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Paper:

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Abstract

The right to 'voice' has been identified as central in enabling agency and in ensuring human dignity. This paper discusses an understanding of 'voice' which has been derived from Charles Taylor's concept of 'strong evaluation'. Voice, from this perspective, is found within an ongoing process of identity development which is based on a quest for an authentic sense of self embedded in a moral journey. It is argued here that strong evaluation offers a new perspective within qualitative inquiry and emancipatory practice which may support agency and recovery in those affected by mental health issues. At the same time, strong evaluation offers the potential for positive self-transformation to all those involved in research or practice – either as service users or as service providers/researchers. The paper addresses how strong evaluation may be enhanced and extended by sociological understandings. This is discussed in relation to a study on the changing discursive landscape in the field of mental health. Despite its primary focus on mental health, this paper is relevant to researchers working within a range of marginalized communities whose members lack epistemological authority.

Key words: Emancipatory practice, qualitative methodology, Charles Taylor, mental health, marginalization, recovery, identity, voice

Introduction

Members of socially disadvantaged groups (generally often those commonly labelled 'vulnerable') struggle to be heard. As a result, their marginalization can become more entrenched, often with very serious consequences. Multiple historical and contemporary examples can be drawn on to show how the 'silencing' of the voices of the marginalized leads to infringements of human rights, sometimes with life threatening consequences (see Fisher 2012). Take, for example, the revelations of the criminal abuse of patients at Winterbourne View, a private hospital in the UK registered to provide assessment, treatment and rehabilitation for people with learning disabilities and autism (DH, 2012). Similar themes emerged with the publication of the Francis (2013) Report which exposed a culture of neglect in the Mid Stafford NHS (National Health Service) Trust, which had resulted in the appalling suffering and the unnecessary deaths of many older people. The fact that children are at risk of abuse in schools, clubs and care homes has equally been the focus of extensive media attention in the UK in 2013 (see, for example, Morris, 2013).

The starting point for this paper, which focuses specifically on people with mental health problems, is that wherever the voices of the marginalized are 'silenced', patterns of oppression emerge and persist. People with mental health problems are arguably amongst the most excluded members, constituting a residual category even among marginalized groups (Freshwater 2003). As Radden (2012 p.3) explains,

The mad have been excluded from the epistemic as well as the social community, their voices disregarded and dismissed as meaningless.

Their struggle must include being believed as credible knowers, as well as being merely heard.

In this paper, our attention is directed towards considering an approach to voice which could be applied in emancipatory research and practice in the field of mental health, where therapeutic practice has sometimes been identified as contributing to the problem of exclusion (see for example, Bertram & Stickley 2005; Freshwater & Cahill, 2010; Freshwater & Holloway, 2010). Our perspective on voice is developed by drawing on the thinking of the moral philosopher Charles Taylor (1989) in his seminal work *Sources of the Self*. Whilst this approach shares some of the methodological techniques associated

with poststructuralism and constructivism, its ontology is realist; the significance of the realist ontology is considered at various points in the paper.

The paper addresses how strong evaluation could be used to overcome the sometimes unequal relationships which can be associated with the notion of 'giving voice'. We see identifying an encounter as 'giving voice' in research or practice (or labeling a research participant as 'vulnerable') as a form of external and arbitrary labeling which potentially closes down the agency required for self-transformation (Fisher 2012). This is a view we have gradually arrived at through our professional and academic experience. Pamela Fisher is a sociologist with an interest in issues of 'vulnerability' and 'resilience' among marginalized communities, including families with children with disabilities (Fisher 2008), people with mental health problems (Fisher and Freshwater, 2013), stigmatized political groups (Fisher 2005), and professional identities (Fisher and Byrne 2013). Dawn Freshwater has extensive professional experience of mental health nursing and psychotherapy underpinned by substantial research experience in these areas. Sharing our different disciplinary backgrounds, we have developed a particular interest in how people's internal lifeworlds intermesh with the external world. Much of our work previous emphasizes the emancipatory potential of poststructuralist

analysis and of narrative approaches within a constructivist paradigm. Our more recent interest in Charles Taylor's (1989) strong evaluation can be regarded as an extension of our interest in poststructuralism and constructivism, although it is ontologically and philosophically quite distinct from these.

Our second aim is to suggest that Taylor's moral philosophy sits comfortably with sociological theories which interrogate unequal social relations. Put differently, we advocate the blurring of the boundaries between moral philosophy and sociological theory. In the paper's second half, the role of sociological theory in unmasking unequal relations is discussed with regard to the changing discursive landscape of mental health (Crossley & Crossley 2001). We suggest that if sociological interrogation is incorporated into Taylor's understanding of strong evaluation, the latter may become more powerful and potentially more emancipatory in its effects.

While our discussion focuses primarily on the example of people marginalized by mental health issues, we anticipate that our discussion will be relevant to diverse researchers and to a range of disadvantaged communities whose members lack epistemological legitimacy. Our starting point is that Charles

Taylor's understanding of strong evaluation potentially offers opportunities for members of marginalized groups to present their often silenced (sometimes through the internalization of oppressive discourses) perspectives whilst enabling personal growth towards an authentic sense of self. The notion of the authentic self is central to understanding Taylor's (1989) strong evaluation. According to Taylor (1989), each person has a distinct way of being human, and everybody should be encouraged to grow towards their true self rather than to conform to any blueprint imposed from outside. From this perspective, the goal of any research or therapeutic encounter should be the mutual transformation of all parties involved. In relation to mental health, the focus would no longer be specifically on the pathology of one of the interlocutors.

This paper is organized as follows. We begin with a brief discussion of the changing discursive landscape in the field of mental health. Subsequently we provide an overview of Taylor's (1989) concept of strong evaluation, considering it in relation to poststructuralist and constructivist perspectives. This is followed by a discussion of how Taylor's strong evaluation resonates with recent social scientific perspectives which have challenged traditional fact/value and reason/emotion dichotomies. The second half of the paper focuses specifically on a study of mental health (Crossley & Crossley, 2001) in

order to demonstrate the utility of sociological theory to emancipatory practice and research. It is concluded that emancipatory practice and research in mental health might be served by approaches informed by strong evaluation which incorporates sociological analysis.

Emancipatory approaches within mental health

In Medicine diagnostic categories are defined in terms of cultural norms and values. This is particularly the case in mental health where disorders are enmeshed with issues of personhood and social integration. Mental problems raise questions about responsibility and blame, reflecting a wider cultural tendency to differentiate between blameless misfortune and problems incurred as a result of agency (Miresco and Kirmayer 2006). Writing of the plight of people diagnosed with mental health problems, Radden (2012, p.3) explains, 'Their struggle must include being believed as credible knowers, as well as being merely heard'. In this context, emancipatory inquiry and practice may open up possibilities for the construction of alternative understandings by positioning people as experts in their own lives and experiences, thereby enabling them to create a meaningful narrative and regain control of their lives. We acknowledge the work of Romme and Escher (1993, 2000) and Romme et al. (2009), which provided the inspiration for the *Hearing Voices*

Network which has been influential in inspiring mental health care that places people's accounts at the center of therapeutic interventions (Place et al. 2011). As a result, voices 'in the head' are no longer necessarily dismissed as irrational but are now sometimes interpreted as articulating, on a metaphorical level, meaningful life experiences. Nevertheless, we remain concerned that ways of conceiving mental illness, which are enabling in nature, may perpetrate oppressive understandings which continue to be applied in research and therapy in ways that can restrict understandings of recovery (see Bertam and Stickley 2005). Although policy guidance has now replaced old discourses of deficiency with the language of 'recovery' (see DH 2009; DH 2011), understandings of recovery are operationalized in differing ways (Bonney and Stickley, 2008). There is a danger of imposing a template of recovery which reduces interpretations to a dominant understanding of recovery.

Giving voice?

Narrative studies in mental health have movingly illuminated the direct and largely unmediated experiences of people grappling with mental health problems (see for example Grant, 2006, Short et al. 2007). While these testimonies provide valuable insights into the daily indignities and forms of oppression which are experienced by people diagnosed as mentally ill, there is

a risk that they can contribute to 'fixing' people within situations of despair. McRobbie (2002), for example, has argued that testimonies of suffering can naturalize rather than combat the social sources of the suffering, thereby undermining the potential for agency. Agency is often prompted by political awareness and, in the field of mental health, studies based on poststructuralist discourse analysis have made significant challenges to the power-base of medical knowledge, reinstating people with mental health problems as instigators of change (see, for example, Crossley & Crossley 2001, Freshwater 2007, Hui and Stickley 2007, Zeeman and Simons 2011, Fisher and Freshwater 2013). These studies reveal how meanings are constructed in discourse and stories, and how these challenge 'legitimate' institutionalized forms of knowledge which perpetuate oppression. Nevertheless, despite a development towards interdisciplinary collaboration, the medical model maintains a powerful grip in the field of mental health. This is manifest in particular by a persistent emphasis on diagnosis. As Freshwater et al (2013: 4) put it, '...diagnosis underpins every aspect of a patient's therapeutic journey and sets the parameters of their mental illness...so in this sense, the patient's mental illness, through diagnosis, is literally written into existence.' In some cases professionals drawn from diverse disciplinary backgrounds appear to collude in the perpetration of psychiatric discourses. What this means in practice is that

diagnosis is sometimes used to silence and to dismiss certain dimensions of an individual's identity which might otherwise be drawn on in order to contribute to the capacity for recovery. Freshwater et al. (2013) have termed this type of collaboration 'dysfunctional consonance'. We believe that Taylor's notion of strong evaluation may be useful in combating the limits which diagnostic labeling can place on a person's potential for self-development.

In the second part of this paper, a study on mental health by Crossley & Crossley (2001) is discussed in order to demonstrate the value of sociological analysis in reinforcing strong evaluation. Through a sociological lens, the plight of people with mental health problems shifts from a position of individual tragedy to one of social or political resistance. We argue that the social and political dimensions informing the discourses which contribute to personal subjectivities should be included alongside personal concerns into the processes of strong evaluation. Personal transformation does not take place in a vacuum, but is aligned to processes of social change.

Before addressing the sociological and political dimensions of mental health, the paper begins by outlining some of the main tenets of strong evaluation

which, we suggest, may be of value in research and in practice encounters that seek to be emancipatory.

What is strong evaluation?

In common with constructivist and poststructuralist approaches, strong evaluation maintains an emphasis on language whilst simultaneously remaining attached to a realist ontology. Taylor (1989) is interested in realities which extend beyond individual experiences and perceptions, but recognizes that people's ability to exercise agency in shaping their identities (in ways which are authentic to them) are significantly constrained by the available discursive templates.

According to Taylor (1989) a main purpose in life should be to move towards one's authentic self through striving towards greater understanding of deeper realities. While we cannot understand the full nature of these realities, achieving greater proximity to them is associated with human flourishing. From this perspective, the deeper reality constitutes an aspirational horizon rather than an attainable goal; what matters is that people *strive* towards a more proximate understanding of what that deeper reality may be. To seek greater understanding of the deeper realities is essentially a quest to

contribute to higher levels of human flourishing. Engaging in this quest provides meaning within people's lives, and this is essential to human wellbeing. Greater proximity to the deeper realities is achievable through the pursuit of scientific, experiential or cultural knowledge. In fact, Taylor refuses to distinguish between objectivism and relativism, insisting that science is not capable of providing an exhaustive account of entities in the world. Differing approaches are legitimate for investigating the complexity of the natural world and the complexities of human existence.

Taylor places a high value on convictions and identifications. As Taylor (1989 p. 34) points out, in identifying with a certain end, a person comes to define herself by it and if she subsequently abandons this end, it causes her existential pain. Crucially, however, whilst convictions and identifications provide a frame of reference they should nevertheless be accompanied by an understanding that they constitute a 'work in progress' - or the best that has been achieved so far. In other words, personal values are to be cherished but with the caveat that they should also be seen as revisable and therefore provisional. The values that people hold dear should, for Taylor (1989), be regarded as important and yet transitory products that emerge through a never-ending process of identity construction. Some may counter that this a

problematic stance, but it is one which is typical of Taylor who challenges some of the traditional binaries of the social sciences: openness/criticality, reason/emotion, fact/value, and objectivity/subjectivity.

Taylor would therefore reject the view that professionalism should be associated with a rationalist-instrumentalist mindset, preferably uncontaminated by emotion or value-judgment. Seen from Taylor's perspective, the mental health professional should have an emotional attachment to their work which extends beyond task-based competency or compliance with organizational requirements. Further, if strong evaluation were incorporated into therapeutic or research practice, it would open up the potential for positive transformation of the researcher/practitioner as well as for the people they encounter who have a diagnosis of mental illness. This said, an approach informed by strong evaluation would lack the hyperflexibility of some postmodern approaches as it would necessarily maintain the connection to an ethical responsibility embedded in a realist ontology. This would place significant demands on practitioners/researchers in their encounters with people with mental health problems: on the one hand, practitioners/researchers would be required to maintain 'deep toleration' for others' values (which may seem 'alien') whilst continuing to cherish their own

values. Indeed, strong evaluation is only viable if it is based on a bedrock of existing values, otherwise there is nothing to evaluate. Crucially, however, the convictions and identifications of both parties would be subject to strong evaluation. From this perspective, the goal would no longer be to 'cure' the 'patient' but to engage in a process (strong evaluation) leading to mutual transformation. Strong evaluation is premised on a relationship of parity; we suggest that this fundamentally democratic position may be more important in relation to recovery in mental health than is generally acknowledged.

An arguably controversial point, particularly in mental health, is that Taylor contends that strong evaluation requires authentic engagement with others. What this means in practice is that whenever people identify values or rights which they regard as helpful to themselves, they have a responsibility to make these accessible to others. This is a position which could be objected to on a number of grounds; it might understandably raise concerns about the potential for the proselytization of inappropriate perspectives. What, for example, is to prevent someone from expressing the view (in an encounter with a person with mental health problems) that recovery from mental health is not possible or even that people with mental health problems are not worthy of care? We can partially respond to this by reminding the reader that strong evaluation

necessarily involves an openness and an acknowledgement that cherished values cannot constitute the 'last word', but simply reflect the results of our best efforts to date. At the same time, Taylor (1989) argues that strong evaluation should begin with 'hypergoods', which are higher order goods which offer a standpoint from which judgments about other goods become possible. Hypergoods are arrived at through the process of strong evaluation which has taken place at individual and societal levels. In contemporary liberal societies, Taylor identifies autonomy, universal justice and the minimization of suffering as hypergoods. These hypergoods should provide a *starting point* for strong evaluation.

It may be objected that definitions of human flourishing and ideas of how to enact hypergoods will vary immensely, and we acknowledge this difficulty which does not appear to be clarified in *Sources of the Self*. Nevertheless, our professional and academic experience leads us to believe that most people working in mental health, either as researchers or practitioners, would support the view that autonomy, justice and the minimization of suffering are values which should provide a moral compass in their work. That said, oppressive practices persist, often despite the best of intentions. Taylor would no doubt

counter that the best of intentions should themselves be the subject of ongoing strong evaluation. Complacency is not an option.

Why strong evaluation matters?

Taylor's conceptualization of strong evaluation resonates with some of the philosophical thinking of Iris Murdoch. In the introduction to Murdoch's, novel *A Word Child*, Monk (2002) suggests that Murdoch is advocating the need for a balance between the creative powers of language and an acknowledgement of a reality beyond it. This is at the heart of Murdoch's philosophy; she feels that people need to believe in goodness as an externally existing entity otherwise all that remains is the word 'good', which on its own provides no guidance or inspiration (Monk, 2002). The struggle towards good, a characteristic of so many of Murdoch's novels, appears to be close to Taylor's (1989) argument that strong evaluation must be orientated towards a moral vision. For Murdoch as well, motivation and agency require a frame of horizon that creates meaning in people's lives, otherwise,

[People] lack a frame or horizon within which things can take on a stable significance, within which some life possibilities can be seen as good or meaningful, others as bad or trivial. The meaning of all these possibilities

is unfixed, labile, or undetermined. This is a painful and frightening experience (Taylor 1989 pp. 27-28).

What this means is that without a frame of reference, people have no starting point for considering their commitments and values – and perhaps no moral obligation to reflect critically on these either. This may undermine the agency and motivation required for personal and social transformation. A similar point is made powerfully in Viktor Frankl's (2006) study *Man's Search for Meaning* relating to his personal experience of the Holocaust. In this work, Frank testifies that resilience is associated with a strong sense of purpose, attached to a moral framework which transcends a narrow focus on the self. The greatest task for anyone is to find meaning in their life. Poignantly describing his personal experiences of Nazi death camps, Frankl's (p.77) position appears close to strong evaluation when he writes,

We had to learn... that *it did not really matter what we expected from life, but rather what life expected from us*. We needed...to think of ourselves as those who were being questioned by life - daily and hourly... Life ultimately means taking the responsibility to find the right answer to its problems and to fulfil the tasks which it constantly sets for each individual.

We suggest that strong evaluation can provide the impetus to search for meaning in life. As previously discussed, the moral framework is not a fixed one, but one should nevertheless act as an aspiration - it is precisely this *search* for an external good or deeper reality which facilitates human flourishing. The search may be undertaken by drawing on constructivist and poststructuralist approaches, but strong evaluation demands more than this. It also requires that people engage in a quest to connect with their authentic self through engaging in a search for deeper meaning. It is precisely this quest towards meaning which is associated with resilience in the face of adversity, such as mental illness.

Strong evaluation and the social sciences

As previously mentioned, the second aim of this paper is to demonstrate how strong evaluation can articulate with sociological perspectives, despite the fact that the social sciences have often tended to regard values as subjective and therefore beyond the scope of legitimate social inquiry. The dichotomy which has separated facts from values is now being contested by some social scientists who argue that values are necessarily integral to social science. People should be seen as meaning-endowing agents whose values are arrived at through cognitively and emotionally informed processes (Bolton 2000, Lewis

2005, Deery & Fisher 2010, Fisher & Byrne 2012). Sayer (2010 p. 5) has provided a rationale for this, arguing that values can be regarded as 'sedimented' valuations that have been integrated into dispositions.

They merge into emotional dispositions and inform the evaluations that we make of particular things, as part of our conceptual and affective apparatus [...]. The relation between values and particular valuations is thus recursive.

The dialectical relationship between more abstract values and concrete valuations, and the view that these are underpinned by cognitive and affective dimensions, is rarely acknowledged within institutional contexts (Fineman 2000; McDonald, 2004; Hughes, 2005; Lewis 2005; Deery & Fisher 2010). In this paper, we question the value/fact and emotion/reason dichotomies that have sometimes characterized institutionalized knowledge in the field of mental health.

Strong evaluation and a sociological perspective

In this section of the paper we consider how horizons of meaning in mental health have been shaped. We suggest that strong evaluation applied within mental health will be enacted with greater success if underpinned by an awareness of the social and institutional contexts – in particular, how the latter

shape the availability of narrative resources. In other words, strong evaluation may usefully incorporate the sociological imagination. Below we consider a study by Crossley & Crossley (2001) which combines a poststructuralist analysis whilst also drawing on the theory of Bourdieu. The study relates to the historical development of narrative resources shaping the field of mental health.

Habitus

Bourdieu (1984) developed the concept of habitus to refer to a person's embodied dispositions, tastes and ways of doing things. It therefore concerns about what they feel comfortable or uncomfortable with, and how this conducts them to do the things they do. Habitus formation is pivotal to the flow of a person's life and will influence behavior, aspirations and thinking. Habitus is always situated and shaped within specific 'fields', meaning within sites of practice, which are characterized by interdependency, competition and power between specific individuals and groups. Fields incorporate innumerable forms of human endeavour, for instance law, teaching, mental health, chess, football or floristry. Participation in a field entails tacit acceptance of its arbitrary goals, values and rules. Although fields are discrete, they overlap, and

they shape the habitus of the actors within them. To a significant extent, fields determine people's actions, behavior, hopes, wishes and ways of thinking.

Narrative habitus (Frank 2010), meaning the repertoire of stories accessible to a person, can limit aspirational horizons, particularly those of people who suffer from stigmatization and marginalization. Unfortunately, when a person has been socialized within a field associated with social disadvantage they tend to develop a habitus that is adapted to the restrictions of their lives as they see other possibilities as unobtainable. This was illustrated, for example, in Willis's (1977) seminal work, *Learning to Labour*, in which he demonstrates how in the 1970s working class boys restricted their employment aspirations to unskilled manual work. As this study demonstrates, people make tacit decisions as to whether a story speaks to them personally or whether a story represents a world in which they have no stake. This is based on an often intuitive and embodied sense that 'some story is *for us* or not for us' (Frank 2010 p. 53). In other words, once incorporated into the narrative habitus, stories give a sense of life's potentialities.

Transformation of habitus

The work of Bourdieu is often interpreted as focusing narrowly on how societies and agents are reproduced, ignoring the ways in which they can be transformed. Crossley & Crossley (2001), however, have integrated Bourdieu's notion of habitus with a poststructuralist perspective which demonstrates how an awakening and a motivation to resist psychic violence emerged within the field of mental health. Identifying mental health movements as part of broader civil rights movements, and therefore akin to feminism and post colonialism, Crossley & Crossley (2001) suggest that habitus is transformed in a process of struggle, which they define as a struggle against oppressive external forces as well the oppressive workings of one's own habitus.

In Crossley & Crossley's study (2001), the transformation of habitus is discussed in relation to a poststructuralist analysis of two texts: *The Plea for the Silent* and *Speaking our Minds*. The former, which dates back to the 1950s, is atypical of its time in the sense that it provides patients in mental hospitals with an opportunity to 'speak out' about their experiences. Nevertheless, the testimonies of individualized suffering and personal indignation which characterize *The Plea for the Silent* are of their time in the sense that the narrators view their plight as individual tragedies. This is very different from the assertive voices in the 1990s study *Speaking our Minds*,

which reveals service users (no longer patients) self-identifying as members of oppressed groups (for example on the basis of gender, race, sexual abuse) and as survivors of the mental health system. Whilst patient accounts of the 1950s seek to establish a discursive distinction between themselves and other patients (whom they identified as genuinely 'insane'), the service users of the 1990s see themselves as engaged within a political struggle. Crossley & Crossley (2001) argue that the different discursive positions adopted in the 1950s and 1990s are related to a transformation of habitus from one of victimhood to one of resistance. The transformation of habitus arose as a consequence of a shift in perspectives, whereby oppression came to be seen as a collective, system-based phenomenon. This is discussed in more detail below.

Recovery: a more amenable climate for authenticity?

According to Crossley & Crossley (2001) significant transformations have occurred in the field of mental health in response to, in the first instance, the impact of the anti-psychiatry movement whose adherents, including R.D. Laing, called for the wider public to listen to and to try to understand 'madness' from the perspectives of those labeled as mad. A key argument was that behaviors and experiences of mental illness are often more

understandable when their context is taken into account. While the anti-psychiatry movement remained largely under the control of professionals, it nevertheless instigated a discussion based on a different framework for interpreting mental illness which could be subsequently adopted by service users. However, as Crossley & Crossley (2001) point out, patient resistance in mental health did not emerge solely out of the field itself; the impetus for it was fuelled by the transposition of a resistance habitus from other fields such as feminism and black liberation. Emancipatory messages crossed from one seemingly specific and localized struggle within one field to another field, igniting struggle across a range of social justice issues (Crossley & Crossley 2001).

The field of mental health now clearly incorporates narrative resources of recovery which extend beyond the medical model. At its most emancipatory, recovery is conceptualized as derived from hope, connection and healing. This perspective is based on a rejection of the view that the symptoms of mental illness are definitive of one's identity. This can mean, for example, that a fulfilling, meaningful and satisfying life does not necessarily require the eradication of all symptoms; indeed, even situations of crisis may have empowering dimensions (Bradstreet & Connor 2005). Such a view opens up

possibilities for innumerable and diverse stories of recovery that may or may not involve the restitution of 'normality'.

The development of a habitus of resistance through the transformation of narrative resources is not an easy process. Biomedical discourses on mental health may have ceded some ground but even today they continue to buttress the dominant status of the medical model (Mancini 2007; Powers 2007). A further aspect to this is that medical practice (and corresponding technologies of diagnostic assessment and intervention) are deeply rooted in specific cultural concepts of 'the person' which are characteristic of western individualism related to economic autonomy (Rose 1999). Although the impact of complex material and environmental factors on mental health is recognized in policy, this sits somewhat uneasily in policy documents which continue to emphasize the fiscal burden of mental health and discourses of responsabilization. Rather tellingly, in *No health without mental health*, recovery is described as 'central to our economic success and interdependent with our success in improving education, training and employment outcomes...' (DH 2011 pp. 2-3). While presented in an ostensibly inclusive discourse embedded in the idea of the 'Big Society', the Department of Health can be seen as perpetuating an economic narrative which devalues people who are not assimilated into the assumptions of modern capitalism. As Spivak

(2010 p. 110) argues, 'to be deemed unproductive according to the dictates of advanced capitalism, is indeed part of what marks the subaltern as subaltern'.

The 'evangelical' support for self-care (Rogers et al., 2009) may have been instigated by user movements but it has also been sequestered within policy makers who draw on it to endorse liberal and neo-liberal perspectives associated with the dominant model of western personhood – the rational economic actor (Barchard 2005). This can lead to a focus on relapse prevention and on eradicating symptoms which could otherwise be regarded as meaningful. Beyond this, however, the dominant view of personhood delegitimizes those who operate within alternative 'circuits of value' (Skeggs 2011). Such a limitation is, of course, incompatible with Taylor's (1989) understanding of the quest for the authentic self.

As suggested by Crossley & Crossley (2001), the field of mental health is a highly complex one in which competing discourses wrestle for influence within an intricate and multi-layered discursive landscape. Transformations have clearly provided the necessary resources for the development of a habitus of resistance and emancipatory restorying, but discourses of individual deficiency persist. Furthermore, the adoption of recovery as a key concept within mental

health should be viewed with a critical eye. In some cases, this may be interpreted as based on a binary opposition dividing service users into two categories; those who are able and willing to 'recover' (and are therefore compliant with normative citizenship) and those who pose a risk to society. Whilst policy documents, for example, *New Horizons: a shared vision for Mental Health* (DH 2009) and *No Health without Mental Health* (DH 2011), employ the language of 'recovery' this does not necessarily imply the encouragement of *diverse* quests towards recovery.

What we draw from our discussion of Crossley & Crossley (2001) is that an encounter within mental health informed by strong evaluation might usefully include a political and sociological interrogation of the political and discursive constraints and opportunities which impact on people's frames of reference. Seeing the role of the researcher or practitioner as in some sense political may superficially evoke Foucault's (1980 p.128) notion of the 'specific intellectual'. For Foucault, a specific intellectual uses their knowledge and competence within the field of a political struggle. There is, however, a fundamental difference in orientation between the position occupied by the 'specific intellectual' and that of the practitioner or researcher who seeks to embrace strong evaluation. Foucault's conception of a 'specific intellectual' is not based

on an assumption of parity: on the contrary, it is incumbent on the 'specific intellectuals' to open up new conceptual vistas to others, who are tacitly positioned as less enlightened. Put differently, the specific intellectuals are not open to their own transformation. Power inequalities are maintained.

Some concluding thoughts

In our concluding comments, we begin by considering the paper's second aim which was to demonstrate the value of integrating a sociological lens into strong evaluation. Drawing on Crossley & Crossley (2001) we have suggested that mental health and social functioning are significantly shaped by social and political issues, and that the exercise of power is key to this. The processes of identity reconstruction or recovery in mental health must be enacted in a complex field characterized by complex webs of power. What comes to be considered 'normal' functioning may be shaped by dominant discourses which are interwoven with constructions of normative citizenship. Nevertheless, the distribution of power shifts in response to emancipatory struggles which can be transferred across different fields of human activity. A sociological imagination therefore instigates challenges to 'common sense' thinking which may perpetuate oppressive understandings. Sociological thinking, by throwing a critical lens onto social relations, can usefully inform and reinforce the

processes of strong evaluation which aim towards the development of an authentic sense of self embedded in a deeper reality.

The first aim of this paper was to suggest that emancipatory practice and research work within the field of mental health might usefully incorporate strong evaluation into research and practice. We acknowledge that with its emphasis on cherished values, strong evaluation may seem 'at odds' with radical openness. Some may object that openness cannot be maintained in the face of strongly held values and that strong evaluation could result in an abuse of power, particularly when working with 'vulnerable' groups. Whilst recognizing this perspective, we would add that all social encounters have the potential to perpetuate circuits of symbolic violence (Rabinov 1977). Importantly, however, Taylor's thinking is based on a refusal of 'either/or' binaries which are characteristic of the certainties of the modern mind in western society. Researchers or practitioners engaging in strong evaluation must necessarily embark on a process of 'unlearning' their privileged position, and accepting that their encounters with patients or research participants should lead to mutual personal growth. What strong evaluation offers is an aspiration towards future personal development on the basis of relationships of parity. Returning to the issue of 'voice', strong evaluation is very much

about voice but not in a way that fixes people according to diagnostic categories. On the contrary, strong evaluation challenges dominant frames of reference which deny the value of alterity – particularly in relation to recovery.

While strong evaluation shares some of the emancipatory techniques associated with constructivism and poststructuralism, its realist ontology encourages the quest for an authentic sense of self and aspirations towards a moral vision beyond subjective preferences. We consider this important in prompting recovery in mental health. Our professional and research experience in mental health suggests to us that those who appear to hold few values beyond their own narrow interest tend to flourish less well than others. Equally, in our own lives, we have noted how an orientation to others' wellbeing and/or meaningful work can be helpful in overcoming personal adversity. Perhaps most importantly, strong evaluation offers a vantage point from which everyone's journey towards developing their sense of self is seen as unique. The power of externally imposed templates is therefore reduced. In relation to mental health, strong evaluation entails envisioning recovery as a journey which is distinctive and authentic for each individual.

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