

University of Canberra

**Conformity and resistance:
Discursive struggles in the Australian mental health field**

by

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Abstract

This research explores areas of contention in the mental health field in Australia through a qualitative analysis of voices and practices that can broadly be seen as *talking with* and *talking back* to psychiatry. The thesis is informed by key shifts in thinking that underpin postpsychiatry and analyses a set of materials through an interpretive lens of reading psychiatry against the grain (Bracken & Thomas, 2005; Lewis, 2006). In particular, it examines a failed ethics application to conduct research with people diagnosed with a mental illness, an anti-stigma campaign, the practices of some prominent mental health organisations in Australia, a conversation with two members of an emerging consumer/survivor network in Australia, and a television documentary and online discussion forum about an antidepressant medication. The research draws from discourse analytic methods and concepts from social movement framing research to identify factors shaping conformity and resistance to psychiatric doxa in the Australian mental health field.

The research identifies the discursive repertoires that characterise the mental health field as a ‘game’ in which competing perspectives vie for recognition. In relation to research ethics committees, the thesis argues that deference to clinical expertise is a potential barrier to cultural studies of psychiatry and a more inclusive agenda in mental health research and practice. Some practices for ethics committees to consider when reviewing research that involves people who may have been diagnosed with a mental illness are proposed. The research also identifies problematic features of anti-stigma campaigns that direct their efforts toward protecting and promoting the discourse of biomedical psychiatry. A critique of this type of campaign is offered in relation to perspectives from postpsychiatry and social constructionism. On the basis of this research, it is argued that organisations that champion ‘mental health literacy’ are limited in their ability to give voice to the goals and priorities of those who are calling for a more open, reflexive and democratic debate in mental health. The central argument of this thesis is that elevating first-person and postpsychiatry perspectives is necessary in order to interrogate and address the dominance of the medical model in psychiatry and its consequences.

Form B

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