataille's vocabulary – at any given time the 'restricted economy' of mental health practice emerged from and mobilised the 'general economy' of experience of life. Law's modes tend to be centralised and block-like in their generation of specialist order. Within my analysis, in contrast, 'organisation' was posited as a far more transient, limited and fragmentary achievement. Those very features that might have been expected to 'anchor' and sustain it – administration, hierarchy, security and so on – were *themselves* resistant to stable definition.

Thus what I have attempted to demonstrate over the course of my empirical Chapters might be summed up as follows. Community mental health work in a busy inner-city team *may be observed – a lot of the time – to fail to establish itself as a consistent enduring practice. In this sense it might be regarded as rather closer to everyday life than is implied by many of the relatively 'purified', specialist representations of practice that circulate around it.* The contrast of registers introduced in this thesis relates conceptually to this claim in two ways. It has offered *both the means* whereby it has been allowed to surface, *and a device* – however loose and clumsy – whereby such findings are convertible into an *intervention*.

Clearly, the assertion italicised above readily gives rise to a range of possible counter-arguments or objections. Of these, two stand out as crucial. Firstly, what is meant here by 'everyday life'? Secondly, to what extent might such a

claim be read merely as the function of the particular kind of observational study I saw myself as engaged in and the idiosyncratic feelings and prejudices that motivated me? In other words, how far have I managed to evade mere solipsism!?

I intend to address once more, if not in any final sense answer, these two issues respectively in 6.3 and 6.4 below. Temporarily, however, I'd like to 'bracket' each and focus instead on a third crucial question. Allowing my claim might have even limited validity, what implications might the study bear for practitioners and/or policy-makers? In other words, *what kind of* intervention, in relevant or concrete terms, does the thesis conceive itself as making within the mental health field?

### *6.2.3 Risk as Productive*

Responding to this question involves in part attending once more to the connectivity between the two 'halves' of my thesis – for convenience 'theoretical-genealogical' on the one hand and 'empirical' on the other. But in this case my main focus will be on the treatment of 'risk' presented in Chapter Five. As was hopefully made clear, I came to regard the taking *and making* of risks as integral to the process of invention I've been describing and thus to 'mental health work' as it manifested itself on the register of suggestion at Bridgevale.

I also argued that in contrast risk was *actually* widely perceived there as being primarily a property of an external reality. Workers saw themselves as tasked to

try to identify, manage, contain and/or reduce risks associated with both service-users and their interactions within a wider social environment. The commonly encountered notion of an 'agenda' powerfully evokes the sense whereby risks were seen to exist *prior to* being experienced. More specifically, among the lead 'items' on this risk agenda, the notion predominates that certain individuals, through their mental illness, 'pose' – i.e. are attached to – a potentially fatal risk to themselves or others.

The conceptual shift in emphasis I advocated in the perception of risk is straightforward if radical. It runs against the grain not only of much policy rhetoric but also of workers' deeply felt apprehension. For this reason alone, it is difficult to identify grounds for being particularly sanguine about its wider adoption.

My approach is nevertheless consistent with a range of perspectives within social-theoretical debates around risk that are arguably gradually beginning to gain a foothold within a wider public forum. Amongst those I discussed was Barbara Adam's development of Jonas' conception of risk-making as integral to the 'project' of life and identical to adaptation. That is, to experience *is* to risk *is* to become.

Put less gnomically, and employing an illustration from everyday experience, when I board the train in the morning in order to go to work, I am involved, with a host of other actors, in the production of one sort of risk landscape. This may be conceptualised as involving a practically infinite range of other potential

events, however unlikely or improbably, from being killed in a crash, to slipping on the platform and breaking my leg or merely being delayed for a few minutes by signal-failure on the Circle Line. If I choose instead to stay in bed, another set of events may conceivably emerge as salient – say, getting the sack; developing a blood clot from sheer inactivity.

In neither case does the possibility of altogether avoiding being exposed to potential harm arise. Even if ‘nothing happens’ I will not come through the experience entirely unaltered or with my horizon of experience unchanged. If nothing else, for instance, my embodied conviction that to stay in bed all day is a fine use of my time will be reinforced.

Inevitably, of course, sometimes we do lie in; at other times we catch trains. It is not *wrong* (i.e. inaccurate or logically false) to characterise either of these experiences as involving facing or submitting to a risk agenda. This description does not, however, exhaustively capture, or for the vast majority of purposes even seem adequate, to the experience. Usually, consciously or otherwise, we have much else in mind besides.

The same is surely true, or at least *might* be rendered admissible, in the context of mental health practice. This basic insight is bulwarked by the most cursory reconsideration of the historical and political background. From whichever angle the expansion of the asylum system and the transition to community care is considered, for example, it is clear that psychiatric and quasi-psychiatric endeavours have throughout modernity involved a variety of aims and

preoccupations. Whether approached in progressive or critical spirit – for example in term of themes related to relieving suffering, extending knowledge, managing surplus populations or furthering professional status – mental health work has and *often still is* simply not felt or thought about solely as risk management. The *predominance* of a regime or agenda stressing ‘safety’, audit and accountability and risk prevention is itself a relatively recent if particularly enduring and ‘weighty’ invention.

Arguably, moreover, the thesis of a risk agenda *may* be itself adequately explained and accounted within a ‘master’ theoretical-framework’ such as Beck’s ‘risk society’. In the present study, however, it has been less my concern to engage with debates at this (‘macro’) level. Rather, I have attempted to follow the day-to-day ‘micro’ experience of practitioners within a pre-existing ‘climate’ that neither they nor I are likely to be able to do much (which is *not* to say that we can do nothing) to alter overnight. It is on *this* register that, through deployment of the contrast between specialism and suggestion, I have argued for the fluctuating production of risk in the context of local, particular and inevitably unique contexts.

It is also on this register that I would finally ground any ‘intervention’ the thesis might embody. The balancing act I am trying to carry off here is consonant with a very modest (and once again very ‘Whiteheadian’) ‘realism’ whereby the tyranny of precedent is tempered by the gleam of creative potential, however faint. For, to sum up, the felt burden of the agenda, from my perspective as well as that of practitioners, is massively real. Yet it has equally been my consistent

aim to show that, in any given case, mental health work *is* invented, that is, it is *not fully defined in advance*.

Invention is, moreover, not a process solely confined to the person of the inventor, at least not insofar as this individual is regarded as a classical Cartesian subject. It takes place *between* ‘subjects’ and ‘objects’ through the mediation of available technologies, knowledges, values and feelings, deploying whatever is or maybe brought ‘to hand’. Risk is one – and in the current climate one of the most significant – *by-products of this process of invention*. To grasp this in itself helps shift attention *away* from risk toward other – arguably at least as important – themes involved in the politics and ethics of practice. Rival themes such as care, advocacy, support and responsibility similarly arise from a messy, suggestive mix between ‘actor’ and ‘environment’.

It is high time to attempt to place these highly abstract reflections, as promised, on a rather surer pragmatic footing. Recent work in the sociology of (general) healthcare offers itself as exemplary in this respect. I will confine myself here, however, to brief remarks on two specific studies. First, in *The Gold Standard*, Stefan Timmermans and Marc Berg (2003) tackle the vexed issue of the quest for ‘quality’ in ‘evidence-based’ medicine. Their subtle and highly nuanced analysis emphasises the mutability of any standard measure of ‘effectiveness’ *within its implementation*. For these authors the *distribution* of protocols and measures within a system of care is key: ‘the issue is not *whether* procedural standardization is good or possible, but *how* it should be done’ (202).

Meanwhile, Anne-Marie Mol (2008), in a text that has had considerable impact on my thinking, but which unfortunately I encountered rather too late to have integrated into the thesis as fully as I would have preferred, persuasively establishes a contrast between two parallel ‘logics’ that may be purported to be at work within the contemporary delivery of health care. In exploring services for people with diabetes, Mol opposes a ‘logic of choice’ that emphasises and presupposes ‘autonomy’, ‘equality’ and independent judgment to a ‘logic of care’ that primarily and stubbornly *attends*. In advocating a reattribution of significance to the latter, she makes a number of points that are highly pertinent to my earlier discussion.

‘Doing good’, Mol insists, is not ‘given before the act’ (75). On the logic of care, as opposed to that of choice, ‘better’ and ‘worse’ emerge in parallel to an open-ended, artful striving by practitioners and patients alike to find workable, liveable ‘accommodations’ rather than ‘solutions’. This practice is ‘without guarantee’: indeed, as Mol frequently reminds us, in the context of a chronic ‘incurable’ condition such as diabetes, ‘failure’ is ultimately inevitable. For any given individual, the event of care inexorably terminates sooner or later in death. Yet, ‘the logic of care does not impose guilt, but calls for tenacity’ (74).

Furthermore, Mol also draws attention to the ‘unruly’, ‘erratic’ role played by technologies. These are ‘modifiers’ as much as ‘means’ within care, or, in a phrase that resonates with my own approach, ‘inventive mediators’ (50). Like the ‘temperamental’ fax machine I described in Chapter Four, for Mol, ‘equipment’ is not to be viewed in terms of silence, obedience and passivity. It

can and does *interfere* in the work of medicine, playing a crucial part in throwing up new problems, opportunities and challenges for human actors, and in forming new configurations of health and sickness.

Both Mol's and Timmermans and Berg's approaches thus resonate with my own on several levels. In the Bridgevale context, I am perhaps even less sanguine than the latter two about the ability of any 'standards' to retain any coherent identity within the messy and crisis-ridden intricacy of everyday practice. I agree strongly with them that protocols and evaluations of 'good practice' – whether formal or informal, written or otherwise – are not inert but constantly suggest, generating further expectations and resistances. I agree too that, in any given context, an understanding of the pattern of their distribution is paramount. Yet – as was illustrated by my discussion of the impact of the 'Health and Safety Policy' in the episode involving Ellie and the fire doors (Chapter Four) no less than my consideration of the role of risk assessment documentation (Chapter Five) – my overall impression was that the degree of their malleability and unruliness was such that it is problematic to anticipate that much may be achieved by 'quality improvement projects' even on a local level (cf. Timmermans and Berg, 2003: 214-16).

Mol's 'contrast of logics', meanwhile, undeniably provides a provocative, powerful and elegant model of intervention. If this is to be transposed to the mental health field, however, I am struck by at least one major conceptual obstacle. In the psychiatric as opposed to the general medical tradition, 'choice' – at least on the side of the patient or 'user' – has not yet come to be been



accorded the same degree of priority. 'Care', however tenaciously adaptive and other-focused a role it might assume, has been throughout this history, and often still is, associated with control, constraint, the imposition of stigma and even outright coercion. It is true that much effort has been put into reversing this condition, and for example into introducing the language of 'market choice' into statutory policy, even if to some critics this smacks of a mere rhetorical sleight of hand<sup>10</sup>. Nevertheless, from the perspective of the practitioners I studied, and certainly I would argue, for many of their clients, the care/control axis remains dominant.

We are returned therefore to the stifling preponderance of *risk* on the 'agenda'. Although I have set out to focus on the ontology of mental health *work* in this thesis, and have largely attempted to bracket questions related to the ontology of mental health and illness *per se*, it is evident that the two issues not so much as intersect as *collide* around this topic. Yet perhaps there remains nevertheless *some* scope for Mol's 'logic of care' approach to be realistically integrated into the argument I have been attempting to present here to my imagined audience of policy-makers and practitioners.

Although it is inherently very difficult to reduce my position to a few lines, I might thus possibly best summarise my aspirations for the practical impact of the thesis with the following. Attention to the notion of 'heartless' psychiatry

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<sup>10</sup> For an accessible recent summary cf. Fawcett and Karban (2005). In a text largely focused specifically on CMHTs, meanwhile, Onyett (2003: 23ff.) recognises a pivotal tension within formal statements of the aims and functions of such services (e.g. Department of Health, 1999). This is between the notion individualised care – including respect for autonomy and choice – and a 'control of deviance' function, often posited in terms of the collective 'social' interest but

and the everyday inventiveness of practice alike enhances a grasp of the limitations faced by ‘specialists’ as well as of the opportunities they have to be creative. In addition to this, as is widely recognised, in relative terms mental health workers are substantially impoverished in terms of the material environment within which they practice and the technologies that are available to them. They are, moreover, trapped in a web of belief-systems where different ‘values’ and ‘ends’ – ‘care’, ‘control’, ‘choice’, ‘safety’, ‘efficiency’, ‘progress’ and so on – are often in conflict. More often overlooked is that environment and technological factors play an *active* and often disruptive role in the generation of such ‘goods’.

If there is a single ‘lesson’ to be drawn from all this it is that there can be *no* pre-given universally valid statement of ‘safe practice’. Wider recognition of this at a policy and practice level might go some way towards a more equitable acknowledgment also of the productive *distribution of risk and responsibility* in any given context. This would allow workers – together with their clients – a little more leeway to try to reach local, consensual agreements on what constitutes an appropriate – ‘*care-full*’ in more than one sense – intervention in a given case and in being able to revise and revisit such judgments without (or at least with less) fear of censure.

This is far from suggesting that ‘anything goes’. It is, however, to a certain extent, to urge a little more *laissez-faire* from managers and others, particularly in the area of ‘risk prevention’. After all, if there is anything at all in my

argument that mental health work bears a closer relationship to everyday life than is usually assumed, it is worth noting that in everyday relations and affairs there is tendency for a greater tolerance of *failure* to flourish. This itself encourages us to keep trying.<sup>11</sup>

### 6.3 Theory: the thesis ‘as placebo’

In Chapter One I presented the case for regarding ‘suggestion’ as a kind of ‘mode of generalisation’ that, in different guises, has repeatedly haunted and discomfited a sometimes-dominant conception of scientific rationality. I explored a cluster of topics – tangential to but not fully coinciding with the history of psychiatry as usually understood – wherein this sense of tension was exhibited. In Chapter Two, meanwhile, I mobilised Whitehead’s thought, in conjunction with other theoretical resources, with the intention of demonstrating how, alongside the contrast – not opposition – between suggestion and specialism, it provides an *invitation* (‘lure’) towards a risky if productive rethinking of ‘foundational’ assumptions (‘generic notions’).

As I have repeatedly acknowledged, the trajectory taken by the thesis has led me *inescapably* toward a foray into realms of thought that bear implications beyond its own empirical remit. As a non-philosopher, I have often felt at or beyond the borders of my own competence there. Yet it is perhaps worthwhile

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<sup>11</sup> It may be over-optimistic to hope for any great progress towards this goal in the mental health field. Yet ‘models’ exist in other comparable domains of specialist experience that offer considerable encouragement. I have in mind for instance areas such as education, or (more pertinent in that there is a similarly vivid ‘life and death’ dimension), overseas aid and disaster relief.

once more to rearticulate my line of reasoning: if taking suggestion seriously *does* promote a form of generalisation, it potentially does so generally – neither disciplinary boundaries nor dreams of purity or completeness provide any ‘hiding place’.

The first of the problematisations noted but bracketed in 6.2 is also relevant here – if what suggestion restores to analysis is ‘everyday life’, what is ‘everyday life’? Confronting this question head-on, one logically consistent if not particularly revealing response is: everyday life is, in the context of any given ‘specialist’ encounter, *whatever is suggested, or at least everything and anything that is open to being suggested*. Admittedly, this statement may well be viewed as little more than a clumsy attempt to sidestep the question altogether.

But it has at least the merit of shifting attention back toward the question of the nature of the suggestive *event* and to the issues of change, process and causation this throws up. *How* does whatever it is that comes to matter, come to matter? And in what possible directions might this question be taken forward within social theory?

It is not my intention here to rehash in any detail the discussion presented in earlier Chapters. Rather, I will limit myself to a return to one particularly intriguing site of controversy, namely the phenomenon described as the placebo

effect. This liminal topic may be (re)considered as *exemplary*<sup>12</sup> in two ways. Firstly, it offers a way of encapsulating the theoretical claims asserted within the thesis and thus of articulating the specificity of its interventional intent. Secondly, it provides a sort of heuristic ‘emblem’ for a wider orientation to the study of change and interaction.

Two further points made earlier whilst discussing placebos might now be underscored. The very existence of the enigmas associated with the effect – within the literature and as a research ‘outcome’ – reflects a *failure* to ascribe change to a single cause on the order of the *object*. I am given, say, a sugared pill, a paradoxically ‘inert’ agent. My symptoms disappear – in many well-documented cases a decidedly *material* lesion may heal far quicker than expected. A range of alternative candidates may be speculatively ascribed the

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<sup>1 2</sup> As Brian Massumi (2002: 17) points out, however, circumspection is needful here. ‘Logically, the example is a strange beast’, he reminds us, at once straddling and blurring the divide between generality and particularity. If Whitehead’s lead is to be followed and each and every experience is irreducibly characterised by innovation and indeterminacy (in howsoever slight a degree) any fixed distinction between general and particular falls away. Mol (2008: 9) makes a similar point, in a more consciously ‘methodological’ discussion of the utility of case studies. They do ‘not tell us what to expect – or do – anywhere else’ but they ‘suggest pertinent questions’ and ‘increase our sensitivity.’ It is their ‘very specificity...that allows us to unravel what remains the same and what changes from one situation to the next.’

status of *the* ‘real’ agent of cure – my belief in the efficacy of the pill, the care and attention I’ve received, my memory of taking similar pills in the past and feeling better, and so on. But by definition, uncertainty prevails as to *what* did the trick. The more you try to isolate causes, control variables and so on the more ‘suggestion’ creeps back in. Perhaps my recovery was part of an ‘experimenter effect’, over and above any other factor.

Furthermore, phrased in Whiteheadian terms, ‘what is made to matter’ stands out here against ‘matter-of-fact’ on the order of the *event*. Yesterday I felt rotten; now I *feel* better. Whether I was conscious of it or not – forget the pill, and think of more ‘subliminal’ ‘placebos’ such as placing me in a hospital room with lots of sunlight – the suggestive intervention has registered as ‘important’ to my organism on some level. From that which was undifferentiated – ‘stuff’ – an experience has somehow emerged as significant.

Recall here Whitehead’s crucial inversion of the usual way ‘fact’ and ‘feeling’ tend to be understood within Western thought. The first, he argues, is more of an abstraction; it is the second that is primordial and more concrete. The placebo effect, whenever it occurs, therefore, cannot be dismissed as mere background or ‘only’ suggestion. It marks the ingression of the new, the agent of a creative reconfiguration.

Together these last two factors, the elusiveness of a simple, objective causative relation, and the concrete impact of the suggestive event – its effective power to change, the ‘illusion that cures’ (as Deslon’s respondent put it in a different if

parallel context) – invite speculation extending far beyond the remit within which the placebo itself has been investigated. Indeed, in the history of that investigation, it is almost as if the notion of the ‘effect’ has itself become, rather like hypnosis, a species of ‘sink’ for whatever is inassimilable or objectionable within a subject-predicate mode of thought. As Chertok and Stengers, Goldacre and Harrington among others have intimated, such deposits tend to pose an enduring ‘scandal’ for scientific *specialism*.

This may be explored further in terms of disciplinary boundary disputes. Insofar as particular disciplines attempt to annex or control everything that is considered to lie or enter within ‘their’ purview, that which has the potential to disturb or disrupt those very boundaries is always liable to be degraded. A classic illustration is provided by the case of parapsychology (cf. Alcock et al, 2003). Here, the very notion of a field of enquiry is explicitly ‘othered’.

*Parapsychology* is placed ‘outside the pale’ of ‘official’ science *because* it explores purported properties of mind and matter that cannot be accounted for by ‘natural laws’. Yet if it were to come up with sufficiently convincing explanations for such phenomena within the existing framework it would cease to exist.

In contrast, focus on the suggested – the disordering contaminant whose sheer *presence* cannot be denied – as an issue to be *followed up* rather than filtered out – at the very least opens up and refreshes inquiry. It allows the specialist imagination to ‘enlarge’ (Whitehead) by encouraging inter-communication between different traditions and knowledges. In overturning established

divisions between ‘host’ and ‘parasite’ (cf. Serres, 2007) it problematises the taken-for-grantedness of the former, its essential continuity and obedience to unalterable laws.

Difficult questions persist here concerning the *authority* of suggestion in a *positive* sense, as a marker for ‘truth’. Throughout the thesis I have been keenly aware of the danger of translating suggestion simply in terms of *radical* contingency or unchecked indeterminacy, as the irruption of order by the utterly haphazard<sup>13</sup>. This is both conceptually and pragmatically unproductive.

Again, the exemplary status of the placebo effect is helpful here. *Something that happened in the past* was made to matter *in the present* – whether the pill, the sunlight, or the doctor’s manner – in a sense that made it ‘interesting’ to me, on a cellular level even if not within any identifiable rational cognitive framework. The placebo event takes place ‘between’ the subject and the object, precedes (or extends beyond) consciousness and meaning and yet effects change. The ‘lure’ of suggestion resides precisely in avoiding writing this off as simply ‘random chance’<sup>14</sup> and in attempting to track the interesting event within the particular ecology of practices wherein it occurs.

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<sup>13</sup> Cf. fn. 3, Chapter Five.

<sup>14</sup> ‘True’ or ‘absolute’ randomness is notoriously difficult, perhaps impossible to define. As mathematicians have long been aware (Ekeland, 1988: 48ff.), even within closed, determinate systems, *apparent* randomness and unpredictability emerge as effects of the suspension of initial conditions as known to the observer. Within any practical social situation, the total range of such conditions is, equally obviously, eternally beyond grasp. To posit a meaningful relationship between two or more factors that nevertheless falls outside of a mechanistic model of cause and effect will always be to a greater or lesser extent a matter of faith or inclination (see below).



In positing – albeit tentatively – the thesis (my thesis and/or that of others) itself *as* something of a placebo event, my intention has been to evoke the sense whereby our concept of *theory* may benefit from an adaptation that brings it a little closer to Whitehead’s notion of ‘proposition’. The placebo effect, from one perspective, may be viewed as the site of a kind of fundamental *error* – the body ‘mistakes’ the ‘inert’ pill for the ‘real’ intervention. Yet, as Whitehead (1978: 187) observes, in insisting that the roots of theoretical judgment and of belief lie in the appetitive and generally unconscious entertainment of what is ‘proposed for feeling’, what must be regarded as error from a ‘purely logical aspect’ is essential for creative advance. ‘Error is the price which we pay for progress’.

Theoretical conjecture, seen in this light, involves trust ‘without guarantee’. It cannot take place in a vacuum: at some point it requires reliance on the ‘simply given’ (Whitehead, 1978: 42). The figure of the placebo strongly suggests this minimal givenness: at the very least, there is the feeling of recovery; without this there would be no ‘effect’. Transposed into the context of social theory, the crucial insight here is that ‘imagination’ has continually to rely on ‘common sense’. The theoretical pretensions embodied by this thesis have depended in the last resort on what I have called ‘everyday’ experiences – my own and, as far as these can be imputed – those of others.

Broadly speaking, the study has consistently sought to align itself to a trend within recent social and cultural theory that draws important lessons from the poststructuralist or deconstructionist ‘turn’ whilst actively resisting its more

extreme relativistic conclusions. Actor-network perspectives (Latour, 1993) and approaches drawing inspiration from notions complexity and emergence within the natural sciences (Smith and Jenks, 2006; Thrift, 2008) are cogent here, among others. According to Griffin (2007), Whitehead himself was ahead of the game here and may be hailed as a ‘postmodern modernist’ in that his philosophy rejects many mechanistic and humanistic assumptions of modern thought whilst retaining a commitment to empirical rationalism.

Be that as it may – the ‘postmodernist’ tag has arguably become so over-used and distorted as to become virtually meaningless – a certain broad sensibility or ‘community’ of thought may nevertheless be readily identified. This, as Isabelle Stengers (1994: 33) has put it, concerns itself with the ‘practical effects’ of ‘truth’ rather than with its claim to be ‘right’ – a claim which, after all, will never be finally settled insofar it is admitted that any judgment is itself a product of suggestion. Stengers names this stance as ‘the humour of the present’. It integrates, unavoidably as it were, the sense of adventure, to which, following Whitehead, I have repeatedly appealed, with an appropriate degree of epistemological modesty.

Admittedly, I have applied this dual shift of perspective to a topic – community mental health work – that is perhaps peculiarly open to such an approach given its pre-existing ontological instability. No one has ever found it easy to define or delimit the conceptual base of the mother discipline, psychiatry – as one commentator observes, attempts to do so can be characterised as reflecting a ‘back-and-forth’ between dogmatism and eclecticism’ (Ghaemi, 2003: 5). The

setting in which I carried out my research provided a context where the register of specialism was already relatively weak. In a sense, this ‘far-from-equilibrium’ state of affairs provided a particularly ‘soft target’ for a strategic mobilisation of the register of suggestion.

#### **6.4. Method: failing differently**

Theory and practice merge in ‘method’. Thus the adoption of the contrast of registers is *bound* to have profound methodological consequences. Suggestion emerges as an operant factor in conditioning each and every stage of the research practice. No ‘sleight of hand’, special prerogative or dispensation – or at least so it seems to me – *allows* the researcher to evade the ‘mode of generalisation’ appealed to above.

It is in part with this in mind that I have deliberately if provocatively placed this final Section under the heading of ‘failure’. There is poignancy here *only* insofar one retains nostalgia – even in ideal terms – for the notion of ‘specialist’ method as secure and ‘foolproof’. Yet of course – common sense again comes to the rescue – I do not mean to therefore imply that the established ‘benchmarks’ of ‘excellence’ in research practice, meticulousness, rigour, fair-mindedness and so on, somehow consequently fall out of the equation. Nor even that they are beyond being *approached* retrospectively within a spirit of self-criticism. Hence there is a second aspect to the ascription of failure. I wish to register my inevitable sense of frustration and disappointment with what I feel was within my reach but was not achieved.

A further, more general conceptual point is also hinted in the Section title. This is purposefully ambiguous. On the one hand, 'failure', no more than success, is not to be understood, under the register of suggestion, in terms of some flattened, uniform landscape of loss. Everyday experience, and our common intellectual heritage, surely teaches us differently. There are complete disasters, sins of omission and neglect, *productive* and glorious failures, 'near misses' and second and third places.

On the other hand, and complementing this insight, failure radically changes character when it is viewed in a way with which both Whitehead and Canguilhem would have surely been comfortable. To repeat the words of the former, noted above: 'error is the price which we pay for progress'. For the latter, the role of the pathological, in disease or mutation, is fundamental to the emergence of new norms and values. On a very commonplace level, there is nothing more *habitual* than success, whilst failure forces us to adopt new habits.

This granted, I'd like to try to 'close the circle' of the thesis as textual production – without of course approaching any such conclusiveness in terms of the thesis as a trajectory of thought – by picking up on two themes prefigured in my Introduction<sup>15</sup>. The first of these concerns restating the plurality and intricacy of the *temporal* dimension of method production, the ineluctably processual nature of what John Law (2004: 42) refers to as the

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<sup>15</sup> I have addressed each of these at greater length elsewhere (Stronge, 2009). This paper, however, based on an early and largely abandoned draft of a thesis Chapter, was initially

‘bundle of ramifying relations’ whereby method is suggestively assembled and configured. A grasp of the diachronic nature of this enactment of method itself problematises the conceit of ‘reflexivity’. Meanwhile the second and final part of my discussion returns once more to the role of *affect* within the ethnographic event.

As was documented in the Introduction, the emergence and consolidation of my concrete or empirical ‘plans’ for the study were inextricably interwoven with the evolution of my ideas. Often – and I think it is difficult to believe that this is not the case with many other individual academic projects at whatever stage of the writer’s career they take place, methodological refinement *postdated* contingent socially-situated processes (to give just one clear-cut example, in this case, the very selection of Bridgevale CMHT as field) that similarly can be said to have non-trivially shaped the research and its findings. Meanwhile, within supervision and peer discussion, and above all through interminable and practically untraceable processes of reading, (re)writing and thought, I developed, refined, revised and revisited the thesis as text.

It is certainly possible and I think reasonable to claim, as has one early reader has, that the two main distinctive themes of my thesis viewed as an overall finished production are (a) my co-option or ‘translation’ of Whitehead’s work and (b) the elaboration, within a particular contextual setting, of a distinctive

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prepared for publication in late 2007. Thus, it rather aptly *exhibits* exactly the sort of piecemeal emergence of method whose importance I am trying to evoke here.

ethnographic 'voice'.<sup>16</sup> Yet to put things this way risks losing sight or burying much of the complexity involved. At some ineluctable yet indefinable point in the process, certainly, I first 'discovered', then 'adopted' Whitehead's work. It seemed to me to assist in 'ordering' what I had already experienced, of course: but equally it then became an important element in my ongoing experience of 'order'. Another inspiration, another experience.

Moreover, any 'marriage' between theory and practice, perhaps similarly to many human marriages, did not involve two partners travelling at similar velocities along parallel tracks! The fieldwork, although it did not always feel that way at the time, was swiftly over, then subject to inevitable 'decomposition' and reconstruction, despite the presence of notes and recordings. Five years, meanwhile, I am now painfully aware, seems but a breath or two on the register of thought!

Although I had realised from the beginning that I would have to undergo a lengthy formal (NHS-based) procedure to obtain ethical permission for the research to go ahead, the nature of this particular 'rite of passage' came as a rude shock. As noted in the Introduction, I was obliged to give a commitment not to directly involve service-users at all in my research. The envisaged 'plank' of research that involved following clinical interventions thus simply fell away! As also remarked, during the fieldwork itself, a variety of not only unpredicted but completely unpredictable events intervened. I have mentioned one or two of

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<sup>16</sup> In fact, my personal feeling is that this rather misses the point in another sense, as, from my own perspective, any distinctiveness rests in the attempted *fusion* of (a) and (b). But I fully

these – for instance the arrest of a service-user on a murder charge and the ensuing publicity – over the course of my account.

I bring this up again at this stage primarily to reinforce the radically *contingent* nature of the project. That is, there is an innate tendency in the indeterminacy of the succession of events to dictate or at least inflect method assemblage and in ‘accidents’ to collapse some ‘landscapes of opportunity’ whilst opening out of others. Thus, I *might* have encountered a rather more sympathetic Ethics Committee; my treatment of ‘risk’ would doubtless have been subtly different if the episode mentioned in the last paragraph had not occurred; I might well have approached Bridgevale ‘everything else being equal’ without not only not mentioning but also with hardly any knowledge of Whitehead.

The point I am here is by no means a subtle one but it nevertheless seems to be crucial not to gloss over. What is placed at stake here by a (re-)emphasis on temporality is not only ‘subjectively’ perceived ‘failure’: a mismatch of aspiration and experience that surely characterises all endeavour within research. It is also the endlessly shifting relations between ‘ground’ and ‘figure’ which militates against the notion of any ‘point of arrival’ from which one can – with any security – *reflect*.

The failure here, if that remains the correct word, is at much the ‘external’ property of the ‘objective’ world as it is ‘mine’ – a world that remains palpably

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accept that I well may not be ‘the best judge of my own work’. In fact this insight too follows almost unavoidably on the register of suggestion!

real, at the same time as open to other ways of being to other experiences (including those of all my past selves!) A belief that this double feature of the register of suggestion is fundamental – in other words that it splices any attempt to firmly anchor ‘method’ to either a theory of subjectivism *or* objectivism – incidentally, finally distances my approach from those of the ‘ethnographies of practice’ touched on in the Introduction. As far as I can see, these tend not to question the extent whereby whatever they find (orders, processes, discourses) in the field – important, convincing and well-elaborated as it often is will inevitably emerge otherly to other finders!

Meanwhile, the second theme to which I would like to draw attention relates to the *affective* nature of this sequence of experience and discovery. Again, this is certainly open to being approached from a rather more obviously subjective perspective. For instance, to return to the episodes already discussed, I might have said more of my intense feelings of anxiety and irritation – coupled with a perceived demand to ingratiate favour in a way that doesn’t come easy to me – faced with the apparently wilful obstructiveness of ‘my’ Ethics Committee Chairman. Or of the tedium I often felt at Bridgevale and the intuition that I was forever getting in the way, or for that matter of the alternating cycles of excitement and disillusion that accompanied any progress in terms of new insights or connections...

Rather *less* subjectively (but no less suggestively), feelings are also susceptible to being approached in terms of the fluctuating enthusiasms, interests,

indifferences and resistances that I ‘picked up on’ day to day and hour to hour



within the office environment. As I have made clear earlier (Chapter Three and *passim*) although I am alert to the danger of too readily identifying or imputing such emotions or feelings as *belonging* to specific individuals or situations (how little we can ever be sure is evidenced in everyday speech by the use of phrases such as ‘it may be me, but...’; ‘I get the impression that’). But I remain convinced that such feelings *exist*. That they are ‘out there’ in a way that may well connect with but proceeds well beyond what goes within my own skull. Others report them or their like, after all, or sometimes profess to share elements of my ‘take’ on them. In their way such feelings are at least as much ‘real’ features of the ‘landscape’ as desks and chairs.

Furthermore, such *feelings* indubitably inflected my research. There is, from the perspective of the contrast of registers, a profound interdependence between feeling and *finding*. Not only can any facet of experience – whether characterised as intuition; suggestion; emotional response; mood, or aesthetic reflex – thus itself become a ‘research finding’, potentially a legitimate and productive target for further exploration and development. Each ‘finding’ also instantiates itself – whether in the mode, say of celebration, curiosity, or discontent – as a ‘feeling’ and thus as a goad or spur to further enquiry.

I think there is one more very important observation to be made with regard to ‘feelings’, however. This connects back to the first of my methodological themes, temporality, and specifically the contrast between (at least) two general views of ‘time’ linear and ‘chronological’ on the one hand and complexly

‘experiential’ on the other.<sup>17</sup> When I ‘cast my mind back’ and endeavour to reflect in as clear-sighted a manner as possible on the twists and turns of my methodological journey, I am keenly aware that some events impact on me – effectively/ affectively *touch* me – more than others. And this in a way that does not fit neatly into a linear chronology. The relation between ‘closeness’ and ‘distance’, as lovers know often far better than historians, is a far more complex affair (cf. Schlanger, 1994).

A certain, purified notion of reflexivity (something of a mantra within ‘specialist’ method textbooks) will always struggle with this. On the register of suggestion, reflexivity is forever compromised insofar as the ‘subject’ that reflects on the ‘object’ (here the ‘subject-as-object’) is continuously being transformed by the act of reflecting. Suggestion doesn’t take holidays.

In terms of both time and affect alike, then, method interferes with what it seeks to create, which is certain ordering of reality. Regarded as a means of accurately promoting the *representation* of reality, to a greater or lesser extent it is doomed to fall short. Yet this failure may be viewed *in itself* as an intervention, production, or following Law, a ramification.

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<sup>17</sup> A fascinating topic in itself and one I have not had space to pursue as far I would like in the present thesis. I have appealed, at various stages in the study, directly or indirectly to the overlapping use within human society of different understandings and temporal frameworks – what Barbara Adam (2004) calls ‘timescapes’, for instance in mobilising Fabian’s writings in the Introduction and Adam’s own work on futurity in Chapter Five. Nevertheless I am doubtful whether it is not misleading to speak of these as foundationally different temporal orders (cf. Gell, 1992) insofar as that they are obliged always to be approached in context, that is *from* what Gell, following McTaggart, calls ‘A’ series time, i.e. by means of deploying the concept of conventional linear time within which we find ourselves and to which we are obliged to return to render any discussion meaningful.

From this perspective, it perhaps ultimately less important to identify specific 'failings', biases or lapses – in my case for example, the fact that I was unable as hoped to include the study of 'clinical' interaction in my approach, or that unusual events shaped the weight given to the interpretation of risk in my account. Rather, whilst their singularity within a 'multiverse' open to many interpretations should be noted with due caution and restraint, the suggestive impact of these emphases and omissions, may at best be *followed through* as honestly as possible. What might perhaps best be called 'methoding' suits the verbal form more than that of the noun. And it is no more my 'possession' than any other suggestion.

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