Being in place: Citizenship in long-term mental healthcare

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INTRODUCTION

Citizenship for long-term mental health clients?

1.1 Setting the stage for citizenship

This thesis develops new ways of thinking about the citizenship of Dutch long-term mental health clients. Currently, mental healthcare is active in promoting clients’ citizenship, clients’ rights, client empowerment and the democratization of mental healthcare (Donker 1992, Houten van and Jacobs 2005, Kamp et al. 1989, Mezzina et al. 2006, Redley and Weinberg 2006, Sayce 2000, Shardlow and Barnes 1997, Ware et al. 2007). Yet the citizenship of clients of long-term mental healthcare is not self-evident. In the Netherlands, for instance, the first Krankzinnigenwet (Insanity Act) of 1841 defined insanity as antithetical to citizenship and stripped mental health clients of their civil rights (Oosterhuis and Gijswijt-Hofstra 2008). The link between citizenship and Dutch mental health clients was positively established only after the Second World War when, inspired by ideas on mental hygiene, Dutch mental healthcare began implementing citizenship ideals like responsibility and self-development (Oosterhuis 2007, Oosterhuis and Gijswijt-Hofstra 2008).

Extensive criticism of mental healthcare voiced by the worldwide anti-psychiatry movement and the patient movement changed how ideals of citizenship were fleshed out in the 1960s and 70s. The anti-psychiatry movement criticized large scale institutions for providing poor living conditions for their ‘inmates’, for reducing patients to a state of dependency and passivity (Fakhoury and Priebe 2007, Goffman 1963) and for employing systems of micro-power (disciplinary power) (Foucault 2001). From a different perspective, the patient movement also criticised mental healthcare
and advocated its democratisation. This movement claimed that clients should be empowered by giving them a voice in decisions concerning their care. During this period, the ideal of citizenship transformed from one of guided self-development to one of spontaneous self-development. Avoiding a patronizing stance, professionals now sought to help clients develop their 'true selves' and the faculty of self-assertion (Oosterhuis 2007, Oosterhuis and Gijswijt-Hofstra 2008, Tonkens 1999).

The 1980s and 90s saw large-scale organisational and policy changes in the mental health sector and the changing times shaped these policies. Client rights were articulated and to be taken into account. Opportunities for patients to voice their opinions were created on both the individual and collective levels (Trappenburg 2008). Furthermore, the principle of providing care outside of institutional walls was combined with older ideas on mental hygiene and the prevention of mental ill-health (Schene and Faber 2001). This led to the formation of Regional Institutes for Community Mental Health Care (RIAGGs), which marked a major step in the deinstitutionalisation of Dutch mental healthcare. Together, these policy changes and new laws on client rights, client voice and community care have been interpreted as ways of transforming institutionalised patients into autonomous, independent clients (Bovenkamp van de 2010, Lieshout van 1985, Tonkens and Weijers 1999). The people’s hearing described in the prologue is an example of the results of these developments in Dutch mental healthcare.

1.2 Citizenship and long-term clients

Witnessing scenes like the one in the prologue made me, as a researcher, wonder how citizenship discourses and citizenship practices – like this people’s hearing – relate to the everyday lives of clients suffering from severe, long-term mental health problems. In the field note, the organisers of the hearing sought to empower clients by giving them a chance to speak out publically. Clients were expected to, and in some case did, defend their rights and discuss the public good. The clients at the hearing were addressed as independent, autonomous citizens. Indeed, some of the clients I met during the research that underlies this thesis were able and, in fact, eager to speak out.
But – and this is central to the issue I discuss in this thesis – what of Maurice? While other clients with milder problems participated successfully, to my mind, the way in which Maurice participated was unsatisfactory.

Putting the model of independent, autonomous citizenship into practice exposes the model’s drawbacks. Sweeping plans to democratise mental healthcare risk overtaxing vulnerable groups like people with severe, long-term mental health problems (Houten van and Jacobs 2005, Trappenburg 2008). Also, independent living as a central ideal overestimates the abilities of some long-term clients to function independently and to integrate socially: the literature reports that clients living in community environments suffer from loneliness and neglect (Wolf et al. 2002). And although some clients do achieve the goals of independence and autonomy, the question remains whether these ideals are the best ideals worth pursuing. Is an independent and autonomous life the epitome of a good life? There might be better ways of improving clients’ quality of life than by focusing on autonomy and independence. How else, then, could we think about and promote clients’ citizenship?

Recent thinking about the relationship between citizenship and long-term psychiatry has led to the development of new citizenship concepts. ‘Relational citizenship’, for example, is a concept developed by Jeannette Pols (2006) and inspired by the way psychiatric rehabilitation was practiced and advocated by Detlef Petry and his team (Petry and Nuy 1997). Relational citizenship focuses on interpersonal relationships as ways of participating in the community. This corresponds to how I approach citizenship in this thesis: I study interactions between people that are considered acceptable and pleasant by the actors involved and that result in forms of communality.

In this thesis, I describe everyday situations in which long-term mental health clients interact with other people and their material environment. They serve to illustrate the problems that can arise when prevailing ideas about citizenship are employed in mental healthcare. Some of the fieldwork also indicates where solutions to these problems can be found: they point to a new way of thinking about the citizenship of long-term mental health clients. Analyzing these situations helps me to develop new notions of citizenship for long-term mental health clients, which may serve as tools for
improving their quality of life and stimulate their successful participation in society. Hence, in this thesis, I will work towards answering two principal research questions:

1. How do clients of long-term mental healthcare enact citizenship?
2. How does this affect concepts of citizenship?

1.3 Studying citizenship

Studying the citizenship of long-term mental health clients in everyday interactions places this research at the intersection of a number of scientific fields: it draws on sociology, political science, philosophy and (medical) anthropology. More specifically, it draws on work in the field of Science and Technology Studies. I was inspired by a school within Science and Technology Studies that focuses on everyday practices in scientific and technological labs in order to understand how objects of knowledge are produced. In this thesis, I refer to this school as ‘Actor-Network Theory’, even though the name itself is highly contested (Law and Hassard 1999) and the field has developed beyond what its name implies. The term ‘Actor-Network Theory’ (ANT) derives from studies that approach science as a social enterprise in which objects are formed within networks of human and material actors (Callon 1986, Latour 1987). In later studies, the practices studied by actor-network researchers extended to care practices (e.g. Mol et al. 2010). Several of these later studies investigate how decidedly political concepts are enacted within care practices (Broer et al. 2010, Pols 2006, Struhkamp 2005, van Hal et al. 2011). The present study continues this line of investigation.

Three important elements of the methodology of this study derive from ANT. Firstly, like actor-network researchers, I study objects in everyday practices. In my case, the ‘object’ of study is the citizenship of long-term mental health clients. I treat the concept of citizenship not as a point of departure for studying the mental health setting, but rather as something to be derived from how citizens interact in everyday practice. Secondly, I share with ANT an interest in relationships. Some actor-network researchers assert that scientific facts are relational: they are the outcome of how scientific controversies are settled within networks of actors. Drawing on Jeannette
Pols’s work (2006), I also focus on relationships and study how these relationships enact the citizenship of long-term mental health clients. Thirdly, my research shares with ANT an interest in the role of materiality. Actor-network researchers insist that material objects are not mere instruments but have agency and themselves change the world: they relate to other actors, both human and non-human. In my research, I take an interest in the material environment of long-term mental health clients and study its role in how clients enact citizenship.

1.4 This study in relation to other approaches to citizenship

Approaching citizenship in terms of everyday practices, relationships and materiality is in some respects – but not wholly – in line with other approaches to citizenship. In the first place, several other approaches make what it is to be a citizen heavily dependent on people’s actions in everyday practices. Some communitarians, for instance, have defined citizenship in terms of social networks and the norms of reciprocity and trust that are constitutive of local communities (Putnam 2000). These norms are pre-eminently expressed in everyday practices, making the study of these practices relevant to these types of citizenship research. Feminist scholars have also highlighted the significance of everyday practices to citizenship. Some of these scholars even make the case that the private is political (Lister 1997, Tronto 1993). So, from the feminist standpoint, citizenship research should include the study of everyday and especially domestic activities. Lister calls this the study of ‘lived citizenship’ (2007). Lastly, according to some educational theories, a focus on everyday activities is also warranted. Some theorists see children as future citizens and claim that the way in which ideals of citizenship develop in (young) people should be studied in relation to all dimensions of life (Lawy and Biesta 2006, Visscher 2008). Lawy and Biesta call this the study of ‘citizenship-as-practice’ (2006).

The theme of relationships is also tied to previous research on citizenship. Historically, relationships are basic aspects of citizenship as evidenced by the emphasis on brotherhood in the famous war cry of the French Revolution: liberté, égalité, fraternité. However, after the Second World War, attention to the value of brotherhood
abated in favour of the two other values: liberty and equality. In the 1980s, communitarian theories surfaced, placing fraternity centre stage again in the citizenship debate. According to communitarians, what is good is always to some degree tied to the social, which is local and particular (MacIntyre 1981). From their standpoint, values and beliefs are formed in public space and how citizenship is enacted should be evaluated in the light of the relationships in which this enactment takes place. Feminists also emphasise the value of relationships for citizenship (Tronto 1993). From the feminist perspective, we are all continuously enmeshed in caring relationships that determine how citizenship is enacted. Both communitarian and feminist approaches thus urge us to think about citizenship in terms of relationships instead of in liberal, atomistic terms.

Introducing the theme of *materiality* is the most innovative aspect of my approach to citizenship. Although many studies on citizenship take materiality into account (e.g. Rawls 1971), they do so only on an abstract level. They are not concerned with specific material objects and environments, but bring all of materiality (a person’s money, cars, houses and diplomas) together under the header ‘resources’. Many theorists have taken great interest in how resources are distributed among citizens, concerning themselves with questions such as: Are these distributions fair? How are specific groups of people put at a disadvantage? And what would be a fair distributive scheme; is such a scheme guided by a concern for utility, individual liberties, or common interests? These are important questions. However, I believe that an important shortcoming of these approaches is that they do not address the agency of non-human actors. How do specific resources, like cars, affect how other resources are distributed? For example, public transport might be too hectic, too grubby, too unfamiliar for some mental health clients, while they would be perfectly at ease inside a car. This would make the possession of a car much more valuable to them than to others, because it is the only mode of transport that could get them to their jobs to accumulate valuable resources and recognition. This mechanism is not simply reflected by the monetary value of the car. In other words, it is important not only to ask what resources a client has at his disposal, but also how these things affect what a client is able to do and be.
1.5 Fieldwork & analysis

This thesis consists of four empirical chapters: one based on a study of a journal for professionals working in mental healthcare and three that draw on ethnographic material gathered at a mental healthcare centre. These four empirical chapters were written as journal articles and the first three contain a description of the material and methods involved. Here, I will not dwell upon the research method of the literature study, as this is discussed in detail in the corresponding chapter. However, due to the limited length character of journal articles, the three ethnographic chapters deserve a more extensive methodological description. Before presenting an outline of the thesis as a whole, I will therefore provide some more background information on the fieldwork setting and the analysis underlying the three ethnographic chapters.

1.5.1 Into the field

In winter 2007, I spent a period of two and a half months familiarizing myself with the mental health setting by visiting a wide variety of settings at a mental healthcare centre in the south of the Netherlands. After being granted permission for participant-observation, I visited and studied long and short-stay departments at the centre, a client meeting centre, a rehabilitation home where 12 clients learned how to live on their own, and the homes of clients who were living independently again after residing in one or more of the other settings. I also observed and sometimes participated in conferences on the quality of care and on community care, a client hearing and team discussions among care professionals. During this period, I conducted five interviews with key informants in the field: a psychiatrist, a mental health nurse, a respondent with experiential knowledge, the manager of a buddy project for mental health clients and a mental health client with whom I had more intense contact.

In the summer of 2008, I returned to the mental health centre to conduct a second round of fieldwork in which I focussed on individual clients’ networks. I observed many team meetings of a care team I had specific interest in because, traditionally, their caseload included most of the long-term clients of the centre. They were said to have a philosophy on psychiatric rehabilitation in which meaningful
relationships are considered to be the cornerstone of rehabilitation and recovery. During this period, I worked in close collaboration with a case manager from this team, who kindly allowed me to join him during many meetings with clients living on wards of the mental health centre, or somewhere in the community. Through my informants in this team, I was introduced to several long-term clients, whom I subsequently visited independently. I studied their relationships by following and observing them in their daily activities and by talking to them, their friends and their relatives. During this second round of fieldwork, I interviewed five clients, eight buddies and friends of clients, ten family members (eight of which in a ‘double interview’), five care professionals and one respondent with experiential knowledge.

1.5.2 Performing the analysis

I performed the analysis of my ethnographic material by starting from a concept of relational citizenship. I identified situations where interactions between people were considered acceptable and pleasant by the actors themselves and where this interaction led to forms of communality. I was interested in how clients interacted with their everyday environments: I wanted to know what kinds of social relationships they established and how they interacted with material objects. Pleasant and acceptable interactions indicated to me where I might find themes to study in further detail. I selected those themes that stood out in the fieldwork material as *everyday* situations and activities where *material* objects created *relationships*. These themes are the topics for two of the ethnographic chapters of this thesis: *gift-giving* (discussed in chapter three) and *shopping* (discussed in chapter four).

For chapter five, the approach was a little different. This chapter does not start with material objects, but with the case of an individual client that intrigued me. The thing that intrigued me was the question of how this client was affected by materiality. I witnessed a change in this client’s behaviour in response to his material environment and started pondering the topic. Seeing the client’s changed behaviour put a lot of other field notes I had made about materiality into perspective. Before, the field notes seemed to be mere scraps of memories about objects and material environments written down out of a close attention for materiality. However, after I had developed a framework for
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a new notion of citizenship, citizenship as being in-place (discussed in chapter five) they fell into place. This chapter turned out to be a central chapter in my thesis, because this new notion of citizenship forms a novel connection between the three central themes of everyday situations, relationships and materiality.

1.6 Outline of this thesis

After this introductory chapter, chapter two further introduces the reader to the topic of study by asking what function the concept of citizenship has in mental healthcare. To answer this question, I analysed contributions to the Maandblad Geestelijke Volksgezondheid (Monthly Journal on Public Mental Health), a leading Dutch mental health journal, which functions as a forum for professionals, researchers and policy makers to debate the practice and ideals of mental healthcare. By analysing the function of the concept of citizenship in the articles in this journal, I show that one of the advantages of citizenship over other concepts is that citizenship can function as a boundary object. Citizenship is sufficiently heterogeneous and malleable to encompass a large variety of functions, which can be used to strive for manifold, sometimes even conflicting goals in mental healthcare.

Chapter three introduces my three main themes for analysing citizenship – everyday practices, relationships and materiality – by studying how material objects are transferred between actors in everyday practices: it focuses on gift-giving between professional and client. Although all three themes are present, the theme of relationships stands out in this chapter because it has specific bearing on clients’ social inclusion. Professionals and long-term clients generally spend considerable time together and professionals are sometimes key nodes in clients’ networks. In this chapter, I ask whether these relationships also contribute to clients’ social inclusion. I take the case of gifts, sometimes deemed a quintessential community-building activity, and try to understand how gifts shape the relationship between professional and client. I conclude that while some gifts obstruct citizenship, others enact a relational type of citizenship for both client and professional.
In **chapter four**, all three themes are again present, but the focus is on everyday practices. I coin the concept of ‘everyday citizenship’ and study whether it can be enacted by focusing on how long-term mental health clients go shopping. I relate my ethnographic material on clients’ shopping activities to literature on citizenship and show that there are indeed several ways of aligning the two. By going shopping, clients can successfully enact citizenship by fostering the personal relationships they already have. They can also enact a relatively new conception of citizenship that is constituted by ‘weak relationships’ between citizens.

In **chapter five**, I discuss the theme of materiality, making a topological analysis of the metaphors used in citizenship discourses in mental healthcare. Deinstitutionalisation and social inclusion are two such metaphors, each drawing clear boundaries between who is inside and who is outside of civic space. I argue that through these spatial metaphors, different kinds of spaces are co-produced with different concepts of citizenship. Borrowing a concept of space from human geography literature, I develop a new notion of citizenship, namely, citizenship as being-in-place. Central to this notion are people’s relationships to both human and material environments.

In the concluding chapter, **chapter six**, I piece everything together, returning to my central themes of everyday practices, relationships and materiality. I further develop my notion of citizenship as being-in-place and discuss how this notion feeds back into Actor-Network Theory. In addition, I position this thesis relative to other approaches to citizenship by comparing them in terms of my central themes. I conclude that while independence and autonomy are prevailing ideals in mental healthcare, the vocabulary offered by the citizenship notion of being-in-place might be a better tool for improving the quality of life of long-term clients, as it trains focus onto concrete, everyday practices and encourages us to think about how the relationships established in these practices promotes clients being in-place.
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References


