

## History of 'Psy' Disciplines: Psychiatry, Mental Health, and Neuroscience

### Abstracts



#### 1

*Imbalance in the immune mind: a new paradigm for understanding energy-limiting conditions?*

Sally Cross (University of Manchester)

Energy-limiting conditions such as fibromyalgia, Long Covid, and myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) are characterised by persistent fatigue and pain of an uncertain aetiology. Since the 1970s, the uncertainty surrounding these conditions has sustained debates over whether they are organic or psychogenic disorders, with psychiatric theories significantly harming patients' credibility and access to care. In recent years, researchers, clinicians and patients have been organising around a reframing of illness as dysfunction within interacting immune, nervous, and microbiome systems, described as the 'immune mind' by popular science writer Dr Monty Lyman (2024). The idea that illness arises from neuroimmune systems that are stressed, dysregulated, or inflamed is present across illness cultures, from biomedical research to alternative healthcare practices. This paradigm appears to transcend longstanding mind–body divisions and promises renewed legitimacy for previously contested conditions. However, the sociopolitical implications of this reframing remain underexplored. Drawing on ongoing ethnographic research in the UK—including interviews with clinicians, researchers, and patients, and analysis of biomedical literature—I examine how energy-limiting conditions are enacted as forms of neuroimmune dysfunction. I consider how this paradigm may reshape the credibility, understanding, and care ascribed to these complex conditions. Conceptualising the 'immune mind' as vulnerable to chronic infectious and psychosocial stress invites a broader sociopolitical imagination of how uncertainty, precarity, and inequality become embodied as suffering. However, while the 'immune mind' may appear to carry greater legitimacy than previous psychogenic explanations, it also risks generating new forms of stigma, particularly through the pathologisation of bodies understood as particularly sensitive to the stressors of contemporary capitalism.

## 2

### *Decolonising the Rural Thai Mind: Ghosts, Spirits, the Buddha, and Transcultural Psychiatry During the Cold War*

Krittapak Ngamvaseenont (University of Manchester)

This paper explores the interaction between Thai psychiatry and rural Thai culture during the Cold War, focusing on how Thai psychiatrists contested the prevailing Western discourse of mental health in Thailand by incorporating rural concepts of the mind. At the outset of the Cold War, American versions of social psychiatry, mental hygiene, and psychoanalysis began to dominate Thai psychiatry, replacing colonial psychiatric practices in Thai asylums. This dominance of American psychiatry created tensions between Western concepts and Thai values in mental health. The rise of transcultural psychiatry as a new global project, supported by the WHO and WFMH, offered Thai psychiatrists an opportunity to establish their own identity. A crucial aspect of this identity construction lay in traditional and rural Thai culture, with one of the main sites of this project being Northeast Thailand, the poorest region of the country and the area with the highest incidence of communist insurgency. Drawing on unexplored Thai medical journals, this paper examines how Thai psychiatrists ventured into rural Northeast Thailand in the 1970s. An influential figure during this period was Sangun Suwanlert, a psychiatrist from the Northeast, who, along with his team, conducted research on rural ghosts, spirits, and culture-bound syndromes, aiming to incorporate rural understandings of madness and its rituals into Thai psychiatry. This paper argues that these efforts to medicalise and integrate rural and spiritual understandings of the mind provided an opportunity to decolonise the rural Thai mind.

## 3

### *In Stitching and in Health*

Janet Connett (Manchester Metropolitan University)

This paper investigates textile-making undertaken independently by women patients in c19th 'lunatic' asylums. As well as stitching, tearing (of clothes and bedclothes) was common. In exploring the intersection between these two practices, I propose to situate both as purposeful, meaningful activities, with potential to benefit patients' mental wellbeing and the management of the asylum.

My practice-research integrates archival investigation with my own textile practice: a symbiotic partnership of 'thinking through making' and 'making through historic inquiry'. I'm interested in storytelling through cloth. What can textile artefacts left behind by historic women patients tell us about their lives? And how can I add to our understanding of their situated stories, purposes and mental health through the empathetic making of new, provocative textile pieces?

This paper establishes the culture of independent textile making, tearing and reconstruction in one asylum in Lund, Sweden, in the context of Moral Treatment for mentally ill patients, where work was valued for its therapeutic value and as an instrument of behaviour management. Extant c19th patient-made textiles are rare, so the availability of a rich archive, attributing makers' names to specific pieces, is crucial. Casenotes are also available for some of these identified makers, articulating staff observations of patients' health, mood and engagement with work and recreation. In addition, asylum reports provide insight into its ethos, culture and routine.

However, there is a dearth of patients' firsthand accounts. In the absence of their direct voices, I make novel use of interpretive phenomenological analysis in addition to close reading of documents and artefacts, application of material culture and physical engagement theories, and autoethnography to reflect on my own response to these contrasting textile processes.

These explorations aim to provide insight into c19th patients' self-care through textile-making, asylums' roles in facilitating these processes and their implications for mental wellbeing benefits.

#### 4

##### *Local Authorities and Mental Health Services: Northwest England after the Introduction of the NHS, 1946-1974*

Leonie Chesworth (Manchester Metropolitan University)

Following the 1946 National Health Service (NHS) Act, a new tripartite system of state-sponsored healthcare was established, which included general practice, hospitals, and public health initiatives. In the provision of mental health services, the latter became the responsibility of local authorities, with expectations for preventative and preliminary care to be delivered through outpatient clinics and social services. Although there is a developing literature on twentieth century mental health care and treatment, explorations of how national legislation worked in practice at a local level remains relatively underexplored. To address this lacuna, this paper uses a case study of Salford City Council to consider the development of policies and practices between the inception of the NHS to when it was restricted in 1974. In particular, it builds on the work of Hugh Freeman who argued that it was the individual personalities and local conditions which pushed for change, and Valerie Harrington who emphasises the importance of local case studies within a broader narrative of deinstitutionalisation, to question who or what was driving change. Salford has been presented by Harrington and others as an anomaly in England's post-war mental health services due to its sufficient funding and high levels of staffing. Using this as a baseline, as well as other Northwest local authority Medical Officer of Health Reports and newspaper articles, this paper will argue that the interpretation of national legislation at a local level relied on a series on overlapping and competing priorities.

Keywords: Mental Health, Community Care, Local Authorities, NHS, post-war medical services, Salford

*Confidentiality, Sensitivity, and the UKGDPR: The Ethics of Using Psychotherapeutic Files for Historical Research*

Emmay Deville (University of Warwick)

The Tavistock Clinic’s archived psychotherapeutic records provide unique insight into the social and emotional lives of patients from 1920-1979.<sup>1</sup> Their use, however, raises significant legal and ethical questions, which this paper seeks to address.

Medical records can be accessed for historical research, without regard for data protection legislation, once the patient is confirmed dead or is assumed dead in line with the 100-year closure period enforced by the National Archives.<sup>2</sup> Yet, the ‘personal data’<sup>3</sup> and ‘sensitive personal data’<sup>4</sup> of living individuals can be accessed for historical purposes if researchers adopt anonymisation and data minimisation practices, provided the research is not likely to cause substantial damage or distress to the data subject.<sup>5</sup> This safeguard, introduced through the GDPR in 2016, highlights an important ethical concern for historians using sensitive sources, which the discipline is yet to clearly define.

My PhD research will draw on records of patients confirmed dead or over 100-years old. Nonetheless, using the archived psychotherapeutic records warrants an ethical framework, even in the absence of statutory safeguards, due to the contemporary confidentiality of the records, which led to honest and sensitive disclosures. To address this, I propose applying Marily Guillemain and Lynn Gillham’s concept of ‘ethically important moments’ to the written record.<sup>6</sup> This framework advocates for the use of reflexivity in the archive to adopt the principle of data minimisation in real time. Such an approach ensures that historical inquiry remains sensitive to the individuals to whom the records relate, and the trust under which they were created.

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<sup>1</sup> London, The London Archives (TLA), H57/TV/B/01-05.

<sup>2</sup> The National Archives, ‘Closure Periods’

<<https://cdn.nationalarchives.gov.uk/documents/information-management/closure-periods.pdf>> [accessed 11 January 2026]

<sup>3</sup> See for definition: Data Protection Act 2018 (c. 12) s 3(2),

<<https://www.legislation.gov.uk/ukpga/2018/12/contents>> [accessed 11 Jan. 2026].

<sup>4</sup> See for definition: Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (EU General Data Protection Regulation) art. 9(1),

<<https://www.legislation.gov.uk/eur/2016/679/article/9>> [accessed 11 Jan. 2026]

<sup>5</sup> Data (Use and Access) Act 2025 (c. 18) art 84C, <<https://www.legislation.gov.uk/ukpga/2025/18/contents>> [accessed 11 Jan. 2026].

<sup>6</sup> Marily Guillemain & Lynn Gillham, ‘Ethics, reflexivity, and “ethically important moments” in research’, *Qualitative Inquiry*, 10. 2 (2004), pp. 261–280.

## 6

### *The Rise of the Medical Psychiatrists on BBC after World War Two*

Deborah Cohen (University of Birmingham)

In the late 1940s and 1950s BBC programmes began to feature psychiatrists who talked positively about advances in physical therapies for mental illness and who said that the conditions inside mental hospitals were improving and patients were being discharged faster. In this talk I explore the reasons for this enthusiasm in the post war period. One reason was that there was a new generation of producers and editors who had more sympathy with these treatments than their predecessors who were more inclined to favour psychoanalytical therapies. I also argue that the psychiatrists who used physical treatments saw appearing in BBC programmes as part of their campaign to raise their status and their public profiles. Until 1948 when the mental hospitals joined the NHS psychiatrists did not regularly encounter other medical specialties, as they worked mainly within the county asylums which were physically isolated from general hospitals. I will also argue that the creation of media psychiatrists by the BBC in this period gave the profession further credibility.

A further issue I explore is how psychiatrists and BBC producers talked about stigma in mental illness. I show that although the discussion around stigma referred explicitly to patients and their families it also reflected implicitly onto the profession of psychiatry and its institutions. A greater acceptance in society of the discussion about mental distress and attempts to be welcoming to those who were ill rubbed off on the doctors and nurses delivering treatment. However, I will also show that the psychiatrists who appeared on air were no different from other doctors in their views of the patients in that they looked down on them and did not think their opinions were valuable in their recovery.

## 7

### *Mind and Media in Post-War Britain: Leucotomy on the BBC, c.1948–1952*

Megan Bridgeland (University of Manchester)

This presentation examines early representations of leucotomy (lobotomy) in the British media, focusing on the 1948 BBC radio broadcast *The Silent Areas*. One of the first in-depth explorations of leucotomy for a lay audience, the programme generated a significant public response. This work-in-progress situates the emergence of British neurosurgery onto the public stage within both the specific context of psychosurgical debate and a broader post-war cultural interest in all things mind and machine. I analyse *The Silent Areas*' use of diverse and interdisciplinary research to critique leucotomy while engaging non-specialist listeners. In doing so, I explore the frictions that arose between neurosurgeons and BBC producers, whose priorities and agendas were not always compatible. Finally, I consider why this particular broadcast captured such marked listener attention. I suggest that, although audience responses were framed by limited treatment options and inadequate institutional care for people experiencing mental illness, they also reflected a wider public appetite to engage with a traditionally guarded medical profession. *The Silent Areas* illuminates shifting relationships between medical authority, the media, and the public in post-war Britain.