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Can Two Wrongs Make a Right?

Toby Williamson

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In lieu of an abstract, here is a brief excerpt of the content:

Can Two Wrongs Make a Right?

Toby Williamson (bio)

"Service users, carers, and professionals disagree about the nature of mental disorder in start ling new revelation!" On first appearances Fulford and Colombo's use of linguistic-analytic and empirical methods to

demonstrate this point may not seem as if it is telling those in the mental health world anything that they do not already know. The bipolar/dialectical axis (choose your preferred term depending on your ideological position) with the anti-psychiatry movement at one end and the biogeneticists at the other is both well-known and well-documented. Yet it is precisely that flippancy, and the practical implications that flow from it, that make this work so fundamentally important to the theory, application, and experience of mental health practice at the beginning of the twenty-first century.

Discussions about different models of mental disorder usually play themselves out in arguments within services, or between services and service users and informal carers, about the most appropriate approach to take in addressing a service users needs, or in abstract discussions (often over a drink after work) about the nature of mental health and mental health problems. From blood and fur flying in the bull pit, to swallows endlessly chasing their tails high in the sky. Sadly, the results of this all too often are bitter and unresolved conflicts, different parties digging themselves even further into defensive, entrenched positions, and the least powerful (usually service users) suffering the most as a consequence. Both sides believe the other to be wrong yet cannot convince them of this; an example, albeit with slight variation, of two wrongs not making a right. Rarely are the debates grounded in a constructive, creative, and problem-solving approach on a day-to-day basis, partly because hitherto there does not seem to have been either sufficient empirical evidence to base this upon, or the conceptual as well as practical tools with which to grapple with the issues.

Generally speaking, mainstream research in mental health has tended to focus on issues such as symptoms and treatment interventions (James and Burns 2002). However, surveys of service users' views still show considerable problems in the way services are received and experienced by users (Rose 2001). Other surveys, together with user-led research, such as Strategies for Living at the Mental Health Foundation, have also shown how the focus of users' concerns maybe very different

to that of service providers (Faulkner and Layzell 2000; Nicholls et al, 2003; Repper 2000). Indeed, a piece of research carried out in the 1990s, which would probably still hold true today, showed that service users prioritized practical issues such as personal finance, housing, and social support, whereas professionals saw issues such as treatment and monitoring as being the highest priority (Shepherd, Murray, and Muijen 1995). Combining this, one might well argue that there is fairly clear evidence of the [End Page 159] differences in value bases and models of mental disorder deployed by service users and mental health professionals. However, actually trying to scientifically map this, and taking into account differences between professions, not to mention the views of informal carers, would appear to be a gargantuan task. Yet Fulford and Colombo appear to have very successfully done this in the research supporting this article, as well as the article itself. Their discussion of the concept of mental disorder, and the difficulties of defining it, not only effortlessly demonstrates the theoretical and philosophical problems that lie at the heart of psychiatry and mental health systems, of which Professor Fulford along with others has already written extensively (Dickenson and Fulford 2000), but also should resonate at a very practical level for most people who have been at the providing or receiving end of mental health services. But going beyond this they also provide perhaps the simplest, yet most effective solution—to embrace diversity and find ways of working with it, rather than running shy of it or even worse, attempting to homogenize it. As they say, "the difficulties in use presented by the concept of mental disorder are not a liability, heuristically speaking, but an asset" (Fulford and Colombo 2004, 132).

The article is also very timely because...

CAN TWO WRONGS MAKE A RIGHT?

TOBY WILLIAMSON

PPP

SERVICE USERS, carers, and professionals disagree about the nature of mental disorder in startling new revelation!?" On first appearances Fulford and Colombo's use of linguistic-analytic and empirical methods to demonstrate this point may not seem as if it is telling those in the mental health world anything that they do not already know. The bipolar/dialectical axis (choose your preferred term depending on your ideological position) with the anti-psychiatry movement at one end and the biogeneticists at the other is both well-known and well-documented. Yet it is precisely that flippancy, and the practical implications that flow from it, that make this work so fundamentally important to the theory, application, and experience of mental health practice at the beginning of the twenty-first century.

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