VIEWS ON COMMUNITY CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS:

A DISCOURSE ANALYSIS OF ARGUMENT AND ACCOUNTABILITY IN A SCOTTISH COMMUNITY

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ABSTRACT

This study aimed to explore public attitudes towards people with mental health problems and their care in the community. With the move towards community care for people with mental health problems, organisations attempting to set up community mental health facilities in different parts of Britain have encountered public opposition. It has been argued that this resistance is due, in part, to the attitudes held by the public towards this client group. Previous British studies of community attitudes towards mentally ill people have employed traditional approaches to attitude research. These have a number of theoretical and methodological limitations. In particular, the survey approaches and hypothetical situations used do not take account of the rhetorical richness and complexity of the attitudes likely to be expressed on occasions when mentally ill people are moving into specific communities.

By contrast, in this study a discourse analytic approach was used to explore the views expressed about community care for people with mental health problems in a 'hot situation'. Specifically, people's views were explored by examining the ways in which they were expressed when arguing for or against a supported accommodation project for mentally ill people in their community. Three main data sources were used. These were: written text, comprising letters written to the local press by objectors and supporters of the project, and a written statement compiled by objectors; group discussions held with the writers of these documents; and interviews with representatives of the organisation setting up the project.

The analysis was concerned with both the topics and form of argumentation. Objectors to the supported accommodation project constructed their views around a number of argumentative topics which they characterised as issues of public concern. These were: the lack of prior consultation with local people and the secrecy they claimed surrounded the plans for the supported accommodation project; the claimed unsuitability of the project's location; and the type of tenants who would take up residence there. Supporters criticised objectors for their oppositional stance and expressed their views on the issues raised by objectors in formulating their case against the project. Supporters also constructed arguments around broader issues such as human rights. It was noteworthy, however, that there was no specific argument in favour of community care in this particular community. In the course of

arguing either for or against the supported accommodation project, participants constructed a number of different versions of people with mental health problems. In addition, they formulated their arguments in such a way as to attend to various issues of accountability and to protect their arguments from potential rebuttal. The justifications and criticisms used by participants to support their views and to undermine counter claims are shown to be constructed around social common-places. Along with the various argumentative forms and rhetorical devices identified, these common-places constitute a set of culturally available argumentative resources.

The findings of the study have the potential to be of practical utility to policy makers and practitioners who have a responsibility for planning and implementing community care for people with mental health problems. Two potential practical applications of the findings are suggested: how they may be used in devising consultation strategies; and the ways in which they may be used in developing education programmes aimed at providing mental health practitioners with a knowledge of the kinds of arguments likely to be encountered in local communities when consulting on and implementing community care. A knowledge of these arguments, and the resources drawn upon in order to formulate them, can enable practitioners to develop strategies for entering and engaging in local debates about community care for people with mental health problems. In conclusion, the methodological and theoretical implications of the study are discussed.

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DECLARATION

This thesis has been composed entirely through my own efforts. Material from the thesis which has already been published is referenced at the end. Permission to publish this material was granted by my supervisors.

Sue Cowan

This work is dedicated to my daughter Katie Robb,
for the time we could have spent differently.

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THE SOCIAL POLICY CONTEXT

INTRODUCTION

Nowadays the care of people with mental health problems is considered to be best provided in the community[1]. This thesis is about public attitudes towards people with mental health problems expressed in the context of establishing community care projects. Before considering attitudes however, it is useful to outline the social policy context within which the study is situated. This is the focus of the present chapter.

Prior to the NHS and Community Care Act (1990), community care policy had developed quite separately in England and Scotland. However, this new legislation established, for the first time, a common set of policies for England and Wales, and Scotland, set within a common policy framework. Community care aims to offer mentally ill people the opportunity of a better quality of life within the wider community. Nevertheless, the implementation of community care has been criticised and the role played by community attitudes towards people with mental health problems has not been fully addressed. It will be argued that this is a serious omission since it is likely that the degree to which the aims of community care can be achieved in practice will depend, to some extent, on public attitudes. Policy makers and practitioners seeking to develop and promote good quality community care will therefore be best placed to do so if they take account of the attitudes held by the community towards mentally ill people.

The concept of community care

The study presented in this thesis is set against a post-war social policy back-drop relating to the notion of 'community care'. The meaning of the term 'community care' however is unclear (Baldwin, 1987; House of Commons Social Services Committee, 1985; Walker, 1982). The term 'community' can be used to refer to a cohesive, harmonious set of relationships; a geographically and administratively defined area;

[1] There are difficulties in defining the term 'community'. Some of these are discussed below. In the context of this thesis however, 'community' will be used in a pragmatic rather than critical sense.

any form of living outside an institution; or a group of individuals with a shared purpose (Richmond Fellowship, 1983, p. 24). 'Care' can be used to refer to the different ways in which the needs of others may be met, for example physically or financially. However, it can also be used to denote an emotional attachment to another person. 'Caring for' and 'caring about' can therefore be distinguished (Dalley, 1988, p. 8). Hence the lack of clarity regarding the definition of the term 'community care' is due, in part, to the conceptual ambiguities inherent in its two constituent terms (Baldwin, 1993; Dalley, 1988; Perring, 1992; Ramon, 1991a, p. x-xi; Richmond Fellowship, 1983).

The policy of community care

Community care is not just a concept, it is also a policy. However, at the policy level, there has also been considerable disagreement with respect to what should constitute community care. Dalley (1988) describes the term 'community care', as it pertains to the policy of the same name, as a 'loose, ragbag term' (Dalley, 1988, p. xii) and the House of Commons Social Services Committee (1985) concludes that:

> The phrase "community care" means little in itself. It is a phrase used by some descriptively and others prescriptively: that is, by some as a shorthand way of describing certain specific services provided in certain ways and in certain places: by others as an ideal or principle in the light of which existing services are to be judged and new ones developed. It has in fact come to have such general reference as to be virtually meaningless (House of Commons Social Services Committee, 1985, p. x, para. 8).

Notwithstanding these difficulties, community care in one form or another has been official government policy since the late 1950s. The factors which have influenced a move from a hospital-based service to care in the community are many and varied (Thornicroft and Bebbington, 1989). In the late 1950s, the wards of mental hospitals were unlocked as a more humanitarian way of treating people with mental illness was sought. This 'open door policy' was facilitated by legislative changes brought about by the 1959 Mental Health Act which provided for the voluntary admission and treatment of patients except in exceptional circumstances. These developments, coupled with the advent of neuroleptic drugs in the mid 1950s and an increasing awareness of the damaging effects of institutional care (Barton, 1976; Goffman, 1961) all contributed to the move towards a community-based system of care. However, as Martin (1984) notes, it is not possible to ascribe a specific weighting to the influence of any one particular factor and different commentators have tended to view some of these factors as being more influential in the development of

community care than others (For example, see Busfield, 1986; Chapman, Goodwin and Hennelly, 1991; Goodwin, 1990; Jones, 1988; Ramon, 1992).

Prior to the NHS and Community Care Act (1990), there had been marked differences in the ways in which community care policy had been developed and translated into practice in Scotland compared to England and Wales (Drucker, 1987; Hunter and Wistow, 1987; Martin, 1984; Petch, 1992; Pullen, 1993; Titterton, 1990, 1991). This new legislation established, for the first time, a common set of policies for England and Wales, and Scotland. However, its origins lie in policy developments south of the border. It is therefore useful to describe community care policy in England and Wales before moving on to describe policy development in Scotland.

Policy developments in England and Wales

The Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency (Royal Commission, 1957) marked the shift to advocating a community-based mental health service (Busfield, 1986). Furthermore, it marked the first appearance of the term 'community care' in the official literature (Jones, Brown and Bradshaw, 1983, p. 103). The Commission reported that:

> The recommendations of our witnesses were generally in favour of a shift of emphasis from hospital care to community care. In relation to almost all forms of mental disorder, there is increasing medical emphasis on forms of treatment and training and social services which can be given without bringing patients into hospital as in-patients, or which make it possible to discharge them from hospital sooner than was usual in the past (Royal Commission, 1957, p. 207, quoted in Busfield, 1986, pp. 341-42).

In addition to this, government statistics showed that following a peak in 1954, the number of occupied beds in mental hospitals had, for whatever reason, declined steadily until 1959. The move towards community care, and the concomitant decline in the number of occupied mental hospital beds, led to the emergence of a mental health policy which emphasised the run down and closure of mental hospitals. In 1961, in an impassioned and much quoted speech to the National Association of Mental Health, Enoch Powell, the Minister for Health, talked of 'the defences we have to storm' and of 'setting the torch to the funeral pyre'. His vision for the future of mental health services involved:

> ...nothing less than the elimination of by far the greater part of this country's mental hospitals as they stand today. This is a colossal undertaking, not so much in the physical provision which it involves as in the sheer inertia of mind and matter which it requires to be overcome. There they stand, isolated, majestic, imperious,

> brooded over by the gigantic water-tower and chimney combined, rising unmistakable and daunting out of the country side - the asylums which our forefathers built with such solidity (Minister for Health, 1961, quoted in Murphy, 1991, p. 59).

It was estimated that if the observed trend in the reduction of occupied mental hospital beds continued at the same rate as it had done between 1954 and 1959, then the total number of mental hospital beds (which at the time numbered approximately 150,000) could be reduced by a half by 1975 (Tooth and Brooke, 1961). These extrapolations gave Powell's vision credibility and, in the following year, it was translated into policy in 'A Hospital Plan for England and Wales' (Ministry of Health, 1962). The Hospital Plan committed the government to an official programme of mental hospital closure accompanied by a shift in emphasis to treatment in district general hospitals.

The Hospital Plan did not, however, link the predicted decline of mental hospital beds to the simultaneous expansion of community-based services such as suitable day care and residential provision, social work support and sheltered employment. Rather, it was assumed that since the mental hospital population had declined between 1954 and 1959, when there were very few community-based services, it would continue to do so regardless. However, it was suggested that if community provision was to increase then the mental hospitals could be run down even faster than had been originally predicted (Martin, 1984, p. 8).

In 1975, the year by which a 50% reduction in mental hospital beds was predicted, progress was reviewed in the White Paper 'Better Services for the Mentally Ill' (DHSS, 1975). In terms of the reduction in hospital beds, the number of beds were close to the projected figures for patients staying up to two years and for longer stay patients who had been admitted since 1961. However, 30,000 of the 110,000 long stay patients who were in hospital in 1954 were still there in 1971. The continued existence of this patient group, which Tooth and Brooke had predicted would run down at a rate which would eliminate it by 1975, accounted, in the main, for the discrepancy between the projected and actual reduction in hospital bed numbers.

The Paper acknowledged that non-hospital community-based provision was minimal and that there had been a 'failure ... to develop anything approaching adequate social services', a situation described as 'perhaps the greatest disappointment of the last 15 years' (DHSS, 1975, p. 14, para. 2.8). Moreover, it recognised that some people were needlessly in hospital as result of the lack of

adequate community provision. What was even more disappointing was that this failure had occurred in spite of a fivefold increase in the amount of national income allocated to personal social services between 1955 and 1976 (Levick, 1992). Despite these difficulties, the Paper reaffirmed the government's commitment to a policy of community care and stated:

> The failures and problems are at the margins and ... the basic concept remains valid. We believe that the philosophy of integration rather than isolation which has been the underlying theme of development still holds good; and that for the future the main aims must continue to be the development of much more locally based services, and a shift in the balance between hospital and social services care (DHSS, 1975, p. 17, para 2.17).

The Paper set out four broad policy objectives for the future. These were: the relocation of specialist services to local settings; an expansion in the provision of residential, day care, domiciliary, and social work support by local authority social services departments; the establishment of appropriate organisational links between the various agencies involved in the delivery of services; and an increase in staffing levels of these services. Target figures, expressed in terms of places per 1,000 population, were set for the pace of bed closures and for those services viewed as essential to the provision of an adequate community-based service such as residential places, day centre places and day hospital places. However, although the Paper acknowledged that a lack of adequate resources presented a major barrier to the further development of a community-based service, it did not offer any guidance as to how the objectives it had set out could be met in practice.

Despite restating a commitment to community care and setting targets and objectives, Better Services for the Mentally Ill had little impact on the development of statutory and local authority community-based service provision (Murphy, 1991, p. 12). Furthermore, although the relatively prosperous 1960s had witnessed high public sector expenditure and the expansion of the Welfare State, the oil crisis of 1973 precipitated a change in the economic climate. In 1974, the Labour government embarked upon a period of public expenditure retrenchment. This continued following the 1979 election of a Conservative government committed to monetarism and a reduction in state welfare provision as a matter of ideological principle (Langan, 1990).

At the time of the 1962 Hospital Plan, community services were provided solely by local authorities and no account was taken of the potential for relatives, neighbours and the voluntary sector to provide care (Jones, Brown and Bradshaw, 1983). However, as the country moved into a period of public spending cuts, the

government looked to other means of providing services at reduced cost. This led to an increased reliance on informal carers, voluntary organisations and volunteers to provide the services more usually provided by paid full-time staff. Thus official emphasis shifted from care *in* the community to care *by* the community (Langen, 1990; Levick, 1992; Walker, 1982).

In 1985, the House of Commons Social Services Committee conducted a survey of community care. It expressed extreme concern at the government's continued pursuit of a programme of hospital bed closure and warned that 'the pace of removal of hospital facilities for mental illness has far outrun the provision of services in the community to replace them' (House of Commons Social Services Committee, 1985, p. xviii, para. 30). Langan (1990) points out that between 1982 and 1986, despite a reduction of 10, 000 in hospital bed occupancy by psychiatric patients, there had been an increase of only 543 day centre places and 399 residential places. The Committee expressed the view that this lack of community provision was responsible for the increasing numbers of mentally ill people coming into contact with the prison service, and for those joining the ranks of the homeless. Moreover, the Report emphasised that a community-based service could not be provided at the same overall cost as the underfunded services already in place and called for the government to provide increased expenditure.

In 1986, the Audit Commission for local authorities in England and Wales published its report 'Making a Reality of Community Care'. It expressed concern about the slow general progress towards the implementation of community care. A comparison between the 1984 figures for the elements considered necessary for a comprehensive community-based service, and the targets set in Better Services for the Mentally Ill (DHSS, 1975) revealed a considerable shortfall. For example, in England, the number of residential places available had moved 41% towards the proposed target figure of 11,500 with an increase from 3,500 places in 1974 to 6,800 in 1984; day hospital places had progressed only 17% towards the target and day centre places 16%. In addition, hospital bed closures had progressed 45% to the target set (Audit Commission, 1986, p. 17, table 7). (See table 1.1 below.) A considerable regional variation in respect of progress towards community care implementation was also noted.

Table 1.1 **Progress to White Paper targets for mentally ill people (England only) (Table 7 in Audit Commission, 1986, p. 17)**

	1974	1984	Target	Progress to target
Hospitals (available beds)	104,000	78,900	47,900	45%
Residential Places (local authority, private and voluntary)	3,500	6,800	11,500	41%
Day Hospital Places*	11,200	17,000	45,800*	17%
Day Centre Places (local authority and voluntary)	5,400	9,000	28,200	16%

* The target includes day hospital provision for in-patients. Many in-patients receive day care in hospitals but are not included in the day hospital statistics.

Furthermore, the Report identified a number of 'fundamental underlying problems'. There was a shortage of the necessary short-term bridging finance during the period of transition to community care, when elements of both an institutional and community-based service were required to run in parallel. Existing mechanisms for shifting monies from health authorities to local authorities to meet the requirements of community care policies were also inadequate. Other problems identified were social security policies which undermined a move from residential to community care, inadequate staffing arrangements, and a fragmented organisational structure that resulted in delays and difficulties. The Commission suggested that the government should conduct an independent review of community care policy, with specific emphasis on identifying potential strategies for effecting the required financial and organisational changes.

Sir Roy Griffiths was asked to undertake this task. His report 'Community Care: Agenda for Action' was published in 1988. In his report, Griffiths commented that: 'Community care has been talked about for thirty years and in few areas can the gap between political rhetoric and policy on the one hand, or between policy and reality in the field on the other hand have been so great' (p. iv, para. 9). In an attempt to close this gap he made a number of proposals, many of which were based on the Audit Commission findings translated into recommendations for practical action. The recommendations of the Griffiths report are important because most of them, with two notable exceptions, were taken up by the government to form the basis of the White Paper 'Caring for People' (Department of Health, 1989) upon which current community care legislation is based.

Griffiths recommended the appointment of a Minister of State in the Department of Health with specific responsibility for community care. Local authorities, it was proposed, should take the lead role and would be responsible for the identification

of all people in their area with community care needs and for the appointment of care managers. Care managers would be responsible for assessing the needs of individuals deemed to require community care and for the planning and management of individualised packages of care designed to meet their needs. In order to deliver such care packages, local authorities, rather than act as direct providers, would be empowered to buy in services from organisations from the independent, voluntary and private sectors who would be encouraged to compete for contracts. Competition for contracts, it was hoped, would lead to the development of a 'mixed economy of care' providing a greater diversity of service options. Hospital care was to be restricted to those people who required medical or nursing intervention which could not be provided outside a hospital environment. Moreover, the important role of informal networks of care in care provision was emphasised:

> Publicly provided services constitute only a small part of the total care provided to people in need. Families, friends, neighbours and other local people provide the majority of care in response to needs which they are uniquely well placed to identify and respond to. This will continue to be the primary means by which people are enabled to live normal lives in community settings (Griffiths, 1988, p. 5, para. 3.2).

The importance of the role fulfilled by informal networks in the provision of community care was reinforced through the proposal that the delivery of packages of care by local authorities should be achieved by 'building first on the available contribution of informal carers and neighbourhood support' (p. 1, para. 1.3.3).

Further recommendations made in the Report related to how community care services should be financed. These included proposals aimed at the restriction of social security payments to residential homes in the private sector. This was to be achieved through the payment of benefits to local authorities instead of direct to the individual. Local authorities would therefore be able to choose to use such funds to provide care in the person's own home if it was felt to be more appropriate for the individual in question. In addition, it was proposed that specific grants from central government funds should be made available to local authorities to meet a significant proportion of the cost of approved schemes. Furthermore, funds for community care should be identified as such in the public expenditure planning process and allocated to local authorities in a 'ring-fenced' budget. This recommendation aimed to prevent local authorities from spending community care monies on other services for which they were responsible, such as education, leisure and housing.

This then was the social policy context relating to community care south of the border up until 1989 which saw the beginnings of current community care legislation with the move towards a common set of policies for Scotland, England and Wales. Before moving on to look at these wider policy initiatives, parallel policy developments in Scotland will be considered up to this point.

Parallel policy developments in Scotland

In the late 1950s, the Dunlop Committee published two reports concerning mental health services in Scotland. The first related primarily to mental health legislation (Department of Health for Scotland, 1958) whereas the second was concerned more specifically with community care (Department of Health for Scotland, 1959). Like the 1957 Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency in England and Wales, the Dunlop Committee called for a shift in emphasis from hospital to community-based care.

In the same year as The Hospital Plan for England and Wales, the Hospital Plan for Scotland was published (Department of Health for Scotland, 1962). However, this report, unlike its English counterpart, made no predictions regarding the potential run down of hospital beds and no target figures were set for 1975. The situation at the time of the Hospital Plan in Scotland was somewhat different to the situation in England. In Scotland, there had traditionally been a stronger emphasis on institutional care for disadvantaged groups. This is reflected in the statistics at that time. At the end of 1961, there were 19,672 psychiatric in-patients in Scotland. This represented 15% more mentally ill in-patients than the proportion for England and Wales (Department of Health for Scotland, 1961, see Martin, 1984, p. 67). This heavier reliance on institutional care for people with mental health problems was accompanied by the virtual non-existence of community-based provision for this client group.

Scottish Health Priorities for the Eighties, known by the acronym SHAPE (SHHD, 1980) was the first major attempt to determine future health care priorities in Scotland. It built upon the memorandum 'The Way Ahead' (SHHD, 1976) which had emphasised the need to promote the development of a community-based service through improvements in primary care and community health services.

SHAPE identified fifteen speciality groups, or programmes, which were divided into three categories, A, B or C, according to priority. Eight programmes were placed in the top priority category A, four in category B and three in category C. People with

mental health problems fell within category A, along with the elderly and the mentally and physically handicapped. Revenue expenditure for this category was to grow faster than all other health service revenue expenditure. Programmes within each category were not prioritised. However, in terms of revenue expenditure, emphasis was to be placed on services for elderly people, and, in particular, those with a mental disability; community services; and services relating to the prevention of ill-health. Priority for capital expenditure was given to the elderly with a mental disability, then the mentally ill, along with the mentally handicapped and the elderly, and finally the remaining programmes in category A.

Scottish Health Authorities Review of Priorities for the Eighties and Nineties (SHHD/SHSPC, 1988), known by the acronym SHARPEN, reviewed progress towards the objectives set out in SHAPE, devised new priorities, and presented a revised set of guidelines for the period to 1992. In reviewing the SHAPE objectives, it was evident that the shift in health service expenditure towards the identified priorities had been minimal and that it varied within each priority category. For example, for programmes in category A, the share of expenditure allocated to the care of elderly people had increased from 11.675% to 12.16% between 1981/1982 and 1985/1986, while that for services for mentally ill people (including the elderly with a mental disability) had decreased from 11.53% to 11.26%. Expenditure on other programmes within this category had remained roughly stable over this time period (SHHD/SHSPC, 1988, pp. 9-10, para. 14). The new priorities devised by SHARPEN allocated community care for people with mental health problems to the second priority group.

The Report endorsed the SHAPE recommendation of a move towards a community-based service. However, SHARPEN warned that 'the care and support services infrastructure must be in place in the community before any relocation from institutional care takes place' (p.ix, para. 8). Like the Griffiths Report, SHARPEN recognised the importance of informal care networks in providing the necessary infrastructure for a community-based service:

> The informal family carer is the single most important provider of care and support in the community. Such carers will in future be an even more important resource and effort must be made by the formal agencies to maintain and support their capacity to care (SHHD/SHSPC, 1988, p. 21, para. 34).

Factors identified as likely to influence the rate of progress of community care included the availability of finance and the cooperation of the agencies involved in service provision.

The first comprehensive review of mental health services for adults in Scotland, known as 'Mental Health in Focus', was published in 1985 (SHHD/SED). The Report described mental health services in Scotland, in general, as 'a deprived area of care' (p.16, para 1.4). The failure to achieve the desired shift in emphasis to a community-based service was highlighted and it was concluded that:

> There is at present such a serious shortfall, in Scotland, of community alternatives to in-patient mental health care, that it has not proved possible to develop the comprehensive locally based mental health service which is required if care in the community is to become a reality (SHHD/SED, 1988, p. 16, para. 1.5).

The Report also noted shortfalls for individual elements of a community-based service through comparison of the target figures for Scotland set out in Better Services for the Mentally Ill (DHSS, 1975) with the figures available in 1983. Comparison of these figures revealed that, in 1983, there was a shortfall of 2,300 day hospital places for mentally ill people under the age of 65 years and 1,400 for those cared for by the geriatric psychiatry services. In 1983, there were only three day centres for people with mental health problems provided by local authorities and voluntary agencies. These provided 160 places, 2,840 places short of DHSS recommendations. With respect to residential accommodation within the community, the Report expressed scepticism[2] regarding the applicability of DHSS (1975) figures to Scotland and, instead, set its own target of 1,700 residential places. Based on this target figure, the 485 places available in 1983 represented a shortfall of 1,215 places. The report concluded: 'There is no doubt that a substantial number of people are at present in hospital, not for medical reasons, but simply because of the lack of suitable accommodation and services in the community' (SHHD/SED, 1985, p. 99, para. 15.9).

These conclusions have been echoed by the findings of empirical studies. In a series of studies, McCreadie and various colleagues followed over five years a cohort of Scottish 'new chronic in-patients' identified in a sample of hospitals in 1982 (McCreadie, Wilson and Burton, 1983). 'New chronic in-patients' were defined as those patients aged 18-64 years who had been resident in hospital for more than one but less than six years. At the time of identification, 38% of the cohort (n=571) were assessed as misplaced in hospital. Rehabilitation status was assessed using the Morningside Rehabilitation Status Scale (Affleck and McGuire, 1984). In addition to this, consultants indicated where the patient would best be accommodated and employed, assuming that there was an immediate local

2 The authors of the document did not however provide reasons for their scepticism.

availability of all necessary community-based resources. By the two-year follow-up in 1984, 33% of this group had been discharged with 37% of those remaining in hospital assessed as not being in need of in-patient care (McCreadie, Robinson and Wilson, 1985). By the five-year follow-up, 46% of those originally assessed as misplaced in hospital had been discharged with 39%[3] of those remaining in hospital assessed as misplaced (McCreadie and McCannell, 1989). Livingston and Bryson (1985) found similar results in a survey of the rehabilitation potential of patients in hospitals in the catchment area of Greater Glasgow Health Board. In their study, nearly a third of long stay patients were assessed by their consultant psychiatrists as able to live outside hospital. In addition, a study of 'old long stay in-patients' in a sample of hospitals found that 32% of this group of patients (n=2,605) did not require hospital in-patient care and were assessed as able to live in the community with varying degrees of support (McCreadie *et al*, 1991). 'Old long stay patients' were defined as those patients who had been admitted to hospital prior to the age of 65 years and who had a duration of hospital stay exceeding six years. Rehabilitation status was assessed in the same manner as in the studies of 'new chronic in-patients'.

The continuing existence of inappropriately placed in-patients has been largely explained in terms of a lack of suitable alternative hostel accommodation in the community. A survey conducted in 1983 found accommodation of this type to be almost non-existent (McCreadie, Affleck and Robinson, 1985). There has been little improvement in provision since (McCreadie *et al*, 1991). McCreadie *et al* (1991) point out that Scottish hospital provision for long stay patients (excluding those with learning disabilities) in 1991 was 20 beds per 100,000 population in excess of recommendations set out for that year (Wing, 1986, see McCreadie *et al.*, 1991, pp. 400-401). However, it was argued that if appropriate community provision was available, then those inappropriately placed new chronic in-patients identified in 1982 (McCreadie, Wilson and Burton, 1983) could be discharged along with those inappropriately placed old long stay in-patients identified in 1988 (McCreadie *et al*, 1991). This would reduce mental hospital bed provision for long stay patients to 53 beds per 100,000 which is exactly the figure set by Wing (McCreadie *et al*, 1991).

Mental Health in Focus (SHHD/SED, 1985) was, however, criticised for failing to address adequately the issue of the future role of the psychiatric hospital in Scotland. In fact, the report devoted only one short paragraph to the subject.

[3] Over the period of the study, patients' level of functioning had improved; hence the slight increase in this figure.

Subsequently, the report 'Mental Hospitals in Focus' (SHHD/SHSPC, 1989) aimed to address this issue more fully. Whereas SHARPEN criticised whether the mental hospital was the appropriate location in which to provide care and treatment for the majority of long term mentally ill people, Mental Hospitals in Focus criticised what was seen as the over simplistic notion that all people with mental health problems could be treated in the community (SHHD/SHSPC, 1989, p. 10, para. 4). Accordingly, the Report focused attention on the continuing need for psychiatric in-patient provision for certain patients 'as an integral, developing and essential part of any system of mental health care' and noted that 'adequate community services are supplementary to rather than an alternative to bed provision' (p. 10, para. 5).

In addition to the publication of Mental Hospitals in Focus, the year 1989 saw the beginnings of the development of current community care legislation.

Current community care legislation

Although the remits of the Audit Commission Report (1986) and the Griffiths Report (1988) were restricted to England and Wales, their findings have wider policy implications. The White Paper 'Caring for People' (Department of Health, 1989) was the government's response to the Griffiths Report. In its main recommendations, the Paper follows Griffiths' proposals. Local authorities should play the lead community care role with a responsibility for assessing individual need, designing packages of care and securing their delivery from available community resources. The development of a mixed economy of care should be encouraged. It was also recommended that local authorities should produce community care plans in conjunction with health authorities, housing authorities and the voluntary and private sectors, with the aim of defining objectives and targets and setting out procedures for monitoring progress.

Two of Griffiths' recommendations were, however, omitted from the White Paper, resulting in 'enormous and seriously worrying gaps' (Murphy, 1991, p. 131). These were the recommendation that community care monies should be ring-fenced and the proposal that there should be a separate Minister of State with a specific responsibility for care in the community. A number of commentators have expressed concern that the failure to appoint a minister for community care would result in an inability to develop the necessary links between the Ministries of Health, Housing, Social Security, and Education (Murphy, 1991, p. 131). The failure to take up the recommendation to ring-fence community care funds has been considered particularly problematic, and concerns have been expressed that underfunding of

local authorities would result in community care funds being spent on other priorities (Groves, 1990). On this issue Sir Roy Griffiths himself commented that:

> I had provided a purposeful, effective, and economic four wheel vehicle but the white paper has redesigned it as a three wheeler, leaving out the fourth wheel of ring fenced funding. I am happy that such a vehicle is capable of moving in the right direction, although occasionally I pray that I shall not be left singing 'Three wheels on my wagon' with the ultimate undesirable fate which befell the driver at the hands of the Cherokees (Sir Roy Griffiths, speaking at a conference of the National Association of Health Authorities, London, December, 1989, quoted in Groves, 1990, p. 1187).

Although the key objectives and changes set out in the White Paper applied equally to Scotland, a separate chapter was devoted specifically to the Scottish situation. The chapter reinforced the expectation that the role of local authorities would shift from that of provider to enabler. However, it acknowledged that 'local authorities are likely to remain for the time being major providers of care facilities' (Department of Health, 1989, p. 80, para. 10.4). As far as changes for mentally ill people were concerned, a specific grant to local authorities was introduced in order to promote the development of community-based services. In addition to this, a care programme approach was introduced which, it was hoped, would facilitate liaison between local authorities and health boards to ensure the identification of appropriate community support services for patients being discharged from hospital.

In June 1990, the recommendations of the White Paper together with a set of proposals for other changes in the Health Services were passed into law as the National Health Service and Community Care Act. The reforms set out in the Act have been introduced in three phases. In phase one, in April 1991, local authority complaints procedures and inspection units were set up and the mental illness specific grant was introduced. In phase two in April 1992 community care plans were published. Phase three in April 1993 saw the introduction of reforms which involved the transfer of DSS funds to local authorities; the introduction of the new funding structure for individuals seeking public support for residential and nursing home care; and the transfer to local authorities of the responsibility for assessing individual care needs and for arranging appropriate care.

In summary, current community care legislation has established, for the first time, a common set of policies for England and Wales, and Scotland, set within a common policy framework. However, the pace of policy implementation in Scotland has traditionally differed from that in England. These differences have implications for

the current state of community care in Scotland and for its future development. The following section contrasts the progress of community care north and south of the border, and examines some possible reasons for the differences.

A comparison of policy implementation in England and Scotland

A number of commentators have remarked upon the slow progress of community care and its underdeveloped status in Scotland (e.g. Hunter and Drucker, 1987; Hunter and Wistow, 1987; Martin, 1984). Martin (1984, p. 73) claims that 'Whereas in England a policy of community care has been promulgated but only very incompletely and imperfectly carried through, in Scotland nothing has been promised and virtually nothing achieved'. However, evidence for this and similar claims is lacking due to a dearth of centrally held information concerning the status of community care in Scotland, in particular with respect to people with mental illness and learning disabilities (McCollam, 1994a; Titterton, 1990).

With the statistics which *are* available, Petch (1992) and Titterton (1990) have attempted to compare the programme of hospital bed closure and the development of alternative community-based facilities in England and Wales with that in Scotland. In England and Wales, the number of mental hospital residents dropped from 77,297 in 1979 to 56,200 in 1989, a reduction of 27%. Comparative figures for Scotland show that mental hospital residents fell from a total of 15,846 in 1979 to 13,525 in 1989, a reduction of 15%. In terms of beds for psychiatric patients, in Scotland, the reduction in bed numbers between 1977/1978 and 1988/1989 was 15% (Petch, 1992, pp. 14-15).

Comparison of selected day care and domiciliary services in England and Scotland in 1976 and 1988 showed that although Scotland fared reasonably well in comparison with England for certain types of social service day care and domiciliary provision, this was not the case for services for mentally ill people. For example, in terms of day centre provision, in 1976 in Scotland there were no day centres at all whereas in England the comparative figure was 96. These 96 centres provided a total of 3,386 places, a level of provision of 7.2 places per 100,000 population. By 1988, the figure in Scotland had risen to 2 day centres which provided 117 places, a level of provision of 2.3 places per 100,000 population. Comparative figures for England for 1988 were 171 day centres providing 6,113 places, a provision level of 12.8 places per 100,000 population (see table 1.2 below).

Table 1.2 **Day centre provision in England and Scotland 1976-1988 (from Titterton, 1990, p. 16, table 5)**

Day centres: mentally ill	1976 England	1976 Scotland	1988 England*	1988 Scotland
Centres	96	0	171	2
Places	3386	0	6113	117
Places per 100,000	7.2	0	12.8	2.3

*Provisional

A number of socio-economic, cultural, political, organisational and financial factors have been identified as contributing to the slow progress of community care in Scotland (Drucker *et al*, 1987; Hunter and Wistow, 1987; Martin, 1984; Petch 1992; Titterton, 1990, 1991). First, there has been a stronger emphasis on institutional care in Scotland. This has been a consequence of the dominance, in the planning process of the Home and Health Department over the Social Work Services Group, the two principal departments with responsibility for planning mental health care. This interdepartmental inequality has arisen as a result of the longer history of the Home and Health Department, the sheer size of the health expenditure programme, and the dependence of some aspects of community care funding on the freeing and transfer of health service resources. Second, despite the various community care policies described above, it has been argued that there has been a failure to produce a coherent and consistent policy package within a clear policy framework. Third, appropriate policy and planning mechanisms to monitor the progress of community care at the level of central government have not been developed. Fourth, adequate joint planning and joint working mechanisms between social services departments and health boards at the local level have been lacking. Other barriers to the implementation of community care relate to an underdeveloped mixed economy, an absence of pressure groups to lobby for change, and a lack of research and information on community care.

The differences in the pace of policy implementation in Scotland compared with England have persisted despite the introduction of the new community care legislation. However, significantly, for the first time in Scotland, the government has committed itself to a programme of reduction of mental health beds and psychiatric hospital closure. A Scottish Office circular produced by the National Health Service in Scotland Management Executive announced that 600 long stay mental health places would be transferred into the community in 1994/1995 with a projected

reduction of 8,000 long stay mental health beds by the year 2000 (NHS MEL (1993) 155, Annex B, p. 2). In addition to this, six psychiatric hospitals have been scheduled for closure (McCollam, 1994b). The first of these, Kingseat Hospital in Grampian (312 beds) closed in April, 1995.

The move by the Scottish Office to effect a shift from hospital provision to community-based services for people with mental health problems has been welcomed by the mental health lobby. Community care, however, has not been accepted uncritically.

Criticisms of community care

Community care has been criticised on a number of levels. Criticism at the conceptual level has centred around the ambiguity regarding the meaning of 'community care' (see above). At the policy level, concern has been expressed that the move to community care has been driven primarily by fiscal as opposed to therapeutic considerations (Tudor, 1990) and, furthermore, that this has been the case increasingly since public expenditure cuts in the mid 1970s (Chapman, Goodwin and Hennelly, 1991). Successive governments have thus tended to view community care as a cheaper means of providing mental health care, compared to its institutional alternative. However, Thornicroft and Bebbington (1989, p. 749) warn that 'adequate community care is no cheaper than inadequate hospital care'. Moreover, it has been noted that community care policy has been based on the assumption that relatives, friends and neighbours are both able and willing to provide care for those who need it (Chapman, Goodwin and Hennelly, 1991; Langan, 1990). As Walker (1982, p. 35) points out, this assumption is based on an over romanticised vision of society and, moreover, that care of this type 'probably never occurred on a wide basis and is certainly unlikely, outside of small isolated communities, in advanced capitalist societies'.

Community care has also been criticised at the level of practice. Community care relies heavily on the provision of care by women, who constitute the majority of carers. Hence people have expressed concern that community care perpetuates the exploitation of women (Chapman, Goodwin and Hennelly, 1991; Dalley, 1988; Langan, 1990; Tudor, 1990; Walker, 1982). Furthermore, at the level of practice the locus and quality of care have become confused insofar as it is assumed that, by definition, care in the community will be better than the institutional alternative irrespective of the quality of care provided (Lamb, 1993). Finally, there is an

inequitable geographical distribution of community-based services (Groves, 1990; Langen, 1990). For example, Groves observes that:

> Depending on his address, a young man with severely disabling chronic schizophrenia might block an acute psychiatric bed for a year, enter a slow stream rehabilitation ward, move to a hostel in the centre of town, return to his parents' home, stay in bed and breakfast accommodation, or sleep in a cardboard box (Groves, 1990, p. 1188).

A further criticism of community care relates to the degree to which its underlying principles can be applied in practice and therefore the extent to which its aims can be achieved. Despite disagreement at the conceptual level, there appears to be some consensus on the principles which form the basis of most definitions of community care. These include a preference for domiciliary care over institutional care; small over large services; local over distant services; and the pursuit of the ideal of normalisation and integration as opposed to specialist provision, segregation and restriction (House of Commons Social Services Committee, 1985, p. x, para 9). In particular, commentators have highlighted the importance of applying the principles of normalisation and integration to the provision of community-based services (Baldwin, 1993; Cunningham, 1987; Miller, 1987; Perring, 1992; Pritlove, 1985). It may be argued however, that the extent to which these principles can be applied in practice is likely to be dependent on other factors, in particular the attitudes held by the community towards people with mental health problems. Given the importance of both these issues, normalisation and community attitudes, it is worth examining them in more detail.

Principles of community care in practice

There in no universal definition of 'normalisation'. The concept originated in Scandinavia in the late 1950s where it was applied to the provision of services for people with learning disabilities (Bank-Mikkelsen, 1980; Nirje, 1980). However, perhaps the most well known exponent of normalisation is Wolf Wolfensberger who elaborated the principle in an attempt to 'North Americanize, sociologize, and universalize the Scandinavian formulations, so that they would be applicable to all human services' (Wolfensberger, 1980, p. 7). As a consequence of its claimed universal applicability, Wolfensberger's formulation of the concept has been applied increasingly to other disability groups, in particular, to people with mental health problems. Wolfensberger defined normalisation as the 'Utilisation of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviours and characteristics which are as culturally normative as

possible' (Wolfensberger, 1972, p. 28). More recently he has renamed normalisation 'social role valorisation' which shifts the emphasis from culturally normative practices to socially valued roles (Wolfensberger, 1983). This new term for normalisation avoids the difficulties inherent in defining what is statistically normative and incorporates what Wolfensberger has called 'the most explicit and highest goal of normalization' which is 'the creation, support, and defense of *valued social roles* for people who are at risk of social devaluation' (Wolfensberger, 1983, p. 234, emphasis in original).

According to Wolfensberger, disabled people come to be devalued as a result of society's tendency to define disability in terms of 'negatively valued differentness' (Wolfensberger, 1980, p. 8). This devaluation leads to disabled people being cast into a variety of roles which in turn have implications for the model of service provision adopted. For example, mentally ill people have traditionally been cast in the role of objects of fear and dread; hence the dominant model of service provision has tended to be custodial and segregative, as reflected in institutional care. Segregation results in people with mental illness being separated from 'ordinary' people and 'ordinary' lifestyles with the result that they are not afforded opportunities to perform socially valued roles and behaviours. This, in turn, leads to their further devaluation (Ramon, 1991b).

The application of normalisation/social role valorisation principles to community care provision aims to reverse the process of devaluation by enabling mentally ill people to perform valued social roles. Performance of valued social roles is dependent on the social participation and social integration of people with mental health problems within the wider community (Emerson, 1992; Smith and Brown, 1992). Social integration involves mixing with ordinary members of the community and using ordinary community facilities. The extent to which mentally ill people can do this, and hence take on valued social roles within the community, is dependent, in part, upon public attitudes and acceptance.

The attitudes held by the public towards people with mental health problems are likely to have other implications for the community care of members of this client group. The ability of mentally ill people to develop social support networks within the community is likely to depend to some extent on community attitudes. Social support has been recognised as essential to the successful treatment and prevention of psychiatric illness (Cohen and Wills, 1985; Holmes-Eber and Riger, 1990; Morin and Seidman, 1986). Furthermore, the willingness of people in the community to

provide care through informal networks, the importance of which has been emphasised in recent policy documents, is likely to be determined, at least partly, by community attitudes towards people with mental health problems.

In summary, it may be assumed that community attitudes constitute part of a climate within which community care is practised. Favourable community attitudes would thus be expected to be conducive to good quality community care. On the subject of community attitudes, Groves (1990, p. 1188) comments '... unlimited funding of luxurious facilities cannot provide full care if society still fears and stigmatises people with mental illness.' Policy makers and practitioners seeking to implement and deliver good quality community care for people with mental health problems will therefore be best placed to do so if they take into consideration the attitudes held by the public towards this client group.

Community attitudes towards people with mental health problems

The importance of public attitudes has been recognised in the official literature since 1961 when Tooth and Brooke acknowledged several factors upon which the proposed reduction of psychiatric hospital beds might depend. One of these factors was 'the existence of a social atmosphere which tolerates eccentrics' (Tooth and Brooke, 1961, p. 711). The White Paper Better Services for the Mentally Ill (DHSS, 1975, p. 18) recognised that 'the relationship between the mentally ill and the rest of society cannot be taken for granted as something which will sort itself out in the wake of further improvements in the statutory services. A humane service for the mentally ill requires the active concern of ordinary people as well as their tolerance'. In 1985, the House of Commons Social Services Committee again took up this issue and stated that: 'We cannot close our eyes to the degree of community resistance to having mentally handicapped or, even more so, mentally ill people living in close proximity' (Community Care with special reference to adult mentally ill and mentally handicapped people, 1985, p. 66). The Committee acknowledged that negative public attitudes are responsible, at least in part, for community opposition to the resettlement of people with mental health problems and recommended that 'a small investment in promoting community acceptance of the Government's policies of caring for mentally ill or handicapped adults within the community would not come amiss' (*ibid.*, p. 67). Subsequent official reports have failed to address further the issue of community attitudes, but the experiences of those at the forefront of community care implementation and delivery highlight its significance.

As the drive towards community care has increased in momentum, organisations attempting to set up facilities for mentally ill people in different parts of Britain have encountered public opposition. Indeed there is now sufficient anecdotal evidence to suggest that there is widespread public resistance to the resettlement of people with mental health problems within local communities[4]. For example, one recently reported incident (Scotland on Sunday, 15 May, 1994) describes the actions of local residents in Ayr when they discovered that one of the houses in their locality was to be purchased for use as supported accommodation for people with mental health problems. In order to prevent its purchase by the housing association, a local businessman, backed by a group of local residents, bought the house. A few months later the house was back on the market.

In summary, it is suggested that the policy and practice of community care will depend partly on community attitudes towards people with mental health problems. Policy makers and practitioners wanting to influence and promote good quality community care will therefore need to take account of the attitudes of the community towards this particular client group. The study presented in this thesis aims to explore the attitudes held by the community towards mentally ill people and to suggest some implications for policy and practice.

SUMMARY

In June 1990, the National Health Service and Community Care Act established, for the first time, a common set of policies for England and Wales, and Scotland, set within a common policy framework. The policy and practice of community care has, however, been criticised and the role played by community attitudes towards people with mental health problems has not been addressed. It has been argued that this is a serious omission since it is likely that the extent to which the aims of community care can be achieved in practice will depend, in part, on community attitudes. For example, public attitudes are likely to affect the ability of mentally ill people to take on valued social roles in the community and to form social support networks. Community attitudes towards people with mental health problems are also likely to influence the willingness of people to provide care for members of this client group through informal care networks. Moreover, the importance of

[4] Scottish Association for Mental Health (SAMH), Scotland's major voluntary mental health organisation, keeps a file of reported incidents of public opposition.

community attitudes has been highlighted by recent events. Specifically, organisations attempting to establish supported accommodation for mentally ill people in different parts of Britain have encountered public opposition to the resettlement of people with mental health problems in local communities. The slower pace of community care policy implementation in Scotland in comparison to that in England has meant that, until recently, people living in Scottish communities had had little experience of the resettlement of mentally ill people in their localities. However, with the recent Scottish Office announcement of the programme of hospital and bed closure, it is likely that there will be an increase in the number of incidents of public opposition as increasing numbers of mentally ill people move into residential alternatives within local communities. Policy makers and practitioners who have a responsibility to plan for, implement, and deliver good quality community care will be best placed to do so if they have a knowledge and understanding of the attitudes held by people towards members of this client group. This is the focus of Chapter Two.

CHAPTER TWO

COMMUNITY ATTITUDES TOWARDS PEOPLE WITH MENTAL HEALTH PROBLEMS: A REVIEW OF THE RELEVANT LITERATURE

INTRODUCTION

In Chapter One it was argued that policy makers and practitioners seeking to implement and deliver good quality community care for mentally ill people will be best placed to do so if they have a knowledge and understanding of public attitudes towards this client group and their care in the community. This chapter presents a review of studies of community attitudes towards people with mental health problems. Specifically, it aims to assess empirical, theoretical and methodological aspects of these studies to evaluate their usefulness in informing the policy and practice of community care. Previous studies of community attitudes towards people with mental health problems have employed traditional approaches to attitude research. It will be argued that these approaches fail to take account of the language through which, and social contexts within which, attitudes towards mentally ill people are expressed in real life situations. It is thus unclear how the findings of research which employs such approaches might be relevant to the real life contexts within which community care is practised. However, the foci of discourse analysis, a theoretical framework and method for analysing spoken and written language, are the various features of the attitudes expressed in real life situations. It will therefore be argued that it is better suited than traditional approaches to an assessment of community attitudes towards mentally ill people.

Traditional approaches to attitude research

There are a number of ways of conceptualising attitudes and conducting attitude research. Therefore, before turning to a review of empirical studies of community attitudes towards people with mental health problems, the various conceptualisations of attitudes implicit in these studies will be described briefly and an overview of the different methods used to assess them will be provided.

The concept of attitude

Although the concept of attitude has been described as the most distinctive and indispensable concept in social psychology (Allport, 1935), there is no consensus about what is actually meant by the term 'attitude'. Indeed Fishbein and Ajzen (1972) report having found 500 different operational definitions. Moreover, different conceptualisations of the nature of attitudes are inherent in different definitions. Brief overviews of the three attitude conceptualisations which have received most attention in the literature will be provided here. These are: the three component model (Rosenberg and Hovland, 1960); the unidimensional view (Petty and Cacioppo, 1981); and the expectancy-value model (Fishbein, 1963, 1967). (More comprehensive overviews of these and other conceptual models are provided in McGuire, 1985.)

According to *the three component model*, attitudes are hypothetical constructs which intervene between observable antecedent stimuli and subsequent behaviour. Attitudes are defined as 'predispositions to respond to some class of stimuli with certain classes of response' (Rosenberg and Hovland, 1960, p.3). The classes of response referred to are of three types. These are affective responses (related to evaluative feelings of liking and disliking); cognitive responses (related to ideas, opinions and beliefs about the attitude object); and behavioural responses (related to behavioural intentions or action tendencies). (See Figure 2.1 below.)

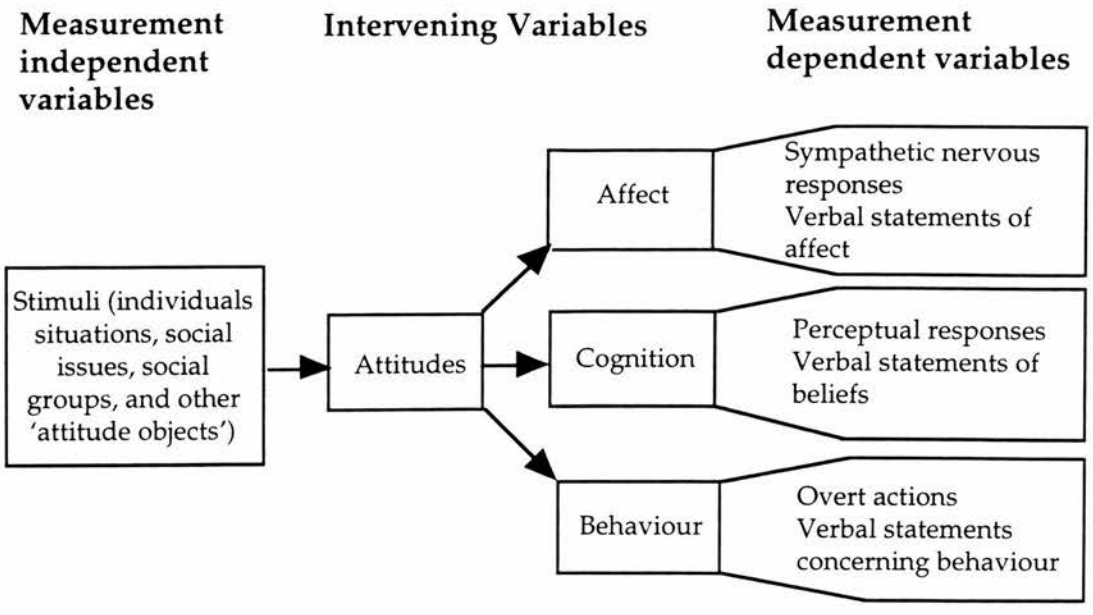

Figure 2.1 Three component model of attitude (Rosenberg and Hovland, 1960)

In contrast to the three component model, *the unidimensional view* emphasises the evaluative component as the most important or even sole component of attitudes. Thus, within this model, an attitude is regarded as 'a general, enduring positive or negative feeling about some person, object, or issue' (Petty and Cacioppo, 1981, p.7).

The third conceptual model which will be described here, *the expectancy-value model* (Fishbein, 1963, 1967), is essentially a unidimensional model, although it combines the cognitive and evaluative components of attitudes in an attempt to describe the relationship between attitudes and beliefs. According to this model, a person's attitude towards an attitude object (for example, 'mentally ill people') is a function of the *expectancy,* that is, the subjective probability that certain attributes are associated with the attitude object (for example, 'mentally ill people are the victims of an illness who deserve our care and understanding' or 'mentally ill people are unpredictable and violent and pose a threat to society'); and the *value,* that is, the subjective importance of these attributes. A person's attitude towards a particular attitude object is predicted by multiplying the expectancy and value components associated with each attribute and summing these products.

The explanatory value of the various conceptual models which have been described has been shown to vary depending, for example, on the attitude object in question; the physical presence or non-presence of the attitude object; and the kinds of indicators used to assess the various attitude components. Empirical studies of the

validity of any one of the different models in comparison to the others have, to date, yielded contradictory findings (Chaiken and Stangor, 1987).

As an abstract concept, attitudes need to be operationalised in relation to specific topics. Although there are a number of conceptualisations of attitudes, nearly all attitude measures are based on a unidimensional attitude concept. However, following an extensive review of the attitude literature, McGuire (1985) derived a working definition which, he argues, is at least implicit in most empirical studies. According to this working definition, attitudes are 'responses that locate "objects of thought" on "dimensions of judgment"' (*ibid*, p. 239). Comprehensive overviews of the many traditional methods of attitude measurement are provided elsewhere (e.g. Dawes and Smith, 1985; Fishbein and Ajzen, 1975; Kiesler, Collins and Miller, 1969). In the following section, only those methods which have been most frequently employed in studies of community attitudes towards people with mental health problems will be discussed.

Methods of attitude measurement

The different conceptualisations of attitude share certain assumptions. Traditional attitude research is based on the assumption that attitudes are inner mental states which are relatively enduring. Furthermore, it is assumed that attitudes are accessible through the administration of an appropriate attitude measure and that the responses people give on these measures are outward expressions of their inner mental states, that is to say, their attitudes. In addition, most methods of attitude measurement are based on the assumption that attitudes can be measured by the beliefs people hold about the attitude object. Three methods of attitude measurement are commonly employed in studies of community attitudes towards people with mental health problems. These are: Likert scales (Likert, 1932); social distance scales (Bogardus, 1925); and descriptive vignettes (Star, 1955).

Likert scales

Likert scales consist typically of around 20 to 30 belief statements which incorporate evaluative components related to mental illness and mentally ill people. For example, the Community Attitudes Toward Mentally Ill (CAMI) scales (Taylor and Dear, 1981) include statements such as 'One of the main causes of mental illness is a lack of self-discipline and will power'; 'It is best to avoid anyone who has mental problems'; and 'The mentally ill should not be treated as outcasts of society'. Likert scales require respondents to record their level of

agreement/disagreement with each of the statements on a five point scale ranging from strongly agree to strongly disagree. The respondent's attitude score is usually calculated as the unweighted sum of the responses on individual scale items.

Cohen and Struening (1962) suggested that attitudes towards people with mental health problems cannot be represented within a single belief dimension. As a result, multidimensional attitude measurement scales have been developed. Multidimensional scales, such as the CAMI scales (see above), consist of a number of Likert scales, each scale having been shown, by factor analysis, to represent a different dimension of belief underlying attitudes towards mentally ill people. For example, the CAMI scales consist of a set of four Likert scales representing the following dimensions of belief: authoritarianism (relating to the belief that mentally ill people are an inferior class in need of coercive handling); community mental health ideology (relating to the ideology underlying the community mental health movement); social restrictiveness (relating to the view that people with mental health problems pose a threat to society); and benevolence (relating to a sympathetic view of mentally ill people based on humanist principles). These different belief dimensions are those which have been shown to be most strongly evaluative in character. Thus, it is claimed that they can best differentiate between people who are positively disposed towards people with mental health problems and those who are negatively disposed.

Social distance scales

Social distance scales (Bogardus, 1925) consist of a small number of statements (usually around 8) which are ordered on a continuum of increasing closeness of social interaction. Respondents are asked to indicate their willingness or unwillingness to engage with someone who is mentally ill in a variety of situations; for example, as a fellow member of a club, a work colleague, a neighbour, or as a marriage partner. The more social roles in which a respondent is willing to accept someone who is mentally ill, the more favourable her attitude towards members of this group is deemed to be. Social distance scales are based on the logic that once a person is willing to engage with someone who is mentally ill in a certain social situation, they will be willing to engage with them in all social situations which require less social closeness. They are a less direct form of attitude measure than Likert scales since the respondent's attitude must be inferred from her behavioural intentions. Given that attitudes towards people with mental health problems are a

sensitive topic, it is argued that social distance scales are less likely to be susceptible to social desirability and self-presentational motives.

Vignettes

Like social distance scales, vignettes (Star, 1955) are an indirect method of assessing attitudes towards people with mental illness. They describe people exhibiting a variety of behaviours intended to be illustrative of a particular psychiatric disorder without mentioning the actual disorder. On their own, vignettes give no direct measure of how favourably or unfavourably respondents regard people with mental health problems, that is to say, their attitude. Vignettes are therefore often combined with social distance scales. It is then the task of the respondent to rank the behaviour described in the vignette according to her willingness to engage with the person described in specific social situations.

These are the three attitude measures employed most frequently in empirical studies. They have been used to generate a substantial body of literature on community attitudes towards people with mental health problems, to which the discussion now turns.

Empirical studies of community attitudes towards people with mental health problems

Although attitudes towards people with mental health problems need not be the same as attitudes towards mental illness, there is arguably a relationship between the two. Rabkin (1972, p. 154) suggests that 'definitions of deviant behaviour and the assignment of labels to such behaviour (that is, mental illness) strongly influence attitudes toward those regarded as deviant'. Thus, whilst some studies are described as relating to attitudes towards mental illness, their focus of concern is the attitudes towards mentally ill people associated with certain evaluations of mental illness. Moreover, the issues examined in studies of attitudes to mental illness are the same as those in studies of attitudes towards people with mental health problems, for example, the extent to which mentally ill people are regarded as dangerous, people's willingness to engage with mentally ill people in certain social situations, the perceived causes of mental illness and opinions regarding its treatment, and so on. Therefore, to distinguish between these studies as if they represented two separate bodies of literature would be to draw a false distinction. For the purposes of the literature review, studies described as relating to attitudes

towards mental illness will be considered alongside those described as relating to attitudes towards people with mental health problems.

There is a vast body of literature on the subject of community attitudes towards people with mental health problems dating from the late 1950s. Most of this work, however, has been conducted abroad. There is an extensive North American literature on the subject (e.g. Borinstein, 1992; Cumming and Cumming, 1957; Segal, Baumohl and Moyles, 1980; Trute and Loewen, 1978); and a smaller number of studies conducted in Europe (e.g. Madianos *et al.*, 1987; Murphy *et al.*, 1993), Australia (e.g. Sellick and Goodear, 1985), and New Zealand (e.g. Green *et al.*, 1987). By comparison very few studies have been conducted in Britain.

The substantive findings of the research conducted outside Britain will not be reviewed here[1] since their relevance to the situation in this country is questionable. Cross-cultural studies of attitudes have shown that despite observations which suggest a similarity in intergroup attitudes across different cultural contexts, the actual expression of attitudes can vary widely (Moghaddam, Taylor and Wright, 1993, pp. 51-52). Furthermore, community care legislation varies from country to country. It cannot therefore be assumed that research findings generated within, say, an American social policy context, will necessarily be relevant and applicable to the British situation. However, given that the study presented in this thesis is a British study situated within a British social policy context, it is important to examine in detail those studies which have been conducted in this country.

A computer assisted literature search performed in February 1995 revealed a surprising dearth of research conducted in Britain on the subject of community attitudes towards people with mental health problems. Only five studies were identified. Two of these were national surveys (Department of Health, 1993; MORI, 1979) whilst the remaining three studies examined the attitudes expressed by the public in specific towns. Maclean (1969) reports the results of a survey of community attitudes towards mentally ill people undertaken in Edinburgh in 1966; Brockington *et al.* (1993) and Hall *et al.* (1993) examine the attitudes held towards people with mental health problems in the Worcestershire towns of Malvern and Bromsgrove; and Huxley (1993) describes the findings of a study conducted in an unnamed town in the North of England.

[1] For comprehensive reviews of the research conducted outside Britain, see for example, Bhugra (1989); Rabkin (1972, 1974); and Segal (1978).

The various studies differ in their aims and these differences are reflected in the kinds of issues about which respondents' attitudes are sought. The study reported by Maclean and the Department of Health survey aimed to assess community attitudes towards mentally ill people *per se*. The survey conducted by MORI was commissioned by a charity, the Mental Health Appeal. It sought to evaluate attitudes towards certain issues considered to be potentially relevant to employers and others likely to make donations to mental health charities. They asked, for example, the extent to which stress at work was considered to be a cause of mental illness. The Worcestershire study and Huxley's aimed to assess the effects on community attitudes of proximity to a mental health facility and contact with mentally ill people. Accordingly, they compared the attitudes towards mentally ill people held by the residents of a town or an area of a town served by a community mental health facility with those held by the residents of another town (the Worcestershire study) or other areas of the same town where no such facilities were located (Huxley, 1993).

Different methods of assessing attitudes towards the various issues of interest were used in the different studies. These were: Likert scales (Brockington *et al.*; Department of Health; Maclean); and questionnaires consisting of fixed response questions and a small number of open questions, either alone (MORI) or in combination with case vignettes (Hall *et al.*; Huxley). Within those studies which employed similar methods of attitude measurement, the actual instruments used differed considerably. For example, whilst the Likert scales used in two of the studies (Brockington *et al.*; Department of Health) were taken, with some modification, from the Community Attitudes Toward Mentally Ill (CAMI) scales devised by Taylor and Dear (1981) for use in a study conducted in Toronto (Dear and Taylor, 1982), Maclean derived her own scales from two pilot studies (Maclean, 1967). Similarly, within the studies which employed vignettes, Huxley developed his own vignettes whereas Hall *et al.* used a combination of some which they had constructed themselves and others which were modified versions of those developed in the United States by Star (1955). In addition to this, the vignettes used in the two studies were intended to depict different psychiatric disorders. For example, the vignettes used by Huxley were designed to represent two different cases of schizophrenia and one of postnatal depression; whereas those used by Hall *et al.* were intended to depict paranoid schizophrenia, schizophrenic defect state, depressive illness, and obsessional neurosis.

These differences mean that the various studies are not directly comparable, and it is difficult to draw general conclusions. Nevertheless, it is worth summarising the main findings of each study in turn.

Main conclusions of the empirical studies

The survey reported by Maclean (1969) of the attitudes held by a random sample of residents of the city of Edinburgh (n=500) found that people held negative and stereotyped views of mentally ill people, most notably the view that they were potentially unpredictable and violent. There was also some fear of contact with mentally ill people although it was felt they would generally be accepted in roles which did not involve any intimate association. Individuals over 50 years of age were more likely to view mentally ill people with fear and suspicion, to regard mental illness as a taboo subject, and to implicate sexual behaviour in its causation. More highly educated individuals were less likely to implicate sexual behaviour in its etiology. The predominant view held by people was that mental illness was caused by environmental 'stresses and strains' and that 'will power' was an important factor in overcoming any difficulties.

The Department of Health (1993) national survey of a quota sample of 2,000 subjects concluded that attitudes towards people with mental health problems were generally benevolent. In addition, it was found that people tended to view mental illness as an illness like any other and to believe that nearly anyone could become mentally ill. However, there was still a reluctance to accept mentally ill people in positions of responsibility. This finding was age related, younger respondents being more tolerant than older ones. High levels of tolerance were expressed by people in relation to the potential threat of violence posed by mentally ill people, although there was some ambivalence about whether or not there should be less emphasis on protecting the public from members of this client group. The survey found strong support for a shift to a community-based mental health service. In general, more tolerant attitudes were found to be associated with personal contact with people with mental health problems and knowledge about the issues involved.

The other national survey of the attitudes held by a quota sample of 1968 respondents (MORI, 1979), found that people supported the view that mental illness is caused by environmental stresses such as the pressure of work and domestic and financial problems. Respondents also endorsed the view that 'there are far more people who are mentally ill than is generally realised'. Moreover, mental illness was not regarded as the most unpleasant illness for the sufferer, but it was

considered one of the most unpleasant for others with which to contend. Despite an acknowledgment of the prevalence of mental illness and the unpleasantness of having to deal with it, there was an unwillingness to donate money to mental health charities. Other findings were that respondents believed that employers have a responsibility for the mental health of their employees and that employers should retain jobs for employees who have to give up work through mental illness until such time as they recover.

The Worcestershire study (Brockington *et al.*, 1993; Hall *et al.*, 1993) examined the attitudes held by a quota sample of 1987 residents in the towns of Malvern and Bromsgrove. In the section of the study which used Likert scales, Brockington *et al.* used a principal component analysis to condense the results into a number of underlying factors. These were benevolence, authoritarianism and fear of people with mental health problems. They found that people living in Bromsgrove, the town served by a traditional mental hospital, were slightly more tolerant than those living in Malvern, which had a community-based mental health service. Age, education, occupation and personal acquaintance with someone who suffered from mental health problems were found to be correlated with the level of tolerance expressed. The section of the study reported by Hall *et al.*. utilised vignettes describing the behaviour of people suffering from a variety of mental health problems. Respondents were asked to indicate the likely cause of the behaviour described, what actions they would be willing to engage in if they encountered the person described and what agencies or personnel would be most likely to be helpful to that person. Respondents' tolerance was determined by the degree of social closeness of the actions they would be prepared to engage in with the person described, for example, speaking to them, sharing a house with them, marrying them and so on. It was found that people living in Malvern were more tolerant in their views and more enterprising in involving different agencies. Overall identification of the people described in the vignettes as mentally ill was low, as was the level of knowledge of the location of dispersed treatment facilities in both towns and of community psychiatric nurses as a helping agency.

Huxley (1993) examined the attitudes of a quota sample (n=154) of local people to the presence of a community-based mental health facility in three wards of 'Northtown'. One of these wards contained the mental health facility. Respondents were asked about their knowledge of the facility and their attitudes towards mentally ill people. The level of knowledge of the mental health facility was low, and much lower than knowledge of other community and health facilities in the

same area. Huxley concluded that although there is more openness about mental illness than in the past, there is still a widespread tendency to stigmatise mentally ill people. People who knew someone who was attending the community mental health facility were less likely to be embarrassed by mental illness.

These are the main conclusions of the empirical studies. However, it is worth examining in more detail those findings which are likely to have implications for whether or not the public are willing to accept mentally ill people in the context of their care in the community. The findings which are considered most likely to be relevant in this respect relate to the treatment of mental illness, the perceived threat posed by mentally ill people and the social acceptability of people with mental health problems.

The treatment of mental illness

Four of the five studies assessed respondents' attitudes towards the treatment of mental illness (Department of Health, 1993; Hall *et al.*, 1993; Huxley, 1993; Maclean, 1969).

Maclean found a high level of support for hospital treatment with 94% of respondents agreeing that 'as soon as someone begins to show signs of mental disturbance they should receive hospital treatment'. However, the Department of Health survey found that only 22% of respondents agreed with the statement 'As soon as a person shows signs of mental disturbance he should be hospitalised' whilst 64% disagreed. The wording of this statement, however, is ambiguous. In particular, agreement with it may be more of a reflection of respondents' views regarding the extent to which mentally ill people should be segregated from the wider society than a measure of their views about hospital treatment *per se*. Indeed, the findings on a statement relating to the out-datedness of mental hospitals are indicative of more mixed feelings about the continued use of hospital treatment for people with mental illness. In response to this statement, 41% of respondents agreed that mental hospitals were an out-dated form of treatment for mentally ill people, 31% disagreed, and a further 28% either did not know or neither agreed nor disagreed. These findings suggest that the statement concerning the hospitalisation of the mentally disturbed was not simply measuring respondents' attitudes towards the hospital treatment of mentally ill people *per se*.

Two items in the Department of Health survey examined attitudes towards the treatment of mental illness in the community. Findings on these items showed that

77% agreed that 'as far as possible mental health services should be provided through community-based facilities' and 81% agreed that 'the best therapy for many people with mental illness is to be part of a normal community'. These findings suggest a high degree of acceptance, in principle at least, for the shift in emphasis from hospital-based care to care in the community.

Hall *et al.* and Huxley attempted to determine respondents' views about the treatment of mental illness in a more open ended way. In particular, they asked what agencies or personnel they considered to be the most appropriate sources of help for the people described in the vignettes. Although 68% of Huxley's respondents thought medical sources of help were the most appropriate for one of the cases of schizophrenia, only 55% of respondents thought it was appropriate for the other case. Moreover, medical help was thought to be even less appropriate for the case of postnatal depression, with only 31% of respondents thinking it was appropriate. However, as Huxley notes, the vignette describing postnatal depression was heavily loaded with information relating to attendant social circumstances. For example, this vignette states that the person described has a new baby, a difficult relationship with her unemployed partner and that she has recently experienced the death of her brother. Respondents may therefore have regarded the various factors referred to as causative of the illness described and this may have accounted for the view that medical help was less appropriate than for the cases described in the other vignettes.

Similarly, respondents in the study conducted by Hall *et al.* emphasised the appropriateness of sources of help other than medical help for people suffering from mental illness. Over all four vignettes, 74% of respondents thought a friend was the most appropriate source of help. A psychiatrist was ranked more appropriate than a friend only for the paranoid schizophrenia vignette. A psychiatrist was ranked as the second most appropriate source of help for the schizophrenic defect state; joint second with a general practitioner (GP) for depression; and fourth after a friend, a GP and a neighbour for obsessional neurosis. The GP was ranked third for the two schizophrenic conditions. For all the conditions described, other sources of help were ranked as more helpful than either a hospital doctor or a nurse, who were ranked marginally more appropriate than the police.

In summary, the findings of the four studies which examined respondents' views on the treatment of mental illness suggest that people have mixed feelings regarding the appropriateness of medical help. There was strong support for a shift towards

community-based mental health provision. However, at the same time, some respondents still considered mental hospitals to have a role to play in the treatment of mental illness.

The perceived threat posed by people with mental health problems

Three of the studies examined the extent to which respondents regarded people with mental health problems as a threat (Brockington *et al.*, 1993; Department of Health, 1993; Maclean, 1969).

Maclean found that although 51% of her sample disagreed with the statement 'The mentally ill are dangerous', 33% agreed. In the Department of Health survey, 65% of respondents agreed that 'people with mental illness are far less of a danger than most people suppose' with only 9% disagreeing. However, 31% of respondents in this same survey disagreed that 'less emphasis should be placed on protecting the public from people with mental illness' with 39% agreeing. Taken together, these results indicate that there is still some public concern in relation to the potential threat posed to them by people with mental health problems.

Maclean included two further statements which were designed to assess respondents' perceptions of the potential threat posed by mentally ill people. Seventy five per cent agreed that 'mentally ill people are ruled more by their emotions than normal people are' and 57% agreed that 'the mentally ill are unreliable, you never know what they will do next'. However, the specific wording of these two statements means that although they were intended to measure the degree to which respondents regard mentally ill people as a threat, they may actually have been measuring different issues altogether. For example, the former statement might be taken to be related to the causes of mental illness. Furthermore, with respect to the latter statement, unpredictability in the sense of not knowing what someone will do next cannot necessarily be equated with placing the public at risk.

In the Worcestershire study, Brockington *et al.* included seven statements which together were identified as belonging to a common underlying factor, 'fear of the mentally ill', relating to fear of people with mental health problems and their exclusion from residential neighbourhoods. Scores on this factor (which accounted for 39% of the shared variance) can therefore be expected to give an indication of people's perceptions of the threat posed by mentally ill people in the context of the

provision of community-based mental health services. The statements identified as belonging to this factor were:

1. *Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services*
2. *It is frightening to think of people with mental problems living in residential areas*
3. *Local residents have good reason to resist the localisation of mental health services in their neighbourhood*
4. *Mental health facilities should be kept out of residential areas*
5. *Residents should accept the location of mental health facilities in their neighbourhoods to serve local needs*
6. *Locating mental health services in residential areas does not endanger local residents*
7. *Locating mental health facilities in a residential area downgrades the neighbourhood*

Scores on this factor indicated that nearly 85% of respondents had low levels of fear of mentally ill people in the context of the provision of community care.

Statements identical to two of those used by Brockington *et al.* were included in the Department of Health survey to assess the extent to which respondents perceived mentally ill people as a threat in the context of community care provision. Findings on these two items were generally positive. Seventy per cent of respondents thought that 'residents have nothing to fear from people coming into their neighbourhood to obtain mental health services' whilst only 10% expressed views to the contrary. In addition, 67% of people disagreed and only 14% agreed with the statement 'It is frightening to think of people with mental problems living in residential neighbourhoods'.

Taken together, the findings of the Worcestershire study and the Department of Health survey suggest a lack of fear and a high degree of tolerance for people with mental health problems in the context of the provision of community care.

The perceived social acceptability of people with mental health problems

All five studies reported on respondents' perceptions of the social acceptability of mentally ill people.

The surveys conducted by Maclean and by the Department of Health included statements designed to assess whether or not respondents would be willing to accept people with experience of mental illness in general positions of responsibility.

In Maclean's study, 39% of respondents, and in the Department of Health survey, 58% of respondents, thought this would be acceptable.

Other statements in the Department of Health survey and Maclean's study were designed to determine the extent to which people with mental health problems would be acceptable in specific social roles. Maclean's study showed that 64% of her sample would be willing to accept someone who had been mentally ill as a next door neighbour and 26% as a baby-sitter. The Department of Health survey levels of acceptance for a mentally ill person as a next door neighbour and as a baby sitter were 74% and 19% respectively. As far as other social roles were concerned, for example, teacher, work colleague, marriage partner, within each study there was an increasing reluctance to accept mentally ill people in social roles which involved increasing social closeness.

In the section of the Worcestershire study reported by Hall *et al.*, respondents were asked what social actions they would be prepared to engage in with the people described in the different case vignettes. Actions varied from speaking to the person described, through sharing a house with them, to marrying them. Hall and his colleagues found that the closer the social contact implied in the social action, the less likely respondents were to be willing to engage in it. Thus the general trend discernible was similar to that in the surveys conducted by Maclean and the Department of Health. In addition, it was found that people were less willing to engage in all of the named social actions for the vignette which described paranoid schizophrenia in comparison to the other three vignettes.

A number of the statements used to assess social acceptability which were included in the Department of Health survey were also used in the section of the Worcestershire study reported by Brockington *et al.*. These statements, along with others specific to the Worcestershire study, were identified as belonging to a common underlying factor labelled 'authoritarianism', which accounted for 37% of the shared variance. Scores on this factor showed that although authoritarian attitudes were generally rejected, nonetheless 34% of respondents endorsed socially restrictive attitudes towards mentally ill people.

The remaining two studies (Huxley; MORI) attempted to measure the social acceptability of people with mental health problems through the use of two questions designed to assess the level of embarrassment experienced by people when confronted by someone suffering from mental illness. The MORI survey found that 81% of respondents agreed with the statement 'Most people are embarrassed

by mentally ill people' and Huxley found that 82% of his sample of respondents agreed with an identical statement. However, only 27% of the MORI sample and 31% of Huxley's sample agreed with the statement 'I'm embarrassed by mentally ill people'.

Overall, the findings on social acceptability measures suggest that people are tolerant of mentally ill people in situations which do not require a high degree of social closeness. It is therefore to be expected that people would demonstrate tolerance towards members of this client group in the context of the provision of community care, as long as they would not be required to engage in close social contact with them.

In summary, the findings of the British literature on community attitudes towards people with mental health problems in relation to the three areas examined, the treatment of mental illness, the perceived threat posed by mentally ill people, and their social acceptability, suggest that the public are likely to be generally accepting of members of this client group in the context of their care in the community. However, as noted in Chapter One, there is now sufficient anecdotal evidence indicative of widespread public resistance to the establishment of community-based mental health projects, in particular supported accommodation, within local communities. Thus there is a discrepancy between the findings of empirical studies and the experiences of mental health practitioners at the forefront of community care implementation and delivery. This discrepancy suggests that the traditional approaches to attitude research employed in studies of community attitudes towards mentally ill people to date may have failed to take account of the richness and complexity of the attitudes expressed in real life community care contexts.

An alternative approach to the study of attitudes: discourse analysis

An alternative means of conceptualising and conducting attitude research is discourse analysis. Potter and Wetherell (1987, p. 7) define discourse in its widest sense as 'all forms of spoken interaction, formal and informal, and written texts of all kinds'. Thus discourse analysis is an approach to the analysis of spoken and written language. The term 'discourse analysis' covers a number of diverse approaches to the analysis of language with a variety of different theoretical underpinnings. It is beyond the scope of this thesis to examine the full spectrum of approaches which come under the rubric of discourse analysis (but see Fairclough (1992) for a survey of a range of approaches).

Instead of examining the full spectrum, in Chapter Three, the approaches to discourse analysis within social psychology will be reviewed (e.g. Parker, 1992; Potter and Wetherell, 1987). These have been developed and popularised since the late 1980s as a result of a paradigm shift within the discipline (e.g. Parker, 1989; Parker and Shotter, 1988). These forms of discourse analysis have most explicitly addressed the issue of attitudes; hence the main concern of the thesis is with these approaches.

Within a discourse analytic framework, language is neither viewed as a neutral medium representing a preexisting 'reality' nor as a pointer to underlying psychological or sociological processes. Therefore, discourse analysts do not attempt to determine to what extent people's accounts correspond to the 'real' world nor do they attempt to elucidate underlying processes from what people say and write. Rather, language is the focus of analysis and the discourse analyst is interested in what is considered the analytically prior question of how accounts of these things are constructed and the functions served by the various constructions (Gilbert and Mulkay, 1984; Potter, Stringer and Wetherell, 1984). For example, a discourse analytic study of racism shifts the emphasis from a search for underlying attitudes which generate racist talk and behaviour, to a detailed, in depth, systematic study of the attitudinal talk itself and the ways in which evaluative versions, of say 'Polynesian immigrants', are constructed in order to warrant racist ideas (Potter and Wetherell, 1988).

Moreover, language is viewed as having an 'action orientation' (Heritage, 1984). That is, when people use language they perform different social actions such as blaming, mitigating, justifying and so on. The fact that language is oriented to performing different actions means that people's language exhibits a considerable degree of variability according to what they are doing with it. This variability is not necessarily the product of conscious decision making processes, but rather may result from the speaker doing whatever seems right depending on the prevailing situation (Wetherell and Potter, 1988). The variability in people's language will be evident in the different linguistic constructions people use in order to perform different social actions. For example, Wetherell and Potter (1989) show how people use different constructions of the police depending on whether they are excusing or justifying their violent behaviour. A discourse analyst studies the variability displayed in people's language to show how different constructions are used in order to perform different functions.

Discourse analysis has a number of implications for the traditional approaches to attitude research employed in studies of community attitudes towards people with mental health problems. Specifically, discourse analysis undermines the realist epistemological and ontological assumptions underpinning traditional approaches to conceptualising and conducting attitude research. Hence the validity of the findings of previous studies of community attitudes towards mentally ill people is rendered questionable. There are nonetheless some benefits associated with traditional approaches. In the next section of the chapter, a critique will be undertaken in which the theoretical and methodological strengths and limitations of traditional approaches to attitude research will be evaluated alongside those of discourse analysis for the purposes of a study of community attitudes towards mentally ill people.

A critique of approaches to attitude research

Likert scales have a number of advantages. They enable the researcher to convert responses to numerical scores which allows the direct comparison of different people's attitudes, or the attitudes of a single respondent in different contexts or at different times. In addition, they are easy to administer either during an interview or in written form using a self-response format. The latter means of administration also enables the attitudes of large sections of the population to be surveyed by post relatively cheaply and easily.

However, the conversion of responses to numerical scores results in the loss of much of the richness and complexity of the data. For example, the numerical score obtained for a particular respondent on a Likert scale gives no indication of the mix of responses which constitute the total score. In particular, moderate attitude scores are ambiguous as they may have arisen in a number of different ways. For example, it is not possible to determine whether they have been obtained as the result of moderate responses to all items comprising the scale; a lack of knowledge; a lack of an opinion on the issue in question; or a combination of strongly negative and strongly positive responses which more or less balance each other out. Moreover, because the same scores may be obtained in a variety of ways, two or more identical scores may have completely different meanings.

Equally, scores on social distance scales can be difficult to interpret. As Rabkin (1974, p. 14) points out: 'In order to declare that the public rejects the mentally ill on a social distance scale, what amount of social distance constitutes rejection, and what proportion of the sample must choose the social distance that is established

as rejecting?' Furthermore, the linearity of social distance scales is questionable. Categories such as 'work colleague', 'marriage partner', 'neighbour', and others may make relevant a variety of influences not intended by the researcher, such as those resulting from individual respondent's experiences of relationships with members of these categories. Therefore, for example, whilst for one respondent accepting someone who is mentally ill as a neighbour might represent a greater degree of social closeness than accepting them as a work colleague, for another the opposite may be true. Clearly, for each of these respondents the linear ordering of the steps on the scale would need to be different.

Attitudes and beliefs

In addition, conversion of responses on Likert scales to numerical scores means it is difficult to ascertain the beliefs that *individual* respondents hold about what constitutes mental illness and about the nature of mentally ill people. Although in theory the expectancy-value model of attitudes (Fishbein, 1963, 1967) requires the researcher to determine the salient beliefs held by each individual respondent, the practical application of the model usually involves the determination of a set of 'modal salient beliefs'. This is achieved by asking people in a representative sample of the population in question about their beliefs concerning the attitude object of interest. Those beliefs which are most frequently mentioned as important are considered to be the modal salient beliefs. These are then presented to *all* respondents in the study. Thus the use of modal salient beliefs does not allow for the possibility that individual respondents might consider different aspects of the attitude object salient. Information about beliefs is important because, according to the expectancy-value model of attitudes, individual's attitudes are in part determined by their beliefs (Fishbein and Ajzen, 1975). Eiser and van der Plight (1984) comment that the possibility of a discrepancy between modal salient beliefs and those beliefs which an individual respondent might consider to be salient is 'very real indeed' and note that

> ... *differential salience* (that is, the perception by different people of different aspects of an object as relevant to its evaluation) may be so closely related to attitudinal differences that it is tempting to regard the relationship as causal, and as operating in both directions (Eiser and van der Plight, 1984, pp. 368-69, emphasis in original).

Knowledge of the beliefs underlying people's attitudes is important if programmes are to be developed to effect attitude change (Eiser and van der Plight, 1988). People with opposing attitudes are likely to view different aspects of the attitude

object as salient. As a consequence, they will tend to disagree over both the potential consequences of, for example, community care for people with mental health problems, and the importance of these consequences. Therefore, people in favour of community care might view the potential improvement in the quality of life for mentally ill people as most important. On the other hand, people opposing community care might believe that mentally ill people are unpredictable and violent and thus attach greater value to the potential risk they might pose to children. In addition to this, those opposing community care might not only question its potential to improve the quality of life of mentally ill people, but also regard a good quality of life for members of this client group as less important. At the same time, those in favour of community care might regard the potential risk to children as less probable and the safety of children as less important. Therefore, the kinds of persuasive arguments used in attempts to effect attitude change need to be sensitive to the kinds of beliefs held by the specific target group.

Similar problems arise from the use of vignettes. Although vignettes can be used to assess the beliefs people hold, the researcher still defines the range of potentially relevant features of people with mental health problems and the respondent merely affirms or disconfirms this view. Vignettes therefore fail to take into account the process by which people select information from that available in order to make inferences in real life situations (Potter and Edwards, 1990).

The constructive and variable nature of attitudinal language

It has been shown that in the course of expressing attitudes, people select particular features of the attitude object according to their salient beliefs about the object and that their evaluation is often displayed through their selection rather than in explicit 'pro' or 'anti' statements (as represented by Likert scales) (Potter and Wetherell, 1987, 1988; Wetherell and Potter, 1992). A better understanding of the subtleties of evaluation and hence attitudes can therefore be gained by attending to people's descriptions of mentally ill people. Furthermore, it is not realistic to assume that everyone has the same idea of what constitutes 'mentally ill people' and it is not practical for the *researcher* to define what constitutes 'mental illness' since respondents will construct the attitude object in the course of their evaluation. Likert scales are of limited utility since they require the researcher to define *in advance* what the attitude object is and what features of it are important. They therefore depend on the assumption that mental illness and mentally ill people are the same objects for everyone. Moreover, if the attitude object is not the same for

different people there is no sense in attempting to compare their attitudes (as proponents of Likert scales have tended to do).

In addition, since language has an action orientation, the same respondent is likely to construct different versions of mentally ill people and mental illness depending on what action they are performing at the time. For example, a respondent is likely to construct very different versions of mentally ill people and mental illness depending on whether she is excusing or blaming a person with mental illness for an episode of disturbed behaviour. Thus people are likely to display a degree of variability in the attitudes they express in the course of producing different linguistic formulations tuned to the discursive context at hand. The methods of attitude measurement employed in traditional approaches to attitude research have, however, tended to suppress the variability observed in the attitudes expressed in real life situations in the pursuit of increased reliability. For example, Deaux and Wrightsman (1988, p. 162) advise 'open-ended questions ... have the disadvantage of low reliability (a person may answer quite differently on different occasions), and it is difficult to compare the answers of different respondents because their answers may vary so widely.' In order to overcome the 'problem' of variability, they therefore recommend that researchers use closed questions, or, better still, according to their view, attitude scales.

The social contexts of attitudes

Attitudes and impression management

There are further features of the attitudes expressed in real life situations which traditional approaches to attitude research fail to take into account. Attitudes are not expressed in a social vacuum; rather, they are essentially communicated to serve interpersonal functions (Billig, 1987, 1991; Harré and Secord, 1972; Lalljee, Brown and Ginsburg, 1984; Potter and Mulkay, 1985; Potter and Wetherell, 1987, 1988; Wetherell and Potter, 1992). Indeed, studies have shown that when people express negative attitudes in talk, and on sensitive issues such as race, they do so in very subtle ways because of the negative implications of appearing overtly prejudiced (Essed, 1988; Potter and Wetherell, 1988; Watson, 1978; Wetherell and Potter, 1992). For example, they may use disclaimers (Hewitt and Stokes, 1975), such as, 'I'm not prejudiced but ...', or, 'Some of my best friends are coloured, but ...'. Similarly, people have been shown to embed negative evaluative versions of attitude objects in explanatory accounts which are designed to portray such versions of the object as preexisting features of the world and not products of the person's

prejudiced psychology (Potter and Wetherell, 1988). In this way, the expression of attitudes can be viewed as a form of impression management. Traditional approaches to attitude research tend to constrain the impression management function of attitudes through the measurement techniques and methods of data collection they employ. In a similar way to the expression of racist attitudes, people are unlikely to express overtly negative attitudes towards people with mental health problems. Therefore, their views about mentally ill people will need to be studied through the ways that people use language when interacting with others.

Attitudes and argument

When people express their attitudes in real life situations, they do so within a context of argumentation (Billig, 1987, 1991; Harré and Secord, 1972). Thus attitudes can be considered to have a rhetorical dimension. Billig (1991) views this dimension of attitudes as central to the concept:

> Every attitude *in favour* of a position is also, implicitly but more often explicitly, also a stance *against* the counter-position. Because attitudes are stances on matters of controversy, we can expect attitude holders to justify their position. Thus they would be expected to justify and defend their views against counter arguments. Attitudinal justifications and criticisms are not to be seen as epiphenomena, tacked onto some more basic psychological predisposition, but are integral to attitudes *qua* attitudes (Billig, 1991, p. 143, emphases in original).

Only when the arguments that the attitudes are designed to counter are revealed can the meaning of the attitudes be realised (Billig, 1987, p. 91). Thus according to Billig, attitudes can *only* be understood within their argumentative context. Harré and Secord (1972, p. 309) make a similar point. They claim that the full complexity of the evaluative structure of attitudes is only revealed within a 'context of justification', that is, when the attitudes are challenged and justifications have to be devised for them. Attitude measurement scales do not afford access to the arguments people employ to justify their attitudes. A knowledge of the justifications people use to challenge and advocate the establishment of community mental health facilities is important if practitioners and policy makers are to engage in these arguments in the context of community care implementation and delivery.

Hypothetical versus real life situations

A final methodological issue concerns the wider social context within which attitudes are expressed in real life situations. It seems intuitively likely that there would be differences in the attitudes expressed by people living in an area where a facility for mentally ill people is scheduled to be sited or in the process of being

sited, compared with those expressed by people living elsewhere. The attitudes expressed in the first two situations are real because the issue is real. They therefore commit the attitude holder to a future course of action. Harré and Secord (1972, p.310) refer to this as a 'hot situation'. People may also express attitudes in hypothetical situations. However, any commitment to the attitudes expressed in these situations is likely to be theoretical. It is these hypothetical situations which have been assumed in empirical studies of community attitudes towards people with mental health problems conducted to date. The discrepancy between the generally tolerant attitudes towards the community care of mentally ill people identified in these studies, and the anecdotal evidence of organisations attempting to set up community-based facilities for members of this client group, suggest that attitudes may be different in hot situations. Moreover, empirical findings of studies of attitudes towards nuclear power indicate that this is indeed the case. Van der Plight, Eiser and Spears (1986) found that people's attitudes towards building a nuclear power station in their own neighbourhood, as opposed to elsewhere, were more extreme and more 'anti'.

Overall, the theoretical and methodological considerations discussed above, suggest that a study of attitudes towards people with mental health problems should take account of the language through which, and the various social contexts within which, attitudes towards mentally ill people are expressed in real life situations. A study using discourse analysis of the arguments used by local people to challenge or advocate the establishment of a community mental health facility in their community, is therefore considered most suitable for the purposes of the present study.

SUMMARY

To date surprisingly few studies of community attitudes towards people with mental health problems have been conducted in Britain. The findings of the five studies which have been conducted suggest, there is reason to be optimistic about the willingness of the public to accept people with mental health problems in the context of community care provision. However, the empirical findings are not borne out by the experiences of organisations involved in the establishment of community-based mental health facilities. In fact there is now sufficient anecdotal evidence to suggest that there is widespread public opposition to the resettlement of people with mental health problems within local communities. There is thus a marked discrepancy between the empirical findings and the actual experiences of those at

the forefront of community care implementation and delivery. A theoretical and methodological critique of the traditional approaches to attitude research employed in studies of community attitudes towards mentally ill people conducted to date, has revealed a number of shortcomings which may account for this discrepancy. In particular, traditional approaches regard attitudes as internal mental states which can be assessed by application of an appropriate attitude measure. Moreover, previous studies of community attitudes towards people with mental health problems have focused upon the attitudes expressed in hypothetical situations. Traditional approaches have therefore failed to take account of the language through which, and social contexts within which, attitudes towards mentally ill people are expressed in real life situations. They therefore give no indication of the kinds of arguments likely to be encountered by people involved in the establishment of community mental health facilities and it is unclear how their findings might be relevant to real life community care contexts. It has been argued that attitudes are better conceptualised as positions people adopt in arguments and that they should be studied in the social contexts within which they are expressed in real life situations. The attitudes expressed towards mentally ill people will therefore need to be studied in the context of the arguments used by people in a community to challenge or advocate the establishment of community mental health facilities within that community. Discourse analysis is thus well suited to the study of community attitudes towards people with health problems.

In this chapter a number of theoretical and methodological requirements for a study of attitudes towards people with mental health problems have been described. In Chapter Three the ways in which these requirements have been met through the methodological design of the present study will be described.

CHAPTER THREE

METHODS

INTRODUCTION

In Chapter Two it was argued that studies of community attitudes towards mentally ill people should take account of the language through which, and social contexts within which, attitudes are expressed in real life situations if their findings are to be relevant to the policy and practice of community care. Specifically, attitudes towards people with mental health problems should be studied in the context of the arguments used by local people to challenge or advocate the establishment of mental health facilities in their community. Finally, since the analytic foci of discourse analysis are the various features of the attitudes expressed in real life situations, it is well suited to a study of community attitudes towards people with mental health problems.

This chapter will describe the ways in which the various theoretical and methodological requirements for a study of community attitudes towards people with mental health problems have been met through the design of the current study[1]. The chapter is organised around two main sections. The first section is concerned with the design of the study. It will describe the research site, the choice of research participants and the methods of data collection employed and provide the rationale for the selection of each. The second section focuses on the analysis of the data collected for the study. It will describe the particular approach to discourse analysis used, and the method of analysis.

1 In accordance with the recommendations of Griffin (1985), Henwood and Pidgeon (1992), Lincoln and Guba (1985, p. 107) and others, I kept a reflexive journal for the duration of this study. This contained a 'methodological' section in which I documented my developing methodological ideas and provided a rationale for any decisions taken. I have drawn extensively upon this journal in writing this chapter. However, as Potter and Wetherell (1994) point out, the version of methods described here is just one of a number of *post hoc* reconstructions which I could have provided.

THE DESIGN OF THE STUDY

The choice of research site

On the basis of the critique of approaches to attitude research conducted in Chapter Two, it has been argued that community attitudes towards people with mental health problems should be studied in the context of the arguments used by local people to challenge or advocate the establishment of mental health facilities in their community. As it happened, recent events in the Scottish town of Arlington made it an ideal choice as a research site. Commsupport[2], one of the major Scottish providers of supported accommodation for people with mental health problems had experienced considerable opposition from local people to the establishment of a supported accommodation project in the town. The story had been covered by the two local newspapers, the Arlington and District Tribune and the Arlington and District News. The two papers contained a series of letters in which local people expressed their views[3] about the project. Arlington therefore fulfilled the requirements necessary for a study of community attitudes towards people with mental health problems. Specifically Arlington represented a 'hot' situation and the letters to the local press contained the arguments used by local people to challenge or advocate the establishment of a community mental health facility in their community. It was therefore chosen as the research site for the present study.

In addition to the letters in which local people expressed their views about the project, the two local newspapers included editorials on the issue; coverage of events relevant to setting up the project; and a number of interviews with key local people, for example community and district councillors, and representatives of Commsupport. These were published over a three month period. From these various sources it was possible to piece together the chronicle of events in Arlington.

The newspaper chronicle of events

On 17 January 1992, an article was published in the Arlington and District Tribune in which it was announced that Commsupport planned to buy a house in Regency Road, Arlington, with a view to providing supported accommodation for five former patients from Eastcliff, the local psychiatric hospital. Support would be

[2] Commsupport is a pseudonym. All names and other potential identifiers have been changed in order to protect the confidentiality and anonymity of research participants.

[3] In order to avoid the theoretical implications inherent in the term 'attitudes', after Billig (1989) the terms 'views' will be used to refer to the object of my enquiry.

provided for the residents on a daily basis although staff would not be resident in the house. According to a spokesperson for Commsupport at the time, Arlington had been selected as the location for the project on the grounds that it was a pleasant town and there were 'a lot of things going on'. Moreover, since Eastcliff was the local psychiatric hospital, it was expected that the prospective residents of the house would already have established contacts within the town.

Although a previous edition of the Tribune had carried a short announcement that Commsupport had been awarded bridging finance for the purposes of funding supported accommodation for mentally ill people, the article of 17 January contained the earliest publicly available information regarding the actual site of the project. In response to this article, a number of local residents living in the vicinity of the proposed project formed an 'action group' to oppose Commsupport's plans. On 31 January, a letter was published in the Tribune in which 17 members of the group expressed their objections to the Commsupport project. An editorial opposing the project and supporting objectors' views appeared in the same issue. In the next two issues of the paper, a number of letters were published in which local people defended the Commsupport project and criticised those who had opposed it, along with a further editorial expressing support for objectors.

In mid February, at one of the regular public meetings of the local Community Council[4], representation was made by objectors in the form of a written statement which was read out at the meeting. Calls were also made for a public debate on the project. These calls were rejected by the Council which instead agreed to convene a private meeting between objectors and representatives of Commsupport and the local Health Board. This meeting went ahead without the objectors, who declined to attend on the grounds that they had not been given enough time to prepare for the meeting. A further private meeting convened by the Community Council took place in late March at which all relevant parties with an interest in the Commsupport project, including objectors, were present. A summary of recommendations arising from this meeting was approved at the next full meeting of the Community Council. One of these recommendations was that Commsupport should reconsider its plans

[4] Community Councils are non-party political bodies elected by local people to represent specific areas. They have no statutory powers but rather act as a liaison group between the general public and local government. In addition, they have a responsibility to uphold local traditions relating to the area they cover, for example, gala days, festivals and so on. The Community Council in Arlington consists of 16 members with 12 members representing the burgh of Arlington and the remaining four representing neighbouring areas.

and find an alternative site for the supported accommodation project. However, despite this recommendation, in May 1992 Commsupport established its project in Regency Road as originally planned.

Research questions

Events in Arlington, together with my own theoretical and pragmatic interests, led to the formulation of particular research questions. These were:

1. What views did people in Arlington express about the resettlement of people with mental health problems in their community ?

2. What justifications did local people use in order to support these views?

3. What conceptualisations of people with mental health problems did people in Arlington draw upon in the course of expressing these views?

Data collection

Three main data sources were used. These were written texts (as mentioned above), group discussions, and individual interviews. The use of different kinds and sources of data ensured a rich data supply and enabled me to explore more fully the complexity of participants' arguments, compared to one source alone. Data collection took place in three distinct phases corresponding to the different sources. Each subsequent data collection phase was grounded in the analysis of the previous phase. Thus, for example, analysis of the written text determined the choice of research participants for the group discussions and the kinds of issues that would be covered in the course of the discussions. Since the written text was a naturalistic source of data, that is it had not been produced specifically for the purposes of the current study, the process of grounding each data collection phase in the analysis of the previous phase meant that the issues addressed in the course of the research were those which participants themselves had raised. The three phases of data collection will now be described in turn.

Written text

With the exception of a copy of the objectors' statement presented at the Community Council meeting, all written text was taken from the Arlington and District Tribune. The decision to limit data collection to material from this particular paper was based on the fact that it had published objectors' original letter of

opposition. It was therefore to this paper, rather than the Arlington and District News, that people wrote in order to express their views about the project. By comparison, although the News had covered the major developments with respect to public reaction to the Commsupport project, it had published only a very few letters from local people expressing their views on the subject.

The newspaper texts which were used included:

- One letter signed by 17 people expressing opposition to the Commsupport project
- Two editorials opposing the project
- Thirteen letters expressing support for the project and criticising those who had expressed opposition to it. These were signed by ten individual signatories (one anonymous) and by the management committees of five mental health organisations.

The rationale for the selection of these written data sources was threefold. First, they contained the views of some local people concerning the establishment of the Commsupport project. Second, given that these people had expressed their views in these texts, they clearly *had* views on the subject of the establishment of community mental health facilities in their community. Furthermore, since the views expressed in the written texts were not in any way influenced by the presence of a researcher, they represented a direct record of how people formulated and made sense of what was happening with regard to the Commsupport project at that time. Third, as noted in Chapter Two, attitudes can only be understood within their argumentative context. A knowledge of the arguments that the attitudes are designed to counter is necessary if the meaning of the attitudes is to be realised. The written texts contain the arguments used by people in Arlington both to challenge and advocate the relocation of mentally ill people in their community. These texts are therefore a record of the argumentative context necessary for an understanding of the views expressed both for and against the Commsupport project.

Group discussions

Rationale for conducting group discussions

Written text may not afford the possibility to explore a range of the justifications used to support certain views. On the other hand, interactive methods of data collection such as group discussions and individual interviews allow the views that

people express to be challenged gently in order that a range of justifications used to support them may be elicited and explored (Billig, 1987, 1991; Harré and Secord, 1972; Potter and Mulkay, 1985; Potter and Wetherell, 1987). Group discussions have an advantage over individual interviews in that they allow interaction between participants (Kitzinger, 1994; Millward, 1995; Morgan and Krueger, 1993; Stewart and Shamdasani, 1990). As a consequence, disagreements may arise among participants. Advantage can be taken of these differences of opinion in order that the justifications used to support these views and the rhetorical strategies used to undermine counter claims can be further explored. I therefore decided to conduct a number of group discussions with local people who had expressed their views on the Commsupport project in preference to individual interviews.

Planning the group discussions

I decided, in advance, to conduct four group discussions with not more than four participants in each group discussion. Within a discourse analytic framework, the basis for collecting data for analysis is not that it is representative of the talk and writing of a wider population. Rather data should be collected on the grounds that it is relevant to the issue under study and sufficient in amount to afford the analyst an opportunity to explore a range of discursive resources available to the participants when talking or writing about the topic of interest. It was not therefore necessary to gather data from a large number of participants or from a representative sample. Nevertheless, it was important to gain access to a variety of views. One way of doing this might have been to include as many people as possible in each group discussion. However, in larger groups some individuals are likely to remain silent either because it is easier for them to do so or because there is more competition for 'floor space'. I therefore had to balance the need to access a variety of views against the dangers of making the group so large that some participants' views would not be heard.

Participants for inclusion in the group discussions were recruited in a number of different ways. Overall, selection of participants was guided by theoretical concerns. First, it was important that those people who eventually took part in the group discussions actually had views regarding the Commsupport project. Second, it was important to gain access to a number of perspectives on the issue to ensure the analysis was not distorted towards any one particular perspective. Those people who had expressed their views in the statement to the Community Council and in letters to the Tribune obviously had a variety of views on the subject of the

project. I therefore decided to contact a number of these people and ask them if they would be willing to take part in the group discussions. Recruitment would continue until between twelve and sixteen participants had agreed to participate with about half expressing broadly supportive views and half expressing broadly oppositional views as judged by myself.

I was aware that the way in which potential participants were approached was likely to influence whether they eventually agreed to take part in the discussions and, moreover, that the feasibility of the study, as planned, was dependent on their cooperation. I therefore decided to use a 'key informant' to assist and advise regarding how best to approach and gain access to group discussion participants (Gilchrist, 1992). Len Thomson, Chairman of the Community Council had lived in Arlington for over twenty years and was thus acquainted with many local people. In addition to this, I knew him in a professional capacity. I decided therefore, in the first instance, to arrange a meeting with Len and ask if he would be willing to contact those people who had expressed their views during the Commsupport debate and ask them if they would be willing for me to contact them with a view to their taking part in the study. Prospective participants would be told that the study was about people's views on community care for people with mental health problems and that Arlington had been chosen as the research site because local people there had first-hand experience of community care in their area. Len knew all potential participants personally and he and I agreed that he would approach as many of them as possible in the course of his day-to-day business in the town rather than make a special effort to contact them specifically for the purposes of the study. It was felt that this line of approach would facilitate participant recruitment in as informal and relaxed a manner as possible.

At a subsequent meeting, Len gave me a note of the names and telephone numbers of potential participants whom he had met since our last meeting and who had agreed to be contacted by myself. I telephoned those people who had agreed to be contacted and asked if they would be willing to take part in the study. An exception to this was Len himself who volunteered to participate. At this time I explained that the nature of the study necessitated the audio taping of the group discussions, but that the confidentiality and anonymity of anyone who agreed to participate would be protected. Some of those who agreed to participate volunteered to contact other people they knew who had expressed their views on the Commsupport project, with the aim of forming a discussion group with them. I asked others if they would be willing to undertake this task. Four people (two

supporters and two objectors) were recruited initially and they in turn recruited the other members of their group and arranged a meeting in one of the participant's homes. I felt that using someone's house would facilitate discussion in a manner approximating the form of an everyday conversation with friends or neighbours.

Furthermore, I thought that allowing people themselves to select group co-participants would be advantageous for a number of reasons. First, it would further facilitate participant recruitment in as informal a manner as possible. Second, the recruitment of participants would be less time consuming. Third, I expected that this method of recruitment would result in a choice of location for the group which would be convenient for all those involved. This would therefore avoid the problem of me choosing an inaccessible or inappropriate location as a result of my lack of local knowledge. Fourth, based on the finding that people are likely to know others with whom they agree (Newcomb, 1961), it was assumed that people would select group discussion co-participants with similar views to their own. It has been observed that heterogeneous groups can result in a heated argument between the two most assertive participants from each side of the debate (Grunig, 1990). I therefore felt that separating participants into groups of either supporters or objectors would facilitate discussion within a supportive environment and reduce the possibility of conflict. In this way, it was expected that social desirability effects would be lessened, since it was likely people would be more willing to talk if they felt their views would be supported by others (Morgan and Krueger, 1993).

On follow-up contact with the four initial recruits, a total of fifteen people had agreed to participate in the study, but only thirteen could attend on the dates selected. However, I decided to go ahead with this number rather than delay data collection. Acknowledgement of group participation, date and venue were confirmed to each participant in writing.

Conducting the group discussions

The four group discussions took place during July and August 1993, approximately eighteen months after the letters were written to the local press and approximately fourteen months after the opening of the Commsupport house. All participants who took part in the group discussions had expressed their views on the Commsupport project publicly at the time of the debate. One group of objectors consisted of five

immediate neighbours of the Commsupport house[5]. The other group of objectors comprised three people who lived a street away from the house. One group of supporters consisted of three mental health professionals and the other group of supporters consisted of three people who lived a street away from the supported accommodation project.

I introduced each group discussion by emphasising that there were no right or wrong views on the issue of community care for people with mental health problems, that everyone's view was as important as everyone else's, and that people should therefore feel free to contribute and to agree and disagree with each other. Participants were also informed that although I would be raising certain topics for discussion, they should feel free to raise any issues that they felt might be important. In addition, I reassured participants that their anonymity and confidentiality would be protected[6].

The topic schedule for the group discussions (see Appendix One) was based on the themes which emerged from the analysis of the written text. These included:

1. *Perceptions of mental illness and people with mental health problems*
2. *The pros and cons of community care*
3. *The support requirements of mentally ill people living in the community*
4. *The role of local people in providing support for mentally ill people living in the community*
5. *Factors influencing the choice of location for community mental health projects*

5 Although in planning the group discussions I had decided to limit the numbers of participants in each group to a maximum of four, this group consisted of five people due to the inclusion of the wife of one of the participants who was present when I arrived for the discussion and asked to be involved.

6 The empowerment of social research subjects is a topic of concern (e.g. Bhavnani, 1990; Mishler, 1986). Mishler (1986) argues that one way in which subjects are disempowered is through the assurance of anonymity and confidentiality in research studies. Such assurances deprive subjects of their right to be connected with their views and hence serve to dispossess them of their own voices. In contrast, one means of empowering subjects is by affording them the opportunity to own their views. In the current study, one group of objectors had said that they were very committed to their views and quite happy to be named in connection with them although they had not mentioned this to me when initially recruited to the study. Arlington is a reasonably small town and the Commsupport debate had had a high public profile in the press. Therefore, if I had allowed this group of objectors to be named in connection with their views, it would have been relatively easy to identify the actual location of the study and hence the other participants involved with a resultant breach of their anonymity and confidentiality. Despite this, however, this group of objectors agreed to go ahead with the group discussion.

6. *The appropriateness of the location chosen for the Commsupport project*
7. *The potential effects on local children of contact with the Commsupport residents*
8. *The potential risk to the Commsupport residents posed by local teenagers*
9. *The potential depreciation of house values in the vicinity of the Commsupport project*
10. *The role of consultation in the implementation of community care*
11. *Factors influencing the community integration of people with mental health problems*

The topics to be covered were discussed as they were brought up spontaneously by participants. This allowed the conversation to flow as naturally as possible. If however, topics on the schedule were left uncovered, discussion of these issues was invited. In order to further facilitate the naturalness of the situation, I had memorised the topics to be covered and the follow-up questions and probes which aided their further exploration. No time limit was set for the group discussions although they ranged in length from one hour to one and a half hours.

I acted as a facilitator during each of the four discussions. Although it has been suggested that fewer than six participants result in somewhat dull discussions (Stewart and Shamdasani, 1990, p. 57), this was not found to be the case in the present study. All participants contributed and no one particular participant dominated the discussion in any of the groups. In addition, there was a high level of co-participant interaction in each of the groups. However, I experienced my facilitation of the groups of supporters and objectors quite differently.

Objectors' groups required little facilitation. In fact, at times I found it quite difficult to find a pause in the talk long enough for me to enter the discussion. Nearly all of the topics on the topic schedule were covered spontaneously in the course of the discussion. Facilitation was limited to the occasional probe for the views of others than the current speaker or to ask for further clarification or justification of some of the points raised. In contrast, supporters' groups required more facilitation. Fewer topics were covered spontaneously in the course of the discussion although all participants expressed views on the issues on the topic schedule once I had raised them.

The difference in how I experienced my facilitation of the groups may have been a reflection of differences in how objectors and supporters experienced the groups. The letters of support were written in response to objectors' oppositional stance rather than in support of the project *per se*. Moreover, whereas letters of support tended to be written by individuals (although not exclusively so), opposition to the

project was the result of the collective action of seventeen local residents who, as noted earlier, had formed a local residents' 'action group'. As Morgan and Krueger (1993) point out, the match between the researcher's interests and participants' topics of ordinary conversation is an important factor when assessing the naturalness of group discussions. Given that objectors were already an established group and that they had previously involved themselves in collective action, it was probable that in the course of the group discussions they were simply reiterating well rehearsed argumentative positions. It is therefore likely that objectors experienced the group discussions as more familiar than supporters and that this accounted for the differences I experienced in facilitating the different groups of participants.

The decision to divide group discussions into supporters and objectors proved to be well justified, as prior to speaking to local people, I had not anticipated the continued strength of feeling regarding the Commsupport project. For example, one supporter had said she felt so strongly about the issue that she had resolved not to go back to one of the objector's shops on the grounds of the oppositional stance he had adopted at the time of the debate. It was therefore likely that mixed groups of objectors and supporters would have resulted in a considerable degree of conflict. Not only would this have resulted in discomfort for all involved, but, as Billig (1987, p.84) points out, argument which gives rise to anger may well serve to inhibit discussion rather than promote it. The use of homogeneous groups may have limited the breadth of co-participant debate regarding the pros and cons of the Commsupport project. However, I was able to play the role of 'devil's advocate', for example, by saying 'It has been said that ...' or 'Some people would argue that ...' 'What are *your* views on that?'. In this way, it was still possible to explore a range of justifications used by objectors and supporters to support their views and the rhetorical strategies they used to undermine counter positions.

Individual interviews

I had also asked each member of the discussion groups if they would be willing to participate in individual interviews with the aim of raising any new issues and following up any of those which arose in the course of the group discussions. However, a number of group participants said that they did not know what there was left to discuss. Furthermore, I did not feel any need to raise any new issues or to explore further any of the issues which they had raised in the discussion groups. I

therefore decided that there was no point in pursuing individual interviews with group discussion participants.

Analysis of the group discussions showed, however, that there was a great deal of criticism of the way in which Commsupport had set up the project and had subsequently handled the ensuing protest. It was suggested that if the organisation had handled things differently the whole dispute would never have arisen. It thus seemed important to speak to individuals who had acted as representatives of Commsupport at the time of the dispute, to elicit their views on what had happened.

I decided to contact the research and development manager at Commsupport. He was able to name the key members of the organisation who were involved in what happened in Arlington and advise me regarding how best to approach them to request their participation in the study. One prospective interviewee was the deputy director of Commsupport, the other had been a project manager at the time of the Arlington dispute but had since left the organisation. I contacted both of these people by telephone and they agreed to be interviewed. Interviewees were asked to name a convenient interview location. The former project manager elected to be interviewed in my office whilst the deputy director of the organisation asked that the interview take place at one of Commsupport's offices.

Interviews took place in July 1994. The topic schedule for the interviews (see Appendix Two), which I memorised, was based on the analysis of the group discussions. Similar information was given in the introduction to each interview as was given prior to each discussion group (see above). Interviews took the form of conversations during which I played an interactive role commenting on interviewees' responses and gently challenging the views they expressed in order that the justifications used to support them could be explored (Potter and Mulkay, 1985). No time limit was set for the interviews. One of the interviews lasted around one hour fifteen minutes and the other lasted one hour thirty minutes.

Recording of spoken data

All group discussions and individual interviews were audio taped with the permission of participants. It was important that the audio recordings were of a high quality in order that subtle inflections and nuances in participants' talk could be captured and that what was said during overlaps of speech could be discerned. This necessitated the use of recording equipment which could not in any way be

considered to be unobtrusive. For example, in the group discussions, each participant wore a lapel microphone which was connected to a six channel audio mixer which in turn was connected to a cassette recorder. Participants in individual interviews wore lapel microphones connected to a personal stereo cassette recorder. No attempt was made to conceal or reduce the visibility of recording equipment. Whilst some people might express concerns about the potential effect of the presence of the recording equipment on what participants said during the course of the interviews, there is work which suggests this concern is misplaced.

Drew's (1989) comments on the use of a video camera for the collection of data for the purposes of a conversation analytic study are pertinent here. He concedes that the presence of a camera may affect people's behaviour to the extent that they might feel anxious, talk more, become more withdrawn, be reluctant to say certain things etc. However, account would only need to be taken of the effect of the camera's presence if the researcher was interested in the frequency with which participants exhibited certain behaviours:

> But if instead the focus of one's analysis is not how often they joke but how they joke, not how often they display nervousness but how nervousness is manifest, not how often they pass objects (e.g. vegetable dishes at a family dinner) but how they pass objects - in short not on the frequency of some activity but on the details of its management and accomplishment - then any possible disturbance caused by participants' knowledge of their being filmed becomes unimportant' (Drew, 1989, pp. 99-100).

In the present study, the focus of interest was not on how often people argue but *how* they argue; that is how participants formulate their arguments using a variety of discursive resources in such a way as to legitimate adoption of their own argumentative positions and undermine counter positions. Drew's argument therefore applies equally to the current study and the presence of the audio equipment used.

DATA ANALYSIS

Analysis was ongoing throughout the process of data collection, with each subsequent data collection phase being grounded in the analysis of the previous phase. A similar approach to discourse analysis and a similar method of analysis was used during each of the three phases.

Approach to discourse analysis

As noted in Chapter Two, a number of approaches to discourse analysis have been developed within social psychology. (Burman and Parker (1993) contains empirical examples of a variety of approaches.) Given the different approaches available, due consideration was given to the selection of an appropriate approach to discourse analysis for use in the present study. In particular, it was important to choose an approach suited to the topic under investigation. To this end, it was useful to distinguish between those approaches which incorporate a broader analytic style with the aim of exploring the wider socio-political consequences of language (e.g. Parker, 1992) and those which examine language in more detail at local and interpersonal levels (e.g. Edwards and Potter, 1992; Potter and Wetherell, 1987). The former approaches (sometimes referred to as critical or post-structuralist discourse analysis) are strongly influenced by theorising within post-structuralism (e.g. Barthes, 1973; Derrida, 1976; Foucault, 1972). The latter, more detailed approaches have theoretical foundations in conversation analysis, an empirical offshoot of ethnomethodology (e.g. Atkinson and Heritage, 1984; Button and Lee, 1987; Sacks, Schegloff and Jefferson, 1974); speech act theory (e.g. Austin, 1962); the sociology of scientific knowledge (e.g. Gilbert and Mulkay, 1984; Potter and Mulkay, 1985); and rhetoric (e.g. Billig, 1987; Nelson, McGill and McCloskey, 1987; Simons, 1989).

The more post-structurally informed approaches are predominately content-based and equate discourse analysis with the analysis of 'discourses'. Parker (1990, p. 191) (after Foucault, 1972) provides a working definition of 'a discourse' as 'a system of statements which constructs an object'. In addition, he proposes a set of seven necessary criteria and three auxiliary criteria which can be used to assist in the identification of discourses. According to these criteria, a discourse is a coherent system of meanings, realised in text, which reflects on its own way of speaking, refers to other discourses, is about objects, contains subjects and is historically located. Discourses may also support institutions and power relations, and have

ideological effects (Parker, 1990). Analytic approaches informed by this view of discourses derive the systems of statements from the texts within which they are situated and the focus of analytic interest is the effect of one (abstracted) discourse on another. Such approaches neglect the situated nature of discourse use as constitutive of certain social practices in specific contexts and instead treat discourses as if they were independently existing causal agents. The aims of the more post-structurally informed approaches might be to show, for example, how language, shaped by power relations and ideologies, is used to produce and reproduce the oppression of one group within society by another. However, because these approaches do not take account of the context of discourse use, in one sense, the identification of discourses is simply a means to this and similar analytic ends (Potter *et al*, 1990). Banister *et al* (1994, pp. 92-107) and Hollway (1989) provide empirical examples of this kind of discourse analysis.

By contrast, whilst ethnomethodologically informed approaches to discourse analysis share with the more post-structurally informed approaches an interest in the content of discourse, because their focus of attention is on discourse as a *situated* social practice, they also take account of the *contexts* of discourse use. They therefore pay close attention to the ways in which utterances are designed to perform specific discursive tasks relevant to the interactional circumstances at the time. Ethnomethodologically informed approaches do not however preclude relating the observed discursive patterns to the wider social and political contexts (e.g. Wetherell and Potter, 1992).

A number of discourse analytic studies which have utilised ethnomethodologically informed analytic approaches have employed the concept of the 'interpretative repertoire' (e.g. McKinlay and Potter, 1987; Potter and Wetherell, 1989; Wetherell and Potter, 1992). According to Wetherell and Potter, interpretative repertoires are:

> ...constituted out of a restricted range of terms used in a specific stylistic and grammatical fashion. Commonly these terms are derived from one or more key metaphors and the presence of a repertoire will often be signalled by certain tropes or figures of speech (Wetherell and Potter, 1988, p. 172).

Unlike discourses, which focus upon discourse use in the abstract, interpretative repertoires can be considered to be 'abstractions from practices *in context*' (Potter *et al.*, 1990, p. 209, my emphasis). Interpretative repertoires are flexible insofar as different aspects of the repertoire can be deployed by the user depending on the context. They can therefore be used to inform and sustain a variety of social

practices (e.g. Gilbert and Mulkay, 1984; Potter and Reicher, 1987; Potter and Wetherell, 1988).

Other studies which have employed ethnomethodologically informed approaches to discourse analysis have drawn more heavily upon conversation analytic research and have emphasised rhetorical aspects of language use and the performance of certain procedures or actions, rather than broader interpretative repertoires (e.g. Edwards and Potter, 1992; Potter and Edwards, 1990; Potter, Wetherell and Chitty, 1991; Widdicombe, 1993). For example, they have focused on how people use language to formulate arguments in such ways as to make them persuasive without appearing motivated or interested and on how certain linguistic constructions are used to perform, blamings, justifications, explanations and so on. Edwards and Potter (1992, p. 154-55) have incorporated these different aspects of language use; how it is used to perform actions, and how it displays interestedness and accountability[7] into a conceptual scheme which they refer to as the 'discursive action model'.

These two strands of ethnomethodologically informed approaches to discourse analysis are not incompatible and the strand of analysis chosen for use in any particular study often reflects the kinds of discursive phenomena already apparent in the data or the researcher's own interests. The current study is not concerned with the identification and analysis of interpretative repertoires but rather with what Widdicombe (1993, p. 97) has described as 'dynamic and pragmatic aspects of language use'. The broad focus of the study is on argument. In particular, it is concerned with what conceptions of, and arguments, about mentally ill people and their relocation to supported accommodation in a community were used by people in that community to challenge or advocate such a move. It was assumed that the rhetorical force of the arguments employed by people in Arlington would be dependent on both their content and their local organisational features. The analytic approach used in the current study therefore needed both to take account of the content of the arguments produced by people in Arlington, and to be sensitive to the detailed procedures through which these arguments were constructed and warranted at the local level of organisation. It was felt that an ethnomethodologically informed approach to discourse analysis which draws more heavily upon conversation analytic research was most appropriate.

7 Accountability is discussed in more detail later in the chapter.

Transcription

The task of transcription was eased by employing an experienced typist who transcribed as much of the spoken content of the group discussions and interviews as possible. Within a discourse analytic perspective, interviews are regarded as conversational encounters in which the interviewer's questions provide important context for the participant's answers. The interviewer's questions are thus as much a topic of analysis as the participant's talk (Potter and Wetherell, 1987, p. 165). It was therefore necessary for the transcriber to transcribe the whole of each interview and not just the talk of the participants. I then checked the transcriptions against the respective audio tapes. At this stage, the relevant transcription symbols were inserted along with the 'ums' and 'ers' characteristic of natural speech and, where possible, any words which the typist had been unable to make out. The lines of both the written text and recorded data transcripts were numbered in order to facilitate easier referencing of analytic observations.

The choice of transcription system is related to the approach to discourse analysis employed. Different analytic approaches will require different levels of detail and will vary in the relevance they ascribe to certain features of talk. Different approaches to analysis will therefore require the use of different transcription systems in order that those features of language which are considered to be of analytic importance may be identified (see for example, Bull, 1989; Jefferson, 1989; Kelly and Local, 1989). Transcription is therefore a form of analysis in itself (Ochs, 1979). Although the selection of an appropriate transcription system is driven primarily by theoretical concerns, in part it is also based on practical considerations because the transcription of recorded data is extremely tedious and time consuming (Wetherell and Potter, 1992, p. 225). For example, if one is interested only in the content of talk, there is little point in transcribing material in conversation-analytic orthography and using a wide variety of transcription symbols, for example, to represent rises and falls of intonation, audible exhalations, and so on. To do so would be to increase substantially the transcription time and compromise the readability of the transcript whilst adding little to the quality of the analysis produced. Since the present study was concerned with both the content and the local organisation of argument, a modified version of the transcription system developed by Gail Jefferson for the purposes of conversation analysis was used (e.g. Atkinson and Heritage, 1984; Button and Lee, 1987; Schenkein, 1978). This included the transcription of overlaps between utterances, pauses and gross changes in the speed, volume and emphasis of talk (see Appendix Three).

Coding of data

A necessary step prior to commencing the analysis is to 'code' the transcribed data or sort it into manageable and potentially coherent sets. The decision regarding what coding categories to use is dependent on the research questions of interest (Potter and Wetherell, 1987, p. 167). Since the broad focus of the current study was the arguments used by people in Arlington to challenge or advocate the relocation of mentally ill people in their community, I decided to code text initially according to whether it contained arguments for or against the Commsupport project. I began by making photocopies of all the original transcripts. These were then cut up into sections containing argumentative sequences and each section of transcript was placed in a 'for' or 'against' coding file. It is important to note that this was a preliminary coding scheme at a gross level of detail. However, it was a convenient starting point from which to produce more elaborate coding schemes at finer levels of detail as the analysis proceeded and more data were collected. The entire process of data collection, coding, analysis and writing was a fluid process with continuous feedback and feedforward between stages.

Method of analysis

Having produced my two initial coding files I began the analysis proper by attempting to examine in more detail the contents of the 'against' file. Wetherell and Potter (1992, p. 101) warn: 'Much of the work of discourse analysis is a craft skill, something like bicycle riding or chicken sexing that is not easy to render or describe in an explicit or codified manner'. This view is reinforced by Parker and Burman (1993, p. 161) who comment that discourse analysis 'defies simple exposition and explicitly resists generalized description or easy 'how-to-do-it' rules'.' Despite a lack of procedural rules, however, a recommended first step in any analysis is the 'careful repeated readings of the materials in a search for patterns and recurring organizations' (Wetherell and Potter, 1988, p. 177). In attempting to follow this advice, I encountered my first problem.

When I began reading the analytic materials what I understood appeared so transparently obvious that no amount of rereading could enable me to elucidate what resources I had drawn upon in my reading. The data simply said what they said, nothing more, nothing less. It thus became apparent that it was not the *amount* of reading that was important but the *kind* of reading. This was confirmed by Potter (1988, p.48) who points out: 'Academic training teaches people to read for gist - which is precisely the wrong spirit for discourse analysis. If you read an article or

book the usual goal is to produce a simple, unitary summary, and to ignore the nuance, contradictions and areas of vagueness.'

One of my first tasks therefore was to develop an appropriate approach to reading the analytic materials. According to Potter (1988), one way of achieving this to become reflexive about one's own reading practices. This involves 'a critical interrogation of our own presuppositions and unexamined techniques for sense-making' by constantly asking oneself 'Why am I reading this passage in this way? And what features of the discourse allow me to produce this reading?' (Potter, 1988, p. 48). However, becoming reflexive about one's own reading practices is not easy and my attempts to answer the questions Potter suggests took me back to where I started; the text simply said what it said. At this stage, I concluded that I did not have the appropriate 'analytic mentality' (after Schenkein, 1978) so often referred to by discourse analysts (e.g. Potter and Wetherell, 1994; Widdicombe, 1993; Wooffitt, 1993) which presumably would have enabled me to answer Potter's questions.

I decided to read as many studies which utilised discourse analytic, conversation analytic, and rhetorical approaches as possible. Reports on discourse studies present the entire reasoning process followed by the analyst from the analytic materials to the analytic conclusions. I thought that by reading such studies, I would be able to step into the shoes of skilled analysts and gain some insight into the kinds of things they take into consideration when producing an analysis. I felt it would be possible for me to thereby develop an understanding of the kind of reading which was required in order to do discourse analysis. My reading of studies of discourse indeed proved fruitful insofar as it sensitised me to the kinds of things that I should take account of when reading and rereading my analytic materials. It thus served to provide me with an 'analytic tool kit' with which to approach my analysis.

In the next section I will describe some of the 'tools' which I used to assist me in the task of analysis. Some of these overlap with the 'analytic considerations' outlined by Potter and Wetherell (1994, p. 55).

Variability of language

In Chapter Two it was noted that, within a discourse analytic framework, language is viewed as having an 'action orientation' (Heritage, 1984). As a consequence of this action orientation, people's discourse will exhibit a considerable degree of variability depending on what they are doing with it at the time. This variability will

be evident in the different linguistic constructions people use when performing different social actions. Variability can therefore be used as an analytic tool at a number of different levels to help identify the different kinds of construction people use. For example, variability can be studied within the talk of a single participant in a single stretch of text or within a single text document; or between different speakers or text documents. In the current study, one could focus on the different versions of people, places, events, or whatever constructed by participants and ask what design features of these constructions served to accomplish certain discursive functions.

Commonly used discursive devices

A number of culturally available discursive devices identified in studies of discourse have been shown to be strategically deployed by participants in the course of interaction in order to perform specific rhetorical functions. These devices include, contrast structures (Atkinson, 1984, pp. 73-85; Heritage and Greatbatch, 1986); extreme case formulations (Pomerantz, 1986); and three part lists (Jefferson, 1991). Since the rhetorical functions to which these devices are commonly put are known, if a particular device can be identified in a text, the surrounding text can be examined for indications that the specific rhetorical function associated with the device is indeed being performed. For example, Pomerantz (1986) has described the rhetorical functions served by extreme case formulations. Extreme case formulations take whatever state of affairs that is being described to its extreme limits, for example, 'brand new', 'everyone', 'never', and so on. Three distinct rhetorical functions have been identified. These are to speak for the rightness or wrongness of a practice; to propose the cause of a phenomenon; and to make the strongest possible case for something in anticipation of a non-sympathetic hearing. Therefore, if an extreme case formulation can be identified in a stretch of text, the surrounding text can be examined for signs that one of the three actions associated with the use of this device is being performed.

Reading context

The next two tools in the analytic tool kit are used in connection with the reading of context. However, in the same way that a large screwdriver and a small screwdriver are used to perform work at different levels of intricacy, so too are the tools described below. The first relates to the local context of interaction whilst the second relates to wider contextual concerns.

Contextual orientation of language

One of the fundamental assumptions of conversation analysis is that speakers' utterances are contextually oriented, the 'context' being provided by the series of interactions prior to any one speaker's turn. This is especially true for the immediately prior utterance, which provides for the relevance of the subsequent turn. Hearers rely upon the relevance of speakers' utterances to the interactional context in order to interpret what is being said and speakers orient to the various aspects of context in the design of what they say. Thus, a speaker's interpretation of the prior utterance will be displayed in her response, which the first speaker can then repair, or correct, or accept. In this way any particular utterance can be regarded as 'doubly contextual' insofar as it is both 'context-shaped' and 'context-renewing' (Heritage, 1984, p. 242). The analyst can therefore use sequential order as an analytic resource to explicate the implicit understanding which informs participants' interaction.

Culturally informed reading of context

As Antaki (1994, pp. 133-34) comments 'Discourse analysis ... is always balanced on three legs: two are the content and the organizational structures that the researchers have explicitly identified; the third is the less evident cultural homework they've done to make the other two stand up.' Antaki's comment points to the fact that the analyst should be aware of the wider contextual concerns that might be informing her reading of a text, for example, cultural, social and political issues (Coyle 1995; Parker and Burman, 1993). For the purposes of my study, it was important that I had a background knowledge and understanding of events concerning the Commsupport project, as well as an understanding of wider issues such as current thinking regarding the care and treatment of mentally ill people, current community care policy, and social stereotypes of people with mental illness. My 'cultural homework' therefore included reading as many newspaper reports about the Commsupport project as possible, speaking with my key informant, and reading policy documents and recent media reports relating to community care for people with mental health problems.

Rhetorical organisation of text

Texts are organised rhetorically so that any version of events is constructed in opposition to a number of potential or actual alternative versions (Billig, 1991). The arguments put forward by people in Arlington for or against the Commsupport

project can therefore be examined to determine how they are designed in order to make their claims in a persuasive manner whilst protecting them from rebuttal and undermining counter claims.

Participants' accountability

Edwards and Potter (1992) show how in constructing versions of events, people, places and so on, speakers attend to the responsibility and accountability for the events or whatever they describe in their accounts. Moreover, in producing their accounts speakers attend to a further aspect of accountability, that is their accountability for having produced the account (Edwards and Potter, 1992, p. 165-70; Shotter, 1984, 1985). For example, if a speaker's account of events and so on is heard as attending to her own interests, or as motivated in nature, the veracity of her account will be undermined. Therefore, a speaker might use a variety of techniques of fact construction to ensure that what she says sounds objective. Some of these methods of fact construction have been mentioned above, for example, three part lists, contrast structures and extreme case formulations; others include systematic vagueness (Potter and Edwards, 1990), empiricist accounting (Gilbert and Mulkay, 1984; McKinlay and Potter, 1987), rhetoric of argument (Potter and Wetherell, 1988; Wetherell and Potter, 1992), and consensus and corroboration (Potter and Edwards, 1990; Smith, 1978). In the present study, given that representatives of Commsupport and objectors had a vested interest in the Commsupport project going ahead and not going ahead respectively, their accounts of events, people, places and so on relating to the project could be inspected to see how they oriented to these issues of accountability through the design of what they said.

This then was the analytic tool kit which I built up from my reading of an extensive assortment of studies of discourse. Having assembled my tool kit, I returned to and elaborated Potter's (1988) questions in order to produce a set of analytic guidelines which I could then use in conjunction with repeated readings of my data and the necessary tools to produce my analysis. The analytic guidelines can be presented in diagrammatic form. (See Figure 3.1 below.)

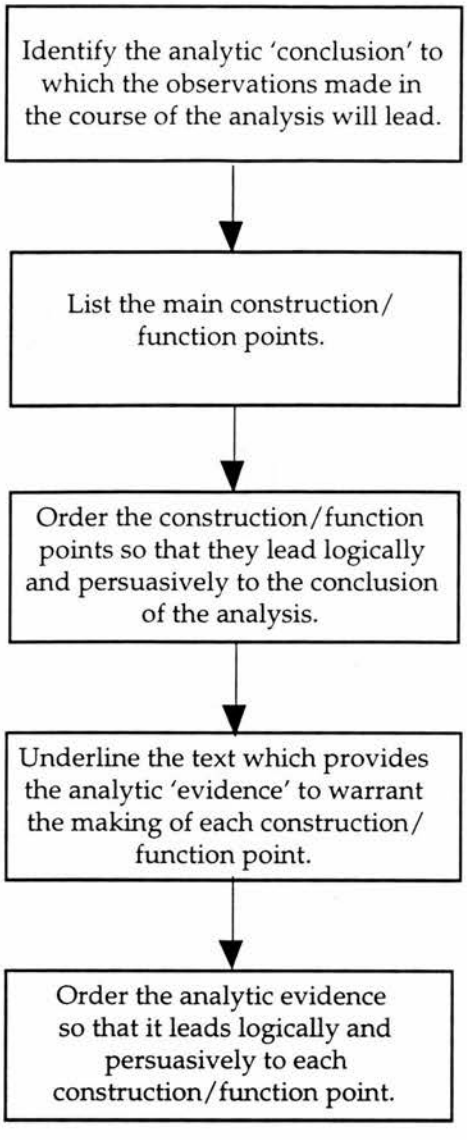

Figure 3.1 Diagrammatic representation of method of analysis.

For simplicity, the analytic guidelines are presented in flow chart form. However, it should not be assumed automatically that I always started at the first stage and worked straightforwardly through to the last stage. Some pieces of analysis required a degree of reshuffling backwards and forwards between stages.

One further tool which I found useful was not an analytic tool as such. Rather it was a tool which I used as an ongoing check on the reliability of my analysis.

Academic supervision

In the course of my study I analysed a number of views concerning the community care of people with mental health problems in a local community. I too have views on the community care of mentally ill people. These were likely to be informed to

some extent by my own professional training and my experience of working with members of this client group. There was therefore a potential for my own views on community care for people with mental health problems to have a distorting influence on my analysis. Throughout the duration of my study, an important check on this potential source of bias, was the fact that I made my analysis available for others to challenge. Regular meetings with two academic supervisors served this function and ensured that my analysis was able to survive the test of others' scrutiny.

Organisation of the following chapters

Chapters Four to Eight of the thesis are concerned with the analysis of data. Chapters Four and Five examine the case put forward in opposition to the Commsupport project, which I have called 'the case against'. Chapter Six addresses the case put forward by supporters of the Commsupport project. This had originally been called 'the case for'. However, I decided to change this to 'the case against the case against' since the letters in which supporters expressed their views were written in response to 'the case against' rather than in direct response to the article in the Tribune concerning the Commsupport project. Chapter Seven examines the views expressed by representatives of Commsupport with regard to 'the case against'. Chapter Eight addresses the issues of consultation and information giving in the context of establishing community mental health facilities. Finally, Chapter Nine presents a summary and evaluation of the findings of the study and suggests some implications for the policy and practice of community care.

CHAPTER FOUR

'THE CASE AGAINST': CONSTRUCTING ISSUES OF PUBLIC CONCERN

INTRODUCTION

This chapter and Chapter Five are concerned with the case put forward in opposition to the Commsupport project, which I have called 'the case against'. Chapter Five focuses on issues relating to the project which objectors raised on reflection, in the context of group discussions. By contrast, this chapter is concerned with the views expressed by objectors to the Commsupport project at the time the project was established. In particular, it focuses on objectors' original letter of opposition to the local press and the written statement which they presented to the local Community Council[1], in addition to newspaper editorials written at this time. Preliminary analysis of these documents suggested that objectors constructed their arguments opposing the Commsupport project around three specific, although related issues, which they claimed were of public concern. These were: the lack of consultation with local residents and the secrecy they claimed surrounded Commsupport's plans; the type of tenants who would take up residence in the house; and the claimed unsuitability of its location.

In extract (1) below, which is taken from the written statement presented by local residents to the Community Council, objectors make these concerns explicit.

(1) 'PUBLIC IMPACT OF A PARTIALLY SUPERVISED COMMSUPPORT CARE HOME FOR RECENTLY DISCHARGED LONGTERM PSYCHIATRIC HOSPITAL PATIENTS WITH MAJOR MENTAL ILLNESS AT REGENCYROAD ARLINGTON', 11 February 1992. (Capitalisation as peroriginal.)

1 Since reading of this development in a local Newspaper report, local
2 residents have met and discussed its implications. It was agreed
3 there were real grounds for public concern given its location and the
4 category of tenants likely to be housed there.

5 Further grounds for concern existed given the lack of adequate
6 consultation at local level and the subsequent attempts to discourage
7 public debate.

[1] Objectors' original letter of opposition and their written statement to the Community Council are presented in their entirety in Appendix Four.

These three issues of 'public concern', namely, Commsupport's lack of prior consultation with local residents, the type of tenants who would take up residence in the house, and the unsuitability of its location, came up time and time again in the written text. As a consequence, they were selected for more detailed analysis in the present chapter.

The analysis presented here is concerned with two main aspects of objectors' arguments. The first is their rhetorical construction, that is, the ways in which objectors' arguments are designed to be persuasive whilst protecting them from rebuttal and undermining counter claims. A second concern is how, in formulating their claims, objectors display sensitivity to the kinds of implications their oppositional views might have, for example, the ways in which they express prejudice in a very subtle manner.

In the analysis which follows I am going to explore how objectors attended to these aspects of their arguments through the ways in which they constructed and warranted the various issues which they claimed were of public concern.

The lack of prior consultation and the secrecy surrounding the project

In addressing the lack of prior consultation and the secrecy they claimed surrounded Commsupport's plans, objectors made relevant a number of their consequences. First, they argued that local people have been deprived of their right to know in advance about the Commsupport project. Second, objectors claimed that local people have been denied the opportunity to offer support to the residents of the Commsupport house. Third, it was claimed that Commsupport's failure to consult with local people has led to the selection of an inappropriate location for the project as a result of insufficient local knowledge.

In extract (2) below, which comprises the two opening paragraphs of objectors' original letter of opposition to the local press, the writers make relevant one of these consequences, that is local people have been deprived of their right to know in advance about the supported accommodation project.

(2) 'Community home proposals raise issues of public concern', Arlington and District Tribune, 31 January, 1992.

Madam, - Your paper's surprise revelation (January 17) of plans to establish a "community home" for newly discharged patients suffering from incurable mental illness at a private house, raises questions of public importance.

5 The house in question is "Southlea", Regency Road, Arlington.Your
6 article stated that Commsupport, a national voluntary organisation,
7 "is hoping to buy" this house. Surprisingly, in the same issue, a
8 staff recruitment advertisement appeared. Though a "For Sale"
9 notice on the premises was only removed when your most timely
10 article was published, we have some reason to believe that the house
11 had in fact already been purchased in circumstances of unusual
12 secrecy, and that Commsupport will take entry and vacant
13 possession very soon. It seems that the decision to purchase has not
14 been preceded by consultation with local community and
15 neighbourhood interests directly affected (sic).

In the first paragraph of this extract, the circumstances surrounding Commsupport's plans are formulated directly, and indirectly (through the descriptive terms used), as raising 'questions of public importance' (lines 1 to 4).

In the second paragraph, the purchase of the Commsupport house is formulated as having taken place in secret which, by virtue of sequential position, is established as relating to the 'questions of public importance' (line 4). Lines 5 to 8 take the form of three factual statements about the house purchase. First, the name and location of the house in question are stated. Second, the writers note that the article in which Commsupport's plans were originally announced had stated that the organisation was 'hoping to buy' the aforementioned house, and third, that a staff recruitment advertisement appeared in the same issue of the newspaper. The juxtaposition of the latter two statements, along with the information that the advertisement appeared 'in the same issue' allows us to infer either that Commsupport had some reason to be optimistic about the house purchase or that the organisation had already purchased the house. The explicit statement that the writers had 'some reason to believe that the house had in fact already been purchased' (lines 10 and 11) reinforces the latter inference, that is, the house had already been bought. Furthermore, the writers suggest that the house purchase took place in 'circumstances of unusual secrecy' (lines 11 and 12). The implication that Commsupport had already bought the house when the announcement concerning the organisation's 'plans' was published serves to reinforce the suggestion that the house had been bought in secret. If the house was purchased in secret, then we can infer that there had not been any prior consultation with local people. This inference is reinforced explicitly in lines 13 and 14: 'the decision to purchase has not been preceded by consultation with local community ...'.

An interesting feature of the way in which Commsupport's lack of prior consultation is established is that the inferences are kept implicit as opposed to taking the form of explicit statements. One of the devices used in order to achieve

this effect has already been mentioned - the sequential positioning of the factual statements in lines 5 to 8. The other device is the writers' use of the expressions 'we have *some reason* to believe' (line 10) and '*It seems* that' (line 13). The use of these devices, serves to ensure that the relevant information, i.e. that the house has already been bought in secret and there has been no prior consultation, is provided in such a way as to allow *readers* to draw the intended inferences. The inferences made available in this way are then reinforced through the writers' explicit reasoning in lines 10 to 15. In this way, the writers are able to imply that there has not been any consultation with local people, whilst avoiding making any explicit claims to this effect. This type of construction serves two functions. First, it allows a degree of flexibility to be incorporated into the account in order that the writers may modify their position should subsequent information emerge in contradiction to their earlier assessment of the situation. Constructing their account in this way serves to protect objectors from the possible negative motivational attributions which may be made, for example, that they were out to make trouble, should they be shown, at a later date, to have got their facts wrong. Similarly, La Gaipa (1982) has observed that one of the rules of gossip is to let hearers draw the intended inferences from the information provided. This allows speakers to convey their version of events whilst, at the same time, allowing for the possibility that an alternative version of events exists. Second, allowing readers to draw the necessary inferences and *then* reinforcing them through explicit reasoning serves a rhetorical function. Specifically, because the writers' conclusions are already there in the inferences drawn by the reader, this form of construction serves to warrant the writers reaching these particular conclusions.

The basis of the writers' objections is not just that the house purchase took place in secret, but that this is an accountable matter and a moral issue. In lines 2 and 3, the writers provide two pieces of information about the Commsupport project. The first, is that the property which will be used for the project is a 'private house'. Second, the writers point out that the project will be for 'newly discharged patients suffering from incurable mental illness'. This latter piece of information allows us to infer the extent of the Commsupport residents' treatment and support requirements. Together these two pieces of information warrant the writers' claim that 'neighbourhood interests' will be 'directly affected' (line 15). If people are going be affected by Commsupport's plans then they have a right to know about them. This is a moral issue. However, local people's right to know about Commsupport's plans has been disregarded as a consequence of the secrecy surrounding the scheme. Thus secrecy is formulated as morally wrong. This formulation serves to further legitimate

objectors' description of Commsupport's plans as raising 'questions of public importance' (line 4). In turn this characterisation warrants objectors raising their concerns in a public forum and hence legitimates writing their letter to the press.

In this extract objectors imply that local people have been deprived of their right to know in advance about the Commsupport project as a result of the secrecy they claimed surrounded the organisation's plans. This particular consequence of secrecy is also made relevant in extract (3) below, which is taken from an editorial that appeared in the same edition of the Arlington and District Tribune as did objectors' letter of opposition.

(3) 'When caring becomes a selfish business', Arlington and District Tribune, 31 January 1992.

It surprises no one when local residents object to having prisons or drugs rehabilitation centres established next door. Everyone agrees that they are necessary but....hardly surprising, therefore, that residents in Arlington should take to the barricades when they hear of a project to turn a high-value house into a residence for long-stay mental patients, some of whom have chronic problems.

What is alarming for everyone in the community is the way in which such situations can arise, virtually in secret as if the neighbours had no right to comment in advance. Their interests, it seems, are of secondary importance.

It is not the first time that people have wakened up to find themselves neighbouring groups who have arrived at public expense. It is only then that they are introduced to a situation that can have a profound influence on their own lives, not to mention the value of their properties.

In the first paragraph of this extract (lines 1 to 6), objectors' opposition to the Commsupport project is formulated as reasonable. This is accomplished by establishing consensus about certain general states of affairs through reference to a hypothetical situation, of which the situation in Arlington is formulated as a specific example. In lines 1 to 3, two statements are made relating to hypothetical situations. First, the writer comments that no one is surprised by local people objecting to the establishment of drugs rehabilitation centres or prisons next door to them, and second, that 'Everyone agrees that they are necessary but ...'. This latter statement serves to portray the undesirability of having these types of establishment next door by allowing us to infer that although people are in agreement that they are necessary, they would not want to live next door to them. It thus functions to explain why objections are no surprise. The consensual character of this reaction is portrayed by the writer's use of the extreme case formulations 'no one' and

'everyone' in lines 1 to 3. Something which everyone does is not an exceptional reaction, but the way anyone would react if confronted with a similar situation. That is to say, it is the normative response.

In lines 4 to 6, the situation in Arlington is formulated as a specific example of the general state of affairs described in lines 1 to 3 through the linking phrase 'hardly surprising therefore ...' (line 3). Given that opposition has been portrayed as the normative reaction of people to the establishment of certain kinds of facilities, the normative reaction of local residents to the Commsupport project would, by implication, be to object. Objectors' opposition is thus formulated as reasonable. The reasonableness of objectors' opposition is reinforced in two ways: first, through the information that the project will involve the conversion of 'a high-value house' (line 5); second, through a description of the prospective residents of the project which emphasises the length of time they have been in hospital and the fact that some of them will never get better - 'long-stay patients, some of whom have chronic problems' (lines 5 and 6). Constructing the situation in Arlington as a specific instance of a general set of circumstances, and formulating opposition as the normative reaction functions to remove the possibility that objections, will be attributed to these particular residents of Arlington, that is objectors.

One potential response to the writer's comments in lines 1 to 6 is that *someone* has to live next door to the Commsupport project. In lines 7 to 15 then, the *way* in which the Commsupport project was set up is formulated as problematic in addition to the project *per se* (cf. lines 1 to 6). In lines 7 and 8 the writer states: 'What is alarming for everyone in the community is the way in which such situations can arise ...'. The nature of the circumstances in which the project was established is thus characterised as 'alarming' (line 7). Moreover, the use of the phrase 'such situations' (line 8) serves to make a general case. This functions to characterise the circumstances in which all these sorts of facilities are set up, including drugs rehabilitation centres, prisons and the Commsupport project, as alarming.

This characterisation is warranted on the grounds that the circumstances surrounding the establishment of such projects deprives neighbours of their right to comment about them in advance (lines 7 to 15). The rights of neighbours to comment in advance about these kinds of developments is established in two ways. First, it is established directly. The use of the phrase 'as if' followed by the negative statement relating to the rights of neighbours '... as if the neighbours had no right to comment in advance' (lines 8 and 9) serves to imply the unquestionable status of neighbours'

right to comment prior to a project being set up. Second, the neighbours' right to comment is established on the grounds that they could be affected by the development of these kinds of facilities. Specifically, the writer points out that they could 'have a profound influence on their own lives, not to mention the value of their properties' (lines 13 to 15). However, people can only comment on what they know about. Thus the claim that projects of the type referred to, including the Commsupport project, are set up 'virtually in secret' (line 8) allows us to infer that neighbours are denied their right to comment about them in advance because the secrecy surrounding their establishment deprives them of their right to know. Hence secrecy is formulated as morally wrong.

Furthermore, the writer notes that the way in which these kinds of projects are set up is 'alarming for *everyone in the community* ...' (line 7). The alarming nature of the circumstances in which such projects are established is thus formulated as having wide ranging implications because anyone in the community could find themselves neighbouring developments of this kind. This is reinforced in lines 11 and 12: 'It is not the first time that people have wakened up to find themselves neighbouring groups ...'. Formulating the establishment of projects of the type under discussion, including the Commsupport project, as having wide ranging implications serves to head off the potential retort that it is only the immediate neighbours of such projects who are affected, and therefore the issue is not of wider interest.

A further feature of this extract is the way in which the potential depreciation of property values in the vicinity of the Commsupport project is raised as a concern (lines 14 and 15). The use of the phrase '*not to mention* the value of their properties' (line 14) serves to downplay the issue by implying that property values are just another, additional or secondary concern. Raising the issue of property values in this way displays sensitivity to the potential inferences that others might draw regarding what had motivated objectors' adoption of an oppositional stance, in particular that they were motivated by economic self-interest. The attribution of such motives would serve to undermine both their reputations and the plausibility of their arguments. Portraying concerns about property values as a secondary or additional concern allows the writer to raise this sensitive issue whilst averting charges of economic self-interest.

In extracts (2) and (3), the writers orient to one of the consequences of the secrecy they claim surrounded the Commsupport project, namely that it has deprived local people of their right to know what is planned for their area. In extract (4), a further

consequence of secrecy is made relevant, that is, it has denied local people the opportunity to offer support to the Commsupport residents.

(4) 'Open approach is essential', Arlington and District Tribune, 7 February 1992.

1 There is no reason to doubt the goodwill that exists in the
2 community. Why, then, should there be a need for stealth? It is
3 important that proper steps are taken to involve prospective
4 neighbours if for no other reason than to establish a full knowledge
5 of the circumstances into which patients are being introduced.

In lines 1 and 2 of this extract the community is constructed as being inherently well disposed to having people with mental health problems living within it. This is achieved by the explicit denial 'There is no reason to doubt the goodwill that exists in the community'. The sequential positioning of the question 'Why, then, should there be a need for stealth?' (line 2) following this explicit denial allows us to infer that the project has been surrounded by secrecy because it has been assumed that members of the community would oppose it. It is thus implied that the integrity of the community has been undermined unreasonably.

In lines 2 to 5 a case for prior consultation is made. The writer states: 'It is important to take proper steps to involve prospective neighbours ...' (lines 2 to 4). To be involved, prospective neighbours must first be informed. We can thus infer that 'proper steps' (line 3) entails consulting with prospective neighbours prior to a project being established. The juxtaposition of this inference to the implication that the integrity of the community has been unreasonably undermined (lines 1 and 2), allows us to infer that one of the reasons consultation should take place is so that information can be gained with the welfare of the prospective residents in mind. Thus a case is made for prior consultation on the grounds that it would afford local people the opportunity to offer their support to the prospective residents of the Commsupport house.

In this extract then, it is implied that the secrecy claimed to have surrounded Commsupport's plans has denied local people the opportunity to offer support to the residents of the house. In extract (5) below, which is taken from later in the same editorial as extract (4), the goodwill of the community is illustrated.

(5) 'Open approach is essential', Arlington and District Tribune, 7 February 1992.

1 No agency has anything to fear from taking people into their
2 confidence and they may have much to gain from the co-operation
3 that follows from a proper understanding of the position.

Pupils at Deansley[2] High School received much praise this week for their efforts to raise money for the treatment of AIDS patients. This, too is an emotive subject, but one that has been brought to public attention and received support. How much could the pupils have expected to raise in an atmosphere of secrecy?

The first paragraph of this extract consists of an explicit denial that any problems will ensue as a result of prior consultation with local people and a claim that there may in fact be potential benefits to consultation (lines 1 to 3). In the second paragraph, evidence is cited in support of this latter claim (lines 4 to 7). There are a number of points to note here. First, the writer states that local school pupils have raised money for people with AIDS. Second, a comparison is made between the issue of AIDS and the issue of providing community care for mentally ill people. The comparison is based on similarity: 'This, too is an emotive subject ...' (line 6); and difference: 'but [AIDs is] one that has been brought to public attention and received support' (lines 6 and 7). The juxtaposition of this comparison to the information that pupils have raised money for AIDS patients serves to orient to the fact that people can only support things they know about. This is reinforced by the writer's rhetorical question in lines 7 and 8 by virtue of its appeal to the logic of the argument: 'How much could the pupils have expected to raise in an atmosphere of secrecy?' Hence it is implied that local people have been denied the opportunity to offer support to the Commsupport residents as a consequence of the secrecy claimed to have surrounded Commsupport's plans.

In extract (6) below, a third consequence of Commsupport's lack of prior consultation is made relevant. Specifically, it is argued that the organisation's failure to consult with local people has led to the selection of an inappropriate location for the Commsupport project as a result of insufficient local knowledge.

(6) 'PUBLIC IMPACT OF A PARTIALLY SUPERVISED COMMSUPPORT CARE HOME FOR RECENTLY DISCHARGED LONGTERM PSYCHIATRIC HOSPITAL PATIENTS WITH MAJOR MENTAL ILLNESS AT REGENCY ROAD ARLINGTON', 11 February 1992. (Capitalisation as per original.)

It is generally accepted, specifically by Arlington and District Health Board that there are real concerns and risks. By acquiring a property without adequate prior local consultation in an area of vandalism and high volume pedestrian traffic (at least 500 schoolchildren each schoolday) the Residents believe Commsupport have acted without sufficient local knowledge and have thereby increased unnecessarily the degree of risk both to patients and residents.

[2] Deansley is about ten miles from Arlington.

In this extract, a case is made for prior consultation on the grounds that it was necessary in order to discover relevant information regarding the location of the Commsupport project. This is accomplished through appeal to the implication that no organisation which was familiar with the facts concerning the chosen location could have gone ahead with the project.

In lines 3 to 5, the 'facts' relating to the location are established. These are that it is 'an area of vandalism and high volume pedestrian traffic (at least 500 schoolchildren each schoolday) ...'. It is thus implied that the location of the house is unsuitable. Moreover, the writers point out that Commsupport have acquired the house 'without adequate prior local consultation ...' (line 3) and, as a result have acted 'without sufficient local knowledge ...' (lines 5 and 6). Hence it is implied that Commsupport have bought a house in an unsuitable location because the organisation lacked the necessary local knowledge as a consequence of its failure to consult with local people. In turn, the writers claim that Commsupport has 'increased unnecessarily the degree of risk both to patients and residents' (lines 6 and 7) as a result of the location they have chosen. By not consulting with local people, it is implied that Commsupport has acted in an irresponsible manner. A case is thus made for why consultation should have taken place on the grounds that it was necessary in order to ensure that there were no problems associated with the location chosen for the Commsupport project and not just on the basis that consultation is a right (cf. extracts (2) and (3)).

Furthermore, the account is designed in such a way as to portray the factual status of the writers' claims regarding the unsuitability of the location. In lines 1 and 2, it is noted that: 'It is generally accepted, specifically by Arlington and District Health Board that there are real concerns and risks'. There is likely to be a common-sense knowledge that Arlington and District Health Board is an organisation independent of Commsupport and objectors. Moreover, since it is a major provider of mental health care, it could be expected to have a certain degree of knowledge and expertise in the field. Thus, the factual status of objectors' claims relating to the unsuitability of the location chosen for the Commsupport project is warranted through appeal to the views of the Health Board, an independent expert, which accepts that there are 'real concern and risks' (lines 1 and 2).

To summarise, in this section I have explored a number of arguments formulated by objectors relating to Commsupport's lack of consultation and the secrecy they claimed surrounded the project. In constructing their arguments around these issues,

objectors made relevant a number of their consequences. In extracts (2) and (3), the secrecy associated with the Commsupport project and the lack of prior consultation are formulated as morally wrong on the grounds that they have resulted in local people being deprived of their right to know about something which would directly affect their lives. In extracts (4) to (6), the emphasis is shifted from the moral consequences of secrecy and the lack of prior consultation to their pragmatic consequences. In extracts (4) and (5), it is implied that the local community is inherently well disposed to having mentally ill people living in close proximity but, because of the secrecy and the lack of consultation, local people have been denied the opportunity to offer support to the residents of the Commsupport house. In extract (6), a third consequence of a lack of consultation is made relevant. That is, Commsupport's failure to consult with local people and the resultant insufficient local knowledge has led to the selection of an inappropriate location for the house.

The type of tenants

A second issue which objectors claimed was of public concern was the type of tenant who would take up residence in the Commsupport house. Objectors address this issue in extract (7) below, which is taken from their written statement to the Community Council.

(7) 'PUBLIC IMPACT OF A PARTIALLY SUPERVISED COMMSUPPORT CARE HOME FOR RECENTLY DISCHARGED LONGTERM PSYCHIATRIC HOSPITAL PATIENTS WITH MAJOR MENTAL ILLNESS AT REGENCY ROAD ARLINGTON', 11 February 1992. (Capitalisation as per original.)

The Residents feel that the Public should be quite clear about the category of patients which will be offered places in the Care Home. The great majority of occupants of longterm Psychiatric Hospital wards suffer chronic Schizophrenia and require regular injections and/or other medications. Once discharged from 24hr supervised care they will quite properly be free to come and go. They will also be free to refuse medication, become acutely disturbed and require hospital admission. This acute episode can be terrifying for the patient, their family, their carers and to the Public if exposed to it. It is an unfortunate fact that 1 in 10 sufferers commit suicide and a recent Oxford study of two hostels revealed that 1 in 5 residents exhibited socially unacceptable behaviour.

In this extract, a general argument is formulated against community care, on the grounds that the treatment and supervision requirements of people suffering from chronic schizophrenia cannot be met adequately in the community. This argument is

made relevant to the prospective residents of the Commsupport project through their construction as suffering from this same condition.

An introductory statement signals to us that significant information relating to the 'category of patients' is to follow (lines 1 and 2). The sequential positioning of the subsequent statement that 'The great majority of occupants of longterm Psychiatric Hospital wards suffer chronic Schizophrenia' (lines 3 and 4) allows us to infer its relevance to the 'category of patients' who will take up residence in the house. Hence, we can infer that the prospective residents of the Commsupport house are likely to be suffering from chronic schizophrenia.

In lines 4 to 12, the writers produce an account of the condition in which they describe the treatment and supervision requirements of those who suffer from it. In producing their account, the writers can be seen to orient to and negotiate a potential problem. The problem is, how to construct an account of chronic schizophrenia which serves their interests, bearing in mind that they are opposed to the Commsupport project, but which does not leave itself open to being undermined on the grounds that it is an interested account. Edwards and Potter (1992, p. 158) describe this as a 'dilemma of stake or interest'. The writers attend to this dilemma through the construction of a factual account. The factual status is accomplished in two ways. First, a logical argument is constructed. In lines 4 and 5 the treatment requirements of sufferers of chronic schizophrenia are described. That is, they 'require regular injections and/or other medications'. Thus chronic schizophrenia is formulated as an illness by virtue of the medical treatment required by sufferers. This is followed by a statement in which the level of supervision for people suffering from chronic schizophrenia in a hospital setting, '24hr supervised care', is contrasted with that in the community, 'they will be quite properly free to come and go' (lines 5 and 6). In lines 6 to 8, the potential consequences of this reduced level of supervision, and by implication, community care, for sufferers' compliance with the necessary treatment regime are made explicit: 'They will also be free to refuse medication, become acutely disturbed and require hospital admission'. Thus it is implied that the treatment and supervision requirements of sufferers of chronic schizophrenia, and therefore the prospective residents of the Commsupport house, cannot be met adequately in the community. Because this argument is constructed in a logical way, the inferences which can be drawn by the reader are necessarily drawn on the basis of the information given. As a consequence, the argument appears as if it is external to the writers who appear to be describing the 'facts'

about the world as it exists as a predefined 'reality' independent of their personal motives and aspirations.

The second way in which the factual status of the account relating to chronic schizophrenia is warranted is by the use of empiricist accounting. Empiricist accounting serves to portray the 'facts' as existing independently of the observers and just waiting to be 'revealed' (Gilbert and Mulkay, 1984; McKinlay and Potter, 1987). This effect is accomplished in a number of ways. First, the information that '1 in 10 sufferers commit suicide' is described explicitly as 'an unfortunate fact' (line 10). Second, the information in lines 10 to 12 that '1 in 5 [hostel] residents exhibited socially unacceptable behaviour' are the 'facts' which were 'revealed' by 'a recent Oxford study', that is, the findings of an independent and objective piece of research. Third, the numerical quantification used in the presentation of both pieces of information serves to reinforce the scientific and hence factual status of the claims with which it is associated (Potter, Wetherell and Chitty, 1991). This further information about chronic schizophrenia serves to reinforce the inappropriateness of community care for sufferers of the condition, and hence for the residents of the Commsupport house.

Moreover, the effects of a reduced level of supervision, and thus of community care, are portrayed as both enduring and widespread. The use of the term *'chronic* schizophrenia' to describe the illness from which mentally ill people moving into the community are likely to suffer serves to imply that, because the condition is enduring, any problems which might be experienced relating to their treatment and supervision requirements are unlikely to be resolved because they will never recover from their illness. In addition, the writers point to the potential distress caused to the 'patient', 'family', 'carers' and 'the Public' by the acute disturbance which may result from non-compliance with medication as a consequence of a reduced level of supervision (lines 8 and 9). Portraying the effects of community care as widespread functions to reinforce the issue as one which warrants the concern of a wider category of residents than those living in the immediate vicinity of community mental health facilities, and, by implication the Commsupport house.

In this extract, objectors constructed a version of people with mental health problems which emphasised their institutional backgrounds and the incurable and serious nature of their illness. The constructions of mentally ill people used by objectors in extracts (2) and (3) also emphasised these features. For example, objectors described the prospective residents of the Commsupport house as '...

newly discharged patients suffering from incurable mental illness ...' (extract (2), lines 2 and 3), and '... long-stay mental patients, some of whom have chronic problems (extract (3), lines 5 and 6). Similarly, the caption heading objectors' statement to the Community Council reads: Public impact of a partially supervised Commsupport care home for *recently discharged longterm psychiatric hospital patients with major mental illness* at Regency Road Arlington'. In the next section of the chapter, which explores objectors' arguments in relation to the unsuitability of the location, the writers again draw on these features of the prospective residents of the Commsupport house.

The unsuitability of the location

Extract (8) is taken from objectors' original letter of opposition to the local press.

(8) 'Community home proposals raise issues of public concern', Arlington and District Tribune, 31 January, 1992.

Some of the relevant facts, especially the precise criteria for selecting patients, are unknown because of the unnecessary secrecy. However, sufficient facts are known to suggest strongly that the chosen location is unsuitable because of the probable effects on (1) children attending nearby schools and (2) the patients themselves.

First, the effect on schoolchildren. The chosen location is at the hub of pedestrian access to 4 schools and one nursery school (with about 1,700 pupils in all) in close proximity. The rear garden borders directly on the playground of Arlington Infants School. The open playground of Westside Primary School is only about 50 yards away. Several hundred children, mostly unaccompanied, pass this house at least twice a day. It is an unfortunate fact that the chronically mentally ill look different and behave both differently and unpredictably. There is a real risk that young and impressionable children may be frightened by contact. The behaviour of the patients and children may be incompatible, giving rise to unnecessary conflicts harming one or both of them. The patients may have a history of anti-social behaviour, or exhibitionism, or disinhibition, or detention to the State Hospital, Carstairs. Schoolchildren cannot be guaranteed protection from their unpredictable behaviour.

In this extract, two reasons are given to support objectors' claim that the location is unsuitable (lines 1 to 5). These are the potential effects on local schoolchildren and the potential effects on the prospective residents of the Commsupport house.

In lines 6 to 20, the writers address one of these issues in more detail. Specifically, a case is made against the Commsupport project on the grounds that local schoolchildren will be placed at risk. This is achieved through the formulation of the

features of the location and the characteristics of the residents of the house as incompatible.

The location of the Commsupport house is described in relation to its proximity to a number of local schools and their playgrounds in particular (lines 6 to 11). Describing the location in such terms allows us to infer a potential for the residents of the Commsupport house to have frequent and regular indirect contact with local schoolchildren. This inference is then reinforced explicitly in lines 11 and 12 in the upshot: 'Several hundred children, mostly unaccompanied, pass this house at least twice a day', presumably on their way to and from school. In addition, the information that the children are 'mostly unaccompanied' serves to point to their potentially vulnerable status.

In lines 12 to 19, the characteristics of members of the category 'the chronically mentally ill' and, by implication, the prospective residents of the Commsupport house are formulated. In particular, the writers note that they 'may have a history of anti-social behaviour, or exhibitionism, or disinhibition, or detention to the State Hospital, Carstairs' (lines 17 to 19) and that they 'look different and behave both differently and unpredictably' (lines 13 and 14). In addition, the writers characterise this latter state of affairs as 'an unfortunate fact' (line 12). This description serves to portray the characteristics of mentally ill people which they describe as preexisting features of the world and thus not products of the writers' prejudice. In a supposedly enlightened tolerant society, prejudice is likely to be considered a socially reprehensible motive and its attribution would therefore serve to undermine both the writers' reputations and their argument.

Having described the characteristics of the prospective residents and the features of the location, a case is made for incompatibility between the two. This is accomplished by the explicit portrayal of two possible consequences of contact between the prospective residents of the Commsupport house and local schoolchildren. In lines 14 and 15, the writers point out that 'young and impressionable children may be frightened by contact' and, in lines 15 to 17 they comment: 'The behaviour of the patients and children may be incompatible, giving rise to unnecessary conflicts harming one or both of them'. The potential adverse consequences to schoolchildren of choosing this location for the Commsupport house are reinforced in an upshot in lines 19 and 20 in which the important aspect of the writers' argument is reiterated. That is: 'Schoolchildren cannot be guaranteed protection from their unpredictable behaviour'. The safety of children is a highly

emotive topic. It is therefore likely that this argument against the Commsupport project would be expected to have wide ranging appeal and to carry considerable rhetorical force.

In extract (9) below, objectors address the second issue relating to the claimed unsuitability of the location of the Commsupport house.

(9) 'Community home proposals raise issues of public concern', Arlington and District Tribune, 31 January, 1992.

Second, the effect on the patients themselves. Some are likely to have had an institutional background dating back years or even decades. Though used to 24-hour supervision, they will be unsupervised at nights. We believe that these disadvantaged patients, unable to look after themselves properly, will be in a very vulnerable position at the chosen location. The junction of Regency Road and the Penns[3], immediately outside their house, is a favourite spot for teenagers gathering in gangs for drinking, bottle throwing, vandalism and general behaviour of the worst insensitive type. Despite the commendable efforts of individual police officers, our under-resourced and over-stretched police force have difficulty in containing the problem, for reasons we understand. Local schools have been badly damaged by vandalism, especially but not only extensive window breaking, and even occupied houses near the Penns have not been exempt from this. A missile crashing through an exposed window of one's home in the dark can be most alarming, even for a person of ordinary fortitude which, it may be assumed, the unfortunate patients are unlikely to be. In short, recent experience suggests that there is a real, and not merely fanciful, risk of victimisation or intimidation of these patients by teenage trouble-makers acting singly or in gangs.

The police can give the best independent evidence on the nature and extent of teenage delinquency in the area. We question whether they were ever consulted on the security aspects of the chosen location.

In this extract, a case is made against the Commsupport project on the grounds that the residents of the house will be placed at risk. This is achieved through the formulation of the location as dangerous and the prospective residents as vulnerable. I am going to address, in turn, each of these aspects of objectors' account.

In lines 8 and 9 the writers describe the behaviour of local teenagers in the vicinity of the Commsupport house. In describing this behaviour, a list is used: '... drinking, bottle throwing, vandalism and general behaviour of the worst insensitive type'. The writers' use of a list serves to orient to a common feature of the items on the list.

[3] The Penns is a pathway running round the old boundary wall of the town.

That is, the activities described would all be considered to be acts of loutish behaviour. This is reinforced by the generalised final item on the list which takes the form of an extreme case formulation 'general behaviour of the *worst* insensitive type' (line 9).

In addition, the writers detail some of the difficulties which have been experienced recently as a result of the behaviour they describe. For example, in lines 12 to 15, they note that 'Local schools have been badly damaged by vandalism, especially but not only extensive window breaking, and even occupied houses near the Penns have not been exempt from this'. The writers' description of the behaviour of local teenagers in the vicinity of the Commsupport house and of some of the difficulties which have been experienced as a consequence of this behaviour serve to formulate the location as dangerous.

Furthermore, the writers comment that the local police 'can give the best independent evidence on the nature and extent of teenage delinquency in the area' (lines 22 and 23). Citing 'independent evidence', and in particular that of the police, who are likely to be considered reliable witnesses, serves to warrant the factual status of the account. In addition, the statement: 'We question whether they were ever consulted on the security aspects of the chosen location' (lines 23 and 24) serves to imply that Commsupport have not consulted the police, because if they had, they would not be considering setting up the project in this location. A lack of responsibility is thus imputed to the organisation.

An interesting feature of this extract is the way in which the writers describe the attempts of the police at law enforcement in the area. The characterisation of the efforts of the police as 'commendable' (line 10) in conjunction with the description of the police force as 'under-resourced and over-stretched' (line 11) allow us to draw two inferences. The first is that the police are doing their best under the circumstances. This, along with the information that the 'police force have difficulty in containing the problem ...' (lines 11 and 12) serves to reinforce the extent of the vandalism in the area through the implication that despite doing their best, the police have not been entirely successful. The second inference we can draw is that the police are neither responsible nor accountable for their lack of impact on the situation since their effectiveness is constrained by influences outwith their control. Given this set of circumstances, we can draw a third inference. That is, these influences are unlikely to change in the near future. Describing the activities of the police in this way thus functions to counter the potential retort that if they were to

do something to ensure law enforcement in the area then it would be a suitable location for the Commsupport project.

The second way in which the prospective residents are portrayed as at risk is through their formulation as vulnerable. This is accomplished by producing the background information that 'Some are likely to have had an institutional background dating back years or even decades. Though used to 24-hour supervision, they will be unsupervised at nights' (lines 1 to 4). Thus a reason for the residents' vulnerability is specified. That is, in the community they will not receive the level of supervision to which they were accustomed in hospital, and moreover, which it is implied they require. The vulnerability of the Commsupport residents is further portrayed through the writers' description of the likely effects of a potential act of vandalism. The information that 'A missile crashing through an exposed window of one's home in the dark can be most alarming, even for a person of ordinary fortitude ..' (lines 15 to 17) allows us to infer, by contrast, the even greater effects of local vandalism on the 'unfortunate patients' (line 18).

Formulating the location as dangerous and portraying the residents as vulnerable serves to warrant the claim in lines 5 and 6 that the prospective residents of the Commsupport house 'will be in a very vulnerable position at the chosen location'. This is reinforced in an upshot in lines 18 to 21 in which the important aspects of the account are summarised: 'In short, recent experience suggests that there is a real, and not merely fanciful, risk of victimisation or intimidation of these patients by teenage trouble-makers acting singly or in gangs'. Raising the residents' safety as an issue of concern serves to give the impression that the writers' objections are not solely self-interested.

In extract (10), which is taken from a group discussion, an incident is described which it is claimed bears out objectors' fears relating to the unsuitability of the location.

(10) Group discussion with objectors, 23 August 1993.

1 Dave There's also the patients' interest, er if if we can agree on
2 patients at at the moment as the .hh the ⌈description
3 Mike ⌊As they were then=
4 Dave =As they were then because (.) eh:: you know a lot of the
5 points that we were making was were with regard to the
6 location (.) and its possible fects effects and possible .hh eh
7 you know you only need to go a couple of hundred yards (.)
8 eh (.) eh further along the Penns .hh=
9 Sue =Yeah=
10 Dave =ah and and look at the dem the demolished <u>schoo:l</u> that eh

11 was razed to the ground .hh eh to see the sort of vandalism
12 problems that we were discussing [at at the time.
13 Jim [You KNOW about that
14 though do you?
15 (.)
16 Sue I heard about it that it's the Infant School, isn't it?
17 (.)
18 Mike No the Primary School
19 (.)
20 Sue Right
21 (.)
22 Mike .hh been burnt to the ground
23 (.)
24 Sue Right
25 (0.4)
26 Dave by the very (.) eh:: groups that inhabit that (.) area eh: during
27 the the dark hours >and even the light hours< and that was the
28 (.) you know that the the there was that side of it as well not
29 just our personal interest and the general public interest .hh but
30 also the patients' interest. There were very much the three .hh
31 erm the three sides.

In this extract, participants give an account of a fire at one of the local schools in the vicinity of the Commsupport house (lines 7 to 27). There are four points to note. First, the use of the terms 'demolished' (line 10) and 'razed to the ground' (line 11) serves to implicate the status of the fire as serious. Second, the information that this fire occurred 'a couple of hundred yards (.) eh (.) eh further along the Penns' (presumably from the Commsupport house) (lines 7 and 8) indicates the proximity of the fire to the Commsupport house. These two features of the description work together to indicate that there was real and/or serious cause for concern. Third, the information that one can 'look at the dem the demolished schoo:l' (line 10) orients to the fact that there is observable evidence of the fire. This serves to warrant the factual status of the account. Fourth, Dave states that this fire was started 'by the very (.) eh:: groups that inhabit that area eh: during the the dark hours >and even the light hours<' (lines 26 and 27). Dave's use of the term 'inhabit' along with the information that the vandals are around the location at all times of the day or night serves to formulate the potential threat to residents of the Commsupport house as persistent rather than intermittent in nature. It is thus implied that given these people have started a fire once, they could do it again. In this way, participants point to the continued unsuitability of the location for the supported accommodation project.

Raising the safety of the Commsupport residents as a topic of concern serves to give the impression that the discussants' opposition was not merely motivated by their self-interest. This is reinforced explicitly in an upshot in which Dave presents the

important aspect of what he has said whilst acknowledging some personal interest: 'you know that the the there was that side or it as well not just our personal interest and the general public interest .hh but also the patients' interest. There were very much the three .hh erm the three sides' (lines 27 to 30).

In this extract participants recount their concerns. In the extract which follows, which is taken from the same group discussion, participants reflect on whether their predictions came about.

(11) Group discussion with objectors, 23 August 1993.

1	Tom	Yes eh (.) I mean a lot of the things that we (0.6) wrote and
2		said and warned about have happened.
3		(.)
4	Sue	Mm hm
5		(.)
6	Tom	The only thing (.) that I see that hasn't happened as far as we
7		know eh is the interaction between (.) school kids (.) and the
8		residents next door=
9	Sue	=Mm hm=
10	Tom	And the only reason that (0.4) as (.) as far as I know there's
11		been nothing .hh is that the residents do not come out of the
12		house (.) at the times when the children are coming and going=
13	Sue	=Mm hm=
14	Tom	=and they do not come out after dark when the (.) gangs are
15		out. So (.) an argument I put forward was, you are in fact
16		reducing their quality of life because they are not free
17		(.)
18	Sue	Mm hm=
19	Tom	=to go about when they want .hh because you have chosen
20		this location.

In this extract, on reflection, objectors justify raising the issue of the claimed unsuitability of the location of the Commsupport house on grounds other than those which were raised in the original letter of opposition because their original concerns have not been borne out.

Tom justifies the issues of concern raised in the original letter of opposition on the basis that 'a lot of the things that we (0.6) wrote and said and warned about have happened' (lines 1 to 5). However, from what he says, we can infer that not all of the concerns they raised have come to pass.

In lines 6 to 20, Tom justifies concerns relating to the perceived unsuitability of the location on grounds other than those raised in the original letter. In lines 6 to 9 he presents a puzzle. That is, there have been no problems with respect to the interaction between schoolchildren and the residents of the house. Tom's

presentation of this puzzle begs the question 'Why not?' In lines 10 to 15, he provides a solution to this puzzle. That is, the residents of the house do not come out at certain times of the day or night when either children or gangs of teenagers are about. We can thus infer that they are not free to go about their daily lives as they please because of the area in which they live. This is reinforced explicitly: 'So (.) an argument I put forward was, you are in fact reducing their quality of life because they are not free (.) [ ] to go about when they want .hh because you have chosen this location' (lines 15 to 20). Thus, Tom justifies raising the issue of the unsuitability of the location on the grounds of a new consequence which is introduced via objectors' other concerns not having come to pass.

SUMMARY

Analysis of 'the case against' has shown how at the time it was established, objectors constructed a number of arguments in opposition to the Commsupport project based on three different issues which they claimed were of public concern. Furthermore, on reflection in the context of group discussions, objectors maintained that these issues were indeed those which were salient.

First, objectors had argued that the project had been shrouded in secrecy as a result of Commsupport's lack of prior consultation with local people. Objectors drew upon a variety of issues relating to the lack of prior consultation and the secrecy they claimed surrounded the project in order to make relevant both their moral and pragmatic consequences. First, it was claimed that since local people would be directly affected by the project they had a right to know about it in advance. The secrecy surrounding the project had therefore deprived local people of their right to know and hence secrecy was formulated as morally wrong. Second, it was argued that since the local community was inherently well disposed to having mentally ill people living in close proximity, the secrecy surrounding the project had denied local people the opportunity to offer their support. A third claimed consequence of Commsupport's failure to consult with local people was that the organisation had selected an unsuitable location for the project as a result of a lack of local knowledge. Moreover, in formulating their arguments on the issue of secrecy, objectors implicitly blamed and criticised Commsupport. In particular, they criticised the organisation and imputed a lack of responsibility to it on the grounds that it had deprived local people of their right to know about something which would affect them and had chosen an inappropriate location for the project.

The second issue related to the claimed unsuitability of the location chosen for the Commsupport house. Objectors constructed two distinct arguments in this respect. First, it was argued that the residents of the Commsupport house would be placed at risk at the chosen location. This argument was dependent on the construction of the location as dangerous and the portrayal of the residents as vulnerable, as a consequence of the reduced level of supervision in the community and their inability to cope with stressful situations. Second, objectors claimed that local schoolchildren would be placed at risk as a result of the choice of location. The plausibility of this argument rested upon participants' characterisation of the prospective residents as 'the chronically mentally ill'. This description enabled objectors to make explicit the kinds of behaviour likely to be exhibited by members of this category, in particular that they were likely to behave in an unpredictable manner. A case was then made for an incompatibility between the prospective residents of the Commsupport house and the location, given its proximity to a number of local schools.

The final issue which objectors claimed was of public concern related to the type of tenants who would take up residence in the Commsupport house. In this respect, objectors formulated a generalised argument in which they constructed the people likely to be moving from hospital into the community, and thus by implication, the Commsupport residents, as sufferers of 'chronic schizophrenia'. This construction served to make relevant issues related to their treatment and supervision requirements which, it was claimed, could not be met adequately in the community. Since this argument was formulated on general grounds it served to indicate the inappropriateness of community care for mentally ill people *per se* rather than on grounds specific to the Commsupport residents.

The analysis has shown how objectors formulated the various issues upon which they based their arguments in such a way as to protect their arguments from rebuttal and to attend to issues of accountability. In particular, they used a number of means of fact construction, for example, consensus accounting, logical argument and empiricist accounting. Moreover, objectors formulated the issues upon which their arguments were based in such a way as to warrant the concern of a wider category of residents than those living in the immediate vicinity of the Commsupport house. In addition, objectors anticipated the kinds of negative inferences that other people might draw regarding what had motivated their adoption of an oppositional stance, such as prejudice, troublemaking, and economic self-interest, and they attended to these potential problems for self-presentation in the design of their arguments. For example, although objectors raised explicitly the issue of the potential depreciation

of house values in the vicinity of the Commsupport house, they addressed it in the context of discussion of other matters and they very much downplayed it, with no specific attempt made to justify the claim.

This chapter has focused on the arguments constructed by objectors in opposition to the Commsupport project at the time it was established. Chapter Five focuses on some new issues which objectors raised, on reflection, in the context of group discussions.

CHAPTER FIVE

'THE CASE AGAINST':

CRITICISING COMMSUPPORT AND DEFENDING REPUTATION

INTRODUCTION

The analysis presented in Chapter Four showed how, at the time it was established, objectors constructed a number of arguments in opposition to the Commsupport project, based on three different issues which they claimed were of public concern. These were: the lack of prior consultation with local people and the secrecy which objectors claimed surrounded Commsupport's plans; the type of tenants who would take up residence in the house; and the claimed unsuitability of its location. Objectors formulated their arguments in such a way as to protect them from potential rebuttal and to attend to issues of accountability. In particular, their arguments display sensitivity to the kinds of negative inferences others might draw regarding what had motivated their adoption of an oppositional stance, for example that they were self-interested or prejudiced. In addition, since Commsupport was implicated in the lack of consultation and the secrecy claimed to have surrounded the plans for the project in Arlington, objectors implicitly blamed and criticised the organisation on the basis that it had deprived local people of their rights and had acted in an irresponsible manner.

This chapter is also concerned with 'the case against'. However, in contrast to Chapter Four which focused on the views expressed by objectors to the Commsupport project at the time the project was established, this chapter focuses on some new issues which objectors raised, on reflection, in the context of group discussions. The chapter consists of four sections. The first three sections are concerned with three recurring issues raised by objectors. These are: criticisms of Commsupport; direct responses to others' negative inferences, in particular with regard to how others constructed objectors as unpleasant or uncaring; and the ways in which objectors addressed the issue of the role of the community in supporting and caring for mentally ill people living outside hospital. In the final section of the

chapter, I am going to look at two extended sequences of interaction in which objectors address some of these issues in the context of telling a story.

Criticisms of Commsupport

At the time the Commsupport project was established there was little direct criticism of Commsupport's attitude or actions. By contrast, on reflection, in the context of group discussions there are a number of instances in which objectors criticise Commsupport directly, in particular in relation to the organisation's attitude and its lack of caring and concern. In criticising the organisation, objectors do not, however, focus solely on Commsupport's attitude and activities, but rather they also emphasise the roles that they themselves played. In this section of the chapter, I am going to examine, in turn, objectors' criticisms of Commsupport on the grounds of the organisation's problematic attitude and in relation to its lack of caring and concern for the residents of the house.

Commsupport's problematic attitude and the case put forward by objectors

As mentioned in Chapter Three, in late March 1992, a private meeting was convened by the Community Council, at which all relevant parties with an interest in the Commsupport project were present. In extract (1) below participants refer to this meeting and criticise Commsupport on the grounds of the behaviour of one of its representatives who attended it. In addition, they describe a case which they put forward concerning the organisation and how it handled its affairs in relation to setting up the project.

(1) Group discussion with objectors, 15 July 1993.

1	Ray	=I'll I'll be quite blunt, the hierarchy at Commsupport I I
2		thought were pretty grim, the one when we had a meeting in
3		the in the town hall. There was a man there, >Mr Dalgleish or
4		Dogsleash or whatever he was<, he was <u>absolutely</u> <u>terrible</u>=
5	Jean	=He never [answered a question at all that night.
6	Ray	[He just laid back in his chair. It was so rude so
7		rude and <u>arrogant</u>=
8	Kate	=Yes he was [very rude
9	Ray	[It was terrible=
10	Jean	=Very, very rude.
11		(0.6)
12	Ray	Now we put forward a <u>case</u> (2.0) which was a good case .hh
13		regarding Commsupport and their affairs and how they
14		<u>handled</u> the situation .hhh ah and we we certainly made them
15		<u>think</u> about who were they going to send down down to
16		Southlea. And it certainly <u>did</u> make them think because the .h
17		the type of person they've sent down there .h they've been
18		mild persons=

19	Jean	=They were actually different people that went down there
20		to what they had been talking about.
21		(.)
22	Ray	YES, totally ⌈different
23	Sue	⌊Is that right=
24	Ray	=They had to watch their Ps and Qs what they were going do=
25	Jean	=That's right=

This extract is structured in three distinct parts. The first part consists of a negative evaluation of Commsupport (lines 1 to 11). In the second part, participants introduce and describe the features of a case they put forward (lines 12 to 14) and in the third part, they describe the consequences of making their case (lines 14 to 25).

In the first part, participants criticise Commsupport on the basis of the organisation's problematic attitude at the meeting (lines 1 to 11). In line 2, Ray characterises the hierarchy at Commsupport as 'pretty grim'. This is followed in lines 3 to 11 by a description of the behaviour of Mr Dalgleish, one of the people who attended the meeting and an evaluation of this behaviour: 'He never answered a question at all that night' (Jean, line 5); 'He just laid back in his chair. It was so rude so rude and arrogant. [ ] It was terrible' (Ray, lines 6 to 9). The sequential position of participants' description and evaluation of Mr Dalgleish's behaviour following Ray's prior negative assessment of the hierarchy at Commsupport (lines 1 and 2), allows us to infer that Mr Dalgleish is a senior representative of the organisation. Mr Dalgleish's identity as a member of the hierarchy of Commsupport makes relevant certain expectations associated with his role. In particular, we might expect him to act courteously towards the other people present and to be prepared to answer any questions they might have concerning the supported accommodation project. The fact that he did not answer any of their questions and that his manner was 'rude and arrogant' serves to imply that he was in breach of his role expectations. This functions to warrant both Ray's description of this particular representative of Commsupport as 'absolutely terrible' (line 4) and, since he was a senior member of the organisation, his earlier description of the 'hierarchy' as 'pretty grim' (line 2). Given this individual's position within Commsupport, his behaviour is likely to be considered to reflect on the organisation. Thus an indirect negative evaluation of Commsupport is made on the grounds of its problematic attitude.

Extract (2) below, which is taken from much later in the same group discussion, is structured in three similar parts to extract (1). I am going to examine the first part of this extract, before going on to discuss the second and third parts of both extracts.

(2) Group discussion with objectors, 15 July 1993.

1	Jean	And Commsupport's attitude [to
2	Ray	[and Commsupport's attitude
3		as=
4	Jean	=to the neighbours was (.) I think (0.3) that just finished it
5		altogether.
6		(.)
7	Ray	Yeah. ARROGANT.
8		(1.3)
9	Jean	Yes if if=
10	Ray	=We we put a strong case (0.4) actually (.) and (.) eh:: >it was
11		a good case,<.hh you can actually get the notes >down at the
12		library if you want to go down to there and get them<=
13	Sue	=Right that would be interesting, yes.
14		(.)
15	Kate	I think you should=
16	Sue	=Yes=
17	Kate	=I think you'll find that an awful lot more research had been
18		put into this one case=
19	Ray	=BY US=.
20	Kate	=than had ever been done (0.5) before and as a result of it, I
21		think you would agree .hh that (0.3) everybody paid a bit more
22		attention as to the kind of patient .hhh I mean, just supposing
23		(0.9) something had happened to a child at the school. Now
24		there's no point in being wise after an event like that.

(A few lines omitted in which I clarify that Kate is referring to an incident involving one of the residents of the Commsupport house.)

25		Now (0.6) as it happens, the people that we see going up and
26		down the road (0.5) look perfectly innocent old men. You
27		know I don't suppose (1.1) they would even notice that there's
28		(0.7) >Well I'm not going to say they wouldn't notice there are
29		children about but they would just accept them as< (0.4) as
30		children. But we may not have got people like that if we
31		hadn't (1.3) made [our case.
32	Jean	[We wouldn't have
33		We wouldn't have because I know one they were talking about
34		putting out (0.8) and that was the one that was really worrying
35		me at the time. Now he didn't come down there.
36		(1.9)

In contrast to extract (1), in the first part of this extract (lines 1 to 8), an explicit negative evaluation of Commsupport is made on the basis of the organisation's problematic attitude. Jean states: 'And Commsupport's attitude to to the neighbours was (.) I think (0.3) that just finished it altogether' (lines 1 to 5). Her criticism of the organisation's attitude is further developed by Ray, who, as he did in extract (1), characterises it as 'arrogant' (line 7).

In the second part of both extracts, following the negative evaluation of Commsupport, participants describe a case which they put forward concerning the organisation and how it handled its affairs in relation to setting up the supported

accommodation project (extract (1) lines 12 to 14; extract (2) lines 10 to 20). In both extracts participants provide an assessment of their case. For example, it is described as 'a good case' (extract (1), line 12; extract (2), line 11) and as 'a strong case' (extract (2), line 10). In addition, in extract (2), Kate's claim that 'an awful lot more research had been put into this one case [ ] than had ever been done (0.5) before ...' (lines 17 to 20) serves to portray the case as one which has been well researched. Furthermore, in this same extract, the information that the notes relating to the case are held at the local library and participants' suggestion that I should inspect these for myself, serves to warrant the factual status of their positive assessment of their case (lines 11 to 15)

In the third part of both extracts, the consequences of the case are described (extract (1), lines 14 to 25; extract (2), lines 20 to 36). In extract (1) Ray claims that it 'certainly made them <u>think</u> about who were they going to send down down to Southlea' (lines 14 to 16). Similarly, in extract (2), Kate states: 'everybody paid a bit more attention as to the kind of patient ...' (lines 21 and 22). Thus it is claimed that the case had an effect. This claim is legitimated by the contrast between Commsupport's original choice of residents and the actual residents who moved into the supported accommodation project, which in turn shows that the organisation changed its mind. For example, in extract (1) Ray points out: 'And it certainly did make them think because the .h the type of person they've sent down there .h they've been mild persons=They were actually different people that went down there to what they had been talking about' (lines 16 to 20). Similarly, in extract (2), Kate comments: 'Now (0.6) as it happens, the people that we see going up and down the road (0.5) look <u>perfectly</u> innocent old men. [ ] But we may not have got people like that if we hadn't (1.3) made our case' (lines 25 to 30). The factual status of Kate's claim is warranted by Jean's personal knowledge of a prospective resident who 'they were talking about putting out (0.8)' and who 'didn't come down there' (line 33 to 35).

The description of the consequences of objectors' case serves three functions. First, it serves to further legitimate participants' positive assessment of their case (extract (1), line 12; extract (2), lines 10 to 20). Second, highlighting the outcome of their case serves to justify the need for prior research. It is thus implied that Commsupport should have conducted prior research to ensure that they were in possession of the necessary local knowledge to make an informed decision regarding the suitability of the prospective residents. Since it is implied that Commsupport did not conduct any research and the research which was carried out was conducted '=BY US=',

that is local people (extract (2), line 19), a lack of responsibility is imputed to the organisation. In extract (2), Commsupport's lack of responsibility is reinforced by emphasising the potential consequences of selecting inappropriate residents because of the organisation's lack of local knowledge: 'just supposing (0.9) something had happened to a child at the school. Now there's no point in being wise after an event like that' (lines 20 and 21). Third, constructing Commsupport as having acted on the kinds of concerns the neighbours were expressing serves to legitimate 'the case against'.

Commsupport's lack of caring and concern and objectors' involvement with the residents of the house

In extract (3) below, objectors implicitly criticise Commsupport on the grounds of the organisation's lack of caring and concern for the residents of the supported accommodation project and they provide an account of their own involvement with them.

(3) Group discussion with objectors, 15 July 1993.

1	Ray	And there's like there's I mean to say Commsupport's just a
2		business organisation, nothing else. That's <u>all</u> they are (0.4)
3		as far as I'm concerned=
4	Jean	=It's not only that I mean =
5	Kate	=I'll be perfectly honest we're all interested in the patients.
6		Ray has (0.4) in the passing, stopped and had a a word with
7		some of the patients=
8	Jean	=Och yes=
9	Kate	=washing someone's ⌈car one day
10	Ray	⌊We can talk to them 'til ⌈the
11		[laughs] ...
12	Jean talk	⌊you can
13		to them=
14	Ray	=You can talk to them=
15	Jean	=You can talk to them=
16	Kate	=Of course
17		(0.6)

In the first part of this extract (lines 1 to 3) it is implied that Commsupport is lacking in caring and concern for the residents of the Commsupport house. In lines 1 and 2, Ray describes Commsupport as 'just a business organisation, nothing else'. Lee (1979) has shown that the particle 'just' can be used in a restrictive sense to introduce a sense of limitation into the utterance with which it is associated. In the context of what Ray says here, his use of 'just' serves to exclude the potential relevance of any other activities which Commsupport might be involved in. This

characterisation, which is reinforced in lines 2 and 3, serves to imply that Commsupport exists solely for profit-making purposes. Given this state of affairs, we can infer an implicit contrast between Ray's description of Commsupport as a 'business organisation' and the function which the organisation claims to fulfil, that is, the provision of care and support for mentally ill people. A criticism of Commsupport is thus implied on the grounds that the organisation does not care about the residents of the house. Moreover, in line 2 Ray uses the extreme case formulation 'nothing else'. Pomerantz (1986) has shown that extreme case formulations can be used to speak for the wrongness of a practice. Ray's use of this device serves to reinforce his implicit criticism of Commsupport by speaking for the wrongness of the organisation's alleged profit-making concerns.

In the second part of the extract (lines 5 to 16), participants describe their involvement with the residents of the Commsupport house. In line 5, Kate claims that the speakers are 'all interested in the patients' and, in lines 6 to 9, she produces evidence to support this claim: 'Ray has (0.4) in the passing, stopped and had a a word with some of the patients washing someone's car one day'. The description of Ray's contact with the residents of the Commsupport house enables the speakers to present themselves as unprejudiced caring people. In addition, the sequential positioning of the description of participants' contact with the residents following the implicit criticism of Commsupport allows us to infer a comparison between Commsupport's activities and those of the participants. Hence Commsupport's lack of caring and concern for the residents of the house is reinforced.

In lines 10 and 11 Ray elaborates on participants' contact with the residents and states: 'We can talk to them 'til the [laughs] ...'. However, in lines 12 and 13, a modified claim is provided by Jean which is then affirmed by Ray: 'you can talk to them'. Whilst in lines 10 and 11, we might have expected Ray to finish his utterance idiomatically, ''til the cows come home', this completion would serve to imply that he and his co-participants are engaged in extensive conversations with the residents of the house. This is unlikely to be the case since the part of the utterance that has not been recycled is related to the extensiveness of the interactions. Furthermore, there is a pronoun switch. Whereas '*we* can talk to them' (line 10) may imply some special ability on the part of the participants, '*you* can talk to them' (lines 12 to 15) implies that 'anyone can' which seems to make relevant the characteristics of the residents, for example, that they are capable of holding conversations. However, since one can speak to most people, the construction 'you can talk to them' may be considered to reflect on the way the speakers regard mentally ill people and thus

could have negative implications for participants' self-presentation. Hence in line 16 Kate states: 'Of course which makes being able to speak to the Commsupport residents commonplace'.

In this extract then, participants criticise Commsupport on the grounds of its lack of caring and concern for the residents of the house, whilst making relevant their own involvement. In extract (4) below, objectors' contrast directly their own involvement with the residents of the supported accommodation project with that of Commsupport.

(4) Group discussion with objectors, 15 July 1993.

1	Jean	=Very very much so I mean they didn't (0.6) they couldn't
2		have considered the neighbours in <u>any way</u>=
3	Sue	=Right=
4	Kate	=In actual fact, as far as I can gather, the neighbours have
5		done <u>far more</u> for the patients=
6	Jean	= <u>Yes</u>, [exactly.
7	Kate	[since they were admitted to the <u>house</u> (1.5) than
8		Commsupport=
9	Ray	=Than Commsupport.

In this extract, a criticism of Commsupport is implied on the grounds that it has failed to provide the expected level of care for the residents of the supported accommodation project. Kate states: '... the neighbours have done <u>far more</u> for the patients [ ] since they were admitted to the <u>house</u> (1.5) than Commsupport' (lines 4 to 8). Given that Commsupport is an organisation which provides care in the community for mentally ill people, Kate's statement serves to imply that the organisation has not done what it should have done, without denying that it has done something for the residents of the house. Whereas claiming Commsupport had done nothing is likely to be difficult to support, this construction serves to maintain the plausibility of the claim that the organisation has not done what it should. Furthermore, the information that participants have had some involvement with the Commsupport residents serves to portray them as caring unprejudiced people.

In summary, in this section of the chapter objectors criticise Commsupport on the grounds of the organisation's attitude, its lack of responsibility and its lack of caring and concern. In the course of criticising Commsupport, participants emphasise their own roles and activities. For example, in criticising Commsupport on the basis of its problematic attitude, participants describe the consequences of a case they put forward concerning the organisation and how it handled its affairs regarding the establishment of the project. Highlighting the consequences of their case serves to

impute a lack of responsibility to Commsupport on the grounds that the organisation had set up the supported accommodation project without adequate local knowledge. In addition, in criticising the organisation on the grounds of its lack of caring and concern for the residents of the house, objectors describe their own involvement with the Commsupport residents. This functions to reinforce Commsupport's lack of caring and concern and, at the same time enabled participants to present themselves as caring, unprejudiced people. Objectors can thus be seen to attend to a variety of issues of blame and accountability through the design of their arguments.

Responses to others' negative inferences

Issues of blame and accountability were also addressed through participants' responses to others' inferences. In Chapter Four, the analysis showed how objectors had anticipated the kinds of inferences that others might draw regarding what had motivated their adoption of an oppositional stance; for example, troublemaking, prejudice and economic self-interest. Objectors attended to these potential problems for self-presentation through the design of the arguments they presented in their original letter of opposition and in their written statement to the Community Council. Nevertheless, in their letters to the local press in which they responded to objectors' arguments, supporters of the Commsupport project still drew negative inferences regarding what had motivated objectors' opposition. In the previous section of the chapter, objectors dealt indirectly with the charges levelled against them. In this section, I am going to focus on the ways in which objectors defend their reputations more directly.

In extracts (5) and (6), which are taken from different group discussions, objectors respond to the inferences drawn about them by people who were supportive of the Commsupport project.

(5) Group discussion with objectors, 23 August 1993.

1	Tom	I was also shocked by the reaction of authority to (0.5)
2		private letters
3		(0.7)
4	Sue	Mm hm
5		(.)
6	Tom	because while all the public thing was going on .hh there was a
7		lot of (0.3) work that went on behind the scenes. We all did
8		and certainly I've done a helluva lot once everything quietened
9		down and the public reaction um sorry the official reaction .hh
10		um: was I think to treat us <u>all</u> as if we were some sort of (0.3)
11		<u>lepers</u>, you know that eh=

12 Dave =Troublemakers.
13 (0.3)
14 Tom Troublemakers, that's right and therefore=
15 Dave =Middle aged [laughs]
16 (0.5)
17 Tom Yes I think we were middle aged bigots (0.4) ah=
18 Dave =Medieval yes
19 (.)
20 Tom Medieval bigots er um an:d er completely lacking in
21 compassion and so on and so forth, when evidently that really
22 isn't the case um so (.) it devalued I think the (.) the real
23 issues.
24 (.)
25 Sue Mm hm
26 Tom They said och (0.5) you know (0.4) they're just just angry or
27 something.

In this extract, participants describe the response of 'authority' - the 'official' reaction to their opposition (lines 1 and 9). Given the context of events in Arlington, this might include, for example, the reactions of Arlington and District Health Board, the Social Work Department, The Scottish Office and so on.

Participants then describe the nature of the official reaction in terms of how they were treated and the attribution of deviant identities. In lines 10 and 11 they complain that they were treated as social outcasts - 'some sort of (0.3) lepers' and, in lines 12 to 21, they produce some of the different attributions which were made by others regarding what has motivated their actions. For example, motives of a lack of caring and concern were imputed to participants; they were 'completely lacking in compassion' (lines 20 to 21). In addition, in line 15, they note that they were characterised as 'middle aged' (line 15). Sacks (1974, 1979) has shown how speakers use specific category terms in order to make available certain inferences regarding the category-bound attributes and behaviours of members of that category. In this context, application of the category term 'middle aged' makes relevant conservatism as a category-bound attribute. It is thus implied that objectors opposed the Commsupport project because they are conservative and rejecting of change. Hence, 'Medieval' (lines 18 and 20) is made relevant.

Other attributions which were made might be considered to be more damaging. For example, the characterisation of objectors as 'bigots' serves to imply that they had been motivated by prejudice towards people with mental health problems (lines 15 and 18). Participants note that they were also accused of being 'trouble makers' (lines 12 and 14). Objectors' arguments are thus undermined by producing descriptions of their identity and hence motivations for making them. Moreover,

since prejudice and troublemaking are socially undesirable motives it is likely that their attribution would also undermine the reputations of objectors.

In lines 21 to 27, Tom provides an assessment of the 'character assassination' he has just portrayed. First, he denies its truth: 'when evidently that really isn't the case ...' (lines 21 and 22). Second, he describes its consequences: '... it devalued I think the (.) real issues' (lines 22 and 23). This second aspect of Tom's assessment is reinforced in lines 26 and 27: 'They said och (0.5) you know (0.4) they're just just angry or something'. Lee (1979) has shown how the particle 'just' can be used to serve a depreciatory function, minimising the significance of some event, action or situation. Tom's use of 'just' thus reinforces his claim that the overall effect of others' attributions was to downplay the significance of the real issues which formed the basis of objectors' concerns.

Moreover, the inferences which were drawn by others are formulated as unwarranted (lines 2 to 9). In line 2 Tom notes that the basis for the attributions which were made was the 'private letters' which had been written to official bodies by objectors. Since there is no reference to the content of these letters and they could have been written by anyone, this is a very neutral way of describing what provoked a reaction. Furthermore, Tom's claim that: '... there was a lot of (0.3) work that went on behind the scenes. We all did and certainly I've done a helluva lot once everything quietened down ...' (lines 6 to 9) serves to imply that objectors have made a contribution. This, along with the neutrality of Tom's description of what provoked the reaction serves to formulate the attributions which were made by others as unwarranted. In turn, this functions to legitimate Tom's claim that he was 'shocked by the reaction of authority' (line 1).

In extract (6) below, the other group discussion makes similar points.

(6) Group discussion with objectors, 15 July 1993.

1	Ray	Now we we protested about it. We even put our .hh names to
2		a letter that went into the Tribune and we got a (0.4) >terrific
3		amount of abuse.<Now that was .hhhh tried to show us in a
4		light of being uncaring, but that's not the case because (.)
5		nearly everybody round here has been connected with people
6		who have been not well (0.8) >over the years< and many
7		years.
8		(.)
9	Sue	Yes Yes=
10	Ray	=We've all been connected.=
11	Jean	=That's right=
12	Ray	=Jean, Kate, <u>myself</u>.
13		Most of the people that we've all had something to do with

14 (1.4) people.
15 (.)
16 Kate We've all been very closely involved=
17 Ray =Oh we've all been closely involved and we took a lotta stick.
18 (.)
19 Kate We did indee::d=
20 Jean =And a lot of it wasn't called for=
21 Ray =Och no it wasn't [called for
22 Jean [Because we were thinking about the
23 patients, we were [NOT=
24 Ray [Yes
25 Jean =thinking about .hh um=
26 Kate =there was nothing said at that meeting detrimental to the
27 patients=
28 Jean =Nothing at all
29 (.)
30 Kate We were all extremely concerned about the patients and about
31 the children at the school.
32 (.)
33 Sue Mm hm, yes=

In this extract, Ray makes a complaint about getting 'a terrific amount of abuse' which '... tried to show us in a light of being uncaring' (lines 3 and 4). His use of 'tried' serves to imply that despite their effort, others did not fully succeed in their aim to portray objectors as uncaring.

In addition, participants deny the validity of this portrayal in several ways. First, Ray denies it directly: '... but that's not the case [that we were uncaring]' (lines 3 and 4). Second, participants construct themselves as caring people by implying an involvement with people who have been mentally ill (lines 5 to 17). Participants specify the length and extent of their involvement. They claim that they have been involved 'over the years< and many years' (lines 6 and 7) and that they have been 'very closely involved' (line 16). Participants' involvement is thus constructed as longstanding and immediate. It is notable, however, that participants describe the people with whom they have been involved and formulate the nature of their involvement in a systematically vague way. For example, they describe the people as 'people who have been not well' (lines 6 and 7) and they describe their involvement in terms of having 'been connected' (lines 5 and 10), having 'had something to do with' (line 13) and having 'been [very] closely involved' (lines 16 and 17). Thus participants do not actually state that they have provided care for mentally ill people. Systematic vagueness allows speakers to provide sufficient information to allow hearers to draw a particular inference whilst at the same time avoiding providing so much information that hearers are given the opportunity to initiate a potential retort (Potter and Edwards, 1992, p. 162). In the context of this

extract, participants' use of this device along with the sequential context, allows them to imply that they have provided support or care for mentally ill people whilst avoiding the provision of any examples of particular instances.

The third way in which participants deny the validity of their portrayal as uncaring is by describing as unwarranted the grounds for the reactions of others to the letter of opposition written to the Tribune. Ray describes the response to which objectors were subjected: 'a (0.4) >terrific amount of abuse.<' (lines 2 and 3) and 'a lotta stick' (line 17). However, Jean and Kate claim that 'a lot of it wasn't called for' and they provide reasons to support their claim: 'Because we were thinking about the patients, we were NOT thinking about .hh um ...' (Jean, lines 20 to 25); 'There was nothing said at that meeting detrimental to the patients [ ] We were all extremely concerned about the patients and about the children at the school' (Kate, lines 26 to 31). The reactions of others to objectors' letter are thus characterised as unwarranted on the grounds that the basis for objectors' opposition was their concern for others.

The analysis so far has shown how some of the issues addressed by participants have related to caring and accountability. For example, participants criticised Commsupport on the grounds of the organisation's lack of caring and concern and they defended their reputations both directly and indirectly against charges of being uncaring. In the next section, I am going to look at the ways in which objectors address issues of caring and accountability through their response to a direct question on the role of the community in providing support for people with mental health problems living outside hospital.

The role of the community in supporting mentally ill people

In extract (7) below, participants address the issue of whether local people have a role to play in supporting mentally ill people moving from hospital into the community.

(7) Group discussion with objectors, 15 July 1993.

1	Sue	=Do you think, all in all, that the community does have a role
2		in supporting people moving out of hospital, or do you think
3		that that's (0.5) up to [somebody else?
4	Kate	[Oh I think we're all kind enough to
5		help=
6	Jean	=Oh I think we would all help=
7	Kate	=if the system was .hh a wee bit more (1.1) ah how can you
8		put it .hhh um?
9		(0.4)

10 Jean If people were made more aware of what the what was going
11 on really I think people would=
12 Kate =I think people on the whole are extremely kind no matter
13 what the circumstances are, whether it's (0.5) in (.) a
14 bereavement or a sudden illness .hh or a mother who's ill and
15 children need help I think people are extremely kind and=
16 Ray =Yes [yes
17 Kate [this would just be another instance where (.) they
18 would get some backing, but it's very difficult with a mental
19 patient to start anything .hh and then stop it. You have to
20 understand that if you start anything with a mental patient .hhh
21 you're doing it for life. You can't just pick them up and drop
22 them. And you can't explain to them because they don't
23 always understand that some days it's inconvenient
24 (0.4)
25 Sue Right=
26 Kate =and I think that's why people tend to say (0.8) 'I'd better not
27 do this because (0.6) I can't do it every week or I can't do it
28 every day'. So you tend to sit back a wee bit.
29 (.)

In this extract, participants orient to and negotiate a problem: that is, how to provide a mitigation for not supporting mentally ill people living in the community in response to a direct question regarding this issue and, at the same time, avert potential charges of being uncaring.

The problem is built into the two-sided nature of my question: '=Do you think, all in all, that the community does have a role in supporting people moving out of hospital, or do you think that that's (0.5) up to somebody else?' (lines 1 to 3). Both sides of my question present potential problems for participants. For example, if they say that the community does have a role to play, this could lead to problematic inferences given that they have opposed the Commsupport project. At the same time, if they say that the community does not have a role to play, they could leave themselves open to charges of being uncaring.

Participants' response displays sensitivity to the problematic nature of my question. In lines 4 and 5 Kate comments: 'Oh I think we're all kind enough to help ...'. The defensive nature of her reaction indicates that she has treated my question as a challenge or implicit criticism. Furthermore, her use of the description 'kind enough' orients to a personal characteristic whereas my question was couched in terms of a 'role'. Kate's reformulation of the role of the community in providing support to people moving out of hospital as a personal characteristic serves three functions. First, it enables her to avoid producing a direct response to my question, which, as noted above, could be problematic. Second, it serves to avoid the notion that supporting people with mental health problems living in the community has

anything to do with having a duty or responsibility to do so. Third, it allows Kate to present herself and others as caring people but, at the same time, implies that the enactment of their kindness is subject to a particular set of circumstances which are then specified: 'if the system ...' (line 7). A similar inference can be drawn from Jean's inserted comment in line 6: '=Oh I think we would all help=' which she completes in lines 10 and 11: 'If people were made more aware ...'. Hence it is implied that people do not help, not because they are not kind, but because there is a problem with the system.

The remainder of the extract (lines 12 to 29) serves to reinforce the notion that an unwillingness to support people with mental health problems is not a personal deficiency on the part of people in general. In line 12 kindness is made a common aspect of people through Kate's statement: 'I think people on the whole are extremely kind ...' . This claim is warranted through a description of the circumstances in which people would offer help: 'a bereavement or a sudden illness .hh or a mother who's ill and children need help' (lines 13 to 15). Kate's description takes the form of a three part list. Three part lists can be used to orient to a common feature of the items listed (Jefferson, 1991). In the context of the current extract, Kate's use of this device orients to the unforeseen and unexpected nature of the circumstances noted. We can thus infer that people would be willing to offer care and support if it was required by someone in the event of unforeseen circumstances.

By contrast, willingness to support mentally ill people is formulated as an exception to people's general willingness to offer support: 'this would just be another instance where (.) they would get some backing but it's very difficult with a mental patient to start anything .h and then stop it' (lines 17 to 19). An explanation is then provided for why this is the case. In lines 19 to 23 the commitment required to support mentally ill people is constructed as longterm and time consuming. Indeed Kate claims that supporting a mentally ill person requires a lifetime's commitment (lines 19 to 22) and, in lines 22 and 23 she provides a reason for why this is the case. She says: '... you can't explain to them because they don't always understand that some days it's inconvenient'. Since these are the kind of things people might say about young children, invoking these features in the context of describing mentally ill people serves to make relevant the great commitment required to support them. Willingness to help mentally ill people is thus formulated as an exception to people's general willingness to offer help on the basis of the longterm and time consuming nature of the commitment required. This is reinforced in Kate's upshot in which she reiterates the important aspects of what she has said: 'and I think that's

why people tend to say (0.8) 'I'd better not do this because (0.6) I can't do it every week or I can't do it every day.' So you tend to sit back a wee bit' (lines 26 to 28). There are two points to note here. First, Kate uses the extreme case formulations '*every* week' and '*every* day'. These formulations serve to reinforce the longterm and time consuming nature of the commitment required. Second, she uses the phrase '... I think that's why people tend to say ...' Having constructed helping people with mental health problems as an exception when it comes to people's willingness to offer support, Kate's use of this phrase serves to imply that anyone placed in a similar situation would be unwilling to offer help to mentally ill people. Together these features of Kate's upshot work to mitigate participants for not being prepared to offer care and support to mentally ill people living in the community.

Stories

The analysis presented so far has focused on how objectors criticised Commsupport and defended their reputations, on reflection, in the context of the group discussions. Participants criticised Commsupport on the grounds of the organisation's problematic attitude, its lack of responsibility and its lack of caring and concern for the residents of the house. In addition, objectors defended their reputations both directly and indirectly through their responses to the ways in which supporters of the Commsupport project constructed them as unpleasant or uncaring people. Objectors also addressed the issue of whether local people have a role to play in providing support for mentally ill people living in the community. In addressing these issues participants can be seen to attend to a number of issues of blame and accountability.

Similar issues were addressed by objectors in the context of telling stories. The story is one of the most culturally pervasive discourse genres. There is therefore a commonsense knowledge regarding the kinds of things about which stories are told, the occasions on which they may be told and the rules which govern their telling (van Dijk, 1987, p. 79). In selecting the data for the analysis which follows, I have chosen two extended stretches of discourse which have an intuitively 'story-like' feel. That is, they are sequences of interaction each with a recognisable beginning, middle and end, in which the speakers provide an account of an event which is illustrative of the topic of discussion.

In discussions with both groups of objectors, participants tell a story in which a female resident runs away from the Commsupport house and presents herself to her neighbours in a distressed state. Participants tell how attempts were made to

contact Commsupport and a number of other individuals and authorities in order to provide some assistance for this woman while she was looked after in one of the neighbour's gardens. The situation is eventually resolved when representatives from Commsupport arrive and take the woman back to her house. The stories are introduced in extracts (8) and (9) below.

(8) Group discussion with objectors, 15 July 1993. *Immediately prior to this participants have discussed how neighbours should be taken into consideration when selecting a suitable location for accommodation for mentally ill people.*

1 Ray And I say as close to the Commsupport directors the better,
2 because I don't have much time for Commsupport after the
3 incident up there, where the woman ran away and went to a
4 neighbour ...

(9) Group discussion with objectors, 23 August 1993.

1 Mike ... there were many things against its success. That one of
2 them being (.) well as we've just said the the way we we were
3 unhappy about the group of people who were .hh going to be
4 running it. We had no .hh faith in them.
5 (.)
6 Mary And that has been confirmed I think by
7 (.)
8 Mike Yes=
9 Mary =such things as the (.) well there's been two incidents (.) with
10 this (0.3) lady next door=

Jefferson (1978) has noted that there are two distinct ways in which stories can be occasioned by the prior turn-by-turn talk. The first is that a story can be 'triggered' by something which is said in the course of the ongoing conversation. That is, something is said which prompts one of the participants to remember a story which may or may not be relevant to the prior talk. The second way is through the use of techniques to introduce the story in a methodical manner in order to display a relationship between the prior talk and the story and hence propose the appropriateness of the story's telling.

In both of the above extracts, participants' story is occasioned in a methodical way by a criticism of Commsupport which is followed by a statement that this view is warranted through events that have happened. For example, in extract (8), Ray states: '... because I don't have much time for Commsupport after the incident up there, where the woman ran away and went to a neighbour ...' (lines 2 to 4). Similarly, in extract (9), participants comment: 'We had no .hh faith in them.' (Mike line 3); 'And that this has been confirmed I think by [ ] such things as the (.) well there's been two incidents with this (0.3) lady next door=' (Mary, lines 5 to 9). In

constructing their statements, participants provide a minimum of detail relating to the incidents which have taken place. They therefore beg the question 'What happened?' and, in this way, provide a warrant for telling the story.

Having occasioned the telling of their stories, in extracts (10) and (11) participants recount the details of what happened. Both of these extracts are long. Whilst their length may detract from the flow of the analysis, it is nonetheless useful to present both of these extracts in full.

(10) Group discussion with objectors, 15 July 1993.

1	Ray	And I say as close to the Commsupport directors the better,
2		because I don't have much time for Commsupport after the
3		incident up there, where the woman ran away and went to a
4		neighbour and of course .hhh the what did the neighbour
5		phoned up=
6	Kate	=First of all that to be absolutely clear about it the neighbour
7		had three very young children (0.8) and two of them were
8		asleep in the house and she did not want the lady <u>in</u> the house.
9		She was fortunate enough to have a dec a painter working i::n
10		the front garden and she asked him to keep her eye on the lady
11		while she went inside and brought her a chair and made her
12		tea, but she kept her in the front garden. It was a nice
13		summer's morning.
14		(.)
15	Sue	Was the lady distressed=
16	Kate	=Very distressed, crying and saying she wanted .h something,
17		she wouldn't go back and she wasn't <u>going</u> back. So the
18		neighbour, who is a very sensible girl we thought, got in touch
19		with Eastcliff[1] and said what did she do about it and Eastcliff
20		immediately told her that the lady did not come under their
21		jurisdiction .h any longer, but they would notify a local doctor.
22		But no local doctor came. And she was extremely distressed.
23		By this time two other neighbours
24		(.)
25	Ray	She phoned up Commsupport=
26	Jean	=She phoned Comm: ⌈support yes
27	Ray	⌊.hhh and Commsupport said alright
28		we'll come down.
29		Well, Commsupport <u>didn't</u> come down. And it took them
30		(0.4)
31	Kate	An hour later. ⌈Another two neighbours had helped
32	Ray	⌊an hour later but but another two neighbours
33		had (0.7) helped her out to contain the woman. Then they
34		phoned Commsupport <u>again</u> (0.8) and Commsupport eh
35		whoever replied for Commsupport, was not amused at being
36		phoned up again. <u>Then</u> (0.6) the lady phoned up (0.7) the
37		Chairman of the Community Council
38		(1.0)
39	Sue	Right

[1] Eastcliff is the local psychiatric hospital.

(.)
Ray A Mr Thomson=
Kate =Thomson
(0.4)
Ray Now this guy this chap (.) was (1.1) in Eastcliff about twenty five years he was a male nurse=
Jean =He was a male nurse
(0.6)
Ray Now he was (0.5) one of the guys who really didn't think much of us
(1.1)
Sue Right
(0.8)
Ray fair enough - for what we were doing. Anyway they phoned Mr Thomson up and he came on the scene and he tried to do something about the situation, but he couldn't do but anyway. After what was about two and a half hours
(0.7)
Kate I'm not sure just how long=
Jean =It was somewhere about that=
Ray =Commsupport came on the scene with one woman (1.3) who worked for Commsupport and her fiancé. Now (1.4) as far as I can gather they frogmarched that woman back into the=
Sue =Mm hm=
=Southlea[2] =
Kate =but they told the lady who had been helping that it was none of her business
(.)
Ray Yes
(.)
Kate to stay out of the affair.
(.)
Sue Really?
(.)
Ray Yeah=
Kate =Yes=
Ray =and (.) not only that (1.0) there's one lady's in te:::ars, watching what happened, absolute te:::ars and >she was a doctor.< She was in te::ars the way Commsupport handled the situation. Now=
Sue =Sorry, was this another of the neighbours?
(.)
Ray Yes=now Mr Thomson wanted to go back into Southlea
(.)
Kate with the with the patient=
Ray =with the Commsupport person,
(.)
Sue Mm hm=
Ray =but they wouldn't allow it. Now if I were you have any time you you you'd like to ask now look 'Can we see the incident book?' You know there's an incident book. It would be very nice to see what's in the incident book up at Comm Commsupport as you can gather I have no time for

[2] Southlea is the name of the Commsupport house.

93 Commsupport.
94 (0.3)
95 Sue Mm hm yes
96 (2.2)

(11) Group discussion with objectors, 23 August 1993.

1 Mary And that has been confirmed I think by
2 (.)
3 Mike =Yes=
4 Mary =such things as the (.) well there's been two incidents (.) with
5 this (0.3) lady next door=
6 Mike =Yes
7 (.)
8 Mary and (.) in the first instance the lady (0.7) fled from the house
9 (.)
10 Sue Mm hm
11 (.)
12 Mary in fear. She knocked apparently on our our frontdoor >I was
12 in the back garden and didn't hear<=
14 Sue =Yes=
15 Mary and it was Mike's (.) wife Susan (0.5) who came to her aid
16 and then (.) Dave's wife Helen (.) was involved .h and the
17 lady had been threatened and pushed about a bit (.) by (0.3)
18 another (.) resident who is no longer living there=
19 Tom =whose history we knew
20 Mary =whose history we knew (.) and worried about but anyway
21 he's no longer there (.) .hhh AND she was >obviously in a
22 great state of panic< and could she use a a telephone to get
23 some help and wanted to phone (0.4) ah Commsupport so
24 Susan and subsequently Helen and a bit (.) quite a bit later on
25 (.) I then discovered this was going on .hh er came round.
26 Now there were phone calls to Commsupport ah and it was
27 you know explained what was happening=
28 Dave =Uh huh=
29 Mary phone calls to (.) a local psychiatrist and eventually to her GP[3]
30 as well ( ) .hh anyway the time passed and time passed and
31 time passed and (.) nobody was coming and this was within
32 the first month of them moving in and we had at this stage
33 (0.3) uh hah understood that there would be (.) <u>care</u> (0.5) .hh
34 roughly twelve hours >either 8 'til 8 or 9 ⌈'til 9 but some sort
35 Tom ⌊Well I was told
36 9am to 10 pm by the Consultant=
37 Mary =but there was nobody (.) no care worker there that day they

3 General practitioner

were all at a meeting in Oakthorpe[4] .hh so eventually (0.3)
Helen (.) Dave's wife (.)phoned again an:d a gentleman at the
end there said um (0.6) 'No, its they had sent somebody out
from the house and (.) Mrs (0.8) well this lady was <u>not</u> sitting
out in the street (0.9) in distress'. >Well obviously we hadn't
left her out in the street in distress=
Tom =So basically this is where she'd been telling lies.
(.)
Mary Yes (.) .h and so nobody was coming to help so she said well
she is in distress and so eventually somebody did come and it
was some (.) <u>two::</u> hours later >at least two hours<=
Dave =Yes=
Mary =before any help came (.) for this distressed lady=
Sue =And was this lady still (0.3) [still being cared for in
Mike [She was she was sitting in our
driveway drinking cups of tea=
Mary =( )
Dave =Can I can I just just (make a) footnote there eh Mary=
Mary =Mm=
Dave = that that the whole story er was spelled out in a letter which
we sent to the Health Board er er a copy of which we can
supply you with=
Sue =Yes=
Dave =Um er um (0.9) we wrote just to put the thing on the record.
(0.3)
Mary Yes because then:: a couple turned up a young couple um::
Susan by this time had contacted a community counsellor who
had who was an ex-psychiatric nurse .hh er I think even he
was rather appalled by the whole=
Tom =well this is an interesting (0.5) er si si side issue that ah I
mean it was a brainwave that er obviously your wife had 'Lets
get Len Thomson' who who was a psychiatric nurse and
Chairman of the Council and he was the only one of the
Council who .hh ah was in favour all the others were against=
Dave =That's Chairman of the Community Council=
Tom =Sorry I beg your pardon [the Community Council=
Sue [Right. Yes.
Tom =who are all elected people by the way=
Sue =Yes=
Tom =um and er (0.3) I don't know why she did it but she rang him
and he he <u>came</u> down=
Mary =All credit to him for that=
Tom =Yes. He came down and he saw the situation .hh um:: the
two:: Commsupport (.) representatives [came=
Mary [Care assistants came.
Tom =and I understand just frogmarched the poor lady back.
(.)
Mary Well (.) 'What tell what stories have you been telling them
Dora or (.) Dinah'? Is that right? 'What stories have you been
telling them?'=
Tom =She was treated very poorly [by them
Mary [She was. She was treated

[4] Oakthorpe is about 20 miles from Arlington.

very poorly. It was it was and also she had asked she was distressed she had asked to see her GP .hh we had, I think Helen had phoned the GP or Susan. We then phoned the GP and at that stage (0.3) um:: speaking to Neil [the GP] he said oh where is she and I said well she isn't home yet so he'd obviously then phoned the home after she was back just to check that she was there to come and see her and was told he would not be required. She didn't wish a GP. Well we know (.) fine well that five minutes before she had wanted a GP. (.)

Tom And she hadn't wanted to go back into that house=

Mary =No=

Tom =That was the point. She was being pushed around and I don't blame her one bit because I know who was doing the pushing round .hh um but eh she didn't want to go back but the but the the side issue really is that Len Thomson having come ah he said he said at the gate here ah as I was in in fact going off ah he said eh 'All your fears have come true'. Now he was one that was vilifying us (0.3) publicly and then here he was admitting that maybe we had a point=

Sue =Yes=

Dave =He said out at the Council meeting he he <u>resented</u> us (0.4) stating in our letter that possibly one of the (0.8) patients there might eh have come from the State Hospital. That was something he he <u>really</u> took grave exception to=

Mike =Mm::=

Dave =But one of them <u>was</u> in the State HOSPITAL eh eh=

Mary =And then subsequently this lady came in distress again=

(Several lines omitted in which participants describe the second incident.)

Tom Yeah I mean this is to illustrate the lack of confidence in the organisation=

Mike =That's right=

Tom =and the way they presented themselves the way they dealt with the issue=

Mike =Unprofessional=

These then are the stories told by participants about the woman who is described as distressed. The way in which participants in each of the two group discussions tell their story concerns the actions of the neighbours and the reactions of others. Participants' descriptions of these actions and reactions serve two functions: first to legitimate objectors' opposition to the Commsupport project; and second to defend objectors' reputations. I am going to look at how each of these effects is accomplished in turn.

Legitimating objectors' opposition

In both stories participants use a number of descriptive strategies which work to criticise Commsupport and other authorities on various grounds. In turn, participants' criticism functions to legitimate objectors' opposition to the supported accommodation project by implying that their concerns were justified.

Criticising Commsupport and other authorities

In both stories, Commsupport and other authorities are criticised implicitly on the grounds that they failed to attend to their responsibilities and obligations. This is achieved through a description of the neighbours' attempts to summon assistance for the distressed woman and the responses which they received from the various organisations contacted. In lines 19 to 22 of extract (10), Kate describes the response of the hospital: 'Eastcliff immediately told her that the lady did not come under their jurisdiction .h any longer, but they would notify a local doctor. But no local doctor came'. Two possible inferences can be drawn on the basis of the doctor's lack of response. Either the hospital did not contact him allowing us to infer that the hospital had acted irresponsibly or, the hospital did contact him and the doctor did not turn up allowing us to infer that *he* had behaved irresponsibly. Moreover, participants claim that no one from Commsupport arrived in response to the neighbours' first call to them (extract (10), line 29; extract (11), line 31) and they describe an unhelpful response to the second telephone call to the organisation. For example, in lines 35 and 36 of extract (10) Ray says: 'whoever replied for Commsupport, was not amused at being phoned again'. Similarly, in extract (11) Mary states: '... a gentleman at the end there said um (0.6) 'No, its they had sent somebody out from the house and (.) Mrs (0.8) well this lady was <u>not</u> sitting out in the street (0.9) in distress' (lines 39 to 42).

Furthermore, Mary claims that none of the Commsupport staff was present in the house at the time the neighbours were attempting to summon assistance for the distressed women, as they were all at a meeting in Oakthorpe (lines 37 and 38). Hence it is implied that no one was even available to help the woman. In addition, Tom points out that he had been informed by the consultant that during the first month after the residents moved into the house (when this incident occurred), Commsupport would provide care between '9am and 10pm' (line 36). Commsupport is thus characterised as having neglected to provide the agreed level of care for its residents in the earliest stages of the project (when it might be assumed that the residents' need for support would be greatest).

The lack of responsibility displayed by Commsupport and the other organisations which were contacted is reinforced in several ways. In both stories there are direct references to the woman's distressed state which serve to portray the situation with which the neighbours are confronted as serious. For example, in extract (11), Mary states: 'the lady (0.7) fled from the house [ ] in fear' (lines 8 to 12); '... she was

obviously in a great state of panic' (lines 21 and 22). Similarly, in extract (10), the woman is characterised as 'Very distressed, crying ...' (line 16); 'extremely distressed' (line 22). Moreover, in extract (10) Ray says that 'another two neighbours had (0.7) helped her out to contain the woman' (lines 32 and 33). Ray's use of the word 'contain', along with the information that a further two people had become involved, serves to imply that the woman was so distressed that she needed to have limits set on her in some way. The extent of the woman's distress is also established indirectly. In both stories participants describe how the neighbours contacted Len Thomson in a further attempt to summon assistance for the woman from the Commsupport house. Participants provide role descriptions of him which are significant. They say that he has twenty five years experience working as a psychiatric nurse (extract (10), lines 44 to 46; extract (11), lines 65 and 69). We might assume therefore that he had experience of and expertise in dealing with people in mental distress. Thus the information that 'he tried to do something about the situation, but he couldn't do' (extract (10), lines 54 and 55) serves to point to the extent of the woman's distress.

Throughout their descriptions of the neighbours' attempts to summon help, participants utter refrains relating to the non-arrival of someone to help out. For example, 'But no local doctor came' (extract (10), line 22); 'Well, Commsupport didn't come down' (extract (10), line 29); 'nobody was coming' (extract (11), line 31); and '... and so nobody was coming to help' (extract (11), line 46). These refrains, along with participants' explicit references to the passage of time, for example 'an hour later' (extract (10), lines 31 and 32); 'After what was about two and a half hours' (extract (10), line 56); 'the time passed and time passed and time passed' (extract (11), lines 30 and 31); and 'it was some (.) two:: hours later >at least two hours< before any help came (.) for this distressed lady=' (lines 47 to 50) work together with the formulation of the situation with which the neighbours were confronted as serious to reinforce the lack of responsibility displayed by Commsupport and the other organisations contacted.

In both stories, Commsupport is criticised implicitly on a number of additional grounds, namely, that the organisation displayed a lack of care and concern for the distressed woman, a lack of respect for her and a problematic attitude towards the neighbours who had attempted to help her. I am going to address each of these aspects of participants' stories in turn.

Participants' descriptions of how the situation was handled once representatives of the organisation eventually arrived on the scene serve to portray Commsupport's treatment of the woman as heavy handed and uncaring. For example, in both accounts the term 'frogmarch' is used to characterise the way in which the woman was escorted back to the house (extract (10), line 62; extract (11), line 83). Participants' use of this term serves to imply that the woman was forced to return to the house against her will. The additional information in extract (11) that the woman did not want to return to the house because she was being pushed around by one of her fellow residents (lines 100 to 104) serves to imply that she was being forced to return to a situation in which she was at risk. Moreover, in extract (11), Tom states that she was '*just* frogmarched' back' (line 83). In the context of what Tom says, his use of the restrictive form of 'just' (Lee, 1979) serves to imply that Commsupport did not attempt other interventions with the woman (for example talking with her to try to allay her anxieties) than that of removing her forcibly to the house.

Participants' claims concerning the heavy-handedness and unkindness of Commsupport's treatment of the woman are warranted through their descriptions of the reaction of one of the neighbours to the situation. In lines 76 to 79 of extract (10), Ray notes that she was 'in te:::ars, watching what happened, absolute te:::ars and >she was a doctor.< She was in te::ars the way Commsupport handled the situation'. It is notable that Ray makes relevant the category membership of the neighbour, that is, she is a doctor. Drawing upon this information, we can infer that the neighbour would have experience of handling a wide range of distressing situations. Moreover, we can assume that as a doctor she would be able to cope with distressing situations in a detached professional manner. The information that she was reduced to tears in this particular situation thus serves to reinforce the lack of caring involved in Commsupport's handling of it. A further way in which this is accomplished is through participants' claim in extract (11) that the distressed woman was accused of telling 'stories' by one of the Commsupport representatives (lines 85 to 87). This information suggests a particular gloss by Commsupport on the circumstances that the woman had presented to the neighbours which is dismissive of her distress.

In addition, participants' account of Commsupport's accusations of storytelling serves to establish the organisation's lack of respect for the woman. A similar effect is achieved through participants' claim that although the neighbours had contacted the woman's GP on her request, when the GP contacted the house on the woman's

return, Commsupport had informed him that she had not wanted a GP (extract (11), lines 96 and 97). It is thus implied that Commsupport had either disregarded the woman's request to see her doctor, or that she had been coerced into changing her mind.

Criticism of Commsupport is also implied on the basis of the organisation's attitude towards the people who had helped the distressed woman. For example, we might expect that representatives of Commsupport would have conveyed their gratitude to those people who had cared for the woman, or that they would have invited them into the house to see the woman settled safely back home. However, Kate claims that Commsupport 'told the lady who had been helping that it was none of her business [ ] to stay out of the affair' (lines 65 to 70). In addition, Ray states: 'now Mr Thomson wanted to go back into Southlea (.) [ ] with the Commsupport person (.) [ ] but they wouldn't allow it' (lines 82 to 88). Hence there is a discrepancy between how we might expect those who had helped out to be treated by Commsupport and how they were actually treated. Participants' descriptions of the reactions of representatives of the organisation to those people who had cared for the woman thus serve to portray Commsupport's attitude towards the neighbours as problematic.

The analysis of the stories so far has shown how participants criticise Commsupport and other authorities on a variety of grounds through their descriptions of the actions of the neighbours and the reactions of others. In turn, participants' criticism functions to legitimate objectors' opposition to the Commsupport project by implying that the concerns which they had expressed were justified.

The legitimacy of objectors' opposition is reinforced through participants' descriptions of Len Thomson's response to the situation: '... I think even he was rather appalled by the whole ...' (and we might infer 'situation' to complete her utterance) (Mary, extract (11), lines 65 and 66). Moreover, in both stories, in addition to the information that Len Thomson is a psychiatric nurse, participants provide two further pieces of information about him which are significant. First, Mr Thomson's position within the local community is described. He is characterised as Chairman of the Community Council (extract (10), lines 36 and 37; extract (11), lines 69 and 70 and lines 72 and 73). In addition, in extract (11), Tom points out that the Council members are 'all elected people' (line 75). Len Thomson is thus portrayed as a well respected man who is entitled to speak on behalf of the local

community by those who have voted for him. Hence we can infer that his opinions are likely to regarded as authoritative. Second, Len Thomson's stance in relation to the establishment of the Commsupport project is made relevant. In extract (10), Ray comments: 'Now he was (0.5) one of the guys who really didn't think much of us [ ] for what we were doing' (lines 48 to 53). Thus it is implied that Len Thomson's views on the issue were in opposition to participants, in other words, that he had supported the Commsupport project. In extract (11), participants make explicit his stance on the issue: 'he was the only one of the Council who .hh ah was in favour all the others were against' (lines 70 and 71).

However, in spite of his own position on the issue, participants' claim that Len Thomson acknowledges, retrospectively, the validity of their concerns: 'All your fears have come true' (line 107, extract (11)). The acknowledgement of a man who had supported the Commsupport project, whose opinions are likely to be considered authoritative and who is an independent witness, that objectors' concerns were valid, serves to lend authority to his reaction and hence credibility to objectors' concerns. This is reinforced by Tom in an upshot in which he summarises the important aspects of what has been said: 'Now he was one that was vilifying us (0.3) publicly and then here he was admitting that maybe we had a point' (lines 107 to 109).

Defending reputation

Bearing in mind the charges levelled against objectors by supporters of the Commsupport project in their letters to the local press, for example, that they are uncaring or prejudiced, both stories serve to indirectly defend objectors' reputations. This is achieved through the ways in which participants' attend to various issues of impression management in the design of their accounts.

Attending to issues of impression management

In both stories, issues of impression management are addressed through participants' lengthy descriptions of how they attempted to summon help for the distressed woman from the Commsupport house which serve to imply something about the kind of people they are. In particular, we might assume that they are caring and unprejudiced.

In addition, in extract (10) participants attend to issues of impression management more directly. In lines 6 to 13 of this extract, Kate provides an account of what the

neighbour did for the distressed woman. Certain aspects of the neighbour's actions however could present potential problems for impression management. For example, hearers might draw negative inferences about the neighbour on the basis of her not having invited the woman into her house, namely, that she is uncaring or prejudiced against people with mental health problems.

Kate orients to and negotiates the possibility that hearers might infer that the neighbour was uncaring in a number of ways. For example, she provides some details about the neighbour's circumstances. She notes that the neighbour had a painter working in the garden and that she asked him to 'keep his eye on the lady while she went inside' (lines 10 and 11). In addition, Kate points out that the neighbour 'brought her a chair and made her tea' (lines 11 and 12). Kate's description of the neighbour's caring actions in conjunction with the mitigation for leaving the woman in the garden that is, 'It was a nice summer's morning' (lines 12 and 13) serves to avert charges of uncaring.

Moreover, Kate states that the neighbour 'had three very young children (0.8) and two of them were asleep in the house and she did not want the lady <u>in</u> the house' (lines 6 to 8). This information along with the subsequent description of the woman's distressed condition (lines 16 and 17) allows us to infer a reason for the neighbour's reluctance to invite the woman in. That is, she did not want the woman to disturb her sleeping children. Kate's emphasis on the word '<u>in</u>' serves to specify the undesired location and thus enables us to draw the inference that whilst the neighbour did not want the woman *inside* the house she did not mind her being *outside* the house. This, along with the provision of an implicit reason for not wanting the woman in the house and the description of what the neighbour did in the circumstances (lines 9 to 12) serves to avert charges of prejudice against people with mental illness.

To summarise, in this section of the chapter, the analysis has shown how participants addressed a number of issues relating to blame and accountability in the context of telling stories. In particular, they criticised Commsupport and other authorities and addressed issues of impression management. These issues are the same as those addressed in extracts (1) to (7). Given the similarity of participants' discursive concerns, this begs the question 'What is accomplished by addressing these issues in the context of telling a story, that is not achieved by the turn-by-turn talk of extracts (1) to (7)?' Antaki (1994, p. 134) points out: '... the use of a narrative style of account rather than flat description seems to be a feature of

accounts of events whose truth, appropriateness or plausibility is in question'. Drawing upon this observation, it is suggested that whilst certain claims are made in extracts (1) to (7), addressing these same issues in the context of telling a story about 'real' events, in which crucial aspects of these events are vividly described, serves to provide 'evidence' for objectors' claims. Participants' stories thus function to warrant the factual status of objectors' claims and hence to justify fully 'the case against' and to defend their reputations.

SUMMARY

The analysis presented in this chapter has explored some new issues which were raised by objectors, on reflection, in the context of group discussions, and has shown how in addressing these issues participants attended to a number of issues of blame and accountability.

In the group discussions there are a number of instances in which objectors criticised Commsupport directly, in particular on the grounds of the organisation's attitude, its lack of responsibility and its lack of caring and concern. In their criticisms of the organisation, objectors do not, however, focus solely on Commsupport's attitude and actions, but rather they also emphasised the roles that they themselves had played. For example, in criticising Commsupport on the basis of the organisation's problematic attitude, objectors described a case they had put forward concerning the organisation and how it handled its affairs in relation to setting up the supported accommodation project. Through the use of a three-part strategy, participants' produced a negative evaluation of Commsupport; described their case and produced a positive assessment of it; and described the consequences of having made it, which, they claimed, was that the organisation changed its mind about which residents should move into the house. Highlighting the outcome of objectors' 'research' served to imply that Commsupport should have conducted its own research prior to setting up the project to ensure that the organisation was in possession of the necessary local knowledge to make an informed decision regarding the suitability of the prospective residents. Since it was implied that Commsupport did not conduct any research, a lack of responsibility was imputed to the organisation. Furthermore, constructing Commsupport as having acted on the kinds of concerns objectors were expressing served to legitimate 'the case against'.

Similarly, in their criticisms of Commsupport in relation to the organisation's lack of caring and concern for the residents of the house, objectors made relevant their own

activities. Specifically, they referred to their involvement with the Commsupport residents, which they then contrasted either implicitly or explicitly with Commsupport's involvement. This strategy functioned to construct objectors as caring unprejudiced people and, at the same time, reinforced Commsupport's lack of caring and concern, given the organisation's function to provide care and support for mentally ill people living in the community.

In their descriptions of their involvement with the Commsupport residents, objectors dealt indirectly with the charges levelled against them by supporters of the Commsupport project. However, participants also defended their reputations more directly through their responses to others' negative inferences, in particular with regard to how they had been constructed as unpleasant or uncaring. In addressing these issues, participants produced and explicitly rejected the validity of the attributions that were made. This effect was reinforced through participants' formulation of a longstanding and immediate personal involvement with mentally ill people and through their characterisation of others' reactions towards them as unwarranted on the grounds that the basis for their opposition had been their concern for others.

Issues relating to caring and accountability were also addressed in the context of participants' response to a direct question on whether the community has a role to play in supporting mentally ill people living outside hospital. Participants' response displayed sensitivity to both the problematic inferences which may have been incurred if they said the community does have a role, given that they have opposed the Commsupport project and to the potential charges of being uncaring to which they could leave themselves open if they said that the community does not have a role to play. Specifically, they avoided producing a direct response to my question by reformulating the role of the community in providing support to people moving out of hospital as a personal characteristic and they constructed people in general as kind. However, they implied that people would only be willing to offer assistance to someone in unexpected or unforeseen circumstances and formulated willingness to help mentally ill people as an exception to people's general willingness to offer support on the grounds of the extent of the commitment required.

Participants also addressed some of the aforementioned issues in the context of telling a story about a female resident who ran away from the Commsupport house and presented herself to her neighbours in a distressed state. In their stories participants used a number of descriptive strategies which worked to criticise

Commsupport and other authorities on various grounds and, at the same time, to defend objectors' reputations. In particular, participants criticised Commsupport and other authorities on the basis that they had failed to attend to their responsibilities and obligations. In addition, Commsupport was criticised on the grounds that the organisation had displayed a lack of care and concern for the distressed woman, a lack of respect for her and a problematic attitude towards the neighbours who had attempted to help her. In turn, participants' criticism functioned to legitimate objectors' opposition to the supported accommodation project by implying that their concerns were justified. Moreover, addressing these issues in the context of a story about 'real' events which have happened serves to warrant the factual status of objectors' claims and hence to justify fully 'the case against' and to defend their reputations.

Chapters Four and Five have focused on 'the case against'. Chapter Six focuses on the case put forward by supporters of the Commsupport project which I have called 'the case against the case against'.

CHAPTER SIX

'THE CASE AGAINST THE CASE AGAINST'

INTRODUCTION

In Chapter Four, analysis of 'the case against' showed that objectors to the Commsupport project had raised a number of issues which they argued were of public concern. The first of these was the lack of prior consultation with local people and the secrecy which objectors claimed surrounded Commsupport's plans. In particular, it was argued that since local people would be directly affected by the project, they had a right to know about it in advance. The second issue related to the claimed unsuitability of the location. Objectors argued that the residents of the Commsupport house would be victimised by vandals in the area and, moreover, that the residents themselves would pose a risk to the children who attended a number of local schools. The final issue of concern raised by objectors related to the type of tenants who would take up residence in the house. Specifically, they argued that their treatment and supervision requirements could not be met adequately in the community. Along with identifying these issues, the analysis showed how objectors formulated their arguments in such a way as to protect them from counter claims and to attend to issues of accountability.

In this chapter, I am going to focus on what I have called 'the case against the case against'; a case which was constructed in response to 'the case against' by people who were generally supportive of the Commsupport project. Preliminary analysis of 'the case against the case against' suggested that supporters formulated a number of arguments; some of these related to the various issues raised by objectors, whilst others referred to broader issues such as human rights.

The chapter is structured in two parts. The first part is concerned with supporters' responses to some of the issues raised by objectors: namely the unsuitability of the project's location and the type of tenants who would take up residence there[1]; and to their (downplayed) claims concerning the potential depreciation of property

[1] Supporters' views in relation to objectors' claims concerning the lack of prior consultation with local residents and the secrecy surrounding Commsupport's plans will be addressed in Chapter Eight, which examines more fully the issues of consultation and information giving.

values in the vicinity of the Commsupport project. In the second part of the chapter, I am going to examine the arguments constructed by supporters in relation to issues other than those raised by objectors. These relate to the right of mentally ill people to live in the community and to the success and benefits of community care.

Supporters' responses to the claims made by objectors

The type of tenants

In both extracts (1) and (2) below, which are taken from letters written to the local press, the writers respond to the arguments presented by objectors concerning the treatment and supervision requirements of the type of tenant who would take up residence in the Commsupport house. However, they respond to objectors' claims on general grounds and therefore do not address directly the specific points they made in relation to this issue.

(1) 'Caring for those who don't need hospital', Arlington and District Tribune, 14 February 1992.

For the benefit of your reader and for the enlightenment of the people who signed the letter, community care and the setting up of such homes is intended for people who do not need to be in hospital, who are assessed as being able to live independently in the community with the support from experienced and trained staff, including medical specialists, something the signatories of the letter you published last week are clearly not.

(2) 'Insular attitude on community home belongs to dark ages, Arlington and District Tribune, 7 February 1992.

If the doctors concerned had troubled to read any of the numerous reports written in the medical press on the success of supported community placement for patients who no longer require hospital treatment, they would know the prospect is of quiet, unassuming, friendly neighbours who will go out of their way to be model citizens.

In both extracts, objectors' claims that the treatment and supervision requirements of the prospective Commsupport residents cannot be met adequately in the community are undermined in three ways. These are: establishing their lack of validity; orienting to the 'facts' relating to community care; and undermining the professional integrity of objectors. I am going to focus on each of these strategies in turn.

First, objectors' arguments are dismissed on the grounds that they are based on a lack of awareness of the facts relating to community care. In extract (1) this effect is

achieved through the writer's opening statement in which she points out that what follows is for '... the enlightenment of the people who signed the letter' (lines 1 and 2). Similarly, in extract (2) it is implied that if objectors 'had troubled to read any of the numerous reports written in the medical press' (lines 1 to 2) they would have been in possession of the relevant information and would not have said the things that they did.

Second, implying a lack of awareness of the facts regarding community care serves to occasion a statement of the 'facts'. In each extract, a generalised version of the facts relating to community care is presented through the provision of two pieces of information in the form of generalised statements. These relate to the client group at which community care is aimed and to the support available in the community. In extract (1) the writer states that '... community care and the setting up of such homes is intended for people who do not need to be in hospital ...' (lines 2 and 3) and that these people can receive 'support from experienced and trained staff' (line 5). Similarly, in extract (2) the writer notes that community care is for 'patients who no longer require hospital treatment' (lines 3 and 4) and, from what she says in lines 2 and 3, we can infer the availability of 'supported' community placements. In addition, in this extract, the writer refers to the success of community care in general and notes that the people who move out of hospital into supported accommodation turn out to be 'quiet, unassuming friendly neighbours who will go out of their way to be model citizens' (lines 4 to 6). By implication, we can infer that the people who move into the Commsupport house in Arlington will behave in a similar way.

Each account is designed to warrant the factual status of the writers' claims relating to the 'reality' of community care. This is achieved in extract (1) through the writer's opening statement which serves to set up what follows as the 'facts': 'For the benefit of your reader and for the enlightenment of the people who signed the letter' (lines 1 and 2). A similar effect is achieved in extract (2) through reference to the content of independent medical reports, an example of empiricist accounting (Gilbert and Mulkay, 1984), which serves to portray the factual basis of the writer's claims.

Third, objectors' professional integrity is undermined explicitly in extract (1) in which the writer notes that 'medical specialists' is 'something the signatories of the letter [ ] are clearly not' (lines 6 and 7). In extract (2) a similar effect is accomplished implicitly. Here, it is implied that they should have based their judgments on the reports to which they have access as doctors. However, we can infer they did not, or they could not have reached their (false) conclusion that the

treatment and supervision requirements of the Commsupport residents could not be met in the community.

In extracts (1) and (2) then, supporters of the Commsupport project establish a generalised version of the 'facts' relating to community care, which by virtue of the context, we take to be relevant to the situation regarding the Commsupport project.

The unsuitability of the location

As mentioned earlier, objectors made relevant two issues relating to what they claimed was the unsuitability of the location chosen for the Commsupport project. One of these related to concerns that the Commsupport residents would be victimised by vandals in the area. In extract (3) below, which is taken from a group discussion, supporters of the project consider whether or not the issue of vandalism in the area provided adequate grounds for objectors' opposition to the Commsupport project.

(3) Group discussion with supporters, 21 July 1993. Immediately prior to this participants have commented that although the Commsupport residents have moved into the house, they have not yet seen any of them.

1	Sal	And I was saying to Sue that when it all started up I was (.) I
2		couldn't think what all the fuss was about=
3	Mo	=Nor could I.
4		(.)
5	Sal	Em:: because er:: (1.0) of the situation next door having it's the
6		threat [that this was
7	Mo	[That's right. That's right.
8	Sal	to be a boy's home a children's home (.) um: and then we got
9		the (.) mentally handicapped and they are no <u>NO problem at</u>
10		<u>all</u>. They're they're they're (.) fine=
11	Sue	=Mm hm=
12	Sal	=so I didn't really see what the problem was and then when I
13		heard them talking about the <u>vandalism</u> and stuff=
14	Mo	=Yes=
15	Sal	=and the the threat that they they might be under=
16	Mo	=That's right. That's [wha
17	Sal	[I'd never heard of any vandalism
18		round there (0.8) [You=
19	Mo	[Mm hm.
20	Sal	=know I really hadn't ever heard of anything so (.) I'm saying
21		I still (.) I still don't know of it I don't know how they're
22		getting [on
23	Mo	[No I had (.) no I do think that that there was that=
24	Sal	=Uh huh but I don't know [if they've been bothered
25	Mo	[but I mean to me that was an
26		excuse I mean I don't think=
27	Sal	=Uh huh. Uh huh=
28	Mo	=that they would have been singled out or any in any way.
29		(.)

30 Sue Mm hm. Yes 'cos that that was one of the points that people
31 had [brought up=
32 Mo [Mm hm
33 Sue =wasn't it that they were they were concerned that (.) the
34 mentally ill people in the house would be victimised by=
35 Sal =That's right.
36 (.)
37 Sue local vandals=
38 Sal =Uh huh. .hh I think there was a minor concern about that but
39 I I think the real (0.6) the real fear was the loss of (.) property
40 Mo =Yes. Yes=
41 Sal =The loss of eh value of property. I really=
42 Mo =So do I=
43 Sal =feel that that was the (0.4) I mean they may not they may not
44 admit to that.

Prior to talking about the issue of vandalism, there is a discussion about a 'fuss', which is finally identified as a fuss about vandalism. I therefore need to address the issue of the fuss before going on to the vandalism.

Sal's use of the expression 'couldn't think what all the fuss was about' in her initial statement in lines 1 and 2 serves to trivialise objectors' complaints[2] and, at the same time, to set up a puzzle by portraying the non-obvious basis of objectors' opposition.

In lines 5 to 10 Sal accounts for why there is a puzzle. She states: 'Em:: because er:: (1.0) of the situation next door having it's the threat that this was to be a boy's home a children's home (.) um: and then we got the (.) mentally handicapped and they are no NO problem at all. They're they're they're (.) fine'. Here Sal's use of 'because' serves to indicate that what follows is an explanation of the puzzle. In providing her explanation, she emphasises that the home next door for mentally handicapped people caused no problems. We can thus infer that the Commsupport residents will also not present any difficulties and that there is therefore no reason for the 'fuss' which has been created. Hence Sal's upshot in line 12 in which she reiterates and reinforces the important aspect of what she has said is warranted: 'so I didn't really see what the problem was ...'.

What follows in the rest of the extract can be heard as a display of participants' search for the solution to the puzzle. In lines 12 to 15 Sal introduces the subject of objectors' claims relating to the vandalism in the area: '... and then when I heard them talking about the vandalism and stuff and the the threat that they they might

2 Although here the referent of 'fuss' is not entirely clear, on the basis of an earlier conversation with Sal, I take it to refer to objectors' complaints.

be under='. Thus Sal implies that she only later realised that objectors' fuss was about the potential consequences of the vandalism on the prospective residents. Introducing the issue of the vandalism *after* implying that there was no reason for the fuss (lines 1 to 12), serves to undermine vandalism as a possible reason in advance of specifying it.

Nevertheless, in lines 17 to 24 participants dismiss vandalism as a potential cause of objectors' complaints in three ways. First, Sal denies any knowledge of vandalism in the area. In constructing her denial she uses the extreme case formulations: 'I'd *never* heard of *any* vandalism round there (0.8) You = know I really hadn't *ever* heard of *anything* ...' (lines 17 to 20). Pomerantz (1986) has observed that extreme case formulations are often used to make the strongest possible case for and hence to justify the claim with which they are associated. Sal's use of these devices clearly legitimates her denial of knowledge of vandalism. Second, Sal undermines vandalism as the cause of objectors' opposition by characterising it as 'a minor concern' (line 38). Third, although when Mo states in line 23 'No I had (.) no I do think that that there was that' we can infer that she was about to acknowledge that she knew about the vandalism, in line 25 she characterises objectors' claims as an 'excuse' and provides a justification for this characterisation (lines 26 to 29). She says: '... I mean I don't think that they would have been singled out or any in any way'. Thus Mo implies that everyone is at risk from the consequences of vandalism. In this way, she generalises concerns about vandalism and hence rejects vandalism as a potential reason for objectors' opposition on the grounds of its lack of specific relevance to the residents of the Commsupport house.

Mo's characterisation of the issue of vandalism as an excuse, however, serves to imply that there was some alternative 'real' motive for objectors' reactions. In lines 39 to 41 an alternative motive is proposed: '... I I think the real (0.6) the real fear was the loss of (.) property = The loss of eh value of property'. Constructing concerns about house values as the real motive for objectors' opposition serves to undermine their arguments. Moreover, putting one's economic interests before concern for the safety of others is likely to be considered reprehensible. This is reinforced in Sal's statement in lines 42 and 43: 'I mean they may not they may not admit to that'. Admitting to something generally implies that there is something wrong with what one is admitting to. Formulating the motives behind objectors' reactions as reprehensible functions to undermine the reputations of those opposing the scheme.

In summary, in this extract, having presented a puzzle in relation to the reason for objectors' protests and dismissed vandalism as a possible explanation, participants construct the potential depreciation of property values as the real basis for objectors' opposition and hence as the solution to the puzzle.

In extract (4) below, which is taken from later in the same group discussion, participants use similar rhetorical strategies to dismiss the validity of objectors' claims about the vandalism in the area.

(4) Group discussion with supporters, 21 July 1993.

1	Sal	=but then we got this (.) business that there's a lot of th thugs
2		hang out (.) hang about there that I didn't know about (0.3)
3		.hh and and I still don't know
4		(.)
5	Mo	Well that's wh I mean that's my mother was out that night they
6		burned down the school and I mean the gangs all congregate in
7		the park and everything=
8	Sal	=[ ] yeah=
9	Mo	=Oh yeah. But then again we're all at risk from that, you
10		know. I mean that was that was that the thing (0.3) that was
11		the thing they should have been (.) venting all their anger on,
12		getting rid of the vandals instead of saying that people can't
13		move in because there's vandals.

This extract can be divided into three parts. In the first part, problems with local vandalism are denied. In the second part, objectors' concerns that the Commsupport residents will be victimised by vandals are generalised, and in the third part, objectors' reaction is portrayed as invalid.

In the first part (lines 1 to 3), Sal explicitly denies any knowledge of problems relating to local vandalism. She says: '... I didn't know about (0.3) .hh and and I still don't know (.)'.

Nevertheless, in lines 5 to 7 Mo states: '... my mother was out that night they burned down the school and I mean the gangs all congregate in the park and everything='. In contrast to Sal then, Mo displays her knowledge of the problem with local vandals. However, she notes: 'But then again we're all at risk from that, you know' (lines 9 and 10). Thus in the second part of the extract, whilst acknowledging the problem of local vandalism, Mo generalises the risk as one which extends to all members of the population. She thus dismisses concerns about vandalism on the grounds of their lack of specific relevance to the residents of the Commsupport project.

In the third part of the extract (lines 10 to 13), Mo claims that objectors' reaction is invalid: '... that was the thing they should have been (.) venting all their anger on, getting rid of the vandals instead of saying that people can't move in because there's vandals'. Thus, Mo undermines local vandals' activities as providing a valid basis for objectors' opposition through her formulation of an alternative reaction as more appropriate.

To summarise, in extracts (3) and (4), participants draw on a number of rhetorical strategies in order to undermine objectors' claims that the prospective residents of the Commsupport house will be placed at risk as a result of local vandalism. These are: denying any knowledge of the problem; dismissing objectors' concerns on the basis of their lack of specific relevance to the residents of the Commsupport house; and contrasting objectors' claimed motives with their 'real' motives, or attributing inappropriate reactions to them.

I am going to look now at participants' responses to the other issue relevant to objectors' claims concerning the unsuitability of the location. This relates to the potential risk to local schoolchildren posed by the prospective residents of the Commsupport house. Extract (5) below is taken from a letter written to the local press.

(5) 'Let debate be based on facts', Arlington and District Tribune, 7 February, 1992.

1 Fears concerning the safety of children are well justified, but
2 children, the elderly and indeed everyone are at risk every day from
3 people from all walks of life who do not suffer from mental illness.
4 But it would appear that having the stigma of being "mentally ill"
5 makes a person an instant danger before even being given a chance.
6 Are the youths and vandals not just as much of a threat, if not more
7 so, because they are assumed to be "normal"?

In line 1 of this extract, the reasonableness of *any* concerns about children's safety is established through the writer's generalised statement: 'Fears concerning the safety of children are well justified'.

In lines 2 to 5, the writer contrasts what is 'really' the case with people's assumptions. In the first part of the contrast (lines 2 and 3), the writer specifies the target, the frequency, and the perpetrators of the risk to personal safety: '... children, the elderly and indeed everyone are at risk every day from people from all walks of life who do not suffer from mental illness ...'. In describing the target of the risk, the writer uses the three part list 'children, the elderly and indeed everyone'.

The writer's use of this device serves to formulate the target of the risk as one which includes all members of the population and which is therefore not restricted to members of the category 'children'. This formulation works along with the writer's description of the frequency of the risk 'every day', and her characterisation of the perpetrators of the risk as 'people from all walks of life who do not suffer from mental illness' to portray further the generality of the risk.

In the second part of the contrast (lines 4 and 5), the writer states: 'But it would appear that having the stigma of being "mentally ill" makes a person an instant danger before even being given a chance'. Thus having established the generality of the risk in the first part of the contrast, mentally ill people are portrayed as unreasonably singled out as perpetrators on the basis of prejudice. The unreasonableness of this state of affairs is reinforced through the implication that there are other types of people who could be more reasonably seen as a threat than people with mental health problems: 'Are the youths and vandals not just as much of a threat, if not more so, because they are assumed to be "normal"?' (lines 6 and 7). Thus in contrast to extracts (3) and (4) in which vandalism is dismissed as a legitimate cause for concern, in this extract a reference to vandals is put to rhetorical use.

It is noteworthy that in this extract the writer does not address specifically objectors' claims that the Commsupport residents will pose a risk to local schoolchildren. Objectors' claims in this respect would be difficult to undermine directly. Instead, the first part of the contrast sets up the conditions under which objectors' claims can be justified as unreasonable, without having to address their claims directly.

In extract (6) below, which it taken from a group discussion, participants provide two responses to a question regarding the unsuitability of the location chosen for the Commsupport project. In contrast to extract (5), in one of their responses participants refer directly to the specific concerns raised by objectors in relation to the safety of children.

(6) Group discussion with supporters; 21 July 1993.

1	Sue	Do you think there's anything that's unsuitable about (.) the (.)
2		a about Southlea as a location (0.8) anything that might come
3		to mind?
4		(.)
5	Mo	Well just their neighbours obviously [laughter]. Apart from
6		that it seems fine=
7	Sal	No I=

8 Beth =The only thing you would say would be if there had been an
9 instance at the school maybe it would be a bad idea but as there
10 hasn't been=
11 Sue =Mm hm=
12 Beth =I don't see how there's any disadvantages.

One participant's initial response is a joke: 'Well just their neighbours obviously [laughter]. Apart from that it seems fine' (lines 5 and 6). In producing a second response to my question, another participant makes reference to one of the points raised by objectors in relation to the unsuitability of the location. Beth says: 'The only thing you would say would be if there had been an instance at the school maybe it would be a bad idea but as there hasn't been I don't see how there's any disadvantages' (lines 8 to 12). Thus, although Beth acknowledges implicitly the reasonableness of objectors' concerns, she dismisses them on the grounds of a lack of a factual basis.

Beth's statement takes the form of a very logical argument of the 'if p then q' type. The logical reasoning of this type of formulation gives the impression that the argument's conclusion is legitimated by logic alone. It thus functions to warrant the factual status of Beth's claim. Edwards and Potter (1992, p. 135) refer to this means of fact construction as the 'rhetoric of argumentation'.

In extract (7) below, which is taken from a different group discussion to extract (6), objectors' concerns regarding the safety of local schoolchildren are similarly addressed directly.

(7) Group discussion with supporters; 19 July 1993.

1 Len And then of course there was the other alarming thing about
2 the the the the schoolchildren and and and you know they
3 tended to say .hh because it was near a school that that it was
4 somehow contraindicated eh and er what was you know either
5 said or strongly implied was that these people might um I don't
6 know, I think perhaps expose themselves or something like
7 that seemed to be .hh eh eh what folk had in mind and and
8 certainly I think some of the the younger parents in the in the
9 area had eh had that kind of thing put to them fairly strongly
10 um and and and and certainly influenced the way they thought
11 eh you know if you're kind of asked you know 'How d'you
12 fancy eh you know your your your children you know being
13 waylaid by perverts?' You would tend to say em em 'No no
14 I think I'll .hh you know I'll miss'=
15 Jill =But I think the worst thing about that Len, it came from a
16 highly respected GP[3] who you would expect to be educating

[3] General practitioner

17		the public=
18	Len	=Mm hm. Mm hm=
19	Jill	=on the positive aspects of community care as you say=
20	Len	=That's right.

In lines 1 to 10, Len recounts objectors' concerns and establishes that their claims relating to the potential risk to local schoolchildren posed by the Commsupport residents 'certainly influenced the way they [local parents] thought'. In recounting objectors' claims Len uses a number of hedges and qualifiers: '... they *tended* to say .hh because it was near a school that that it was *somehow* contraindicated eh and er what was you know *either* said *or* strongly implied was that these people *might* um *I don't know I think perhaps* expose themselves *or something like that seemed to be* .hh eh eh what folk had in mind' (lines 2 to 7). Objectors' underlying message is a strong one, that is the residents of the Commsupport house are basically all perverts. Len's use of hedges and qualifiers thus displays sensitivity to the possibility that hearers might draw the personally damaging inference that he and not objectors, is unreasonable.

Objectors' claims are undermined in several ways. The first is through the construction of the means by which objectors presented their claims as highly persuasive. The second is by implying that objectors were scaremongering. The third is through the portrayal of objectors' implicit argument as ridiculous. The fourth way is by undermining the professional integrity of one objector in particular. Each of these aspects of the account will now be considered in turn.

In line 8, Len describes the intended audience for objectors' claims. He says they were 'some of the younger parents in the area'. We can infer that younger parents would be likely to have younger children who would, by implication, be more vulnerable. These parents would therefore be especially anxious about the safety of their children and hence particularly susceptible to the rhetorical force of objectors' claims. In lines 11 to 14 Len formulates a hypothetical question which could have been posed of local parents and their hypothetical response to it. He states: '... if you're kind of asked you know 'How d'you fancy eh you know your your your children you know being waylaid by perverts? You would tend to say em em 'No no I think I'll .hh you know I'll miss'='. ' Having constructed the intended audience for objectors' claims as especially susceptible and claimed that objectors had put across their argument 'fairly strongly' (line 9), saying 'No' is what any young parent would say in a similar situation. The argument that the Commsupport residents would pose a risk to children is thus constructed as having been conveyed in such a

manner that it could not fail to persuade. Formulating the means by which objectors' arguments were presented as highly persuasive serves a number of functions. First, it serves to back up Len's earlier statement that younger parents were 'certainly influenced' (line 10) by objectors' claims. Second, it serves to mitigate these parents from any blame for responding in the way they did. Third, it functions to undermine objectors' claims by implying that if they had been presented in a less extreme way they would not have gained the support they did.

Furthermore, selecting an especially susceptible audience and putting their claims across in a particularly strong manner suggests that objectors' were scaremongering. This inference functions to undermine the reputations of objectors and hence to further undermine their arguments.

It is noteworthy that in lines 11 to 13, although in essence Len repeats what he has said previously, that is 'these people might [ ] expose themselves' (lines 5 and 6), on this occasion he picks up the underpinning message and constructs an ironically strong version of objectors' claims. This is accomplished through his use of a hypothetical question and the terms 'pervert' and 'waylaid'. Similarly, he uses irony to portray the likely response to this question as though there was a potential choice, or a rejection of an offer (lines 13 and 14). Len's use of exaggeration and irony functions to undermine objectors' claims by portraying their implicit argument as ridiculous.

In lines 15 and 16, Jill provides some information about the originator of the argument, that is, he was 'a highly respected GP'. This information serves to make relevant certain obligations associated with membership of the category 'GP'. One of these, as Jill says, is that he should educate the public on the positive aspects of community care (lines 16 to 19). Furthermore, his characterisation as 'highly respected' allows us to infer that his views are likely to be held in high esteem and therefore listened to by others. In the context of the prior description, given that he has not educated the public, but has instead propagated a potentially damaging argument relating to mentally ill people, it is implied that he is in breach of his role as a GP.

In contrast then to extracts (5) and (6), in which participants acknowledge the reasonableness of objectors' claims relating to the potential risk to schoolchildren, in extract (7) objectors' implicit argument is portrayed as ridiculous. In extract (8) below, which is taken from a different group discussion to extract (7), participants make the same claim in a rather more direct way.

(8) Group discussion with supporters; 21 July 1993. *Immediately prior to this, participants have been discussing objectors' claims concerning the unsuitability of the location, in particular with respect to the vandalism in the vicinity of the Commsupport house.*

1	Beth	And one of the most ridiculous statements was that they might
2		look over at children [into the school ( )
3	Mo	[into the school=
4	Sue	=Mm hm=
5	Mo	=I mean, it was shocking for adults to say that.

The extract begins with Beth providing an assessment of objectors' claims relating to the potential risk to children as 'ridiculous' (line 1). Characterising objectors' claims in this way serves to portray the substantive content of their argument as so unreasonable that it does not merit further discussion, nor does it constitute valid grounds for complaint. Furthermore, it enables participants to dismiss objectors' claims without providing further grounds for their dismissal.

In line 5 Mo provides a negative assessment of objectors' behaviour. She comments: 'I mean, it was shocking for adults to say that.' Her use of the category term 'adult' allows us to draw inferences relating to the expected behaviours of members of this category. In particular, we might expect adults to behave in a mature, responsible manner. The information that this 'ridiculous' argument has been propagated by a group of adults thus serves to warrant Mo's criticism of their behaviour.

A further interesting feature of this account is the very minimal description of objectors' concerns that the Commsupport residents might pose a risk to children as 'they might look over at children into the school' (lines 1 and 2). Despite the minimal nature of the description, in context, we can infer that what is being implied is that the residents of the house might look over at the children for perverted reasons. Keeping references to the points raised by objectors at the level of inference serves to avoid reproducing their emotive character. This in turn makes it less problematic for discussants to dismiss objectors' arguments outright (cf. extract (7)).

The potential depreciation of property values

In formulating their case in opposition to the Commsupport project, objectors raised the issue of the potential depreciation of property values in the vicinity of the Commsupport house. However, they tended to raise this issue in the context of discussion of other matters and to downplay it. Nonetheless, in their letters and discussions supporters raised the issue of objectors' claims concerning the potential

effect of the Commsupport project on house prices. In extract (9) below, which is taken from a group discussion, participants address this issue.

(9) Group discussion with supporters; 21 July 1993. *Immediately prior to this, participants have been discussing the case put forward by objectors in opposition to the Commsupport project.*

1	Mo	But I wonder what they feel now you know I wonder if they=
2	Sal	I know if they've settled down and accepted it uh huh I don't
3		really know .hhh um:: (0.8) I was saying to Sue before you
4		came in that the the question of eh .hh property values I feel is
5		quite a valid one (.) because (.) um:: (0.8) when you buy your
6		house it's it's a big investment in in your future .h and (0.4) i
7		if if you buy a property (.) valued X number of pounds .h and
8		you expect well the way things have been eh that they go up it
9		goes up in in value but if you're selling your place you've got
10		to pay relatively higher for wherever you're having to move to
11		.hh um:: so that if you have to sell your property if it loses
12		value for a something like this .hh em: it means you're going
13		to have less money to (0.4) to lay out and it is a valid point
14		BUT I don't think it would reduce the property value.

In this extract, Sal characterises concerns about depreciating property values as 'valid' (line 3) and provides an account to warrant this characterisation (lines 5 to 13). Sal's use of the pronoun 'you' throughout her account is non-specific and implies that the claims with which it is associated are general. This, along with her prior characterisation of concerns about property values as valid, serves to formulate *any* concerns about falling house values as valid. This is reinforced through her upshot: 'and it is a valid issue' (line 13). However, in line 14, she states: '... BUT I don't think it [and we can infer the Commsupport house] would reduce the property value'. Thus, having produced an account as to why concerns about depreciating house values are valid *in general*, objectors' concerns about the value of *their* property are dismissed on the basis that they are not valid concerns.

Extract (10) below is taken from earlier in the same group discussion as extract (9). In this extract, participants are asked a direct question relating to their views on the potential depreciation of house values.

(10) Group discussion with supporters; 21 July 1993. *Immediately prior to this participants discussed their views on objectors' claims concerning the potential risk to children posed by the Commsupport residents.*

1	Sue	Do you think do you think it's realistic when people talk about
2		property values (.) depreciating? Do you think that the
3		property values could depreciate (.) because=
4	Mo	=I really don't think ⌈so.
5	Beth	⌊I don't think so=

6	Sue	=when [mentally ill people have moved into a house?
7	Sal	[Well I think as as people get used to the idea and are
8		enlightened that it's it's all very harmless, they might get used
9		to it but I think it might have had .hh em:: an effect (0.6) eh if
10		it was immediate you know eh I I I think it's it's showing now
11		that it's working BUT (.) em I don't know I think it would
12		have an effect on property=
13	Sue	=Mm hm=
14	Sal	=I do.
15		(0.4)

In this extract, before I have finished asking my question relating to the potential for house values in the vicinity of mental health projects in general to depreciate (lines 1 to 3), both Mo and Beth express the view that property values would not depreciate. Sal, however, addresses the issue of property values under two different sets of circumstances.

First, Sal addresses explicitly the potential depreciation of property values in the context of a project just having been set up. She states: '... I think it might have had .hh em:: an effect (0.6) eh if it was immediate you know ...' (lines 9 and 10).

Second, in lines 7 to 9, she addresses the issue of house values in the context of a project having been established for some time: 'Well I think as as people get used to the idea and are enlightened that it's it's all very harmless, they might get used to it ...'. Sal's statement serves to imply that the situation is naturally innocuous and it is just a case of when people realise it. The potential for property values in the vicinity of supported accommodation projects for mentally ill people in general to depreciate is thus formulated as a temporary effect which will sort itself out in the course of time.

The Commsupport project is then formulated as a specific instance of this general case. Sal's statement in lines 10 and 11 that '... I think it's it's showing now that it's working' allows us to infer that the Commsupport project fits into the category of well established projects. This serves to construct objectors' concerns as an initial overreaction to the situation. Hence even if the issue of property values had been relevant to the situation in Arlington in its initial stages, it is formulated as no longer of relevance.

Extract (11) is taken from a different group discussion. Like extract (10), participants are asked a direct question relating to their views on the potential depreciation of property values.

(11) Group discussion with supporters; 19 July 1993.

1	Sue	Yes, at at the time, I think there was (.) a view expressed that
2		property in the area would depreciate in ⌈value=
3	Jill	⌊Mm. Mm hm.
4	Sue	=What are your views on (.) that?
5		(3.2)
6	Len	.hhhh I'm not sure (0.6) I I er er I mean my gut reaction says
7		it <u>might</u> >and if it does that's a (.) great pity< .h eh (.)
8		certainly I know that the Community Council made a series of
9		recommendations and and and one of the recommendations
10		that they did make was that .hh there should be er er a a study
11		.h eh done on that .h eh because I think the only reference they
12		could find was something in in America somewhere a way
13		back=
14	Sue	=Yeah=
15	Len	=in the '50s or something=
16	Jill	=Mm=
17	Len	=I I can't remember but there was something like that. What
18		was very clear was that there didn't appear to be any .h any
19		modern up-to-date research done on that .h eh and (.) therefore
20		we found it difficult to say.
21		(0.6)
22	Jill	Mm hm.
23		(0.8)
24	Pete	They would have difficulty in (2.0) in kind of isolating the
25		effect of the um Commsupport house moving in there um: (.)
26		from other things happening because um even that
27		correspondence a year or whatever it was ago they were
28		saying things like 'We already have young thugs er
29		(.)
30	Jill	Mm=
31	Pete	=standing around on the corners.'
32		(0.3)

In this extract, objectors' arguments concerning house values in the vicinity of the Commsupport house are undermined on the basis of a lack of established facts to support their claims.

Len hesitates in answering my question. Following a lengthy pause (3.2 seconds), he states: '.hhhh I'm not sure (0.6) I I er er I mean my gut reaction says it <u>might</u>' (lines 6 and 7). In addition, the response which he eventually provides acknowledges the potential validity of objectors' claim and, at the same time, makes clear that his reaction has no firm basis.

In lines 7 to 17, Len establishes the grounds for his hesitation and uncertainty in responding. His statement in lines 10 to 15 serves to imply a lack of information on the topic of the potential depreciation in house values in the vicinity of mental health projects. Here, he points out that: '... the only reference they could find was something in in America somewhere a way back = in the '50s or something. I I can't remember but it was something like that'. Len's statement is notably vague. His vagueness allows him to make his claim that only one piece of research could be located whilst avoiding demands for exact details. Moreover, the information that the research was conducted in America some time ago serves to imply its limited relevance to the question of house values in Arlington. This is reinforced in his upshot in lines 15 and 16 in which he states: 'What was very clear was that there didn't appear to be any .h any modern up-to-date research done on that'. Establishing a lack of information on the subject of the potential depreciation of house values serves three functions. First, it legitimates Len's hesitation and uncertainty in answering my question. This is reinforced in line 17 in which he says: 'therefore we found it difficult to say'. Second, it serves to undermine objectors' claims concerning the potential depreciation of property values on the grounds that there is not an established factual basis for them. Third, it functions to construct a need for research on the issue of the potential depreciation of house values in the vicinity of mental health projects and hence to warrant the Community Council's recommendation that research on the topic should be conducted.

In lines 21 to 27 Pete draws upon other factors to highlight the problems of conducting research on this subject. He states: 'They would have difficulty in (2.0) in kind of isolating the effect of the um Commsupport house moving in there um: (.) from other things happening' (lines 21 and 22). The introduction of other factors which could influence a potential depreciation in house values serves to indicate the complexity of the situation and thus to point to the problems inherent in conducting the research. Pete elaborates on one potentially influential factor in particular, local vandals. He notes: '... even that correspondence a year or whatever it was ago they were saying things like 'We already have young thugs er [ ] standing around on the corners'' (lines 23 to 27). Thus Pete refers to the concerns expressed by objectors in their original letter of opposition to the local press regarding the potential effect of local vandalism on the Commsupport residents. Hence, it is implied that objectors should have realised there were already more serious threats to their property values than the establishment of the supported accommodation project. In this way participants use one issue which was raised by objectors to undermine another which they raised.

To summarise, in this section, in extracts (9) and (10) participants acknowledge the reasonableness of concerns regarding house values in general, but dismiss the validity of objectors' concerns relating to the specific situation in Arlington. By contrast, in extract (11) the content of objectors' claims is formulated as potentially valid but their arguments are rejected on the basis of a lack of established facts to support them.

In the chapter so far, I have examined supporters' responses to the various points raised by objectors in the case they put forward in opposition to the Commsupport project. However, not all of the issues raised by supporters related to objectors' concerns. In the next part of the chapter, I am going to focus on a number of arguments constructed by supporters which referred to other issues.

Arguments referring to issues other than those raised by objectors

The right to live in the community

Extracts (12) and (13) below are taken from letters written to the local press. In both extracts, the writers argue that the Commsupport residents have the right to live in the community.

(12) 'Mentally ill have the same rights', Arlington and District Tribune, 7 February 1992.

In my opinion, the people who will move into this house will have a difficult enough time adjusting to life in the community without being shunned before being given a chance. Would the residents prefer these people to be locked up in huge institutions in the middle of nowhere till they die and pretend mentally ill people do not even exist in this life? Well they do and they have "as much" right to live their lives as "so called normal" people.

(13) 'Insular attitude on community home belongs to dark ages', Arlington and District Tribune, 7 February 1992.

They seem to forget that the people they discussed and ridiculed with no chance of defence have the same right to a place of residence as anyone else in our society. Or perhaps what they really desire is the same rights of vetting enjoyed by exclusive clubs and societies, who can 'black ball' anyone they see fit without the need to give a good reason.

In both extracts, the writers use two distinct lines of attack to undermine the case put forward in opposition to the Commsupport project. The first of these is to criticise objectors' objections. This is achieved through the establishment of the right of mentally ill people to live in the community. In extract (12), the writer states that

they have '"as much" right to live their lives as "so called normal" people' (and given the context we can infer this refers to living in the community) (lines 6 and 7). Similarly, in extract (13), the author claims that the Commsupport residents 'have the same right to a place of residence as anyone else in our society' (lines 2 and 3). By establishing the right of people with mental health problems to live in the community, it is implied that implicit in objectors' letters is that they do not want mentally ill people to live in their community. Thus the writers of the extract both construct and criticise objectors' objections.

The second line of attack is on objectors themselves. In extract (12) this is achieved by setting up a contrast between life in the community and the institutional alternative in such a way as to allow us to infer that anyone who would favour hospital care in preference to community care for the Commsupport residents, that is objectors, must be uncaring people. In lines 3 to 6 the writer asks: 'Would the residents prefer these people to be locked up in huge institutions in the middle of nowhere till they die and pretend mentally ill people do not even exist in this life?' In formulating her question, the writer draws upon images of Victorian asylums with the result that a grim and outdated impression of hospital care is created. This, along with the writer's use of hyperbole, serves to enhance the rhetorical effect of the contrast. Similarly, in extract (13), objectors are constructed as unpleasant people through the information that they have 'discussed and ridiculed' the prospective Commsupport residents 'with no chance of defence' (lines 1 and 2). Moreover, in both extracts, negative motives are attributed to objectors. In extract (12) the writer points out that the prospective residents of the Commsupport house had 'been shunned before being given a chance' (lines 2 and 3). Given that objectors did not reject the Commsupport residents on the basis of their personal experience of them, we must infer an alternative reason for their reaction. We can assume that the only information objectors would have about the Commsupport residents is that they suffered from mental illness. Therefore we can infer this as the reason for their not affording them a chance to prove themselves. In this way, prejudicial motives are imputed to those who have opposed the Commsupport project. Similarly, in extract (13) it is implied that objectors have been motivated by their desire to discriminate. This is achieved in lines 3 to 6 in which the writer states: 'Or perhaps what they really desire is the same rights of vetting enjoyed by exclusive clubs and societies, who can 'black ball' anyone they see fit without the need to give a good reason.'

Establishing the right of the Commsupport residents to live in the community, along with portraying objectors as undesirable types of people and attributing socially

reprehensible motives to them, serves to undermine the case they put forward in opposition to the Commsupport project. In extract (14) below, which is taken from another letter to the local press, the right of mentally ill people in general to live in the community is established.

(14) 'Dismayed by prejudice', Arlington and District Tribune, 14 February 1992.

1 Surely everyone, no matter what his or her disability, has the right to
2 live as normally as possible. I was, and remain, angry at the many
3 assumptions made by the contributors - these people are not just
4 "patients" they are human beings with individual rights, most of
5 whom I must add, are in hospital on a voluntary basis. They could
6 live in the community if they so wished. They are aware of their
7 own need for professional support and chose to accept it. The last
8 thing they need is this kind of prejudice published against them.

This extract begins with a statement relating to human rights: 'Surely everyone, no matter what his or her disability, has the right to live as normally as possible' (lines 1 and 2). By virtue of its generality, this statement applies as much to mentally ill people, and by implication the Commsupport residents, as anyone else. Furthermore, in lines 3 and 4 the right of the Commsupport residents to live as normally as possible is formulated as an individual right. Here, the writer states: '... these people are not just "patients" they are human beings with individual rights ...' (lines 3 and 4). Thus the writer negates the implied assumptions made by objectors and suggests that although the categories 'patients' and 'human beings' are both relevant to a description of the Commsupport residents, their characterisation as 'human beings' is more relevant than their characterisation as 'patients'. Establishing the right of the Commsupport residents to live as normally as possible (and, given the context, we can infer that this includes living in the community) serves to undermine the case put forward by objectors in opposition to the Commsupport project.

Objectors' case is undermined in three further ways (lines 4 to 8). First, it is undermined through the writer's description of objectors' claims as 'prejudice' (line 8). Second, the claim that objectors' have made 'many assumptions' serves to imply that there is no factual basis to their arguments. Third, in an aside in lines 5 and 6 the writer points out that most psychiatric patients 'are in hospital on a voluntary basis. They could live in the community if they so wished'. Thus, in addition to implying rational grounds for mentally ill people choosing to live in hospital, this statement serves to imply that opposition to community care in general, and by

implication to the Commsupport project, will be ineffective, as it will not stop mentally ill people living in the community if this is where they wish to live.

Extracts (12) to (14) have focused on the right of the Commsupport residents to live in the community. In extracts (15) to (18), a similar argument is made in a less direct way. Extracts (15) and (16) below are taken from letters written to the local press. In both extracts, a general case is put forward that people with mental health problems should not be excluded from life in the community.

(15) 'Caring for those who don't need hospital', Arlington and District Tribune, 14 February 1992.

Many people, some say one in ten, will suffer from mental illness at some time in their lives and will need to be hospitalised. People with mental illness look like you and me. People, even with "chronic mental illness", can live in the community and are more easily rehabilitated in a normal environment cheek by jowl with their neighbours, with shops, schools, libraries, other people.

(16) 'Hoping that tension will dissolve', Arlington and District Tribune, 14 February 1992.

Few people can avoid times of mental and emotional stress in their lives; for some, chronic illness may, unfortunately, be unavoidable. For those of us who experience it, or have family members or friends who do the opportunity to lead an "ordinary" life, with specialist support as and when needed, is highly valued.

In both extracts, mental illness is formulated as an unexceptional condition through explicit reference to the potentially large numbers of people who could be affected by it. For example, in extract (16), the writer comments: 'Few people can avoid times of mental and emotional stress in their lives; for some chronic illness may, unfortunately, be unavoidable' (lines 1 and 2). Similarly, in extract (15) the writer points out that: 'Many people, some say one in ten, will suffer from mental illness at some time in their lives ...' (lines 1 and 2). In addition, the unexceptional nature of mental illness is reinforced in extract (15) through the information that 'People with mental illness look like you and me' (lines 2 and 3).

In other letters presented in extracts (17) and (18) below, mental illness is similarly characterised as an unexceptional condition.

(17) 'Consultation would have eased opposition', Arlington and District Tribune, 7 February 1992.

One local resident says, "They have been in the hospital for a long, long time and that they can't make them independent just like that." This is certainly true. It may well take them time to adjust, but in my

view they should at least be given the chance. Let's not forget that these are human beings with an illness, an illness that can affect anybody at any time.

(18) 'Mentally ill have the same rights', Arlington and District Tribune, 7 February 1992.

Also, mental illness comes in many forms and can affect anyone - no one is immune - therefore, if it were to suddenly affect one of the people in the street would a residents' meeting automatically be called to discuss the quickest method to be used to make this person pack up and leave the street because this person would now be a "high risk".

In extract (17) the writer refers directly to one of objectors' comments about the Commsupport residents (lines 1 and 2) and, in lines 3 to 6, produces a gloss on their comment which emphasises the potentially common rather than exceptional aspects of the categories used: 'It may well take them time to adjust, but in my view they should at least be given the chance. Let's not forget that these are human beings with an illness, an illness that can affect anybody at any time'. A similar effect is accomplished in extract (18) through the statement '... mental illness comes in many forms and can affect anyone - no one is immune' (lines 1 and 2). In both cases then it is implied that any one of us could become mentally ill at any time. In this way, mental illness is formulated as a potentially common and hence unexceptional condition.

Extracts (15), (16) and (18) are designed in such a way as to warrant the factual status of the claim about the unexceptional nature of mental illness. In extracts (16) and (18), this is achieved through the way the statements are formulated as factual in lines 1 and 2 of each extract. By contrast, in extract (15), a similar effect is accomplished in a different way. Here, the writer states that mental illness is estimated by some to affect 'one in ten'. This serves as a form of statistical rhetoric which functions to portray the factual, almost scientific status of the claim with which it is associated (Potter, Wetherell and Chitty, 1991). Characterising mental illness as an unexceptional condition functions to minimise the significance of being mentally ill.

A further way in which the significance of being mentally ill is minimised in extracts (15) to (17) is through the terms used to describe mental illness and those who suffer from it. For example, in extract (15), the writer uses the terms 'People with mental illness' (lines 2 and 3); and 'People, even with "chronic mental illness" (lines 3 and 4). Similarly, in extract (16) mentally ill people are described as 'human

beings with an illness' (line 5); and in extract (17), the author writes: 'For those of us who experience it' (line 3). Each of these formulations serves to construct the sufferers of mental illness as separate from the illness itself (cf. 'the mentally ill') and hence to further minimise the significance of being mentally ill. By addressing the issue of 'mental illness', the specific characteristics of the Commsupport residents which were emphasised by objectors, for example, their institutional backgrounds and the serious and incurable nature of their condition, are not attended to.

In extracts (15) and (16), having minimised the significance of mental illness, life in the community is formulated as something which will be of value to mentally ill people. In extract (16), this is achieved through the author's statement: '... the opportunity to lead an "ordinary" life, with specialist support as and when needed is highly valued' (lines 4 and 5). Given the context, we can infer an 'ordinary' life involves living in the community. Moreover, since it can be assumed that people would want the opportunity to lead ordinary lives for those they know, the writer's use of the category terms 'family members' and 'friends' in lines 3 and 4 serves to add to the rhetorical force of the argument. In extract (15), a similar effect is achieved through the information that 'People, even with "chronic mental illness" can live in the community and are more easily rehabilitated in a normal environment cheek by jowl with their neighbours, with shops, schools, libraries, other people' (lines 3 to 6). Constructing community life as something which is of value to people with mental health problems, along with minimising the significance of being mentally ill, functions to make a case for not excluding mentally ill people from the community and, at the same time, to undermine criticism and opposition to community care.

A case for not excluding mentally ill people from the community is made more directly in extracts (17) and (18). In extract (17), redescribing longterm patients (lines 1 and 2) as 'human beings with an illness' serves to make relevant the issue of human rights. Thus the writer's claim that 'they should at least be given the chance' (line 4), which draws on the right to justice, is warranted. In extract (18), the statement relating to the unexceptional nature of mental illness (lines 1 and 2) is followed by a description of a hypothetical scenario in which someone in the street suffers a mental illness (lines 2 to 6). One means of dealing with such a situation is described. That is, 'a residents' meeting' is 'called automatically to discuss the quickest method to be used to make this person pack up and leave the street' (lines

2 to 5). Having minimised the significance of being mentally ill, such a reaction, that is, exclusion on the basis of mental disorder, is portrayed as wholly unreasonable.

In the next section of the chapter, I am going to look at three extracts taken from letters written to the local newspaper in which the writers produce a positive evaluation of community care.

The success and benefits of community care

(19) 'Equal rights to choose, Arlington and District Tribune, 14 February 1992. (Letter signed by the management committee of Wingate House, a day centre for people with mental health problems.)

1 It has to be clear that the move of hospital patients to return as
2 residents within the local community is no new venture. A major
3 part of the Government's current proposals of caring in the
4 community via similar housing projects has been implemented
5 successfully in other parts of the country.

(20) 'Dismayed by prejudice, Arlington and District Tribune, 14 February 1992. (Letter signed by a psychiatric nurse.)

1 Projects like this have been established and successful in other areas
2 of Britain for some considerable time now. Successful in that they
3 promote independence and provide rehabilitation which these people
4 need and deserve. It offers them a better quality of life out of the
5 institutional setting.

(21) 'Support for Commsupport', Arlington and District Tribune, 7 February 1992. (Letter signed by the director of Carehome Housing Association.)

1 Carehome Housing Association has two similar houses in other parts
2 of Britain, which have been open for three years and two years
3 respectively. It is our experience that there is a great shortage of
4 suitable supported accommodation for people with mental health
5 problems, that generally our residents have benefited greatly from
6 moving out of hospital to live independently, and that there have
7 been no problems with the local communities within which these
8 properties are located.

In each of these extracts, the writers describe the success and potential benefits of community care projects which have been implemented in other parts of the country. In particular they claim that these have provided, for people with mental health problems, an opportunity for independence, rehabilitation and a decent quality of life. In extract (21), the writer also notes that 'there have been no problems with the local communities within which these properties are located' (lines 6 to 8). It is thus implied by reference to the general case, that the Commsupport project in Arlington will similarly be successful and of benefit to the mentally ill people living there, and that it will not pose any problems for the local community.

A further feature of these accounts relates to the way in which they are designed to portray the authoritative status of the writers' claims. Extracts (19) and (20) are signed by the management committee of Wingate House, a day centre for mentally ill people and by a psychiatric nurse, respectively. The occupational status of the signatories allows us to infer that they have personal experience of working with people with mental health problems and that they are therefore able to speak with some authority on the issue of community care for this client group. In extract (21), a similar effect is achieved in lines 1 to 3 in which the writer states explicitly that his claims relating to the success and benefits of community care are made on the basis of the experience of the housing association on behalf of which he writes.

The three extracts I have examined in this section constitute the only argument produced by supporters in favour of community care. It is noteworthy, however, that this argument is constructed on general grounds, that is to say, community care is a good thing, rather than grounds specific to the situation in Arlington, for example, Arlington would be a good place for the Commsupport project.

SUMMARY

The analysis presented in this chapter has focused on 'the case against the case against', a case which was constructed in response to 'the case against' by people who were generally supportive of the Commsupport project. It seems commonsensical that the most potent means of undermining an argument is to undermine directly its substantive content through the formulation of a direct counter argument. However, supporters did not directly counter objectors' claims. It is likely that the reason for this related to the nature of objectors' arguments. In particular, objectors' arguments relating to the potential risk to the residents of the Commsupport house from local vandals, the potential risk to schoolchildren from the residents of the house, and the potential depreciation of house values in the vicinity of the supported accommodation project are difficult to undermine on the grounds of their substantive content. This is because it is very difficult to guarantee that none of these things will happen as a consequence of the establishment of the Commsupport project.

Instead of constructing counter arguments, supporters responded to and undermined 'the case against' in a number of less direct ways. One of these was to refer to the specific claims put forward by objectors and to undermine them by disputing certain aspects of them. Three different strategies were used in this

respect. The first of these was to dispute the facts underpinning objectors' claims, for example, by denying any knowledge of local vandalism; by characterising or formulating objectors' claims relating to the potential risk to schoolchildren as ridiculous; and by establishing a lack of a factual basis for objectors' concerns relating to the potential depreciation of house values and the potential threat to children. The second strategy used was to dismiss objectors' claims on the basis of their lack of specific relevance to either the Commsupport residents or to the situation in Arlington, for example, by constructing the risk of victimisation by local teenagers as no greater for Commsupport residents than for anyone else; and by acknowledging the validity of concerns about house values in general but dismissing objectors' specific concerns with respect to the situation in Arlington. The third strategy was to denigrate objectors, for example, by attributing to them motives of economic self-interest or inappropriate reactions; and by undermining their professional integrity.

Another way in which supporters responded to 'the case against' was to formulate valid and general statements relating to the issues raised by objectors, but, without referring directly to the specific claims they had made in relation to these issues. For example, supporters acknowledged the reasonableness of general concerns about the safety of children but formulated mentally ill people as having been unreasonably singled out as the perpetrators of the alleged risk. Similarly, instead of responding to the specific claims made by objectors concerning the treatment and supervision requirements of the Commsupport residents, supporters established a generalised version of the 'facts' relating to community care which made reference to the characteristics of the client group for whom community care is intended.

Finally, supporters formulated a number of arguments in which they referred to issues other than those raised by objectors. These arguments were constructed around broader issues, such as human rights. Supporters constructed an argument in which they claimed that mentally ill people had a right to live in the community and denigrated objectors by portraying them as uncaring and unpleasant people and by attributing prejudicial and discriminatory motives to them. Other arguments which were constructed related to claims that mentally ill people should not be excluded from community life, on the grounds that it was something that would benefit them, and that mental illness did not constitute reasonable grounds for exclusion. These arguments were dependent on the formulation of mental illness and mentally ill people in such a way as to minimise the significance of being mentally ill. This was achieved through the construction of mental illness as an unexceptional condition

and through the terms used to describe those who suffer from it. Specifically, supporters used formulations of 'mentally ill people' which served to construct the sufferers of mental illness as separate from the illness. This is in contrast to objectors' formulations of the Commsupport residents which focused on their institutional backgrounds and the serious and incurable nature of their illness.

The summary so far has focused on the various arguments which were formulated by supporters against objections to the Commsupport project. By contrast, supporters also constructed an argument in favour of community care. This related to the success and benefits of care in the community. An interesting feature of this kind of argument was its relative infrequency, only one such argument being formulated. Furthermore, the argument was constructed on general grounds, that is to say, community care is a good thing, rather than grounds specific to the situation in Arlington, for example, Arlington would be a good place for community care and would benefit from being chosen as the location for the Commsupport project. There is therefore no 'case for' the Commsupport project as such.

In Chapter Seven, I am going to focus on the accounts given by representatives of Commsupport at the time of the move in Arlington in relation to the main issues raised by objectors.

CHAPTER SEVEN
COMMSUPPORT'S PERSPECTIVE

INTRODUCTION

Analysis of 'the case against' showed that objectors to the Commsupport project constructed a number of arguments based on three different issues which they claimed were of public concern. These related to the lack of prior consultation and the secrecy which objectors claimed surrounded Commsupport's plans; the claimed unsuitability of the project's location; and the type of tenant who would take up residence there.

This chapter focuses on how representatives of Commsupport viewed the case put forward in opposition to the supported accommodation project. The topics raised in the individual interviews with key members of Commsupport were grounded in the analysis of the newspaper text and group discussions. The issues which objectors claimed were of concern were therefore some of those on which interviewees were asked to comment.

The chapter consists of two parts. In the first part, I am going to focus on the responses given by members of Commsupport to questions concerning their views on two of the issues raised by objectors mentioned above: namely the claimed unsuitability of the project's location; and the type of tenants who would take up residence there[1]. In addition, interviewees were asked to comment on objectors' (downplayed) claims relating to the potential depreciation of house values in the vicinity of the Commsupport project. Preliminary analysis suggested that in formulating their views on these issues, representatives of Commsupport oriented to and negotiated a potential problem. That is, given that Commsupport had a vested interest in the supported accommodation project going ahead, representatives of the organisation could be accused of constructing versions of situations and events to suit their own interests. In the second part of the chapter, I am going to examine in

1 The lack of prior consultation and the secrecy which objectors claimed surrounded Commsupport's plans will be addressed in Chapter Eight, which explores more fully the issues of consultation and information giving.

more detail how participants dismissed the concerns raised by objectors but in ways that addressed this potential problem.

Commsupport's views on the issues raised by objectors

The unsuitability of the location

Objectors constructed two distinct arguments regarding the claimed unsuitability of the location of the Commsupport house. These were: (i) that the residents of the Commsupport house would pose a risk to the children who attended a number of local schools and (ii) that local teenagers would victimise the residents of the house. I am going to examine, in turn, how representatives of Commsupport responded to direct questions about each of these arguments.

In extracts (1) and (2) below, participants are asked for their views on the issue of the potential risk to children.

(1) Interview with representative of Commsupport, 8 August 1994.
Immediately prior to this extract, Ruth and I have been talking about objectors' original letter of opposition to the Commsupport project.

Sue: Um I'd just be interested to know some of your views on some of the (.) issues that were raised in in that letter um=
Ruth: =Right, well I mean I obviously haven't (.) sort of (.) prepared for today by going back through the letters because I don't have access [to them any more=
Sue: [Yes, yes, sure.
Ruth: =they're they're within (.) filing systems elsewhere. Um:: reactions er: I'm struggling to remember. The first letter was wri (.) co-written (.) by thr (.)=
Sue: =Seventeen re [sidents signed it I think
Ruth: [Right. Mm hm. Right=
Sue: =The types of issues that they raised at the time um: one of the issues was that they were concerned that local schoolchildren would be affected through contact with the tenants of the house=
Ruth: =I I think a mixture (.) Did you ask me for my reaction to the issues?
(.)
Sue: Yes, what what really, what were your views=
Ruth: =views=
Sue: =on the kinds of things they were saying with regard to=
Ruth: =I I think (.) [inish
Sue: [for example schoolchildren=
Ruth: =Yeah it it I mean that one in particular just distress that people were were holding on to a kind of view of of um: .h people with mental health problems were going to be a (0.8) a threat. I think dis-distress about that because .hh I think one of my feelings was it was a pu-public newspaper .h um:: it was a a letter that was going to (.) written to make other members of the public aware but (.) what (.) it did do also was it was

31		actually read by the people to to which it referred
32		(.)
33	Sue	Mm hm=
34	Ruth	=and I I I think you know (.) to my way of thinking when
35		people have had (0.6) um:: a pretty difficult life-situation to
36		deal with in any case I think the last thing they need is then to
37		read (.) .h references in a local newspaper .hh to them (0.2)
38		which referred to them um in in those kind of terms=
39	Sue	=Yeah=
40	Ruth	=seen to being a threat.
41		(.)
42	Sue	Mm hm=
43	Ruth	=Um: so I suppose (0.4) erm: my views were (.) that that (.) I
44		I was concer::ned (0.6) distress that that was happening. Um::
45		I'm struggling really to remember the the other things.
46		Perhaps you can remind me?

In lines 1 and 2 of this extract I ask a question regarding Ruth's views on the issues raised in the letter of opposition. It is not until line 24 however that Ruth responds to my question, and even then she does not produce a direct response. This begs the question why there is such a gap between my question being asked and Ruth replying to it.

The intervening lines between my question and Ruth's response (lines 3 to 23) take the form of two consecutive clarifying sequences. The first (lines 3 to 15) relates to objectors' letter of opposition. Ruth comments on not having prepared for the interview by looking back through the letters relating to what happened in Arlington and accounts for why this is the case in terms of her present lack of access to these documents (lines 3 to 7). (By the time I interviewed Ruth, she had left her job as a project manager with Commsupport.) Ruth's account thus functions to mitigate the possible negative imputations that her prior display of not having prepared might incur; for example, that she is disinterested, lazy, or unprofessional. Moreover, her account serves to lead up to a shift in topic from 'views' to 'reactions' and, in addition to this, an implicit request for clarification: 'Um:: reactions er: I'm struggling to remember. The first letter was wri (.) co-written (.) by thr (.)=' (lines 8 and 9). Evidence for the function of this utterance as a request comes from lines 44 to 46 in which the request is made explicit: 'Um:: I'm struggling really to remember the the other things. Perhaps you can remind me ?'. It is noteworthy that the details of the letter which Ruth struggles to remember in lines 8 and 9 do not include the issues relating to the content of the letter, but instead focus on the aspects of the letter least relevant to my question, that is its authorship. Ruth thus uses her inability to remember as a rhetorical device to both shift the emphasis from the

content of the letter to its authorship and to initiate a clarification sequence. In turn these effects work to enable her to delay producing a response to my question.

The second clarification sequence (lines 16 to 23) concerns the nature of my question and, in contrast to the first sequence, is initiated directly by Ruth in lines 16 and 17 in which she asks: 'Did you ask me for my reaction to the issues?' The rest of the clarification sequence (lines 19 to 23) consists of me confirming, in the absence of an answer to my question, what it is I am interested in. I confirm that I am interested in hearing Ruth's views (line 19), that is, her thoughts and opinions, as opposed to her reaction, which implies an emotional response, and I specify what I am interested in hearing her views on: '=on the kinds of things they were saying with regard to for example schoolchildren=' (lines 21 to 23).

Ruth eventually responds to my question in line 24. There are three aspects to Ruth's response. First, despite clarification she produces her response in terms of her 'reactions', that is, she describes her emotional response, 'distress' (line 24), as opposed to her 'views'. Second, she describes the basis for her reaction: '... that people were were holding on to a kind of view of of um: .h people with mental health problems were going to be a (0.8) a threat' (lines 24 to 26). Third, Ruth provides reasons for her reaction. One of these relates to objectors' intention, through their letter to the press, to make the public aware that the Commsupport residents would constitute a threat to children (lines 27 to 30). The other relates to the unintended consequences of objectors' actions. That is, the Commsupport residents themselves had read the letter in which they were described as a threat (lines 27 to 40).

Although Ruth's response to my question is in terms of her emotional reaction, in her upshot (lines 43 and 44) she characterises it as 'views'. At the same time, the reactions Ruth expresses concern the harmful consequences of objectors' letter, not the issue of the potential risk to schoolchildren. She states: '=Um: so I suppose (0.4) erm: my views were (.) that that (.) I I was concer::ned (0.6) distress that that was happening' (lines 43 and 44). Producing this upshot, however, serves to ensure that what Ruth has said in lines 24 to 40 is nonetheless heard as a response to what I have asked. Moreover, the sequential positioning of her topic shift to 'the other things' (line 45) and her request for a memory prompt (line 46) immediately following her upshot functions to reduce the likelihood that I will pursue further my interest in hearing her views on this particular topic. Thus Ruth uses her inability to

remember to further rhetorical effect by allowing her to avoid producing her views on the issue of the threat to schoolchildren.

In summary, Ruth delays her answer to my question, and when she eventually does reply to it she does not give a direct response. Thus we can infer that there is something problematic about her providing her views on objectors' claims relating to the potential risk posed to children by the residents of the Commsupport house. It was noted in Chapter Six that it seems commonsensical that the most effective way of undermining an argument is by undermining directly its substantive content through the formulation of a direct counter argument. However, it is very difficult to give a guarantee that no mentally ill person will ever harm a child. Therefore if Ruth had attempted to counter objectors' claims in this way, she would leave herself open to the potential retort that it is not possible to give such a guarantee. By providing her emotional reaction to the consequences of the letter, and proposing the appropriateness of this response to my question, Ruth avoids the problems which she may have incurred had she addressed the substantive content of objectors' argument and hence responded to my question directly.

Using evasive strategies is not the only way of dealing with a direct question on the issue of objectors' claims concerning the potential risk to schoolchildren. In extract (2) below, which is taken from an interview with the deputy director of Commsupport, a number of different strategies are used.

(2) Interview with representative of Commsupport, 29 August 1994.
Immediately prior to this extract, Lisa and I have been talking about objectors' original letter of opposition to the Commsupport project.

Sue: ... and I'd really like to know some of your views on some of the issues that they raised in that letter and in subsequent communication with them. Um one of the issues that they'd raised is they had suggested that local children might be placed at risk as a result of their contact with the tenants of the house. What were your views on (.) that?
(0.8)
Lisa: I'm sure if you look at any research er there is people with mental health problems are no more or less likely to (0.4) to be a problem to to children than anybody else in the community. .hh And one of the problems of course was that um:: (0.4) people wanted us (0.6) to guarantee
(0.4)
Sue: Mm hm
(.)
Lisa: that their children would not be molested or whatever the words were that they used. And I think it was (0.8) I guess one of the (.) one of the issues is that it's always <u>difficult</u> for us when we are asked this sort of question because I would

20 say the same as I've just said to you, there's no reason why
21 people .h are going to be any more or less likely and of course
22 all the research says that most um: child abuse happens within
23 families, behind closed doors, you know but you can't sit with
24 a load of local people and say this sort of thing, but in fact .h
25 that's the situation and yet, you know, as I say, you can't have
26 that sort of discussion. But you (.) also are not prepared to
27 give guarantees to say 'Yes we will police people twenty four
28 hours night and day to ensure that children will be safe'. All
29 we can say is that 'yes, as far as we are aware, there is no
30 reason why (0.2) you know children should be any you know
31 in any more or less danger if if tenants move in (0.3) than they
32 were in the past' .hh And also um a lot of local schoolchildren
33 you know cut through the grounds of Eastcliff Hospital on
34 their way to and from school. I mean (0.4) you know it's I
35 think one of the problems is tho', always, that's very hard for
36 us to (0.4) to take on what are theoretical issues. You can't
37 argue about a concept (.) you know. People are (0.3) are
38 wanting to pin you down to (.) realities when there aren't any
39 realities (.) you know. So it's (.) we're in a no-win situation
40 because you can't it's like arguing about will it be sunny
41 tomorrow or not? Well I don't know. We can have a best
42 guess, [laughter] but we can't (.) it's it's very difficult to to
43 actually um (0.3) say. Maybe that's not a good analogy. I
44 should say maybe in a year's time whether it'll be sunny you
45 know but nobody is going to be able to say that
46 (.)
47 Sue Yes=
48 Lisa =but you can argue about it for as long as you like if you so
49 choose.

In responding to my question (lines 1 to 7), Lisa uses three distinct strategies to undermine objectors' claims that the residents of the Commsupport house would pose a risk to local schoolchildren. These are: undermining the relevance of membership of the category 'people with mental illness' to whether or not someone constitutes a risk to children; dismissing objectors' demands for guarantees regarding the safety of their children; and undermining the relevance of the Commsupport project to whether or not children are at risk. I am going to focus on each of these aspects of Lisa's response in turn.

First, the relevance of membership of the category 'people with mental health problems' as grounds upon which to attribute a risk to children is undermined in lines 8 to 10. Here, Lisa states: 'I'm sure if you look at any research er there is people with mental health problems are no more or less likely to (0.4) to be a problem to to children than anybody else in the community'. Thus, Lisa refers to research findings and invokes the two categories 'people with mental health problems' and 'anybody else in the community'. The information that members of the former category are 'no more or less likely' to constitute a risk to children than

members of the latter, serves to undermine the relevance of membership of the category 'people with mental health problems' to whether or not someone constitutes a risk to children.

A second strategy is to dismiss objectors' demands for guarantees regarding the safety of local children. This is accomplished in three ways. The first is by characterising the risk to children in terms of probability rather than fact. Thus in lines 28 to 32 she states: 'All we can say is that 'yes, as far as we are aware, there is no reason why (0.2) you know children should be any you know in any more or less danger if if tenants move in (0.3) than they were in the past''. The second way is by characterising the risk as theoretical rather than real through the statement: '... I think one of the problems is tho', <u>always</u>, that's very <u>hard</u> for us to (0.4) to take on what are theoretical issues. You can't argue about a concept (.) you know' (lines 34 to 37). The third way in which objectors' demands are dismissed is on the grounds of unreasonableness. In lines 20 to 23, she comments: '... there's no reason why people .h are going to be any more or less likely and of course all the research says that most um: child abuse happens within families, behind closed doors ...'. Although there is implicit in this statement a claim that family members are more likely to abuse children than are people with mental health problems, the possibility is still left open that a mentally ill person could harm a child. However, in lines 26 to 28 Lisa addresses this issue: 'But you (.) also are not prepared to give guarantees to say 'Yes we will police people twenty four hours night and day to ensure children will be safe''. By putting an exaggerated gloss on the issue, Lisa portrays as wholly unreasonable the level of supervision that would be required in order to give objectors the guarantee they desire. Thus Lisa formulates the giving of guarantees to objectors as impossible, and hence their demands for a guarantee as unreasonable. This is reinforced in lines 37 to 39: 'People are (0.3) are wanting to pin you down to (.) realities when there aren't any realities (.) you know'.

In turn, the impossibility of giving guarantees serves to portray Commsupport's reluctance to provide guarantees as reasonable. In lines 40 to 45 Lisa draws an analogy between the giving of guarantees and forecasting the weather. In constructing her analogy, she uses the extreme case formulation 'nobody' (line 45). If *nobody* can say if it will rain in a year's time, neither can Commsupport give guarantees regarding the safety of local children.

The third strategy is to undermine the relevance of the Commsupport project to whether or not children are at risk. In her statement in lines 32 to 34, Lisa points

out: 'And also um a lot of local schoolchildren you know cut through the grounds of Eastcliff Hospital on their way to and from school'. She thus implies that if mentally ill people do present a risk to children, then children in the area were already at risk through their own actions, and that these were actions for which they may even have had parental consent. Hence it is implied that the establishment of the Commsupport project would not make any difference to whether or not local schoolchildren are at risk.

In extracts (3) and (4) below, participants are asked for their views on the issue of the potential victimisation of the residents of the house by local teenagers.

(3) Interview with representative of Commsupport, 8 August 1994.

1	Ruth	Um:: I'm struggling really to remember the the other things.
2		Perhaps you [can remind me?
3	Sue	[There was, yes, sure.
4		There was um: (.) one (.) they were concerned that (0.2) or er
5		one of the concerns that they claimed to have was that um: the
6		(.) prospective res um tenants of the house would be
7		victimised by local teenagers. That was another one.
8	Ruth	I mean again that that that was er er er (0.6) I think that was
9		based on on something that local people had already
10		experienced themselves to some degree (.) .hh and (1.0) I
11		think it's it's it's a very:: difficult kind of line to walk between
12		acknowledging that sometimes vulnerable people (1.0) can be
13		(.) picked on but at the same time recognising that if if we said
14		no vulnerable person should live in the community because
15		they might get picked on .hh where would we end up putting a
16		lot of vulnerable people? Um:: and I I think again I had I had a
17		feeling of um well that was something that had to be worked
18		with if it actually turned out to be that way. And and it was the
19		sor sort of situation that you would hope that there would be
20		some community supports=
21	Sue	=Mm hm=
22	Ruth	= to try and work with that to try and make sure that people (.)
23		you know if they were (.) if there was any any risk to them
24		from from .hh local teenagers or whatever that that was
25		worked with by the community and involving the the relevant
26		people in the community whether that would be schools or or
27		police or whoever .hh um: and again it felt that (0.4) it
28		shouldn't be a reason for for as I say (.) preventing people
29		living in the community=
30	Sue	=Yeah
31		(.)
32	Ruth	I suppose that was my view.

Ruth provides an assessment of the issue relating to the safety of the Commsupport residents through her use of the idiomatic phrase 'I think it's it's a very:: difficult kind of line to walk' (lines 10 and 11). In lines 12 to 18 she constructs a two part argument around a particular premise and the possible conclusion which can be

drawn from it. In the first part of the argument (lines 12 to 16), she states: '... sometimes vulnerable people can be (.) picked on but at the same time recognising that if if we said no vulnerable person should live in the community because they might be picked on .hh where would we end up putting a lot of vulnerable people?'. Thus the premise is that vulnerable people can be picked on and the conclusion which can be drawn from this is that vulnerable people should not live in the community. However, Ruth's argument works by accepting the premise but rejecting the conclusion drawn from this (which is implicit in her rhetorical question in lines 15 and 16), on the grounds that it is not reasonable. This is reinforced in lines 27 to 29: '... and again it felt that (0.4) it shouldn't be a reason for for as I say (.) preventing people living in the community='. Ruth's use of the category term 'vulnerable people' (lines 12, 14 and 16) serves to formulate her argument as one which is generalised to all people who are vulnerable and hence is not of specific relevance to people with mental health problems.

In the second part of her argument (lines 16 to 18) Ruth provides an alternative conclusion to the premise that vulnerable people can be picked on. She argues that victimisation 'was something that had to be worked with if it actually turned out to be that way'. In contrast then to the first part of her argument, Ruth formulates an alternative and more reasonable way of dealing with the potential problem of local teenagers. The rhetorical force of Ruth's argument derives from the notion that if there is a problem it can either be avoided by depriving people of something which is otherwise desirable, or attempts can be made to deal with it. Objectors have argued that the supported accommodation project should not go ahead on the grounds that the residents of the house would be victimised by local teenagers. Ruth's rejection of the conclusion that vulnerable people should not live in the community on the grounds that it is unreasonable, and her formulation of a more reasonable means of addressing potential difficulties with local teenagers thus serves to imply a criticism of objectors' argument.

Ruth does not deny that local teenagers in the area may pose a risk to the residents of the Commsupport house. Indeed, in lines 8 and 9, she acknowledges a factual basis to objectors' claims: 'I think that was based on on something that local people had already experienced themselves to some degree ...'. Given these circumstances, and the fact that Commsupport has nevertheless gone ahead with its plans to establish the supported accommodation project, the organisation could be accused of acting in an irresponsible manner on the grounds that it had put the residents of the Commsupport house at risk. This potential accusation is addressed by Ruth in

lines 18 to 27, in which she elaborates on how any problems that might be experienced with local teenagers should be dealt with. Here she suggests that it is the responsibility of the community to mobilise the relevant supports and services and to work with them to resolve any problems. Thus Ruth emphasises the role of the local community in providing for the safety of the residents of the Commsupport house and constructs the community as ultimately responsible for ensuring that they are not victimised. Hence we can infer that if the residents of the house did subsequently come to any harm through the actions of local teenagers, then it is not solely Commsupport's responsibility.

Similarly, the issue of responsibility is raised in extract (4) below but a different argumentative strategy is used here.

(4) Interview with representative of Commsupport, 29 August 1994.

Sue: Concern was also expressed that (.) the um local teenagers might victimise the tenants of the house. I'm wondering what (.) your views [on that one were

Lisa: [Yes. Well that was interesting because that did concern us I mean clearly and and we began to think my goodness you know this .h this rather nice street that we'd (.) bought a house in was was this sort of absolute den of iniquity and it you know a place where gangs went night after night or whatever you know. So of course we did do some of our own minimalist research, just going out and sort of (.) being around at nights, and there was (.) absolutely no evidence whatsoever. And then (.) you know you realise that (.) you know (0.2) as as we got to know Arlington more, we did hear that there (.) you know is some problems with (.) you know teenagers without an awful lot to do or (.) you know ( ) focal points and and from time to time different focuses are going to be (.) you know their their base will will change um:: (.) and from time to time apparently you know the cul-de-sac that's at the end of the road is is used and yeah we were slightly anxious about that, but um: decided that if you only have to look at the road and see how well kept it is. And well you know you you can see that it's not exactly .h you know boarded-up windows and sort of broken-down hedges and and stuff you know. So we thought you know we'll take the risk. And in fact there have been no problems you know. We have had a (.) you know some things dropped in the garden but then that's you know I'm sure people who pass by just (.) hurl things across. I don't think there's anything malicious um about it you know. So there have been one or two very trivial incidents, but absolutely absolutely nothing, nothing of any import at all. But we did take that seriously and we were concerned. And then we began to think that maybe this was just .h people were over-dramatising that to you know try and stop us.

Lisa constructs two distinct versions of the location chosen for the supported accommodation project. In so doing, she contrasts what appeared to be the case with what objectors claimed to be the reality of the case: '... this rather nice street that we'd (.) bought a house in was was this sort of absolute den of iniquity and it you know a place where gangs went night after night or whatever you know' (lines 6 to 9). Lisa's version of objectors' claim is exaggerated. This effect is accomplished in several ways. First, Lisa uses a three part list in which the third item is a generalised term: 'absolute den of iniquity [ ] a place where gangs went night after night or whatever'. A common feature of these items is that they relate to amoral and dangerous activities which took place at the chosen location. This, in turn, allows us to infer that the location was, in general, undesirable and a place where people's personal safety might be placed at risk. Second, the first item on the list is an extreme case formulation 'absolute den of iniquity'. This serves to make the strongest possible case for, and hence serves to justify, the claim with which it is associated (Pomerantz, 1986). In this context, Lisa's use of this formulation serves to legitimate the undesirable nature of the location. Third, she uses the phrase 'night after night' which serves to imply that gangs being around at night time is not an isolated event but rather a regular feature of the gangs' behaviour. The contrast between what appeared to be the case, and an exaggerated version of objectors' claims about the reality, serves to throw some doubt on the accuracy of objectors' claims by implying that they have been over exaggerated.

The accuracy of objectors' claims is further undermined through Lisa's description of the findings of the 'research' undertaken by Commsupport in line 11 in which they spent some time at night at the location. Here, she uses the extreme case formulation 'absolutely no evidence whatsoever' to emphasise how complete was the absence of evidence of problems in the vicinity of the Commsupport house. However, at the same time, Lisa's description of how Commsupport conducted its research 'just going out and sort of (.) being around', and her characterisation of the research as 'minimalist' (line 10) serves to allow for the possibility that later information may come to light which contradicts the organisation's research findings. Having characterised Commsupport's reaction to objectors' claims that the residents of the Commsupport house would be victimised by local teenagers as one of 'concern' (line 5), the information that the organisation has conducted research, albeit of a minimal nature, serves to display the active nature of Commsupport's concern. This is reinforced in Lisa's upshot: 'But we did take that seriously and we <u>were</u> concerned' (line 31).

That Commsupport's research has not uncovered the basis for objectors' claim that they have had problems with local teenagers, begs the question: what then is the basis of their claim? In the next part of her account Lisa addresses this issue. In line 18 she comments that 'from time to time' the cul-de-sac at the end of the road in which the supported accommodation project is situated is used by local teenagers as the focus of their activities. Having thus acknowledged a basis for objectors' claims, Lisa outlines the problems which have been caused in ways which minimise them (lines 13 to 23). This effect is achieved in a number of ways. First, the 'evidence' for the problems comes about through hearsay: 'we did *hear* (line 13); '*apparently*, you know the cul-de-sac that's at the end of the road is used' (line 18). This serves to allow for the possibility that what has been heard about the area is not necessarily the case in reality. Second, the information that the problems with teenagers occur 'from time to time' (lines 17 and 18) serves to formulate the problems as intermittent in nature. Third, Lisa states: '... you only have to look at the road and see how well kept it is. And well you know you you can see that it's not exactly .h you know boarded-up windows and sort of broken-down hedges and and stuff you know' (lines 20 to 23). In her statement Lisa uses a three part list in which the third item is a generalised term 'and stuff'. A common feature of the items in this list is that they are all indications of acts of vandalism. Lisa's use of this device along with her previous description of the findings of Commsupport's research (line 11) serves to indicate a lack of evidence of serious vandalism in the area. Although a lack of evidence does not necessarily mean vandalism does not happen, we can infer that if there was a serious problem there would be some visible indication of its occurrence. Thus it is implied that objectors' claims regarding local vandalism were grossly over exaggerated. Moreover, outlining the problems relating to vandalism in ways which minimise them, functions simultaneously to display further Commsupport's concern (lines 19 and 20) and to provide a warrant for the organisation's decision to 'take the risk' (lines 23 and 24).

In the final part of the account (lines 24 to 30), Lisa provides a description of the current state of affairs. She states that there have been no problems since the supported accommodation project was set up (lines 24 and 25), but then appears to undermine this claim by acknowledging that rubbish has been dropped in the garden (lines 25 to 30). Lisa suggests two alternative bases for throwing rubbish into people's gardens: 'I'm sure people who pass by just (.) hurl things across. I don't think there's anything malicious um about it you know' (lines 27 and 28). Dropping rubbish in the garden, especially the 'innocent' dropping of rubbish, is a very trivial incident compared to what objectors have suggested victimisation of the

Commsupport residents might entail (for example, 'a missile crashing through an exposed window of one's home in the dark' (Chapter Four, extract (9))). The formulation of the incidents which have occurred as both innocent and trivial in nature serves to undermine their significance. This is reinforced explicitly in lines 29 and 30: 'So there have been one or two very trivial incidents, but absolutely absolutely nothing, nothing of any import at all.'

If the risk posed by local teenagers to the residents of the Commsupport house is minimal, it begs the question why objectors raised the issue in the first place. In lines 31 to 33 Lisa addresses this issue: 'And then we began to think that maybe this was just .h people were over-dramatising that to you know try and stop us'. From what Lisa says we can infer that Commsupport did not immediately jump to the conclusion that objectors were merely acting out of self-interest, but that this only became apparent in light of the subsequent evidence which she has described. The attribution of motives of self-interest to objectors serves to dismiss further their claims that local teenagers would pose a risk to the residents of the house.

The potential depreciation of property values

Although the issue was downplayed, objectors to the project nevertheless claimed that property in the vicinity of the Commsupport house would depreciate in value. In extracts (5) and (6) participants are asked to comment on this issue.

(5) Interview with representative of Commsupport, 8 August 1994.

1	Sue	Um another of the issues that was raised was to do with house
2		values and (.) in particular they suggested that house values in
3		the vicinity of the house that Commsupport had bought would
4		(.) depreciate.
5		(0.6)
6	Ruth	.hh That was an interesting one because it was one I'd heard a
7		a number of times. It was one I'd read ar articles about over a
8		number of years. I mean I'm I'm kind of going back to my
9		previous experience sort of starting to work in in terms of
10		developing supported accommodation in 1980 (1.2) eh 1979.
11		1979. And I mean it it was around um as an issue for for
12		housing associations for all sorts of other organisations. And
13		my view was (.) it was a it was a a a statement I'd heard many
14		times before and:: (0.4) that it was one that was difficult to pin
15		down. My own recollection was that I had (0.3) I think this
16		this was quite difficult I had recollections of an article that I'd
17		read where a piece of research had been done down South=
18	Sue	=Mm hm=
19	Ruth	=into house values .hh and try as we might we couldn't lay
20		our hands on that. I contacted national organisations, the
21		organisations I thought that had been involved .hh My my
22		view was, I know that that isn't the case um:: and I I thought I

could back it up with with some research .hh um:: (0.6) I think my my reason for saying I knew it wasn't the case was that I'd had experience of as I say developing other forms of accommodation in other areas and it was never raised as a real issue after the accommodation was provided. So no, if you like, nobody came back to the housing association or whoever and said 'Now that you've built that, I can't sell my house' or ... Now I may be wrong, there maybe <u>have</u> been instances of that happening but I certainly wasn't aware of them. Um I couldn't find the research um but but but then that led into a whole sort of .hh (0.4) eh procedure of tracking down research, unfortunately which most most of it was in (.) based in America and Canada. So it was quite unfortunate.

(Eleven lines omitted in which Ruth outlines various factors which could affect house values and highlights the difficulty of conducting research in this area as a consequence.)

It's interesting. My own my <u>own</u> experience which which, you know, I I didn't actually sort of cite to people because I don't think it would really have been worth it but (.) my own experience was of em looking for property for myself and trying to buy a house two doors along from a a house that was used for supported accommodation for people with learning disabilities and finding out that it was sold within a week and not being able to you know not being able to get into that because it was just far too. So my own personal experience had been .h that a house, in that instance um in a in a fairly (0.4) you know good area of Oakthorpe[2], that house prices weren't affected and certainly didn't affect the speed at which that house was sold. <u>That's</u> not worth very much. It was only my own my personal experience. It kind of yes I suppose it kind of validated what I felt about it was that it didn't stop me (0.4) you know and and it didn't obviously didn't stop any other buyer in in buying that property and it didn't affect the value of it so ...

In providing her views on objectors' arguments that property values in the vicinity of the Commsupport project would depreciate, Ruth claims that this would not happen (lines 21 and 22). She subsequently provides three different types of evidence to support this view. The first is that nobody has complained about depreciating house values after a project has been established. This is stated in lines (26 to 29): '... it was never raised as a real issue after the accommodation was provided. So no, if you like, nobody came back to the housing association or whoever and said 'Now that you've built that, I can't sell my house' ...'. Second, Ruth refers to a piece of research which had been conducted 'down South' which would 'back up' her claim (lines 15 to 23). The third type of evidence provided by Ruth is her personal experience of trying to buy a house in the vicinity of a

2 Oakthorpe is approximately 20 miles from Arlington.

supported accommodation project, the price and speed of sale of which were not affected by its proximity to the project (lines 36 to 53).

In each of the three cases in which she provides evidence to support her claim relating to property values, Ruth appears in her subsequent statement to undermine the basis of each type of evidence. For example, following her claim that nobody complained about depreciating house values (lines 26 to 29), she says: 'Now I may be wrong, there maybe have been instances of that happening but I certainly wasn't aware of them' (lines 30 and 31). In the case of her reference to the research (lines 15 to 23), Ruth describes her lack of success in tracing it: 'Um I couldn't find the research um but but but then that led into a whole sort of .hh (0.4) eh procedure of tracking down research, unfortunately which most most of it was in (.) based in America and Canada' (lines 31 to 35). The information that most of the research had been conducted in North America along with Ruth's assessment of this fact as 'unfortunate' functions to portray its potentially limited relevance to the situation in Arlington. Similarly, Ruth appears to undermine the basis of her personal evidence: 'That's not worth very much. It was only my own personal experience' (lines 48 and 49).

Although in each case Ruth appears to undermine the basis of the type of evidence which she provides to support her claim that property values would not depreciate, what she actually does is protect her claim against potential rebuttal on the grounds that the evidence that she has cited to support it is invalid. For example, in the first case concerning the lack of complaints about depreciating house values, Ruth acknowledges the reasonableness of objectors' concerns by conceding that there may have been instances in which people have had problems selling their house: 'Now I may be wrong, they maybe have been instances of that happening but I certainly wasn't aware of them' (lines 30 and 31). At the same time, the previous information provided by Ruth concerning her involvement with organisations setting up supported accommodation projects (lines 7 to 15) suggests that she could be expected to be aware of any such problems and is thus able to speak with some authority on the matter. People having problems selling their property is thus constructed as unlikely. Furthermore, by mentioning the potentially limited relevance of the research evidence which she cites to the situation in Arlington, Ruth nonetheless implies it is worthy of mention. Finally, by marking what she says as relating to her personal experience, she orients to the common sense knowledge that someone with personal experience of an issue must know what they are talking about. This serves to portray the authoritativeness of her account. However, one

potential means of undermining claims based on personal experience is to argue they are merely anecdotal and thus not valid. Acknowledging this potential criticism explicitly serves to avert potential charges on these grounds.

In extract (6) below, Lisa also refers to research findings. However, in contrast to extract (5), in this extract she is much more dismissive of objectors' claims.

(6) Interview with representative of Commsupport, 29 August 1994.

Sue .hh eh a further area of concern that was raised was house values and:: in particular that house values in the area (.) in the vicinity of the house might depreciate. .hh (.) What did you (.) what were your views on that one?
(.)
Lisa Well again, I mean we we did get our hands on research from the (.) from the States which in fact showed that house prices you know went up, because again, as I say, we we are landlords so of course we want to look after our property you know. There's money in a sort of .h a maintenance cycle to ensure that the the places do are regularly (.) looked after and and well-kept and so on. So (.) again the you know, I don't think there is any basis for that (.) whatsoever.

In this extract, Lisa treats the research findings that house values increase in the vicinity of supported accommodation projects as if they were facts (lines 6 to 8), and, in lines 8 to 12 provides an explanation for why this is the case in terms of Commsupport's desire as a landlord to look after and maintain its property. This in turn allows her to dismiss objectors' claims that house values in the vicinity of the Commsupport project will depreciate: 'So (.) again the you know, I don't think there is any basis for that (.) whatsoever' (lines 12 and 13).

The type of tenants

In extracts (7) and (8) below, participants are asked for their views on objectors' claims that the treatment and supervision requirements of the type of tenant who was likely to take up residence in the Commsupport house were incompatible with care in the community.

(7) Interview with representative of Commsupport, 29 August 1994.

Sue .h Another instance when they when they'd used the term supervision was in the um (.) local residents' statement to the Community Council, and they had referred to and and I (.) this is in quotes as well they had referred to the 'category of patients' and implied that their (.) again in quotes 'supervision' and 'treatment' requirements were incompatible with care in the community. I wonder what you thought about that?
(5.8)

Lisa Um: (0.4) I (0.4) I could use some quite (0.3) strong language here, because I we did feel that sometimes people were actually abusing their professional (.) knowledge in that it was our understanding that people .h um who: (.) worked in certain fields did not disclose .h things about people that they may have had inside access to information about and .h um and I guess that we felt that sometimes that boundary was overstepped. um That it was quite intolerable .h that there should be what seemed like common knowledge that .h some people who may be considering wanting to move into the community who had had .hh (0.4) things happening maybe (.) again maybe twenty thirty years ago you know this was being discussed openly and I think it was .h quite shocking and professionally totally unacceptable, totally unacceptable .hh So that you know there was that aspect to it which we felt was quite shocking um

(8) Interview with representative of Commsupport, 8 August 1994.

Sue Um another issue that came up and this was in the (0.4) they had (.) the res some of the local residents had um:: put together a statement for the Community Council and they had ah raised the what this is in quotes from from the statement the 'category of of patients' as an issue and had implied and again in quotes that their 'supervision' and their 'treatment' again in quotes requirements were incompatible with care in the community. What did you [what were your views on that?
Ruth [I mean again, I suppose my my view was that (.) private information that that should have been confidential to individuals was again trailed into a public arena and I mean I choose who I tell about my medical history (.) um: and I I found it very distressing that apparently you know in individuals' medical histories or or knowledge of of their as I say their medical history not their not necessarily their social history or whatever their medical history was was um somehow .h (0.6) well I I suppose the the article led us to believe that there was information that was being made available in some way. And that seemed to be you know quite wrong basically.

There are many aspects to the question I ask at the beginning of each of these extracts: treatment and supervision requirements, type of patient, compatibility with community care. However, participants do not directly address any of these issues in their responses. Rather, they focus on the issue of leaked information.

In both extracts, participants establish that information about patients which should have been kept private had been made public. For example, in extract (7) Lisa comments: 'because I we did feel that sometimes people were actually abusing their professional (.) knowledge in that it was our understanding that people .h um who: (.) worked in certain fields did not disclose .h things about people that they may have had inside access to information about' (lines 10 to 14). Similarly, in

extract (8) Ruth states: '... private information that that should have been confidential to individuals was again trailed into a public arena ...' (lines 10 and 11).

Having established that a breach of confidentiality has taken place, participants provide an assessment of this state of affairs. In extract (7), Lisa states: '... it was quite intolerable ...' (line 16); '... I think it was .h [ ] professionally totally unacceptable, totally unacceptable' (lines 21 and 22). Similarly, in extract (8), Ruth comments: 'And that seemed to be you know quite wrong basically' (lines 19 and 20).

Participants also provide an indirect negative assessment of the situation. This is accomplished in two ways. First, a lack of professional integrity is attributed to objectors. In both extracts, the category membership of objectors is established. This is achieved in extract (7) through Lisa's reference to 'professional knowledge' (line 11) and in extract (8) through Ruth's reference to 'medical histories' (line 14). We can thus infer that objectors are members of the category 'medical practitioner'. This, along with the information that a breach of confidentiality has taken place, serves to attribute a lack of professional integrity to objectors on the grounds that they have disclosed privileged information and hence have abused their professional position.

The second way in which participants provide an indirect assessment of the situation is through their description of their reactions to objectors' alleged breach of confidentially. In extract (8), Ruth says that she 'found it very distressing' (line 13). Lisa describes a different reaction: '... I think it was .h quite shocking ...' (extract (7), line 21); '... there was that aspect to it which we felt was quite shocking' (extract (7), lines 23 and 24). Furthermore, Lisa's comment that she 'could use some quite (0.3) strong language here' (lines 9 and 10) serves to convey the strength of her reaction. Thus a negative assessment of the situation is implied.

In summary then, in both extracts (7) and (8), although there are a number of aspects to my question, neither participant addresses any of these directly. Instead they both focus on objectors' breach of confidentiality and their assessment of this state of affairs. This suggests that there is either something problematic about providing a direct response to my question or that there is something problematic about the question itself. In formulating my question I refer directly to the kinds of things objectors have said. However, in making reference to these issues I use 'quotes' which suggests that these are not my views and that I do not agree with

them. In turn, this undermines the relevance of objectors' claims and it is therefore likely that this is the reason for participants expressing their views on what objectors' have done rather than on the content of what they have said.

Managing the dilemma of stake or interest

People treat other individuals and groups as having a variety of aspirations, motives and interests. Anyone who produces a version of a situation or event in support of an argument thus risks having their claims undermined on the grounds that the version of events which they have constructed has been motivated by their own interests. Given this state of affairs, Edwards and Potter (1992, p. 158) have argued that people are caught in a dilemma of stake and interest. People can be seen to display sensitivity to this dilemma through the way in which they formulate their arguments in order to attend to their own interests, whilst at the same time protecting their claims from being undermined on the basis of their interestedness.

As noted earlier, in formulating their views on the arguments put forward by objectors in opposition to the supported accommodation project, representatives of Commsupport could be accused of constructing versions of situations and events to suit their own vested interest in the project going ahead. In this section of the chapter, I am going to look at the ways in which participants' arguments are designed in order to resist rebuttal on the grounds of interestedness.

In extracts (9) to (12), which are taken from various points in the analysis above, participants use research as a resource to manage the dilemma of stake or interest.

(9) Interview with representative of Commsupport, 29 August 1994. (Taken from extract (2).)

8 Lisa I'm sure if you look at any research er there is people with
9 mental health problems are no more or less likely to (0.4) to be
10 a problem to to children than anybody else in the community.

(10) Interview with representative of Commsupport, 29 August 1994. (Taken from extract (2).)

20 say the same as I've just said to you, there's no reason why
21 people .h are going to be any more or less likely and of course
22 all the research says that most um: child abuse happens within
23 families, behind closed doors,

(11) Interview with representative of Commsupport, 29 August 1994. (Taken from extract (6).)

6 Lisa Well again, I mean we we did get our hands on research from
7 the (.) from the States which in fact showed that house prices
8 you know went up,

(12) Interview with representative of Commsupport, 8 August 1994. (Taken from extract (5).)

Ruth ... My own recollection was that I had (0.3) I think this this was quite difficult I had recollections of an article that I'd read where a piece of research had been done down South=
Sue =Mm hm=
Ruth =into house values .hh and try as we might we couldn't lay our hands on that. I contacted national organisations, the organisations I thought that had been involved .hh my my view was, I know that that isn't the case um:: and I I thought I could back it up with with some research .hh um:: (0.6)

In each of these extracts, participants draw upon research findings in order to support their argument. Citing the findings of research serves to give the impression that the 'facts' exist independently of Commsupport's views, interests or motivations. Participants' use of research thus allows them to construct a version of events which suits their own interests in the Commsupport project going ahead whilst appearing disinterested and unbiased. Thus participants use research evidence as a rhetorical device, a form of empiricist accounting. Similarly, Gill (1993) has shown how research is used as a rhetorical device by male disc jockeys to explain the lack of female disc jockeys.

In extracts (13) and (14) below, which are taken from extract (5), participants draw upon a different kind of evidence, personal experience.

(13) Interview with representative of Commsupport, 8 August 1994.

Ruth .hh That was an interesting one because it was one I'd heard a a number of times. It was one I'd read ar articles about over a number of years. I mean I'm I'm kind of going back to my previous experience sort of starting to work in in terms of developing supported accommodation in 1980 (1.2) eh 1979. 1979. And I mean it it was around um as an issue for for housing associations for all sorts of other organisations ...

(14) Interview with representative of Commsupport, 8 August 1994.

Ruth my my reason for saying I knew it wasn't the case was that I'd had experience of as I say developing other forms of accommodation in other areas and it was never raised as a real issue after the accommodation was provided. So no, if you like, nobody came back to the housing association or whoever and said 'Now that you've built that, I can't sell my house' or ... Now I may be wrong, they maybe <u>have</u> been instances of that happening but I certainly wasn't aware of them ...

In both of these extracts, Ruth draws upon her prior personal experience of developing accommodation in other areas. Drawing upon her personal experience of

an analogous situation enables her to provide evidence to support her claim that house values in the vicinity of the Commsupport project will not depreciate, whilst distancing herself enough from the situation in Arlington to avert potential charges of interestedness.

In extract (15) below, a similar effect is achieved by drawing upon a different kind of personal experience.

(15) Interview with representative of Commsupport, 8 August 1994.

Ruth It's interesting. My own my own experience which which, you know, I I didn't actually sort of cite to people because I don't think it would really have been worth it but (.) my own experience was of em looking for property for myself and trying to buy a house two doors along from a a house that was used for supported accommodation for people with learning disabilities and finding out that it was sold within a week and not being able to you know not being able to get into that because it was just far too. So my own personal experience had been .h that a house, in that instance um in a in a fairly (0.4) you know good area of Oakthorpe, that house prices weren't affected and certainly didn't affect the speed at which that house was sold. That's not worth very much. It was only my own my personal experience. It kind of yes I suppose it kind of validated what I felt about it was that it didn't stop me (0.4) you know and and it didn't obviously didn't stop any other buyer in in buying that property and it didn't affect the value of it so

In extract (16) below which is taken from extract (4), a different strategy is used to manage Commsupport's dilemma of stake or interest.

(16) Interview with representative of Commsupport, 29 August 1994.

Lisa we thought you know we'll take the risk. And in fact there have been no problems you know. We have had a (.) you know some things dropped in the garden but then that's you know I'm sure people who pass by just (.) hurl things across. I don't think there's anything malicious um about it you know. So there have been one or two very trivial incidents, but absolutely absolutely nothing, nothing of any import at all.

In this extract, potential charges of interestedness are managed by first denying a state of affairs, then admitting to it, but trivialising to what one is admitting. Lisa's claim that there have been no problems (lines 24 and 25) is likely to be one which is open to the potential charge that she is simply constructing a version of events which serves to warrant Commsupport's actions in going ahead with the project. Acknowledging that there have been some incidents, but undermining their

significance serves to support Lisa's claim that there have been no (real) problems, whilst heading off potential charges of interestedness.

SUMMARY

This chapter has focused on the views expressed by representatives of Commsupport in response to questions regarding two of the issues which objectors argued were of public concern: namely the claimed unsuitability of the project's location; and the type of tenants who would take up residence there. In addition, interviewees were asked to comment on objectors' claims concerning the potential depreciation of house values in the vicinity of the Commsupport project.

Representatives of Commsupport constructed only one direct counter argument in response to the case put forward in opposition to the Commsupport project by objectors. This related to the potential depreciation of house values in the vicinity of the supported accommodation project. In formulating their counter argument, interviewees claimed that house values would not depreciate and drew upon three different kinds of evidence to support their claim; research findings, prior experience of setting up a supported accommodation project, and personal experience of being a prospective house buyer in the vicinity of a similar project.

A number of less direct strategies were used in responding to objectors' arguments relating to the potential risk to schoolchildren and the potential victimisation of the Commsupport residents by local vandals. One of these was to dismiss as unreasonable objectors' demands for guarantees regarding the safety of children. The other three strategies used were similar to those used by supporters. The first of these was to dispute the facts underpinning objectors' argument, for example, by minimising the significance of the risk to the residents of the Commsupport house posed by local vandals; and by undermining the relevance of membership of the category 'people with mental illness' to whether or not someone constitutes a risk to children. The second strategy was to dismiss objectors' concerns on the basis of their lack of specific relevance to the situation in Arlington, for example, by undermining the relevance of the Commsupport project to whether or not children are at risk; and by constructing the risk of victimisation by local teenagers as no greater for Commsupport residents than for any other vulnerable people. The third strategy was to denigrate objectors, for example, by attributing motives of self-interest.

A further strategy was to use an inability to remember as a rhetorical device. This functioned to initiate a topic shift which enabled the interviewee to provide an emotional reaction to the consequences of the letter, and propose the appropriateness of this response to the question asked, instead of providing her views on the issue of the potential risk to schoolchildren.

Other questions to which representatives of Commsupport did not respond directly related to objectors' claims concerning the type of tenant who would take up residence in the Commsupport house. Specifically, interviewees did not produce their views on what objectors had said, but rather focused on the breach of confidentiality which they claimed objectors had perpetrated and undermined their professional integrity on this basis. It is likely, however, that this effect was related to the wording and structure of the questions which I had asked, rather than being an avoidance strategy on the part of the interviewees.

The analysis has also shown how in addressing the major issues of concern raised by objectors, interviewees used specific rhetorical devices to enable them to attend to their interests, whilst protecting their arguments from being undermined on the grounds that they were based on interested versions of situations or events. These devices included the use of personal experience and empiricist accounting, in particular the use of research as a resource. A further device which was used was to first deny a state of affairs, then admit to it, but to trivialise to what one is admitting.

In Chapter Eight, issues relating to consultation and information giving are addressed.

CHAPTER EIGHT

CONSULTATION AND INFORMATION GIVING

INTRODUCTION

In Chapter Four, analysis of 'the case against' showed that one of the issues of public concern raised by objectors to the Commsupport project was the circumstances under which the project was set up. In particular, they claimed that the project was set up in conditions of secrecy. This was said to be a result of Commsupport's failure to consult with local people prior to purchasing the house in Regency Road. Objectors' concerns focused on three distinct consequences of Commsupport's lack of prior consultation. First, it was argued that a lack of consultation had deprived local people of their right to know in advance about the Commsupport project. According to this view, consultation was regarded as fulfilling a moral obligation. Second, objectors argued that a lack of consultation denied local people the opportunity to offer support to the residents of the Commsupport house. Consultation was thus viewed as a way of raising public awareness. Third, it was claimed that Commsupport's failure to consult with local people had resulted in the selection of an inappropriate location for the project. From this perspective, consultation was considered a means of gathering local knowledge. Hence prior consultation serves a variety of roles.

For this reason, I incorporated questions about consultation into the group discussions and interviews held with participants. In this chapter, I am going to focus on participants' responses to some of these questions, in addition to the views expressed on the issue by supporters of the Commsupport project in their letters to the local press.

Preliminary analysis suggested that although the function of consultation is reasonably clearly defined, its content is more problematic. I am going to begin the analysis by exploring further the role which it is claimed consultation would have served in Arlington.

Consultation as a means of easing opposition

Extracts (1) and (2) below are taken from two letters written to the local press in response to the original letter of opposition, by people who were generally supportive of the Commsupport project.

(1) 'Consultation would have eased opposition', Arlington and District Tribune, 7 February 1992.

Having read your article on the planned Commsupport community house and the fuss that has since been created, I would like to say that I can understand the reason for residents nearby the community house for ex-hospital patients being upset about the apparent secrecy of the scheme. I also can understand the parents of the children who attend the schools or the nursery nearby, having some anxiety about this. Some are asking: 'Will their children be safe going to school?' Perhaps in my view it would have been better to have had consultation time so the residents and parents could have voiced their fears. I feel sure a meeting would have eased opposition to the scheme.

(2) 'Let debate be based on facts', Arlington and District Tribune, 7 February 1992.

The arguments of those protesting against Commsupport's development of a supported house in Arlington for people with mental health problems are reasoned and articulate - but the strongest feeling imparted is that of fear. Fear of the unknown. A fearful person imagines the worst - thus the references to Carstairs and sexual perversion. Reality is usually less dramatic; and uneventful. There needs to be public consultation and debate but let it be based on facts. And let minds be open.

In both extracts, a case is made that consultation can ease public opposition by providing the opportunity to present the facts. This is accomplished through a descriptive sequence in which the writers provide reasons for objectors' concerns relating to the Commsupport project.

In extract (1) the writer implies that objectors' fears for the safety of their children derive from the secrecy surrounding Commsupport's plans (lines 1 to 7). Hence it is implied that objectors' opposition is based on fear of the unknown and therefore ignorance of the reality of the situation. In extract (2) a similar basis for objectors' opposition is stated explicitly: 'Fear of the unknown' (lines 1 to 4).

What is imagined by someone whose fear is based on ignorance is contrasted with the nature of the reality: 'A fearful person imagines the worst - thus the references to Carstairs and sexual perversion. Reality is usually less dramatic; and uneventful'

(extract (2), lines 4 to 7). Objectors' opposition is thus portrayed as reasonable on the grounds that it is based on fear of the unknown and therefore not the likely reality. In extract (1), a similar effect is achieved more subtly. In lines 8 to 11 of this extract, it is implied that if there had been consultation, then objectors would have been able to voice their (understandable) fears and these could have been alleviated. Hence, it is again implied that objectors' opposition is based on fear not facts.

Moreover, if consultation results in the alleviation of objectors' fears, and objectors' fears are based on ignorance of the reality of the situation (extract (1), lines 1 to 7), we can infer that consultation involves the presentation of facts. Consultation is similarly formulated in extract (2): 'There needs to be public consultation but let it be based on facts' (lines 7 and 8). The sequential positioning of this claim following the contrast in lines 4 to 6, allows us to infer that consultation based on the facts of the matter will allow objectors to see the reality of the situation and hence allay their fears. Furthermore, since it has been suggested that objectors' opposition is based on fear of the unknown, by implication, consultation provides a potential solution to local opposition. This is stated explicitly in extract (1): 'I feel sure a meeting would have eased opposition to the scheme'.

In extracts (1) and (2) it is implied that consultation involves presenting and debating facts, and voicing and allaying fears. Thus consultation is relatively unproblematically defined in terms of its function. However, objectors' responses to direct questions about the nature of consultation suggest its content is more elusive.

The elusiveness of consultation

Extract (3) below is taken from a group discussion with objectors in which participants are asked directly for their views on consultation. Preliminary analysis suggested an interesting feature of this account; specifically that despite affirming the importance of the issue, participants do not provide a direct response to my question.

(3) Group discussion with objectors, 15 July 1993.

1	Sue	=Could I just go back to the issue of consultation .h again for
2		a moment, because I think this is important to find out um=
3	Kate	=It's <u>very</u> important.
4		(.)
5	Sue	what your views about consultation <u>are</u>? For for example um::
6		(1.1) <u>who</u> do you think should be involved in consultation and
7		.h <u>when</u> do you think it should happen? Um (.) what do you
8		see as being the benefits, if you see there being any
9		disadvantages? These types of of issues.

10		(.)
11	Jean	I think the whole attitude of Commsupport was (1.2) was
12		wrong from the very beginning.
13		(1.8)
14	Ray	Well that's true Jean yeah=
15	Jean	=Because, I mean they (1.3) they just were not interested=
16	Ray	=No=
17	Jean	=in <u>anybody</u> else, but buying that house (1.0) and putting
18		these poor souls in the house and that's all they were interested
19		in (0.5) really.
20		(.)

In my question in lines 1 to 9 I ask participants for their views on consultation in general and provide examples of the kinds of issue which they could comment on, for example, who it should involve, when it should happen, and so on.

However, in response to my question, Jean criticises Commsupport's 'whole attitude' (line 11). One of the assumptions of conversational interaction is that speakers' utterances are contextually oriented where the 'context' is provided by the series of interactions prior to any one speaker's utterance. Hearers rely upon the relevance of speakers' utterances to the interactional context in order to interpret what is being said, and speakers orient to the various aspects of context in the design of what they say (Heritage, 1984, pp. 241-242). However, Jean does not select one of the issues I raise in my question, nor does she address directly the issue of consultation. Furthermore, whereas my question concerned her views on consultation *in general*, Jean's response relates specifically to the situation in Arlington. Thus the relevance of her response to my question is not immediately apparent. There is then a breach of the normal 'rules' of conversational interaction. That this is recognised as such is indicated by the lengthy pause of 1.8 seconds prior to Ray's utterance in line 14 after which he colludes with Jean's breach through his expression of agreement with her criticism of Commsupport.

Jean's breach serves to accomplish a topic shift. Evidence for this is provided by her account in lines 15 to 19 in which she warrants her prior negative assessment of Commsupport's attitude: 'Because, I mean they (1.3) they just were not interested in <u>anybody</u> else, but buying that house (1.0) and putting these poor souls in the house and that's all they were interested in (0.5) really'. Jean's topic shift thus enables her to avoid producing her views on the issue of consultation.

In extract (4) below, which occurs much later in the same group discussion, participants use a similar strategy to avoid producing their views.

(4) Group discussion with objectors, 15 July 1993.

1	Sue	How (.) about (.) um:: (0.8) again with regard to to
2		consultation .hh um (0.6) you've already said you would like
3		to know >you would have liked to know from Commsupport
4		maybe how to deal with some situations<=
5	Ray	=now there can I excuse you just now=
6	Sue	=Mm hm
7		(.)
8	Ray	Commsupport couldnae deal with that situation[1] so what
9		situation can Commsupport deal with? As far as I'm
10		concerned, they can do nothing.
11		(0.9)

In this extract, I introduce the topic of consultation once again and provide a summary of what participants have said earlier. The summary makes relevant one topic in particular, 'how to deal with some situations', which, by virtue of its sequential position, is an example of one particular issue which could be addressed through consultation.

However, before I have fully formulated my question, Ray asks to interrupt (line 5) and, in his next turn, states: 'Commsupport couldnae deal with that situation so what situation can Commsupport deal with? As far as I'm concerned, they can do nothing' (lines 8 to 10). Ray's interruption allows him to take the floor and selectively recycle one aspect of my incomplete question, 'how to deal with some situations'. This enables him to criticise Commsupport whilst maintaining the topical coherence of the conversation. The implication is, that given Commsupport could not deal with the situation relating to the distressed female resident, the organisation was in no position to advise anyone else how to deal with any other situations which might arise. Ray's interruption thus serves to accomplish a topic shift which enables participants to avoid giving their views on the issue of consultation.

In extract (5) below, which is taken from a different group discussion to extracts (3) and (4), participants similarly introduce a topic shift and thereby avoid producing a direct response to my question.

(5) Group discussion with objectors, 23 August 1993.

1	Sue	What kind of things if if there was consultation, what kind of
2		things would you want to know through that? Or (.) and who

[1] This is a reference to a story told earlier in the discussion in which Commsupport is criticised for its handling of an incident in which a female resident of the Commsupport house in a distressed state ran to her neighbours for help. (See Chapter Five, extracts (10) and (11).)

3 would you like it to involve? And would you like it you know
4 when should it take place etc?
5 (0.6)
6 Tom .hh Well we're in a difficult position now because I think
7 we're so coloured by what has happened that we can't now put
8 ourselves back into .h er a situation where .h there where you
9 know we're in a different location and people are coming
10 starting over again. We can say (.) give help I suppose to an
11 organisation and say well if you do it this way you might have
12 a better chance of suc suc success. My major point is that that
13 if it is a needs-led service and there's a recognition that
14 neighbours are affected, that there's no deceit in all this that
15 people are open and they forget for that moment about
16 confidentiality they explain what their problem is, seek
17 people's help, um: recognise neighbours are making a sacrifice
18 because they are and I can assure you it's a (.) big one in this
19 sort of environment that sort of honesty will get them very far.
20 You know they'll get far (.) further that way than just simply
21 assuming that everyone is going to say 'No'. We'll just buy a
22 house and parachute people in. It hasn't worked here.

This extract begins with the interviewer asking a question about a hypothetical situation which is designed to elicit participants' views on specific aspects of consultation, for example who it should involve, when it should happen, and what information should be disseminated (lines 1 to 4). However, in line 6 Tom comments on the impossibility of responding to my question: '.hh Well we're in a difficult position now', and implies the 'real' circumstances which prevent him from answering it: 'because I think we're so coloured by what has happened that we can't now put ourselves back into .h er a situation where .h there where you know we're in a different location and people are coming starting over again' (lines 6 to 10).

Tom's comment serves to accomplish a topic shift and, in the remainder of the extract, he talks about the advice he feels the community could give to organisations involved in setting up community mental health projects. Lines 12 to 22 take the form of a contrast structure in which the way in which Commsupport handled its affairs in Arlington (lines 20 to 22) is explicitly contrasted with and undermined relative to the potential benefits of seeking advice from local residents (lines 12 to 19). This construction serves to make a persuasive case for Tom's suggestion as to how community care projects ought to be implemented, and hence to portray the inadequacy of Commsupport's practice. Moreover, Tom's topic shift enables him to avoid producing a direct answer to my question.

In summary, in extracts (3) to (5), instead of producing their views on consultation in response to direct questions on the issue, participants introduce a topic shift and then go on to talk about something else. For example, in extracts (3) and (4)

participants initiate a topic shift by criticising Commsupport and then providing details of why their attitude was problematic or why the organisation was in no position to advise others. Similarly, in extract (5) the speaker comments on the impossibility of answering my question before going on to describe the advice the community could give organisations involved in implementing community care.

Given that objectors have complained about the lack of prior consultation, it could be expected that by asking them to specify what consultation should involve through direct questions on the issue, a definition of consultation could be elicited. However, objectors' failure to produce direct responses to my questions serves to suggest there is something problematic about the issue. In the next section of the chapter, some of the difficulties involved in defining consultation are highlighted.

Defining consultation

Extracts (6) and (7) below are taken from interviews with representatives of Commsupport in which they are asked for their views on how they thought objectors understood consultation in the context of events in Arlington.

(6) Interview with representative of Commsupport, 8 August 1994.

1	Sue	The issue of um I mean objectors had used the term
2		consultation to raise a number of their (.) concerns .h and I'm
3		not exactly sure what they (.) would have in mind by
4		consultation=
5	Ruth	=Ach aye=
6	Sue	=I wonder what what your (0.4) how did you understand=
7	Ruth	=Mm hm=
8	Sue	=consultation in the context=
9	Ruth	=Mm hm=
10	Sue	=of the move=
11	Ruth	=Well I thi I think consultation eh er (.) people talk about
12		wanting consultation and this this I think has been has been
13		kind of gone over in the paper that was done by the the mental
14		health (.) er organisations um:: I er my feeling is that what
15		when people use the term consultation what they want is the
16		right to veto something. That's my feeling.
(Several lines omitted.)[2]		
17		I wonder if people actually mean by consultation that they want
18		to give their views, but if if if the if the supported service goes
19		ahead then they feel 'Well that's fine, I've given my views'. I
20		wonder if that's really what they meant. I I again at the time I
21		perceived what they meant was (.) consultation would have
22		meant 'We would put forward our arguments and you would
23		have gone away'.

[2] Ruth requested that these lines were 'scratched' on the grounds that they were disjunctive to the matter under discussion .

(.)
Sue Mm hm
(0.4)
Ruth Again that's may that's an assumption that I made at the time. Um I mean you know looking back (.) em:: >looking back you know would you do things differently?< Em is is consultation about saying to people 'Do you want (1.2) tenants with mental health problems to be living here? Yes or No'. Or is consultation um:: 'We're actually you know going to buy this house, folks will be coming here, we want you to know who we are as an organisation, um do you have any questions you want to ask us but we can't break any individual people's confidences or or privacy'. I think as I say I think people were looking for the, they wanted to say 'Yes or no'.
(.)
Sue Right.
(.)
Ruth That's my feeling.

(7) Interview with representative of Commsupport, 29 August 1994.

Sue .hh The (.) objectors had used the term consultation
(.)
Lisa Mm. Mm=
Sue =um to raise a number of their issues. I'm not exactly sure what they might have (.) in mind by consultation.
(.)
Lisa Mm. Mm.
(.)
Sue How did how did you how d'you think people understood the issue of consultation at the time?
(.)
Lisa .hh I think that's the problem. I think that people do look for consultation and I think in our experience what they're looking for is is is the right to veto. I don't think it is consultation because (.) it's it's I mean consultation really means I think ... Um an organisation like Commsupport saying 'Do you mind if=
Sue =Mm hm=
Lisa =we move in next door?' I guess seems to us pretty intolerable because (.) you know we're simply trying to acquire a property for people to live in. .h um: I think what people have a right to is information, but not consultation. You know consultation implies you have the power of saying yes or no to, or at least being involved in that decision and I think you know for most of us and you know we use this analogy you know it may be that um you know, the very ordinary family that you see moving in next door you know got six incredibly noisy adolescents you know who are going through loud music you know and and all the other things that come to be associated with adolescents which might be horrendous for you to live next door to .h um but you don't you wouldn't expect to consult with that family to say 'Can you', you know 'excuse me, we want to vet whether or not you're going to move in you know. How many children did you say you've got? What ages did you say they are? What music are they

36 interested in?' I mean you know you just wouldn't <u>have</u> that.
37 So why should people who are moving from a hospital, who
38 will <u>no longer</u> be patients, and not psychiatric patients, you
39 know they're people moving into a community, so why you
40 know why should therefore neighbours have the right (.) to
41 consultation?

Each of these extracts begins with a direct question relating to how the interviewees interpreted objectors' use of the term consultation. There are two points to note regarding my question which are relevant to both extracts. First, it implies there is more than one interpretation of what consultation might involve. Second, the way in which my question is phrased suggests a lack of clarity on the part of objectors. For example, I use the phrases 'objectors had *used the term consultation*'' and 'I'm not exactly sure what they (.) would (might) have in mind by consultation'. My questions thus serve to imply that objectors had not articulated explicitly what they meant.

However, both Ruth and Lisa suggest that they were clear about what objectors really wanted when they used the term consultation. At the same time, they indicate that objectors' use of the term is not in accordance with their own understanding of the issue. In extract (6), Ruth states: '... my feeling is that what when people use the term consultation what they want is the right to veto something' (lines 14 to 16). Similarly, in extract (7), Lisa says: 'I think people do look for consultation and I think in our experience what they're looking for is is is the right to veto. I don't think it is consultation ...' (lines 12 to 14). In addition, it is implied that the right to veto is linked to asking local people for their permission for the Commsupport project to go ahead. For example, Ruth says: 'Em is is consultation about saying to people 'Do you want (1.2) tenants with mental health problems to be living here? Yes or no'' (extract (6), lines 29 to 31). Similarly, in extract (7), Lisa states: 'You know consultation implies you have the power of saying yes or no to, or at least being involved in that decision ...' (lines 22 to 24).

In both extracts, participants construct their claims that objectors had wanted a right to veto in such a way as to enhance their credibility. In extract (6), Lisa contrasts what she thought at the time the Commsupport project was set up with what she thinks now in retrospect. Her account thus takes the form of self-reflection in which she gives careful consideration to two alternative interpretations of 'consultation'; the opportunity to express views (lines 17 to 19), and information giving (lines 31 to 36). However, following consideration of each of these alternatives, Ruth affirms her original view that objectors had wanted a right to veto

(lines 20 to 23 and lines 36 and 37). Moreover, she makes this characterisation of the issue contingent on her personal intuition: 'my feeling' (lines 14, 16 and 41). This, along with her displayed reflexive consideration serves to give her claims credibility. Similarly, and with similar effect, in extract (7) Lisa makes her views contingent on her personal experience (line 13).

In extract (7), a case is made that it was not reasonable for local people to expect to be asked their permission for the Commsupport project to go ahead. In lines 16 to 19, Lisa states: 'Um an organisation like Commsupport saying 'Do you mind if we move in next door?' I guess seems to us pretty intolerable'. This point is warranted through the presentation of a certain gloss on Commsupport's activities which serves to portray them in terms of their most mundane feature: '... we're simply trying to acquire a property for people to live in' (lines 20 and 21).

The unreasonableness of a right to consultation in terms of asking permission is reinforced through explicit contrast with people's right to information (lines 21 and 22) and through the formulation of an 'analogy' with 'the very ordinary family that you see moving in next door' (lines 26 to 36). In formulating her analogy, Lisa describes the family as having: 'six incredibly noisy adolescents you know who are going through loud music you know and and all the other things that come to be associated with adolescents which might be horrendous for you to live next door to' (lines 27 to 31). Lisa's use of stereotypes and hyperbole functions to construct the worst possible scenario. Moreover, she comments that one would not expect to consult with this family before allowing them to move in (lines 31 to 36). In doing so, Lisa makes a discursive repair 'you *don't* you *wouldn't* expect to consult with that family to say ...' (lines 31 and 32). Her use of 'don't' allows us to infer that consultation would not occur. That is 'don't' refers to a description of a state of affairs. However, what is at stake here is not what people 'do' but rather people's rights and expectations. Thus Lisa switches to 'wouldn't expect' which suggests that, no matter how anti-social the family, you still would not expect them to ask permission to move in next door. This is reinforced through Lisa's upshot in line 36: 'I mean you know you just wouldn't <u>have</u> that'.

In extract (8), which is taken from a group discussion with supporters, consultation in terms of asking permission is similarly formulated as unreasonable.

(8) Group discussion with supporters, 21 July 1993.

1 Sal er I think Len Thomson eh put it rather (.) <u>succinctly</u> to use the
2 word [laughs] he said (.) you know there is a bit in that that

3		paper[3] that I showed you em it says that (.) they should have
4		been consulted=
5	Sue	=Mm hm=
6	Sal	=They should have been (0.4) asked and he said but (.) if if a
7		citizen goes to buy a house they don't have to ask the
8		neighbours [eh do you think we would be=
9	Mo	[Yes that's it exactly. I remember that yeah.
10	Sal	=fitting neighbours=
11	Mo	=That's right.=
12	Sal	=Would you like us for neighbours?
13		(.)
14	Sue	Mm hm.
15	Sal	.hh um so why treat them any differently=
16	Mo	=That's right.
17		(.)
18	Sue	Mm hm=
19	Sal	=and I think that that was a valid point.

In this extract, the reasonableness of consultation in terms of asking permission is undermined by drawing an analogy between the establishment of the Commsupport project and house buying by ordinary citizens.

The extract begins with Sal summarising the first of two different views which have been expressed on the issue of consultation: '... they should have been consulted. They should have been (0.4) asked' (lines 3 to 6).

In lines 6 to 12 Sal reports a different view which has been expressed on consultation, one which has been expressed by Len Thomson: 'and he said but (.) if if a citizen goes to buy a house they don't have to ask the neighbours eh do you think we would be fitting neighbours [ ] Would you like us for neighbours?'. Thus Sal draws an analogy with a similar situation in which the only difference is the type of house buyer. If consultation does not occur in the context of house buying, then by implication it is not reasonable to expect it to occur in the context of Commsupport buying a house for the purposes of setting up a supported accommodation project. This is reinforced in Sally's upshot: '.hh um so why treat them any differently' (line 15).

Interestingly, in one of the group discussions with objectors, a similar argument is used. However, unlike extracts (7) and (8) in which consultation is formulated as

[3] *Conversion of 'Southlea', Regency Road, Arlington into supported accommodation for five people with long-standing mental health problems.* Report to Arlington Community Council on a meeting held with all relevant parties with an interest in the Commsupport project in the Community Chambers, Arlington, on 25 March 1992.

unreasonable, in this case the argument is not taken explicitly to this logical conclusion.

(9) Group discussion with objectors, 15 July 1993.

1	Sue	=In:: a (.) in an ideal world, if if you had to go through all this
2		again, what would you have liked to have known? (0.6) What
3		information would you have liked (0.3) before (0.4) before
4		everything was set up around you without any consultation?
5		(1.0)
6	Ray	That's a hard one=
7	Jean	=now that's a hard question=
8	Ray	=As far as I'm concerned=
9	Kate	=you know strictly speaking, we're just (0.9) property owners
10		(0.7) like Commsupport=
11	Jean	=that's right=
12	Kate	=We don't (1.0) there's nothing to say:: (0.7) neighbours
13		<u>should be</u> consulted
14		(1.3)
15	Jean	I mean we can all:: sorta buy a house (0.7) and I suppose=
16	Kate	=yes=
17	Jean	=suppose Commsupport can just buy a house [just the same
18	Kate	[just the same
19		(.)
20	Jean	There is <u>not</u> one family, and we are (0.4) the oldest residents
21		(.) in the whole area and I have <u>never</u> <u>known::</u> (0.7) a cross
22		word ...

In this extract, instead of formulating an analogy with an ordinary family or person buying a house, Kate establishes Commsupport's and participants' co-membership of the category 'property owners'. This is achieved through her statement in lines 9 and 10 in which she says: 'you know strictly speaking, we're just (0.9) property owners (0.7) like Commsupport' (lines 9 and 10). Jean's use of 'just' in the phrase '*just* property owners is noteworthy. The particle 'just' can be used to serve a restrictive function (Lee, 1979). That is, it can be used to introduce a sense of limitation into the utterance with which it is associated. In the context of what Jean says, her use of the restrictive form of just serves to exclude the potential relevance of membership of any category other than 'property owners'.

In lines 15 to 18 Kate makes relevant one of the activities associated with membership of the category 'property owners', that is, house buying. Participants' further use of the restrictive form of just excludes any other potential interpretation of Commsupport's actions: 'I mean we can all:: sorta buy a house (0.7) and I suppose suppose Commsupport can just buy a house just the same' (lines 15 to 18).

Having formulated Commsupport's activities in Arlington in terms of house buying, Kate states: 'We don't (1.0) there's nothing to say:: (0.7) neighbours <u>should</u> be

consulted ...' (lines 12 and 13). Participants' response thus indicates an interpretation of consultation in terms of asking permission and implies that since they themselves did not have to ask their prospective neighbours prior to purchasing their properties, Commsupport similarly was under no obligation to consult with *them* prior to setting up the supported accommodation project.

In summary, in extracts (6) to (8) representatives of Commsupport and those people who were generally supportive of Commsupport's plans indicated that they had understood objectors' demands for consultation in terms of asking permission. Commsupport representatives also expressed the view that this interpretation of the issue involved a right to veto. Furthermore, in extracts (7) and (8) participants formulated Commsupport's activities in Arlington in terms of house buying and drew an analogy between the establishment of the Commsupport project and an ordinary family or person buying a house. Thus consultation prior to establishing the Commsupport project was constructed as unreasonable. Interestingly, despite their demands for prior consultation, in extract (9) objectors formulated Commsupport's activities as house buying and established a lack of obligation to consult with neighbours in terms of asking permission in the context of house buying.

In this section of the chapter, consultation has been constructed as asking permission by objectors, supporters and representatives of Commsupport alike. However, the right to consultation in terms of asking permission has been challenged and discounted on the grounds that it is unreasonable. In addition, representatives of Commsupport implied that asking permission was not their own understanding of consultation, but at the same time, they did not formulate any other interpretation of the issue. In the next section of the chapter these participants construct an alternative to consultation: information giving.

An alternative to consultation: information giving

In extract (7) it was claimed that rather than having a right to consultation in terms of asking permission, what people have is the right to information. Rights, however, are not the only basis for information giving. In extracts (10) and (11) below, which are taken from interviews with representatives of Commsupport, participants formulate information giving, and establish the basis for this course of action.

(10) Interview with representative of Commsupport, 8 August 1994.

1 Ruth Um:: as I say I I think for me (0.4) there was a just to try and
2 clarify, (0.8) there there's something about what what
3 people's need to know and people's right to know things is

about .hh and I and I think there are some things that people don't actually have a right to know about, but (.) they feel the need to know about them and as a matter of courtesy (0.4) and and I suppose with with an aim to foster good relationships, that that that some information is provided. I mean I I find it a terribly difficult thing to to work out how much information because obviously people um can work out for themselves if they know an organisation's purchased a house and they know the organisation supports people with mental health problems, then you know to all intents and purposes it's not breaking anybody's confidence to say that people living there will have mental health problems. .hh I think though that's as far as as it has to as it should go in terms of of providing information. .hh I think there's another issue about when you provide that information um and a lot of the American and Canadian research went into that in terms of time-scales about when information was provided to people living around and about um (.) the positive effects it had, the negative effects it had .h um: I think again it's very hard to be prescriptive about that one um:: I I think my view would still be that an organisation (.) does its job but perhaps um considers at what point, as a matter of courtesy, it does go to neighbours to present present the organisation's face, yeah. But but you know that that would be all.

(11) Interview with representative of Commsupport, 29 August 1994.

Lisa Um I wouldn't go along with the you know people have an absolute right to to privacy and you shouldn't tell the neighbours. I mean I think I think that in terms of (0.6) yeah future relationships, you have to tell people at some stage. I think it's at what point you you tell them is is is very critical but I think you could tell people very early sometimes and it's going to work or very late sometimes and it'll work and exactly the opposite is true as well. So I I don't know. But I think you have to be very clear that what you're doing is informing; you're not consulting, you're not saying 'Do you mind if'=

Sue =Yeah. You're not asking permission?=

Lisa =No, you are not asking permission but you're saying you know 'This is us, you know we're an organisation that does this, this and this' .h and you know we've acquired the house next door, we're really pleased we're moving into such a nice neighbourhood and you know we are landlords, we will ensure that the house is run as effectively and as well as it can be. If you have any problems, come to us at any time, but we don't anticipate there will be but but clearly you know we look forward to moving in and living in in the neighbourhood' and that's that's really that's all it is you're trying to say. 'But we are here at any time if you want to come and ask questions, please do'.

Lisa differentiates between consultation in terms of asking permission and information giving and makes clear that it is information giving and not asking

permission which should happen when setting up a supported accommodation project: 'But I think you have to be very clear that what you're doing is informing; you're not consulting, you're not saying 'Do you mind if' [ ] you are not asking permission ...' (extract (11), lines 8 to 13).

In lines 13 to 24 of the same extract Lisa describes what information giving should involve. That is, a representative of the supported accommodation provider should introduce herself to the neighbours of the project, and in so doing, describe the nature of the organisation and its business. Furthermore, she should emphasise that the organisation is the landlord and will endeavour to run the project efficiently but if any problems do arise, or if neighbours would like any issues clarified, then they should feel free to approach the organisation.

In both extracts, the basis for information giving is established. In extract (11), Lisa comments: 'I mean I think I think that in terms of (0.6) yeah future relationships, you have to tell people at some stage.' Thus she acknowledges the obligation to tell people, and provides the grounds for why people should be informed, that is future relationships. Similarly, in extract (10), Ruth states: '... I suppose with with an aim to foster good relationships, that that that some information is provided' (lines 7 and 8). In addition, she cites 'courtesy' (line 6) and 'people's need to know' (lines 2 to 6) as further grounds for information giving. Furthermore, the giving of information to neighbours is justified by participants' prior claims. For example, in lines 1 to 6 of extract (10) Ruth undermines people's rights as a basis for information giving by explicitly contrasting people's 'right' to know and people's 'need' to know certain information and undermining the former relative to the latter. Different grounds on which to justify information giving are cited in extract (11); specifically people's lack of an absolute right to privacy (lines 1 to 3).

Having established that information giving should take place and the basis for this course of action, participants address two further aspects of the issue; what information to provide and when to provide it. These issues, however, are formulated as problematic. I am going to look at participants' constructions of each of these aspects of information giving in turn.

Several points are made in relation to the amount and nature of the information that should be given. Ruth comments that the amount of information that should be provided is 'a terribly difficult thing to to work out' (extract (10), lines 8 and 9). However, she subsequently implies that minimal information should be provided and that this should relate to the fact that the people living in the supported

accommodation project have mental health problems (lines 13 to 16). The issue of confidentiality is a sensitive one and accusations of a breach of confidentiality would serve to undermine Commsupport's integrity as an organisation involved in the provision of community care for mentally ill people. However, because the relevant information is obvious anyway as a result of the type of organisation involved in setting up the project (lines 10 to 15), Ruth points out that: '... to all intents and purposes it's not breaking anybody's confidence to say that people living there will have mental health problems' (lines 13 to 15). Similarly, in extract (11) we can infer that individual confidences will not be breached since the information to be provided relates to factual information about the business of the organisation: '... you're saying you know 'This is us, you know we're an organisation that does this, this and this' ...' (lines 14 and 15).

The second aspect of information giving addressed by participants relates to when information should be provided. In both extracts it is established that the timing of information giving *is* an issue. The timing is described as 'very critical' (extract (11), line 5) and it is suggested that this has been established by the research which has been conducted on the subject (extract (10), lines 18 to 21). Furthermore, in both extracts, the timing of information giving is formulated as a difficult issue. For example, in extract (10) Ruth points to the difficulty of choosing the appropriate time to provide the relevant information. She does this through reference to the subject matter of the research: '... a lot of the American and Canadian research went into that in terms of time-scales about when information was provided to people living around and about um (.) the positive effects it had, the negative effects it had' (lines 18 to 21). Hence her claim in lines 22 and 23 that: '... it's very hard to be prescriptive about [the timing]' is warranted. Similarly in extract (11) Lisa states: '... I think you could tell people very early sometimes and it's going to work or very late sometimes and it'll work and exactly the opposite is true as well. So I I don't know' (lines 6 to 8).

In summary, in extracts (10) and (11) participants formulate information giving as a suitable alternative to consultation in terms of asking permission on the grounds that it is necessary for reasons of courtesy, in order to foster good relationships with local people and that people have a need to know certain things. However, two aspects of information giving are constructed as problematic, what information to give and when to give it.

SUMMARY

In this chapter I have analysed accounts relating to the nature and role of consultation in the context of the establishment of community care projects for people with mental health problems. Those people who were generally supportive of the Commsupport project made relevant the role of consultation in reducing public opposition which, it was suggested, had been motivated by objectors' fear of the unknown. It was argued that since consultation afforded the opportunity to present the facts of the situation, it would allay people's fears and hence reduce public opposition.

However, although consultation was relatively unproblematically defined in terms of its function, the nature of consultation was found to be more elusive. Despite having complained about a lack of consultation, when asked questions about its content, objectors used strategies which enabled them to avoid producing a direct response. In particular, they introduced a topic shift by either criticising Commsupport or commenting on the impossibility of answering my question and then went on to talk about something else. Objectors' failure to produce a direct response to my questions about the nature of consultation suggests there is something problematic about the issue.

Some of the difficulties involved in defining consultation were highlighted by the views expressed by representatives of Commsupport and supporters of the supported accommodation project in relation to what they thought objectors had meant by their use of the term consultation. These participants indicated that they had understood objectors' demands for consultation in terms of asking permission. Commsupport representatives also suggested that this interpretation of the issue involved a right to veto. Moreover, they indicated that what objectors had meant by 'consultation' was not in accordance with their own understanding of the issue. Representatives of Commsupport and supporters of the project dismissed consultation in terms of asking permission, on the grounds of unreasonableness, through their formulation of Commsupport's activities as analogous to an ordinary family or person buying a house.

Interestingly, objectors were shown to use a similar argument to establish Commsupport's lack of obligation to consult with them in terms of asking their permission for the supported accommodation project to go ahead. Specifically, objectors oriented to their own and Commsupport's co-membership of the category

'property owners', constructed Commsupport's actions as house buying, and implied that there was no obligation to consult with neighbours in the context of buying a house.

Having dismissed consultation in terms of asking permission on the grounds of unreasonableness, representatives of Commsupport constructed an alternative to consultation, information giving. It was argued that information giving was necessary in the context of setting up supported accommodation projects for reasons of courtesy, in order to foster good relationships with local people, and because people have a need to know certain things. However, two aspects of information giving were constructed as problematic, what information to give and when to give it.

Although representatives of Commsupport implied that asking permission was not in accordance with their own understanding of consultation, neither they nor the other participants formulated any other interpretation of the issue. Thus 'consultation' was not defined in these interviews.

In the concluding chapter, I am going to consider these findings in relation to those of previous chapters, along with their theoretical and practical implications.

CHAPTER NINE
CONCLUSION

INTRODUCTION

As the drive towards community care has increased in momentum, organisations in different parts of Britain attempting to set up supported accommodation projects for mentally ill people have encountered public opposition. It has been argued that this is due, in part, to the attitudes held[1] by the public towards this client group. Policy makers and practitioners who have a responsibility to plan for, implement, and deliver community care will therefore be best placed to do so if they have a knowledge and understanding of the attitudes held by the community towards people with mental health problems. With the recent Scottish Office announcement of the programme of hospital and bed closure, it is likely that there will be an increase in the number of incidents of public opposition as more and more mentally ill people move into residential alternatives within local communities. A study of community attitudes towards people with mental health problems and their community care is therefore timely.

This study used a discourse analytic approach to explore the views expressed about mentally ill people and their care in the community in a 'hot situation'. Specifically, people's views were explored by examining the ways in which they were expressed in their letters to the local press, and in discussions and interviews, when arguing for or against a supported accommodation project for mentally ill people in their own community.

In this final chapter, I am going to summarise the main empirical findings of the study and consider their implications. It will be suggested that the study's findings have methodological and theoretical implications for traditional approaches to attitude research and for future attempts to assess the attitudes held by the public towards mentally ill people and their care in the community. In addition, the findings have the potential to be of practical utility to policy makers and practitioners involved in the planning and implementation of community care for

[1] This phrase has been used for convenience and is not intended to imply that there is a stable set of attitudes held by individuals.

mentally ill people. Two potential practical applications of the findings will be suggested: how they may be used to inform the development of consultation strategies; and the ways in which they may be used to inform education policy with respect to the development of education programmes aimed at mental health practitioners. Such programmes could be incorporated into existing education and training programmes for mental health practitioners with the aim of providing them with a knowledge of the kinds of arguments likely to be encountered within local communities when consulting on and implementing community care. A knowledge of these has the potential to be of practical utility to practitioners seeking to develop strategies for entering and engaging in local debates about community care for people with mental health problems.

Summary of findings

In this thesis, I have examined the arguments constructed by participants for and against community care in Arlington. One of the key issues that emerged from the analysis concerned consultation. However, before summarising the arguments formulated by participants in relation to this issue, I am going to review the arguments they used to oppose or support the establishment of the Commsupport project.

The argumentative strategy as a whole is dependent on three different aspects of the argument for its rhetorical effect: the argumentative topic, the argumentative form (that is the various steps followed by the argument), and the rhetorical devices employed. In summarising the various arguments constructed by participants, I am going to focus on these three different aspects of their arguments. Unlike the argumentative topic and the rhetorical devices used, the argumentative form is integral to the argument. It therefore cannot be separated out for individual consideration. Nonetheless the argumentative form is recognisable in the summary of participants' arguments which follows.

Arguments used to oppose or support the establishment of the Commsupport project

'The case against'

Analysis of 'the case against' showed how objectors formulated a number of arguments opposing the Commsupport project at the time it was established, and that these were constructed around three different argumentative topics which participants characterised as issues of public concern. Even on reflection, in the

context of group discussions, objectors maintained that these issues were indeed those which were salient.

The first of these related to the claimed unsuitability of the location chosen for the Commsupport house. Objectors constructed two distinct arguments in this respect. First, they argued that the residents of the Commsupport house would be placed at risk at the chosen location. In formulating this argument, participants constructed the location as dangerous and portrayed the residents as vulnerable, as a consequence of their institutional backgrounds, the reduced level of supervision in the community and their inability to cope with stressful situations. Second, objectors claimed that local schoolchildren would be placed at risk as a result of the choice of location. In constructing this argument, objectors formulated the location in terms of its proximity to a number of local schools and implied a potential for frequent and regular contact between schoolchildren and the Commsupport residents. In addition, they characterised the Commsupport residents as 'the chronically mentally ill' and made explicit the kinds of inferences thereby made available about the likely behaviours of members of this category, in particular that they might behave in an unpredictable manner. Having constructed both the location of the Commsupport house and its prospective residents, a case was then made for an incompatibility between the two.

A second topic was the type of tenants who would take up residence in the Commsupport house. In this respect, objectors formulated a generalised argument in which they constructed the people likely to be moving from hospital into the community, and thus by implication, the Commsupport residents, as sufferers of 'chronic schizophrenia'. This construction served to make relevant issues related to their treatment and supervision requirements which, it was claimed, could not be met adequately in the community. Since this argument was formulated on general grounds it served to indicate the inappropriateness of community care for mentally ill people *per se* rather than on grounds specific to the Commsupport residents.

The final argumentative topic related to the secrecy which objectors claimed surrounded Commsupport's plans as a result of the organisation's lack of prior consultation with local people. Objectors formulated a number of different arguments around this topic in order to make relevant the moral and pragmatic consequences of secrecy. First, they constructed the right of local people to know about the Commsupport project in advance, on the grounds that they would be directly affected by it. According to this perspective, local people had been

deprived of their right to know as a result of the secrecy surrounding the project. Hence secrecy was formulated as morally wrong. Second, objectors argued that local people were inherently well disposed to having mentally ill people living in their community, but, that due to the claimed secrecy, had been denied the opportunity to offer their support. A third claimed consequence of Commsupport's failure to consult with local people, and hence of the secrecy which they argued surrounded the organisation's plans, was that an unsuitable location for the project had been selected as a result of a lack of local knowledge.

Participants also addressed the issue of whether the community has a role to play in supporting and caring for people with mental health problems living outside hospital. In formulating their argument around this topic, in response to a direct question on the issue, participants constructed themselves as caring people. At the same time, they implied that people would only be willing to offer assistance to someone who required care and support in unexpected or unforeseen circumstances. Moreover, they constructed helping people with mental health problems as an exception when it came to people's willingness to care, on the basis of the extent of the commitment required. In this way, participants were able to provide a mitigation for their not supporting mentally ill people living in the community whilst, at the same time, they averted potential charges that they were uncaring.

The various argumentative strategies used by objectors in constructing their case in opposition to the Commsupport project served to enable them to attend to issues of accountability and to protect their arguments from being undermined on the grounds of unreasonableness. In particular, objectors used a number of rhetorical devices to construct factual versions of events and situations. These devices included the use of consensus accounting, logical argument, empiricist accounting, and story telling. Participants also anticipated the kinds of negative inferences that people might draw regarding what had motivated their adoption of an oppositional stance, for example economic self-interest, prejudice, and troublemaking, and they attended to these potential problems for self-presentation through the argumentative strategies they used.

Not everyone in the community, however, was opposed to the Commsupport project. The strength of feeling of those who opposed objectors' oppositional stance was evident in the views they expressed in the letters they wrote to the local press and in subsequent discussions and interviews.

Undermining 'the case against'

It seems commonsensical that the most potent means of undermining an argument is to undermine its substantive content directly through the formulation of a counter argument. However, this potentially effective strategy was very rarely used to undermine the case put forward by objectors in opposition to the Commsupport project. Indeed, representatives of Commsupport constructed the only direct counter argument which was used. Specifically, it was claimed that house values would not depreciate and three different types of evidence were presented to support this claim; the findings of research on house values in the locality of supported accommodation projects; personal experience of developing such projects; and of trying to buy a house in the vicinity of one.

A number of less direct means were used by representatives of Commsupport and by supporters of the Commsupport project to undermine 'the case against'. One of these was to refer specifically to one of the arguments put forward by objectors and to undermine it by disputing certain aspects of it. Three different strategies were used in this respect. The first of these was to dismiss objectors' concerns on the basis that they were not of specific relevance to the situation in Arlington, for example, by constructing the risk of victimisation by local teenagers as no greater for Commsupport residents than for anyone else. The second strategy was to dispute the facts underpinning objectors' argument, for example, by undermining the relevance of membership of the category 'people with mental illness' to whether or not someone constitutes a risk to children. The third strategy was to denigrate objectors, for example, by attributing motives of economic self-interest. A further strategy used by representatives of Commsupport, in which they referred specifically to one of objectors' arguments, was to dismiss as unreasonable objectors' demands for guarantees regarding the safety of local schoolchildren.

In formulating specific responses to arguments constructed by objectors, representatives of Commsupport used certain rhetorical devices. These enabled them to attend to their interests in the Commsupport project going ahead whilst protecting their arguments from being undermined on the grounds that they were based on interested versions of situations or events. These devices included the use of personal experience and empiricist accounting, in particular the use of research as a resource. A further device used by representatives of Commsupport was to first deny a state of affairs, then admit to it, but to trivialise to what they were admitting. For example, in responding to a question relating to objectors' concerns

that the Commsupport residents would be victimised by local teenagers, one of the Commsupport representatives at first claimed there had been no problems. However, she went on to acknowledge that there had been some incidents, but undermined their significance.

Another way in which supporters responded to 'the case against' was to make generalised statements relating to the argumentative topics used by objectors, without referring specifically to any particular argument they had constructed. For example, supporters formulated an argument in which they acknowledged the reasonableness of concerns about the safety of children in general, but formulated mentally ill people as having been unreasonably singled out as the perpetrators of the alleged risk.

Supporters also constructed a number of arguments around topics other than those raised by objectors, for example human rights. In formulating one such argument, participants constructed the right of mentally ill people to live in the community and denigrated objectors by portraying them as uncaring and unpleasant people and by attributing socially reprehensible motives to them. Other arguments constructed by supporters related to claims that mentally ill people should not be excluded from community life, on the grounds that it was something that would benefit them, and that mental illness did not constitute reasonable grounds for exclusion. In formulating these arguments, participants used strategies to construct mental illness and mentally ill people in such a way as to minimise the significance of being mentally ill, for example, by formulating mental illness as an unexceptional condition and by using certain terms to describe those who suffer from it. Specifically, supporters constructed mental illness as something which was a potentially common condition and described 'mentally ill people' in ways which served to construct the sufferers of mental illness as separate from the illness, for example, 'people with mental health problems'. In so doing, they did not attend to the features made relevant by objectors' formulations of the Commsupport residents, for example, their institutional backgrounds and the serious and incurable nature of their illness.

It is noteworthy that supporters of the Commsupport project formulated only one argument in favour of community care. This related to the success and benefits of care in the community. Moreover, since this argument was constructed on general grounds, rather than grounds specific to the situation in Arlington, there was no

'case for' the Commsupport project as such. This has a number of implications which I will address later in the chapter.

These are the main arguments constructed by participants to oppose or support the establishment of the Commsupport project. As mentioned previously, one of the key argumentative topics which emerged from the analysis was consultation. This was therefore addressed in a separate analytic chapter. I am now going to summarise the main arguments formulated by participants around this topic.

Arguments relating to consultation

Analysis of participants' accounts in their letters to the local press and in subsequent discussions and interviews, suggests that consultation is relatively unproblematically defined in terms of its function. A number of roles served by consultation were implicit in the arguments constructed by objectors concerning the secrecy which they claimed surrounded Commsupport's plans. One of these was that it fulfils a moral obligation. Other roles served by consultation are that it raises public awareness and that it is a means of gathering local knowledge. A further role served by consultation was made more explicit by those people who were generally supportive of the Commsupport project, that is, consultation has a role to play in reducing public opposition. The nature of consultation was, however, found to be more elusive.

Although supporters argued that consultation would reduce public opposition by affording the opportunity to present the facts of the situation, further attempts to elucidate what consultation might involve proved unfruitful. For example, when asked questions about what consultation should entail, objectors used argumentative strategies which enabled them to avoid producing a direct response. In particular, they introduced a topic shift, by either criticising Commsupport or commenting on the impossibility of answering my question and then went on to talk about something else. This suggests there is something problematic about defining the activity. An attempt was therefore made to elucidate what it was that was problematic about consultation by examining the views expressed by representatives of Commsupport and supporters of the supported accommodation project. These participants indicated that they had understood objectors' demands for consultation in terms of asking permission. Commsupport representatives also suggested that this interpretation of the issue involved a right to veto. Moreover, they indicated that what objectors had meant by 'consultation' was not in accordance with their own understanding of the issue. In spite of this, neither they

nor the other participants formulated any other interpretation of consultation. In addition, consultation in terms of asking permission was dismissed by both representatives of Commsupport and supporters of the project on the grounds that it was unreasonable. Indeed, even though objectors had complained about the lack of prior consultation, they argued that Commsupport had not been under any obligation to ask for their permission for the supported accommodation project to go ahead.

Having dismissed consultation in terms of asking permission, representatives of Commsupport constructed an alternative to consultation, namely information giving. Information giving was justified on the basis that it was necessary for reasons of courtesy, in order to foster good relationships with local people, and because people have a need to know certain things. However, information giving was also formulated as problematic, in particular with respect to what information to give and when to give it.

These are the main arguments formulated by participants in relation to consultation, and to oppose or support the establishment of the Commsupport project. The approach to discourse analysis employed in the study has facilitated the detailed examination of certain aspects of participants' arguments, namely, the argumentative topic, the argumentative form, and the rhetorical devices used. These have been highlighted in the summary of the findings. In the following section, I will argue that it is with these aspects of participants' arguments that the wider relevance of the study lies. In order to do so, I am going to draw on some of the insights made available by Billig's rhetorical approach to social psychology (e.g. Billig, 1987; Billig *et al.*, 1988; Billig, 1991).

Common-sense and common-places

Billig (1987) has argued, on the basis of his examination of the skills of the ancient rhetoricians, that arguments must have a social content, of which the argumentative form is one aspect. Arguments often depend on the implicit inferences which must be drawn by an audience in order to achieve their rhetorical effect. The audience and orator must therefore be linked by shared argumentative forms because, if they were not, the audience would not be able to draw the necessary inferences. Hence the meaning of the orator's speech would be lost to the audience. To illustrate this point, Billig uses the example of Aristotle's 'argument from parity': 'Thy father is to be pitied for having lost his children; and is not Oenus to be pitied for having lost his famous son?' (Rhetoric, 1397b, quoted in Billig, 1987, p. 196). Billig notes that:

> This declamation would be incomprehensible if the audience were unable to grasp immediately that a disputed present instance is being compared to an undisputed past occurrence. Because this much is understood, the argument from parity can be used, without its structure being explained from basic principles in a heavy-handed manner ... (Billig, 1987, p. 196).

Moreover, according to Billig, the audience and speaker are connected by a further aspect of argumentative content, the argumentative topic. The topics of arguments are reflected in the set of shared values or beliefs which bind a culture together and constitute its common-sense. In addressing an audience, the orator appeals to these shared beliefs through the use of common-places, the commonly used topics of common-sense. Since attitudes are expressed within a context of argumentation, the justifications and criticisms used to support certain views and to undermine counter claims will be constructed around culturally shared social common-places.

Drawing on this notion, the following common-places can be abstracted from the argumentative topics used by participants to oppose or to support the Commsupport project[2].

1. *People have a right to information*
2. *People have a right to confidentiality*
3. *People have the right to be treated equally*
4. *We have a duty to protect the vulnerable in our society*
5. *We have a duty to care for the sick and disadvantaged in our society*
6. *People with mental health problems are a risk to others*
7. *People with mental health problems are no different from anyone else*
8. *People with mental health problems are sick*
9. *There are no certainties in life*

Some of these common-places stand in potential contradiction to each other. For example, the right to information could conflict with the right to confidentiality; the right to be treated equally could conflict with the duty to protect the vulnerable; the view of people with mental health problems as a risk to others could conflict with the view of people with mental health problems as no different from anyone else. The contrary nature of these common-places presents potential social dilemmas. For example, one of the Commsupport representatives oriented to the dilemma presented by the duty to protect vulnerable people and the potential risks posed to vulnerable mentally ill people moving from hospital into the community.

[2] In their study on racism, Wetherell and Potter (1992, p. 177) similarly derive a set of common-places relating to practical politics in New Zealand.

The dilemmatic potential of common-places means they are extremely flexible argumentative resources (Billig *et al.*, 1988; Wetherell and Potter, 1992). Indeed the same common-place may be used for different discursive ends. For example, objectors constructed an argument around the common-place 'There are no certainties in life'. Specifically, they argued that the Commsupport project should not go ahead, on the grounds that the safety of local schoolchildren could not be guaranteed. By contrast, representatives of Commsupport argued that since there are no certainties in life, it was not possible to give guarantees, nor was it reasonable for objectors to demand them. Moreover, the flexibility of the common-places identified was evident in the ways they were drawn upon by participants and combined with different argumentative forms and rhetorical devices in order to construct a variety of arguments for or against the Commsupport project and to undermine counter claims. Along with the argumentative forms and rhetorical devices identified in the summary of the findings, these common-places constitute a set of culturally available argumentative resources. They can therefore be drawn upon by different people in different argumentative contexts and, given their flexibility, can be combined in a number of different ways in order to achieve a variety of rhetorical ends. The implications of this claim for the practical utility of the findings of the study will be discussed following an evaluation of the findings and a consideration of their theoretical implications.

Evaluation of findings

The study described in this thesis has taken a novel approach to the assessment of community attitudes towards people with mental health problems and their care in the community. Previous British studies of community attitudes towards members of this client group have employed traditional approaches to attitude research. It has been argued that these have a number of theoretical and methodological limitations. In particular, the survey methods and hypothetical situations used fail to take into consideration the complexity and rhetorical aspects of the attitudes likely to be expressed in real life community care contexts.

By contrast, this study used a discourse analytic approach to explore the views expressed about mentally ill people and their care in the community. Since the analytic focus of discourse analysis is the language through which people express their views, this approach was able to take account of the constructed nature of participants' views and the various subtleties inherent in their expression. A further difference was that participants' views were explored in a real life community care

context. Specifically, people's views were explored in the contexts of the arguments they used to challenge or advocate the establishment of a supported accommodation project for people with mental health problems in their own community.

As a result of its unique approach, this study, unlike any previous study, has provided an in-depth understanding of the views expressed by local people towards mentally ill people and their care in their community. The combination of written and spoken data, afforded the opportunity to explore more fully than the use of one source of data alone, the complexity of participants' arguments, both at the time of the establishment of the supported accommodation project and retrospectively. In addition, the approach to discourse analysis employed facilitated the identification and detailed description of some of the argumentative resources used by people, and the ways in which they were used to argue for or against community care in their community. The analysis also showed how participants' use of these resources had practical consequences within this particular 'hot' situation. At a common-sense level then, one would expect a knowledge of the argumentative resources which were identified to have the potential to be practically useful to those who have a responsibility to consult on, plan for and implement community care. Furthermore, since these resources form part of the common-sense of the culture, and this common-sense knowledge is available to all, the findings of the study have the potential to be of relevance beyond this particular community and participants.

Of course it could be argued that the presence of the interviewer may have influenced the views expressed by participants, in particular, that participants' arguments were specific to the interview context. However, the use of group discussions ensured that participants would not always be responding to the interviewer. Moreover, it seems unlikely that the resources drawn upon by participants in arguing for or against the Commsupport project were generated by my presence alone, but are rather culturally available resources through which people express their views. It is therefore more appropriate to regard the interview situation as a context in which resources are elicited or used, rather than created (Potter and Mulkay, 1985).

A final point relates to the validity of the study. Insofar as the analytic claims I have made in this thesis have given coherence to the body of discourse examined by showing how the discursive structure functions to produce certain effects, I would

argue that the study is valid (Potter and Wetherell, 1987, p. 170). Furthermore, since I have presented all the material which I analysed along with the entire reasoning process I followed from these materials to my analytic conclusions, the validity of my analytic claims is open to the scrutiny of the reader who can then judge for herself whether my conclusions seem valid. I would also argue that the conclusions are valid in the sense that they are fruitful from a number of perspectives (*ibid*, p. 171-172). First, I have illustrated a novel approach to the assessment of community attitudes towards people with mental health problems. Second, I have provided an in-depth understanding of a particular community care context. Third, I have identified and described some of the argumentative resources used by participants when arguing for or against community care in this particular community. Fourth, the findings have the potential to be of practical utility to those involved in the planning and implementation of community care. Finally, I would argue that the study is theoretically fruitful in the sense that the findings have theoretical implications for traditional approaches to attitude research.

Theoretical implications

As the programme of hospital closure increases in momentum and more mentally ill people move into local communities, there is likely to be a need for further studies to assess the attitudes held by the public towards people with mental health problems and their care in the community. The approach taken in this study has a number of theoretical implications, and given the close correspondence between theory and method, implications for the methods used in future studies of community attitudes. In Chapter Two, on the basis of a methodological critique of previous studies, a case was made for taking an argumentative approach to the study of public attitudes towards mentally ill people and their care in the community. Having employed this argumentative approach in the current study, the findings render problematic traditional approaches to attitude research, especially their application to studies designed to assess the attitudes held by the community towards people with mental health problems. In particular, difficulties are raised for the theoretical assumptions underpinning traditional attitude research: specifically that attitudes are relatively enduring inner mental states which can be accessed using an appropriate attitude measure; and that the attitude object is a unitary category independent of the attitude expressed.

First, the analysis has shown that people do not simply use language to describe people with mental health problems as a predefined 'out there' reality, but rather,

they actively draw on a variety of culturally available resources to construct different 'versions' of mentally ill people in order to perform different discursive functions. Indeed the study has detailed the ways in which participants have formulated a number of different versions of people with mental health problems depending on the argumentative task they are performing at the time. For example, in arguing that the residents of the Commsupport house would be placed at risk at the chosen location, the residents were portrayed as vulnerable, in need of supervision, and unable to cope with stressful situations. By contrast, in arguing that the Commsupport residents would pose a risk to local schoolchildren, the residents were constructed as members of the category 'the chronically mentally ill'. This construction served to make relevant the kinds of behaviour likely to be exhibited by members of this category, in particular that they were likely to behave in an unpredictable manner. Traditional approaches to attitude research regard 'people with mental health problems' as a unitary category related to a predefined 'out there' in the world reality. This version of mentally ill people is then evaluated by participants in the course of completing an attitude measurement scale. The attitude object is thus assumed to be independent of the language used to evaluate it. However, the findings of the current study show how the category 'people with mental health problems' is constructed by participants in the course of expressing their views. The 'reality' of people with mental health problems is thus constructed through language tuned to the discursive task at hand.

Second, the findings of the study indicate that not everyone draws on the same notion of what constitutes people with mental health problems. For example, the various versions of mentally ill people constructed by objectors are different from those constructed by supporters. Proponents of traditional attitude measurement scales consider one of the main strengths of these scales to be the fact that, with the conversion of attitudes to numerical scores, the attitudes of different people towards a particular object can be compared directly. However, if the attitude object is not the same for different people, there is no sense in attempting to compare different respondents' scores. Moreover, it is not practical for the researcher to define what constitutes mentally ill people or mental illness on any particular occasion since this will be determined by participants in view of the discursive business at hand. On the other hand, it can be concluded that the various descriptions of mentally ill people are indexical in nature, since if participants did not have some shared understanding about 'people with mental health problems' they would not be able to communicate about them. This study is a step towards articulating some of this common-sense knowledge.

Third, traditional approaches to attitude research are based on a concept of attitude which is relatively consistent and enduring over time and occasions. However, the argumentative approach adopted in this study has shown that given a different context or a different interactional task, the same participants can express a very different attitude. For example, in the original letter of opposition, objectors formulated the prospective residents of the Commsupport house as behaving unpredictably and therefore as representing a threat to children; yet, a few paragraphs later, they were characterised as vulnerable and hence at risk from victimisation by vandals. Given these different formulations, different attitudes are thereby implicitly expressed. This finding presents problems for the traditional view of attitudes as stable and enduring.

Fourth, traditional conceptualisations of attitudes assume that attitudes are internal mental states and that these internal mental states can be tapped into by asking the attitude holder to indicate her level of agreement with certain predetermined statements on an attitude measurement scale. However, in Chapter Two it was argued that attitudes are better conceived as positions people adopt in arguments about controversial issues and, as such they are essentially communicative acts (Lalljee, Brown and Ginsburg, 1987). The current study has shown that when people express attitudes in a real life context of controversy they justify their own views and criticise counter claims. Moreover, as Billig (1990, p. 52) notes: 'To understand the attitude, one must place it alongside the counter attitude; and to understand a justification, one must search for the possible or actual criticism which the speaker is seeking to deflect.' Thus attitudes can only be understood within a context of argumentation and attitude and counter attitude and justification and criticism are each dependent on the other for their meaning. This is exemplified in particular by what I have called 'the case against the case against', which was named as such because it was constructed in response to 'the case against'. An understanding of 'the case against the case against' is only possible if one takes account of what supporters' case is designed to counter, that is 'the case against'. Traditional approaches to attitude research do not take into consideration the argumentative context of attitudes and hence take no account of the arguments the attitudes are designed to counter. They therefore present a monological view of attitudes.

Moreover, the monological view of attitudes presented by traditional approaches has implications for the practical application of the research findings to the real life situations in which community care is practised. Without taking account of the argumentative context in which people express their attitudes towards mentally ill

people and their care in the community, it is unclear how the findings of studies which utilise traditional approaches to attitude research might be relevant to the policy and practice of community care. By contrast, the argumentative approach used in this study is a more informative approach which can prepare people for the arguments likely to be encountered in the context of planning and implementing community care. The theoretical implications of employing traditional approaches to the study of attitudes towards people with mental health problems are therefore also partly implications for the potential practical utility of the research findings. In the next section of the chapter I am going to consider the practical utility of the findings of the study.

Implications for mental health policy and practice

Two potential practical applications of the findings will be considered. One of these relates to how they may be used to inform the development of education programmes aimed at mental health practitioners. However, before considering this potential application of the study's findings, I am going to look at how they may be used in the development of consultation strategies.

The development of consultation strategies

The findings show how consultation was raised as a topic of argument in the context of the establishment of the Commsupport project in Arlington. Consultation is central to the implementation of community care. This is reflected by Scottish Office documents on the issue. These contain recommendations for providers of services relating to how they should approach consultation with local people. In 1989, the Scottish Office issued NHS Circular No 1989 (GEN) 5 to Health Board General Managers regarding the establishment of community care projects for people who were being discharged from long-stay hospitals. This document was directed towards the establishment of facilities for people with learning disabilities (then referred to as 'mentally handicapped'). It was suggested, however, that much of the Circular, in particular those paragraphs which addressed the issue of consultation, would be relevant to the establishment of community care projects for '... vulnerable groups generally and including those suffering, or recovering, from mental illness' (*ibid.*, para. 1). Furthermore, although the document was addressed to Health Boards, non-statutory organisations such as Commsupport were asked to adhere to its spirit (Scottish Mental Health Forum, 1992).

The recommendations about consultation made in this document (henceforth referred to as the 'old' circular') were still in place at the time of the move in Arlington. However, in September 1994 (GEN) 5 was cancelled and superseded by SWSG Circular No SW8/1994 (henceforth referred to as the 'new' circular). This contains Scottish Office guidelines on a number of issues relating to the establishment of community care accommodation. In particular, it:

> Offers advice on the type and location of housing for those with community care needs; and gives practical guidance on ways of keeping the community informed about and receptive to, community care housing developments and on the circumstances in which these might be helpful (*ibid.*, para. 1).

There are some similarities between the old and new circulars. They both address the issue of 'consultation' from the perspective of its role in providing a solution to the potential problem of local opposition. Moreover, they both interpret 'consultation' in terms of exchanging information and listening to views. In addition, both circulars state explicitly that local people do not have a right to veto any particular community care project.

However, despite these similarities, there are significant differences between the two circulars. First, whereas in the old circular the term consultation is used as if it referred to a clearly defined unambiguous activity, in the new circular the problematic nature of 'consultation' is acknowledged. For example, it states:

> In all contacts with neighbours, however, it is important to make absolutely clear that "consultations" at this stage involve exchanging information and listening to views: they do not give local residents a right to choose their neighbours (SWSG Circular No SW8/1994, p. 6, para. 18).

Second, in the old circular, it is recommended that consultation should be considered as a matter of course. In contrast, in the new policy document, although it is acknowledged that 'as a matter of principle proposals ... should never be concealed' it is suggested that 'consultation' should only be considered in neighbourhoods where:

> ...either because of the nature of the needs being catered for or because of the character of the neighbourhood, a possibility exists of local concerns arising from proposals for community care accommodation. It should perhaps be stressed that concern may arise in any neighbourhood and cannot be linked to any particular socio-economic setting (SWSG Circular No SW8/1994, pp. 4-5, para. 13).

Third, there are differences between the two circulars in the suggested timing of 'consultation'. The old circular suggested that consultation should take place as soon as a decision was made on a community care proposal or, failing this, as soon

as possible after the purchase of a suitable house for the project. In contrast, the new circular acknowledges:

> The timing of the approach is important and can be difficult. Some bodies make a practice of visiting neighbours before the purchase is concluded; others open discussions after the purchase is concluded but before residents move in. Others again wait until work on the project is underway or until supervisory staff have moved in. No consensus has emerged about what works best: different approaches work in different situations (SWSG Circular No SW8/1994, p. 6, para. 17).

Fourth, the two circulars differ in their advice on what information should be given. Whilst the old circular recommended that local people should be given '... full details of how the house will be used and the degree of handicap of those who will live there, and what support they are to be given on the premises or otherwise' (NHS Circular No 1989 (GEN) 5, p. 3, para. 10), the new document states:

> It is equally important to be clear about what neighbours can or should be told. The rights of the prospective residents to privacy and to confidentiality must be respected. Personal health information or other personal details about an individual should <u>not</u> be released. It may be helpful however to indicate the general purposes for which the accommodation will be required. Neighbours cannot be given unequivocal guarantees that no problems will ever arise: difficulties may arise as they can do with any neighbour (SWSG Circular No SW8/1994, p. 6, para. 19).

From the preceding discussion, it is clear that there is a stark contrast between the ways in which the issue of 'consultation' is addressed in the two circulars. In particular, in the old circular, consultation is treated as if it is unproblematic whereas in the new document, the problematic nature of the issue with respect to the timing and content of 'consultation' strategies is acknowledged. In these respects, the new 'official' perspective on 'consultation' concurs with the findings of the current study in which representatives of Commsupport formulated information giving as preferable to consultation in terms of asking permission, but at the same time they characterised it as problematic in terms of what information to give and when to give it.

However, a number of the findings of the study render the contents of the new document problematic. First, as noted above, the new document suggests that 'consultation' should only take place in certain situations where, because of the needs being catered for, or because of the character of the neighbourhood a potential for local opposition exists. Moreover, it dismisses consultation as a matter of course on the grounds that it would undermine the principle of normalisation (SWSG Circular No SW8/1994, p. 4, para 13), which, as noted in Chapter One, is one of the most widely applied principles in the provision of community care. Thus any

provider deciding to make contact with the local community in order to avert potential opposition is immediately faced with the problem that, in making that decision, they are undermining the principles which underpin community care. The findings of the study have shown, however, that, by *not* raising 'consultation' as an issue, Commsupport was confronted with an alternative problem. That was local people, especially objectors, raised the issue of consultation because of the organisation's lack of consultation. In particular, it was claimed that Commsupport's failure to consult had deprived local people of their right to know about things which would affect them. On these grounds a lack of consultation was formulated as morally wrong. There is clearly a dilemma here for service providers who need to choose between making a decision not to consult on the grounds that this violates the right of mentally ill people to be treated the same as anyone else, and the decision to consult with local people on the grounds that they have a right to know. This dilemma is evident in the views expressed by participants in the current study. However, only one side of this dilemma is presented in the new policy document, that is, the right of people with mental health problems to be treated the same as anyone else (expressed in terms of the principle of normalisation). It therefore takes no account of the potential for a lack of 'consultation' to become a topic of opposition in itself on the grounds that local people have a right to know about things which will affect them. It is thus suggested that providers ought to take this other side of the dilemma into consideration when deciding whether to 'consult' with local communities or not.

The second finding of the study which renders the contents of the new policy document problematic is that although participants have not actually defined 'consultation', they have nonetheless complained that it has not taken place. This suggests that providers who have decided to 'consult' with local people should confront this issue directly and ask people, what, from their perspective, they think consultation should entail. In this way the potential for a lack of consultation to be raised as an issue of objection could be averted. One potential concern of this approach is that people might demand a right to veto. However, the findings indicate that this is unlikely given that even objectors implied that there was no obligation to ask the permission of neighbours for community care projects to go ahead.

Third, the new document implies that 'consultation' is a process whereby information is provided to local people and local people are afforded the opportunity to give their views in order that any anxieties they may have can be

allayed and that potential objections to a community care project can thus be averted[3]. However, it gives no indication about the content or form of the views likely to be encountered. It therefore says nothing about what the process of 'consultation' might look like in terms of the context of argumentation within which debates about community care are likely to take place. It thus treats consultation as if it were a monologic process and hence gives no indication as to how practitioners should enter and engage in these debates and respond to any opposition that might arise either in the course of 'consultation' or otherwise. The risks of adopting this monologic approach are evident in the following advice.

> Any local objections should of course be responded to with openness and every effort should be made to resolve any conflict. Where conflicts arise, it is important that the framework for any discussions with objectors should be set by reference to what would be grounds for objection in planning terms (SW8/1994, p. 7, para. 22).

The findings of the current study, however, suggest that objectors to the project do not make sense of their objections in planning terms. In fact, the third paragraph of objectors' letter of opposition to the local press reads:

> There is clearly involved a "change of use" in the ordinary sense of planning law. One might think therefore that the neighbours, including Arlington District Council (as education authority representing the immediately adjacent Arlington Infants School), would have a legal right to object on planning grounds. Not so. On 17 March 1989, the law was changed by a statutory order. Under the new law, a dwelling house (other than a flat) formerly used by a single person or family can now be used "by not more than 5 residents living together including a household where care is provided for residents". In changing the law, the Government's express intention was to enable dwelling houses to be used by persons who had formerly been in institutions of some kind.

Thus it is clear from this quotation, that although considered as potential grounds upon which to base their case against the Commsupport project, objectors reject planning law as an appropriate argumentative framework for their oppositional stance on the basis that it no longer constitutes contestable ground. This is further clarified in paragraph five of the same letter.

> Planning controls have been removed to facilitate this policy. But a publicly-funded organisation (such as Commsupport) still has the duty to take due care in selecting a suitable place for such a home, having regard to the character of the locality, the need for security of patients and others, and all other relevant factors. We believe that Commsupport have not discharged their duty in this case.

In this paragraph, having rejected planning law as potential grounds upon which to raise 'the case against', objectors identify alternative grounds upon which to

[3] This argument is equally true of the old circular.

construct their case. These are Commsupport's failure to discharge its duty in relation to a number of factors. This then, and not planning law, is the argumentative context of the debate. The argumentative context of community care debates is something which the policy documents discussed have failed to take into consideration. Moreover, it is pointless to attempt to impose a spurious argumentative context upon a debate, since if this is not the context within which people make sense of the issue, any attempt to frame discussion within this argumentative context is doomed to fail.

The findings of the current study, however, detail the argumentative context of what happened in Arlington and show the kinds of arguments used by participants in arguing for or against the Commsupport project.

The development of education programmes

With the move towards community care, it has been necessary for increasing numbers of mental health practitioners who had previously worked within institutions to be redeployed within community settings. A topic of current concern is how practitioners should be assisted to adapt to their new roles. A recent study has shown that practitioners who were asked their views about their changing roles expressed a need for education programmes aimed at meeting their training needs in the new community setting (Reda, 1995). One area in particular in which it was felt additional training would be of benefit was in relation to how practitioners should cope with public responses. The findings of the current study have a number of implications for the development of education programmes aimed at teaching practitioners how to engage with the public in the context of implementing community care.

First, as noted previously, the potentially dilemmatic nature of the common-place argumentative topics which were identified suggests that they are extremely flexible argumentative resources. These argumentative topics can therefore be combined in various ways with different argumentative forms and rhetorical devices in order to construct a variety of different arguments. It is therefore not possible to be prescriptive about the exact arguments that practitioners will encounter in the context of implementing community care. However, those arguments which they do encounter are likely to be a combination of the various argumentative topics, argumentative forms and rhetorical devices identified in the summary of the findings. Indeed Canadian studies of local opposition to community mental health facilities (Dear, 1992) have shown the argumentative topics to be very similar to

those identified in the current study, for example, the potential depreciation of property values in the vicinity of the project, the unpredictability of the residents' behaviour, and the adequacy of their supervision arrangements. Other grounds for objection:

> ...focus on the peculiarities of local situations. ... Sophisticated opponents express their opposition in terms of the clients' needs, representing the host neighbourhood as unsuitable or unsafe for the client group (Dear, 1992, p. 290).

Second, the cultural availability of the argumentative resources means that they can be drawn upon by anyone. The art of oratory can be learned (Potter, 1989). A knowledge of the various argumentative resources likely to be drawn upon by the public in the construction of their arguments can allow practitioners the opportunity to become reflexive about their own use of language. Moreover, it will provide practitioners with a useful tool kit of resources upon which they can selectively draw depending on the arguments they encounter in practice. This will enable them to develop strategies for entering and engaging in local debates when planning and implementing community care.

Third, it has been noted that there was no specific case *for* the Commsupport project in Arlington. Rather local people formulated an argument in favour of community care in general. One potential concern that might be raised is that the lack of a specific case for is a methodological artefact. However, there were a number of potential opportunities for a specific case for to be made. For example, it could have been made after the announcement in the local press that Commsupport intended to establish a project in Arlington. In other words it could have been made at the same time as 'the case against'. In addition, a specific case for could have been made by the participants who constructed 'the case against the case against'. However, instead they constructed an argument in support of community care on general grounds, that is to say, community care is a good thing, rather than on grounds specific to the situation in Arlington, for example, Arlington would be a good place for community care and would benefit from being chosen as the location for the Commsupport project. It is thus intuitively unlikely that the observed lack of a specific case for community care in Arlington is a methodological artefact[4].

[4] At a theoretical level however, it could be argued that there is 'a case for'. On the basis that any argumentative stance stands in controversial opposition to an opposing stance, a 'case for' is implicit in 'the case against'.

In the absence of a specific case for, it is unlikely that general arguments in support of community care would have much impact on local people in the context of prior consultation for a specific community care project. It is suggested that a better means of approaching local people would be to draw upon some of the arguments used to undermine the case against and to use these in discussions with local people in order to head off potential objections in advance of them being voiced. Alternatively, it might be possible to make a specific case for community care by considering the benefits of a supported accommodation project in a certain area on the basis of what the residents might have to offer the community. For example, given that mentally ill people are more than just mentally ill, organisations like Commsupport could be more explicit about the roles in the community that mentally ill people could play.

Finally, it has been noted that in formulating their arguments for and against community care in Arlington, participants have constructed a variety of versions of people with mental health problems. Some readers may envisage the pit of relativism beckoning. However, it is possible to reject a moral relativism whilst accepting an epistemological relativism (Shotter, 1992). In other words although it is acknowledged that all views are social constructions, not all views are equally valid. Clearly, some of the constructions used by participants are more desirable than others and it is the task of the mental health practitioner to make a moral case for, and so elevate the status of the more desirable versions above those which are less desirable. In the words of Wetherell and Potter 'Some versions of reality may be infinitely preferable to others, and should be argued for and pushed forward whenever possible, but, in our view, there is no 'versionless' reality' (Wetherell and Potter, 1992, p. 62).

In summary, the study described herein has explored the views expressed by people on community care for people with mental health problems. With the recent Scottish Office decision to commit itself to a programme of planned hospital closures, many more people with long-term mental health problems will be moving into local communities. The findings of this study have the potential to be of practical utility to policy makers and practitioners who have a responsibility to plan for, consult on and implement community care for mentally ill people.

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APPENDIX ONE

TOPIC SCHEDULE FOR GROUP DISCUSSIONS

INTRODUCTION

Thank you for agreeing to take part in tonight's discussion. My name is Sue Cowan and I am carrying out some research into the views held by people towards community care for people with mental health needs. My work is funded by The Scottish Office.

As you will know, it is part of the Government's Community Care programme to move patients presently living in psychiatric hospitals into local communities. A topic of some importance to those involved in planning for such moves is the views held by local people. There are likely to be different views on the issue of community care for people with mental health problems. However, at present not much is known about these views, so there is a need for research in this area.

There are two reasons why your views are so valuable. First, you all expressed your views on the Commsupport proposal last year and second, you now have first-hand experience of community care for the mentally ill in your area.

I am interested in hearing your views on a number of topics. Some of these are among those raised in letters to the local papers at the time the Commsupport proposal was announced. Although I will be introducing certain topics for discussion, you should feel free to raise any issues that you feel might be important.

I hope the discussion will be relaxed and informal. Since it is your views that are important I'm going to try to take a back seat so please talk amongst yourselves rather than to myself directly. There are no right or wrong views - everyone's opinion is as important as everyone else's, so feel free to agree and disagree with each other and everyone try to contribute.

Following the discussion, what you say will be transcribed and followed up with individual interviews later in the year. No one participating will be identifiable in the final report and the anonymity of Arlington as a location will be protected.

Does anyone have any questions before we begin?

Before we begin the discussion on community care, perhaps it would be useful to have a clear idea about who this policy is about. I have already used a number of terms to describe this particular client group. For example: 'people with mental health problems'; 'the mentally ill'; 'people with mental health needs' and 'patients living in psychiatric hospitals'. There are other terms that you might like to use.

Who are 'people with mental health problems'?

1 What term or terms would you prefer to use in the discussion?
USE THIS TERM FROM NOW ON.

2 Do you think it matters what term people use?
Yes, WHY DOES IT MATTER?

No, WHY NOT?
DO YOU THINK IT MATTERS TO 'PEOPLE WITH MENTAL HEALTH PROBLEMS' WHAT TERMS OTHER PEOPLE USE TO DESCRIBE THEM?

3 In your opinion, why do people become 'mentally ill'?

4 Do you think that 'mental illness' is something that can happen to anyone?
No, WHAT KINDS OF PEOPLE BECOME 'MENTALLY ILL'?

Perceptions of 'people with mental health problems'

5 In general, when people with 'mental illness' move from psychiatric hospital into the community, do you think they stand out as being different from the rest of the community or do they fit in as no different from anyone else?
Stand out, IN WHAT WAYS?
DO YOU THINK THEY LOOK DIFFERENT?
Yes, IN WHAT WAYS?
DO YOU THINK THEY BEHAVE DIFFERENTLY?
Yes, IN WHAT WAYS?

6 Imagine now that you are a stranger to Arlington, do you think that you would be able to pick out those people who have moved into the Commsupport house?
Yes, WHY?

7 People's perceptions of 'people with mental health problems' could be based on a number of factors. In general, what do you think people's perceptions of 'people with mental health problems' are based on?
DO YOU THINK THAT PERSONAL CONTACT MAY PLAY A ROLE?
HOW ABOUT PROFESSIONAL KNOWLEDGE AND/OR EXPERIENCE?
HOW ABOUT MEDIA PRESENTATION?
ARE THERE ANY OTHER FACTORS THAT MIGHT BE IMPORTANT?

8 What do you think your own perceptions of 'people with mental health problems' are based on?

9 Looking back, do you think that people moving from hospital into your community has changed your perceptions of 'people with mental health problems'?
Yes, HOW HAVE YOUR VIEWS CHANGED?
WHAT HAS BROUGHT ABOUT THIS CHANGE?
HAS PERSONAL CONTACT HAD ANYTHING TO DO WITH IT?

No, HAVE YOUR OPINIONS BEEN CONFIRMED?
Yes, IN WHAT WAYS HAVE THEY BEEN CONFIRMED?
WHAT HAS HELPED CONFIRM THEM?
HAS PERSONAL CONTACT HAD ANYTHING TO DO WITH IT?

Pros and cons of community care

10 In general, do you think the drive towards community care is a good thing?

Yes, WHY?
WHAT BENEFITS, IF ANY, ARE THERE FOR 'PEOPLE WITH MENTAL HEALTH PROBLEMS'?
WHAT BENEFITS, IF ANY, ARE THERE FOR THE COMMUNITY?
IN WHAT WAYS, IF ANY, DOES THE GOVERNMENT BENEFIT?
CAN YOU THINK OF ANY BENEFITS TO ANYONE ELSE?
CAN YOU THINK OF ANY DISADVANTAGES TO ANYONE?

Mixed response, WHY?
WHAT ARE THE BENEFITS OF COMMUNITY CARE?
WHAT BENEFITS, IF ANY, ARE THERE FOR 'PEOPLE WITH MENTAL HEALTH PROBLEMS'?
WHAT BENEFITS, IF ANY, ARE THERE FOR THE COMMUNITY?
IN WHAT WAYS, IF ANY, DOES THE GOVERNMENT BENEFIT?
CAN YOU THINK OF ANY BENEFITS TO ANYONE ELSE?
WHAT ARE THE DISADVANTAGES OF COMMUNITY CARE?
CAN YOU THINK OF ANY DISADVANTAGES TO ANYONE ELSE?

No, WHY NOT?
WHAT DISADVANTAGES, IF ANY, ARE THERE FOR 'PEOPLE WITH MENTAL HEALTH PROBLEMS'?
WHAT DISADVANTAGES, IF ANY, ARE THERE FOR THE COMMUNITY?
WHAT DISADVANTAGES, IF ANY, ARE THERE FOR THE GOVERNMENT?
CAN YOU THINK OF ANY DISADVANTAGES TO ANYONE ELSE?
CAN YOU THINK OF ANY BENEFITS TO ANYONE?

11 What are the alternatives to community care?

12 In your opinion, would ------- be preferable?

Yes, WHY?
WHAT BENEFITS, IF ANY, ARE THERE FOR 'PEOPLE WITH MENTAL HEALTH PROBLEMS'?
WHAT BENEFITS, IF ANY, ARE THERE FOR THE COMMUNITY?
IN WHAT WAYS, IF ANY, DOES THE GOVERNMENT BENEFIT?
CAN YOU THINK OF ANY BENEFITS TO ANYONE ELSE?
CAN YOU THINK OF ANY DISADVANTAGES TO ANYONE?

Mixed response, WHY?
WHAT ARE THE BENEFITS OF ------- ?
WHAT BENEFITS, IF ANY, ARE THERE FOR 'PEOPLE WITH MENTAL HEALTH PROBLEMS'?
WHAT BENEFITS, IF ANY, ARE THERE FOR THE COMMUNITY?

IN WHAT WAYS, IF ANY, DOES THE GOVERNMENT BENEFIT?
CAN YOU THINK OF ANY BENEFITS TO ANYONE ELSE?
WHAT ARE THE DISADVANTAGES OF ------- ?
CAN YOU THINK OF ANY DISADVANTAGES TO ANYONE ELSE?

No, WHY NOT?
WHAT DISADVANTAGES, IF ANY, ARE THERE FOR 'PEOPLE WITH MENTAL HEALTH PROBLEMS'?
WHAT DISADVANTAGES, IF ANY, ARE THERE FOR THE COMMUNITY?
WHAT DISADVANTAGES, IF ANY, ARE THERE FOR THE GOVERNMENT?
CAN YOU THINK OF ANY DISADVANTAGES TO ANYONE ELSE?
CAN YOU THINK OF ANY BENEFITS TO ANYONE?

Thinking now about the implementation of community care policy ...

Implementation - community considerations
Location

13 If you had to choose an ideal location in which to resettle 'people with mental health problems', what would it be like?
WHY?

14 Would the general situation of the location be important?
Yes, WHY?
WHAT ASPECTS OF THE LOCATION'S GENERAL SITUATION WOULD BE IMPORTANT?

No, WHY NOT?

15 Would access to local amenities be important?
Yes, WHAT KINDS OF AMENITIES DO YOU THINK WOULD BE IMPORTANT?
WHY?

No, WHY NOT?

16 In your opinion, what aspects of a location do you think would make it unsuitable for the resettlement of 'people with mental health problems'?
WHY?

17 What aspects, if any, of the location chosen in Arlington, do you think make it suitable for the resettlement of 'people with mental health problems'?
WHY?

18 What aspects, if any, of the location chosen in Arlington do you think make it unsuitable for the resettlement of 'people with mental health problems'?
WHY?

19 Do you think that having 'people with mental health problems' move into your community has affected your lives in any way?

Yes, HOW?
WHAT BENEFICIAL EFFECTS, IF ANY, HAVE THERE BEEN?
WHAT ADVERSE EFFECTS, IF ANY, HAVE THERE BEEN?

20 Some people have expressed concern that property values in the vicinity of the Commsupport house might depreciate. What are your views on this?

If agree or mixed response, WHY DO YOU THINK THEY MIGHT DEPRECIATE?

21 Some people have expressed concern that the residents of the Commsupport house might be victimised by local teenagers. What are your views on this?

22 As far as you know, has this happened?

23 Some people have expressed concern that children living in the vicinity of the Commsupport house could be affected through their contact with 'the mentally ill'. What are your views on this?

24 As far as you know, have children in the vicinity been affected?

Yes, HOW?

25 What, if anything, do you think children living in the vicinity of community care facilities should be told about 'people with mental health problems'?

WHY?

Preparation

26 Do you think the community needs to be prepared in any way to receive 'people with mental health problems' moving out of hospital?

If yes or mixed response, HOW MIGHT THIS BE DONE?

No, WHY NOT?
WHAT KINDS OF EFFECTS, IF ANY, MIGHT THIS HAVE?

27 Should the community be consulted?

Yes, WHAT DO YOU THINK WOULD BE GAINED FROM CONSULTATION?
ARE THERE ANY DISADVANTAGES TO CONSULTATION?
WHEN SHOULD CONSULTATION TAKE PLACE?
WHO SHOULD BE INVOLVED IN CONSULTATION?
WHAT INFORMATION SHOULD BE MADE AVAILABLE THROUGH CONSULTATION?
WHAT SHOULD THE AIMS OF CONSULTATION BE?
SHOULD NEIGHBOURS HAVE THE RIGHT TO PREVENT A PROJECT BEING SET UP?
IN RETROSPECT, DO YOU THINK THE LACK OF CONSULTATION IN ARLINGTON CAUSED PROBLEMS?

Yes, WHAT KINDS OF PROBLEM?
WHAT WOULD THE BENEFITS OF CONSULTATION HAVE BEEN IN THIS INSTANCE?

No, WHY NOT?
IS THERE ANYTHING AT ALL TO BE GAINED FROM CONSULTATION?

28 Some people think that consultation infringes the rights of 'people with mental health problems' to privacy and confidentiality. What are your views on this?

If agree or mixed response, IS THERE AN ACCEPTABLE COMPROMISE?
WHAT FORM MIGHT THIS TAKE?

Implementation - client considerations

Support

29 Do 'people with mental health problems' who move into the community need special support?

Yes, WHY?
WHAT KINDS OF SUPPORT?
WHO SHOULD PROVIDE THIS SUPPORT?
DOES THE COMMUNITY HAVE A ROLE TO PLAY IN SUPPORTING THESE PEOPLE?

Yes, IN WHAT WAYS MIGHT THE COMMUNITY PROVIDE SUPPORT?
No, WHY NOT?

No, WHY NOT?
WHAT KINDS OF PROBLEMS, IF ANY, MIGHT THIS CAUSE?

30 Some people have expressed concern that the residents of the Commsupport house would be unable to look after themselves properly. In your opinion, do you think they are able to look after themselves?

No, WHY NOT?
HOW COULD THEY BE HELPED?

31 Some people argue that a lack of prior consultation denies the community the opportunity to offer support. What are your views on this?

32 Do you know whether the community in Arlington has offered any support to the residents of the Commsupport house?

Yes, WHAT KIND OF SUPPORT HAS BEEN OFFERED?

33 What other needs besides support might 'people with mental health problems' moving into the community have?

Community integration

34 Some people argue that living in a community is not the same as being and feeling part of a community. What do you think?

If agree, WHAT DO YOU THINK BEING PART OF A COMMUNITY ENTAILS?
DO YOU THINK IT INVOLVES FORMING FRIENDSHIPS?
DO YOU THINK IT INVOLVES PLAYING AN ACTIVE ROLE IN THE COMMUNITY?
DO YOU THINK THAT FEELING PART OF THE COMMUNITY IS IMPORTANT TO 'PEOPLE WITH MENTAL HEALTH PROBLEMS'?

Yes, HOW COULD THEY BE HELPED TO BECOME PART OF THE COMMUNITY?
WHAT FACTORS MIGHT BE INVOLVED IN PREVENTING THEM FROM BECOMING PART OF THE COMMUNITY?

DO YOU THINK THE OPINIONS OF LOCAL PEOPLE COULD AFFECT THEIR ABILITY TO BECOME PART OF A COMMUNITY?
DO YOU THINK THAT IT IS EASIER TO BECOME A PART OF SOME KINDS OF COMMUNITIES RATHER THAN OTHERS?
Yes, WHAT ABOUT ARLINGTON?

No, WHY NOT?
WHAT ASPECTS OF COMMUNITY LIFE, IF ANY, DO YOU THINK 'PEOPLE WITH MENTAL HEALTH PROBLEMS' VALUE?
WHY?

35 Have you had any contact with the residents of the Commsupport house?
Yes, WHAT FORM HAS THIS TAKEN?
WHAT IS YOUR IMPRESSION OF THE RESIDENTS?
IN WHAT WAYS, IF ANY, DO YOU THINK THEY HAVE BECOME PART OF THE LOCAL COMMUNITY?
OVERALL, DO YOU THINK THEY HAVE BENEFITED FROM THEIR MOVE INTO THE COMMUNITY?
Yes, WHY?
No, WHY NOT?

Final points

36 What advice, if any, would you have for someone in a different community faced with a similar situation as the one that your community was faced with at the beginning of last year?

37 Are there any other issues you would like to raise?

38 Are there any questions you would like to ask me?

APPENDIX TWO

TOPIC SCHEDULE FOR INTERVIEWS

INTRODUCTION

Thank you for agreeing to be interviewed. As you know I am carrying out some research into the views held by people relating to community care for people with mental health needs. The aim of my study is to be able to say something useful regarding the policy and practice of community care. My work is currently funded by the Scottish Office.

My study led me to choose Arlington as the site of my investigation because people there have first-hand experience of a move of people from hospital into the local community. It therefore represents a 'real life' situation. Research concludes that people express different views in this type of situation from those they express in hypothetical situations.

I have been interested in particular in the ways this move into the local community has become the subject of argument and discussion through newspaper letters and subsequently in group discussions with local people based on the themes in the letters.

However, I have not yet had access to the views of the people from the organisation involved in the move in Arlington. I regard these views as important in the context of discussion and argument about the move.

I am interested in hearing your views on a number of topics which arose in letters in the local press at the time and in subsequent discussions with local people. In addition, I would like to hear your views regarding the process of the move in Arlington and what you perceived to be the major issues raised in the course of that move. Although I will be introducing certain topics, you should feel free to raise any issues that you feel might be important.

No one who has participated in the research will be identifiable in the final report and the anonymity of Arlington as a location will be protected.

Do you have any questions before we begin?

The case for the move

1 As a member of the organisation involved in the planning of the move in Arlington, what did you perceive to be the main arguments in favour of the move?

WHAT BENEFITS, IF ANY, WERE THERE FOR THE PROSPECTIVE TENANTS OF THE HOUSE?
WHAT BENEFITS, IF ANY, WERE THERE FOR COMMSUPPORT?
WHAT BENEFITS, IF ANY, WERE THERE FOR LOCAL PEOPLE?
CAN YOU THINK OF ANY BENEFITS TO ANYONE ELSE?

2 Can you think of any arguments against the move?

In response to an article in the Arlington and District Tribune in which it was announced that Commsupport planned to buy a house in order to establish supported accommodation for people with mental health problems, a letter was written by local people in which they expressed their opposition to the project. This was published in a later issue of the same paper. I would be interested to hear your views on some of the issues raised in that letter and in subsequent communication regarding the project.

Views on 'the case against'

3 Objectors expressed concern that children living in the vicinity of the Commsupport house could be affected through their contact with the tenants of the house. What are your views on this?

4 Concern was also expressed that the tenants of the Commsupport house might be victimised by local teenagers. What are your views on this?

5 A further area of concern was that property values in the vicinity of the Commsupport house might depreciate. What are your views on this?

6 In their statement to the Community Council, objectors raised the issue of 'the category of patients' and implied that their 'supervision' and 'treatment' needs were incompatible with care in the community. What are your views on this?

7 One of the issues raised by local people related to the role played by Commsupport in Arlington. How do you think local people perceived Commsupport's role?
HOW DOES THAT DIFFER FROM YOUR VIEW?

8 Some perceived a lack of 'supervision' and my understanding is that they interpreted this as a lack of caring and concern for the tenants. What are your views on this?

9 Some perceived that Commsupport had chosen an unsuitable location as a result of insufficient local knowledge and my understanding is that they viewed this as indicating a lack of responsibility. What are your views on this?

10 A final issue raised related to the 'secrecy' objectors perceived surrounded the plans for the project. What do you think the issue of 'secrecy' was about?

Views on consultation

11 Objectors used the term 'consultation' to raise some of their concerns. I am not sure exactly what they would have in mind by 'consultation'. How do you think people understood the issue of consultation at that time?

12 As a member of the organisation involved in the move in Arlington, what are your views on consultation in the context of that move?
DO YOU THINK THE COMMUNITY SHOULD HAVE BEEN CONSULTED?
Yes, WHAT DO YOU THINK WOULD HAVE BEEN GAINED FROM CONSULTATION?

DO YOU THINK THERE WOULD HAVE BEEN ANY DISADVANTAGES TO CONSULTATION?
WHEN SHOULD CONSULTATION HAVE TAKEN PLACE?
WHO SHOULD HAVE BEEN INVOLVED IN CONSULTATION?
WHAT INFORMATION SHOULD HAVE BEEN MADE AVAILABLE THROUGH CONSULTATION?
WHAT SHOULD THE AIMS OF CONSULTATION HAVE BEEN?
SHOULD NEIGHBOURS HAVE HAD THE RIGHT TO PREVENT
THE PROJECT BEING SET UP?

No, WHY NOT?
DO YOU THINK THAT ANYTHING AT ALL COULD HAVE BEEN GAINED FROM CONSULTATION?

13 Some people expressed the view that the giving of any information to local people concerning plans to establish accommodation for people moving out of hospital infringes the rights of people with mental health problems to privacy and confidentiality. What are your views on this?

14 At the same time objectors in Arlington argued that as neighbours they had a right to know about the move into their community. What are your views on this?

15 It seems to me that observing the rights of people with mental health problems to confidentiality and providing local people with information regarding what is planned for their neighbourhood might present a dilemma. What are your views on this?

If agree, IN WHAT WAYS IF ANY MIGHT THIS DILEMMA BE RESOLVED?

16 Some local people have argued that a lack of prior consultation denies the community the opportunity to offer support. What are your views on this?

Views on further communication with objectors

17 In the same edition of the Tribune in which the letter of opposition appeared, Commsupport supplied two telephone numbers in order that anyone who had concerns about the project could contact either yourself or the director of Commsupport to discuss them. Did local people use these numbers?

Yes, WHAT KINDS OF ISSUES DID THEY RAISE?
No, WHY DO YOU THINK THEY DID NOT USE THEM?

18 The Community Council chaired a meeting between local residents and the organisations promoting the project. What issues were raised at that meeting?

WHAT PART DID THE MEETING PLAY IN THE PROCESS OF THE MOVE?

19 One of the recommendations arising from that meeting was that the Community Council should ask Commsupport to withdraw from the house in Regency Road. What were your views on that recommendation?

WHAT WAS THE OUTCOME OF THAT RECOMMENDATION?

20 Objectors called for a public debate regarding the move. What were your views on this?

TO WHAT EXTENT DO YOU THINK A PUBLIC DEBATE DID TAKE PLACE IN ARLINGTON?
WHAT ROLE DO YOU THINK THE LOCAL PRESS PLAYED IN WHAT HAPPENED THERE?
WHAT ROLE DO YOU THINK THE COMMUNITY COUNCIL PLAYED IN WHAT HAPPENED THERE?

General views on the Arlington debate

21 A number of letters in which people expressed support for the project in Arlington were written in response to the letter of opposition and were published in the local press. Were you aware of these letters?

If yes, WHAT DID YOU PERCEIVE TO BE THE MAIN VIEWS IN SUPPORT OF THE PROJECT?
FROM YOUR POSITION, HOW DID YOU MAKE SENSE OF THIS DIFFERENCE IN VIEWS?

22 There seemed to be a difference in the ways people supporting and objecting to the project wrote and talked about the prospective tenants. For example, people protesting against the move tended to refer to 'patients', 'the mentally ill' etc., whereas those supporting the move referred to 'people with mental health needs and/or problems etc.' What was your perception of the language used by each side at the time?

HOW DO YOU ACCOUNT FOR THE DIFFERENT LANGUAGE USED?
WHAT EFFECTS, IF ANY, DO YOU THINK THERE MIGHT BE AS A RESULT OF THE DIFFERENCE IN LANGUAGE USED?

23 In retrospect, what do you think led to the course of events in Arlington?

IN WHAT WAYS, IF ANY, COULD IT HAVE BEEN CHANGED?

24 With hindsight, what , if anything, would you have done differently?

Wider issues relating to the Arlington move

25 Have you had experience of moves into other communities?

Yes, HOW DID THE REACTION OF LOCAL PEOPLE IN ARLINGTON COMPARE WITH THAT OF PEOPLE IN OTHER AREAS?

If similar, IN WHAT WAYS WAS IT SIMILAR?
HOW ABOUT THE PROCESS OF THE MOVE?
HOW ABOUT THE INTENSITY OF THE REACTION OF LOCAL PEOPLE?
HOW ABOUT THE CONTENT OF THE ARGUMENTS USED IN SUPPORT OF AND TO OPPOSE THE PROJECT
WHY DO YOU THINK THERE WERE THESE SIMILARITIES?
WERE THERE ANY WAYS IN WHICH IT WAS DIFFERENT?

If mixed response, IN WHAT WAYS WAS IT SIMILAR?
HOW ABOUT THE PROCESS OF THE MOVE?
HOW ABOUT THE INTENSITY OF THE REACTION OF LOCAL PEOPLE?
HOW ABOUT THE CONTENT OF THE ARGUMENTS USED IN

SUPPORT OF AND TO OPPOSE THE PROJECT?
WHY DO YOU THINK THERE WERE THESE SIMILARITIES?
IN WHAT WAYS WAS IT DIFFERENT?
HOW ABOUT THE PROCESS OF THE MOVE?
HOW ABOUT THE INTENSITY OF THE REACTION OF LOCAL PEOPLE?
HOW ABOUT THE CONTENT OF THE ARGUMENTS USED IN SUPPORT OF AND TO OPPOSE THE PROJECT?
WHY DO YOU THINK THERE WERE THESE DIFFERENCES?

If different, IN WHAT WAYS, WAS IT DIFFERENT?
HOW ABOUT THE PROCESS OF THE MOVE?
HOW ABOUT THE INTENSITY OF THE REACTION OF LOCAL PEOPLE?
HOW ABOUT THE CONTENT OF THE ARGUMENTS USED IN SUPPORT OF AND TO OPPOSE THE PROJECT?
WHY DO YOU THINK THERE WERE THESE DIFFERENCES?
WERE THERE ANY WAYS IN WHICH IT WAS SIMILAR?

26 What role, if any, do you think an organisation like Commsupport has to play in relation to the public's or a specific community's attitudes towards people with mental health problems?

27 What role, if any, does it have to play in encouraging public acceptance of the movement of people with mental health problems into local communities?

28 I have used the terms debate and argument in relation to what happened in Arlington. I believe argument is relevant at every level to the policy and practice of community care. For example it is relevant at the face to face level, in letters, in policy making etc. Do you have any views on that?

Yes, HOW DO YOU SEE THE ROLE OF ARGUMENT IN THE POLICY AND PRACTICE OF COMMUNITY CARE?

29 In the interview, I have focused on what happened in Arlington in terms of argument. However, I also think of what happened there in terms of a story of events. There are likely to be different stories which can be told. If you were to construct a storyline relating to what happened in Arlington, where would it begin and end and what do you think the major events in the story would be?

Final points

30 Are there any other issues you would like to raise?

31 Are there any questions you would like to ask me?

APPENDIX THREE

TRANSCRIPTION NOTATION

Extended square brackets indicate an overlap between utterances, for example:

Jean And Commsupport's attitude [to
Ray [and Commsupport's attitude

An equals sign at the end of one speaker's utterance and at the beginning of the next speaker's utterance denotes the absence of a discernible gap, for example:

Kate We did indeed=
Jean =And a lot of it wasn't called for

Numbers in round brackets indicate pauses timed to the nearest tenth of a second. A full stop in round brackets indicates a pause which is noticeable but is too short to measure (less than 0.3s), for example:

Sue How (.) about (.) um (0.8) again with regard to to

A full stop followed by one or more 'h's' indicates an audible intake of breath. The more h's the longer the breath, for example:

Sal Uh huh .hh I think there was a minor concern about that but

One or more colons indicates that the speaker has stretched the preceding sound or letter. The more colons the greater the extent of the stretching, for example:

Sal Em:: because er::

An utterance enclosed between 'greater than' and 'less than' signs indicates that it is uttered faster than the surrounding speech, for example:

Ray and >she was a doctor<

Underlining indicates that words are uttered with added emphasis, for example:

Sue Really?

Capitals indicate that words are uttered louder than the surrounding speech, for example:

Sal BUT I don't think it would reduce the property value.

Material enclosed in round brackets is either inaudible or its accuracy is in doubt, for example:

Mary as well as (calls to Commsupport) anyway the time passed

Material enclosed in square brackets is clarificatory information, for example:

Mary and at that stage (0.3) um:: speaking to Neil [the GP] he said

Square brackets indicate that some transcript has been deliberately omitted, for example:

fled from the house [ ] in fear

APPENDIX FOUR

'Community home proposals raise issues of public concern', Arlington and District Tribune, 31 January, 1992.

Madam, - Your paper's surprise revelation (January 17) of plans to establish a "community home" for newly discharged patients suffering from incurable mental illness at a private house, raises questions of public importance.

The house in question is "Southlea", Regency Road, Arlington.Your article stated that Commsupport, a national voluntary organisation, "is hoping to buy" this house. Surprisingly, in the same issue, a staff recruitment advertisement appeared. Though a "For Sale" notice on the premises was only removed when your most timely article was published, we have some reason to believe that the house had in fact already been purchased in circumstances of unusual secrecy, and that Commsupport will take entry and vacant possession very soon. It seems that the decision to purchase has not been preceded by consultation with local community and neighbourhood interests directly affected.

There is clearly involved a "change of use" in the ordinary sense of planning law. One might think therefore that the neighbours, including Arlington Regional Council (as education authority representing the immediately adjacent Arlington Infants School), would have a legal right to object on planning grounds. Not so. On 17 March 1989, the law was changed by a statutory order. Under the new law, a dwellinghouse (other than a flat) formerly used by a single person or family can now be used "by not more than 5 residents living together including a household where care is provided for residents". In changing the law, the Government's express intention was to enable dwelling houses to be used by persons who had formerly been in institutions of some kind.

It is not for us to question in local forum whether the Government's national policy of establishing 'community homes' for the chronically mentally ill in residential areas is socially desirable. For present purposes, we have to assume that it is.

Planning controls have been removed to facilitate this policy. But a publicly-funded organisation (such as Commsupport) still has the duty to take due care in selecting a suitable place for such a home, having regard to the character of the locality, the need for security of patients and others, and all other relevant factors. We believe that Commsupport have not discharged that duty in this case.

Some of the relevant facts, especially the precise criteria for selecting patients, are unknown because of the unnecessary secrecy. However, sufficient facts are known to suggest strongly that the chosen location is unsuitable because of the probable effects on (1) children attending nearby schools and (2) the patients themselves.

First, the effect on schoolchildren. The chosen location is at the hub of pedestrian access to 4 schools and one nursery school (with about 1,700 pupils in all) in close proximity. The rear garden borders directly on the playground of Arlington Infants School. The open playground of Westside Primary School is only about 50 yards away. Several hundred children, mostly unaccompanied, pass this house at least twice a day. It is an unfortunate fact that the chronically mentally ill look different and behave both differently and unpredictably. There is a real risk that young and impressionable children may be frightened by contact. The behaviour of the patients and children may be incompatible, giving rise to unnecessary conflicts harming one or both of them. The patients may have a history of anti-social behaviour, or exhibitionism, or disinhibition, or detention to the State Hospital, Carstairs. Schoolchildren cannot be guaranteed protection from their unpredictable behaviour.

Second, the effect on the patients themselves. Some are likely to have had an institutional background dating back years or even decades. Though used to 24-hour supervision, they will be unsupervised at nights. We believe that these disadvantaged patients, unable to look after themselves properly, will be in a very vulnerable position at the chosen location. The junction of Regency Road and the Penns[1], immediately outside their house, is a favourite spot for teenagers gathering in gangs for drinking, bottle throwing, vandalism and general behaviour of the worst insensitive type. Despite the commendable efforts of individual police officers, our under-resourced and over-stretched police force have difficulty in containing the problem, for reasons we understand. Local schools have been badly damaged by vandalism, especially but not only extensive window breaking, and even occupied houses near the Penns have not been exempt from this. A missile crashing through an exposed window of one's home in the dark can be most alarming, even for a person of ordinary fortitude which, it may be assumed, the unfortunate patients are unlikely to be. In short, recent experience suggests that there is a real, and not merely fanciful, risk of victimisation or intimidation of these patients by teenage trouble-makers acting singly or in gangs.

The police can give the best independent evidence on the nature and extent of teenage delinquency in the area. We question whether they were ever consulted on the security aspects of the chosen location.

Finally, we emphasise that we do not rely on the possible adverse consequences which we, as near neighbours, may have to bear, e.g. the risks to nine children who live in close proximity and the unquantifiable but all-too-probable depreciation in house values, amounting to the taking away of property rights without compensation. These are an inevitable by-product of the Government's national policy and can only be effectively debated at national level. But the other factors highlighted above are matters of public, local concern. They ought to be publicly debated in Arlington. We therefore call on local people who share our concern

1 The Penns is a pathway running round the old boundary wall of the town.

to inform their elected council representatives and to petition the local health board.

'PUBLIC IMPACT OF A PARTIALLY SUPERVISED COMMSUPPORT CARE HOME FOR RECENTLY DISCHARGED LONGTERM PSYCHIATRIC HOSPITAL PATIENTS WITH MAJOR MENTAL ILLNESS AT REGENCY ROAD ARLINGTON', 11 February 1992. (Capitalisation as per original.)

Since reading of this development in a local Newspaper report, local residents have met and discussed its implications. It was agreed there were real grounds for public concern given its location and the category of tenants likely to be housed there.

Further grounds for concern existed given the lack of adequate consultation at local level and the subsequent attempts to discourage public debate.

The Residents feel that the Public should be quite clear about the category of patients which will be offered places in the Care Home. The great majority of occupants of longterm Psychiatric Hospital wards suffer chronic Schizophrenia and require regular injections and/or other medications. Once discharged from 24hr supervised care they will quite properly be free to come and go. They will also be free to refuse medication, become acutely disturbed and require hospital admission. This acute episode can be terrifying for the patient, their family, their carers and to the Public if exposed to it. It is an unfortunate fact that 1 in 10 sufferers commit suicide and a recent Oxford study of two hostels revealed that 1 in 5 residents exhibited socially unacceptable behaviour.

It is generally accepted, specifically by Arlington and District Health Board that there are real concerns and risks. By acquiring a property without adequate prior local consultation in an area of vandalism and high volume pedestrian traffic (at least 500 schoolchildren each schoolday) the Residents believe Commsupport have acted without sufficient local knowledge and have thereby increased unnecessarily the degree of risk both to patients and residents.

We stress our principal public concern is the appropriateness of the chosen site and we would welcome the opinion of those less closely affected by the proposal.

We thank the Community Council for receiving this statement.