

Title: Events and social policy: an exploration of the influence of two homicides on developments in mental illness social policy in England 1985-2000

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Abstract:

Background. A number of commentators (Holloway 1996 Muijen 1996a; 1996b) have suggested that two events in the form of homicides carried out by mental health service users came to exert a disproportionate influence on English mental health policy over the period 1985-2000. In particular it has been suggested that the events formed the focus for a 'moral panic' caused by 'irresponsible' and 'sensationalist' reporting in UK newspapers (Neal 1998; Prins and Swan 1998). **Aims.** In the light of such claims this study critically explores the role played by the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a 'social problem'. It examines whether a shift in the discourse on mental illness took place in UK newspapers and explores how the deaths of Isabel Schwarz were and Jonathan Zito were framed in terms of causal responsibility. Finally it evaluates what influence, if any, the deaths in question had on the social policy agenda. **Design.** Case study / mixed design integrating quantitative and qualitative methods. **Method.** Content analysis consisting of a longitudinal analysis of the nature of the representation of mental illness changed over the period in two UK newspaper. Framing a sub-type of discourse analysis examined changes in the discourse of mental illness and the effects of the emergence of the community care tragedy as a 'new' narrative. It was also used to examine the potential influence on social policy on mental illness of changes in societal level frames particularly the emergence of the risk society. **Results.** The content analysis found that mental illness appeared increasingly in the context of a threat to public safety in newspapers over the period but that the overall representation was more balanced. The framing analysis identified and evidenced a competitive process in framing the issue of homicides committed by service users with mental health problems and demonstrated the potential influence of macro level social frames on the policy making process.

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Introduction

This introduction provides, firstly, a brief overview of the focus of this thesis so that the research questions identified can be viewed in the relevant context. Secondly, it relates the origins of this study, which reflect the author's background as a mental health nurse working in forensic in-patient care. Thirdly, it provides a short discussion illustrating the focus of each chapter in order that the nature of each chapter's contribution to the study overall is illustrated. Fourthly, because mental illness provides the locus for the study a short discussion of the concept is then presented exploring the semantic and conceptual aspects involved and clarifies the interpretation adopted for the purpose of this study. Finally, because the thesis adopts an atypical structure where method, results and discussion are linked to the focus of individual chapters rather than presented as discrete sections, an extended note on design explains and justifies the 'mixed method' design used.

The focus of this thesis is on the critical exploration of the potential for a relationship between two violent 'events', in the form of the homicides of Isabel Schwarz and Jonathan Zito, and the nature and goals of social policy on mental illness in England between 1985 and 2000. Isabel Schwarz, a psychiatric social worker, was attacked and killed in July 1984 by a former client, a mental health service user called Sharon Campbell, whilst in the Social Work Department offices at Bexley Hospital in London. Jonathan Zito was waiting for a tube train in London in December 1992 when he was

attacked and fatally wounded by Christopher Clunis, a young black man with a history of serious mental illness, in a seemingly random attack.

The focus of the study will be on the events in question and on social policy in mental illness in England over the period. It will, in addition, provide an examination in the form of a case study, of the ability of existing theoretical models to offer cogent and comprehensive explanations of the role of events in the process of social policy formation. In doing so it will respond to a call made by Birkland (1997) for further exploration of how and why events directly affecting only one individual may come to enjoy wider symbolic significance and how, in some instances, certain events can affect the social policy agenda.

The events in question represented personal tragedies for the family and friends of Isabel Schwarz and Jonathan Zito. However, their deaths and in particular that of Jonathan Zito are suggested by a number of commentators to have come to symbolise the emergence of a new social problem. This was violence perpetrated by people with mental illness living in the community. The response in terms of social policy for people experiencing mental illness, it is alleged, was a radical change in the nature of policy in which the emphasis moved from “libertarianism to coercion” (Holloway 1996:235).

Four key questions are addressed in the study. What role, if any, did the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a ‘social problem’? Did a shift in the discourse on

mental illness take place in UK newspapers and, if so, what was the direction and nature of the shift? How were the deaths of Isabel Schwarz and Jonathan Zito framed in terms of causal responsibility? What influence, if any, did the deaths of Jonathan Zito and Isabel Schwarz have on the social policy agenda and how was any such influence exerted?

Origins of this study

People experiencing serious mental illnesses, such as schizophrenia, are significantly more likely to complete suicide rather than commit a homicide (Stark et al. 2003). Nevertheless, a number of people experiencing serious mental illness will commit serious acts of violence, including homicide. The findings of the National Confidential Inquiry into Suicide and Homicides in England and Wales suggest that the incidence of homicide committed by people diagnosed with schizophrenia is disproportionately high in comparison to the reported incidence of schizophrenia in the general population (Boyd 1996). One interpretation of these statistics may be to infer a causal relationship between mental illness and violence but the extent, nature and indeed existence of any such relationship remains the subject of debate (Pilgrim and Rogers 2003). As Taylor (1997:158) observes, the conclusions of the National Confidential Inquiry concur with the conclusions of research internationally in indicating that, if “society is relying on people with mental disorder to account for most of its violence it will be dreadfully mistaken”.

Forensic Mental Health nursing, the author's professional background, is however, currently dominated by risk assessment often, though not exclusively, focused on the potential for violence amongst service users. Forensic in this context does not necessarily imply that such patients have committed or been convicted of an offence. The population is a diverse one produced by the interaction between the legal and mental health systems and broader social policy. In such settings it may seem unsurprising to the lay reader that the identification, measurement, reduction or control of risk are seen as central to practice. It is, however, only relatively recently that the concept of 'risk' has supplanted that which existed before it i.e. 'dangerousness' (Bean 2001). The concept of dangerousness had attracted considerable criticism on the basis that it tended to be 'retrospective', that is applied only after a dangerous event had actually occurred and that it was 'absolute', in the sense that one was either dangerous or not, there were no degrees of dangerousness. Further it was 'static'; that is, once so labelled the individual remained 'dangerous' potentially without any limit of time (Shah 1978). Dangerousness, it was alleged, was problematic however, principally because it was "not an objective quality, but an ascribed quality like trustworthiness" (Walker 1978: 39).

Risk, in contrast, was an estimate of the likelihood of an event occurring. It was not an aspect of the individual but instead a product of the interaction between a given individual and a range of other variables including the physical and social environments. It was 'dynamic' rather than static thus subject to change and open at least potentially, therefore, to amelioration. It remained, however, linked to 'danger' in one respect, that is the degree of harm that might occur should the event(s) predicted take place. The

transition from dangerousness to risk was not, however, without controversy, notably if somewhat ironically, about the capability of psychiatry to identify or manage risk in any meaningful sense. The American Psychiatric Association (APA) in 1973 took the extraordinary step for a professional body of explicitly stating that their members were not competent to make valid or useful predictions of an individual's probability of engaging in dangerous behaviour (Monahan and Walker 1994). Early research, including that by Steadman and Cocozza (1974), concluded that even under best conditions psychiatrists could not reliably predict future dangerousness casting "serious doubt on the ability of clinicians to predict dangerous behaviour at all" (Lidz and Mulvey 1995:43).

Such concerns notwithstanding, the 1990's saw increasing attention paid to incorporating risk assessment 'checklists' and 'tools' into psychiatric care settings practice. The extent to which such clinical risk assessment was, and is, about actual accuracy as opposed to potential defensibility against the perceived threat of litigation continues to evoke fierce debate (Harrison 1997). The conceptual shift from dangerousness to risk and the changes in practice previously noted had, however, reflected a seemingly fundamental change in society's expectations of psychiatry. No longer was psychiatry being expected to isolate those potentially dangerous on the basis of their pathology, its traditional function, so that they could be treated and, if not treatable, contained. Instead it seemed it was increasingly expected to prevent all dangerous incidents involving people with mental health problems known to services. This was an aim that on the basis of the available evidence, it appeared remarkably under-prepared to achieve (Wessley 1996).

Such arguments resonated strongly with my own experience as a practitioner and I became interested in why and how this transformation in expectations might have come about. One explanation encountered was a suggestion that the death of Jonathan Zito, in particular, had come to serve as the focus for a ‘moral panic’ caused by ‘irresponsible’ and ‘sensationalist’ reporting in UK newspapers (Muijen 1996a; 1996b; Neal 1998; Prins and Swan 1998). This ‘panic’, it was proposed, had effected “a shift in British public opinion away from concern about the abuse of power within institutions towards anxiety about “the lack of control in the community” (Crichton and Sheppard 1996:65). In turn this alleged change in public opinion was held to have influenced policy-makers to the extent that attempts to prevent and reduce incidents such as the death of Jonathan Zito had come to have ‘undue’ prominence on the policy and legislative agenda on mental illness (Wessley 1996; Grounds 1997; Holloway 1999).

It was therefore moral panic, with its emphasis on the role of the news media, that served as the initial point of departure for the journey, which this thesis represents. Having however, examined and critically reflected upon the tenets of moral panic theory, as chapter one illustrates, the study (while maintaining a strong interest in the role of the media) drew upon other sources in terms of theory, notably the perspective on events suggested by Michel Foucault (1980). In terms of method, while the study overall represents as a Foucaultian inspired discourse analysis, a range of differing approaches to discourse analysis were adopted to study different aspects of the potential impact of events. Thus the study draws upon approaches such as content analysis and applications of Erving Goffman's (1974) work on framing, in particular Gamson's (1995)

conceptualisation of frames and a model developed by Entman (1993) of the framing process in news media reports. There are, as Carabine (2002:268) observes, “no hard and fast rules” in undertaking such an exercise because what Foucault offers us is not a map but instead a “lens through which to undertake discourse analysis and with which we can read discourses”.

As a result this thesis has an atypical structure in that there is no discreet methodological chapter. This reflects both the decision to adopt a Foucaultian perspective and, within that paradigm, the decision to combine diverse methods in the form of a quantitative content analysis, a qualitative application of the concept of framing and a qualitative exploration of developments in social policy in a mixed design case study. Consequently, Chapter One presents a review of the literature on the nature and evolution of social problems. This starts by exploring issues of definition before going on to critically review the literature on social problems, notably moral panic, and other constructionist perspectives before examining a Foucaultian perspective on events. Chapter Two presents both the interpretation of discourse analysis adopted for the study overall and the methodology employed to conduct a quantitative longitudinal content analysis of the discourse featuring mental illness in two UK newspapers. Chapter Three contains an exposition of the concept of framing as it is applied in the context of this study and presents the results of a quantitative analysis of newspaper coverage featuring mental illness and violence. It draws on an extended literature search, in comparison to that used in Chapter Two, and focuses in depth on the framing process which transpired in respect of the deaths of

Isabel Schwarz and Jonathan Zito, together with the origins of the ‘community care tragedy’ as a narrative device.

Chapter Four briefly reviews the literature on public opinions on mental illness and critically discusses the implications of the findings of Chapter Two and Three in terms of the potential influence of newspaper representations on public opinion and the influence or otherwise of public opinion on social policy. Chapter Five begins by considering the literature on the role of events in social policy formation as a prelude to critically examining developments in mental health policy over the period in question. Chapter Six examines by means of a discussion, whether such changes can be understood solely as the product of how such events were framed or whether explanations based on changes in the wider nature of society may offer complementary or even alternative explanations to those premised on the role of events within a particular policy domain. The conclusion summarises the novel findings of the thesis, appraises the approach taken and methods used and discusses the implications of the study in terms of the challenges for practitioners, policy-makers and organisations representing service users. The focus throughout the study is always on the role of the events in question and the potential role of events in the process of policy formation.

Issues of definition

This study uses the term mental ‘illness’ rather than mental ‘disorder’ or the now more commonly used mental ‘health problems’. There is no universally agreed definition of illness, disorder or mental health. The World Health Organisation International Classification of Disease System (version 10) does not define illness, disorder or, somewhat ironically, even disease. Scadding (1967:878), a physician rather than a psychiatrist, adopts an implicitly classical view of categorisation described by Frege (1952) as ‘the defining attribute’ view, in proposing that disease can be defined as

“the sum of the abnormal phenomena displayed by a group of living organisms in association with a specified common characteristic or a set of characteristics by which they differ from the norm for the species in such a way as to place them at a biological disadvantage”.

Scadding did not define ‘biological disadvantage’ but others, including (Kendell 2002), have suggested that such disadvantage must be manifest in reduced fertility or life expectancy or both. Certain forms of what is presently described as mental illness, notably schizophrenia, where life expectancy appears to be significantly reduced, would appear to fulfil this criterion (Stark et al. 2003). However, as David Pilgrim (2002:77), comments, the biological disadvantage approach has certain intrinsic flaws, illustrated by his observation that

“both male gender and poverty predict (reduced) longevity. Does this mean that being male or poor are medical disorders?”

Kendell (2002:112) observes that there are also problems establishing any kind of consensus around socio-political approaches to defining the concepts. He submits that the

“simplest plausible socio-political definition is that a condition is regarded to be a disease if it is agreed to be undesirable and if it seems to be, on balance, that physicians (or health professionals in general) and their technologies are more likely to be able to deal with it effectively than any of the potential alternatives such as the criminal justice system (treating it as a crime), the church (treating it as a sin) or social work (treating it as a social problem).”

Unfortunately, it might be argued that his definition is neither particularly simple nor particularly plausible. It presumes access to a ‘proven’ technology to determine the relative effectiveness of given interventions and conveniently ignores the moral dimension of value judgements which influence both public and professional opinion as to the desirability of treatment vs. punishment. The current controversy surrounding individuals allegedly ‘addicted’ to internet child pornography may serve as an example of the complexities of determining who should be treated or punished. Wakefield (1992:373) proposed a rapprochement between those who held opposing views arguing that ‘disorder’ is best understood to combine both value and ‘scientific components’. In his model

'disorder is a harmful dysfunction, wherein harmful is a value term based on social norms, and dysfunction is a scientific term referring to the failure of a mental mechanism to perform a natural function for which it was designed by evolution'.

Each of these assertions is, however, potentially controversial: firstly, that mental disorder is a simple extrapolation to mental processes of the understanding of disorder used in physical medicine. Underlying this premise remains the concept of 'defining attributes'. The problem with this approach in terms of mental phenomena lies firstly, in its assumption that the boundaries are clearly defined between what is and is not a 'category' member and in its suggestion that each category member will be equally representative of the category.

Secondly, the notion of harmful dysfunction raises yet again the same problems noted with the concept of biological dysfunction in Scadding's (1967) definition of disease, even if Wakefield (1992) qualifies his proposal in suggesting that this applies to 'non-controversial' diagnoses in terms of classifications of mental disorder. The problem with such comment is its reliance on the assumption that some psychiatric diagnoses are in fact 'non controversial' when many would argue that they all are contested concepts. Such conflicts occur even within psychiatry. As Szasz (1994) argues, the various versions of the APA's (American Psychiatric Association) Diagnostical and Statistical Manual of Mental Disorders are not classifications of mental disorders that 'patients have' but rather lists of the current officially accredited psychiatric diagnoses. This, he suggests, is why in

psychiatry, unlike the rest of medicine, members of 'consensus groups' and 'task forces', set up by the APA can make but also unmake diagnoses a process that sometimes requires the membership to vote in respect of whether a particularly controversial diagnosis is or is not a disease. Thirdly, Wakefield's suggestion that the concept of harmful dysfunction is appropriate and sufficiently robust to serve as a standard for both the conceptualisation and classification of mental disorders has already been identified as an inherently problematic assertion. A further problem occurs with his suggestion that disorder is a result of a 'failure of a mental mechanism' to fulfil its evolutionary purpose. Paradoxically, as Richters and Hinshaw (1999:443) observe, in some instances it may actually be because the mechanism serves its purpose that disorder presents

'the frequent formation and breaking of social ties in transient contemporary environments may elicit responses of anxiety, sadness, and depression that would have been adaptive in evolutionary environments'.

It is not therefore the failure, but rather the operation of a response that was initially adaptive in an evolutionary sense, in its purpose of maintaining communities and families as mutual support networks, which may produce stress and dysfunction. Those members of society most affected by economic and other hardships, such as fractured relationships, are thus more likely to be adversely affected.

It is perhaps unsurprising therefore that a number of writers have suggested we abandon attempts to define disorder, illness or health problems and accept instead that psychic

phenomena are all essentially 'Rorschian concepts' (Lilienfeld and Marino 1995). Thus they are “fundamentally messy constructs an irreducible mixture of personal, social, cultural and scientific beliefs” (Pressman, 1993:80) albeit ones which may have pragmatic value in promoting the treatment of distress (Kirmayer and Young 1999). The use of the term ‘mental illness’ in the context of this study is therefore a convenience reflecting the prevalent terminology particularly in the news media whose alleged role in influencing public perceptions and/or social policy form a significant dimension of the study. Use of the term mental illness does not therefore indicate any acceptance of a medical/disease model.

Irrespective of the debate regarding the desirability or utility of the concepts of ‘disorder’, ‘health’, ‘disease’ and ‘illness’, the terms have significant communicative value. Further, the nature of the discourse around mental illness and the shape of social policy as part of that discourse may have substantial implications for the lives of many people in our society including service users, carers and professionals. The entity referred to as mental illness in the context of this study has over time repeatedly been held to be a social problem requiring strategic planning at governmental level. Occupying a unique space between the social and natural sciences it provides, perhaps, a particularly appropriate context in which, the broader questions of concern to this study can be explored.

An extended note on design

The exposition of the methodologies employed in this study is as previously stated, to a

considerable extent subsumed within an integrated structure in which the relevant theory is critically examined and then applied. Thus content analysis is discussed in chapter two and then applied to examine changes in the balance of representations of mental illness in two UK newspapers. Framing as a method to analyse the productive aspects of discourses is expounded in chapter three and then used to examine how the deaths of Isabel Schwarz and Jonathan Zito were framed over time. This use of quantitative and qualitative approaches represents a research design described by convention as ‘mixed method’ (Yin 2002). As such, and given there are a range of alternative research designs, its choice requires justification in terms of why it was an appropriate design to answer the questions posed and an explanation of how it was applied in the context of the thesis,

Brannan (2005:7) suggests “Adopting a mixed method strategy may constitute a strategy in its own right or it maybe subsumed within another research strategy as in the case of adopting a case study”. This study represents an example of the latter rather than the former but one in which the ‘case’ is the influence of the deaths of Isabel Schwarz and Jonathan Zito on mental health policy in England (Yin 2002). Case studies can be wholly quantitative and experimental, wholly qualitative, or as in this study, use mixed methods (Flyvbjerg 2006).

The background to the use of mixed methods in this study’s design lie to some extent in the researcher’s academic history and introduction to research methods which were via an undergraduate degree in psychology that was strongly empirically orientated, reinforced by a choice of research methods units that focused on quantitative rather than qualitative

approaches in a subsequent Masters degree in Education. This paradigm informed an early decision in the study to use content analysis to pursue question two i.e. Did a shift in the discourse on mental illness take place in UK newspapers and, if so, what was the direction and nature of the shift? The desire to remain in methodological territory familiar to the researcher must therefore be acknowledged as an influence. Content analysis provided a means of ‘testing’ one of the central tenets of moral panic theory (explored in more detail in chapter one) that stresses the role of the media in escalating public concern by analysing whether there had been a statistically significant shift in the nature of elements of the media discourse and whether such a shift had occurred contemporaneously with either of the events in question.

This familiar empirical ground was, though, gradually abandoned as a result of a developing awareness of the limitations of quantitative research methods to offer a comprehensive account of the role of agency in relation to changing media representations of mental illness and the alleged influence on social policy, the focus of the latter questions. The problem encountered was that the “behaviourist orientated stimulus response model of communication” integral to the application of content analysis used in chapter one presumed an asymmetrical relationship between the sender and the receiver in which the meaning contained within the text evoked a predetermined response chosen by the writer not the reader (Titscher et al. 2000:57). On reflection this model of cause and effect appeared simplistic when it had long been suggested that meaning was actively constructed, both within the text and by the reader (Morris 1946). These limitations are identified and discussed in more detail in the conclusion to chapter

one.

The result of such concerns was in terms of design, initially a move towards what Depoy and Gitlin (1994:150) describe as a “nested strategy”, represented by the borrowing of specific research strategies from another paradigm, in this case that of qualitative research in the form of framing. Embracing framing as a method ultimately however brought about a reordering of the influence of research paradigms whereby qualitative analysis became the dominant influence on the study, albeit within an approach that integrates both qualitative and quantitative approaches under the broad heading of discourse analysis.

Depoy and Gitlin (1994:152) suggest a study using an integrated design must address three key challenges. Firstly, the aims of the research and the specific research questions developed must warrant an integrated approach. If the aims and questions of the research can be answered equally well with a more parsimonious design this should be employed. Secondly, the study has to develop explicit means of critically evaluating and comparing the results of what may be very different methods. The version of discourse analysis employed in the study is justified throughout the study with each chapter concluding by critically reflecting upon the answers provided to the research questions addressed by the method used. This informs the selection of method for the next chapter with each chapter seeking to complement the previous by addressing what has been left unanswered or under explored by its predecessor in order to build an incrementally more comprehensive explanation as the thesis progresses. The means of evaluation employed are therefore continually made explicit with reference to relevant theory, as appropriate,

to support the critique offered and to inform the further pursuit of the questions posed. Finally such contradictions as emerge must be reconciled “as they emerge in data collection and analysis” (Depoy and Gitlin 1994:152). There are potential contradictions in the use mixed methods in this study in that while content analysis and framing can both legitimately be described as sub types of discourse analysis, they are informed by markedly different paradigms (Titscher et al. 2000). Quantitative multiple case study designs can be used to test the effects of interventions and their claims for the generalisability of findings stems from rigour in sampling, control, and statistical analysis. Such studies choose to emphasize the similarity between cases and seek to extrapolate from their findings in order to make generalizations about the phenomena in question. The quantitative element of this study is however non experimental and ex post facto in seeking to assess whether change has occurred after the events in question rather than prospectively (DePoy and Gitlin 1994) and no manipulation by the researcher is undertaken. The events in question are considered similar only in so far as they were retrospectively attributed the status of critical incidents. Their influence is explored and assessed statistically, not only in terms of their individual but also their cumulative and combined effects (Ragin and Becker 1992).

The positivist paradigm that encompasses most (though not all) quantitative research adopts an inherently modernist worldview where knowledge provides a map of an objective reality and validity provides a measure of truth in terms of the correspondence of the map with that reality. (Kerlinger 1973). Qualitative researchers, in contrast favor interpretivism, which is premised upon an alternative post-modern worldview where the

concept of an objective reality to validate knowledge against is discarded and with it, the ‘correspondence theory’ of truth as the basis for understanding validity (Lyotard 1984).

In the context of this study they are, however, viewed as complementary rather than opposing perspectives because of the overarching interpretation of discourse analysis used in the thesis. This version of discourse analysis draws upon two key theoretical sources for inspiration. Firstly, Michel Foucault’s (1975) work on events (explored in more detail in chapter two) and his perspectives on structure and agency. The latter distinction is used with reference to Erving Goffman’s (1974) work on frames, particularly his distinction between natural and social frames in the context of this thesis to suggest that structures in the Foucaultian sense of things that constrain the range of given possibilities, should be interpreted to include the role of certain frames at certain times. Goffman (1974) draws a distinction between natural frames broadly defined as being outside of human control and social frames understood as subject to human influence. He observes however, that at certain times phenomena which are inherently social can come to enjoy, if only temporarily, the status of a natural frame. In the context of this study this assertion is explored with reference to public disquiet at the closure of the asylums (which had become an accepted part of the natural order), public beliefs in a causal relationship between mental illness and violence and unrealistic public expectations of psychiatric professionals. Such frames and the discourses resulting from them construed as natural informed the contest over how the deaths of Jonathan Zito and Isabel Schwarz were framed. This debate as chapter six examines, took place though in a broader context, in which wider changes in society unrelated to mental illness may have

also been influential. These included the emergence of the risk society (Beck 1992), the control culture (Garland 2001) the changing status of victims (Garland 2001) and the influence of post modernism whose interaction may have created structures that influenced, if not determined, the range of possible narratives by which meaning could be given to the events in question.

The quantitative element of the study contributes to an understanding of what transpired because the balance of representations in newspapers over the period, while itself the product of interplay between discourses that determined newsworthiness and the agency of those involved in attempts to reframe elements of that coverage, is interpreted as forming a further structural element. As chapter five makes clear members of the policy community were clearly aware of the 'policy image' of 'community care' and worried that an increase in newspaper stories featuring mental illness in a context of threat might undermine public confidence in the strategy. 'Policy image' exists in multiple dimensions and consists of the balance of positive vs negative representations of a given policy over time (Baumgartner and Jones 1991:1045). Changes in the balance of such representations represent another form of event capable of exerting influence whose effects on the policy process must therefore be considered and explained. Change in the nature and direction of policy becomes more likely as the image of a policy becomes more negative (Baumgartner and Jones 1991).

The limitations of policy image as source of agency in explaining the influence of the media on the policy process are numerous. Crucial, however, is that it offers no

explanation of why some changes in policy image may be associated with subsequent changes in the nature and direction of policy whilst others are not (Baumgartner and Jones 1991). In contrast, by deconstructing the narratives used within discourses framing seeks to provide explicit explanations of how discourses can be productive and to explain how the effect is produced. Framing allows the microanalysis of discourses but is complemented in the thesis by an exploration of why particular frames may have resonated with public opinion and the social and political climate over the period that examines the macro dimensions of the policy process. In doing so, the thesis looks at both the agency exerted by individuals in seeking to reframe homicides committed by mental health service users as a social problem and the influence of diverse structures that constrained these self same social actors as they sought to reframe the issue.

The thesis in terms of the evolution of its design and methods was throughout consistently driven by the search for answers to the questions posed. With hindsight some of the questions posed were influenced by positivist assumptions whilst others were actually underpinned by interpretivist assumptions (Brannen 2005). This necessitated ongoing reflection upon the contribution of each method used and the active exploration of alternatives. If best practice is that the method chosen should be selected on the basis of what represents the most appropriate means of answering the questions, then this study has complied (Blaikie 2000; Mason 2002; Cresswell 2003). The approach taken is challenging theoretically in seeking to integrate quantitative and qualitative methods in such a way as to illustrate the influence of the deaths of Isabel Schwarz and Jonathan Zito on the complex socially constructed nature of mental health policy. Ultimately however,

the design in the form of a case study using mixed methods provides insights into how and why the events in question may have been influential, illustrates the advantages and disadvantages of quantitative and qualitative methods and allows the exploration of a range of diverse influences on the policy process that would have not been possible otherwise.

The approach to social policy arrived at in the end is a constructionist one but in recognising multiple and diverse sources of influence and in arguing the value of quantitative research to illustrate changes in the nature of the discourse it is probably more aligned with what Best (1995) (chapter one) describes as 'contextual' rather than 'pure constructionism'. The quest for certainty in knowledge associated with the positivist paradigm is abandoned replaced instead by that of defensible knowledge claims. However, the usefulness of quantitative methods to inform the exploration of the sources of influence on the policy process, albeit limited, is also acknowledged.

Chapter 1

Studying Social Problems

Introduction

Before seeking to address the first research question posed, namely ‘What role if any did the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a social problem? It is necessary to briefly examine the concept of the social problem. This chapter will consider a contemporary definition of ‘social problems’ and briefly discuss the origin and history of the phrase. As discussed in the Introduction, however, one impetus behind this study was the proposal that a ‘moral panic’ had occurred. This assertion contained the implicit suggestion that the concept could suffice to explain the reported shift in public opinion and social policy. This chapter will, therefore, critically review the literature on moral panic, in order to assess the ability of moral panic theory to offer a coherent explanation for the alleged changes. In order to do so, it will place moral panic theory within the wider context of approaches to social problems, social policy formation and the role of events and critically examine alternative theoretical models which may offer more cogent explanations particularly further aspects of the work of Michel Foucault.

The exploration of ‘social problems’ has remained an abiding focus for a number of disciplines within the social sciences including sociology, social policy and political science and in doing so has provided a continuing source of debate encompassing disputes over both theory and method. Jamrozik and Nocella (1998:2) observe that in

contemporary common usage the term social problems is sometimes applied to a wide range of phenomena including natural disasters e.g. earthquakes. They do not dispute the consequences of natural disasters and the need for societies to respond and plan in anticipation of them but are critical of this usage because such happenings “cannot legitimately be called social”. They suggest that in order to be “appropriately regarded as social problems” the condition or phenomenon must fulfil three essential criteria.

“First it must have an identifiable societal origin, second the condition must constitute a threat to certain values or interests and third the condition must be amenable to removal or at least attenuation and solution” (Jamrozik and Nocella 1998:2).

John Stuart Mill is generally credited with being the first to use the phrase social problem in English in a draft of his autobiography composed sometime before 1854 (Schwartz 1997). Of note is that, in his usage, the problem was singular; specifically “it was the unequal distribution of wealth in general, or of Labour’s relation to Capital in particular” (Schwartz 1997:276). A comprehensive review of the reasons and origins of the plural usage is beyond the scope of this chapter. However, even by the 1880’s, despite criticisms that the central social problem remained one of inequity, the plural was increasingly commonly used in relation to a range of perceived social ills as diverse as immigration, strikes and divorce (Schwartz 1997).

The origins of the social sciences are intrinsically associated with the developing recognition of and a concern to study ‘social problems’. It has been suggested, however,

that two very general approaches underlie “the conventional analysis of social problems” (Manning 1989:6). Social pathology, social disorganisation and deviant behaviour implicitly presume the existence of a ‘normal society’. Social problems are defined by the comparison of a given situation against certain normative features of this normal society. This permits the identification of deviance from these features. In contrast, values conflict and labelling theory argue we cannot make assumptions about what is normal because different groups within any given society may have different values. Jenkins (1992) contends that there are essentially two distinct approaches to the conceptualisation and study of social problems. The first he terms “objectivist” (Jenkins 1992:1)

“Objectivists argue that what defines a problem is the existence of an objectively given, concretely real, damaging or threatening condition” (Goode and Ben-Yehuda 1994:87).

This presumes the existence of a ‘problem’ and the role of the social scientist is thus to study the magnitude and the severity of the problem and perhaps to offer suggestions for improvement. The objectivists’ approach can be seen as a variation of the functionalist paradigm encompassing social pathology, social disorganisation and deviancy in that social problems are seen as largely stemming from dysfunction or social disorganisation (Merton and Nisbett 1976). A narrow focus on the problem and even on attempts to find solutions may, however, serve to distract from what it has been argued should be the primary locus of attention. This Parton (1985:6) suggests must be “the emergence, maintenance, history and conceptualisation of what is defined as a social problem and what should be done about it”.

This “constructionist perspective” (Jenkins 1992:1) presumes that the fundamental questions are about how and why the phenomenon came to be seen as a problem. The idea of “the social construction of reality is of course a familiar one in sociology” (Symonds 1998:7). Berger and Luckman (1966) proposed that the reality we experience is an ideological construction with everything we know a function of our socialisation. This shapes our worldview, our beliefs and our accepted norms of behaviour. Humans thus exist in a socially constructed world but the reality we experience is not fixed and both individuals and societies undergo change. Truth in one era can become discredited and if what we perceive as “an unarguable reality can be altered. What then is truth?” (Symonds 1998:8). Becker (1963:8) has suggested that, “Social groups create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular people and labelling them as outsiders. From this point of view deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an offender. The deviant is one to whom that label has successfully been applied; deviant behaviour is behaviour that people so label.”

For the constructionist, thus, “our sense of what is or what is not a social problem is a product, something that has been produced or constructed through social activities” (Best 1989:xviii). This has been described by Mannis (1976:19) as the “public opinion model”. Social problems are defined by the main groups in any given society who label given social conditions or issues as problems.

Fuller and Myers (1941:320) suggest that a “social problem is a condition which is defined by a considerable number of persons as a deviation from some social norm which they cherish.” Every social problem thus consists of an objective condition and a subjective definition. The objective condition is a verifiable situation, which can be checked as to existence and magnitude by impartial and trained observers. The subjective definition is the awareness of certain individuals that the condition is a threat to certain cherished values”. Smelser (1996:276) suggests that social problems consist of a “Set of empirical assertions that are embedded in a complex of cultural, ideological and political factors and accepted publicly by a significant group.”

To the constructionist, however, the process of subjective definition remains critical. Problems may have an objective condition but the existence of an objective element is neither “necessary nor sufficient” for any given issue to be construed as a problem (Parton 1985:6). To the ‘strict constructionist’ (Spector and Kitsuse 1987), the theoretical task is therefore to study how members “define, lodge and press claims; how they publicise their concerns, redefine the issue in question in the face of political obstacles, indifference or opposition; how they enter into alliances with other claims makers” (Kitsuse and Schneider 1989:xii-xiii). This links to the third and fourth research questions posed in this thesis; how were the deaths of Isabel Schwarz and Jonathan Zito framed in terms of causal responsibility? and what influence, if any, did the deaths of Jonathan Zito and Isabel Schwarz have on the social policy agenda and how was any such influence exerted?

Within strict constructionalism the veracity of any claims made is not questioned, rather it is how and why claims are made and pursued which should form the focus of inquiry (Spector and Kitsuse 1987). In contrast 'contextual' constructionists adopt a different position and seek to examine the evidence in order to determine the extent and nature of support for the claims alleged before exploring how the claims made are represented and pursued (Spector and Kitsuse 1987). Contextual constructionism thus seeks to locate claims-making within its context arguing that claims emerge at specific historical moments in particular societies and are made by claims makers seeking to address particular audiences (Best 1995). Claims makers may choose particular forms of rhetoric in their desire to address particular audiences. Such elements, it is argued, form the context of claims-making and it is argued that "understanding social problems claims often depends upon understanding their context" (Best 1995:345). Best's (1987) analysis of the claims-making process suggests three elements to claims-making; 'grounds' the description and analysis of the problem in terms of frequency and severity, 'conclusions' the changes necessary in public awareness, social policy and practice, and 'warrants' the statements that justify the drawing of particular conclusions from the grounds.

Best (1995:350) cites several potential sources for those seeking examples of claims; number one on his list is "Press coverage, both print and electronic" while other suggestions include

"Scholarly and professional books and periodical articles

Popular treatments, trade books, articles in general interest magazines, or talk show discussions

Testimony before congressional hearings

Pamphlets, flyers, handouts and other ephemeral materials

Public opinion polls

Interviews with claims makers”

The importance of the “role of the mass media as a key link between claims makers and official agencies” (Manning 1989:13) is clearly acknowledged within constructionism. However, constructionists’ accounts of the rise of individual social problems do not seek to develop theoretical models applicable beyond the question or issue under study and thus they may offer little general insight into how or why social problems appear, recede or never appear at all on the social policy agenda.

Moral Panic Theory

‘Moral panic theory’ shares recognition of the role of the media in ongoing definitions of social problems but appears potentially to offer a more comprehensive explanation of both how and why issues may come to prominence. The term ‘moral panic’ was first used by Jock Young and Stanley Cohen (1972) who identified the key stages of what now might be regarded as a ‘classic’ moral panic as

The interpretation of something as a threat to safety, values or way of life

The representation of this threat in a visible and discernible way by the visual and print media

A rapid escalation in public concern

A response is made by government and other policy-makers

Social change results and/or the panic recedes, is displaced or evolves.

Cohen argues that in panics the reaction by societies to perceived threats is so acute because the condition is represented as a threat not just in and of itself in terms of the dangers posed to those immediately involved but because it is represented as a threat to the values of society as a whole (Cohen 1972). Cohen sees panics arising from “anxiety in the grassroots of communities” (Goode and Ben-Yehuda 1994:120) proposing that the media’s role in representing a particular issue as a threat to safety values or way of life in a visible and discernible way is crucial and may lead to a rapid escalation in public concern. This escalation in turn may lead to clamour for action prompting a response by government and other policy-makers (Cohen 1972). This model thus sees moral panics arising ‘spontaneously’ out of anxiety and fear about a threat which becomes widespread in a society (Goode and Ben-Yehuda 1994). Such panics may seem to serve no particular interest group, but Cohen (1972) argued in his analysis of the ‘mods and rockers’ crisis that whilst in scale its relevance to wider society was minimal, the anxiety generated as a

consequence of the moral panic served to reinforce the dominance of the established value system.

“The legitimation of the institutional order is faced with the ongoing necessity of keeping chaos at bay. All social reality is precarious. All societies are constructed in the face of chaos. The constant possibility of anomic terror is actualized whenever the legitimations that obscure the precariousness are threatened or collapse” (Berger and Luckman 1967:117).

The effect of a moral panic in representing danger is therefore to “produce a greater sense of social and moral solidarity at a time of change and uncertainty” (Thompson 1998:18). In this sense whether ‘crises’ constitute significant or exaggerated threats to the social order is irrelevant, what matters is how they are represented in the media and perceived by the public. Moral panics have been contended to be timeless phenomena (Hunt 1997) with all societies prone to experiencing crises. The only necessary precondition for a moral panic is “a media capable of transmitting it” (Sindall 1990:29). It has, however, been suggested that implicit to many summaries of Cohen’s (1972) work on moral panic are simplistic linear representations of the relationship between public opinion, the media and the activities of policy-makers (McRobbie and Thornton 1995). Cohen’s work, however, reflects a sophisticated awareness of the complex non linear nature of these relationships which explicitly acknowledges both that the public are not simply passive recipients but active, critical consumers of media representations and that “social control

is uneven and much less mechanistic than the model of deviancy amplification suggests” (McRobbie and Thornton 1995:561).

Goode and Ben-Yehuda (1994) reject Cohen’s ‘grass roots’ model in favour of an alternative ‘middle level model’. Their argument is essentially that for those in the ‘middle levels’ of power, including state bureaucracies and professional organisations, moral panics may be useful in that they can serve to draw attention to their role. A rise in the prominence of any given issue is, of course, likely to lead to a rise in prominence for those associated with it. Those individuals, particularly those in the ‘middle levels’ of such organisations, may already have established links and relationships with the media who possess the means to raise the profile of the issue (Young 1971). Hilgartner and Bosk (1988:67) recognise that many ‘social problems’ essentially compete for public and political attention and “operatives who work in various public arenas attempt often quite self-consciously to surf on the shifting waves of social problems”. Young (1971) suggested an early example of this process when discussing the role of the police in raising awareness of the ‘problem’ of cannabis use in Notting Hill. He argued that their role was highly significant in creating an interpretation, ultimately transmitted by sections of the media, that a proportion of the population who were choosing to smoke cannabis should not be considered an issue of personal choice but rather a ‘drug problem’ requiring action.

A number of American studies have focused more on the role and influence of individuals as opposed to ‘agencies’. Becker (1963:147) described as “moral

entrepreneurs” individuals who by implication if successful, can achieve a high media profile and may be capable of exerting substantial influence on policy-makers to act in accordance with their views. Such individuals may become the focus around which an interest group develops but it has been suggested they may elect to campaign both directly and indirectly. Thompson (1998) suggests, for example, that the decriminalisation of homosexuality has seriously hindered those who wish to argue against it on ‘moral grounds’. Those opposed on principle have instead, therefore, chosen to argue their case indirectly by, for example, invoking fears about links between homosexuality and paedophilia. Watney (1987:46) suggests similarly that the spectre of AIDS was used by some writers “as a platform from which to launch an anti gay invective” practising what he has termed “the politics of substitution”.

Watney (1987:42) argues that in certain instances the creation of a moral panic can represent an attempt by interest groups “to bypass the traditional structures of the democratic process in order to force the enactment of laws in the name of the good of a population which is never actually consulted”. It is, however, also important to acknowledge that attempts to generate a moral panic or to ‘demonise’ a particular social group can fail to generate sufficient momentum. This is sometimes because of active and organised resistance (McRobbie and Thornton 1995). Potential folk devils can display a sophisticated awareness of the media in campaigning against their representation as a threat or seeking to redirect the process of vilification (De Young 2000).

There is however, a third strand of moral panic theory which views panics as engineered by the 'elite' in order to maintain their position. Such explanations suggest that those who hold power require 'influence' in order to maintain their position and avoid recourse to explicit coercion that might ultimately undermine their apparent legitimacy and thus prove counterproductive. Gramsci has suggested that elites maintain power via 'hegemony', but Barrett (1991:54) suggests that his usage of the term should not be understood in the conventional sense of 'authority' but instead to refer primarily to the processes by which "the organisation of consent" is gained or 'manufactured' particularly via control of the media. Gramsci observes that the power elite operate not only in the explicitly political sphere but throughout every sphere of society, permeating popular knowledge and culture and creating a society in which the masses participate both willingly and actively (Benney 1983) .

According to this perspective "moral panics are essentially political phenomena" and should be understood as such (Hunt 1997:634). They form part of the production of a "subordinated form of consciousness" (Barret 1991:54) which serves to keep the powerful in power while simultaneously enjoying popular support for their role. Hall et al. (1978) have criticised Cohen for his explanation of the origins of moral panic primarily in terms of periodic cultural strain and ambiguity. Instead they suggest that we must seek to understand and explore individual moral panics in the immediate political context which surrounds them. Hall et al. (1978) propose that the moral panic about mugging in Britain in the early 1970's may have served to displace attention from a then acute crisis in British capitalism. Although Hall et al. (1978) question what function the

panic served and whose interests benefited, their conclusions were not that the panic was 'engineered' but rather that the media's interpretation of events was heavily influenced by the dominant culture. In a situation of economic crisis, rather than question the accepted social and economic order, which was arguably the cause of the crisis, the media focused instead on the symptoms of the crisis and fears of a resultant breakdown in law and order (Hall et al. 1978). This latter perspective clearly echoes Best's (1987) assertion that we must seek to understand the context of claims-making and there are therefore obvious parallels between moral panic theory and constructionalist perspectives on social problems.

Proposals that we must focus on individual issues or panics and analyse how such issues come to be represented in certain ways in certain historical periods have been criticised for limiting the ability of moral panic theory to offer a comprehensive explanation of what function panics may serve within wider society or what they may signify about a wider discourse on morality within society (Hunt 1997). Watney (1987) in particular, has argued that we do not witness a series of discontinuous and discrete moral panics. Rather we observe the unfolding of a sequence of events that are both subject to and formed by an ongoing underlying ideological struggle over the 'signification' of events. This 'struggle' takes place within and across many forums including that of the media. Chimonas (1998a:22) has argued that panic theorists "must account for historical repetitions in discursive themes" and "why supposedly discrete panics often focus on the same symbols of disorder".

There are evident weaknesses in both constructionalism and moral panic theory. Both largely share the teleological presumption that moral panics arise out of material crisis and fulfil the need to reassert the dominant social order which assumes an implicit ability to somehow classify periods “as troubled or untroubled” (Rose 1996:7). Moral panic theorists do not, however, indicate how this is to be achieved or suggest criteria that may be applied independent of the existence of a moral panic to ascertain the existence of what (Ungar 2001:273) has termed “subterranean dissatisfactions”. Moral panic theory has also failed to offer a coherent explanation of why particular types of crisis or disorder may be associated with panic, how panics once in existence subside and perhaps crucially why certain events are likely to be privileged in this way and others not (Watney 1987).

‘Disproportionality’ was not an original component in Cohen’s concept of moral panic but it has become almost intrinsically associated with it over the last three decades (Ungar 2001). Goode and Ben Yehuda (1994:36) propose that moral panics comprise reactions out of proportion to the significance of the issue with a response “greater than is true for comparable even more damaging conditions”. The idea of a societal response which is somehow disproportionate is however, in this context, inherently problematic. As Ungar (2001) suggests relevant and reliable information on public opinion pre and post panic may simply not exist. Increased public concern in relation to a given issue may be implied by the numbers visibly participating in particular actions. Thus we may observe that increased anxiety about ‘paedophiles in the community’ was widespread and demonstrable by the large numbers participating in protests outside the houses of alleged paedophiles (De Young 2000). However, such participation may be motivated as

much, if not more, by prurient curiosity or even fear of the potential consequences of non participation rather than any genuine enthusiasm (Ungar 2001). The number of active participants may be small and may or may not be representative of a sudden and widespread increase in public anxiety which remains one of the central characteristics of moral panic. Crucially even if a rise in public concern could be reliably identified moral panic theory offers no “criteria of proportionality to determine whether any concern about any problem was justified or not” (Waddington 1986:248). We must instead rely upon the observations and reflections of the researcher, which in the absence of ‘clear criteria of proportionality’ “represents simply another value judgement, simply yet another claim” (Waddington 1986:257). Underlying the concept of ‘moral panic’ and, to a significant extent, the entire constructionist perspective is the presumption of the researcher(s) to access an objective and therefore ‘true’ version of the world which is then contrasted with the ‘inaccurate’ or ‘exaggerated perceptions’ of the public (Chimonas 1998a).

The disagreement apparent within constructionism between the ‘contextual’ and ‘strict’ constructionists over whether an assessment of the ‘material’ conditions of a social problem is necessary or even desirable is however, perhaps, representative of a more long-standing differentiation in sociology. This is the distinction drawn in a number of theoretical models between a material situation seen as observable, measurable and thus ‘true’ which is then contrasted with an interpretative framework which is ideologically driven and therefore potentially ‘false’. In a basic Marxist paradigm the premise of a distinction between a material life and an ideology created and maintained by capitalism, a false or wrong kind of consciousness serves to explain how members of societies

continue to accept material inequalities (Lewy 1982). Elements of this false consciousness, however, may in themselves be social constructions. Certain constructions of 'poverty' may effectively divert attention from 'real' inequalities by emphasising the moral failings of people who are poor (Clarke 2001).

In classic moral panic theory a contrast is drawn between an objective reality and "members' hysterical (mis)perceptions of that reality" (Chimonas 1998a:1). However, while moral panic theory has been described as inherently constructionalist in orientation, many constructionalists particularly those advocating a 'strict' approach would strongly disassociate themselves from suggestions that they practice 'crude debunking'. Central to the strict constructionalists' argument would be their assertion that in "their focus on claims-making they do not presume to judge the accuracy of the members' claims" (Best 1989:246). There have, however, been suggestions of a potential "contradiction at the core of constructionalism" (Best 1995:341). To constructionalists a phenomenon becomes defined as a 'problem' as a consequence of a claims-making process (Woolgar and Pawluch 1985). 'Strict' constructionalists assert, therefore, that we should restrict our focus to the nature of these claims and how they are pressed. However, if we disregard study of the putative conditions which become the focus of concern then by default we are presuming that the state of affairs around that issue remained unchanged (Woolgar and Pawluch 1985). The inherent, albeit latent, contradiction in this approach is therefore an implicit presumption to an underlying objective knowledge of the state of affairs, which in itself, represents an unstated and thus unexamined claim (Woolgar and Pawluch 1985). Even the contextual constructionalists cannot wholly escape this accusation of

ontological gerrymandering. Their dual concerns are to consider the “factual basis of the claims made” (Jenkins 1992:23) and the means by which the claims are made in order to determine the context. This, however, presumes the existence of, and thus makes assumptions about, the ‘objective conditions’ when such conditions themselves are a “product of social interaction, a social construction” (Best 1995:341). In doing so analysts are dependant on ‘empirical information’ in order to discern what the actual conditions are in order to assess the content of claims.

Best (1995) suggests that constructionism has responded to such criticisms but that the nature of the response has varied depending on the orientation of the individuals concerned. Strict constructionalists have attempted to rebut them by calling for researchers to refrain from even implicit assessments of the truth or reality of claims and to restrict their focus to the rhetorical devices, discursive formations and other instruments of claims-making (Ibarra and Kitsuse 1993). Others have called for “sociologists to move beyond constructionism” (Woolgar and Pawluch 1985:131) and examine the nature of sociological inquiry itself. Best (1995:344), however, has suggested that “this shifts the analytic focus away from the social conditions studied by objective sociologists but also away from the claims-making studied by constructionists so that the analyst’s subject becomes how sociologists purport to study others”. This, Best (1995:343) argues, represents a different and markedly introspective agenda for sociology committing it to pursue a search for the holy grail of “analytical purity” which he argues can be achieved only at “a terrible cost”. This would amount to the effective abandonment by sociology and sociologists of any real attempt to study ‘social

problems'. His response to allegations of 'ontological gerrymandering' and thus relativism is to assert that it is sociologically useful to acknowledge differing interpretations of phenomena by lay members of the public and social scientists. The act of "calling a statement a claim does not necessarily discredit it" (Best 1989:247). This might impair some sociologists' dreams of positive science but as Pfohl (1985:231) observes it does not "deny the value of a reflexive sociological analysis that understands itself as effecting a provisional knowledge, positioned by the power of its relationship to other practices". Best's (2001) argument for a pragmatic version of constructionism which is open about its theoretical limitations is, however, rejected by Chimonas (1998a). She suggests that the debate between those such as Best suggesting that sociologists must engage with social problems and those who effectively advocate withdrawal, in favour of a quest for an impossible to achieve theoretical purity, remains premised on "the materialist paradigm which assumes ideology to be false" (Chimonas 1998a:15). Her assertion is that we need to move outside this paradigm and in particular that we turn to the work of Michel Foucault.

Foucault has been described as a 'post structuralist', in part because of his rejection of economic determinism but also because of his explicit rejection of the usefulness of the concept of ideology which reflects "a form of nostalgia for a quasi-transparent form of knowledge free from all error and illusion" (Fontana and Pasquino 1991:51). Foucault sees the concept of ideology as inherently problematic, firstly, because it is usually represented as secondary to "something which functions as its infrastructure, its material, economic determinant" and Foucault is both uncomfortable with, and a critic of,

materialism (Foucault 1980:118). Secondly, he takes issue with the concept because it is usually represented as distinct from “something else which is supposed to count as the truth” (Foucault 1980:118) and thus “presumes to speak from a position of knowledge superior to that which is being categorised as ideological” (Barrett 1981:15). Rather than focus on distinguishing what is ‘true’ from what is ‘false’, Foucault suggests we should instead attempt to see “historically how effects of truth are produced within discourses which in themselves are neither true nor false” (Foucault 1980:118). In essence Foucault rejects the idea of a distinction between “materiality and thought” (Kendall and Wickham 1999:45) and the reduction “of the realm of knowledge and power to the expression and pursuit of class interests” (Clarke 2002:11). However, what does he propose in their stead?

Foucault certainly does not suggest we embrace phenomenology, which he explicitly rejects. Phenomenology, in contrast to structuralism, believed that the ‘objective’ world studied by structuralists was a product of human consciousness. Local differences in interpretation were thus expected, as the ‘reality’ individuals experienced was a product of human consciousness. Foucault has argued that all societies operate around a reality based on a universal and all-encompassing idea of truth but that what constitutes truth at any given time is neither universal nor eternal, it is essentially an ephemeral product. Both Foucault and the phenomenologists agree therefore that reality is a construct, but where they differ radically is on the relative importance they attach to the ‘subject’. Foucault, while accepting that reality is a construct, explicitly rejects phenomenology because it gives “absolute priority to the observing subject” (Foucault 1970: xiv).

Foucault chooses to view the subject as a 'product', the consequence of "interplay between historically located, disciplinary processes and concepts which enable us to consider ourselves as individual subjects and which constrain us from thinking otherwise" (McHoul and Grace 1993:3).

Foucault does not dispute that at 'local level' individuals and groups may engage in "a high degree of conscious decision-making, planning, plotting and co-ordination of political activity" (Dreyfus and Rabinow 1986:187). Having recognised individual autonomy, Foucault does not thus seek to deconstruct the "secret motivations behind actors' intentions" and accepts that they "more or less know what they are doing when they do it and can often be quite clear in articulating it" (Dreyfus and Rabinow 1986:187). However, Foucault argues that this does not imply that the broader consequences of these local actions are co-ordinated. His thesis is that despite the fact that individuals may make decisions about specific policies or particular groups or parties compete for advantage we cannot necessarily presume intentionality based upon a 'knowing subject'(Foucault 1979a).

Foucault, however, does not explain this seeming lack of awareness with reference to a 'hierarchy of determination' as Marx did. His view, in contrast, is that determination is a process which is "polymorphous rather than unilinear" (Barrett 1991:131). His proposition is that the truths that guide society are transmitted via discourses. These are sets of ideas, beliefs and behaviour which act together to produce and reproduce a version of reality (Coyle 1995). Reality emerges from the "intricate play of dependencies within

discourses, among different discourses and between discourses and non-discursive (social, political and economic) changes” (Chimonas 1998b:20). Discourses or rather the products of the interaction between discourses thus produce social life and naturalise the current version of the truth as ‘common sense’.

One of Foucault’s (1979b) continuing concerns has perhaps been the relationship between ‘truth’ and ‘power’. The concept of power was memorably described by Gaillie (1955 cited by Lukes 1974:26) as an essentially contested concept, whose usage “inevitably involves endless disputes”. Lukes (1974:26), however, suggests that “lying behind all talk of power is the notion that A in some way affects B”. This presumes that power is something which can be possessed and exercised whether this is in order to coerce B’s compliance with A’s request or to control the political agenda such that B’s true interests are so concealed from him or her that they comply voluntarily (Lukes 1974). These are the models and conceptions of power that underlie moral panic theory and constructionism. Whether power is possessed and exercised by the grass roots, by middle level bureaucrats or by the power elite, it is represented as something held and exercised by one group over another in a relationship of dominance.

Taylor (1986:75) observes that in “the classical understanding power turned on the notions of sovereignty and the law”. This implies that power radiates from a notional centre, the ‘state’ and is enshrined and exercised in and by, institutions such as the law (Silverman 1985). Foucault, however, has “thematicized power in a new way” (Rabinow 1991:15) which is radically different from previous conceptions. He maintains that

power in the present no longer derives from ‘the sovereign’; even if residual symbolic elements remain. Foucault argues that power is not something which can be possessed by one individual or group who then use it to repress or subjugate another, but rather it is something much more amorphous which arises from the ongoing interaction and competition between a multitude of circulating discourses. He sees power therefore not as a property but rather as a ‘condition’ which is continuously circulating at different levels within all societies. If power, however, no longer originates from the top or the centre, how is order maintained? Foucault’s explanation (1978:20) lies in what he refers to as ‘governmentality’

“the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this specific albeit complex form of power”.

As Parton (1999:105) comments, what has “proved to be the unending concern of governmentality”, and which came increasingly to dominate politics, has been ultimately the ‘regulation’ of the population. Despite his view that power cannot readily be possessed in the conventional sense because of its dispersal, Foucault does not suggest that the power knowledge nexus base is democratic, viewing it as a hierarchy in which some ‘knowledges’ are more ‘legitimate’ and thus more dominant than others (Foucault 1980). The relative legitimacy and thus dominance of any given discourse is, however, inconstant and Foucault has described how previously dominant discourses based around religious themes came to be gradually usurped during the 19th century by an increasingly

“scientific heirarchization of knowledges” (Smart 1985:164). Every society can be observed to have certain discourses that are established as ‘true’. In contemporary Western society, for example, this is often on the basis of an “assumed scientificity” (Jagger 1997:447). Foucault (1971) suggests a distinction between what he terms ‘veridical discourses’ and other regimes of meaning. Veridical discourses are the knowledges such as psychology and psychiatry which “function in truth” (Blackman 1996:366). They are distinguished from vernacular discourses because they are organised around “norms of truth and falsehood” (Blackman 1996:366) which purport to differentiate the normal from the abnormal. One consequence of the relative growth in credence in science and the scientific world view described by Foucault is that concepts such as good and evil have been supplanted in many instances by those of normality and disease. The latter concepts, as the Introduction has explored, remain problematic when applied to the psyche. To Foucault, however, “knowledge is never objective or neutral but always related to power” (Jagger 1997:447). Power relations are therefore unequal because certain ‘knowledges’ come to be privileged over others at certain times. Every society thus creates its own “regime of truth” (Foucault 1980:131). The way in which such ‘regimes’ exercise power is very different from that in those conceptualisations in which power is possessed and exercised hierarchically. Power operates within structures of thinking and behaviour which have not previously been seen as the site of operation of power (Digeser 1992).

Rose and Miller (1992:174) have suggested that in such regimes power becomes, “not so much a matter of imposing constraints on citizens as of ‘making up’ citizens capable of

bearing a kind of regulated freedom”. Personal autonomy is not the antithesis of political power but a key part in its exercise, the more so because most individuals are not merely the subjects of power but play a key part in its operation”

The ‘subject’ as an “individual is an effect of power” (Foucault 1980:8) and simultaneously a means through which power operates. “There are two meanings to the word subject; subject to someone else’s control and dependence, and tied to his own (sic) identity by a conscience and self knowledge. Both meanings suggest a form of power which subjugates and makes subject to” (Foucault 1980:208). Foucault proposes that the effect of the exercise of this new model of power is not thus subjugation in the conventional sense of repression but rather ‘normalisation’ which is sought by means of ‘discipline’. Foucault (1979b: 215) suggests that discipline

“is a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures”.

It encompasses a range of diverse and pervasive techniques whereby power is exercised in order to ensure compliance. Power linked to knowledge assumes not only “the authority of the truth” but also “the power to make itself true” (Hall 2002:76). Veridical discourses provide the means of truth and the basis for understanding, classifying, managing and treating the ‘pathological’ i.e. those defined as ‘other’ than normal (Foucault 1971). At the core of Foucault’s conceptualisation of discipline is the ‘normalizing judgement’. Behaviour is observed, classified, examined, judged and

rewarded or punished on the basis of conformity. The “technologies of normalization” (Rabinow 1991:21) play a key role in the systematic creation and classification of “anomalies in the social body”. Such a description risks suggesting that his analysis of power involves merely an awareness of the more covert as well as overt dimensions of repression but this would be to seriously misinterpret his perspective on power. Foucault (1979a:86) holds that traditional conceptions of power as a “negative instance whose function is repression” overlook “everything that makes for its productive effectiveness, its strategic resourcefulness, its positivity”. Foucault’s (1979a:36) premise is that power must be “considered as a productive network”, one “which runs through the entire social body” and is constitutive of both knowledge and discourse. “In fact power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production” (Foucault 1979a:194). The hegemony of power exists because it produces “truths for people not because it hides the truth from people” (Wang 1999:191).

In particular Foucault has demonstrated an interest in how discourses come to constitute ‘objects’ and ‘subjects’. He suggests that “discourses are productive” (Kendall and Wickham 1999:109) in the sense for example that they produce the ‘mentally ill’. His perspective, however, is not that ‘mental illness’ did not exist before the emergence of psychiatry but that as rational and scientific world knowledges began to predominate over the previously dominant religious systems our understanding changed. His assertion is that psychiatry became possible in its modern form only with the inception of the asylums and not vice versa (Rose 1996). Mental illness did not exist before psychiatry in

the way that we now understand it because the conditions and the knowledges which are part of the discourse of psychopathology which allow our present understanding did not exist (Foucault 1971). Foucault consistently, however, reminds us of the necessity to focus both on materiality i.e. the 'sudden' growth of asylums and thought. In his analysis of the practice of punishment and the various transformations which have occurred his starting point appears to be that "prison practices are always about discourses like penology or their precursors, and the materiality of prison structures and prison" (Kendall and Wickham 1999:45). Foucault (1979b) does not suggest that there is no domination, prison guards in most institutions have tended to enjoy somewhat obvious advantages over the inmates, but as Dreyfus and Rabinow (1986:186) note "those who constructed the prison had others". All of the multitude of agencies and institutions including the police, the legal system, and beliefs about rehabilitation or about sexuality, which may form part of the discourse of the prison are inextricably enmeshed in a network of power relations that are not within their control in any simple sense.

Hierarchies of power notwithstanding, all discursive fields provide the potential opportunity for debate and struggle, the exercise of power begetting resistance. Jagger (1997:448) has suggested that Foucault has "left untheorised however, under what circumstances hierarchies can be disturbed". This poses an important question, for it is legitimate to seek to understand how discourses may change and what influences such changes. This charge is, however, interesting because Foucault has demonstrated a consistent interest in change and discontinuities which is clearly evident in his work on punishment, madness and sexuality (Foucault 1971, 1978, 1979b). His rationale for

studying these areas of practice was that they provided an opportunity for him to explore the production of true discourses (Foucault 1991). His case studies provide examples of his persistent attention to the question of how at certain moments and in

“certain orders of knowledge, there are these sudden take-offs, these hastenings of evolution, these transformations which fail to correspond to the calm continuist image which is normally accredited” (Foucault 1980:112).

Both Foucault’s and moral panic theory, despite differences in scope, share a common interest in the issue of change but also by implication, continuity. Barrett (1991:136) contends that the “word how is the key to Foucault’s concept of power” (emphasis in the original – indicate emphasis). The ‘central problem’ (Barret 1991) for Foucault was to establish how power operated in particular circumstances or strategies, how changes occurred in relationships of power and how the political and economic dimensions of changes in power could be shown. The emphasis in Foucault’s work is, however, on ‘structure’ an approach which foregrounds “the ways in which pre given structures limit shape and determine events and actions” (Fairclough 2003:224).

An overemphasis on structural explanations by moral panic theorists who explain causation by reference to societal stresses, what Hunt (1997:633) describes as “deep-seated cultural causes”, has attracted considerable criticism. De Young (2000:11) asserts that moral panic has to recognise and explore the more “subtle and local shifts in moral stratification” which may be implicated in the change process. This seems to shift the

emphasis back from structure to 'agency' foregrounding the ways in which socially situated agents produce actions, texts, etc. in ways which are potentially innovative in terms of creating change. It might be suggested that moral panic theory offers a coherent if somewhat flawed model of change but it has been argued that the most serious flaw inherent in the concept of moral panic theory remains the lack of a coherent explanation of 'agency'. As Miller and Kitzinger (1998:216) observe this is because the distinctions between the media, public consciousness and the state and other social institutions and groups are subsumed together under the aegis of Cohen's 'control culture'. This leaves undeveloped in terms of theory how these entities whose agendas may at times be markedly different, actually interact in the change process.

Fairclough (2003:215) proposes, however, that neither approach is satisfactory in application because both structure and agency are potentially causal. The approach which has been adopted in this study is therefore consistent with Fairclough's (2003) suggestion that events need to be seen as the product of an inevitable tension between structure and agency with the relationship between the two dialectical.

Chapter Two

Changes in the discourse of mental illness in two UK newspapers 1985-2000

“Events dear boy, events”

A quotation generally attributed to Harold Macmillan Conservative British Prime Minister in response to the question “What's your biggest problem?”

Introduction

This chapter will firstly identify the overarching approach adopted in this thesis, which is discourse analysis, and explain the interpretation of discourse analysis used to inform the study. Secondly, it will describe the design and present the results of a longitudinal study of the nature of the representation of mental illness in two UK newspapers. It will then discuss the results of this aspect of the study in relation to the first two questions posed i.e. what role, if any, did the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a ‘social problem’ and did a shift in the discourse on mental illness take place in UK newspapers and if so, what was the direction and nature of the shift?

This study will use a ‘Foucaultian’ inspired version of discourse analysis reflecting aspects of the work of Michel Foucault, particularly the genealogical dimensions of his work and his conceptualisation of events. There are however, as the introduction noted no ready guides on how to undertake such an exercise. In his genealogical work, Foucault

has used discourse analysis as a means to account for the “constitution of knowledges, discourse, domains of objects etc” (Foucault 1980:117). This type of discourse analysis has intimate connections with how human subjects are formed, how institutions attempt to normalise persons on the margins of social life and how historical conditions of knowledge change and vary. Gutting (1994:342), discussing Foucault’s *Phanomenologie des Krankengeistes*, suggests that Foucault’s history of madness is not about events or institutions but rather a history of the experience of madness not in terms of the perceptions of thoughts or individuals but in terms of the “anonymous consciousness of an age”. Foucault’s objective in such work is to uncover “the network of relationships which provides the conditions for the formation of specific identities and knowledges” (Lacombe 1996:349).

The concept of discourse, in both the popular and the philosophical use of the term, can tend to “integrate a whole palette of different meanings that often seem to be contradictory or mutually exclusive” (Titscher et al. 2000:25). As Potter and Wetherell (1994:47) note the term discourse analysis has been used in the context of distinct philosophical frameworks and “applied in very different ways” It is necessary therefore to explore how the term will be interpreted in this study and to place this interpretation in an appropriate frame of reference. In popular usage, Maas (1988) suggests the term discourse is no longer restricted simply to ‘learned discussion’ but has increasingly come to be used to refer to the wider dialogue in society on particular issues.

In the social and behavioural sciences usage of the term has not been restricted to one tradition or approach (Coulthard and Montgomery 1981). Potter and Wetherell (1994) suggest that a number of distinct forms of research have been described in this way. These include various applications and developments of speech act theory (Searle 1969). Such applications involve attempts to produce systematic accounts of how specific 'speech acts' e.g. questions are used within 'speech events' in order to illustrate the "organisation of social interactions and social roles" in settings such as the classroom (Schiffrin 1994:191). Other applications have been more psychological in nature and have focused for example on how discourse structure affects recall and understanding (Van Dijk and Kintch 1983). However, there are also very different approaches that, although employing discourse analysis, aim to find answers to "social or psychological problems rather than to linguistic ones" (Potter and Wetherell 1994:48). Such approaches have been suggested to see "language not simply as reflecting underlying psychological realities but as constructing and legitimating a version of events" (Coyle 1995: 247). They assume that all linguistic material whether spoken or written has an 'action orientation' that is it is used to accomplish a series of objectives such as legitimisation, justification or imputation (Potter and Wetherell 1989). Its aims thus become to "reveal the operation of these constructive processes" (Potter and Wetherell 1994.48). This approach has been used, for example, to examine the discourse of science, in particular how scientists construct claims based on ostensible rationality (Mulkey et al. 1983).

This study, as the Introduction has noted, focuses on an examination of the relationship between events and potential changes in the discourse and social policy. Foucault

(1980:114) has suggested, however, that “there are actually a whole order of levels of different types of events differing in amplitude, chronological breadth and capacity to produce effects”. The focus is thus not on events per se but rather on how such events come to be constructed. Foucault’s assertion is that an event is constituted by an ongoing interaction between ‘discourses’, which provides the means by which a given event is defined, given meaning and interpreted (Foucault 1980). It is this interaction, involving as it does interplay between a range of competing and differing discourses of varying dominance, each subject to continual change, which produces a limited range of definitions and interpretations at any time (McHoul and Grace 1991). Foucault (1991:76) suggests therefore that we should approach the study of events via the analysis of “the multiple processes which constitute it”, a process he terms “eventalization”.

Discussing the case of Pierre Rivière, who was charged with parricide, Foucault (1975:x) commented that as an event it

“provided the intersection of discourses that differed in origin, form, organisation and function. All of them speak, or appear to be speaking, of one and the same thing: but in their totality and their variety they form neither a composite work nor an exemplary text, but rather a strange contest, a confrontation, a power relation, a battle among discourses and through discourses. And yet, it cannot simply be described as a single battle; for several separate combats were being fought out at the same time and intersected each other”.

This quotation provided a key source of inspiration for this thesis which has sought to divine the discourses involved and continuing the martial theme introduced by Foucault the locations of the battlefields, the strategies employed in combat and the nature of the influences on the combatants. It has, however, also sought to determine which discourses prevailed and why, in respect of the events in question. Foucault's version of discourse analysis has been observed to be more historical in nature i.e. less concerned with specific interactions and more interested in the socio-cultural and political context in which both text and talk occur (Lupton 1992).

Foucault's (1972:8) interest in discourse has however, operated at different levels at different times, being sometimes concerned with the "general domain of all statements, at others with an individualisable group of statements, and sometimes with discourse as a regulated practice that accounts for a number of statements".

This thesis is less concerned with the internal rules that govern discourse and are a feature of the discourse itself, i.e. the linguistic dimensions and processes which are constitutive of discourse, and more with the idea of discourse as defined in the earlier parts of the quotation. Carabine (2002:268) suggests that the former aspects provide a basis for the study of specific domains in allowing discourse to be defined as "groups of related statements which cohere in some way to produce both meanings and effects in the real world i.e. the discourse as having force as being productive".

This thesis will, however, use the concept of ‘frames’ in order to analyse how the events in question came to be interpreted and represented. These provide a means to identify and interpret specific elements of the discourse. Fisher (1997: para. 1.5) notes the absence of a consensus in the 'frame analysis' literature in respect of some basic questions which, include “what frames are or how individuals and cultures make use of frames”. This thesis adopts the approach suggested by Gamson and Wolfsfeld (1993:118), which is that frames are central ideas that serve to define 'what is at issue' by addressing the “pattern-organising aspect of meaning”. Gamson (1992a:12) distinguishes between what he describes as “cultural frames” and “issue cultures”. Cultural frames, he proposes, encompass broader belief systems and value. Their scope extends beyond specific issues to encompass larger world views (Gamson, 1988; 1995). Issue cultures reflect their internal structure which is that of a broader cultural frame, but are applied to a particular issue or event to form a ‘package’ (Gamson 1988:221).

Previous applications of the Method

Foucaultian inspired versions of discourse analysis have been used to examine a range of diverse social phenomena including social work (Chambon and Irving 1994), the birth of the schoolroom (Hunter 1994), changes in health care policy and changes in the nature of criminal justice policy (Garland 2001). Other applications of Foucaultian approaches have not shared such a broad scope. In mental health nursing, the author’s area of practice, Foucault’s exhortations to study the ways in which power and discipline are exercised ‘at the margins’ has been responded to by studies which have sought to

deconstruct the language of hospitalisation and considered the operation of the ‘disciplinary gaze’ in psychiatric hospitalisation (Mohr 1999). Its application in the context of policy analysis and the policy-making process particularly in relation to emergent crises and/or potential loci for moral panic seems, however, infrequent. Jagger (1997) has used Foucaultian ideas of discourse and power to inform a discussion of the evolution of government policy in Scotland on solvent abuse. Chimonas (1998b) has used a genealogical approach in a paper on child care policy in the USA and Carabine has published a genealogical account of unmarried motherhood (2002).

In all three studies the role of the news media formed a significant element. This is because their role may be important in respect of both public opinion and social policy. Gamson (1985) argues that the media occupy a central role in the production of cultural meaning via their role in establishing, maintaining and redefining frames whether of issues or the broader culture. The news media represent therefore a potentially important source of data in respect of potential changes in the discourse around mental illness. Their role is central to moral panic theory and highly significant to constructionalist accounts of social problems. Of more relevance to this study, however, is that they provide an accessible venue in which discourses in the form of frames can be identified and studied. A comprehensive examination of all possible media venues was ruled out as impractical over all but the shortest of time frames as raising insuperable problems. Newspaper coverage was, however, seen as potentially particularly relevant given its suggested role in fostering public anxieties and because it provided a continuous form of data allowing for changes over longer time periods to be examined.

This chapter will present the design of this aspect of the study, which consists of a longitudinal examination of the nature of the representation of mental illness in two UK newspapers and discuss the results of this aspect of the study in relation to the first two questions posed i.e. What role, if any, did the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a ‘social problem’ and did a shift in the discourse on mental illness occur in UK newspapers and if so, what was the direction and nature of the shift?

Design

Newspaper coverage provides, however, a readily accessible source of data over the period in question and has been used in several studies of the impact of events on social policy (Birkland 1997). If the killings of Isobel Schwarz or Jonathan Zito had an effect on subsequent newspaper coverage this effect should be discernible. This however raises three further methodological issues

What time period should form the focus for this study?

Which newspaper(s) should form the focus for this study?

What dimensions of coverage should be the focus?

The introduction to this thesis established the time parameters for the study as between 1984, the year of Isobel Schwarz's death and 2000, some seven years after Jonathan Zito's death and thus long enough if a moral panic had transpired for the issue to lose its status on the political agenda.

Which newspapers should we look at to find answers to these questions? Birkland (1997) used the New York *Times* as his source of data on newspaper representations. Jenkins (1992:21) has suggested that the *Times* is

“the natural source for a researcher seeking to analyse the treatment of a topic in the British media, a close parallel to the New York Times”.

Selecting the *Times*, however, also introduces a number of problems. Negrine (1994:54) argues that a number of newspapers in the UK including the *Daily Mail*, the *Express* and the *Times* “have always preferred conservative parties”. Even when there was a new press owner, such as Rupert Murdoch's ownership of the *Times*, such newspapers have either maintained or reasserted their commitment to the political right (Negrine 1994). There will always be the potential for some sampling bias in an exercise of this nature unless all UK newspaper coverage is considered, an exercise beyond the scope of this study. However, it is obviously desirable to seek to control for bias to the extent that this is practicable. Jenkins (1992) cautions against reliance on any one paper to study long-term trends but it would seem a reasonable compromise to use two. Given the *Times'* alleged political orientation it would seem important to try to bring a degree of balance to

the exercise by selecting a second ‘broadsheet’ newspaper from the opposing end of the political spectrum. In terms of national, for which in this context read English, press there are realistically only two non right-wing broadsheet newspaper candidates i.e. the *Independent* and the *Guardian*. In this case the *Guardian* has been selected as best representing a contrast with the *Times*. British media clearly differs from many other countries in the extent to which “it has national mass media that are highly concentrated and closely linked” and largely based in one location i.e. London (Thompson 1998:27).

The selection of two broadsheets i.e. the *Times* and the *Guardian* and excluding the ‘tabloids’ might be questioned particularly as the role of the tabloids in fomenting anxiety in this area has attracted considerable criticism (Crepaz-Keay 1996; Holloway 1999; Angermeyer and Schulze 2001). However, this strategy is justified in this instance by concerns over the news agenda of the tabloids, particularly their “aggressively down-market style of presentation” and “focus on sex, scandal, violence and right wing populism”, exemplified perhaps by the *Sun* (Jenkins 1992:19). This focus would suggest an inveterate tendency to report violence involving people with mental illness in the most lurid form. The ‘quality’ newspapers in contrast might be expected to present more balanced coverage of the issue overall and to engage with issues of policy. The *Times* and *Guardian* newspapers were accessed electronically via Lexis-Nexis. The Lexis-Nexis Executive News plus is a collection of databases containing in total around 2,300 UK and overseas newspapers, newswires and magazines. It is divided into two sections: ‘News’ which covers the full content of UK and overseas newspapers and ‘News & Company’ which focuses on company information, financial data and news items relating to

companies. The desire to include two newspapers required, however, modification of the inclusion criteria in terms of time period. The *Guardian* is electronically catalogued by Lexis-Nexis only from December 1985 onwards. The analysis is therefore restricted to the period December 1985 - December 2000 and for convenience results are reported for whole years covering the period 1986-2000.

Lexis-Nexis allows a number of search options. Because of the focus of this study the search was limited to UK newspapers and to articles which appeared in the London *Times* and the *Guardian*. Neither the *Sunday Times* nor the *Observer* was included. Both have separate editors from their daily counterparts indicating different editorial policies. Further, there may be differences between the discourse in Sunday's newspapers and that in a daily newspaper. Lexis-Nexis allows searches to be restricted to 'Major Stories' only; this option was not exercised as it risked excluding discussion or opinion pieces including letters, around the issue of mental illness. The search terms used were

Times "mental and illness further topic, Times"

Guardian "mental and illness further topic, Guardian"

Sample

Coverdale et al. (2002) report the results of a study involving as complete a sample as possible of New Zealand print media coverage involving some depiction of mental illness over a four-week period in early 1997. Their study found that in more than half of newsprint items the depictions of people experiencing mental illness contained

represented them as “dangerous to others” (Coverdale et al. 2002:699). As they acknowledge, however, two events received considerable coverage during the period in question. In the first, a young man diagnosed with schizophrenia shot several people in a small rural community. In the second, the report of an investigation into an alleged breach of confidentiality by a psychiatric nurse, concerned the release of a patient from a secure mental health unit. The patient subsequently abducted and attempted to assault an 11-year-old girl. Together these two stories accounted for more than 30% of the total stories in the sample, indicating the potential problems inherent in sampling only short time periods. In the case of variables that may show significant short-term effects linked to particular events, such as these in question, there is a significant possibility of inadvertent sampling bias associated with adopting such an approach.

An alternative might have been to employ some form of random sampling, selecting ten weeks per year and then one day per week. This approach was rejected as impractical in this instance because too many single days would potentially have had no articles featuring mental illness. It might have been practical at the level of a week but a random sample by its nature would not have been readily able to assess both short-term and longer-term trends in the discourse. A total sample identifying and coding all relevant articles was therefore ultimately used. Searches covered the period from 1st December 1985 - 31st December 2000. Multiple searches were conducted covering each individual month/year depending on results. Initial searches were conducted between January 2002 and June 2003.

The time period selected December 1985 - December 2000 covers some fifteen years.

Duration in this instance is important in terms of moral panic theory. It potentially allows for a panic (or that element of it manifested by increased or altered newspaper coverage) to both manifest and dissipate. Further it allows for broader trends in the discourse to be identified which samples over shorter time periods would not be able to discern. There are some weaknesses in the method used in obtaining articles electronically. One problem is that the emphasis given to the story in terms of where it is placed in the paper cannot readily be assessed. Lexis-Nexis does not cite page numbers. Neither can the emphasis within the story given to the headline e.g. by the use of a much larger font be assessed. Another issue which will be considered in a later chapter is that the potential impact of the imagery of the story cannot be considered as Lexis-Nexis does not reproduce any photographs which may have accompanied the story.

Coding

Birkland (1997) sought to investigate the impact of each event on the news and policy agenda in the area of the issue in question using a series of measures he developed for each area he studied described as 'severity', 'rarity' and 'scope'. These measures functioned as independent variables while 'Agenda change' and 'Agenda density' functioned as dependant variables. This allowed investigation of the extent to which characteristics of an individual event e.g. the 'severity' of an earthquake measured by millions of dollars worth of damage and number of deaths were related to the extent and nature of news coverage and political activity change. In addition, his methodology

allowed comparison between different ‘domains’ and policy communities to determine where each independent variable was most significant. The present study departs radically from this approach primarily because Birkland's measures of ‘severity’, ‘rarity’ and ‘scope’ cannot readily be applied to the events in question.

A measure of ‘severity’ presumes the ability to quantify elements of the phenomenon under consideration but for homicide, unless there are multiple victims, this is, by definition, not possible. Rarity is predicated to some extent on severity, minor tremors are much more common than large earthquakes. However, it also presumes a certain degree of similarity between the characteristics of events, which is problematic in this instance. We can readily establish the frequency of earthquakes of a given magnitude and thus calculate their relative rarity. However, in respect of homicides, certain characteristics may render an event not just rare but effectively unique. The random violent killing of a white stranger by a black man diagnosed with schizophrenia in the extraordinarily public space of the London underground, as in the case in the killing of Jonathan Zito, effectively represents such an event. We cannot thus establish its ‘rarity’ in any meaningful sense in this context. Similarly, in terms of ‘scope’, while the actions of Christopher Clunis killed only one person the nature of the killing and its location (a London underground railway station) implied a widespread risk of violence perpetrated by people experiencing mental illness. The potential ‘community of interest’ created as a function of the random nature of the attack and its location comprised not only all those members of the public who used the underground but almost any public space. Hicklin

(1999:16), writing about “a schizophrenic” who pushed a young woman in front of a train on the New York subway, notes that the killing ‘reminded’ the public

“that chance is all that separates us from the victims. Above all, it speaks to our fear of strangers, our utter disconnection to that sub-culture of people (the mentally ill) you see all over”.

If we discard Birkland's measures, however, how can we examine the impact of events and whether in fact the discourse within the media has changed? Pride (1995) has explored the relationship between media representations of school performance and the role of critical events and attitudes towards education in Nashville TN. His study charted the way in which the media portrayed pertinent school issues over time, using a coding system devised for the exercise to code news items relating to school issues in terms of 'focus' and 'direction'.

This approach has been adopted for this study with a coding scheme devised after several trials. Articles obtained as described by Lexis-Nexis searches were firstly screened for inclusion by the author. Everything contained within a newspaper forms part of the discourse, whatever the nature of the material. Two exclusion criteria were, however, applied in this study. Firstly, a range of pieces including obituaries and reviews, whether of books, drama, films or television, were excluded. The depiction of mental illness in fiction whether in a film or novel represents a discrete area of study in its own right. Including newspaper reviews of such material in this study would therefore have

introduced a form of 'bias' produced by the demands of fiction, which was undesirable. The exclusion of obituaries was motivated by the desire to ensure that the study focused, in so far as was possible, on 'contemporary' issues in mental health. A decision was also made to exclude advertising material. References albeit obliquely to mental illness do occur in advertising, sometimes controversially (Sieff 2003). Although as it happens, no advertisements were, found by the search methods used in this study.

Secondly, only news or opinion pieces where mental illness was the primary focus of the piece were accepted; articles in which mental illness was not the primary focus of the piece. Such articles exemplified, perhaps, by news reports in which one politician questioned the sanity of another, were therefore excluded. The coding process for pieces not excluded had four elements. In stage 2 of the overall exercise papers were coded in terms of their 'focus'. A preliminary reading had suggested that the *Times* in particular contained regular medical briefings. These were not necessarily reporting on events although they sometimes commented on innovations in treatment. Similarly the *Guardian* appeared to contain a number of articles reporting on an individual's or a family's experience of a disease. Sometimes the articles contained references to a named disorder together with discussion on individual and/or family experience of, and commentary on, the system. It was, however, of potential interest to examine the extent to which perceptions of the disease had shifted. In stage 2, papers were thus coded as 'disease', 'system', 'mixed' or 'inquiry' focused. There have been suggestions (Morrall 2000) that the reporting of statutory inquiries into homicides, required in England by the NHS Executive since circular (HSG(94)27/LASSL994)4 (Department of Health 1994) issued

in 1994, has led to an increased number of stories involving mental illness as the cause of violence. Stories containing reference to such inquiries were therefore coded separately, in order that this issue could be explored.

While stage 2 will give some indication of the changing ‘focus’ of the media in terms of mental illness, in itself it would shed little light on the issues raised by the second question of the study. Did a shift in the discourse on mental illness take place in UK newspapers and if so, what was the direction and nature of the shift? All articles were thus coded in stage 3 on a dimension of ‘representation’. This coded articles in terms of whether the article’s dominant depiction of mental illness was of ‘threat’, requiring some element of control, or ‘vulnerable’ requiring some element of care, protection or support. A third category comprising ‘mixed/neutral’ subsumed both pieces, in which issues of threat and vulnerability were present simultaneously and pieces in which neither representation could be held to apply.

The coding scheme as used for the *Times*, the first newspaper to be coded did not collect data on the prevalence of individual diagnosis. This on reflection was recognised as an oversight because it meant that the potential for changes in the frequency of diagnosis to impact upon the balance of representation could not be examined. The coding scheme used for the Guardian was therefore modified to include diagnosis (Appendix One lists the diagnoses identified).

A further exercise was undertaken involving however, only the *Guardian*. Where an article was categorised as 'disease' focused in stage 1 the actual diagnosis was coded for. (See Appendix One which gives full examples of the categories used in this element of the study.) Figure 1 illustrates the coding process applied.

Figure 1 Newspaper Article Coding Scheme

Stage 1	Inclusion/Exclusion
Stage 2	Focus of Article Coded as -
A	'Disease' focused e.g. around schizophrenia or other explicitly identified form of mental illness
B	'System' or policy focused reporting or discussing aspects of mental health policy
C	'Mixed' containing discussion and/or reporting on both named disease and policy issues
D	'Inquiry' containing discussion and/or reporting of an inquiry into a

homicide committed by an individual experiencing mental illness	
Stage 3	Representation of people experiencing mental illness. Coded as -
A	‘Vulnerable’ (broadly as a group who require protection from themselves, members of the public, or their families)
B	‘Threat’ (broadly as a group who represent a threat unless subject to adequate controls to their families and or members of the public)
C	‘Mixed/Neutral/Positive (contains representations of people with a mental illness both as vulnerable and a threat , or depiction is neutral or positive
Stage 4 <i>Guardian</i> Only	
All <i>Guardian</i> papers re-coded as to use of diagnosis	

Examples of language use in articles coded in stage 3

Articles coded as representing people with mental illness as ‘vulnerable’ stressed themes such as the inability of those affected to care for themselves, vulnerability to exploitation

or abuse and the problems of suicide and self harm. An article describing the closure of a Salvation army hospital headlined “End of Sally Army hostel for men with nowhere else to go” (*The Guardian* (London) March 17, 1990) see Appendix 3 (ii), describes “Forty per cent of the residents are mentally ill, discharged from hospitals to be cared for in the community” and emphasizes “Some of them couldn't possibly look after themselves”, the narrative is therefore one of vulnerability caused by mental illness demanding a caring response. Such depictions were not restricted to the homeless and encompassed “bright and attractive” Sandra studying at St Andrew’s University who would ‘without support from her parents’ have killed herself after experiencing severe depression (*The Guardian*, October 14 1997) see Appendix 3 (vii). Universities, it was claimed, were often failing such “vulnerable” depressed students who required care by means of guidance “to seek treatment”.

Articles coded as threat contained ‘pure’ depictions of threat in that unlike those coded as mixed there was no reference to vulnerability whether arising from the disorder or from a failure of services. Headlines such as “Triple murder psychopath jailed for life”, and observations such as “Hillebrand, aged 21, grinned as the jury found him guilty of the 'frenzied' attack” (*The Guardian* (London) January 18, 1990) see Appendix 3 (iii), contain no suggestion of ambiguity. When accompanied by reporting that “Hillebrand became violent, and it took five people to restrain him and return him to the dock.” The depiction is of unadulterated dangerousness. Such articles sometimes left implicit the suggestion of the need for greater control of people with mental illness. In, for example an article discussing the results of an inquiry into the death of Georgina Robinson, an

occupational therapist killed by a mental health service user (headlined “Therapist ‘Sacrificed To System’” (*The Guardian* (London) July 19, 1994) see Appendix 3 (v), her parents are cited as suggesting she was “failed by a system which gave no thought to the safety of its staff and those who cared for mentally ill people.” The message contained is that greater controls are needed to increase safety from the threat posed by a small number of people with mental illness. However, on occasion more explicit reference to control was evident such as the need “for stricter control of the mentally ill, to have them detained and stabilised.” (*The Guardian* (London) January 14, 1992) see Appendix 3 (iv).

The category of ‘Mixed / Neutral’ representations subsumed two categories. Mixed articles included reference to actual or potential threats resulting from mental illness but included reference to vulnerability, which might also result from the disorder. Sometimes the two representations were directly linked causally. “a vulnerable, mentally ill person can suffer such deterioration that he or she can commit homicide or, more likely, a lonely suicide.” (*The Times* September 27, 1997, Saturday see Appendix 3 (viii)). “The shock and horror of a loved one suddenly turned by extremes of illness into a mindless assassin” (*The Times*, May 2 1990) see Appendix 3 (i). More often suggestions of threat “MENTAL (emphasis in original) patients are being discharged prematurely from hospital and pose a potential threat to the public” were accompanied by acknowledgements of vulnerability e.g. discharging “patients who are still very vulnerable” could it was acknowledged in such articles “increase risk not only to public safety, but also to the safety of the individuals concerned” (*The Guardian* (London) September 28, 1994) see Appendix 3 (vi). *The Times* (December 31, 1993) appendix 3

(xi) in a piece discussing the case of a young man who had climbed into the Lions' enclosure at London Zoo noted that was he was "capable of violence (he had attacked his father with a knife)" and could be aggressive and threatening. In the same piece he is though described as exemplifying the need "to improve care and treatment for those too ill to know they need help".

'Neutral' representations were interpreted as encompassing articles in which mental illness was clearly the focus of the piece but where there was no suggestion of threat or vulnerability arising from the illness. Such articles tended to be those that did not focus on actual cases but the disorder concerned more generally or which focused on an aspect of treatment for the disorder such as a new therapy. In a piece in *The Times* on July 1, 1999 (see Appendix 3 x) an article discussing the value of psychotherapy for patients with depression reports they had experienced symptoms such as "sleep disturbance, weight loss or gain, fatigue and feeling unable to enjoy life" . However they were not represented as in need of control nor care but instead effective treatment in which they were active partners reflecting a subtle but important distinction. In an article in the *The Times* (London) of December 7, 1998, (Appendix 3 (vii)), the focus is on Alzheimers disease. Whilst the overwhelming depiction of Alzheimers disease encountered in the study was of vulnerability, this article presents a discussion around causation and the underlying neurophysiology of the changes associated with the condition "higher mental functions such as the memory, are destroyed by an excessive accumulation of protein in or around them". The impact of such changes on the individual is, though, not discussed.

Table 1 gives a basic overview of the data analysed. Some 3185 articles in total were selected for inclusion in the study. As is evident from Table 1 nearly twice as many *Guardian* pieces met the criteria for inclusion.

Table 1 Summary of the Data

Newspaper		Frequency	Percent
<i>Guardian</i>		2121	66.6
<i>Times</i>		1064	33.4
	Total	3185	100

Reliability

The reliability of the three stages of the coding process were assessed by means of a pilot stage. This involved the coding of 50 articles obtained from the *Times* and *Guardian* in 2002 obtained via the study search criteria and not included in the study proper. Lacy and Riffe (1996) and Lacy et al. (1998) propose that samples for reliability purposes must be large enough to account for sampling error. Neundorf (2002) suggests a sample of 100 would be necessary from a total sample of 10,000. A sample of 50 from a total sample of 3185 therefore seemed justifiable. In order to ensure basic validity for each element of the coding scheme even although only one coder would ultimately code all the data, intercoder reliability was assessed using two volunteer colleagues. Reliability co-

efficients for each variable were calculated firstly on the basis of simple agreement using Holsti's method i.e. both coders coded the same units (Neuendorf 2002). Only stage 1 achieved a satisfactory level of agreement expressed as .94 with the initial versions of stage 2 and 3, both proving unsatisfactory with simple percentage agreements using three categories in stage 2 and three categories in stage 3 of .60 and .50 respectively. These were below the generally accepted criteria indicative of high reliability of .75 + and below even the generally accepted minimum criteria of .70 (Frey Botan and Kreps 2000). Feedback from the two coders and an investigation into why a number of articles had not been coded at all suggested that an additional category was necessary to allow for the inclusion of articles in which the content and/or representation was 'mixed'. In stage 3 for example, an article might describe a violent attack perpetrated by an individual reported to be experiencing mental illness but also contain discussion about the same individual's history of previous suicide attempts implying a need for both care and containment. 'Mixed' categories were therefore included for both stages 2 and 3.

The revised coding scheme was re-piloted for stages 2 and 3. Simple percentage agreements of .80 and .86 were obtained. All coding schemes must, however, account for the extent to which coder agreement is due to chance. Zwick (1988) suggests the most widely reported reliability co-efficient for nominal data such as that produced by the coding scheme is Cohen's *Kappa* which uses the formula (Cohen 1960)

$$Kappa = \frac{PA_O - PA_E}{1 - PA_E}$$

Where $PA_E = (1/n^2) (\sum pm_i)$ n = number of units coded in common by coders

pm_i = each product of the marginals

Cohen's *Kappa* was then calculated for all three stages using SPSS version 11. For stage 1 *Kappa* was .60. For stage 2 *Kappa* was .42 and for stage 3 *Kappa* was .47

Neuendorf (2002:143) observed that "Beyond-chance statistics such as Cohen's *Kappa* are afforded a more liberal criterion", with Banerjee et al. (1999) suggesting that for Cohen's *Kappa*, .75+ indicates excellent agreement beyond chance while .40 to .75 represents fair to good agreement beyond chance and below .4 indicating poor agreement beyond chance.

The data generated as a consequence of coding was categorical. It was transformed by calculating the relative proportion as a percentage of stories during a given month falling into each category to produce ordinal data (Birkland 1997:46).

Figure 1 shows aggregated data over the time period of the study 1986-2000 indicating trends in representation for the *Guardian*. Mean figures for each month were first calculated and then used to calculate means for each year. There is some evidence of change as evident in Figure 2 between 1991-1996 with an identifiable decline in the

proportion of stories where the representation was of ‘vulnerability’ or ‘mixed’ together with an increase in the proportion of stories where the representation was one of ‘threat’.

Figure 1 Representation *The Guardian* 1986-2000

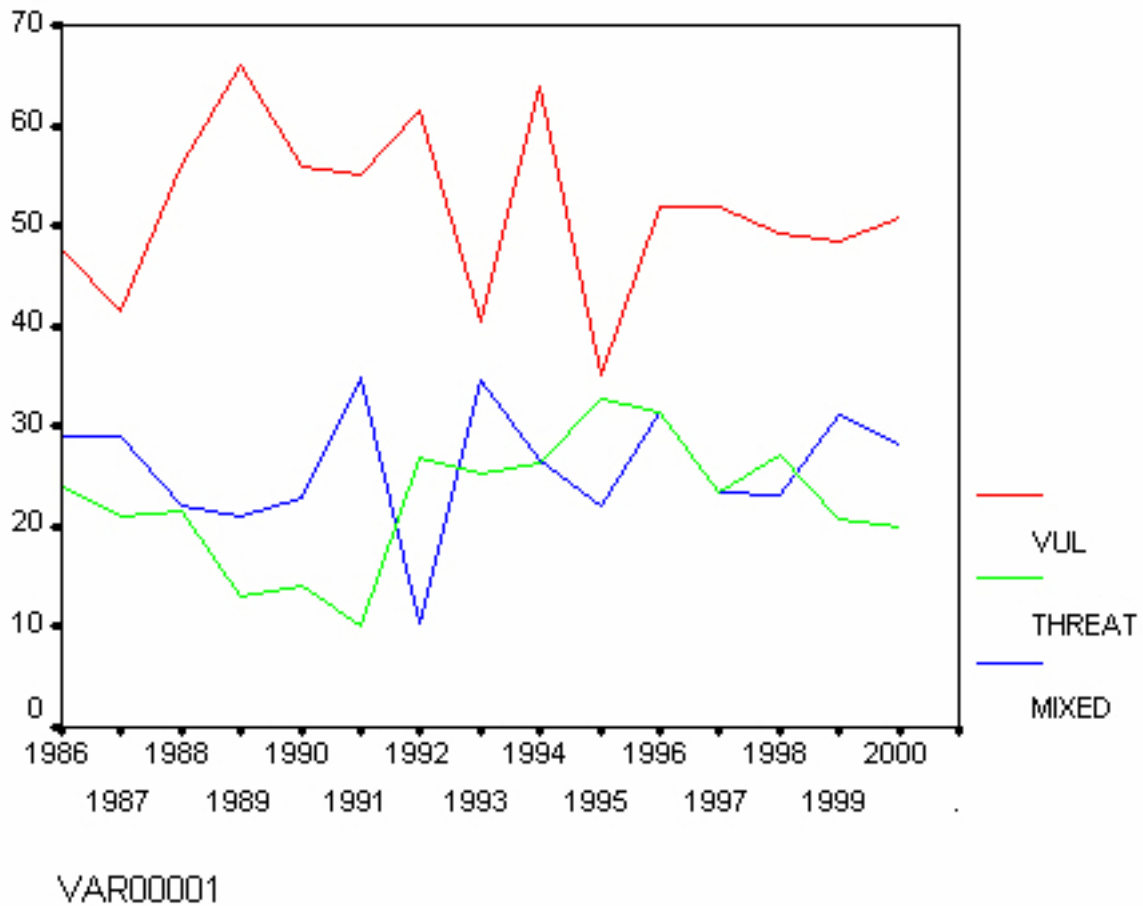
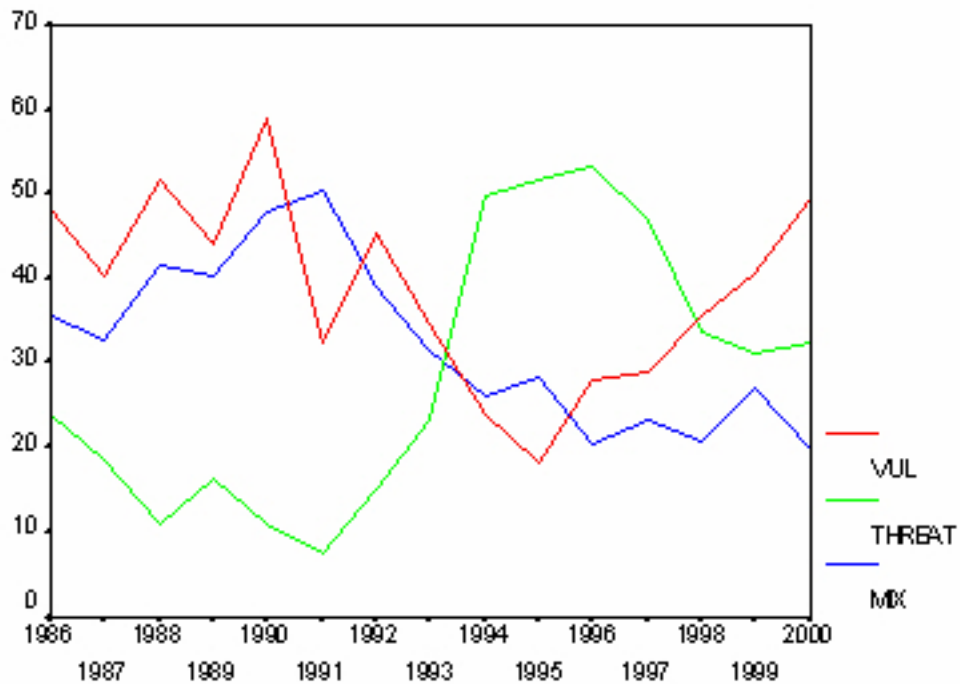


Figure 2 illustrates the same data for the same period for the *Times*. There are major differences in the data between the *Times* and the *Guardian* over the period in question. These marked changes strongly suggest a shift in the underlying discourse. The direction of this shift is notable in indicating an increase in the percentage of articles in which the

dominant representation of people with mental illness is as a threat, over the period 1991-1994. This is accompanied by a marked reduction in the proportion of stories representing people with mental illness as vulnerable evident during 1992-1995. There is then evidence of a reversal of this trend in 'vulnerability' from 1995 onwards. There are also indications of the emergence of a trend in 'threat' which reduces from 1996 onwards.

Figure 2 Representation: *The Times* 1986-2000



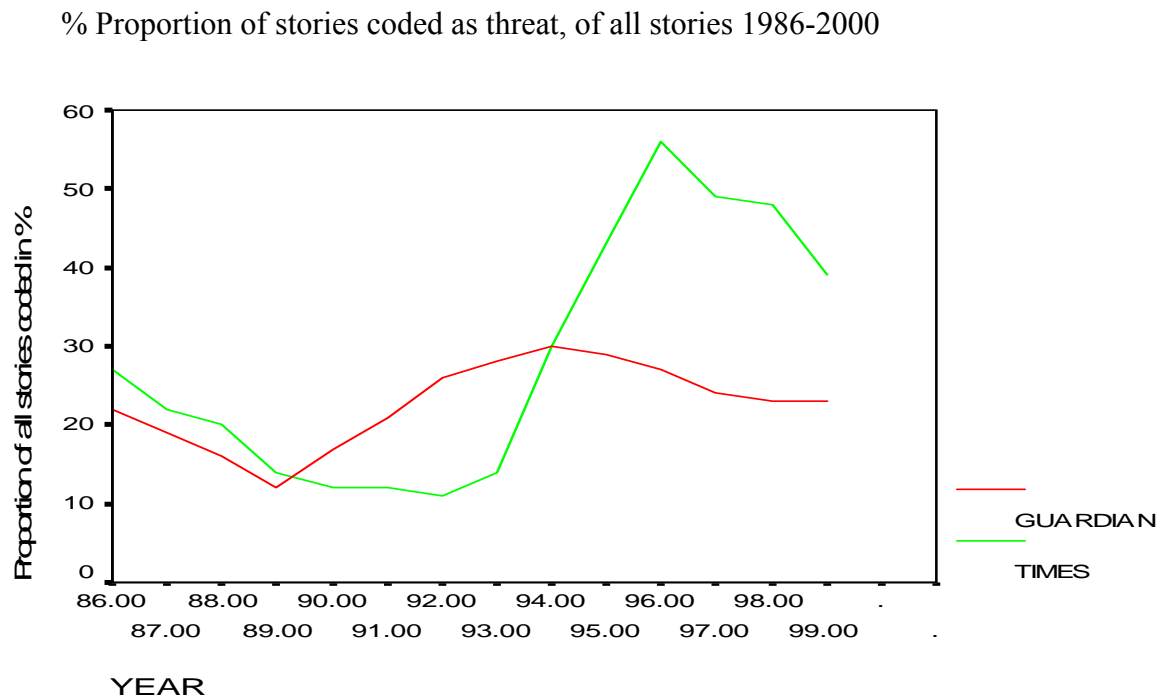
VAR00001

Potentially of most interest to this study in terms of the suggested influence of the case of Jonathan Zito is whether the proportion of stories in which the representation was of threat increased post 1992. If 1992, the year in which Jonathan Zito died is excluded, and

then the six year periods 1986-1991 and 1993-1999 can be compared using a dependent T test to establish whether the difference in means is significant. For the *Guardian* the difference in the means is significant (t,-3.677, df 5, sig .014). For the *Times* the difference in means over the same period is also significant (t, -4.018, df 6, sig .007).

Figure 3 shows aggregated data for both the *Times* and the *Guardian* in the form of a three-year centred moving average over the time period of the study 1986-1998 for the proportion of stories in which 'threat' was coded as the dominant representation. The mean figures for each month were first calculated and then used to calculate means for each year. To calculate the moving average for any given year the 'average' for each year was calculated by adding the initial mean of the year plus the means of the years preceding and succeeding it and then dividing by three. The technique smooths variation in the data between individual years in order to accentuate evidence of an overall trend.

Figure 3 Three-Year Centred Moving Average *Times* and *Guardian*

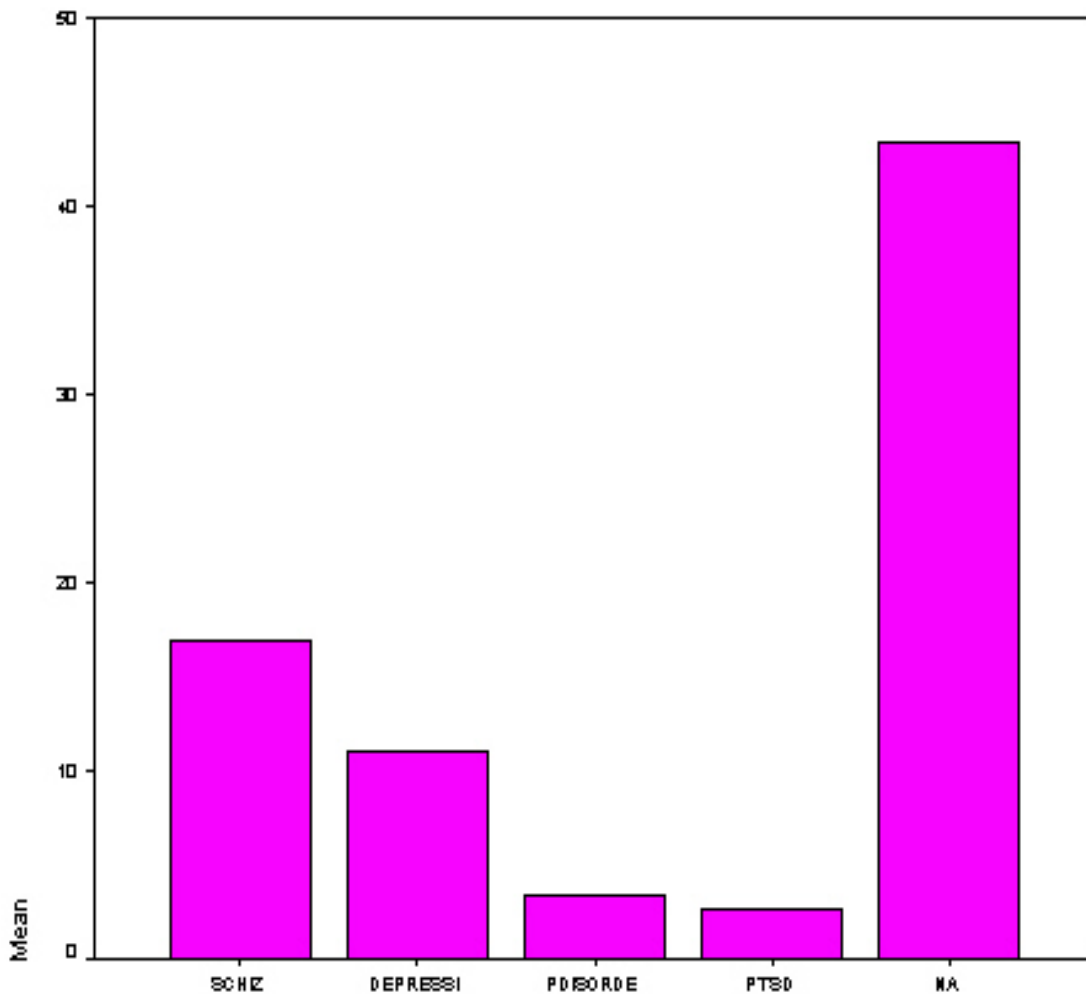


There is no evidence of a marked change in focus over the period in question, which might serve to explain the trends evident either in the *Guardian* or *Times*. There is some evidence, however, of a change in the frequency with which particular diagnoses were noted in the *Guardian* where this was coded for. (See Appendix One for details of the categories used.) The four most commonly recorded diagnoses were, in order of the overall frequency with which they were noted, Depression, Schizophrenia, Post Traumatic Stress Disorder and Personality Disorder. See Figure four.

The existence of a relationship between mental illness and violence remains contested, with a number of authors continuing to contend that once variables such as gender, sub

culture and drug/alcohol use have been controlled for, the impact of mental illness is marginal (Rogers and Pilgrim 2003). Other authors argue that the evidence of a link is now strong and that the lower the overall frequency of violence in any given society, the greater is the likelihood that perpetrators will be mentally ill (Paterson et al. 2004). However, there is little disagreement that variables such as gender, sub culture and drug/alcohol abuse are much stronger predictors of violence than mental illness per se and that any relationship between mental illness and violence, should it exist, is generally complex and indirect rather than linear and causal (Eronen et al. 1998) . Such comments notwithstanding, the strongest evidence for a link between mental illness and violence is undoubtedly in relation to schizophrenia, particularly where co-morbid drug and/or alcohol abuse exists (Paterson et al. 2004). Any increase in the proportion of stories featuring schizophrenia given the observed association between schizophrenia and violence could potentially offer an explanation of the shifts in representation discussed. No change was, however, noted in respect of such representation in the *Guardian*. Schizophrenia did however, emerge as the most common diagnosis evident in 18% of pieces coded but nearly 50% of the stories coded did not identify any diagnosis indicated by n/a in Figure 4.

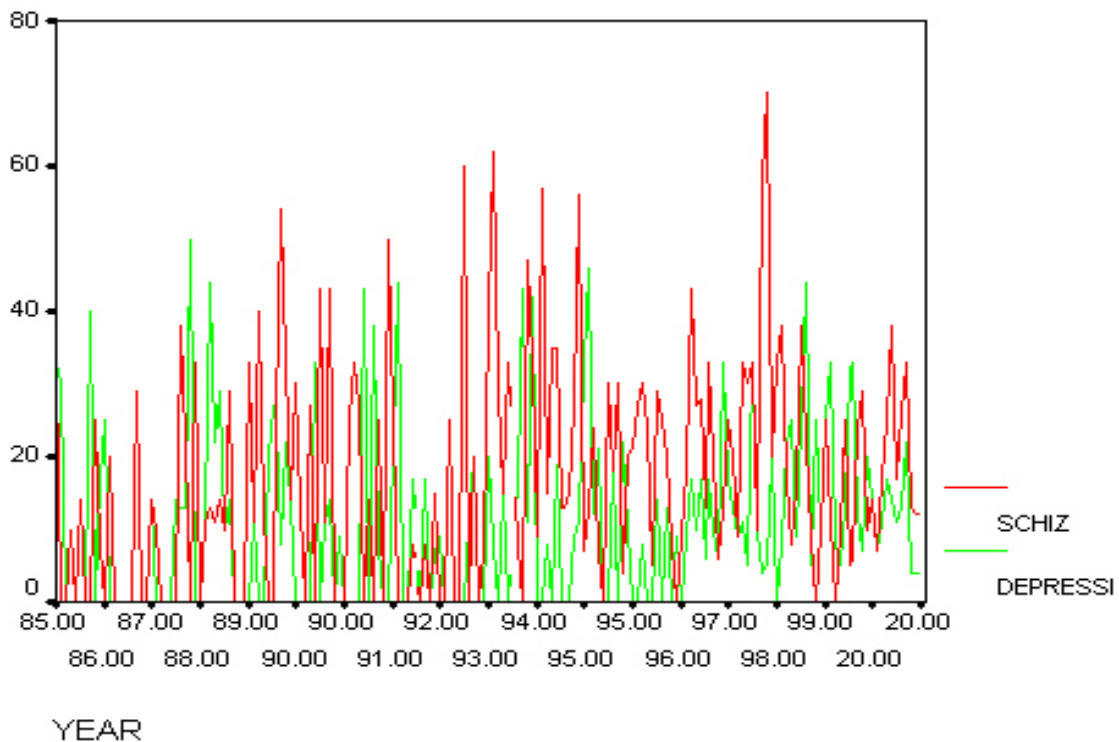
Figure 4 Frequency of diagnoses as percentage of all stories: *The Guardian* 1986-2000



As illustrated in Table 5 above the most commonly cited diagnosis was of schizophrenia, cited in nearly 20% of stories. Of note, however, is that a majority of stories in which mental illness featured contained no specific diagnosis. There is no evidence of a statistically significant trend indicating change in respect of the two most frequently noted diagnoses during the period 1985-2000. Consequently the shifts in the nature of

the representation observed over the period cannot be explained by any increase in the proportion of stories in which schizophrenia features. There is a noticeable peak in stories featuring schizophrenia in early 1998 but this coincides with only a slight increase in the proportion of representations in which threat predominates.

Figure 5 Proportion of stories featuring Schizophrenia and Depression in the *Guardian* between 1986-2000

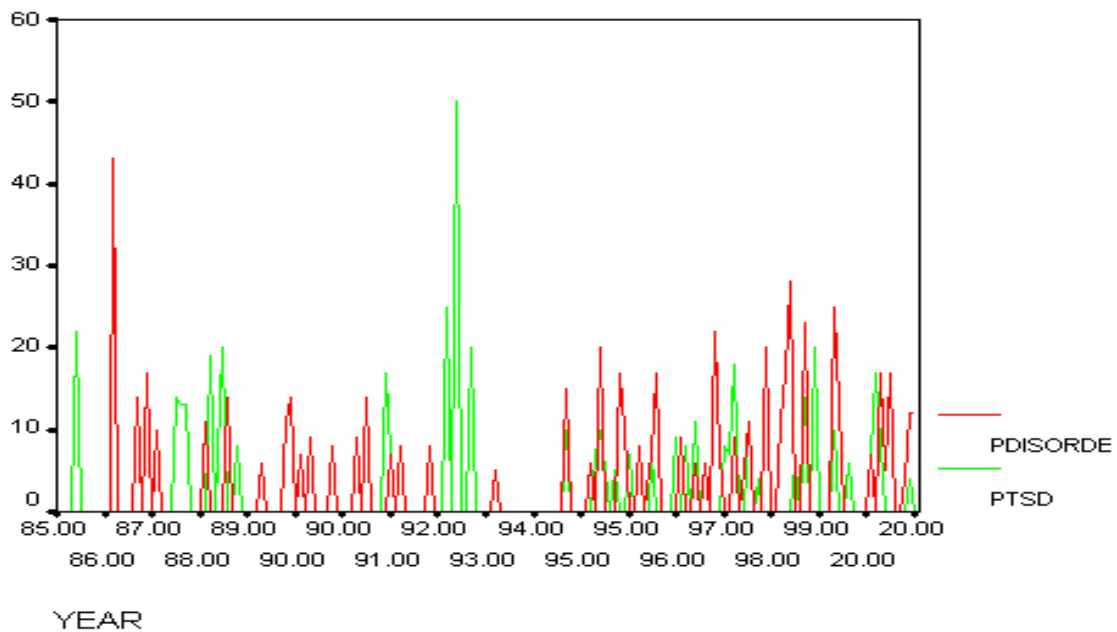


PTSD and Personality Disorder

There is a change evident, however, in respect of the next two most common diagnoses evident, Personality Disorder and Post Traumatic Stress Disorder (PTSD) with notable peaks in respect of the frequency of PTSD, most obviously in the period 1992-1993. The

inclusion of personality disorder as a sub type of mental illness is again one of convenience and does not indicate that personality disorder is a form of mental illness.

Figure 6 Proportion of stories featuring PTSD and PD: The *Guardian* 1985-2000



There are no immediate explanations for the two peaks observed. In comparison with the other most frequently observed diagnoses in the study, PTSD as a diagnosis is of more recent origin. Disorders such as ‘shell shock’ were increasingly recognised towards the end of First World War and ‘battle fatigue’ wholly acknowledged in the Second. However, in the earliest edition of the Diagnostic and Statistical Manual, (DSM) (APA 1952), ‘stress response syndrome’ was one syndrome listed under the broad heading of

‘gross stress reactions’. In the second edition published in 1968 ‘trauma-related disorders’ were viewed as a sub category of ‘situational disorders’. It was not until the publication of DSM-III, (APA 1980) that PTSD was identified as a sub category of anxiety disorders. Awareness of the disorder and preventative strategies are evident in earlier UK press coverage reflecting the disorder in the context of the Falklands conflict but actions for compensation or rather reports on such cases appear to peak in 1992. There is no immediate explanation for this apparent peak.

A further analysis of stories which included PTSD identified firstly a series of court cases seeking compensation for psychological trauma. These included the alleged consequences of the Falklands war (*Guardian* June 12, 1992:6), the King’s Cross Fire (*Times* November 5 1992:3, *Guardian* October 22 1992:6), the Amsterdam air crash (*Guardian* October 26 1992:2) and the Gulf War (*Guardian* May 19, 1992:3). A series of further stories discussed treatment of the disorder or reported individual cases, particularly where these were the focus of legal action or argument (*Times* October 25, 2000) rather than large scale disasters. These include that of an individual who successfully sued the police for trauma sustained as a consequence of injuries sustained during his unlawful arrest (*The Times* May 22, 1992:7). An exhaustive analysis of the discourse around PTSD during the period in question is, however, beyond the remit of this study. Generally stories featuring PTSD tended to be around claims for compensation but albeit less frequently, stories involving violence where PTSD was used in mitigation for the actions of perpetrator were evident. (*Guardian* December 19, 1995:5).

The inclusion of personality disorder as a sub type of mental illness is again one of convenience in terms of categorisation and does not imply acceptance of either the existence or utility of the concept. Nor does it indicate that personality disorder is, or should be, considered a form of mental illness. Personality Disorder as a construct, as opposed to the term, has a long history. Kendell (2002:110) suggests it can be traced back to the work of Koch, a German psychiatrist, in the 1890's. Koch's conceptualisation of mental disorder, however, was largely restricted to insanity and idiocy, and his notion of 'psychopathic inferiorities' appears to encompass almost all non-psychotic mental illness. It included however 'the moral defectives' who might now be labelled with personality disorder. Schneider (1950) however, suggested that personality disorders were simply abnormal varieties of sane psychic life rather than a form of insanity and thus essentially an irrelevancy to psychiatry.

Current classification systems such as DSMIV (APA) and ICD10 (WHO) distinguish personality disorders from mental illness by reference to their pervasive nature, often manifesting themselves in childhood or early adolescence and their persistence throughout adulthood. Kendell (2002:112) chooses to concur with Schneider in declaring that,

“they represent extremes of normal variation rather than a morbid process of some kind.”

Personality disorder in this study appears overwhelmingly in association with violence, often in the context of sentencing reports (*Guardian*, March 12, 1986). Mention of

personality disorder is often in association with psychopathy. Headlines such as “Triple murder psychopath jailed for life” (*Guardian*, January 18, 1990) introduced a story where the perpetrator was “diagnosed as suffering from a severe personality disorder, which falls within the definition of psychopathic disorder under the Mental Health Act”. Such reports, however, sometimes included the rejection of personality disorder as a reason why an individual should not be sent to jail. For example in arguments regarding the disposal of a male offender found guilty of multiple sexual assaults the judge Mr Justice Pain, “described as ludicrous a defence suggestion that Reilly should be sent to a secure hospital because he was suffering from a personality disorder” (*Guardian*, March 12, 1986). Such rejections, while notionally relevant only to individual cases, may seem to cause confusion over the validity of the concept.

In other cases (*Guardian*, January 10, 1986) the concept is seemingly accepted in explanation for repeated infanticide. “A mother was committed to a maximum security hospital yesterday for drowning her eight-year-old son 18 months after she had been placed on probation for killing two of his younger brothers when they were only a few weeks old”. In other cases, reference to personality disorder appeared subtle with its presence perhaps only readily understood by those with some understanding of the debate regarding the amenability or otherwise of personality disorder to treatment, however defined, who could infer the presence of personality disorder from an oblique reference. “Before delivering sentence yesterday the Common Serjeant, Judge Thomas Pigot, said that the reports indicated that Noble, who has spent all but 14 of his 58 years in custody,

had a psychiatric disorder that was not treatable under mental health laws” (*Guardian*, July 22, 1986).

The nature of the representation of mental illness overall

Previous literature in this area, which will be critically explored in more depth in a discussion to follow the media as an influence on public opinion, has suggested that mental illness in the media appears 'overwhelmingly' in a context of violence (Shain and Philips1991, Angermeyer and Schulze 2001). Consequently the nature of the overall representation was of some interest. See Figure 7 below.

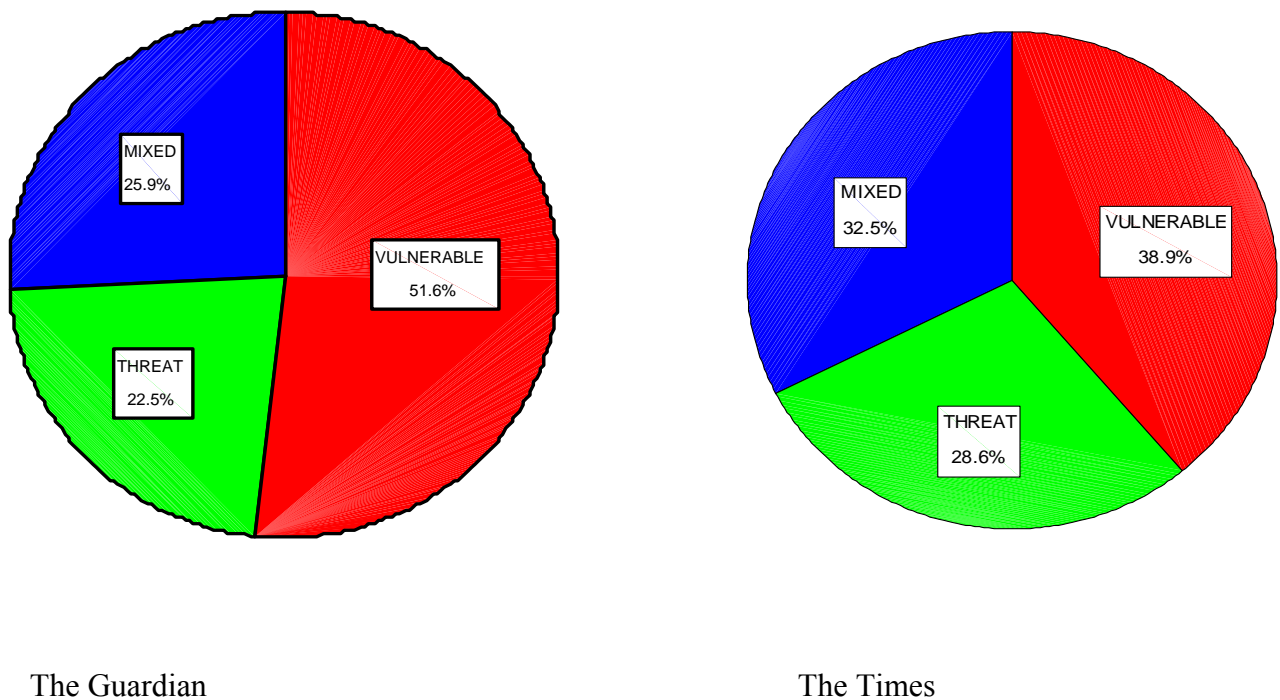


Figure 7 Balance of representation of mental illness overall 1986-2000

Although there are not significant difference in the nature of the representation which emerges, in neither the *Times* nor the *Guardian* over the total period in question does the

notion of 'threat' predominate. Only combining the categories of 'mixed' representation, where both threat and vulnerability were seen to be present, with the category of threat produces a majority for 'threat' in the case of the *Times* . Even this does not produce a majority of stories involving 'threat' in the case of the *Guardian*. Such findings may seem unusual but Stuart (2003:653) in a study examining the impact of an anti-stigma campaign on media coverage featuring mental illness in one Canadian newspaper found that positive stories 'outnumbered negative stories' by 'about two to one' both before *and* after the intervention .

It appears that no consistency exists in the literature examining media representations of mental illness on the inclusion/exclusion criteria that are used. This study used a framework adopted from DSM IV and included any reference to mental illness and in the analysis of the frequency of diagnosis undertaken in respect of the *Guardian* included any diagnostic category included in DSM IV. Thus references to Post Natal Depression, Alzheimer's and Creutzfeldt Jacob Disease (CJD) in the form of 'New Variant' CJD were included. Stories related to new variant CJD were invariably of victimhood and suffering, with no examples identified in which threat was an issue. Other forms of dementia, notably Alzheimer's, appear similarly largely in the context of vulnerability, although references to the potential for violence in association with the disorder did appear very occasionally.

Rogers and Pilgrim (1996:192) observe that the historical division of care whereby the severely mentally ill, typically the psychotic, were cared for within institutions whilst the

'neurotics' remained within the community has been blurred by community care. The divisions, once physical, are increasingly conceptual but they suggest that such divisions continue to be reflected in distinct patterns of media coverage. The psychotic is characteristically associated with themes of "dangerousness and threat". The neurotic in contrast is represented as vulnerable in narratives such as those featuring PTSD or those allegedly mis-prescribed tranquillisers (Bury and Gabe 1990). Media representations of mental illness therefore consist of multiple frames, each with its own rules of formation rather than any single frame. The more inclusive the approach taken in examining media representations as in this study, the greater the likelihood of finding a more balanced representation.

The studies previously discussed which did demonstrate an apparent excess of stories linking mental illness and violence appear in some instances to have adopted much narrower inclusion criteria than those employed in this study. Shain and Philips' (1991) study, which found that nearly 90% of stories involving mental illness reported in the U.S. print media involved violence, did not include all news stories in which mental illness appeared. Rather they used quite restrictive inclusion criteria including only stories in which 'former mental patients' featured. The potential significance of this selection criterion is explained via Angermeyer and Matschinger's (1996) criticism that newspapers commonly refer to the perpetrator of a violent crime's history of mental illness creating, by implication, the impression that the crime was a consequence of the individual's mental illness. In particular they refer to episodes of previous hospitalisation. Focusing therefore, only on stories in which 'former mental patients' feature, as opposed

to the issue of mental illness in general, produces a sampling bias, which will almost inevitably result in high levels of an association between mental illness and violence being found.

A number of previous studies have in some instances, of course, included or focused on the tabloids coverage of mental illness (Morrall 2000). A study conducted on behalf of the Health Education Authority of national press coverage of mental health issues in 1996 provided evidence that the tabloids tended to focus more on themes such as 'crime' and 'harm' to others in their reporting of mental illness than the broadsheets (Ward 1997). The exclusion of tabloids from this study is likely therefore to have reduced the proportion of such stories and may have had a significant effect.

While the decision not to include a tabloid newspaper is likely to have affected the results there were also significant differences between the two papers concerned in the nature of the trends observed with regard both to the trends over time and the nature of representation overall. On the latter point, the newspapers concerned both historically and during the period of this study had markedly different editorial policies. Such policies do exert an influence on the extent and nature of coverage of a range of issues and it would therefore be surprising if this did not influence reporting around mental illness. The differences observed between the two newspapers over the period in question, in terms of overall representation, probably reflect this difference but reinforce the need for studies to include more than one newspaper in seeking to examine trends in the discourse contained within newspapers over time.

Such trends are worthy of study for several reasons other than the balance of overall representation explored here. Healy (2002) argues that media stories associated with diagnostic categories are susceptible to deliberate manipulation by drug companies. Such companies it is alleged may seek to promote the existence of particular disorders and to frame such disorders as requiring treatment. The latter point in respect of the desirability of treatment may seem axiomatic but rests on the acceptance of the existence of a given disorder and depending on the nature of the treatment advocated, a bio-medical rather than psychosocial model of causation. Both premise may be contested in respect of a given diagnosis of mental illness or indeed any diagnosis. Unsurprisingly as Healy (2002) notes the treatment of preference advocated within the frame promulgated by the activities of the drug companies is by psychoactive drugs rather than talking therapies.

Conclusion

This aspect of the study sought to answer the first two questions posed in the introduction. The second question posed, i.e. did a shift in the discourse on mental illness take place in UK newspapers and if so, what was the direction and nature of the shift has clearly been answered. There is strong evidence in both newspapers of a change in the balance of the representation and thus in the discourse over the period examined. However, the first research question posed asked what role, if any, did the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a ‘social problem’?.

The changes in discourse identified may not reflect the influence of either Schwarz or Zito. One alternative potential explanation lies in the suggestion that the traditional divide between broadsheet and tabloid newspapers on grounds of taste and quality was substantially eroded during the 1990's (Engel 1996). Increasing competition, with the launch of new broadsheets and price wars, forced the existing broadsheets to review their marketing strategies leading to allegations that the traditional divide between the 'quality broadsheets' and the tabloids was breaking down as the broadsheets adopted tabloid news values (Engel 1996). The news agenda of the tabloids has been described as characterised by a "focus on sex, scandal, violence and right wing populism" (Jenkins 1992:19). It is therefore possible that change in values might have led to increased coverage of homicides generally and thus also to these featuring perpetrators with mental illness in the broadsheets. Yet although this explanation might seem to offer a potentially plausible account for the increase in the proportion of stories in which mental illness appears in a context of threat it is incompatible with the decrease latterly observed, which can hardly be explained as the result of the same process.

Zito's death may have been influential indirectly, however, via the requirement announced subsequently by Virginia Bottomley, then Secretary of State for Health, for compulsory inquiries into all homicides perpetrated by people experiencing mental health problems who had been 'in contact' with mental health services in the preceding six months. This, it has been suggested, led to increased newspaper coverage of homicides involving people with mental illness, because it served to signify that such events were a problem and thus to increased depictions involving threat (Laurance 2003). Further

increased coverage also resulted from the inquiries themselves which became 'events' to be reported upon (Laurance 2003). The latter suggestion is not supported to any extent in the case of either newspaper considered here, with virtually no stories featuring the proceedings or findings of individual inquiries identified. This may of course reflect the search terms used. The former suggestion goes, however, to the process by which news is constructed and how 'problem' discourses become established. This serves as the focus of the next chapter which will explore in some detail the reporting involved in the cases of Isabel Schwarz and Jonathan Zito and the emergence of the 'community care tragedy' as a narrative.

Chapter 3

Framing in newspaper representations of mental illness

Introduction

The results presented in the previous chapter provide only a degree of support for the claim described in the Introduction that a series of tragedies, notably those of Isabel Schwarz and Jonathan Zito, or rather aspects of their reporting, may have exerted an influence on the overall nature of the representation of mental illness and thus the discourse. Support for this contention is at best equivocal in that the changes in the balance of representation, whilst seemingly to some extent contemporaneous with the events of Schwarz and Zito, occur over a time period during which other events also happened. Such 'events' include the announcement of the Boyd Inquiry in October 1991. This was a confidential inquiry under the aegis of Royal College of Psychiatrists, chaired by Dr William Boyd (Boyd 1996) into homicides carried out by service users in contact with mental health services over the previous year. Its remit was later extended to suicide following representations from professionals and service users. The announcement of such an inquiry constitutes an event in and of itself (Staggenborg, 1993). However, more closely associated in time with the death of Jonathan Zito, was another incident during December 1992 that attracted substantial press and television coverage. This involved a young man called Ben Silcock experiencing mental illness who had climbed into the Lions' enclosure at London Zoo and was video taped being mauled.

Wetherell (2001: 394) observes “reality is discursively constituted” and newspapers form one of the sites of where this process takes place. If so, it may be, in terms of significance for the status of an issue as a problem in terms of social policy, less important whether the overall balance of representation shifted than that a different interpretation of the meaning of the events such as the deaths of Jonathan Zito and Isabel Schwarz gained prominence. Neal (1998) suggests that this phenomenon can be observed in the narratives around the death of Jonathan Zito which she argues became the archetype of a completely new type of story or ‘frame’ containing a new attribution of responsibility from that previously dominant. This chapter will critically examine this claim and the potential of such a suggestion more generally by means of an analysis of the nature of the frame of the story as it occurs in the cases of Jonathan Zito and also Isabel Schwarz.

In doing so it will address primarily the latter two questions posed in this study i.e. how were the deaths of Isabel Schwarz and Jonathan Zito framed in terms of causal responsibility and what influence (if any) did the deaths of Jonathan Zito and Isabel Schwarz have on the social policy agenda and how was any such influence exerted? It will, however, also further address the study questions left in part unanswered by Chapter Two, i.e. ‘what role if, any did the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a ‘social problem’ and did a shift in the discourse on mental illness in UK newspapers take place and if so, what was the direction and nature of the shift? The approach taken in this chapter is, however, qualitative and will complement the previous quantitative focus in regard to these questions.

This chapter will draw on the same materials described in Chapter Two i.e. the 3185 stories in which mental illness features in the *Guardian* or *Times* between 1985 and 2000 obtained via the process already described. Seven further searches were carried out which produced materials to which reference will be made during this chapter. Three additional Lexis-Nexis searches of 'UK newspapers' were conducted using the search term Zito. The first three of these searches covered the first and second six months following the death of Jonathan Zito in December 1992 and the period from then until 2000. A fourth looked for articles relating to Isabel Schwarz and was not restricted to any time period within the Lexis-Nexis database but produced a total of only 12 articles and was notable amongst other things for identifying only one article written after 1992. These searches included a number of additional newspapers including the *Daily Mail*, the *Mail on Sunday*, the *London Evening Standard* and the *Independent* as well as the *Guardian* and the *Times*. Two searches of the published social/psychological sciences literature were also made using 'Get Ref' a service which searches multiple databases (see Appendix 2 for full listing). Finally a hand search of *Community Care*, a professional magazine was carried out at Stirling University library covering the period from July 1984 to January, 1990. *Community Care* is not electronically catalogued before January 1990.

Chibnall (1977) suggests there are essentially two aspects of the process that news media including the press use to identify and produce news. There is firstly, a broad framework that serves to categorise events in terms of the type of story they represent, i.e. 'human-interest', for example personal tragedy or 'political' for example, the machinations

involved in the election of new party leader. This framework begins the process through which the meaning of a given event is given meaning. An underlying assumption inherent in this process is the existence of a consensual society sharing a common value system to the extent that only one interpretation is possible. This process interacts with the professional and/or craft dimensions of news production (Chibnall 1977) which start from the premise that news must be 'new' and represent some form of 'abnormality'. He goes on to suggest that a series of seven further imperatives underlie what constitutes news. These are immediacy, dramatisation, personalisation, simplification, titillation, conventionalism and structured access. Immediacy represents the tendency to focus on the present at the expense of the past in which events particularly those that can be presented as dramatic, are treated without reference to a social or historical context. Personalisation, in which stories are explained with reference to an individual or individuals to the exclusion of mention of underlying social forces, reinforces the tendency towards simplification. Such simplification often takes the form of moral absolutism, exemplified by the depiction of a villain and a victim, and/or moral versus immoral.

Frames and the construction of meaning in newspaper stories

Embedded within the story or narrative of any newspaper story is its frame. Erving Goffman (1974) contended that we use 'frames' in order to make sense of our life experience. In his description, frames are internal cognitive structures consisting of systems of classification and rules of interpretation. Such frames allow us (Goffman

1974:21) to “locate, perceive, identify and label” the diverse phenomena we may encounter throughout the course of our lives. Gitlin (1980:7), however, linked the concept of frames to the discourse of newspapers arguing that they “enable journalists to process large amounts of information quickly”. However, such packaging also serves to place the information in the context of a story whose narrative is thereby more readily understood by its intended audience. Gamson and Modigliani (1987:143) propose that frames provide the “central organising idea or storyline that provides meaning” for the events. In doing so it is suggested they are useful in terms of cognitive efficiency for the reader in reducing the amount of information processing required to interpret a story (Sieff 2003). Pan and Kosicki (1993:57) observe that “newspaper articles often take the form of stories”. This, they suggest, is partly because many news reports are, in the literal sense, descriptions of events as they happen or happened. In addition though, they are stories because they are “expected to orient audiences with their communal environment and to help link audiences with the environment that transcends their limited sensory experience”. This, is the classic social function of storytelling but in doing so the “news media play an active and significant role in framing public policy issues” in which two aspects of the process are particularly important 'selection' and 'saliency' (Pan and Kosicki. 1993:55). ‘Selection’ refers to the choice made of certain “aspects of a perceived reality” (Entman 1993:52) and, by implication, the filtering out of other potential stories (Herman and Chomsky 1994). Those stories selected are then “made more salient’ (Entman 1993:52) by the frame which “selects some aspects of a perceived reality in such a way as to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation”.

The experience of the audience consists not necessarily or even ordinarily of single stories but rather of exposure to multiple representations of different aspects of the 'story', via a range of media e.g. a news story heard on the car radio, a reference in a soap opera, or a newspaper headline glanced upon. Seale (2003:518) suggests that it is as a result of such fragmentary exposure “we learn the conventions of the overall media story, which has certain regular features”. Audiences over time may indeed become so familiar with the conventions of the frame that they are able to replicate reasonably accurately the structure and focus of actual stories when exposed to fragments (Benthall 1993). Philo (1990) found that audiences were able to create their own stories of particular events given photographs, in his example, of the last miners’ strike. Different groups shared an understanding that the intended message of news reporting was that picketing involved violence and that this was the fault of the miners. This was despite differences between groups of subjects as to whether they believed this message was, or was not, accurate.

Framing as a process therefore encompasses the means by which a story is represented but also the underlying “internal structures of the mind” (Kinder and Saunders 1999:74) which are involved in the creation of the story. It includes both “the presentation of information through media vehicles and the development and operation of internal mental structures” which both represent and make sense of the information presented (Sieff 2003:263). Frames provide templates which journalists can select from in order to process events into news. However, according to (Sieff 2003:267), journalists

themselves “are not immune to the effects of frames and may be as susceptible as their readers” to internalising such narratives as reality.

Entman (1993:52) suggests that a single sentence can serve to “diagnose, evaluate and prescribe” by illustrating four key aspects ‘supplying a definition’, ‘ascribing responsibility’, ‘assigning culpability’ and/or prescribing the treatment’ necessary. However, many sentences in a story can be irrelevant to the overall process of framing. Further, while all four elements can be observed in many frames, this does not mean that all four aspects will be discernible whatever the frame or context in any given ‘story’ (Entman 1993:52). Nor is it always necessary for every aspect of a frame “to be literally outlined in the text, the mention of some or even one element may be sufficient to prompt the recall of the whole set” (Donati, 1992:141).

An exploration of how and where the facts of the deaths of Isabel Schwarz and Jonathan Zito were framed in terms of determining causal and political responsibility is important. This chapter will provide an opportunity to complement the quantitative focus of the second chapter in adopting a qualitative approach to answering the second research question posed, did a shift in the discourse on mental illness take place in UK newspapers and, if so, what was the direction and nature of the shift? An exploration of the framing process will however serve to directly answer the third research question posed in the introduction, how were their deaths of Isabel Schwarz and Jonathan Zito framed in terms of causal responsibility? Establishing a different frame, which attributes responsibility for events in a different way, can in some circumstances lead to a transformation in both popular

and/or elite understandings of an issue (Benford 1997). The result may be that a given phenomenon becomes interpreted or reinterpreted as a social problem requiring attention and thereby at least potentially action (Benford 1997). In exploring the impact of the framing process around the deaths of Jonathan Zito and Isabel Schwarz this chapter will also therefore address the first question posed, what role, if any, did the deaths play in establishing violent assaults perpetrated by people experiencing mental illness as a 'social problem' ?

Jonathan Zito was waiting for a tube train in December 1994 when he was attacked and fatally wounded by Christopher Clunis, a young black man with a history of mental illness. Rose (1998) argues that the reporting of the case of Zito represented the emergence of what she suggests was a new frame and thus a 'new story'. Neal (1998:5) suggests it did so by acting as the locus around which a series of pre-existing anxieties converged to create a new form of story or 'frame' of exceptional potency, a "coherent fusion of populist anxieties" which blended "race, gender, mental illness and safety". The combination of insanity and blackness that Clunis came to represent was linked, even if only implicitly, to fears of a rising tide of crime and the stereotypes of blackness, more particularly black maleness, with its post colonial overtones of primitiveness and danger. The result was a powerful blend of stereotypes and fears (Neal 1998).

Karpf (1988:29) however, writing a decade earlier, identified seven types of story which featured regularly in newspaper coverage of health issues. These included *the breakthrough* (scientific discoveries leading to potential new treatments); *the disaster*

(health consequences of earthquakes, fires, explosions, or accidents); *the ethical controversy* (for example, surrogate mothers, test-tube babies); *the strike* (health service dispute or political debate); *the epidemic* (its course and treatment); *the official report or speech* (government or medical) and *the scandal* . One example of which he notes was violence by psychiatric or rather ex-psychiatric patients.

The linking of madness, violent crime and race observed, by Neal is clearly not insignificant. However, perhaps more important with regard to the Zito frames' influence on social policy is a suggestion by Rose (1998:225) suggestion that what emerged in the Zito narrative was not simply a discourse of threat but a very particular narrative in which danger arose "because of neglect, of threat because of a social policy refusal to accept responsibility".

Neal (1998) comments, however, that the media initially did not pay particular attention to the story. This observation is supported by the results of the first Lexis-Nexis search conducted for this chapter covering the period December 20, 1992 to May 20, 1993. Seven articles relating to Jonathan Zito were found; five in the *Daily Mail* (London edition); one in the *Mail on Sunday* (London edition). The single article in the *Guardian* of December 19, 1992 is reproduced in full below.

HEADLINE: Tube murder charge

A man was charged last night with the murder of Jonathan Zito, who was stabbed to death on an Underground platform on Thursday night. Christopher Clunis, 19, from London, who is unemployed, will appear at Highbury Corner magistrates' court today. Mr Zito, 27, of Hornsey, north London, was stabbed through an eye.

Neither Neal's (1998) nor Rose's (1998) assertions can be observed in respect of the early coverage of the story in which Christopher Clunis's race, his mental illness or social policy on mental health do not feature. The only suggestion of even a tentative frame is a reference to Christopher Clunis's lack of employment in the piece in the *Mail on Sunday* on December 20th.

“A jobless man was remanded in custody yesterday accused of stabbing to death a man at a crowded Tube station”.

The main thrust of the stories in the Mail group newspapers focused on the distress of his family and the poignancy of a planned family reunion at Christmas being disrupted "by tragedy". Mr Zito had driven to Gatwick that day to meet his family who were visiting England from Italy. Because there was not enough room in the car, Mr Zito and his brother Christopher opted to return home by Tube. The frame used defines the problem in terms of a tragedy for his family.

There is then no apparent coverage of the story at all until June 28, 1993, some six months later, when a piece appears in the London *Evening Standard*. The article is significantly longer than the previous pieces and a very distinct 'frame' emerges. Christopher Clunis's history of mental illness and his diagnosis of schizophrenia emerge but his illness is not blamed for the tragedy. Instead, a "weeping Jayne Zito" is recorded as saying "her husband's killer, schizophrenic Christopher Clunis, was not to blame". Rather, she blames, the "Government's health care changes for her husband's death". Mrs Zito, whose expertise is alluded to with reference to her experience of having "worked for three years in a rehabilitation unit for the mentally ill", makes an explicit call for a public inquiry into how the changes "they (the government) are making lead to destruction and fear and extreme loss, not only for me and my family but Christopher Clunis and his family and all the people who are vulnerable - just like you and me."

Birkland (1997:159) suggests that events directly affecting only one person can become "symbolically powerful for many people" if they illustrate the experience of others. Strangers experiencing mental illness clearly do not kill large numbers of people in random attacks. It is, however, in this instance perhaps not necessary for the event to illustrate the direct experience of what has happened to someone but rather their fears about what might happen to them. Neither Neal nor Rose mention existing associations reported in the public consciousness between mental illness and homelessness. It is such beliefs, however, when combined with anxieties about increasing numbers of homeless people in London which may have created a scenario where at least for the public the potential threat was all too readily visible. Hicklin (1999:16), writing about 'a

schizophrenic' who pushed a young woman in front of a train on the New York subway, notes that the killing reminded the public "that chance is all that separates us from the victims. Above all, it speaks to our fear of strangers, our utter disconnection to that sub-culture of people (the mentally ill) you see all over".

In the allegedly 'new' narrative contained within the Zito story using Entman's (1993) framework, 'the problem' is that people experiencing severe mental illness whose illness, unless 'managed', makes them potentially dangerous are being inadequately controlled because of insufficient numbers of psychiatric in-patient beds and community supervision arrangements which are deficient. 'The cause diagnosed' in this instance, is the implementation of a policy which is not just inadequately resourced but fundamentally flawed i.e. Community Care. 'The moral judgement' integral to this frame exculpates Clunis, the perpetrator, and it becomes instead policy-makers who are blamed. In this frame their blame has two dimensions because they are held culpable not only for exposing the public to unacceptable risks but also for failing those individuals experiencing mental illness such as Clunis by failing in essence to protect these individuals from the consequences of their actions. 'The remedy' advocated is action by policy-makers to resolve the situation by reconsidering aspects of the policy and allocating greater resources to services for the mentally ill.

The distinction between the original narrative, lacking as it does several aspects of Entman's model, and that which begins to emerge over time is highly significant. The act in question i.e. the killing of Jonathan Zito is explained as a predictable consequence of

someone known to services whose behaviour should and would have been controlled if there had been a "bed available" (*Evening Standard* June 28, 1993). Such criticisms of services were echoed in a comment attributed to Christopher Clunis's solicitor in the *Guardian* of June 29, 1993 the next day, " psychiatric services in the country are in crisis. The level of care in the community is not what it should have been".

CW Mills (1963) famously distinguished between what he termed "private troubles" and "public issues" that is, social problems observing that "When, in a city of 100,000, only one man is unemployed, that is his personal trouble, and for its relief we properly look to the character of the man, his skills, and his immediate opportunities. But when in a nation of 50 million employees, 15 million men are unemployed, that is an issue, and we may not hope to find its solution within the range of opportunities open to any one individual" (Mills 1959:9).

'Issues' are, by implication, not fixed in their status and can "cross over" from private sorrow to public problem and vice versa. Peelo and Soothill (2005:257) suggest that such transitions are mediated by negotiation in which the media can play a crucial role. These negotiations, as Cobb and Ross (1997a:41) suggest, involve at the least two sets of actors "the initiators and the opponents". The former seeks to define or redefine 'problems' and their explanations in order to mobilise public opinion and/or political support. In order for new events to be understood they must be placed in some form of context and one means by which Chibnall (1977) suggests this may be accomplished is by the use of 'experts'. Such experts are often politicians or civil servants or members of professional bodies of

considerable status such as doctors or lawyers. The effect is to give such groups privileged access to the media and thus to some extent potentially a degree of control over the interpretation of events. Such individuals may of course, have vested interests in restricting the political agenda to those issues already under discussion and excluding consideration of other issues. A critical focusing event can serve, however, to disrupt the policy hegemony in any given sector so that alternative voices can be heard who may wish to promote alternative interpretations and thus agendas (Kingdon 1995).

Kolker (2004:821), discussing framing in 'health social movements', notes that one task that such movements must accomplish if they are to challenge dominant conceptions and thus policies is to effect a redefinition of the phenomenon from "a personal trouble to a public issue". Frames are "temporally variable and subject to reassessment and renegotiation" (Snow et al. 1986:476). Thus the way in which a movement frames a problem can significantly affect the significant the ability of that movement to shape public policy (Snow et al. 1986). Activists strive to assign particular meanings to given events and/or conditions by framing and then seek to use these frames to communicate with the public and policy makers. This process is evident in the case of Jonathan Zito by his partner's active rejection of the previously dominant narrative. The frame, which emerges in respect of Zito, ceases to be that of a personal tragedy caused by the illness of one man, and thus his and his victim's personal trouble, and becomes instead that of a wider social problem. Jayne Zito's refusal to blame Christopher Clunis, her husband's assailant, or the clinicians responsible for his care, places responsibility for his death not on an individual but on the failings of a system put in place by government policy. This

frame links danger to the public, the “you and me” described by Jayne Zito (*Evening Standard* June 28, 1993), to the consequence of a ‘failing’ policy. The potential implications of this interpretation in terms of the public perception of community care are manifest. There is, in addition to the general public, one further group within the policy-making community highly sensitive to the political capital associated with safety and who may be notably avid consumers of the media i.e. the politicians (Bauman 2000; Seale 2003). The relationship between media representations and the changes in the nature of policy will be examined in a later chapter. To what extent, however, does the claim that this ‘new’ frame emerged in the coverage of Zito’s death stand up to detailed examination?

It is certainly possible to find evidence of the human tragedy/personal trouble narrative preceding the coverage of Zito. The *Independent* of August 1, 1991 features a story about the killing of two plastic surgeons. The perpetrator’s actions are explained with reference to his pathology, recounting that “he was told by Allah to kill surgeons”. No reference is made in the story to social policy. In an earlier story also in the *Independent* October 23, 1990, the death of “three members of a family” is explained by reference to the perpetrator as a “Paranoid Schizophrenic” (emphasis in the original). Although individual pathology emerges the story also goes on to record the “certain degree of unease” of the judge that the killer “had been discharged from hospital only nine days earlier”. There is therefore a somewhat veiled criticism of the clinicians involved but with no reference to failings of policy. Using Entman's framework, the ‘problem’ is one of mental illness, with ‘cause’ attributed to individual pathology and, somewhat obliquely,

to possible errors in clinical judgement. 'Moral judgement' in terms of blame seems therefore largely absent. This is, it seems, because the perpetrator's illness simultaneously explains his behaviour and excuses him from blame. 'Remedy', it appears, is to be provided by the incarceration and treatment of the individual until he is safe to be released. Is there however, earlier evidence of the 'narrative of the community care tragedy', which was to become associated with the death of Jonathan Schwarz?

The framing of Isabel Schwarz

Reith (1998) chooses to present the findings of the Committee of Inquiry into the Care and Aftercare of Miss Sharon Campbell (Isabel Schwarz's killer) foremost in a series of the 28 inquiries in her text entitled, 'Community Care Tragedies'. The Department of Health Inquiry which, she (Reith 1998:16) comments, "probably represents the earliest inquiry into the failings of community care" was published in 1988. It had been announced in June 1986 nearly two years after Miss Schwarz had been "stabbed to death by a former mental patient" (*Guardian*, January, 13) but did not commence until 1987. Its announcement appears to have marked the culmination of a campaign initiated by Isabel's father Dr Schwarz but, which gained support from many influential supporters. Calls for an inquiry were made by a number of MPs including Harriet Harman who argued that such an inquiry should explore problems of violence to social workers and a "detailed assessment of the practice of community care" (*Guardian*, March 1, 1986).

The DHSS inquiry followed an internal one held by Bexley Social Services whose results have never been published but whose conduct was a source of concern. Halliley (1986:10) in a piece in the *New Society* in May 1986 provides a critical account of Bexley Council's internal inquiry. This was carried out jointly by the deputy Director of Housing and Social Services for Bexley Council and the secretary of the two. The remit of the inquiry (Halliley 1986) was to gather the views of staff on "all aspects of the matter and on the question of past, present and future security within their special professional arena". The investigation into the actions of the Council was therefore to be conducted by senior members of the same council and the actual departments concerned both of whom reported to Mr Srivalasan the Director of the Housing and Social Services Departments of the Council. Despite the seemingly glaring conflict of interest involved the views of staff were expected to be 'candid' (Halliley 1986:8). However, a number of the staff involved viewed the process as compromised. Geoff Will, a colleague of Isabel Schwarz who found her body, is reported by Halliley (1986:8) as stating that "he refused to take part" but that he would have participated in an 'independent' inquiry.

In the narrative that emerges following the death of Isabel Schwarz, pathology does form one element in the narrative. The *Guardian* (March 1, 1986), recording a call by "The Labour MP for Peckham, Ms Harriet Harman", for an (official DHSS) inquiry into Miss Isabel Schwarz's death informs the reader that her assailant "was later ruled unfit to plead because of paranoid schizophrenia". The *Guardian*, (January 5, 1988), in a piece discussing the results of the subsequent inquiry notes she was killed by "a paranoid schizophrenic, Sharon Campbell, aged 24, on July 6, 1984". At least three further frames

can, however, be identified in the narrative which emerges around her killing. In the first of these, the aforementioned causative relationship between mental illness and violence is an underlying assumption within a narrative in which it is the negligence of managers that emerges as the primary cause and managers who are thus culpable. In this frame a series of 'failures', namely to ensure adequate supervision of a discharged patient with a history of violence, carrying and using weapons, failure to act on a series of threats made against a named person in order to protect the person named and failure to ensure adequate office security arrangements, are held to be evidence of negligence (Schwarz 1985a, 1985b). The earliest piece identified by the various search methods employed was published in the *Guardian* on April 17, 1985. This was written by Isabel Schwarz's cousin Walter Schwarz, then coincidentally religious affairs correspondent for that newspaper. It suggests that "If a series of telephoned threats had been believed at Bexley Mental Hospital's Social Service Department Isabel might not have been stabbed to death. Or if the security officer had not gone on leave that afternoon, leaving only the porter to stand in for him" then the killing might have been prevented. The article continues (*Guardian* April 17, 1985), though, to suggest that there are questions of significance beyond the immediate circumstances associated with the death of Miss Schwarz. "A client with a violent record and a known grievance was not supervised or challenged" and there was no effective system of "liaison between social workers" even where threats were being made against another social worker. Yet the article concludes with seeming incredulity, "no official inquiry has been ordered", citing Mr David Pinchin, district health administrator, as suggesting he saw "little point in having one since the facts were known".

Dr Victor Schwarz (Isabel's father) raises a number of these criticisms and the continuing failure up to that point to carry out any form of inquiry himself in an article published, not this time in the general press but in *Community Care* in early October 1985 (Schwarz 1985a). His decision to seek to publish in the professional literature rather than pursue a press campaign may have been deliberate or the results of a failure to evoke further journalistic interest. Whatever the reason his paper is sharply critical of what he alleges are both individual and organisational failings at Bexley Hospital where Isabel was killed, and Bexley Social Services for whom she was working for at the time of her death and in whose offices on the Bexley Hospital site the fatal attack took place. It is, however, also highly critical of Lewisham Social Services who had assumed case responsibility for Sharon Campbell, Isabel's killer. This had followed an earlier attack by Sharon on Isabel, which had taken place when Isabel was driving her to a hostel. Sharon Campbell had not wanted to leave hospital and was discharged against her will. Isabel had reacted to the attempted assault by pulling into a petrol station and calling the police and the event seems subsequently have formed a focus for Sharon Campbell's seeming paranoia (Schwarz 1985a).

Dr Schwarz alleges in particular that the risk of violence by Sharon Campbell was never systematically assessed that, Isabel was, as an inexperienced worker, inadequately supervised and that security arrangements for the offices at Bexley Hospital were flawed both by design and lack of maintenance. "A security door was in the wrong place, forcing 28-year-old Isabel Schwarz to open it to go to the toilet - and allowing her killer in" (*Guardian*, July 15 , 1987) and "A panic button alarm was broken in the hospital where a

social worker was stabbed to death by a former psychiatric patient, an inquiry heard yesterday” (*Guardian*. July 15, 1987). Isabel’s death was therefore not the result of an unpredictable event caused by the mental illness of a deranged individual but rather (*Guardian* July 15, 1987) “the result of gross negligence” by the clinicians and managers involved. Such negligence on the part of managers was not, however, simply a callous disregard for the welfare of their employees but instead the product of denial (Schwarz 1987). Faced with the very real prospect of violence in practice individual social workers use denial premised on victim blaming (Bowie 1999). In this narrative, also recognised in other professional groups, individual workers subject to violence are commonly seen by other workers as less skilled, less experienced and/or more confrontational. The frame deployed thus blames the worker for his or her own assault as opposed to examining the possibility of systematic organisational failures (Bowie 1999). This explanation is functional in one sense because it serves as a defence mechanism for other workers allowing them to distance themselves from the possibility of their own victimisation. However, as Schwarz (1987:14) observes, when such a belief system permeates the culture “employers can shrug off assaults, professing sympathy for the victims” while quietly practising victim blaming and ignoring the root causes of violence. If, as the frame suggests, victims are in effect responsible for their own fate then management is neither responsible for what happened nor required to act to prevent further such incidents.

Dr Schwarz’s allegations in the October 1985 piece, regarding the lack of experience of his daughter, are questioned in a response to his article in the form of a letter to Community Care by Mani Srivalasan, then Director of Bexley Social Services and Geoff

Ettridge, her 'Team Leader' (Srivalasan and Ettridge 1985). Their letter suggests two alternative frames. In the first, Isabel's wisdom in "opening the department after all the staff had left" is raised, together with the observation that whilst social work is "about taking risks for the sake of our clients" such risk-taking may sometimes be undertaken, it is implied, not for good clinical reasons but instead "for expediency" (Srivalasan and Ettridge 1985:8). The effect is to engage in 'victim blaming' and thus locate the event as a personal tragedy but, perhaps conscious of the sensitivity of such a suggestion, they attempt to qualify their previous remarks in noting "that such comments are not to be taken as criticism of Isabel's actions" (Srivalasan and Ettridge 1985:8). Such assertions notwithstanding, they develop a further frame by recording their concerns as to the "limitations of care in the community". They observe that as institutional provision diminishes as a result of 'community care', one consequence will be the discharge of increasing numbers of people with mental illness "in a fairly active stage of their illness" inevitably increasing the risks posed to staff (Srivalasan and Ettridge 1985:8). In this frame the event is symptomatic of a wider social problem. This is not, however, a failure of the nature or direction of policy, which they do not question, rather it is a failure to adequately resource it. Perhaps unsurprisingly, in neither of the frames they establish do local or senior management emerge as culpable. Indeed they suggest (Srivalasan and Ettridge 1985:8) that the security measures introduced following Isabel's death are "undermining the essential principles upon which social workers base their relationships with individual clients".

The letter by Srivalasan and Ettridge (1995) provoked a response from Dr Schwarz (Schwarz 1985b) which angrily rejected not just the suggestion of victim blaming but the

alternative explanation of resource problems. The frame he asserts is that contained in his original article (Schwarz 1985a:23) in which professional and managerial failings resulted in “a death untimely and unnecessary, in circumstances which were foreseeable and preventable”. An internal inquiry was, however, eventually held partly it appears as the result of a list of ten awkward questions sent to the Bexley Social Services Department by her father, described (*Guardian* April 17, 1985) as a Reader in Biochemistry at Manchester University “but someone who knows his Health Service”. The results of this internal inquiry have never been made public and Dr Schwarz then campaigned for an independent inquiry.

The *Guardian* (July 15, 1987) cites “Dr Victor Schwarz's claims that his daughter's death was the result of gross negligence”, noting that the “official DHSS inquiry” was “set up after Bexley Council's own confidential internal inquiry ruled there were no significant management failings” (*Guardian*, July 15, 1987). The aims of the DHSS inquiry (DHSS 1988), were to consider the treatment and care of Ms Campbell both before and after her hospitalisation. In addition, however, the inquiry was charged with making “recommendations to protect social workers”. The implication was clear that the death of Isabel Schwarz might have wider implications for policy and practice (*Guardian*, January 5, 1988). This emerging frame can also be discerned in the headline in the *Guardian* (January 5, 1988) “Killing by patient avoidable”. In the same piece, Ms Campbell's solicitor is reported as stating that “I don't believe this was an unstoppable and homicidal killing. I believe it was foreseeable and preventable”, as “her 'condition' had been deteriorating for some time.” (*Guardian*, January 5, 1988).

The nature of the frame Dr Schwarz proposes however shows a degree of change over time. In 1986 (Gaffaney 1986:3), he is dismissive of announcements by Norman Fowler (then Secretary of State for Health) that government is to consider the issue of violence, claiming that “we have all the legislation necessary to ensure that employers do all they can to protect their staff but it is not being implemented”. He argues that what is required is simply robust enforcement of the existing legislation (Gaffaney 1986:3) and calls for “one authority to be made an example of by being prosecuted” under the Health and Safety at Work Act. He is, however, reported some four years later (*Guardian* February 5, 1992) arguing that there need to be greater controls on psychiatric patients discharged from hospital, “My daughter died because of the failure of community care as it is now practised”, “It is no good discharging a patient and then saying cheerio”.

There is, therefore, strong evidence of narratives raising concern over both practice and policy at a national level considerably before Jonathan Zito’s untimely death. The scope of these concerns in terms of training for social workers, aftercare arrangements for those discharged from care and communication arrangements between local authority social work departments raises some of the points which were to reoccur later in the narratives that emerged around Zito, particularly regarding aftercare. Such criticisms as were offered, do not however seem to question the overall direction of policy but rather aspects of its execution. In this sense, Rose’s (1998:225) suggestion that the Zito narrative was new in its explicit identification of a “threat because of a social policy” might still seem to hold true.

Examples of this narrative framework can, however, be found earlier. An article by Marjorie Wallace (*The Times* July 11, 1986) on two killings carried out by Juan Gonzalez on the Staten Island Ferry in New York links such deaths directly to inadequacies in his care and “pressure from well-meaning civil liberties campaigners” that had brought about the “closure of mental hospitals before means of looking after the patients in the community had been provided”. It might be suggested that this story, while containing many elements of the Zito narrative, lacks relevance because of the US setting of the events. There are, though, also examples of similar narratives in earlier newspaper articles in the UK. Suggestions that the press coverage of Zito represents a new type of frame are notably difficult to reconcile with aspects of the narrative which appear in a long piece in the *Guardian* on February 5, 1992 some four months before Jonathan Zito was attacked. It is headlined “Society: Fear On The Streets”. The “potential danger in releasing psychiatric patients from hospital without the back-up of proper community care” is discussed with reference to “a number of mentally ill people in recent years who have committed murder soon after receiving psychiatric care”. The piece (*Guardian* February, 5 1992) refers to “predictably lurid press coverage”, “Mad-axemen stories” and “hysteria whipped up by the press”, “that insane people are being let out to the streets to kill”.

It goes on, however, to describe several instances in which individuals experiencing mental health problems, recently discharged from hospital had gone on to kill. It then discusses the confidential inquiry under the auspices of the Royal College of Psychiatrists into killings carried out by people experiencing mental illness, noting that, at the

announcement of the inquiry, Stephen Dorrell, then Junior Minister for Health, had commented that releasing patients into the community would always involve risk, "but if a repeat incident occurs because the lessons of the first have not been learnt, we are all culpable". Critics (un-named in the piece) are reported as accusing "the Government of a knee-jerk reaction". However, fears of a "backlash which could jeopardise community care" are attributed to Jerry Westall of the National Schizophrenia Fellowship, who observes that "No one knows whether more mentally ill people are killing more than before", "but the public thinks they are"(*Guardian*, February 5, 1992)

The article calls for a "more rigorous approach to discharging patients to reduce the likelihood of mistakes". In addition, however, it offers a critique of the current system observing that it is "poorly designed to assess risk" describing the then current framework for 'detained' patients (those held compulsorily under the 1983 Act) as unsatisfactory because risk management revolves around a single decision i.e. whether to discharge or not. If discharged, there were no controls which could be applied beyond readmission. What was required, the article suggests, where there were serious concerns, was a graduated "process of small, minor risk-taking decisions" accompanied by decreasing levels of supervision which could always be adjusted upwards if necessary. The irony, as the paper notes with reference to the case of Stephen Findlay, who stabbed a complete stranger to death in the street some five days after being allowed to discharge himself from hospital in Carlisle, is that such a system was already in existence. However, "in an obscene Catch 22" in order to receive the level of community support needed "to prevent him murdering", Findlay would have had to have been held in a

special hospital. But in order to be held in a special hospital he would already have had to have committed an offence such as homicide. The paper notes though, that opponents of increased controls criticised such proposals “as an abuse of patients' liberties”. The piece, however, concludes by observing “most commentators now agree that the Government should introduce a form of half-way house to allow patients to move back into the community without becoming lost to the medical system. Sadly, that is what community care was supposed to achieve in the first place”. (*Guardian*, February 5 1992)

The narrative which emerges from the piece cannot easily be fitted into Entman’s model as it contains a series of assertions and rebuttals and no single discourse. Yet it undoubtedly offers a detailed critique of the implications of the then current policy, citing specific examples where the reported inadequacies of the current framework were implicated in a series of cases where members of the public died. The responsibility for such problems is placed firmly on policy inadequacies and thus firmly with Government. A shorter piece in the *Independent* (October 24, 1991) on the inquiry by the Royal College of Psychiatrists records the College’s concerns that the inquiry must also focus on the issue of suicide in mental illness in order that a focus only on homicides is avoided lest it create a highly prejudicial view of mental illness. It cites Stephen Dorrell’s comments that if a “discharged patient is involved in homicide or similar incident, every detail of the history of that patient's management is fully examined and the lessons learnt”. We must, he is reported as commenting, “be prepared to look the families of any future victims direct in the eye, and say that we did all we could to avoid their bereavement.”

Given the explicit and detailed criticisms of policy in the earlier *Guardian* piece of July 15, 1991 and the admission by Stephen Dorrell of at least a perceived problem, the contention that the later press coverage of Zito marked the emergence of a new story ‘the community care tragedy’, has to be refuted. If, however, the frame contained within Zito was not actually new then the question emerges as to how Zito came to function as a ‘reference point’ for media reports of homicides carried out by people experiencing mental illness, such that it continues to be cited in newspaper reports of other deaths more than a decade after having brought the problem of homicides committed by people with mental illness so “graphically into the public eye” (*Daily Mail*, December 24, 2004).

It is seemingly via the process of repeated reference in subsequent stories of homicides involving people with mental illness as the perpetrator to the case of Zito that the frame establishes its demesne and becomes the archetype for future ‘community care tragedy’ stories (Hallam 2002) in a way that previous homicides involving people with mental illness seem to have failed to do. The use of such ‘reference points’ is discussed by Eldridge et al. (1997) in relation to the media coverage of child abuse and Orkney. They comment that in establishing an association with previous cases, particularly in the context of child abuse scandal stories, ‘Cleveland’ is one means of putting the events into a pre-prepared frame. They suggest, however, that the reiteration of particular phrases is also important, noting in respect of child abuse cases the repeated appearance of such terms as ‘dawn raid’. That some event should emerge as a reference point is therefore not unusual, but why Zito as opposed to either Schwarz or any of the other deaths perpetrated

by people experiencing mental illness that occurred between the death of Isabel Schwarz in 1984 and Jonathan Zito in 1992?

One aspect of the explanation of why Schwarz did not become defined as a reference point for future community care tragedies is that Victor Schwarz, Isobel's father, committed suicide in 1992. His voice therefore disappears from the discourse and no spokesperson came forward to fulfil his campaigning role which involved both writing for the 'professional magazines' press i.e. *Community Care* and acting as a source of comment for journalists. The effect of his absence can be judged by the eleven year gap in references to Isabel Schwarz's death in the newspapers that results. However, it must also be noted that the story of Isobel Schwarz's death had, by the time of her father's suicide only barely appeared in newspapers and, leaving aside the lengthy piece by her cousin Walter, usually only via brief references. The reasons why the story appears to have attracted little interest in the mainstream press suggest another explanation as to why it did not become a reference point. Reith (1998) describes the inquiry into Ms Schwarz's death as the first into a community care tragedy, but in a number of significant respects her death does not fit the frame of the community care tragedy in its 'purest' form. Crepaz-Keay (1996:38) suggests this involves patients "being [wrongly] let out of hospital", which is perhaps applicable in the case of Isabel. It also demands, however, that the victim be an innocent stranger unknown to the perpetrator. Isabel Schwarz was not a member of the public but instead a professional, well known to her assailant, and whose killing did not occur in a public space but instead in the confined spaces of an institution. In one sense, by choosing to work with people with mental illness she had also ceased to be 'innocent' because it might be construed as in the frame proposed by

Srivalasan and Ettridge that she had accepted the inevitable risks potentially involved in such work. The threat implied by the event of her death was not therefore symbolic of a threat to the wider community but rather of something confined to institutions or to one professional group. Its newsworthiness was therefore low despite its rarity value in that the death of a professional worker in mental health due to homicide by service users is statistically rarer than the death of a family member killed by people experiencing mental illness or even the killing of strangers. Rarity in this context, unlike some of Birkland's work, does not therefore necessarily equate with newsworthiness although stranger killings are generally more newsworthy than killings of family members (Peelo et al. 2004). The underlying distinction appears yet again to be that between private tragedy and social problem but also one in which the location of the homicide and the relationship of the victim to the perpetrator interact to define the risk perceived to the wider community. Isabel Schwarz's father Victor cited in the *Guardian* (April 17, 1985) is reported as "almost overwhelmed by society's cool and apparently indifferent acceptance of the risks Isabel ran." It is perhaps this indifference to the risks posed to workers in mental health, as opposed to the risks which might be posed by people with mental illness in the community, that, when combined with the absence of a spokesperson, may have served to prevent Isabel's death becoming the media reference point. A more recent example of the same differentiation in terms of newsworthiness would be the contrast in media attention given to the death of a nursing assistant Mamade Eshan Chattun who was killed in St George's Hospital in London in 2004. The press coverage received was minimal in comparison to that given to the murder of a banker, one Denis Finnegan, by a 'mental patient' who had absconded from care that occurred

some months later also in London. The frame of the community care tragedy which attributes responsibility for the deaths of innocent members of the public to politicians constructs such deaths as an injustice perpetrated upon both the victim and the perpetrator by policy-makers and thus morally unacceptable (True 2000). Where the victim is a professional the 'injustice' dimension of the frame seems tempered. This seems to reflect a perception reflecting wider cultural frames regarding risk in that in choosing to work with people experiencing mental illness the person is perceived to have chosen, even if only implicitly, to accept the risks involved. The cultural dimensions of risk and the potential implications of changes in perceptions of risk over time will, however, be explored in more depth in Chapter Six.

In contrast to the loss of voice for Isabel Schwarz, the decision by Jayne Zito to campaign provided a spokesperson in his widow who was articulate, white, middle class and, something not insignificant even for the print media, described as "beautiful" (Neal 1998:3.1). Her campaign encompassed both giving interviews (Anonymous 1992; Francis 1994; McMillan 1994; Robin 1995) and writing for the professional journals (Zito 1994) and provided a highly visible focus point for those critical of policy which might otherwise have been absent. Perhaps crucially she provided a point of contact and importantly a source of quotations for journalists. In addition she was someone who knew from experience as a practitioner the implications of current policy. It appears her campaign was initially personal, then in association with MIND and, latterly via the Zito Trust an organisation founded in 1994 specifically to support the victims of 'community care failures' (Howlett 2000). The status as a victim of a preventable tragedy defined by

the narrative she articulated lent her considerable moral authority which posed severe problems for those opposed to her proposals for reform. Following a meeting with the then Health Minister John Bowis and Secretary of State Virginia Bottomley in 1994, she accused them of trying to treat her husband's death as a personal tragedy as opposed to an indication of the problems intrinsic to community care (*Independent*, July 19, 1993).

In subsequent stories of homicides involving people with mental illness as the perpetrator repeated reference to the case of Zito establish the demesne of the frame and archetype for future stories in a way that previous homicides involving people with mental illness seem to have failed to do. The newsworthiness of the case of Jonathan Zito and thus its longevity are however, clearly a function of the frame inherent to its narrative i.e. community care tragedy.

Conclusion

Gamson (1992b) has argued that three kinds of frames delineate how problems are framed. What he terms 'Aggregate' frames effectively define putative issues as 'social problems' but the burden of responsibility for action to resolve the issue is placed with individuals. 'Consensus' frames, in contrast, whilst also defining an issue as a social problem, represent it as one that can be solved only by collective action but leave unspecified who should actually act. 'Collective action' frames differ in three key respects from aggregate or consensus action. Firstly, they define the problem as one, which is intrinsically 'unjust'. Secondly, 'agency' i.e. responsibility for the problem is

placed with an identifiable actor. Thirdly, and perhaps crucially, the frame establishes an adversarial relationship between 'us' in terms of identity as members of the public and 'them' i.e. whomsoever the imputation suggests is responsible for the problem. As is evident, all three processes can be observed in respect of the frame that emerges in the later news coverage of the death of Jonathan Zito. Collective active frames are more likely to be associated with policy change (Gamson 1992b).

The narrative of the community care tragedy frames violent assaults perpetrated by people experiencing mental illness as a 'social problem' requiring collective action. The death of Jonathan Zito and the way in which it was framed led to his death becoming symbolic of this new problem. However, representation of an issue as a problem by the news media even via a collective frame, does not necessarily ensure that it achieves such status on the social policy agenda (Gamson et al. 1992b). The media form only one element of the discourse and frames exist, as Gamson et al. (1992a) suggest, in multiple dimensions. These include those formed as a result of individual's own experiences, the 'original' discourse produced by involved or interested individuals or groups on a theme, media interpretations and representations of debates between such groups, 'media generated images' (the visual forming an important element of the discourse) and those 'cultural tools' which people use to make sense of both the original discourse and media translations of that discourse (Gamson, 1992). Finally, as Gamson (1992) notes, there remains that which constitutes 'common knowledge' in a given culture.

Such frames function as discourses whose interaction serves to construct meanings, albeit ones whose dominance is usually incomplete, transient and contested. Entman (1993:52) suggests that framing draws our attention not only to the moral dimensions of any issue but to four aspects of the process of communication, “the communicator, the text, the receiver and the culture”. The former two have been explored in Chapter Two and this chapter but it is to the ‘receiver’ in terms of the public and policy-makers that the next chapters will turn. As Kinder and Saunders (1999:70) note the culture is of manifest importance because frames within the “political discourse” must draw upon wider cultural themes in terms of discourses in order to establish connections with potential audiences and their “internal structures of the mind” in order to seek legitimacy (Entman 1993). What constitutes common sense in terms of commonly accepted ‘truths’, both in respect of the issue more generally and at a broader social level, therefore plays a potentially important role in determining the acceptance or rejection of a new issue frame. The nature of common sense beliefs about mental illness and violence, together with the role of the media as an influence on such beliefs will therefore form the focus of the next chapter.

Chapter 4

The Media, Public Opinion and Social Policy

Introduction

Morrall (2002:122) suggests that there seems little debate that newspaper coverage can “increase the size of the audience” by sensationalising a story and by demonising certain players in that story. Jenkins (1992:21) in discussing the category of ‘failed’ moral panics such as an attempt to foster anxiety in the UK about single mothers similar to the ‘single mothers on welfare’ issue in the US, poses an interesting question. He asks whether the media can actually “create and sustain a campaign to demonise a group or individual” in the absence of “a constituency prepared to accept such a view”. As Kingdon (1995:77) observes, this suggests that perhaps the critical thing to understand is not “where the seed comes from” i.e. what appears to prompt a reaction in terms of public opinion or social policy but rather “what makes the soil fertile”. Why is the public receptive to particular discourses containing particular frames and not others? The suggestion which arises in the context of this study is that the frame contained within the narrative of the ‘community care tragedy’ could not have achieved the status it did unless it reflected existing themes in the cultural discourse around mental illness. There are, of course, multiple themes and frames evident in the discourse around mental illness but one critical aspect may be beliefs about the nature of a relationship between mental illness and violence.

This chapter will therefore firstly explore public beliefs in an association between mental illness and violence and thus whether a ready audience existed for elements of the narrative contained within the community care tragedy. It will then examine the potential role of the media in fostering the association suggested. In particular, however, it will critically review the contention that reporting on the events which form the focus of this study led to the emergence of a “new monster in our midst” (Laurance 2003: xiii). This is the murderer whose mental illness caused him or her to be potentially dangerous and whose foreseeable violence was not prevented as a consequence of community care. A change in public attitudes would be significant because perceived dangerousness is a significant predictor of support for coercive treatment (Link et al. 1999). Identifying whether any change in public consciousness can be discerned will directly address the first research question posed i.e. what role, if any, did the deaths of Jonathan Zito and Isabel Schwarz play in establishing violent assaults perpetrated by people experiencing mental illness as a ‘social problem’? It will also, however, by critically examining the relationship between public opinion and social policy, serve to further address the final research question posed i.e. what influence, if any, did the deaths of Jonathan Zito and Isabel Schwarz have on the social policy agenda and how was any such influence exerted?

Public Attitudes

Shirley Star (1955), discussing the implications of her pioneering research into public attitudes towards mental illness, suggested that mental illness was perceived by most members of the public as something fearful and threatening. A review by Wahl (1992)

on public opinion nearly two decades later concluded that these early conclusions appeared to apply not only to the US but internationally, and not just to mental illness itself but to those experiencing it. Significant proportions of the public appeared to be scared of people with mental illness (Wahl 1992). The origins of such fear can be suggested to lie at least in part with the association between mental illness and violence. “There is evidence to suggest that an association between mental illness and violence in the public consciousness is pervasive”, (Monahan and Arnold 1996:67). Maclean (1969) in an early UK study found 33% of her sample agreed with the statement that the ‘mentally ill’ are dangerous. Appleby and Wessley (1988) found 34% of the general public believed that ‘the mentally ill’ were likely to be violent and in a study by Boronstein (1992) 24% reported that they believed that people with mental illness were more dangerous than the general population. A study of 1000 adults in the USA (Yankelovich1979) found 24% in agreement with the proposition that people with a chronic mental illness were far more dangerous than the general population, and a larger survey of 1500 adults in California found 61% agreeing that people with schizophrenia were more likely to engage in violent crime than a normal member of the community (Field Institute 1984). Angermeyer and Schulze (2001:469) assert that the issue of violence is absolutely integral to conceptualisations of violence held by the public, indeed “dangerousness is the central ingredient in the stereotype of the mentally ill”.

Fears by the public of people with a mental illness may, of course, be mediated by factors other than violence (Levey and Howells 1995). This notion finds support in a study by O’Mahoney (1979) in which, while nearly 50% of their sample reported fear of the

mentally ill and just over 20% reported that they thought that people with mental illness were actually dangerous. Levy and Howells (1995) offer an interesting explanation for this apparent anomaly arguing that the public feel mental illness is associated with unpredictability. This, they suggest, in itself, may be associated with an increased desire for social distance independent of beliefs about a propensity for violence. There is strong evidence, however, that beliefs about an increased likelihood of violence by people with a mental illness, compared to the general public, influence desired social distance. Link et al. (1987) found that members of the general public, who did not believe in an association between mental illness and violence, were significantly more willing to have as a neighbour someone with a previous history of hospitalisation for a psychiatric disorder than those who believed 'the mentally ill' were prone to violence. There have been few attempts to investigate beliefs about dangerousness in the general public related to diagnostic categories but it has been suggested that people with schizophrenia may be seen as particularly dangerous (Furnham and Rees 1988, Levy and Howells 1995; Angermeyer and Matschinger 1999; Link et al. 1999).

Are the media responsible?

Early discussions of the role of the media on public attitudes to mental illness appear to have tended to assume, if only by default, a causal relationship between media representations and public attitudes. Studies in the US (Borinstein 1992), UK (Philo 1994) and elsewhere (Kalafetelis and Dowden 1997) of public attitudes towards people experiencing mental illness have consistently indicated that a majority of respondents see

their primary source of information as 'the media' (Wilson et al. 1999). Philo (1994:96) in an analysis of the effects of media representations of mental illness found 40 % of his sample agreed with the statement that "people with schizophrenia were quite likely to be violent" The primary source of information for this attitude was given as 'the media'. Scheff (1974) classically described the operation of labelling theory in mental illness. This presumes that individuals are exposed to stereotypes of mental illness in the media as part of their socialisation and over time, as a consequence of repeated presentations these become internalised. A problem occurs when, as observed by Nunally, (1961:233) such representations are

"stylised to fit the requirements of fiction and drama. The symptoms of mental illness are exaggerated, the causes and treatments are greatly over-simplified and often erroneous, and mental illness usually appears in a context of horror, sin and violence".

Where an individual lacks direct experience to contradict these stereotypes, the repeated association of mental illness and violence can both create and strengthen belief in a causal relationship between mental illness and violence (Link et al. 1987; Philo et al.1996). There is ample evidence to support Nunally's observations in respect of fictional depictions across several countries (Hyler et al. 1991). Gerbner et al. (1981), in an investigation of fictional representations of mental illness on North American television, found that characters represented as being mentally ill were far more likely to be violent (73%) or homicidal (23%) than their non ill counterparts (40% and 10% respectively). In another US study, characters with mental illness were ten times more

likely than other characters to behave violently (Diefenbach 1997). However, the issue of representation affects not just fictional representations but, as in this study, news reporting. Rose (1998) found two thirds of news stories on British television featuring mental illness associated it with violence. Similar findings have been reported in the print media. A content analysis of the United Press International Database by Shain and Philips (1991) concluded that 86% of all stories in which 'former mental patients' featured were about violent crime, predominantly murder. Angermeyer and Schulze (2001) note that such findings are not confined to the US and that they consistently replicated in European studies.

A further dimension of the coverage of crime in the news media involves the use of vernacular phrases such as 'insane', 'madmen' to describe criminal behaviour where mental illness is not necessarily in evidence. For example, rapists may be described as 'maniacs', stalkers are 'crazed', knife-wielding assailants are 'psychotic'. Such casual misattribution of behaviour to mental illness, which is particularly noticeable in the tabloids, can foster confusion in the public consciousness (Howitt, 1998; Philo et al. 1996). As Coté and Simpson (2000:85) suggest "We learn about the risks in our lives from hearing about the misfortunes of others." Confusion in the use of terminology is therefore clearly undesirable.

There are issues not just with the focus but with the nature of representations. Angermeyer and Matschinger (1996) note that newspapers commonly refer to a perpetrator's history of mental illness, particularly previous hospitalisation, creating by

implication the impression that the crime was a consequence of the individual's mental illness. The negative effects of explicit associations between mental illness and violence may be compounded by more subtle aspects of the way in which characters experiencing mental illness are portrayed particularly in fictional accounts. Wahl and Roth (1982) observe this is often as people with no occupation, no family and with no known marital status who are thus missing the conventional markers of normal social identity. Such depictions serve to further distance the mentally ill from "the usual fabric of society" (Olstead 2002:625). Any effect arising from negative depictions, whether implicit or explicit, is likely to be increased by failure to 'contextualise' the issue of violence and people with mental illness. This absence of context includes not acknowledging that people with mental illness experience an increased risk of being the victim of violence and that the vast majority of violence is carried out by people who are not mentally ill (Read and Baker 1996). Further omissions in terms of context include not presenting positive accounts of people either living with, or recovering from, mental illness (Day and Page 1986).

There are suggestions from the US that the public appears to have become substantially more knowledgeable about mental illness since the 1950's (Phelan and Link 1998). Despite this, or perhaps because of it, beliefs by the public in an association between mental illness and violence, particularly psychosis, have increased rather than decreased over the period. The results in respect of the issues of violence and fear are, however, inconsistent. Brockington et al. (1993) and Hall et al. (1993), in two large community samples studies found comparatively little fear of the 'mentally ill'. Other studies have,

however, also suggested that a significant minority of the public in the UK are fearful of people experiencing mental illness and that their fear is mediated by anxieties about both unpredictability and violence (Cowan and Hart 1998). The limited literature on public opinion towards people experiencing mental illness specific to the UK remains, however, difficult to summarise with wide variations in methodology, sample type and size, and major concerns over the 'social desirability effect' (Philo et al. 1996).

It is tempting to conclude that the effects of persistent fictional depictions of mental illness in a context of violence and factual reporting of mental illness with an 'undue' focus on mental illness in association with violence have served to create, maintain and perhaps exacerbate a situation in which "public fears are out of proportion with reality" (Link et al. 1999:1332). The extent of the misrepresentation in some contexts may certainly be staggering. Diefenbach (1997) suggests that during a two-week period on US television, on the channels studied, characters with mental illness were ten to twenty times more likely to engage in violence than sample rates for individuals in the US, experiencing similar forms of mental illness to those depicted were in reality to exhibit over a whole year. Hyler et al. (1991) analysed the representation of mental illness in the American cinema and concluded that people with mental illness were most likely to be represented as homicidal maniacs. In the occasional instances where this was not so the most frequent depiction was of a narcissistic parasite (Hyler et al. 1991). The frequency with which portrayals of mental illness are linked to dangerousness have been suggested to fulfil a fundamental human need and thus to be functional. Building distressing images

into familiar narratives, regardless of their objective truth, may serve order to reduce the uncertainty that they provoke (Salter 2003:123).

Anderson (2003a) argues that disproportionate fears by the public of the mentally ill, together with exaggerated representations in the media, are a reality. The latter is an assertion this study's findings appear to contradict, which is further undermined by suggestions that the number of killings by people experiencing mental illness reported in the press is actually significantly lower than those recorded, perhaps by as much as 45% (Morrall 2000). The former is undermined by the implicit reference to some presumed measure of proportionality. However, Anderson goes on to take issue with the suggestion that one i.e. public fear is a product of the other i.e. media representations, asserting that this is an inherently reductionist argument. As an explanation for the evidence in terms of public opinion, simply blaming the media for alleged public misperceptions, is in fact problematic for several reasons (Gauntlett 1998). Firstly, there is ample evidence that while there is substantial evidence of a preponderance of stories linking mental illness with violence in fiction and the news media, there are also many examples of alternative portrayals, albeit perhaps less numerous (Byrne 2000). In film, recent productions such as 'A Beautiful Mind' depict schizophrenia, the diagnosis most often used in association with violence, in the context of troubled genius. Sieff (2003:261) observes that people with mental illness may feature as a theme in comedy in films such as 'Harvey' or the 'Dream Team' in which they are seen as "cheerful, happy and kind even preferable to normal people". Reveley (1997) describes his experience working with the scriptwriters for 'Eastenders', a popular UK soap opera team, and the

consequences in terms of a presentation, to over 10 million people, of the idea that schizophrenia affects normal people and is a treatable illness. There are therefore multiple dimensions to the depiction of mental illness in the media which can incorporate both diversity and sensitivity to the extent of incorporating reflexive discussions about media depictions of mental illness and the need to observe care in the use of terms such as schizophrenia (*Guardian* 1999).

Secondly, and perhaps crucially, evidence that ‘the image of the dangerous mentally ill’ has been ‘propagated by the press’ assumes that such depictions actually influence public attitudes when the evidence in support of this contention remains inconclusive. There are some studies which appear to show that those who have no access to information about mental health from any other source i.e. personal or family experience or academic study may be more likely to be influenced by media representations, particularly television (Granello and Paul 2000). Studies into the effect of actual, as opposed to fictional events, involving violence and people with mental illness, the particular focus of this study, and their influence on public opinion are, however, notably rare in the literature. A somewhat obvious inability to anticipate when such ‘events’ are likely to occur tends to effectively preclude any ‘before and after’ studies. However, a number of studies have coincided with events that are similar to an extent to those that form the focus of this study. These include Appleby and Wessley’s (1988) investigation into the attitudes of the general public towards people with mental illness before and after the killings at Hungerford in England. This found a significant increase in those believing that those who carried out violent crimes were likely to be mentally ill. The effect was significant, but it transpired,

essentially temporary, with significant reductions subsequently noted more than a year after the incident. A larger study was carried out by Angermeyer and Matschinger (1996) in the former Federal Republic of Germany involving a series of six surveys using individual interviews focused around vignettes depicting case histories of an individual with mental illness. Coincidentally the first survey was carried out immediately prior to an attack on a prominent German politician by a woman with schizophrenia which received widespread media coverage, with the second survey following some two weeks later. A further attack on another German politician, again by an individual with schizophrenia, occurred some five months later, and again with wide media coverage. The third survey was one month after the second violent attack with the fourth fifth and sixth surveys occurring over the two years after the attacks. The findings suggested marked increases in beliefs that the mentally ill were violent immediately around the times of the two attacks but the changes in public attitudes noted were again not sustained over time. Yet even when the effects of the attacks appeared to have faded, a significant proportion of the public continued to believe that the mentally ill were violent.

The findings discussed regarding the prevalence of beliefs about the nature of the relationship between mental illness and violence in several countries might be interpreted as evidence supporting a media effects model. Yet the argument for a media effects model presumes the existence of a media capable of exerting such an effect. Although there is strong evidence that the association between mental illness and violence is culturally embedded, there is also some evidence suggesting such beliefs are evident in antiquity thus preceding, it appears, the existence of any form of mass media (Monahan

and Steadman 1994). As Angermeyer and Schulze (2001:470) observe “in the course of history insanity has again and again been imbued with negative meanings which have come to be an integral part of our cultural common sense and our definitions of social reality”.

Rosen (1968) cites plays by both Aristophanes and Plautus where madness is intrinsically associated with violence. In slightly more contemporary English literature the eponymous heroine of *Jane Eyre* discovers the homicidal madwomen in the attic to be the first ‘Mrs Rochester’. Through unsubtle allusions to her ‘mixed race’, madness and violence are linked and explained by implication to the influences of blackness and thus primitiveness suggesting that the ‘new’ association between mental illness, violence and blackness, alleged by Neal (1998) to have emerged in the narrative around Zito, is rather older. The association between madness and violence on screen also cannot be viewed simply as a recent development with Hyler et al. (1991) noting in particular a silent production by DW Griffith in 1909. Given that it appears such beliefs are long standing, relatively stable and seemingly widespread it might be argued that rather than the media being somehow responsible for fostering fear among the public via depictions of mental illness in the context of violence they are instead reflecting the beliefs and ideas about mental illness that are prevalent in our culture (Cohen 1995). These will, of course, in the case of the news media, be filtered through the contemporary and changeable agenda of newsworthiness (Bolton 2000).

The media effect, at least in its simplest form, tends to imply that the public can be treated as a homogenous group when the evidence suggests significant differences between individuals in how they use the media. Further it portrays the public as passive recipients of media representations when the evidence suggests that they both actively select what they receive and make judgements about its representativeness (Gunter 1987). The process of reading requires the reader to make associations and to form conclusions as to motivation and responsibility and to accept or reject suppositions and make meaning via interpretation of, sometimes, subtle, cultural references (Anderson 2003b). Curran and Sparkes (1991) have argued that while newspapers, the focus for this study, have been argued to represent fixed meanings for their readers, the meanings produced are in fact multiple, stemming from the interaction between a series of elements. Essentially newspapers “enlist readers as co-creators of the text” with the text, in significant part a reflection of the culture (Anderson 2003a:301).

This would suggest that the potential long term impact of the death of Isabel Schwarz on public consciousness, given the relatively limited media coverage it attracted, was almost certainly if sadly, negligible. The question of the impact of Zito on public opinion is more difficult to answer. It became the archetype of the community care tragedy and public recognition of the case is therefore likely to be much higher if only because of its repeated use to contextualise similar events. Public recognition does not, however, necessarily equate with an influence on social policy.

An increase in media attention or a change in the balance of media representations as demonstrated in Chapter Two does not necessarily indicate a change in public attitudes about the nature of the relationship between mental illness and violence. There is, however, a possibility other than that of the hypothesis integral to moral panic discussed in chapter one (Jenkins 1998). This posits a substantive change in attitude i.e. someone who previously did not believe in an association between mental illness and violence or that such an association posed a significant threat to public safety because of the nature media coverage began to believe in a causal association and that it posed a threat to public safety over the period in question . There is however, an alternative, which is that if a substantial proportion of the public already believed in a causal relationship between certain forms of mental illness and violence, as seems highly probable on the basis of the evidence reviewed, a change in the balance of representations in the media might serve to reinforce their credence in such an association. The consequence might be a decrease in their support for the implications of community care in terms of an increased community presence for those labelled mentally ill. The narrative contained within the community care tragedy story popularised by Zito would seem implicitly to reinforce beliefs linking mental illness and violence per se, even if the explicit attribution of responsibility is to community care and thus to politicians rather than the clinicians or the perpetrator.

Lippmann, (1922) famously described the role of the media as providing a window to the world albeit one which, akin to Entman's views of the news media, frames the world in a particular way. One effect might be to influence the public's views as to policy and priorities for action by government. Brosius and Kepplinger (1990) in a study conducted

in Germany over a five-year period found significant agenda setting effects across five areas of public policy: civil rights, arms control, defence preparedness, pollution and unemployment Gilens (2000) suggests that consistent support of anti-welfare policies in the US by the public reflects the consistent depictions of poverty in the American media as the fault of the victims. However, many other studies of agenda setting report weak effects more consistent with the conclusions of Gamson and Modigliani (1989) that public opinion and media concern operate as parallel but distinct entities.

Gamson and Modigliani's conclusions are subject to multiple explanations. In one sense, as Chapter Five will go on to explore, their conclusions may reflect the nature of the policy-making process that in many areas involves semi-autonomous policy-making networks operating largely independent of public opinion and subject to little scrutiny by politicians. An alternative explanation may, however, be found in Bourdieu's (1993:150) observations that "it is an illusion that there is something called public opinion" because it "is not meaningful to speak of the average of opinions". His assertion is that reducing the chaos of tensions, the levels of apathy or ignorance and the forces at play around any issue to a percentage produces a figure that is an artefact and serves only to disguise a complex reality. Bourdieu (1993:157) argues that "mobilised opinion, formulated opinion, pressure groups mobilised around a system of explicitly formulated interests" exist because, in comparison to that which opinion polls seek to measure, they represent a coherent discourse. Politicians, he suggests, in practice may pay little real attention to surveys of public opinion because such views lack force in the form of power as influence because they are not mobilised in any meaningful way. In contrast 'mobilised

opinion' in the form of professional groups, trade unions or service user groups can possess power even if the degree of power they may hold is variable.

However, rejecting any simplistic cause and effect model between newspaper representations and public opinion, whether regarding mental illness, and violence and/or the policy of community care for people with mental illness does not mean we can reject by implication a link between media representations and social policy. Laurance (2003) suggests that the inquiries ordered into homicides carried out by people with mental illness in contact with mental health services and the media attention they attracted, guaranteed not just public but also political attention to such events. Care in the community, when put into practice as a policy is different from the philosophy often suggested to be supported by the public, in that it requires the consent of the public to cooperate with its implications. These include greater community participation and thus an increased greater visibility for those experiencing what are now described as mental health problems (Cambridge et al. 2000). Such consent was perhaps “never as strong as it should have been” (*Times* editorial December 19, 1985).

Several early studies of public attitudes in England towards the principles of community care found a majority in support of the principle (Market 1979; Brockington et al. 1993; Department of Health 1993; Wolff et al. 1996). However, these studies relied primarily on surveys and attitude measurement to examine the attitudes expressed by participants in situations which were hypothetical and often generalised (Cowan 2003). Support for the realisation of these principles when it involved people with mental illness moving into

local communities was more often characterised by vocal opposition. Repper et al. (1997) reported that more than two-thirds of mental healthcare providers questioned in England and Wales had experienced opposition to developments in the community during the previous five years (Repper et al.1997). Such opposition was sometimes vitriolic, leading to the cancellation or closure and relocation of a number of projects because of the victimisation of service users or staff (Repper and Brooker 1996). “NIMBYism” does not, of course, apply only to people with mental illness but to a range of individuals judged deviant at any particular time. There is some evidence of a degree of confusion in the public as to which form of deviancy becoming part of their community they were actually objecting to. Petit-Zeman (2001), reporting attacks on a community housing project for people with mental health problems, observed that explanations for the attacks suggested that associations were being made between mental illness, paedophilia and psychopathy by the objectors. Sayce (1995a) illustrates this seeming confusion with reference to protestors at one community development holding up posters showing Anthony Hopkins’ portrayal of a psychopathic murderer in ‘Silence of the Lambs’. Yet NIMBYism was not a new phenomenon in respect of community developments for people with mental health problems, having been encountered by some of the earliest developments in the seventies and eighties (Dear and Taylor 1982). It is therefore again difficult to discern the extent of the role of the media generally, or the narrative of Isabel Schwarz or Jonathan Zito’s deaths as they were constructed, in fostering the fear and hostility which some community developments undoubtedly faced. The visibility of opposition to some developments confirms the existence of such

sentiments in a proportion of the public but does not explain either their origins or the extent to which they were shared by the silent minority of most communities.

Conclusion

Arguments that the media, including newspapers, create public opinion must be rejected as reductionist (McQuail 1987). This does not mean that media representations cannot influence the perceptions of the public in some situations or that the influence that is exerted may not play some role in the creation or perpetuation of the stereotype of mental illness described not just by members of the public but also by service users of the “axe murderer or whatever” (Green et al. 2003:228). It is instead to assert that the nature of any influence is contingent rather than predictable and potentially impermanent. Individuals construct their opinions in terms of their version of reality from a combination of personal experience, interaction with their peers and selected information from the mass media subjected to individual interpretation (Neuman et al. 1992).

In any case, the relationship between public opinion and social policy is in many areas of policy indirect. Even if an increase in public concerns over violence perpetrated by people with mental illness could be demonstrated, it does not necessarily follow that this would have been reflected in the issue gaining agenda status in social policy terms (Norrandar 2000). Ungar (2001:279) comments that research on agenda setting suggests that “the relationship between political activity and public concerns is weak and

contingent”. As Hackey (1997:143) observes “Policy problems are socially constructed not objectively defined” but they differ from the general and larger category of putative problems in that they have achieved agenda status. That status is not a function of the properties of the phenomenon but the outcome of a process that can and often is contested. It is the nature of this process and the manner in which it operated in respect of the events which have served as the focus of this study which will be examined in the next chapter.

Chapter Five

Events and the Process of Social Policy in Mental Health

Introduction

The question that arose in the previous chapter, i.e. whether public fears were or were not increased by newspaper coverage of homicides carried out by people experiencing mental illness, could not be satisfactorily answered. This is because the nature of the literature on public opinion in England on mental illness over the period in question does not allow an answer. It may be, however, that the question of newspaper influence on public opinion, while not insignificant in itself, is perhaps not actually germane to the final question posed by this study

What influence, if any, did the deaths of Isabel Schwarz or Jonathan Zito have on social policy in mental health and how was any such influence exerted?

This chapter will therefore explore the manner and nature of any potential influence in terms of how it might have been exerted. In doing so, it will examine the literature on the role of events in the formation of social policy and discuss critically selected changes in the nature of mental health policy over the period 1985–1990 where the influence of Schwarz and or Zito is potentially identifiable.

Tidmarsh (1997:145) comments that “The factors that affect the political climate are probably irrational, immeasurable and uncontrollable...” The policy-making process only indirectly reflects the political climate which accommodates a variety of competing discourses but is undoubtedly influenced by it. The ideal of the rational-comprehensive model of policy planning presumes access to all relevant information, explicit goals and criteria, and an ability to identify and objectively analyse all the possible alternatives in order to identify a favoured option. However, a simplified model consisting of a series of discrete stages can be identified for illustration.

- *Problem identification*
- *The setting of an agenda (e.g. in a party election manifesto)*
- *The specification of alternatives from which a choice is to be made*
- *An evaluation of these alternatives*
- *An authorised choice from among these alternatives*
- *The implementation of the decision*

(Anderson 1997)

In practice, policy-making only rarely appears to follow a rational approach or even adopt a linear model. Instead studies of the policy-making process have often identified an approach defined as incrementalism (Wildavsky 1964), sometimes described as ‘muddling through’ (Bendor 1995). In contrast to the rational-comprehensive model of policy planning, incrementalism is characterised by a series of attributes. These include consideration of a restricted range of alternatives and consequences. Such options are strongly influenced by previous decisions. A limited, short-term amelioration of the specific problem posited on the political agenda is more likely than a long-term strategic solution. This is in part a result of pressure to produce results within time frames dictated by electoral cycles. *Overhaul*, often described as the opposite of incrementalism, introduces considerable risk and many decision-makers prefer a risk-minimisation strategy which prevents an unanticipated and possibly irreversible policy outcome. As Wolff (2002:802) notes, risk averse policy-makers display an inveterate tendency to choose ‘strategies that minimise the impact on the political official rather than equitably balancing risks’. The criterion brought to bear is not that of goal maximising, but administrative satisficing i.e. a slight rather than marked improvement compared with past performance. Incrementalism and/or inaction can also tend to consume fewer resources than a more systemic solution, especially an unproven one. Where there are financial constraints in a given area of policy-making as there usually are to some extent, or financial strictures more generally, the result may be that incrementalism becomes characteristic of policy-making, strategy because it tends to demand fewer resources (True 2000).

The public in any pluralist system of policy-making can, however, potentially find themselves substantially excluded from the policy-making process in many areas. A characteristic of pluralist government noted in the literature is a tendency for single-industry economic interests to distance themselves effectively from wider democratic processes (Cobb and Elder 1983). In this context, mental health is assumed to function as akin to an industry. The terms 'policy networks' and 'policy communities' have been extensively used in recent years to assist in the description of relationships between groups in the process of policy-making and implementation (Dowding 1994). The 'subsystems' created may lead to the "creation of relatively independent depoliticised subgovernments" (Baumgartner and Jones 1991:1046). Such 'subsystems' can influence the way government behaves and makes policy in their sphere of responsibility (Jordan 1990). Cater (1964) described these networks as 'iron triangles' because of the presence of three key groups of actors (bureaucrats, committee members and interest group representatives) and because they can be highly resistant to change. In effect they are impenetrable from outside allowing the interests of each group to be met without reference to external public opinion or other arbitration (Kingdon 1995).

Hecklo (1978) proposes, however, that the conceptualisation of the policy-making process central to the concept of the iron triangle excludes one highly significant group of particular significance to this study, the news media. He puts forward an alternative formulation, terming it the 'issue network'. Such networks are defined by Schlozman and Tierney (1986:276-77) as "webs of policy activists within and without the government who are linked by their common commitment and expertise with respect to a particular issue area" and include the press as active members (Hecklo 1978). While relying on the

policy community for information, they can also play a significant role in the policy process via campaigning. In doing so they cross the boundaries from writing about policy to participating in making it.

Policy systems will, in practice, vary on a number of dimensions including how receptive they are to new ideas and/or actors. See Figure 1

Figure I Basic Policy Systems Adapted from (Howlett and Ramesh 1998)

Basic Policy Subsystem	Four Configurations	
	No	Yes
Receptive to new ideas		
	Receptive to new actors	
No	closed system	subsystem resistant
Yes	contested subsystem	open subsystem

Most policy networks, wherever they lie on the continuum between open and closed, tend to exclude members of the general public. This is usually because gaining possession of the technical knowledge required to be accepted can require the equivalent of full-time occupation. The more permeable the boundaries of membership are the more open the network and the more fluid the membership (Hecl 1978). However, policy networks and their memberships may in some instances be highly durable even over decades (Cobb and Elder 1983). Baumgartner and Jones (1993:5), caution though that the existence of any

“period of equilibrium” in a given network should not be as evidence of either consensus of “true political equilibrium. Rather they observe that it may be a “structure-induced equilibrium”, dependent upon the continuing dominance of a particular institution and the discourse it represents (Baumgartner and Jones 1993:5). Even longstanding networks can in some circumstances be radically altered or destroyed. Public and elite understandings may change over time as a consequence of broader social changes or new scientific discoveries but also as a reaction to ‘dramatic events’ (Baumgartner and Jones 1991:1046).

Kingdon (1994:173-204) has developed a model of the policy process which uses the metaphor of three streams: ‘The Political Stream’, which involves the broader political climate; ‘The Policy Stream’, which involves the potential solutions to the perceived problem and ‘The Problem Stream’. This involves the perceived attributes of the problem i.e. whether it is getting worse or better, whether it is the public/elite consciousness and whether there has been a critical ‘focusing event’. Kingdon (1994) argues that ‘issues’ are more likely to gain ‘agenda’ status when the three streams come together. He notes that these streams may conflate in a variety of circumstances using case studies of developments in US Federal Government policy in health and transportation as illustrations. He suggests, however, that in some instances ‘events’ e.g. a dramatic air crash involving large loss of life may ‘focus’ attention on an issue to such an extent that the streams conflate.

Marx and Wood (1975) comment that the conceptualisation of ‘critical focusing events’ as a distinct element of the process of collective definition of social problems has been inadequately developed. However, Staggenborg (1993:329) proposes a typology of ‘critical events’ which includes

Large scale socioeconomic / political events e.g. recession, conflict

Large scale natural disasters

Environmental accidents e.g. oil spills

Critical encounters e.g. between political opponents such as the Nixon vs. Kennedy TV debate

‘Strategic initiatives’ e.g. in the current political climate, the British Labour Party’s social inclusion project

Policy outcomes i.e. “official reactions by the state to collective action by the social movement or counter movement” (Pride 1995:7).

Nevertheless, in an observation which echoes one of the central criticisms made of moral panic theory, Birkland (1997:22) has argued that previous theoretical models on the role of ‘focusing events’ have depended largely on “post hoc characterisations of the

importance of particular events in agenda change”. This approach, he suggests, has generated little theoretical understanding of the characteristics or nature of such events per se (Birkland 1997:22). Birkland argues instead for a proactive approach, which defines and then empirically tests models of potential focusing events. Four essential criteria apply in Birkland's model of focusing events: they “happen suddenly and with little or no warning”; they are generally rare and thus “unpredictable and unplanned”; they affect, or the risk they come to represent affects, “a large number of people” or “a community of interest” (Birkland 1997:22) and finally “the public and the most informed members of the policy community learn of a potential focusing event virtually simultaneously” (Birkland 1997:25).

Birkland (1997) has described the application of his model of ‘potential focusing events’ in relation to a number of discrete areas. The initial focus of his work was on ‘natural disasters’ (earthquakes and hurricanes) involving the Continental United States. However, he then extended the potential scope of his model in considering two types of events with a greater human element - oil spills and nuclear accidents. Many social policy issues may wax and wane over decades as consensus gradually builds in one direction or another (Cobb and Ross 1997). In contrast, focusing events can suddenly introduce or dramatically elevate the prominence of an issue on the social policy agenda by rapidly altering both “mass and elite consciousness of a social problem” (Birkland 1997:25). The suddenness of the event gives rise to almost immediate attention to the problem representing an advantage for those groups critical of current policy who can point to the “event as an exemplar of what is wrong with existing policy” (Birkland

1997:26). This, of course, does not necessarily mean that any single event will transform policy overnight or indeed effect any change in policy at all. Even where an event has an impact on policy, its effect may only gradually become apparent. The events in question, as in the case of Schwarz, may lead to an inquiry and, following that initial inquiry, subsequent inquiries may be initiated and so on. The impact of certain events may thus better be described as involving some degree of time lag. Such time lag may be demanded by the time taken for the specialists in any given area to gather sufficient information, develop perspective on the event and produce policy proposals (Kingdon 1994).

During this process of policy formation any potential impact can be delayed, or even thwarted altogether, if the advocates of the status quo can successfully oppose change. Opponents may be motivated by ideological concerns or worries over the implications of the proposed changes. Resolution of the issue may be found impossible without unacceptable implications in other policy areas, for example commitments on public spending (Kingdon 1994). Announcing a new strategy carries the risk of suggesting that the government, or at least that section of it responsible for policy in the specific sector, which may have been created under their administration, has somehow been at fault (Cobb and Ross 1997). Even where a consensus in favour of change does exist, advocates of change may disagree over exactly what needs to be done, how it may best be achieved or how it should be paid for (Huckfeldt et al. 1995). The result, as Peterson (1993:395) observes, can be “an atomization of power, making coalition building in support of reform impossible”. Where sufficient momentum does not exist in support of specific

change, the status quo will tend to prevail, if only by default. The result can be a situation in which the policy in operation is not supported by a majority of the policy community (Kingdon 1994).

Events can, however, sometimes be interpreted as representing an example of the inadequacies of previous policies. In doing so they can serve to undermine the dominance of both institutions and the discourses they contain. By doing so they can permit the entry to what would otherwise be a closed community of both new actors and/or new ideas. Social policy in any given area will have multiple dimensions which include policy aims, the structure and content of policy statements and the procedural devices used to implement policy including legislation. These will variously reflect the underlying ideologies, ideas, attitudes and concepts prevalent within the policy network over any given time period (Dolowitz and Marsh, 1996). The impact of new ideas and/or members increases the likelihood of change in ways which Howlett (2002) suggests can be characterised as in Table 2.

Table 2 An operationalized model of policy change (from Howlett 2002)

Entrance of New Ideas

Entrance of New Actors

	Yes	No
Yes	Policy Goals	Programme Specification
No	Policy Instruments	Instrument Components

Most government policies are, in effect, continuations of previous policies. The policy change processes evident in Howlett's (2002) model as above are largely in the 'instrument components', the mechanisms through which a given policy is implemented. Even what are described as new policies often represent the continuation of long-standing policy goals and are instead simply changes in the instruments which are being used to effect their achievement. Only occasionally are significant changes in the direction of policy noted. This process has been described as 'disjointed equilibrium' i.e. long periods of stability followed by radical change.

Events, as the previous chapters have noted, are, however, social constructs whose meaning may be contested and manipulated by those within the policy community to their own particular ends (Cobb and Ross 1997), or, when they gain entry to the network where those groups' interests are diverse, the public at large may still not be effectively represented. Baumgartner and Jones (1991:1045) describe "the policy image" as that

interaction of values and beliefs concerning a particular policy discussed in the media which can be characterised as positive or negative. In their version of pluralism, it is the interaction between policy image and the existing political institutions which provides the venues for political action. Baumgartner and Jones (1991:1046) acknowledge that individuals are clearly able to recognise that the same issue has multiple dimensions but assert that public attention when reflected in media coverage tends to focus on only one dimension. Their model treats political actors as strategic thinkers capable of the selective deployment of a range of tools. Actors will, as described in Chapter Three, seek to frame interpretations of the relevant problem in line with the interpretation most convenient to them. Further they will seek to restrict who is involved in the policy debate, in part by trying to ensure that the issue is only discussed in the venue most suitable to the interpretation they wish to promote.

The events in question in this study, namely the killings of Isabel Schwarz and Jonathan Zito, cannot readily be compared to those which formed the focus of Birkland's studies, such as hurricanes or very large oil spills. Birkland (1997:159) has, however, recognised the potential for some events to be symbolically powerful and thus to function as 'potential focusing events' even if they happen "to one person or victim". He cites as an example of this distinct class of events the case of Rodney King, a black man, whose treatment at the hands of the Los Angeles police during his arrest, was video taped. This has been widely credited with sparking civil unrest. Thus some events, while affecting directly only one person, if they are seen to represent the experience of others, may become "symbolically powerful for many people" (Birkland 1997:159). Chapter Two

examined the emergence of the frame of the ‘community care tragedy’ across a number of UK newspapers and concluded that one consequence had been a change in the frame deployed to communicate such events in the news media. This ‘new’ narrative increased the newsworthiness of such events by constructing them as preventable incidents rather than personal tragedies and attributing responsibility to the politicians responsible for the policy. One suggested result was the politicisation of the risk posed by people experiencing severe mental illness.

It appears, therefore, that events at least theoretically are capable of exerting an influence on policy networks, depending on their construction and the extent to which a given narrative comes to dominate the discourse. However, if the deaths of Jonathan Zito and Isabel Schwarz had an influence on the social policy agenda where can that influence be observed and how is it manifested? The influence of the death of Isabel Schwarz is manifested most directly in the series of recommendations emerging from the Spokes (1988) inquiry into the Care and Aftercare of Sharon Campbell. The Government’s response (Freeman 1989: column 192) included asking The Royal College of Psychiatrists to publish a document on good practice for discharge and after-care procedures, following recommendation 17.24 of the inquiry. This review, published in 1990 (Royal College of Psychiatrists 1990), formed the basis for the ‘Care programme approach for people with a mental illness referred to the specialist psychiatric services’ (HC(90) 23/LASSL(90)11). In the document it was acknowledged that

“adequate arrangements for the community care and treatment of some patients had

proved more difficult and resource intensive than expected. In practice adequate arrangements have not always been achieved” (HMSO 1990:80)

A ‘community supervision order’ had also been proposed by the Royal College of Psychiatrists (1990) in order to ensure that “at-risk” patients maintained their treatment outside hospital and to permit early compulsory readmission where they refused. This suggestion was initially rejected by Government after objections from pressure groups, such as MIND, on the basis that such an approach would unduly infringe the rights of service users to refuse treatment. It was, however, implemented by Government in 1994 only some four years later (Department of Health 1994). What happened in the interim such that Government chose, in effect, to reverse its previous position by implementing supervision registers in the face of opposition from service user groups and with only limited support by the Royal College of Psychiatrists?

Concerns over the potential for violence by people experiencing serious mental illness, if community care and hospital services were not adequately funded and coordinated, had though emerged as early as 1985 (*Times* Editorial December 19). A series of influential articles by Marjorie Wallace a campaigning journalist in the *Times* drew attention to the needs of people experiencing schizophrenia and their families who, it was suggested, in the absence of co-ordinated support services were living with the consequences of asylum closures without adequate investment in community services (*Times* 1985). Calls for services to be improved in order to deliver on the promise of community care for more “fulfilling lives” for those affected by illness were accompanied, however, by demands

for “safer lives for their families” (*Times* Editorial 19 December). This seemed to acknowledge the fact that individuals killed by those experiencing severe mental illness are almost always known to the perpetrator and most often are a close relative. By 1992, in an example of newspapers assuming the role of being public opinion, an article in the *Guardian* (February 5, 1992) was suggesting the emergence of a new focus for public anxiety, “Rightly or wrongly, there is a public perception that insane people are being let out to the streets to kill.” Such a perception, the piece goes on to suggest, poses a threat “to the widely-held belief that people should be taken out of impersonal long-stay institutions into properly funded services in the community”. No evidence in support of either contention is, however, actually presented. The perception, by at least some of those within the policy network, was that public disquiet in respect of mental illness, violence and community care was growing. Jerry Westall (1992) of the National Schizophrenia Fellowship cited in the *Guardian* (5 February 1992) commented that “the public thinks” that “mentally ill people are killing more than before,” and raised concerns that such fears might lead to a “backlash which could jeopardise community care.”

A consensus that community care was in crisis, or at the least was perceived by the public to be in crisis, was therefore it seem evolving. This consensus concealed, however, a range of very disparate views on community care per se. Some were supportive of the underlying philosophy and consequently the broad aims of the policy, while highly critical of the way in which the policy was being implemented. They supported the principles underlying community care but at points questioned whether institutional care might be better than the community neglect which seemed to characterise the experience

of many service users and families. Smith (1991:10), for example, expressing concerns about the rising numbers of people with mental illness in the prison system, suggested that “community care for many will simply mean being decanted from one Victorian institution to another”. Others, such as Marjorie Wallace, were highly critical both of the impact of the policy of community care as it was being implemented and the ideology of libertarianism she saw it as reflecting. Her thesis was that the ideals of libertarian anti-psychiatrists had become “entangled with flower power, intellectual socialism, student protests and left wing resistance groups like the Baader-Meinhof gang” (Wallace 1986: *Times* March 3, 1986). This ‘liberation’ philosophy allowed, even if it did not encourage, psychiatry to abnegate responsibility for many of the most severely mentally ill before community resources had been developed to sustain them or their families, leaving the people with mental illness, their families and the wider community at risk. By 1995 commentators such as Sayce (1995b:132) were observing that “the myth of growing patient violence has taken a firm hold” in the public consciousness. Such beliefs, as the Audit Commission notes, appeared to have led to the development of a perception by the public that community care was not working and that it posed a danger to both public and patients (Audit Commission 1994).

Such perceptions within the policy network it appears, however, emerged over time, one influence undoubtedly being a series of incidents which can be asserted to have started (or at least reached agenda status) with the murder of Isabel Schwarz in 1985. The Spokes inquiry into the circumstances surrounding the care and aftercare of Sharon Campbell, ordered only after a prolonged campaign by Isabel Schwartz’s father, drew

attention to the need for greater attention to the discharge arrangements to ensure patients did not become lost to the system and led directly to the Boyd inquiry. The report of the Inquiry into the care and treatment of Christopher Clunis, set up again only after considerable pressure by Jayne Zito, was published in February 1994 (North East Thames and South East Thames Regional Health Authorities 1994). It observed that there was a serious risk that repeated violent attacks by psychiatric patients could discredit the policy of community care and noted that exceptional means would be required to prevent this from happening (Ritchie et al 1994). It made a series of 12 recommendations, including the creation of a supervision 'register' of patients deemed at risk, but scrupulously avoided attributing blame to a single person, profession or agency, describing "the catalogue of failure" that had transpired in the care of Christopher Clunis instead as "cumulative" (Ritchie et al 1994:105). Hallam (2002), however, found several examples of the newspaper coverage of the publication of the inquiry in which Ritchie was quoted as blaming community care. Marjorie Wallace in particular hailed the report as further evidence that care in the community was failing (*Observer* February 27 1994).

In this instance the problem stream and policy stream in Kingdon's model appear to come together. A policy (supervision registers), already recommended by one inquiry, received further endorsement by another. The problem stream was then increased by the publication of the interim report of the Boyd inquiry (Steering Committee 1994). Announced in October 1991, this was a confidential inquiry under the aegis of The Royal College of Psychiatrists chaired by Dr William Boyd (1996) into homicides carried out by service users in contact with mental health services over the previous year. Its

remit was latterly extended to include suicide, following representations from professionals and service users. The announcement of the inquiry constitutes an event in and of itself within Staggenborg's typology (1993). The publication of its findings yet another event, attracted considerable publicity in the tabloids (the headline in the *Daily Express* (August 17, 1994) was "care in the community mental patients kill 34 people") and the broadsheets. The *Daily Telegraph* story featuring the interim report (August 17, 1994) was notable for its headline "One murder a fortnight by the mentally ill".

It is though also important to recognise the potential contribution of another case, also often credited with demonstrating the failings of community care. Ben Silcock, a young man diagnosed with schizophrenia, was captured on video being mauled after climbing into the Lions' enclosure in London Zoo in December 1992. The Silcock case was the subject of an article in the *Daily Mail* by Marjorie Wallace, coincidentally a friend of Ben Silcock's father who was also a journalist. The effect of that article is evidenced by an article some two days later in the *Daily Mail* noting that Virginia Bottomley had contacted Ms Wallace to inform her that a 'shakeup' of mental health laws was planned. A sense was beginning to be expressed at least by some that things had perhaps 'gone too far'. The phrase was used by Virginia Bottomley, the Minister for Health, in 1993, commenting on contemporary mental health policy (Bottomley cited by Audit Commission 1994:7).

Such events in this context, including the Ritchie and Boyd inquiry reports as well as Ben Silcock climbing into the Lions' enclosure, had a cumulative but profound effect on

public confidence in mental health services, which, it is suggested, plummeted (Burns and Priebe 1999). While this study has focused on the written word it is also important to recognise the potential impact of the iconography of the images that were often used to accompany the newspaper responses. Such images reinforced “fears (the images were often of black schizophrenics) of patients being let out of hospital..... and killing strangers” (Crepaz-Keay 1996:38). Neal (1998) suggests that Jayne Zito’s appearance (reports of the story of the death of her husband and her campaign often involved the use of photographs), as a white woman, when juxtaposed with pictures of Christopher Clunis, provided a powerful visual contrast whose iconography was of vulnerability and threat. The imagery of the community care tragedy narrative is therefore undoubtedly significant.

The political stream was not, however, inexorably bound towards confluence with the problem and policy streams previously noted. Political reactions to the events in question display evidence of attempts to prevent violence by people with mental illness gaining ‘issue’ status. Homicides involving members of the public killed by individuals with mental health problems prior to this sequence of events were constructed and represented in policy documents and ministerial statements as isolated incidents which, if not simply accidents, were the responsibility of clinicians or service providers. An example of this alternative narrative is contained in an earlier statement by the then Minister of Health Barney Hayhoe in 1985 (*Times* December 18 1985). Referring to such incidents as “mistakes” implicitly attributes responsibility for such incidents to practitioners. In

refusing “to defend them” i.e. the practitioners the frame conveniently distances government from “them”. This allows responsibility for avoiding future such incidents to be placed on health authorities who are urged to “collaborate with local authorities and voluntary organisations” in order to prevent tragedies (Hayhoe *Times* December 18 1985).

The strategy adopted by government, in admitting to individual instances of failure by practitioners and or services while continuing to deny the existence of a wider problem, has been described as “antipatterning” by (Ibarra and Kitsuse 1993:44). Iyengar (1991) suggests that where the focus of the media is on individual events, blame is much more likely to be attributed to the actors involved. By contrast, where the coverage focuses on themes or places events in a broader context, the policy-makers are more likely to be blamed. For the politicians initially involved during the period of this study, attempting to focus on the behaviour of the individual services, practitioners and service users directly involved in individual tragedies, constituted therefore a strategic attempt to prevent homicides committed by people with mental illness gaining issue status. This might, had it been successful, have served to avert the possibility that responsibility for such ‘tragedies’ might be attributed to policy issues for which they, and therefore the Government, might be held accountable (Cobb and Ross 1997).

A further example of ‘antipatterning’ is evident in the Department of Health (HSG(94)27) announcement of mandatory independent inquires into homicides committed by any person in contact with specialist mental health services in the

preceding six months in England and Wales in 1994. As a political strategy this had a number of attractions for those wishing to deprive homicides by those experiencing mental illness of agenda status. Firstly, it offered the possibility yet again of individualising such events by focusing on the actions and inactions of practitioners and services as opposed to those of government. Secondly, it represented 'symbolic action', that is it demonstrated that government was attentive to the issue without requiring any substantive change in policy, at least in the short term (Cobb and Ross 1997). Inquiries are, of course, a traditional signifier by government of the importance of an event (Blom-Cooper et al. 1993). Thirdly, by seeking to locate responsibility and thus attribute blame at the level of the practitioners, it allowed an indirect attempt to discredit the professionals involved both individually and collectively, particularly the psychiatrists, traditionally as part of medicine an immune target. Professionals, notably those involved in the welfare state liberalism, had been criticised by the 'new right' (Illich; 1973, Wilding 1982) for their opposition to reforms. Their espoused virtues, such as self-regulation for the protection of the public, were derided as a means of concealing malpractice and maintaining their own (high) fees, such that they were insulated from the market economy necessary if the efficiency of public services was to be improved (Seldon 1981, 1985). Identifying professional failings would lend weight to the then Conservative Government's calls for reform and undermine those within the psychiatrists' profession who were linking hospital closures to homicide and calling for the programme to be slowed or stopped (Hodgins 1994). Until or unless sufficient resources were invested in community services (Muijen 1996).

The desired effect of the inquiries was it appears to simultaneously reassure the public issue of violence and mental illness and to reinforce the governments preferred interpretation of homicides by 'the mentally ill' as isolated tragedies generally due to professional failings. Ironically however, the opposite seems to have occurred. Inquiries were "counter productive by reinforcing the association in the minds of the public with respect to the link between mental disorder and the perpetration of violent crime upon strangers" (Peay 1996:21). Laurance (2003) credits the inquiries with guaranteeing maximum public attention to the tragedies which occurred after Zito. Yet, as we have seen, media coverage and public opinion do not necessarily correlate. Of note, however, is that despite some coverage of the failings of professionals (Hallam 2002), the dominant media frame remained that which was popularised in the reporting of the death of Jonathan Zito. This continued to define the politicians as ultimately responsible for the policy at fault i.e. community care. Increased media coverage of the phenomenon of killings by people who were mentally ill took place as a result of inquiries which established such incidents as 'events', increasing their newsworthiness while simultaneously proving easy copy in the form of statements given, evidence heard etc. However, instead of having what appears to have been the anticipated affect i.e. displacing responsibility onto the practitioners, the dominant narrative did not change. The effect was instead that the narrative popularised by the reporting of the death of Jonathan Zito appeared more frequently. Each appearance serving to remind Government that they were being held responsible.

Such reminders occurred against a backdrop of an accelerated asylum closure programme, itself 'an event' of symbolic portent. The findings of a series of inquiries into allegations of neglect, ill treatment and abuse within mental hospitals had revealed the "irredeemable flaws and deficiencies" (Scull 1989:307-308) of the asylum system. These are generally credited with beginning with the inquiry into Ely Hospital in 1967 (Martin 1984) but exposés of poor conditions in various English hospitals continued intermittently over the next three decades. Proposals that the hospitals were redeemable through reform or perhaps remained necessary for some patients were met with unanswerable moral outrage (Loseke 1995). The closure plans announced in many instances affected relatively few people, with in-patient populations having substantially declined and service provision even for those acutely ill having largely shifted to alternative locations (DHSS 1985). The 'symbolism' of the asylums to many service providers and service users was overwhelmingly negative, they were an anachronism emblematic of the medical model of segregation and institutionalisation. Their closure was thus represented as an achievement and a triumph.

Rather, however, than a single meaning, the programme of closures carried a range of meanings for different groups including those not directly affected. The rejoicing at hospital closures was not universal. One reason previously noted is that the hospitals fulfilled a practical purpose in controlling substantial numbers of people whose behaviour was significantly deviant as well as much smaller numbers whose behaviour was dangerous. It also functioned, however, at another symbolic level because it provided a means of securing and isolating that part of ourselves which was wild, dangerous and out

of control (Shoenberg 1990). The “animality that rages in madness” potentially existed in everyone and had to be shut away by reason (Foucault 1971). The proposed asylum closures may, therefore, have resulted in a sense of disquiet where latent anxieties about madness and violence were all too ready to be evoked. Society, having successfully located the psychotic and thus their psychotic anxieties conveniently beyond their daily lives in the setting of the hospital, was perhaps understandably profoundly uncomfortable when confronted with the reality of madness (Banton et al. 1979). This was the case when it appeared in conjunction with homelessness and sometimes drug misuse (Leff et al. 1993; Rehav and Link 1995). The attribution of responsibility by the public for the increased visibility of madness in the context of homelessness was, however, inaccurately to community care (Leff et al. 1993). More specifically to hospital closure, which it seemed had left people with mental illness living on the street neglected and uncontrolled (Wilkinson 1998). The intensity of the reaction which transpired in some circumstances was perhaps, however, a projection of people’s anxieties about their own potential for violence (Scheff 1974). The coming of the asylums had naturalised a version of the world in which insanity was firmly bound within its walls. This had become and remained for nearly two hundred years the “natural civilised order” to which, the mentally ill person “uncontained by care” represented a threat (Wilkinson 1998:213). This threat, it was suggested, must be addressed via a reconsideration of the ill-judged programme of closure of the mental hospitals (Wilkinson 1998).

Government continued to take steps in order to reassure the public with The Mental Health (Patients in the Community) Bill introduced in 1995 which amended the 1983

Mental Health Act by introducing Supervised Discharge providing powers regarding the after-care of people discharged from hospital. Under this Bill, some service-users could be required to live at a specified address and to attend certain places for treatment, occupation, education or training with the after-care arrangements for each individual kept under review. An initial proposal, that treatment should be available compulsorily as an option for service users in the community particularly those who were non compliant with medication, was opposed by both professional and service user groups and ultimately rejected despite some support. Such proposals, however, reappeared yet again in the suggestions brought forward by the Expert Review Committee examining proposals for a new mental health act for England (Department of Health 1999a).

The measures put into place and the legislation enacted and proposed suggest, however, that what had changed was not merely the ‘instruments of policy’ as in Howlett’s framework in Table 2 but the fundamental goals. Although apparent in the direction of earlier policy, the change in emphasis becomes most evident in statements of policy goals under the Labour Government which replaced the Conservative Government of John Major. Freed from responsibility for previous policy in the area by dint of twelve years of opposition, the new administration felt free to criticise it. New policy guidance entitled *Modernising Mental Health Services* was sub titled ‘Safe, Sound and Supportive’ (DoH 1999b). In the document it is made abundantly clear that the issue of safety does not just apply to patients/service users but also carers and the public. Frank Dobson (DoH 1999b:2), introducing the plans which included unprecedented new investment in services, commented that

“Care in the community has failed. Discharging people from institutions has brought benefits to some. But it has left many vulnerable patients to try to cope on their own. Others have been left to become a danger to themselves and a nuisance to others. Too many confused and sick people have been left wandering the streets and sleeping rough. A small but significant minority have become a danger to the public as well”.

His announcement was controversial, not least because of beliefs in some circles that ‘community care’ in England could not be judged to have failed because it had never actually been tried in any real form. Instead it had provided a convenient slogan to mask what had essentially been a peculiarly British version of deinstitutionalisation (Sedgwick 1992). Much less controversial was his announcement of new measures designed to achieve the aims of the new policy. These included not just substantial new funding but a review of mental health law, more specialist secure units, an increase in the number of 24-hour crisis teams and helplines, more acute hospital beds, and resources to develop assertive outreach teams to maintain supervision of service users who had been discharged. The new ethos underlying the strategy was made explicit throughout. It was acknowledged that the “public is understandably concerned about the risks of violence” (DoH 1999b) and public protection was to become not just an important objective of mental health provision” “but first priority at all times” (DoH 1999b:7). This new emphasis on public protection as opposed to the rights of service users was illustrated with reference to the ongoing debate about compulsion in the community. “Patients who might otherwise be a danger to themselves and others” were no longer to be “allowed to

refuse to comply with the treatment they need” (DoH 1999b:2). New legislation would be introduced to “to permit the detention of a small group of people who have not committed a crime but whose untreatable psychiatric disorder makes them dangerous” (DoH 1999b:2). Such proposals applied to those individuals diagnosed with severe antisocial personality disorder, described as dangerous

Critics have argued that public protection should not be the first priority of a mental health system. Those who have found fault with the new direction of policy tend, it appears, to fall into one or more of three broad camps. The first group object on pragmatic grounds, suggesting that underlying the adoption of such goals is a false but “commonly held belief that mental health professionals have an expertise in predicting and managing dangerousness contrary to the empirical studies” (Mason 1998:111) . Imposing a duty of care to prevent violence is, such critics argue, suggesting that psychiatry can “predict and prevent crime” (Adshead 1996 cited by Whitely 1996:5), a task it is singularly ill prepared to do because the relationship between mental illness and violence is often complex and indirect. Others object on primarily philosophical grounds. Rowden (1998) accepts that one dimension of mental health practice and thus mental health policy is a duty of care to the public but rejects the prioritisation of public safety because it ignores the much greater frequency of suicide when compared to homicide and he suggests risks distracting psychiatry from what should be its priority, the alleviation of distress and the promotion of recovery. A third group suggests that making public safety a priority has led to pressure on services “to deliver the undeliverable - a service in which failures such as violent assaults...never happen and hence a service which will be

blamed when they do” (Wessley 1996:60). The result is an increase in an increased aversion by practitioners and services to risks involving violence, indicated by increasing recourse to coercive measures such as the use compulsory admission. An increase in coercion will not, however, necessarily deliver improved public safety. Laurance (2003) asserts that service users who fear that coercive measures will be used will increasingly seek to avoid contact with mental health services and conceal symptoms, preventing access to the support and treatment that might have otherwise have prevented relapse and leading to an increased, not decreased, risk to the public. Whilst the impact of the change in the goals of policy remain to be fully worked through in the context of forthcoming Mental Health legislation, it is clear that the way in which the deaths of Isabel Schwarz and Jonathan Zito were constructed has had a substantial and enduring impact on the process of policy-making and the nature of social policy in mental health in England.

Changes in the Policy Network

Downs (1972) proposes that media attention to many issues is cyclical, suggesting a model consisting of three stages. The ‘pre-problem stage’ in which media attention and public interest are low is interrupted by a ‘discovery phase’ associated with rising alarm if not necessarily panic. A realisation of the costs and implications of solving the problem then follows leading to a third stage characterised by a gradual decline in public and media interest. The result in some instances may be little evidence of any real change in the goals or instruments of policy. Baumgartner and Jones (1993) concede that this can be the case but point to several examples such as nuclear power in the United States

where Downs's model does not hold true. One explanation for such atypical cases may, of course, be the introduction of new narrative linking a particular event to political failure, which Chapter Three has explored. Significant policy change is, however, in Howells' (2002) model much more likely when new voices and ideas enter the policy network.

At the end of 2000, as at beginning of 1985, four sets of actors formed the policy network in mental health: *Civil servants* including policy-level clinicians within government agencies notably the Department of Health; *Interest group leaders* including representatives of the professions, notably the Royal College of Psychiatrists, the Royal College of General Practitioners, the Law Society and service user groups; *Elected and un-elected politicians*, notably MP's and members of the House of Lords particularly those on the health committee; and journalists particularly those with a dedicated health remit. Only in *Interest Groups* does the membership appear to change substantially over the period in question, with increases in the range and diversity amongst the groups representing service users and carers. Voluntary groups were not a new phenomenon in mental health. Mind, formerly The National Association for Mental Health, had been established in 1946 by the merging of three major mental health organisations (Campbell 1996). Rethink, formerly The National Schizophrenia Fellowship, was formed somewhat later in 1972. Evidence for an increase in diversity is, however, evident with the emergence of groups representing Black, Asian and female service users and carers as established parts of the policy network. Evidence for an increase in the range of voices

generally is provided by an increase in single issue groups such as WISH, representing women in high security hospitals.

Two groups are notable, however, for the role they appear to have played in establishing public safety as a policy goal. The Zito trust, established by Jayne Zito, was a particularly novel entrant to the policy network because it did not represent either of the traditional constituencies of interest groups within the network i.e. a professional or service user interest. It sought instead to represent a group previously unrepresented i.e. those bereaved through homicides carried out by people experiencing mental illness. Entry to the Policy Network for Zito was, however; contested. Jayne Zito had to ‘ambush’ Virginia Bottomley, who up until that point had refused to meet her, in order to set up a meeting. In Jayne Zito's account of that meeting with Virginia Bottomley, then Under-Secretary of State for Health, which was also attended by John Bowes, they were ‘patronising’ (*Independent* July 19, 1993), focusing on her personal tragedy rather than the deficiencies in Community Care. The strategy adopted to prevent Jayne Zito becoming an influence on policy is initially, therefore, one of “refusal to recognise” (Cobb and Ross 1997:28). This strategy seeks to deny political legitimacy to those attempting to campaign on an issue by excluding them from discussions of policy. Denied political legitimacy via conventional means, Jayne Zito subverted this strategy by confronting Mrs Bottomley in the presence of a *Daily Mail* Reporter. Having obtained an interview, however, the individualising approach previously discussed is again adopted when she attempts to raise her concerns about policy. Jayne Zito is notable for her robust approach to any attempts by ministers to distance themselves from responsibility, holding

Virginia Bottomley personally accountable for her husband's death in a piece in the *Guardian* (February 25, 1994). Bottomley (*Observer* February 27, 1994), however, refutes the suggestion of her responsibility by displacement, this time to "Labour-run councils" which were spending monies, which could have been spent on community resources for people experiencing mental illness, on "safari trips for jobs". Her defence combines references to two strands in the contemporary Conservative Party discourse; firstly an allusion to Labour councils as fiscally irresponsible and secondly an assertion that such councils were 'soft' on antisocial behaviour in comparison to the Conservatives.

Such strategies were, however, ineffectual and the Zito trust established by Jayne Zito in 1994 rapidly became an established part of the policy network. It campaigned for the reform of mental health policy and law, and to provide advice and support to victims of breakdowns in community care. It campaigned, in particular initially, for changes in legislation to introduce compulsory community treatment orders in order to prevent service users discharged from hospital from failing to take medication, a change mooted in the review of the 1983 Act. It has, however, in an interesting development latterly extended its role to campaigning for greater prescribing of newer 'atypical' anti-psychotics. This is, it appears, because such medications, although considerably more expensive than the previous generation, have markedly reduced side effects and thus better compliance in service users.

SANE (Schizophrenia a National Emergency) was established in 1986 by Marjorie Wallace, a journalist, following a series of articles in the *Sunday Times* exploring the

problems of people with schizophrenia and their families. It was initially a single issue charity in terms of its focus on schizophrenia but within this remit pursued a range of activities including family support, research and campaigning. It had already engaged in a series of activities, including a controversial poster campaign against planned hospital closures before the death of Jonathan Zito (Barham 1992). In 1996, however, it launched a campaign entitled “The Right To Know and Be Heard” (Sanetalk 1996:2). This asserted that “community care must not put the public at risk” and called for legislation and policy that balanced “the rights of the mentally ill with those of victims”. While again calling for halts to hospital bed closures, it suggested that violent incidents “were predictable and preventable” if “sufferers” (from schizophrenia) were monitored and fast tracked back into hospital if their condition showed signs of deterioration. Laurance (2003:xvi) accuses Wallace of the politics of convenience for backing “the new agenda” of public safety in order to achieve support for her campaign to “win back asylum”. SANE (Sanetalk 1996:5) were certainly critical of “other mental health voluntary organisations” that were accused of “advocating keeping quiet about these violent incidents”. However, its call (Sanetalk 1996:5) for a “moratorium on bed closures” because hospital beds “are still being closed more quickly than new accommodation can be provided” hardly equate with calls for a return to the asylum system. Rather SANE’s emphasis (Sanetalk 1996:5) appears to be much more on ensuring that patients are discharged from hospital only when they are sufficiently stabilised to cope successfully in a community setting and a robust multi-agency multidisciplinary support plan is in place informed “by a full risk assessment”.

The increasing power of interest groups such as SANE was, however, to some a source of concern. Freeman (1998) reviewing developments in mental health policy in England between 1948 and 1979, concluded that the process was often the result of gradual changes in the dominant consensus within psychiatry. His account portrays psychiatry over the period in question as entirely dominating the policy agenda. This is in marked contrast to the period which forms the focus of this study and which has, it appears, been characterised by a loss of power by psychiatrists who were previously “wielding authority from the comfort of their institutions” to dominate the policy agenda and “public debate about practice” (Persaud 2000:284). Howlett (2002) notes that the use of ‘expertise’ defined by professional qualifications can serve to insulate a policy network from dissenting voices by effectively restricting access. While the mass media represent only one potential venue, their attractiveness to those not already in the network may lie in the fact that access is not necessarily conditional on formal qualification. The importance of the public debate as an arena in which policy is made is evident in the complaint by Persaud (2000:285) that psychiatrists were in “grave danger of being ignored while health care debate in the media is increasingly infiltrated by non medical lobbying organisations”.

Howlett (2000:287) agrees that psychiatry has lost its dominance of the policy agenda. He argues that this is a consequence of “rapid developments in psychopharmacology, neurosciences and genetics which have shifted psychiatry away from psychological therapies towards the medical model from which it will probably never return as the preferred intellectual and clinical baseline for treatment”. Public expectations, in contrast,

have come to focus on access to alternatives to medication such as counselling (Wessley 1996). Persaud (2000:284) criticises the infiltration of the policy-making process by “supposed” experts whose constituency he questions and whose grasp of medical research and practice he doubts. His particular criticism is that they are neither practitioners nor researchers, rather they are journalists. Such changes are, however, perhaps not confined to discussions of mental illness. Blumler and Kavanagh (1999:211) suggest that the debates conducted in such media-constructed public spheres, reflect a process they term “mediatization”. In this process the media have come to play a potentially central role in the formation of social policy. In this new process because the nature of the arena has shifted, the role of “communication experts” can be and often is more important than conventional experts’.

Conclusion

Reports of widespread public alarm at the number of murders and other violent crimes committed by psychiatric patients released from hospital (*Daily Mail*, November 15 1994) do not, of course, necessarily mean that this was so. The existence of what Morral (2000:152) describes as a “media panic about the mad”, does not mean that there must, by implication, have been a moral panic among the viewers and the readers (Tester 1994). This may be true particularly where newspapers move beyond simply reporting the news. Parton (1985:86) suggests this is accomplished by means such as editorials and campaigns in which newspapers can and do cross over from reporting public opinion and, in effect, adopt the guise of being public opinion. The *Daily Mail* in the same article as

above (November 15, 1994) notes the announcement of “Tough laws designed to keep close control of mentally ill patients who are freed into the community”, but records that the move is a response to “a hard-hitting *Daily Mail* campaign prompted by a long series of tragic incidents”. In such circumstances it can almost appear that such campaigns represent “attempts to bypass the traditional structures of the democratic process in order to force the enactment of laws in the name of the good of a population which is never actually consulted” (Watney 1987:42).

Ungar (2001:279) suggests that the relationship between public concerns and political activity is generally “weak and contingent”. This study provides no evidence to dispute his broad conclusion. However, the relationship between ‘policy image’ and the policy-making process can in specific instances be highly significant, such as that of mental illness over the period in question in the UK. Baumgartner and Jones (1991) suggest that whole scale policy change is more likely when the image of policy is negative. Policy image is, however, not simply a direct reflection of the factual situation within a given policy domain. Rather it is the product of a contest between multiple interpretations, themselves the products of competing discourses. This contest occurs across a range of venues as diverse as the committee room and the newspaper editorial. One dimension consists of the depictions of policy in newspapers and these would include editorial pieces as noted but also the proportion of stories featuring people with mental illness as a threat which was examined in Chapter Two. Another dimension would be the emergence and then popularisation of a new frame linking the deaths of innocent members of the public to the policy during the early 1990’s explored in Chapter Three. A further

dimension would be the series of inquiry reports into individual tragedies, notably initially Schwarz and Zito and the wider phenomenon of homicides perpetrated by people experiencing mental illness. Finally, voices critical of the extant policy for paying insufficient attention to public safety as a public priority, appear within the policy network via the activities of Marjorie Wallace and SANE who were already part of it and the Zito trust which eventually claimed a place. Such new voices appeared in a network which, it appears, had for some decades previously, operated in effect, as what Hecló (1978:90) has described as an “Iron Triangle” - a closed policy subsystem, attracting little media attention. The attention it had received had largely consisted of occasional scandals over neglect and abuse inside the asylums to which an overarching solution was already in place i.e. their planned closure. The overarching goals of policy prior to the 1990’s had for nearly thirty years remained broadly unchanged.

As discussed in Chapter Three, the Spokes inquiry and its consequences, notably the guidance on discharge procedures, and Boyd inquiry into homicides were unlikely to have happened had Isabel Schwarz’s father not actively campaigned for an inquiry following her death. The Ritchie inquiry into the care of Christopher Clunis would similarly not have occurred without Jayne Zito’s campaign. Such events and, crucially, the way they were framed were therefore critical in contributing to an increased awareness of the potential implications of care in the community for public safety. The way in which the death of Jonathan Zito, in particular, was framed and aspects of the Government’s reactions to it, including mandatory inquiries, established such events not just as a social problem but ultimately established public safety as the most important

priority on the social policy agenda in mental health. The deaths of Isabel Schwarz and Jonathan Zito, or rather the frames associated with them, especially with Zito which came to achieve dominance, had the effect of changing the composition of the policy network in mental health. Policy change whatever the direction, was, however, never at any point an inevitability. The entry of new voices, notably Zito, introducing new ideas in terms of priorities was actively contested and therefore a process that could have turned out very differently. Their entrance to the policy network may have raised the likelihood of ‘policy overhaul’ but it was never at any point a certainty.

Social policy on mental illness is, however, not made in a vacuum and is subject to the effects of wider cultural changes. Scheufele (1999:107) broadly concurs with Gamson (1985) in suggesting that two frames of reference can be used to interpret and process events ‘global’ information in the form of longer term political views and short term ‘issue related’ frames of reference. Issue related frames have been explored in Chapters Three and Four. Longer-term political views in terms of broader changes may, however, play a significant role in influencing what comes to constitute an event within a particular domain. The potential interaction between such broader changes and changes within a specific policy domain will therefore form the focus of the next chapter.

Chapter Six

Events and Mental Illness in the Risk Society

Introduction

Chapter Three examined the effects of changes in the ‘rules of possibility’ used in the production of news, by means of a critical examination of the role played by the new narrative which developed around the death of Jonathan Zito in establishing his death as the archetype of a new set of rules for the reporting of such events in future. The events in question did, however, not occur in isolation even within the mental illness policy domain, as reference to the events surrounding Ben Silcock made clear. Chapter Five suggested that the announcement by the Government of the Boyd inquiry into homicides in 1991, together with the decision to make such inquiries mandatory, may have contributed substantially to the development of a negative policy image in respect of mental health.

Previous chapters have by design focused on pursuing Hunt’s (1997:633) suggestion of looking for the “subtle and local shifts in moral stratification” represented by changes in the discourse within aspects of the media and changing influences on the process of policy formation within mental health. Mental health policy is not, however, created nor does it exist in a vacuum immune from changes in the discourses or frames constitutive of broader society. This chapter firstly, therefore examines the nature of the changes

suggested to have occurred in such broader frames. Secondly, by means of a comparison with other policy domains the chapter examines whether parallels can be observed with the developments in mental illness social policy previously noted. The implications of what this might mean with reference to the suggested role played by the events that have formed the focus for this study are then discussed.

As Chapter Two noted, Foucault (1980:114) proposed, “Events, no matter how specific, cannot just happen anyhow” (McHoul and Grace 1993:39). What constitutes an event’ may be to some extent predetermined by “certain constraints, rules or conditions of possibility” before it happens. Chapter Three, which touched upon the discourses that determine newsworthiness, has already validated this perspective on events to some extent. These provide pre-existing cultural frames defining what is and what is not an event and also frames determining the narrative by which a given ‘event’ should be reported (Gamson and Wolfsfeld 1993). These frames are however, themselves constituted by discourses and as this study has already shown, subject to change and potentially amenable to manipulation.

A failure to explore the nature of influences outside the mental illness policy domain would, however, be remiss in a study of this nature because it might lead to conclusions that exaggerate by default the impact of ‘local’ influences such as the events in question or the intentions and actions of those individuals and groups who sought to frame them.

Foucault's (1980:114) contention is that there are actually are multiple levels of different types of events. These range in scale, occur over differing time scales and scope in terms of their capacity to exert influence. Given this perspectives role in inspiring this study it behoves us to look beyond the local or 'micro level' of the analysis conducted to date and to consider potential influences of events at a meso i.e. a national level and a macro i.e. a global level (Mohan 1996; Sibeon 2004). An exhaustive review of all potential sources of influence at a meso / macro levels would be beyond the scope of this chapter or indeed this thesis. Of necessity therefore the review will focus on three principal areas: the effects of post modernism / late modernism, the development of what Beck (1992) has described as the risk society and, by means of a discussion which examines potential parallels between developments in social policy in criminal justice and mental health, Garland's (2001) concept of the control culture.

A brief overview of the effects of post modernism/late modernism will however, serve to place these developments in context. Cooper (1995) suggests that three distinct types of state can be identified in the contemporary world. These are firstly the 'pre-modern', essentially states that have failed to establish themselves as stable enduring nation-states, notable particularly in Africa. Secondly, the 'modern' or traditional nation-states, which includes most 'non Western' nations, and thirdly what he describes as the 'Post-modern', i.e. principally the 'Western' states including therefore the United Kingdom and thus England. The concept of post-modernity implies an acceptance of the premise that the nature and scale of the changes which have transpired during the second half of the twentieth century have resulted in forms of organisation and consciousness that are quite

different from what preceded them i.e. modernity (Bauman 2000). Ewald (2000), developing a conceptual model first described by Klaus Wahl (1989:93), suggests that modernity particularly in the golden age of the 1960's in Western Europe held out the promise of autonomy for the individual, partnership, and marriage based on love. When combined with unlimited and risk-free technological progress leading to continual economic growth, security was guaranteed seemingly in perpetuity (Ewald 2000).

Such expectations turned out, however, with the benefit of hindsight to have been over-optimistic and both modernism and its supposed end continue to be subject to debate. Byrne (2001) explains its end as the product of changes in the economy as it moved from industrial to postindustrial and democratic to post-democratic capitalism, which reflected not just a national but also a global phase shift. Rose (1999:140), however, rejects economic determinism, as an explanation for its demise asserting that “it was through thought, not through brute reality that, rationalities of social government began to crumble” What emerged, from the aftermath of modernism is described by Rose (1999:140) as the ‘enabling state’. This was distinct from welfarism because its role was to ensure that the conditions facilitated the existence and efficient operation of the market. Individuals were now expected to take greater responsibility for their wellbeing and it was from their enterprise that national economic well being would result. Rose (1999:140) termed this new form of government ‘advanced liberal’. One explanation for the emergence of advanced liberalism was in globalisation. Ulrich Beck (1992) argues that globalisation has multiple dimensions. In the early stages of modernisation and industrialisation, societies, he suggests, have tended to be preoccupied with the equitable

distribution of wealth or the ownership of the means of production. However, as societies become more technologically complex, they produce more and different risks. These risks may be environmental, such as global warming or radioactive pollution, but crucially they are not restricted to certain groups or even nations exhibiting a tendency to globalisation “which spans production and reproduction as much as national borders” (Beck 1992: 13). Fears over global warming, radiation from a nuclear plant in another country, or BSE cross traditional national and international boundaries (Ungar 2001). They are different from the conventional sites of social anxiety, which focus on a condition, a person or group of persons readily defined as folk devils in response to which the forces of law and order, of social work and of legislators are mobilised.

Beck (1992:24) asserts that what “emerges in risk society is the political potential of catastrophes”. Groups equalised by democratisation comprise not just government agencies and professional bodies but increasingly consumer groups, who now compete for media attention offering differing interpretations and suggestions as to who is responsible for events whose causation and even existence may be questioned. Institutions or other authorities, rather than *using* moral panics to maintain social order, as in the classic moral panic model, can find themselves instead struggling to displace responsibility for ‘untoward events’ on to others, such as the various professional groups involved in an issue. Who, if anyone, comes to represent the ‘folk devils’ essential to classic moral panic theory appears the result of a process whose outcome is uncertain and contested. Ungar (2001:287) suggests that moral panics and earlier industrial risks existed within what he terms a “discourse of safety”. Deviants, whether real or imaginary, were

relatively easily identifiable and social actions, even if more symbolic than practical, served to clarify clear-cut moral boundaries. As he observes, however, the envelope provided by a 'safety discourse' cannot readily contain new risks whose understanding and management may seriously test the best technology available (Ungar 2001:288).

"A safety model which boils down to post-market coping with accidents is not readily sold to a public whose demand for a yes/no risk evaluation hardly countenances a cost benefit analysis".

Giddens (1990) argues that it is an anxiety about security that lies at the heart of our society's current preoccupation with 'risk'. The result is that, as Simon (1993:73) observes, "security becomes the great commodity of our time". Such commodification has, however, both financial and political aspects. Giddens (1991) argues that in one sense, the obsession with risk evident in modern social life has nothing to do with the actual prevalence of life-threatening dangers. At the level of the individual, measured in terms of life expectancy and morbidity, people in the developed societies are generally in a much better position than they were in any previous age (Best 2001). The benefits of modernity are obvious in the extent to which it has created opportunities for individuals to enjoy a secure and rewarding existence. There is, however, some argue a downside to late modernity in that new risks have emerged as a consequence of the nature of modern society. Beck (1992) has argued that these represent a new and distinct form of social problem, which is characteristic of the move from modernism to post-modernism. Importantly, these risks are also the product of human decisions, even although the

consequences of these decisions may not have been appreciated or anticipated (Beck 1992). The emergence of these 'new risks' may be unpredictable, as their causation is complex and often multi-dimensional such that they are not anticipated. In addition they are often 'invisible' in the sense, for example, that a genetically modified apple may not be readily discerned by the average consumer from an unmodified apple, and they are thus potentially unavoidable. These new risks can transcend traditional differential exposure to risk by income. An individual may choose, given an appropriate income, to live in a rural area in order to reduce exposure to the potentially carcinogenic elements of diesel exhaust fumes. This strategy cannot protect him or her, however, from what was originally an unanticipated consequence of fossil fuel emissions i.e. global warming and an increased risk of flooding should their rural idyll lie in an area that changing weather patterns have now made prone to flooding.

Post-modernists would hold that there is now no dominant ideological, political, moral or epistemological authority to be found in society (Morrall 2000). The previous certainties have been replaced by an increasingly atomised society, where discourses previously dominant must now compete for legitimacy. "The grand narratives of nationhood, Christianity, socialism, the free market, science and the law have disappeared or are acclaimed by only a minority of the population" (Morrall 2000:127). Previous ties of kinship, relations and local communities, bound sometimes by religion have given way under the pressures of urbanisation (Giddens 1991). The consequence is a society where change is seemingly constant even if, as Giddens (1991) stated, considerable stability may remain amidst change.

Fukuyama (1995) argues that an inevitable consequence of the post-modern age, a decline in shared values, has led to a decline in social trust. When combined with economic volatility and dislocation, this may have led to an increase in perceived isolation and vulnerability (Furedi 1998). This has resonance with the concept of ontological security (Giddens 1990). If people feel no sense of purpose, or trust in systems or in other individuals, then it seems reasonable to postulate that the result will be an increase in anxiety. Such anxiety is essentially an unconsciously formed emotive tension reflecting 'internal dangers' rather than any externalised threats to the body (Giddens 1991). Its experience is, however, no less real and all the more powerful because it cannot be resolved by personal or political action.

Danger, however, can exist in many forms and globalisation or modernisation may be perceived as a risk not to physical safety but also to cultural identity (Mandalios 1996). Complex societies, as Nelson (1973:81) observes, “are almost always likely to undergo heightened feelings of threat” when contact occurs with other societies or cultures. England has experienced almost continuous immigration over the centuries, French Protestant refugees during the 17th century, freed slaves, waves of Irish immigrants and Jewish refugees both before and after the Second World War, amongst many others (Giddens 1989). Jenkins (1992) suggests, however, that England has experienced two comparatively recent changes which have substantially affected its sense of identity and which continue to figure in political debate. The first involves Britain’s membership of the European Union and controversies over the issue of transfer of sovereignty. In the

British context, the threat of “globalism may be simply another pseudonym for... Brussels” (Mandalios 1996:298). The second involves the consequences of “mass immigration from the old empire with the result that Britain has become a multi-racial society” (Jenkins 1992:31). Initially encouraged by governments in the context of a post-war labour shortage, immigration resulted in a transformation of British society that became increasingly multi-cultural (Walvin 1984).

Underlying attitudes towards these ‘new Britons’ have however, been slow to transform in many instances (Solomos and Black 1996). Postcolonial attitudes associating blackness with primitiveness have persisted and finding overt expression in racial violence and covert expression in institutionalised racism (Neal 1998). Persistent institutionalised discrimination in the employment market and in housing together with the historical concentration of people from ethnic minorities in particular metropolitan areas meant that many people from the ethnic minorities lived in areas of high social deprivation. This compounded the stress of poverty with the associated problems of crime and drug misuse (Law 1996). Economic recession in the 1980’s increased the resultant disillusionment and alienation, and riots occurred in several areas of Britain involving mainly black youths amidst controversies about racist policing (Field 1989). Britain in the early 1990’s was, however, already preoccupied with an “apparent increase in crimes of violence of all kinds and dominant espousal of the need for public protection” (Prins and Swan 1998:114). This reflected rising public concern over crime but also was the period when for many people the risk of being a victim of violent crime actually increased (Waddington 1986). Such anxieties particularly in certain metropolitan

areas had already developed racial dimensions with anxieties over violent crime, particularly street crime committed by young black men, prevalent in the media before Jonathan Zito was killed.

The perceived erosion of 'traditional values' which encompassed the loss of authority by the Christian churches amidst increasing multi-culturalism, rising crime rates and increasing visibility of homelessness, were read by some commentators as indications that "the social fabric appeared to be unravelling" (Jenkins 1992:33). As Pearson observes (1983:15), this discourse reflects a worldview in which the present is a dangerous place. It presumes the existence of some undefined 'golden age' in which things were somehow better. This is contrasted with the "the break-up of family and traditional authority, the erosion of community in place of rootless urban anonymity, the demoralising effects of affluence, the incitements of television and cinema, the upsurge of irresponsible freedoms among the rising generation... things have gone too far". This should not be read as suggesting that the risks of actual harm do not exist or have not increased over the period of this study. There are some indications that violent street crime did indeed increase over the period.

Giddens suggests that one consequence of what he prefers to call late modernism has been a transformation in the nature of politics. The 'emancipatory' politics of modernism have been replaced with what he describes 'life politics' (Giddens 1991:214). The transition is significant in that whereas emancipatory politics was a politics of life chances focused on remedying injustice, life politics is a politics of lifestyle. It is the

politics of a reflexively mobilised order. In this new politics, reflexivity links the self and the body to systems of global scope, while globalising influences intrude deeply into the reflexive self, which becomes an ongoing project. Identity is thus in part created but the processes of self-realisation exert an influence on global strategies. In a society of such uncertainty and continuous change, where old certainties are eroded, one consequence is that 'the body' becomes, as Bauman (2000) suggests, seemingly the only visible source of continuity and security; hence the importance attached to the cultivation of the body in post-modern life. The body is, however, in a very real sense perennially at risk. As Giddens (1991:212) records "The possibility of bodily injury is ever-present, even in the most familiar of surroundings". Certain forms of risks may be accepted by individuals in pursuit of a particular lifestyle but the issues of choice and perceived control are highly significant.

Douglas (1992) argues that there is a separation between the likelihood of an event and whether or not it is regarded as acceptable. The first can be conceived as a structured objective assessment, although the possibility of competing assessments of likelihood from the same evidence needs to be acknowledged (Wynne 1982). The extent of exposure to the potential hazard and the adverse consequences of such exposure in some studies appear, however, to have a greater impact on both the perception of risk by the public and politically in terms of interest mobilisation than the actual extent of injuries or number of fatalities attributable to the hazard (Kasperson 1992). This is because the acceptance or otherwise of any given risk is the result of culturally bound judgement (Royal Society 1992). Risks that the person at risk has no means to control, risks that are

regarded as being imposed, where the risk is perceived as being associated with human failure, are less likely to be deemed acceptable (Douglas 1992). The first unquestionably applies to the risks posed by mental illness when it takes the form of violent attacks perpetrated upon strangers. The second, given the links between mental illness and violence in studies examining public attitudes and the frequency of opposition community developments, can be implied. The third, in terms of human failure in the narrative popularised by Zito, is fulfilled by the attribution of blame to named politicians.

Parton (1999:122) notes that risks in the advanced liberal society are however, to be “assessed, monitored, reduced, controlled, insured against” not only by the “prudent citizen” but also by the “effective professional or well organised agency”. Practitioners invested with responsibility for managing risk can find themselves potentially held responsible for events they are in reality unable to predict at an individual level and thus unable to prevent (Rose 1996). The government of risk in mental health has involved not only a reordering of the priorities of services but, as a consequence, substantive changes in the subjectivities of practitioners. The imposition of such expectations can result as Parton (1999:123) observes in risk management rather than treatment becoming “the *raison d’être* of professionals themselves” as the need to be able to justify decisions in retrospect takes priority, even over treatment.

Concern over the risk of violence in association with severe mental illness cannot though be described as new. Early opponents of the growth of the asylums were often confounded by “best professional opinion.... cited in support of the contention that the

insane were dangerous” (Scull 1993:223). Recent manifestations of such concern reflect the recognition of what is, perhaps therefore, a rediscovered rather than a new dimension, that of violence perpetrated by people with severe mental illness living in the community. This is simultaneously a technical problem, as the expanding literature on actuarial risk assessment indicates, a moral dilemma and a political issue. As Sparks (2000) argues, even if risk is a dominant cultural theme it does not mean that attention to risks will not show significant temporal and cultural variation or that different notions of risk cannot be activated by different actors for diverse purposes at different times.

Douglas (1992) maintains that, as a society Britain has become both more concerned about and less tolerant of risk. She suggests (Douglas 1992:15) that “of the different types of blaming system ... the one we are in now is almost ready to treat every death as chargeable to someone’s account, every accident as caused by someone’s criminal negligence, every sickness a threatened prosecution”. As Douglas observes, risk was originally a neutral technical concept based around estimates of probability, but current usage reflects a change whereby the word “risk now means danger, (*and*) high risk means a lot of danger” (Douglas 1992:24). Such a transformation has inevitable political consequences. Politicians in a democratic society enjoy authority because their actions are legitimised via a process of democratic reflection (Sabine 1963). Such legitimacy, is however, evaluative (Lipset 1960:77) and what is evaluated by the public as individuals and groups is the extent to which the behaviour of government, seen as an expression of its values, “fits with theirs” (Lipset 1960:77). Groups can and will differ in terms of

their values within a pluralist society and yet still broadly accept the legitimacy of a democratic government as part of the wider social contract (Taylor et al. 1981).

The legitimacy of institutions depends, however, on the extent to which the institution operates in ways, which the populace judges are in accordance with its own values. Institutions whose remit includes the management of deviancy, whether framed as criminal behaviour or mental illness, continually define the boundaries of the agreed social values and the sanctions for those who choose to cross them. The values of a society and therefore its morality are not static but shifting, and political institutions and politicians must be sensitive to such shifts. The politician who “attracts and maintains favourable press coverage enjoys a higher level of public popularity”. Popularity may be particularly attractive not just for its own sake but because “Elected officials who enjoy more public popularity are more powerful” (Iyengar 1997:319).

Threats to the public’s physical safety threaten that most fundamental dimension of security in the post-modern era, that of the person. Death, unless at the end of a long and productive life, is, as Foote and Frank (1999:170) note, “the scandal” within the modernist project because it is the point at which the illusion of control rendered by modernism lapses irretrievably. In the absence of the consolations offered by religion or ideology, death in the young becomes simply unacceptable. When incidents such as the death of Jonathan Zito combine elements of the discourses of the body, death, risk and that of mental illness with its associations with violence and an attribution of responsibility to government, a powerful cocktail is created. In the context of a late or

post-modern society such a combination may seem almost bound to result in a shift in the instruments and goals of policy given the political capital associated with safety and risk (Bauman 2000).

Action on themes such as the risks posed by people with mental illness and other dangers such as crime may however appeal to policy-makers in an era of the risk society for other reasons. In the perpetual crisis that is the risk society, where technologically complex risks are suggested to predominate, action on familiar themes for moral panic such as mental illness might perhaps be functional in serving to reinforce an image of a government in charge. As Holmes and Warelw (1999:168) observe, societies seeking to affirm themselves in times of crisis seem to have an inveterate tendency to do so by contrasting themselves with “a society of irrational unruly bodies which it calls the mentally ill”. In an era of uncertainty, in which, new risks may seem difficult to contain or manage, the risks of mental illness may paradoxically be interpreted as more “knowable, decisionable, actionable” and thus potentially controllable (Holloway 1999).

Klinke & Renn (2001) suggest however, that there are actually a number of alternative approaches to the political management of risk. The first, which they term *Risk-based management*, reflects that is implicit to social policy and mental illness in England. In this approach, the emphasis is placed on the ‘scientific assessment’ of risk and the aim is the reduction in the numbers exposed to the potential hazard. The risk management strategies adopted closely reflect the different values placed on the values of false positives and false negatives and the procedures adopted tend to be variations of ‘control

measures', which, are then regularly audited for compliance. Such approaches are characteristically adopted where risks are presumed to be readily quantifiable and thus controllable by such measures (Klink and Renn 2001). In contrast *Discourse-based management* is characterized by an emphasis not on controlling exposure but on reaching a consensual agreement. Institutions, which are 'trust-generating' by dint of their expertise and transparency, play a central role in a process that involves relevant stakeholders and the public. In practice such institutions differ from conventionally understood regulatory bodies because "the regulatory mechanism is conceived more as a laboratory than an insurance scheme" (Power 2004:63). Such an approach would appear intuitively better adapted to situations in which the risks involved were uncertain in the sense of being largely incalculable on an individual basis i.e. mental illness.

The approach to the management of risk in any given area is though not dictated by the nature of the risk. It is instead influenced by how the dominant understanding of a given risk is constructed by the interaction of the discourses of the media with those of the law reflecting cultural demands for control, accountability and the attribution of responsibility (Power 2004) A number of parallels with the developments in policy and practice in criminal justice, as described by Garland, can be suggested. Garland (2001) describes the disillusionment within criminology that occurred during the early 1970's with regard to the rehabilitative model, once central to practice. Research apparently consistently demonstrated the failure of such approaches, leading over time to the dominance of the crime agenda by a populist and essentially punitive agenda. In mental health the process of disillusionment starts, however, with the precursor to community care, the asylums.

Scull (1989:307-308) argues that the shift in discourse that occurred neither originated in, nor has been confined to, psychiatry but has instead been much more pervasive... “Over the past quarter of a century in what must surely rank as an extraordinary reversal of effort, the energy and resources once devoted to giving the illusion of reality to the chimera of the humane and curative asylum have instead been employed in the elaboration and documentation of its irredeemable flaws and deficiencies”.

Loseke (1995:267), discussing the American experience, suggests this was in part a consequence of a more general “loss of faith in institutions”. The aftermath of Vietnam and Watergate led to a loss of faith in government, prisons were criticised for their failure to reform and thus reduce crime, and the family for its place in oppressing women. In this climate of disillusionment, it is unsurprising that the mental hospitals came under attack. He suggests that exposés of poor conditions in institutions, effectively combined with critiques of the institution by Goffman (1961) and powerful fictional accounts such as the work of Ken Kesey (1972) to ‘frame’ the hospitals as anachronistic emblems of the old social order visibly symbolising institutionalisation, oppression and the operation of repressive social control. Critiques of psychiatry by Szasz (1961) and Laing (1960 & Laing and Esterson 1964) led to a loss of faith, not just in the asylums (by now usually long since restyled as hospitals) but also in psychiatry itself and many of its representatives. Psychiatry was accused of using ‘Mental Illness’ as a label to medicalise personal problems and deviancy (Grob 1994). The Anti-psychiatrists, particularly Laing (1964), saw ‘Mental illness’ as a normal reaction to oppressive social conditions that were then labelled as deviant by psychiatry. Sufferers were thus in a sense ‘victims’ of

their environment deserving “compassion, sympathy and help” (Loseke 1995:266) Help, however, was not to be found in the old hospitals which were increasingly portrayed in Britain as institutions in crisis. Barton’s (1959) work on ‘institutional neurosis’ had undermined their claims to be therapeutic, in suggesting that aspects of hospitalisation exacerbated or even created the symptoms of illness rather than cured them. Worse, they were, it seemed, in some instances unable to fulfil even the most basic function of asylum in protecting the vulnerable from abuse.

Jones (1993) suggests that, if the only remaining argument in their favour (the doctrine of necessity), could no longer be deployed in the defence of the mental hospitals whose failings had been all too public, then the inevitable consequence would ultimately be their closure. The rhetoric deployed in the criticism of the mental hospitals constructed an irrefutable “moral necessity for doing so” which was unhindered by the lack of evidence in support of alternatives (Loseke 1995:266). Proposals that the hospitals were redeemable through reform or perhaps remained necessary for some patients were met with inarguable moral outrage. There were, however, as Scull (1979) notes, also economic reasons for the growing unpopularity of the asylums with governments increasingly struggling to fulfil the rising costs of the Welfare State. The asylums were a highly visible sign of welfare provision that community care would replace with a neo-liberal and substantially downsized mental health system. ‘De-carceration’, as Scull (1977) terms it, was thus politically expedient because it reduced real expenditure but the actual cuts in welfare expenditure involved in closing mental hospitals could

conveniently be defended as a liberal response to the criticisms of the mental hospital system.

The ideals of community care were, however, fundamentally undermined by strategies which saw increasing numbers of service users discharged from hospitals into communities whose support for the policy was never more than ambivalent (Jones 1993). The care they were meant to receive from local authorities did not appear, as authorities were largely unable to invest the resources necessary to make community care a reality because of the financial strictures imposed upon them by government (Murphy 1991). When community care then 'failed', as indicated by the litany of the community care tragedy, disillusionment with the liberal ideals that had inspired it resulted at least it seems, in the political community. It is perhaps however, not only the public who can find the "unpredictability of madness" frightening (Morrall and Hazelton 2000: 90). When framed by the emergence of a general discourse of blame and a specific discourse linking tragedies to its actions or inactions of politicians rather than those of the perpetrators or practitioners madness can it appears also to intimidate the state.

Garland (2001:13), discussing social policy and crime, describes what he suggests has been the politicisation of criminal justice. He observes, "a highly charged political discourse now surrounds all crime control issues; so that every decision is taken in the glare of publicity and political contention and every mistake becomes a scandal". The similarities with mental health are obvious but are more than superficial. Garland (2001:11) asserts that the role and status of 'the victim' of crime have radically changed.

In the current political climate, he asserts, “the victims must be protected, their voices must be heard, their memory honoured” and “their fears addressed”. The change in the political significance stems, however, from a fundamental change in assumptions about the victim. Rather than their needs being subsumed within a broader public interest, which considers the victim as an “atypical individual” and the perpetrator and the circumstances of the crime dispassionately, the victim instead assumes the status of the representative of a common and collective group at risk i.e. the public (Garland 2001). Such representation is clearly evident in the narrative, which gained dominance in respect of the death of Jonathan Zito. It is notably evident in Jayne Zito’s depiction of the changes the government are making as placing ‘everybody’, i.e. ‘you and me’ at risk. The fundamental basis of the social contract is that individual freedom is surrendered in exchange for “collectively endorsed security” (Bauman 2000:231). The frame of the community care tragedy depicts a preventable threat to collective security arising from a failure of government and thus a failure by government to honour their side of the contract. Such a representation will almost compel government action of some sort. The nature of the resulting action will however, be unpredictable and can involve a range of strategies (Cobb and Ross 1997b).

Policy-makers in many settings are risk averse but the nature of their actions may follow predictable pathways. As Wolf (2002:802) notes, risk averse policy-makers display an inveterate tendency to choose “strategies that minimise the impact on the political official rather than equitably balancing risks”. Garland (2001) notes, however, that a fundamental problem bedevils government in respect of social policy and crime.

Governments see the need to withdraw their claim to be the primary and effective provider of security but the political consequences are unacceptable. Their reaction, he suggests, can be described as encompassing two broad strategies. The first he terms “adaptive” and seeks to work within the limitations of the current system or adapt elements of it. In mental health, innovations, such as assertive outreach teams working within the boundaries of the 1983 Act, community supervision registers and care management may be described as such initiatives. The second contains a divide. One dimension represents simply denial because it continues to deny the limitations of the sovereign state. Worse still is the suggestion of a tendency to completely abandon reasoned action in favour of what Garland, using a psychoanalytic metaphor, describes as ‘acting out’. This is characterised by actions, which convey anger both at the behaviour displayed and the government’s real powerlessness to do much of any significance about it. Rendered largely powerless by globalisation in the post-modern world, as Garland (1996:460) suggests, “A willingness to deliver harsh punishments to offenders magically compensates a failure to deliver security to the population at large.”

Rose (1996) suggests that we can distinguish between two broad strategies of control that he categorises as inclusion and exclusion. Inclusive strategies seek to “incorporate the excluded” by re-attaching them to civil society evident in employment training programmes, campaigns to reduce the stigma attached to mental illness, etc. In contrast, exclusionary strategies accept the inevitability of exclusion for certain groups and individuals and strive to neutralise the potential danger they pose, if necessary by coercive measures. Young (1999) suggests that essentialism functions as the paramount

strategy of exclusionism by separating groups by culture, race, ethnicity, gender or in the case of mental illness, by disease. He suggests that essentialism is particularly attractive in post-modern societies because it provides an otherwise missing ontological security. It is doubly attractive, however, in that it also it serves to legitimise positions of privilege and deference which, as Bauman (1988) notes, would otherwise jar with the promise of equality by shifting the blame on to the 'other' who has been subject to exclusion.

It would, though be disingenuous not to acknowledge that despite its recent flirtation with liberalism much of psychiatric practice is and always has been overtly disciplinary in nature (Foucault 2006). Increased political attention to issues of risk and violence is perhaps simply reinforcing "these traditional features in a post asylum setting" (Banton et al. 1985:20). The politicisation of risk in mental health brings with it, however, many potential problems, evidenced perhaps by proposals by the then Shadow Secretary of State for Health, Liam Fox, of the Conservative Party. He produced explicit plans, in respect of those discharged from hospital described as 'helping hands'. The proposals would have required service users discharged from acute care to attend a designated pharmacist daily to take their prescribed medication (Fox 2000). Such proposals would, of course, potentially serve to further stigmatise many people experiencing mental illness. Increasing control over those with serious mental illness is, however, an attractive and, in many respects, low-risk strategy for politicians because it plays on existing fears about mental illness specifically and underlying anxieties about risk more generally. The danger is, of course, that a 'bidding war' might result, as has already been observed in criminal justice, reflecting the competitive nature of politics as parties try to 'outbid' each

other with ever more extreme exclusionary strategies which are perceived as being popular with elements of the electorate.

If the politicians have been disempowered by globalisation, there also appears to have been an erosion of the power previously held by psychiatry in respect of policy-making (Salmson 1995). Foucault proposes that the dominance of the discourse of madness which psychiatry achieved was part of the transition to modernity. Psychiatry's emergence as a veridical discourse was a historical accident, but one that effectively brought the dialogue between sanity and madness to a standstill. Reason represented by psychiatry from thence onward delineated the boundaries between reason and the irrational 'other'. The emergence of service user voices in a post-modern era has marked, however, a rebirth of aspects of this dialogue which psychiatry has perhaps found itself ill prepared to respond to. Its authority having been challenged by the re-emergence of what has turned out to be a multitude of service user voices, psychiatry is perhaps no longer unassailable even if it remains extremely powerful (Rose 2001; Sayce 2000).

The traditional dominance by psychiatry of the mental health policy network, so evident in Freeman's (1995) account of the evolution of mental health policy has, however, been eroded to the extent that government is, as Persaud (2000:224) warns, increasingly "unafraid to ignore psychiatrists' views'. He argues that this is because psychiatry has failed to respond to changes in the nature of policy-making, which is now increasingly done in public with policies 'trailed' in the media, focus groups conducted and policy announcements made in response to news stories. The traditional means of professional

influence, effective in the days when policy was made in committee on the basis of 'expert' wisdom served for decades, if not centuries, to consolidate and maintain the power of psychiatry. These it is argued have instead been replaced by the 'sound bite' (Persaud 2000). Psychiatry, as Persaud (2000) suggests, has been left flat-footed in the third age of the media, struggling to present a unified response in a context where its authority has been undermined by scandals over tranquillisers and consumer demands for the new talking therapies to which psychiatry has not been able to respond to (Howlett 2000).

Klink and Renn (2001) suggest an effective and democratic risk policy requires transparency in the application of analytic-deliberative approach to risk evaluation, risk classification and the implementation of the management strategy ultimately adopted. In the new, overtly politicised, policy-making process, it is not the views of service users that have come to dominate the agenda. Instead it is the views of carers and the bereaved, which, it is argued, have become more influential (Laurance 2003). This reflects, it would appear, an exercise in decision-making in which politicians have attached considerable value to preventing small numbers of members of the public being exposed to violent behaviour. This in turn has led leading, in the vernacular of risk assessment, to an emphasis on the avoidance of false negatives i.e. the failure to detain and /or treat an individual experiencing mental illness who then goes on to kill someone. In contrast, less value has been attached to the prevention of false positives, i.e. the detention or enforced supervision of increasing numbers of service users who would most probably not have gone on to commit acts of violence. This emphasis has clearly communicated

itself to practitioners. It must, of course, also be recognised that many of those patients in theory voluntarily accepting treatment have accepted admission only under duress, in the form of a threat of compulsory measures (Breggin 1982).

Psychiatry has, however, always been in many respects an exercise in morality. What has recently altered is that the values used within psychiatry which were, in the 1980's and 1990's, increasingly inclined towards liberalism, albeit within an often paternalistic framework, have been supplanted in terms of dominance of the policy agenda by the views of politicians avowedly concerned with public safety. The views of politicians may or may not reflect the views of the wider public. Given, however, the levels of fear associated with mental illness and the links between such fears and beliefs about violence evident in the literature, it would seem likely on balance that they do. The nub of the political problem for policy-makers in mental health is perhaps best encapsulated in Margaret Reith's (1998:202) observation that in "society's viewpoint there is no such thing as an acceptable risk" in mental health. This could be suggested to reflect the public's view of those with mental illness but such assertions can be made both in respect of other groups subject to stigma, such as sex offenders and other issues, such as rail safety. Such similarities illustrate the need exemplified by this chapter, to recognise the potential influence of frames dealing with broader societal issues such as risk, with the discourses surrounding a particular issue such as mental illness and violence, together with the frames governing the media discourse on the issue. It is only by seeking to understand the nature of the interaction between such processes and how they are

mediated by socially situated actors that the way an event may serve to transform an issue into a 'social problem' can perhaps begin to be understood.

There also remain however, significant differences between policy domains that must be accounted for. One critical difference between criminal justice and mental health has been the role played by the user movement in mental health. Schattschneider (1960) identified some decades ago that attempts to manage the scope of political conflict are integral to efforts to achieve and maintain power. Such efforts as Chapter Four have illustrated include attempts to maintain control over the agenda via a range of identifiable strategies. It is important, however to recognise that many 'political' conflicts have many more than two contending parties, with the mental health policy network clearly falling into this category. The user movement in mental health has however, been highly successful in consistently emphasising integrative strategies and has, sometimes in partnership with professional organisations, been repeatedly successful in thwarting proposals for community treatment orders allowing compulsory treatment in the community. In the absence of a user movement, whose growth and development might be seen as forming yet another event, it seems highly likely that such legislation already in place in many countries, would have been enacted in England more than a decade ago.

Conclusion

This conclusion will firstly, review the methodological aspects of the study. Secondly, it will summarise the contribution of the study in terms of what it adds to the literature. Thirdly, it will discuss the implications of the study for further research on the role of events in social policy and for social policy in mental health. A number of suggestions for further research are however, presented as part of the ongoing discussion.

As Foucault (1983:210) observes, “One of the most harmful habits of contemporary thought is the analysis of the present as being precisely, in history, a present of rupture, of high point of completion, or of a returning dawn. The time we are in is not *the* unique or fundamental interruptive point in history where everything is completed and begun again” (author’s emphasis).

The danger in adopting such an approach to considering the role of events is that events in the social problem arena are fundamentally impermanent. Events have a range of possible meanings stemming from wider cultural and issue frames and the range of concerns held by different interest groups each potentially striving to pursue diverse “courses of actions and call them solutions” (Edelman 1987:15). The relationship between these sources of influences is ultimately dialectical although any suggestion that the truth in any definitive sense can ever be reached in terms of the discourses that frame the meaning(s) of events must be rejected. The processes whereby events may come to be identified as social problems and to achieve agenda status is both contested and

continuous. Issues as this study has indicated, can 'cross over' in terms of moving from personal troubles to public problems but the process can also operate in the opposite direction. The current status of homicides by people with mental illness as a social problem and public protection as a priority on the mental health policy agenda are, therefore only temporary. Downs (1972) model of the life cycle of issues suggests that public and media interest in any particular issue tends to be limited. An event or series of events may bring both recognition of the issue of a problem and entry onto the policy agenda albeit mediated by the activities of those involved in the framing process. The inherent complexities involved in many issues and the financial and political costs involved in their solution will however, almost inevitably lead to media and public interest waning over time. The 'issue attention cycle' then moves on with other issues coming to the fore.

This study has presented a history of the present spanning the period 1985-2000 with a particular focus on the role of two incidents and the impact of the way in which they were framed on social policy on mental illness. Its integrated structure stems in part from the adoption of a reflexive approach, in so far as the theories, which have informed the study, are made transparent. It has sought to describe how the meanings of such events were constructed over the period concerned. In order to do so, it has critically examined proximal influences within the mental illness policy domain in terms of media representations, explored the role of frames in establishing new narratives and considered the effects of changes in both the policy image and the mental illness policy network. In addition however, it has considered the potential role of broader cultural frames

particularly those associated with risk. It does not, however, claim to offer a complete history but rather a partial one. It is for other commentators to explore other developments that may be relevant to the “contemporary problem of the government of madness and mental health in terms of risk”. Rose (1999:276) asserts that may include the “success of unions of psychiatric nurses” in achieving “quasi-professionalization”.

Methodologically the study has broached new ground in the study of ‘events’ in attempting to investigate the complex interplay between discourses played out in different venues and across different time spans. In adopting Foucault’s perspective on power it has rejected suggestions of a single discourse of power confronted by forces resisting it. Instead it has sought to discover what Rose (1999:277) has described as “the conflicting points and issues of opposition”, the venues where such contests were played out and the tactics employed by those involved in the struggles.

The qualitative aspect of the study used an existing conceptual perspective in the form of Entman’s (1993) work on media framing to analyse the discourses used in attempts to frame the events in question. The study could have used a number of alternative methods such as grounded theory and /or thematic analysis to analyse the narrative of newspaper reporting of Zito and Schwarz over the period. This might have enabled recognition of dimensions of the nature of newspaper coverage of mental illness, other than those described here. The methodology employed was, however, sufficiently sensitive to identify the existence of a number of counter-discourses and the methods used in

attempts to maintain the dominance of the previous frame or promote alternatives to that contained within ‘the community care tragedy’.

In terms of identifiable new knowledge, the quantitative content analysis of newspaper stories has added to the literature on media coverage of mental illness by demonstrating longer term trends in the nature of representations that are not readily linked to events. The evidence from the analysis of the *Time's* and *Guardian's* coverage of the issue of mental illness suggests that there were significant shifts in the discourse. In particular there was a growing tendency for representations over the period 1991-1995 to depict people with mental illness as a threat. The suggestion that such a change was caused by the death of either Isabel Schwarz or Jonathan Zito must however be treated with considerable caution. The temporal relationship is imprecise with the upward trend, itself more evident in the *Times*, starting several years after the death of Isabel Schwarz in 1991. The trend, in terms of proportion of stories in which threat predominates, is actually downwards from 1984, when Isabel died, until approximately 1991. The rising trend, which then occurs, precedes the death of Jonathan Zito in December 1992. The start of the rising trend does, however, correspond with the announcement by Government of the Boyd inquiry which would examine the issue of homicides committed by people with a mental health problem. This was a recommendation of the Spokes inquiry into the care and aftercare of Isabel Schwarz's assailant. The announcement of a government-sponsored inquiry whatever the focus can, as has been discussed, be considered an event in its own right because it serves to signify Governmental recognition of an issue as a problem. The trend evident from 1991 may therefore reflect

an affect arising from the death of Isabel Schwarz. If such an influence is accepted it also indicates that in some instances the impact of an event may sometimes take several years to exert an affect on the broader discourse within the media.

The results of the content analysis exercise have demonstrated that non-tabloid UK newspapers contain multiple representations of mental illness. In doing so it has contradicted claims of 'overwhelming associations' between mental illness and violence in the news media and suggests that such claims are over generalisations based on limited samples. Its findings lend weight instead, to the contention made by Pilgrim and Rogers (2003) of a distinction in the nature of newspaper coverage, linked broadly to the categories of psychosis and neurosis. The findings of this study indicate however, that further distinctions in terms of frames related to individual diagnoses exist. This suggests that the question of individual frames linked to particular diagnosis is worthy of further exploration. It would add to what is known about media representations of mental illness by further illustrating the range and diversity amongst the stories of mental illness.

Miller and Kitzinger (1998:221) argue that the term 'moral panic', and in particular, its use in the news media observed by Hunt (1997) portrays panics as wholly irrational responses which are therefore, "closed to serious sociological study". It seems perhaps, however, that in the nineties it was this usage that appears in the mental health literature. Recourse to the language of panic and to explanations that stressed the role of events particularly Zito and cast the media in the role of villain for fomenting public and policy makers anxiety are however, understandable. Faced with a seemingly inexplicable

transformation in expectations that appeared sudden even if it may have in reality been somewhat gradual, it is unsurprising that practitioners seeking answers focused on that, which was immediately discernible. In this case it was Zito and the ‘tragedies’ which followed it, rather than the changes that had led to such events becoming newsworthy or how they came to exert an influence on the social policy agenda.

In the examination of the role played by framing in redefining a given issue as a social problem and in establishing a given issue as a priority on the social policy agenda, this study has traced the origins of the ‘community care tragedy’ and explored the significance of the frame it contains. In addition, the study has critically discussed the potential significance of changes in the ‘policy image’ of community care and examined the nature of changes in the policy network in mental illness in terms of their implication. Further, it has explored why such changes may have made the prioritisation of public safety as a policy outcome more likely.

Finally, in establishing parallels between mental health and criminal justice in terms of the nature of changes identified, this study has illustrated the need for the effect of changes in broader cultural frames in the form of phenomena observed elsewhere, such as Garland’s assertions in respect of the change in the status of the victim to be recognised as potential influences on the process of policy formation in mental health. Mental health policy making does not occur in a vacuum immune to external influences and the status that Jayne Zito achieved in terms of media coverage was not simply a reflection of the

human interest dimension involved in her bereavement, but at least potentially, representative of broader changes in the status of the victim across society.

The parallels identified between developments in mental health and criminal justice and also other areas, such as child protection, are significant. Commonalities include the politicisation of social policy in areas previously dominated by technical ‘welfare experts’, attacks on the credibility of welfare professions, even more notable in the case of social work (Beresford 2001), and demands for absolute safety. The time frames and the nature of individual events in particular policy domains vary. The similarities in the nature of the trends across the three areas suggests, however, that the influence of wider changes in the nature of society may be on the whole greater than that of individual events, despite the role such events may appear to play. Fisher (1997) argues that when we frame an event as a problem in the context of a public policy dispute, we frame an ‘object’ around which the issues revolve, rather than the issues themselves. The object however, as in Zito, may come to exemplify the broader issues concerned to such an extent that a single word or, in this case name, can come to represent the issue. In the case of Zito the broader issue is of course one of security in its most basic sense, that of public and of course ultimately personal, safety.

The changes in social policy in respect of mental illness discussed in Chapter Six, appear to have been influenced by broader changes in the cultural and political climate notably developments in the risk society. Such changes are however, argued to be a manifestation of the advanced liberalism, which also led to the emergence of the control culture

(Garland 2001). An acceptance of such assertions might though seem to suggest, acceptance of Foucault's perspective on the role of individuals in the process of change. He observed (1986:187) somewhat cryptically, "People know what they do; they frequently know why they do what they do; but what they don't know is what they do does". The allusion is however, to the effect that individuals are capable of reflection but only to a limited degree. They are incapable of seeing beyond their immediate experience which is experienced as consisting of conscious choice. It is instead rather the product of the confluence of a variety of discourses that serve to create the illusion of a capacity of individual thought while simultaneously eliminating its possibility.

To discount the internal world of the participants in both conscious and unconscious form is problematic, however, because reducing the behaviour of the individual to a product of the available discourses or frames at any given historical moment ignores a reality in which "discourses are open to interpretation from a range of positions, and reasoning involves processes such as extension, generalisation and social reflection" (Sayer 2000:87). To suggest that the 'events' in question in this study were merely some form of epiphenomenon or that the actions of individuals in the shaping of events were insignificant would be to compound such anti-humanism. Events remain subject to local and immediate influences via the behaviour of actors who can and do consciously seek to shape the meaning of such events in the manner most helpful to the influence they wish to exert. Individual actors in social movements, as this case study has illustrated, can and do attempt to gain 'power' in the sense of a voice within the policy network in order to redefine the dominant frame and by implication gain status for 'their' issue on the policy

agenda. Events as in those that have formed the focus of this study lack fixed meanings, only because individuals and /or groups can possess the power to frame, and later reframe, them. Their ability may at times be restricted by the dominance of a particular issue frame or wider cultural frame but such dominance is transitory.

The dominance gained by the frame of the 'community care tragedy', symbolised by the death of Jonathan Zito, transformed media coverage of homicides perpetrated by people with mental illness. Such events become highly newsworthy and within media coverage reified as social problems, because they are defined by the frame as preventable events, injustices, perpetrated against innocent victims and part of a wider phenomena rather than isolated instances of personal tragedy. The entry of new voices and new ideas into the mental health policy network as in the case of the Zito Trust was facilitated by the transformation in the nature of media coverage resulting from the widespread adoption of the new frame. The relationship between the press and Jayne Zito was therefore one of mutual benefit.

The goals any given activist or group of activists might wish to pursue will however, be more or less achievable depending on the nature of the society during the period in which they are attempting to pursue redefinition. Snow and Benford, (1988:199-202) argue that any new frame proposed must resonate i.e. be congruent with the extant values and beliefs of the population they wish to influence. If it is not then activists are left with attempting to change them; a task which is manifestly much more difficult. Such beliefs and values include those related to the issue and those incorporated within Gamson's

(1988:220) conceptualisation of broader “cultural frames”. In respect of the issue of mental illness, violence and an alleged lack of control a number of underlying beliefs have been identified. Chapter Three demonstrated that a belief in a causal relationship between violence and mental illness is widespread and longstanding. Chapter Five suggested that support amongst the wider public for the policy of asylum closures was at best lukewarm. The frame contained within the ‘community care tragedy’ was in many respects therefore one ‘ready made’ to resonate with public opinion.

The study has also raised a series of questions about the challenges faced by practitioners, policy makers and service users in the risk society. The challenge for practitioners in mental health continues essentially to be that posed by Pinel (1801:265), discussing the care of the individual experiencing what we presently term mental health problems. It is how we “proportion his (*her*) repression to the greater or lesser seriousness of his deviations” while establishing and sustaining the therapeutic relationship which must provide the basis for recovery. Practitioners must seek to balance the potential risks involved to the public with those posed to service users in using coercive measures. Laurance (2003) suggests an increase in the use of coercive measures might paradoxically lead to an increase in the risks of violence by service users. His argument is based on concerns that service users might conceal symptoms and/or avoid service providers fearing that compulsory measures will be used. The consequence would be that their condition could deteriorate further leading to an increased risk of harm both to others and the person themselves. Psychiatry is however, changing increasing recognition of the prevalence of trauma and the impact of disassociation is challenging mental health

to reflect on its biologically driven approach and to recognise that what has been labelled pathology may instead be part of the normal spectrum of reactions to traumatic situations complicated by the use of maladaptive coping strategies (Bloom 1997).

Social policy on mental illness invariably raise “questions about the limits of individual freedoms and rights” (Loseke 1995: 263) and the challenge for policy makers is very different. It is essentially how to sustain support for community based care. When the available technologies, in terms of control, lack sufficient predictive validity to prevent serious untoward events, such as homicides and mental illness is strongly associated in the public consciousness with violence this will be no easy task (Lash 2000) The discourse of safety renders even one death unacceptable but to give the community what it expects would involve the compulsory detention of an additional several thousand people per year. Huge investments have been made in mental health services, partly, it must be recognised, because of the politicisation of safety issues. It can indeed be argued that such investment would not have occurred unless homicides had raised the profile of mental health services generally. The impact of such investment, in terms of improved public safety, remains, however, to be established. There remains though little evidence that politicians are willing to embrace what Beck (1997) described as the ‘politics of uncertainty’ in admitting that not all risks are controllable in the sphere of mental health. In such a climate the test of good government would be not the speed of reaction to failure. Rather it would be a willingness to contest media assertions even if implicitly that all risks are controllable (Power 2004).

The challenge for service users, or rather, organisations representing service users, is different again. It is how they can work within the discourse of safety inherent to the risk society, in order to promote the adoption of approaches based on inclusion rather than exclusion. This will always be problematic in an era when exclusionary strategies reflecting neo-liberal approaches to many social policy issues dominate the policy agenda and may be more attractive to sections of the electorate to whom the mentally ill remain an object of fear (Laurance 2003). For service user organisations, working with the media to increase the proportion of positive stories featuring people with mental illness and thus a more positive policy image may, over the longer term, be useful. It is however, highly unlikely in the short term to change the dominant news values of a newspaper industry. Those values dominant in the tabloids will it seems, continue to foreground stories of violence whether involving people with mental illness or not.

Despite evidence that the affects of negative media coverage featuring mental illness seem more limited than some commentators have suggested, such coverage must remain a source of concern. Mental health service users have reported that negative media coverage has led to increased hostility from neighbours, diminished their confidence in applying for voluntary or paid positions because of worries over stigma and exacerbated their mental health problems (Mind 2000). Consequently while the impact of newspaper coverage on public opinion may be minor and transient, Stuart (2003:654) emphasises the need for advocacy groups to develop ‘counter strategies’ that are able to respond rapidly to “critical incidents” whether local or those that achieved a high profile through national television news (Stark et al. 2004).

Mental health politics in the UK remains a minority activity undertaken by relatively small numbers of people, the professionals in the parties, government, media and a seemingly increasing number of interest groups. The interactions between the policy network members in effect shape the agenda but the process of establishing broad policy goals seems increasingly to take place in the media. Politicians produce or 'leak' proposals for discussion in the media or test them through opinion polls in order to legitimate them. Media professionals working with pressure groups release their own proposals or release counter proposals to those of government. The health commentators within the media report on both and sometimes cross over from the media to work for mental health user groups. The consequence is a largely closed system of opinion formation that legitimises policy by a process, which serves to exclude the electorate. This situation however, is not unique to mental health. Events as this study has indicated, can though provide an opportunity for new voices representing new interests to gain entry to what would otherwise be a closed process. The role of events and the strategies used by those attempting to construct their meaning are therefore potentially highly significant to the social policy literature.

The findings presented represent the end point of a particular journey that began with a perception by the researcher that society's expectations of psychiatry had been transformed. In some aspects of this study notably the more qualitative dimensions it also concludes with what perceptions are. It must be acknowledged that such findings as

reported are partial, reflecting as they must to some extent the values and beliefs of the researcher / practitioner and contingent in that the claims made do not purport to represent a stable or enduring truth. Further it must acknowledge the reflexivity of the research process in that research can never be totally neutral in that the texts used to inform the conduct of this study are themselves not neutral being themselves “implicated in the process of reality construction” (Taylor 2001:317). However, acknowledging the reality that “all knowledge is considered to be situated, contingent and partial” (Taylor 2001:317) supports “the value of a reflexive sociological analysis that understands itself as effecting a provisional knowledge, positioned by the power of its relationship to other practices” (Pfohl 1985:231).

In terms of future research into the relationship between events and social policy, one potential project is worthy of pursuit. This is an exploration of the extent to which the frames used in the media and audiences are similar. It remains, of course, important to recognise that the media are also influenced by frames and Stark et al. (2004) found evidence that journalists approaching the reporting of an inquiry into a serious assault committed by someone experiencing mental illness were using the frame provided by ‘the community care tragedy’ to generate the questions they were planning to ask. However, only very rarely have studies compared media frames with those actually used by the public. Philo (1990) found that the public could recognise media frames but noted that such recognition did not imply acceptance of the moral judgement contained within them. Scheufele (1997) distinguishes between ‘salience’, in this context the ability to recall a frame from memory and ‘importance’. Importance reflects the influence of the

frame on the individual's judgement and involves some element of active processing. The two constructs are distinct and not necessarily correlated. Huang (1996) conducted a novel study comparing media frames of particular issues with the way the public used such frames. She found that media frames were evident in audience frames, but that when evident, different weights were attached by audiences to those contained in the media frame. A comparison between how media frames establish and attribute responsibility for events, such as “community care tragedies” with audiences attributions of responsibility and their weightings of the relative importance of particular outcomes, would therefore make an interesting contribution to both the mental health and the social policy literature.

Appendix I Element Four of the Coding Scheme

Category	
1	Schizophrenia
2	Depression
3	Post Natal N Depression
4	Puerperal Psychosis
5	Bi-Polar
6	CJD
7	Alzheimer / Other Dementia
8	Pre-Menstrual Syndrome
9	Obsessive Compulsive Disorder
10	Post Traumatic Stress Disorder
11	Anxiety
12	Personality Disorder
13	Hysteria
14	Phobia
15	Alcoholism
16	Not identified
17	Drug Addiction
18	Mixed (more than one diagnosis)
19	Munchausens
20	ME

21	Huntingdons Chorea
22	Eating disorder
23	Body Dysmorphic Disorder
24	Attention Deficit /AD Hyperactivity Disorder
25	Hypochondria
26	Tourettes Syndrome
27	Motor Neurone Disorder
28	Multiple Personality Disorder

Appendix II List of 'Get Ref' Databases

Arts	Science	Science (cont)	Social Science	Social Science (cont)
<u>ASSIA</u>	<u>ASFA</u>	<u>Medline</u> via CSA	<u>ASSIA</u>	<u>Medline</u> via CSA
<u>ATLA: Religion Database</u>	<u>BIOSIS Previews</u>	<u>NAL AGRICOLA Article Citation Database</u>	<u>BHI: British Humanities Index</u>	<u>National Criminal Justice Reference Service Abstracts</u>
<u>BHI: British Humanities Index</u>	<u>Biological Sciences</u>	<u>Oceanic Abstracts</u>	<u>British Nursing Index</u>	<u>PsycINFO</u>
<u>Business Source Elite</u>	<u>Biology Digest</u>	<u>SPORTDiscus</u>	<u>Business Source Elite</u>	<u>SPORTDiscus</u>
<u>International Bibliography of the Social Sciences</u>	<u>Biotechnology and Bioengineering Abstracts</u>	<u>Solid State and Superconductivity Abstracts</u>	<u>Cinahl</u>	<u>Social Services Abstracts</u>
<u>International Political Science Abstracts</u>	<u>Computer and Information Systems Abstracts</u>	<u>TOXLINE</u>	<u>ERIC</u> via CSA	<u>Sociological Abstracts</u>
<u>Linguistics and Language Behavior Abstracts</u>	<u>Conference Papers Index</u>	<u>Water Resources Abstracts</u>	<u>Econlit</u>	<u>Zetoc</u>
<u>MLA Bibliography</u>	<u>Electronics and Communications Abstracts</u>	<u>Zetoc</u>	<u>GeoBase</u>	
<u>Periodicals Archive Online</u>	<u>Engineered Materials Abstracts</u>		<u>HealthSource: Nursing/Academic Edition</u>	
<u>Philosopher's Index</u>	<u>Environmental Sciences and Pollution Management</u>		<u>International Bibliography of the Social Sciences</u>	
<u>Zetoc</u>	<u>GeoBase</u>		<u>International Political Science Abstracts</u>	

Appendix 3 Example Articles Coded

Appendix 3 (i)

The Times
May 2, 1990, Wednesday

Mentally ill man unfit to stand trial for shooting

BYLINE: By Peter Davenport

SECTION: Home news

LENGTH: 720 words

A SCHIZOPHRENIC accused of a series of unprovoked shootings that left one man dead and 17 other people injured was yesterday found to be unfit to stand trial.

The Newcastle Crown Court jury found by a 10-2 majority that Robert Sartin, a civil servant accused of murder and attempted murder, was not fit to plead because of his mental condition. Mr Justice Waite, made an order under the Criminal Procedures Insanity Act, 1964, remanding him to Ashworth North special hospital near Liverpool until a suitable long-stay hospital was found.

The jury had been told that Mr Sartin, aged 23, was suffering from acute schizophrenia which he may have developed at the age of 13 or 14 when he took his father's shotgun on April 30 last year and, dressed all in black, wandered through the streets of Monkseaton, Tyne and Wear, firing as he went. After 20 minutes, Mr Kenneth Macintosh lay dead and 17 other people had been wounded.

The court had been told that Mr Sartin fired two shots at Mr Macintosh knocking him to the ground. As his victim begged for help, the gunman was alleged to have replied: "No. It is your day to die," and fired two more shots, killing him instantly.

Mr David Robson, QC, for the prosecution, said that Mr Sartin had developed a macabre interest in horror and the occult, amassing a collection of books about Nazi concentration camps, mass murder and torture. He had also visited Hungerford, scene of the mass killing by Michael Ryan. Mr Sartin, it was said, had claimed that a man called Michael inhabited his mind and issued commands. Voices in his head also told him to kill his parents.

Mr Robson said Mr Sartin was a loner, quiet and shy, but beneath that exterior ran "a very dark river" which had broken to the surface with a "terrible reality". What caused the sudden and devastating explosion would probably never be known.

Yesterday, Mr James Chadwin, QC, representing Mr Sartin, said the probabilities were that his client's mental state would deteriorate so drastically and sharply that long before any trial could be concluded, it would have to be aborted and the jury discharged. All three doctors who had given evidence took the view that a trial would achieve nothing positive, he said, and the defence supported the prosecution's view that Mr Sartin should not stand trial.

The judge said it was an exceptional, perhaps unique, case. There had been only one other comparable incident resulting from schizophrenia in the UK: the massacre at Hungerford. Mr Justice Waite added: "No one could fail to be moved by the elements of tragedy in this case affecting both those who suffered bereavement, fright or physical injury on the victims' side, and those on the perpetrator's side who have undergone the shock and horror of a loved one suddenly turned by extremes of illness into a mindless assassin."

The jury was allowed to bring in a majority verdict after failing to reach a unanimous decision after three hours of deliberation. The judge then directed that a verdict of not guilty should be entered on count four of the indictment relating to the attempted murder of Mr William Frank Roberts. Mr Sartin had entered a plea of not guilty to that charge at an earlier hearing and that had been accepted by the prosecution.

Since the shootings, the wounded have all been released from hospital, but a special counselling service is continuing to offer help to those affected, including witnesses to the shootings.

Mr Sartin's mother and father have also both suffered ill health since the incident. After the verdict yesterday, Mr Sartin's solicitor, Mr John Purves, read out a prepared statement on their behalf expressing sympathy for Mr Macintosh's widow and the other victims. It added: "It is clear from the report from psychiatrists that Robert was of unsound mind during the commission of those acts and Mr and Mrs Sartin are greatly relieved that he will continue to receive the help that he will continue to need for some time.

"They were both aware of Robert's interest in books concerning the occult and related subjects, but regarded it as no more than the pursuit of knowledge in an usual subject. Only with the benefit of hindsight would it be envisaged that his interest could be affected by mental illness or lead to violence of any kind."

Appendix 3 (ii)

The Guardian (London)

March 17, 1990

End of Sally Army hostel for men with nowhere else to go

BYLINE: By JOANNA COLES

LENGTH: 330 words

IN THE pensioners' room at the Salvation Army Hostel in Blackfriars Road, south London, the residents cannot watch television because it has been stolen.

Instead they watch each other, or loll asleep. Some talk to themselves out loud. Many have been there for years; homeless and penniless, they have nowhere else to go.

But yesterday the Salvation Army announced that the hostel was likely to close within the year. The cost alone of bringing the building, originally intended as a tram depot, up to required safety and fire standards would be Pounds 350,000.

The organisation is suffering a Pounds 7.1 million shortage in its social services fund and cannot afford to update Blackfriars. Served with an overcrowding notice requiring the closing of 80 beds, the hostel is being sold to developers. Staff are left with the task of relocating the 230 paying guests.

'In a sense I'll be happy to see it closed, although we will have to find new beds for them all,' says Major David Moffat, the manager. 'It's not the kind of accommodation we would like to provide, but it keeps them off the streets.'

Facilities are basic. The men, assigned a bed and a locker, sleep in two vast dormitories with chipboard partitions by every fourth bed.

'There should be smaller rooms,' Major Moffat said. 'Different groups of men, young and very old, are all mixed together, which creates problems. We have nine men on bail. There are tensions and arguments, sometimes violence.'

Forty per cent of the residents are mentally ill, discharged from hospitals to be cared for in the community. 'Some of them couldn't possibly look after themselves,' Major Moffat said. The psychiatric team assigned from Guy's Hospital to provide such care is under threat of being cut.

In theory the hostel can collect benefit on behalf of each man, but last year was Pounds 70,000 short.

Major Moffat said: 'Since the system changed you don't always get the money you're due.'

January 18, 1990

Triple murder psychopath jailed for life

LENGTH: 534 words

THE Dutchman Rene Hillebrand was jailed for life at the Old Bailey yesterday for murdering his English wife and her parents.

Hillebrand, aged 21, grinned as the jury found him guilty of the 'frenzied' attack.

He stabbed to death his wife, Dawn, aged 25, and Alan and Margaret Sturgeon, aged 50 and 49, at their bungalow in Erith, Kent, on April 7 after Dawn refused to return with him to Amsterdam, said Mr Graham Boal, prosecuting.

Dawn left him after he beat her repeatedly. He came to England insisting that marriage was 'till death us do part'.

Judge Robert Lyubery said that had the verdicts been guilty of manslaughter, he would still have felt compelled to impose a life sentence.

'You have been diagnosed as suffering from a severe personality disorder, which falls within the definition of psychopathic disorder under the Mental Health Act,' he added.

'I have no doubt that in the event of any stressful situation, and they often arise in the lives of us all, you would continue to be a serious danger to the public in the foreseeable future.'

Hillebrand's counsel, Mr Rock Tansey, asked the judge to request that Hillebrand be given psychiatric help in jail.

The jury of seven men and five women took four hours to reach unanimous verdicts. Hillebrand's earlier plea of not guilty to murder but guilty to manslaughter on the grounds of diminished responsibility was rejected by the Crown.

As he left the witness box during the eight-day trial, Hillebrand became violent, and it took five people to restrain him and return him to the dock.

Mr Boal said that Mr Sturgeon, who worked for Thames Water, and his wife, an auxiliary nurse, lived a 'peaceful and peaceable' existence. They were attacked when they got home from walking their dog.

When Dawn, who met her husband on an Israeli kibbutz in 1987, came home from Amsterdam her face was bruised.

Hillebrand followed her but was unable to persuade her to return. He came back on April 6. The following night he lay in wait in the garden, and the bodies were found the next day by Dawn's sister, Nicola.

They had been taken to a bedroom, covered with duvets and their shoes lined up in what Mr Boal described as 'one of the macabre features of the case'.

Hillebrand tried to make the attack appear like a burglary that went wrong. He was arrested at Gatwick as he was about to return to Holland.

In the witness box, Hillebrand, who constantly grinned to himself behind a hand, denied intending violence when he went to the bungalow. All he wanted to do was talk, although he had armed himself with the knife and an imitation handgun.

He claimed that when Dawn's parents returned, her father leapt at him, pushed him through a door and impaled himself on the knife. In a struggle that followed the women were also stabbed.

Hillebrand said he could not bear to listen to their moans of pain and 'finished them off'.

He cradled his wife in his arms and told her he loved her before stabbing her to death.

Psychiatrists told the jury that lack of attention from his parents meant that Hillebrand had grown up with a poor impulse control and could flare up without warning.

Appendix 3 (iv)

The Guardian (London)

January 14, 1992

PATIENT LEFT HOSPITAL TO KILL

BYLINE: ANGELLA JOHNSON

SECTION: HOME; Pg. 2

LENGTH: 397 words

AN OLD Bailey judge yesterday called for a government inquiry into the case of a mentally ill patient who discharged himself from hospital and killed his former lover.

Judge Bruce Laughland said he was sending the papers on the case to the Home Secretary and the Health Minister, asking them to consider whether the law and resources were adequate to prevent a repetition of the tragedy.

He ordered that Kevin Rooney, aged 28, who had a long history of mental illness and violence, should be detained indefinitely in Rampton hospital under Section 41 of the Mental Health Act.

The court had accepted Mr Rooney's plea of not guilty to murder but guilty to the manslaughter of Grace Quigley at her home in Stamford Hill, north London.

Mr Rooney, of Hackney, east London, had discharged himself from hospital only two days before the attack on May 11.

Timothy Langdale, prosecuting, said Mr Rooney's long relationship with Mrs Quigley had cooled when she became a Jehovah's Witness.

He had been arrested on May 3 after making threats against another woman, and was treated in hospital for schizophrenia.

Two days later, after drinking at a pub, he let himself into Mrs Quigley's flat. She shepherded her two daughters, aged five and six, out of the flat to a neighbour's home, but Mr Rooney, brandishing a knife, followed them. He stabbed Mrs Quigley more than 20 times while they watched helplessly.

He was arrested at a nearby bus stop by two policemen. At the police station it was decided he was mentally ill and incapable of understanding what was being said to him.

Marjorie Wallace, executive director of the schizophrenia charity Sane said the government policy of community care has resulted in many mentally ill people being released on to the streets without proper supervision or medication.

She joined Judge Laughland in calling for stricter control of the mentally ill, to have them detained and stabilised.

It emerged that since 1985 Mr Rooney had been admitted to three psychiatric hospitals for threatening and bizarre behaviour. At an early stage he had been diagnosed as suffering from chronic paranoid schizophrenia, and had two recent convictions - neither of which resulted in treatment.

Last night the Home Office and the Ministry of Health said they could not comment until they receive the court papers.

Appendix 3 (v)

The Guardian (London)

July 19, 1994

THERAPIST 'SACRIFICED TO SYSTEM'

BYLINE: David Brindle, Social Services Correspondent

SECTION: THE GUARDIAN HOME PAGE; Pg. 4

LENGTH: 455 words

THE parents of a health worker killed by a psychiatric patient yesterday called for a complete overhaul of mental health law.

Gordon and Wendy Robinson said at the opening of an inquiry into the death of their daughter, Georgina, that she had been "sacrificed" to an inadequate system of care.

Georgina Robinson, a 26-year-old occupational therapist, died five weeks after being stabbed 12 times by Andrew Robinson, a patient being treated for schizophrenia at the Edith Morgan unit at Torbay hospital, Devon.

Andrew Robinson admitted manslaughter and has been sent to Broadmoor top security hospital, in Berkshire. An inquiry into the 53-bed unit has since found that its design is "seriously prejudicial" to effective care.

Earlier this month, a 23-year-old patient - whose identity has not been disclosed - collapsed and died at the unit after reportedly suffering heart failure.

The inquiry into Ms Robinson's death is being undertaken by the same team which reported on the unit's deficiencies. It is being chaired by Sir Louis Blom-Cooper, QC, chairman of the Government's Mental Health Act Commission.

Wendy Robinson, who lives in Fairford, Gloucestershire, told the inquiry at Newton Abbot, Devon, that her daughter had been failed by a system which gave no thought to the safety of its staff and those who cared for mentally ill people.

"Georgina felt let down, betrayed, and the loss of of her life was the price she paid," Mrs Robinson said.

"The level of violence and self-harm at the Edith Morgan centre may be no greater than that which may be expected, but the reality is that a young, vibrant, happy person suffered horrendous injuries and died at the hands of a severely mentally ill patient."

Gordon Robinson said outside the inquiry that the Mental Health Act 1983 needed rewriting from scratch. What had happened to his daughter had been only one in a series of disasters.

"These things will continue until the Government suddenly wakes up and says: 'Something is going wrong and we must put it right'," he said.

"For John Major to stand up three weeks ago in Parliament and say the community care policy we are following in this country is the envy of the world is outrageous."

The inquiry heard earlier that Andrew Robinson, aged 36, had been sent to Broadmoor in 1978 after threatening to shoot a girlfriend. After discharge, he had been admitted to the Edith Morgan unit seven times.

The inquiry into the unit, which is regarded as a pioneer of community care of mentally ill people, recommended immediate improvements to its layout but said it should be closed in the longer term.

The hospital has accepted this, provided funding is available.

Appendix 3 (vi)

The Guardian (London)

September 28, 1994

MENTAL HEALTH POLICY IS 'RISKY'

BYLINE: David Brindle, Social Services Correspondent

SECTION: THE GUARDIAN HOME PAGE; Pg. 7

LENGTH: 343 words

MENTAL patients are being discharged prematurely from hospital and pose a potential threat to the public and to themselves, a government working party admitted yesterday.

There is a serious shortage of emergency beds for severely mentally-ill people in parts of London, according to the mental health task force. Similar problems exist in other inner cities, its leaders believe.

Ordering a review of all plans to close remaining long-stay asylums serving the capital, a report by the task force said: "In the past, psychiatric beds have been reduced in a number of districts without a corresponding build-up of effective community services."

The task force was commissioned to inquire into mental health services in London following a series of cases highlighting apparent poor provision. These included the killing of Jonathan Zito on a Tube station platform by Christopher Clunis, a schizophrenic.

The report endorses the general direction of government policy, but it damns failings in hospital care, lack of community services and over-zealous run-down of long-stay units.

In some inner London boroughs, it says, "psychiatric wards are over-full and staff are having to discharge prematurely patients who are still very vulnerable to make way for others". Patients with mental disabilities are also being discharged without proper supervision.

"This could increase risk not only to public safety, but also to the safety of the individuals concerned, and to the safety of the staff in non-specialist accommodation."

The report says there is a clear need in parts of the capital for better community services for severely mentally-ill people, especially day centres.

Although the report was ordered by Virginia Bottomley, the Health Secretary, no minister was present at its launch, no ministerial statement was issued and no extra funding was announced.

Figures obtained by the Labour Party show that the number of hospital beds for mentally-ill people fell 36 per cent from 96,350 in 1978 to 61,500 in 1993.

Appendix 3 (vii)

The Guardian (London)

October 14, 1997

HEALTH: WORST OF TIMES?

Depression has always afflicted young students. But now, says John Illman the pressures have increased

BYLINE: John Illman

SECTION: THE GUARDIAN FEATURE PAGE; Pg. T15

LENGTH: 657 words

Sandra was bright and attractive, had an active social life, nine GCSE A grades and was looking forward to university. But in the sixth form she was overwhelmed by 'a big black cloud'. She began counting the pills in her paracetamol bottle at night to see if she had enough to kill herself.

'I felt desperate, but I really wanted to do my A levels, even though it was like trying to think my way through treacle', she said. She got two As and a B and insists she would have done better if she hadn't been 'ill'.

At St Andrew's, she felt unable to confide in fellow students or staff. University students, after all, are meant to have a good time, enjoying their new found freedom. Sandra used to hide under the bedclothes.

After having a nervous breakdown in her second year, she finally sought help and decided to take a year out. Without support from her parents and the university, she says, she would have killed herself.

Sandra is one of the contributors to a Depression Alliance student guide, available from this week, which warns that students can often be at risk from severe depression and suicide.

The Alliance says Sandra was lucky. Universities, it claims, often fail depressed students. Freshers, often overwhelmed and panicky about their new way of life, are especially vulnerable, despite the welcoming hand extended by freshers' events (which can also sometimes feel intimidating).

In one study, 61 out of 100 freshers were reported to feel depressed sometimes and 12 in every 100 felt suicidal at some time. One in 100 attempted suicide.

According to one estimate, 10-20 per cent of the new student intake will need psychiatric treatment before graduation day.

Rodney Elgie, director of Depression Alliance, said: 'Our experience is that there is a dearth of supportive information and advice for new students. The incidence

of campus depression is rising steeply. Suicides are also increasing." Joanna, a 23-year-old veterinary student, was extremely anxious about her work even though her tutors insisted she had nothing to worry about. She recalled: 'I had panic attacks. Everything was going round in my head. I'd cry for hours and feel miserable all the time. I attempted suicide twice, once with pills and once by trying to cut my throat.' A hall of residence in central London left her feeling lonely, inadequate and ashamed about her inability to cope. Her college, she felt, should have done more. She said: 'They should have recognised I wasn't coping and referred me for treatment'. A family friend finally persuaded her to seek treatment and she was given anti-depressants and counselling.

Family break-ups and academic pressure have always been part of everyday life for many students.

But today, warn student health specialists, there are additional pressures, ranging from increased poverty to a shortage of study areas; and from poorer employment prospects to the so-called 'January phenomenon'.

The guide explains: 'This occurs in freshers returning to university after Christmas at home when they discover their parents are breaking up. Parents wait until the student starts college in the mistaken belief that the break-up would be less painful then'.

Dr Ernest Nicholson, provost of Oriel College, Oxford University, confirmed last week that family breakdowns are causing more and more student problems.

'Over the years when I've been teaching, family breakdowns have become an increasingly important factor in student problems. It's not the only cause, but it's an increasingly significant one.

'People shrug their shoulders and say it's all part of change in society. But it's alarming and tremendously sad to see students as piggy-in-the-middle in family break-ups.

The new guide is being distributed at many universities and it is also available from the Depression Alliance, PO Box 1022, London SE1 7QB at 50p, including postage and costs

Appendix 3 (viii)

The Times

September 27, 1997, Saturday

Need for inquiries

SECTION: Features

LENGTH: 302 words

From the Chief Executive of SANE

Sir, According to "experts" interviewed by Alex Frean, inquiries into mental health tragedies are costly and achieve little (report, September 23). SANE would agree that most of the inquiries do report a total lack of communication between agencies and that any one health authority does not appear to learn any lessons from its neighbour.

However, what would happen if there were no inquiries? It would be rather like having an air crash and not investigating the "black box" to see how and why the accident occurred and allowing faulty aircraft to continue to fly - with obvious consequences. The argument that for every crash thousands travel safely does not justify shrugging our shoulders when a disaster happens.

In most instances the health authorities concerned will take on board the recommendations of the inquiry and eventually mental health services may improve. Surely this is better than allowing a fragmented system to persist whereby a vulnerable, mentally ill person can suffer such deterioration that he or she can commit homicide or, more likely, a lonely suicide.

I fully endorse Sir Louis Blom-Cooper in his reported conviction that inquiry teams should be given the right to revisit health authorities a year after the report to ensure that their recommendations have been implemented. That is the only way lessons might be learnt.

However, until those who are mentally ill get automatic access to treatment when they need it, for as long as they need it, then these tragedies will continue to happen.

The community has the right to know why and how the system failed sufferers, families and the public.

Yours sincerely,

MARJORIE WALLACE,

Chief Executive, SANE,

199-205 Old Marylebone Road, NW1.

September 24

Appendix 3 (ix)

The Guardian (London)

June 11, 1996

LETTER: LISTENING TO THE DISTANT VOICES OF SCHIZOPHRENIA

BYLINE: June Mckerrow

SECTION: THE GUARDIAN FEATURES PAGE; Pg. 14

LENGTH: 480 words

NO ONE would argue that early and more accurate diagnosis of severe mental illnesses like schizophrenia would benefit both the individual and society as a whole (Positive thoughts for negative minds, Society, June 5). But is containment with medication the only answer?

Last September a group of mental-health-service users working on behalf of the Mental Health Foundation began a survey of other UK users on the treatments and therapies they feel work best. Nearly 400 have responded, most of whom have experienced enduring mental illnesses such as schizophrenia.

Early results of our survey challenge all preconceptions about mental illness and how it can be managed. They show clearly there are no standard answers - while some people clearly value conventional treatments including ECT, others have found greater benefit from developing personal coping strategies. These range from "talking treatments" to developing spiritual dimensions to their lives.

We can only move the debate forward on how best to treat severe mental illness when we consult such people on the treatments and therapies they feel best alleviate their symptoms - and listen to what they have to say.

June McKerrow.

Director, The Mental

Health Foundation.

37 Mortimer Street,

London W1N 8JU.

Appendix 3 (x)

The Times (London)

July 1, 1999, Thursday

Why it's good to talk to a therapist

BYLINE: Susie Steiner

SECTION: Home news

LENGTH: 608 words

TALKING through problems on the psychiatrist's couch really does work, scientists have discovered.

Brain scans show that patients feel better because talking about their troubles increases the blood flow through the part of the brain that is responsible for depression. As a result the patient feels livelier and happier.

The scans on 13 people suffering from depression showed a dramatic increase in blood flow to specific areas of the brain after six sessions of psychotherapy.

The effect was similar to that achieved by antidepressants, but therapy also managed to affect a part of the brain untouched by drugs.

A total of 28 patients aged 30 to 53 were monitored during the study, which was presented to the Royal College of Psychiatrists' annual conference yesterday.

The participants were all suffering from serious depression and had approached their GP for help. All were given SPECT brain scans, which monitor blood flow.

Fifteen patients were then given a six-week course of the antidepressant venlafaxine and the remaining 13 were given six hour-long sessions of interpersonal psychotherapy. After six weeks all the participants' brains were scanned again.

Those who had received psychotherapy showed a dramatic increase in activity in the basal ganglia region of the brain, the area thought to control body movements and co-ordination.

Stephen Martin, a consultant psychiatrist at Cherry Knowle Hospital in Sunderland, said: "This is the largest study ever done using brain scans in sequence to monitor depression. It's fantastic to see that we have got some areas of the mind switching on in sequence in the same way as with medical treatment. Certainly, talking works.

"We know from previous studies that the basal ganglia is one of the areas that gets switched off when people get depressed. It may be connected to listlessness," Dr Martin said.

Psychotherapy also increased blood flow to the cingulate cortex. "We think that this is part of the brain that links emotional wellbeing to our physical state. We know that in depression the cingulate cortex is abnormal.

"With psychotherapy we have seen the cingulate cortex switch on over six weeks with increased blood flow. This leads to increased metabolism and increased activity in the nerves," said Dr Martin, who led the Pounds 215,000 research programme.

In those who took venlafaxine, the basal ganglia was also "switched on", though there was no change in the cingulate cortex.

The drug did, however, affect another region of the brain - the posterior temporal cortex - which is thought to be connected to intellectual function.

"The conclusion is that patients do best with a combination of structured therapy and antidepressants," Dr Martin said. "I think the process of being listened to is important, but there is good evidence that interpersonal psychotherapy is a lot more effective than just talking.

"It's not a quick discussion - it's quite intensive work linking the patient's depressed mood with their problems and helping them with quite strong direction from the therapist. It's very interventionist."

The patients involved in the study had all expressed symptoms of major depression at the outset, including sleep disturbance, weight loss or gain, fatigue and feeling unable to enjoy life. A survey six months after the study found that none of the patients had relapsed.

Dr Martin showed the brain scans to his patients. "They found this a powerful way of accepting the physical reality of their illness, which itself helped them to gain hope, self-respect and trust in their treatment," he said.

Appendix 3 (xi) The Times

December 31, 1993, Friday

Ben's life outside the lions' den

BYLINE: Marjorie Wallace

SECTION: Features

LENGTH: 1420 words

Ben Silcock tells Marjorie Wallace about the year since he was mauled.

On New Year's Eve last year Ben Silcock climbed into the lions' den at London Zoo carrying two frozen turkeys to share with them. It was not a stunt; nor an act of bravado; nor even a gesture of despair. Ben was there because he felt a spiritual affinity for animals, especially big cats. He had a mission to relieve their suffering imprisoned behind the bars of their cages. He saw them as victims of man's oppression. Ben was too disturbed at the time to know that he needed help more desperately than the lions.

This 27-year-old man had been diagnosed as suffering from schizophrenia, had been in and out of psychiatric hospitals and was known to be capable of violence (he had attacked his father with a knife). Yet he was living under the community care system, with his illness largely untreated, and had been left to spend the holidays alone in a bleak flat on a rough housing estate.

The video film of Ben in the jaws of "Arfer" the lion became the catalyst for a year's campaign led by the mental health charity SANE and taken up by Virginia Bottomley, the Health Secretary, to improve care and treatment for those too ill to know they need help. This week, on the anniversary of Ben's dramatic visit, she announced tougher measures for discharge and the introduction of local registers and "more assertive outreach" for mentally ill people considered at risk.

Ben had been a bright and attractive teenager, the son of a distinguished journalist father and a research biochemist. His parents separated when he was six, and he was brought up in Hampstead, northwest London, with his sister and a menagerie of cats, gerbils and other pets.

Ben was a talented violinist who played in the London Schools Symphony Orchestra, but in his teens began to drop out of classes and developed bizarre fantasies and beliefs that came to dominate his life. At one stage, his mother, Sheila, recalls: "He told me I was like an evil ghost and a red cross was appearing on my forehead." Ben became alienated from friends, lost jobs and grew more isolated from his family and the comfort of normal communication.

Ben had periods of calm and times when he was edgy, aggressive and threatening. He lived in hospitals, hostels and at home. Once he was discharged from a locked hospital ward straight into bed-and-breakfast accommodation. Sometimes he would sleep rough and spent one Christmas on Hampstead Heath. Throughout these years, Ben was given minimal care and treatment and his family received scant information or support from his psychiatrists or social workers.

"Something had to happen," Ben said to me when I visited him last week at the Bethlem Royal Hospital, in Kent, where he is now being treated. "I had to test myself against the reality of nature." For Ben, the experience of being mauled by the lion was a catharsis, a necessary breakthrough to set him on his road to healing. Without the experience, he now believes that he would still be fighting the doctors and refusing medication.

Ben recalls vividly the moment he found himself in the jaws of the lion. "I did not black out. It was sheer terror and pain." When he came round from the anaesthetic and sedation at the Royal London Hospital he was so deluded he believed that the nurse in charge was conducting a black mass over him and that there was blood all over the walls. With the help of SANE, Ben was transferred to the Maudsley Hospital, in south London, and was eventually placed in the care of a psychiatrist, Dr Rob Kerwin.

"When he first came to us he was very disturbed and exceptionally psychotic," Dr Kerwin says. "He looked wild. His head had been shaved because of the surgery and he had scars on both sides of his face. He was wearing pyjamas and he was very aggressive and his language abusive. He still had many delusions about animals: he claimed to be in telepathic communication with the deer in Richmond Park; could be heard speaking out loud to flies and small insects in the occupational therapy department; and believed his cat, Pip, was half human."

Since those days last March, Ben has been transformed. He was moved to the National Psychosis Unit at the Bethlem Royal (a sister hospital to the Maudsley) and is being treated now under a section of the Mental Health Act which means that he is compelled to accept medication if the doctor thinks it necessary, that he can be discharged from hospital only with the agreement of the Home Secretary and can be recalled at any time. He is being treated with clozapine, a relatively new medication which does not have many of the side-effects of other drugs and allows Ben the opportunity to be, in his own words, "creative and sane".

On my visit, I found Ben thoughtful, calm and charming. "It has been one long, slow recovery coming down to earth," he says. He still has a limp, the only evidence of the physical injuries he sustained. He leads me through the ward to his cubicle. Gone are the haunted eyes and sense of threat. His face looks younger and more relaxed than when I last saw him. I sit on the bed while he makes me a cup of tea, leaving me copies of his poems, drawings and a magnificent carving of a totem pole, which he believes reflects his own spiritual recovery.

The Bethlem Hospital has large grounds and many facilities, and Ben is free to go anywhere within the hospital grounds. He goes swimming regularly. He writes poems for, and helps with, the hospital magazine. He also does pottery which he finds "very therapeutic" and goes to art classes and woodwork. He is less keen on group therapy.

"It has been a wonderful rest being here after ten years fighting the devil. Some people go to India or Africa in search of the truth. Other people like myself go to a place in their head. It's more like a retreat. I used to fight a war against the psychiatric system but I can now see the doctors and nurses are fellow human beings who don't wish me ill, necessarily. I think I've lost some of my arrogance. I have learnt to respect other people."

Ben is still a great individualist and remains ambivalent towards the idea of mental illness and the methods of psychiatry. "I don't like the term mental illness," he says. "It makes you think of being doubled up coughing or lying on a

bed in a black pit. It's not like that. I have been mad and madness is part of the human story.

"I don't like the idea of medication but I now accept that thoughts and chemicals are linked. I understand that if I don't take the pills I could end up in cuckoo land again. It's a small price to pay to know that you won't go out and hurt someone like I did or be unkind like I was to my dad."

Ben has remained stable for more than seven months and his doctor will be recommending he should be allowed to leave the hospital for increasingly long periods, initially with an escort, and eventually on his own. By the end of next year he could be well enough to live in the community, probably in a hostel or flat close to the hospital. "If we can keep Ben on clozapine the current situation should last," Dr Kerwin says. "He's a very interesting young man and I have every confidence in him."

Ben, too, is optimistic about his future. He feels that he has been given a voice in his own treatment and encourages others to do the same. He wants to help other people to realise that they can find meaning in their madness and that their experiences need not be wasted. "Freedom is within. Before I went into the lion's den I was trapped by the fact that everyone around me couldn't make head nor tail of me. I was just a nutcase. I couldn't have had this conversation with you. I'm no longer ruled by that inner world," he says.

The walls of Ben's cubicle are testimony to his current philosophy. Pictures of cats, both his own and others, stare out from every corner. And on the locker by his bed is a plaster cast of a lion which he has made. I pick it up to admire it and with a wistful smile Ben whispers: "Do you know what I'd really like to do? I'd like to put on dark glasses and a headscarf this New Year and just go along to say hello to Arfer. But I don't suppose the zoo would let me in, do you?"

Appendix (xii)

The Times (London)

December 7, 1998, Monday

Learning how to protect against Alzheimer's

BYLINE: Ian Murray

SECTION: Home news

LENGTH: 650 words

Times Christmas Appeal will help to fund studies into risk factors of disease, writes Ian Murray

WHEN the German neuro-pathologist Alois Alzheimer conducted an autopsy on a woman who died with severe dementia in 1906, he found something that amazed him. Although the woman had been only 55, her brain resembled that of someone much older.

The cells were surrounded by waxy protein plaque and had been destroyed by tangles within the nerves that looked like pieces of unwound string. Alzheimer realised that the dementia was not an inevitable result of ageing but a disease.

Since his breakthrough, research has been slow to produce advances. Investigation into causes of the disease which has been painfully slow since the breakthrough in 1906, will be aided this year by money raised by The Times Christmas Appeal.

It was not until 1991 that a gene that determines susceptibility to Alzheimer's was discovered at St Mary's Hospital Medical School, London. Two other such genes that give a predisposition to the disease have since been found.

However, only about 1 per cent of cases occur in people with these genes. There are only a few hundred families in the world with them. Half the children of these families can expect to get the disease at an early age. Even though the genes occur in so few cases, they are interesting to researchers because the progression of the disease in the brain is identical to that among people who develop the illness without having the genes. So understanding how the genes cause the disease may give clues to how the disease develops in the majority of sufferers, where it is not genetically determined.

No one factor causes the common form of Alzheimer's. The best guess is that an individual has to be exposed to five or six risks out of a possible range of about 20. If the risks were known, action could be taken to avoid the condition.

"My view is that going for prevention is more worthwhile than going for drug treatment," said David Smith, chairman of the scientific advisory board of the Alzheimer's Research Trust. "Drug treatment for the disease is a bit late in the day once degeneration of the nerves in the brain has started."

Although the risk factors, apart from age, are not fully established, what happens inside the brain of someone with Alzheimer's is reasonably well understood. Nerve cells, especially within the cortex, which controls higher mental functions such as the memory, are destroyed by an excessive accumulation of protein in or around them. This process moves gradually through the cortex, although,

inexplicably so far, the parts that control vision and normal movement are not affected.

What researchers are trying to discover is the combination or combinations of risk factors that trigger the build-up of these insoluble proteins and cause nerve cells to die. This can best be done through studies of elderly people.

With money raised by The Times Christmas Appeal, the research trust hopes to set up such studies, taking and storing blood samples from people of similar age and background. Given that a third of the population over 85 develops Alzheimer's, some of the group will inevitably become sufferers.

Work to date has suggested that there could be a close link between Alzheimer's risk factors and those associated with heart disease. Regular exercise, a lean diet, no smoking and moderation in alcohol consumption may therefore help to reduce the risk of developing the disease. Until the risk factors are clearly identified, however, no one can be certain.

By comparing the blood samples the trust hopes to be able to positively identify common factors that can point to those at risk. This work is expensive and will take at least ten years to produce results, but Dr Smith believes that by then there may be at least a partial answer to how to prevent the disease.

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