Being in place: Citizenship in long-term mental healthcare
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Chapter One: Introduction

Dutch long-term mental healthcare is active in promoting clients’ citizenship. Yet the citizenship of clients of long-term mental healthcare is not self-evident. For a long time, mental ill-health was defined as something antithetical to citizenship. Only after the Second World War did mental healthcare begin to promote ideals of citizenship for clients, and how these ideals were fleshed out changed in the decades that followed. In the 1980s and 90s, a set of broad policy changes and new laws were introduced in mental healthcare, in which autonomy and independence were the dominant citizenship ideals. Putting the new model of independent, autonomous citizenship into practice exposed the model’s drawbacks: it risks overtaxing vulnerable groups like mental health clients and overestimates long-term clients’ abilities to function independently and socially integrate. More importantly, the model denies the fact that clients’ quality of life may be more effectively improved through other means, such as by helping clients build a social network, or by finding them satisfactory ways of spending their time. And on a more conceptual level: Are the ideals of independence and autonomy the right ideals? Or are there other models for practicing citizenship? This thesis therefore raises the question of how to think about and promote clients’ citizenship in terms other than those of autonomy and independence and aims to propose a viable alternative.

Drawing on Actor-Network Theory, a school within Science and Technology Studies, and later developments in this field, I studied the citizenship of long-term mental health clients according to three themes: everyday practices, relationships and
materiality. To study *everyday practices*, I used ethnographic methods (participant observation, in-depth interviews). During five and a half months of fieldwork at a mental healthcare centre, I studied how long-term mental health clients enacted citizenship while conducting everyday activities. The theme *relationships* was directly linked to this specific mental health setting, as the professionals here share a philosophy on psychiatric rehabilitation in which meaningful relationships are considered to be the cornerstone of rehabilitation and recovery. Analysis of their practices previously resulted in the articulation of a concept of ‘relational citizenship’ – a concept of citizenship that focuses on interpersonal relationships as ways of participating in the community. This concept served as a point of departure for this thesis. The theme of *materiality* is evidenced by my interest in the material environment of long-term mental health clients. In this thesis, I start from the premise that material objects have agency and I study how they affect the way in which clients enact citizenship.

In chapter two, I study the concept of citizenship as it is used by mental health policy makers, researchers and professionals. Subsequently, in chapters three, four and five, I analyse my ethnographic material using the themes everyday practices, relationships and materiality and identify activities and situations in which citizenship is enacted. Finally, in chapters five and six, I work towards a new notion of citizenship for long-term mental health clients that builds on the preceding chapters.

**Chapter Two: Bridging Boundaries**

In this chapter, I ask what function the concept of citizenship performs 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 was able to identify five functions of the concept of citizenship. Firstly, the term citizenship was used to designate a living space: the space outside of institutional walls. This function thus explicitly refers to the ideal of deinstitutionalisation. Secondly, the term
citizenship was used to address clients as bearers of rights and duties. Using the term citizenship in this way implied that mental health clients are not just patients, employees, friends, or parents; they are also citizens. Thirdly, the term citizenship was used to characterize an ideal type: a set of personal traits that members of society are expected to have, or that should be cultivated. The articles that describe this function suggest that if the ideal is that clients be recognized as citizens, then the goal should be to instil this set of properties in them. Fourthly, the term citizenship was used to create common ground between individuals. Used in this way, the term citizenship highlights the idea that however hard it is to understand each other and however much the way people walk, talk and act differs, those with and without psychiatric disabilities belong to one and the same group: the citizenry. Fifthly, the term citizenship was used to make distinctions between citizens. With this last function, clients are set apart from other citizens, claiming that specific kinds of citizens – like long-term mental health clients – should not always be treated as equal to other citizens. This kind of argument is used in order to make a claim for the special rights of long-term clients on account of their disabilities. In conclusion to this chapter, I show that one of the advantages of citizenship over other concepts is that citizenship can function as a boundary object: it is sufficiently heterogeneous and malleable to encompass a broad variety of functions. These functions may appeal to and thereby bond a group of people concerned with mental healthcare, even though the individuals in it advocate manifold and sometimes even conflicting goals for the field.

**Chapter Three: Opening the Gift**

Chapter three is the first chapter that relies on the ethnographic data collected for this thesis. It introduces the three main themes along which I studied citizenship: everyday practices, relationships and materiality. In this chapter, I study how material objects are transferred between actors in everyday practice in mental healthcare: it focuses on gift-giving between professional and client. Although all three themes are present, the theme of *relationships* stands out here, because this chapter has specific bearing on clients’ social networks. Professionals and long-term clients generally spend
considerable time together and professionals are sometimes key nodes in clients’ networks. But do these relationships contribute to clients’ social inclusion? In this chapter, I take the case of gifts, sometimes deemed the quintessential community-building activity, and see how gifts shape the relationship between professional and client. Acceptance and refusal of clients’ gifts is guided by professional codes. I identify four types of gifts for professionals in long-term mental healthcare, each relating individually to professional codes and the objective of clients’ social inclusion.

The first type of gift is a ‘symptom gift’ in which the beliefs of the giver are of central importance. These beliefs are readily interpreted as being related to the client’s mental health problems: the gifts are interpreted as symptoms of these problems. According to professional codes, care professionals are primarily expected to analyze gifts and to find out of what problems the gift is a symptom. I conclude that symptom gifts do not provide any direct means for enhancing social inclusion. The second type of gift is a ‘compensation gift’. This is a gift the central value of which is its monetary worth. Compensation gifts are considered to be a means of compensation for services provided, or to be provided. Compensation gifts are thus given in a context of reciprocation. Professional codes urge professionals to decline such gifts because they put the professional in a vulnerable position by creating entitlements. I conclude that these kinds of gifts cannot enhance social inclusion in any desirable way. The third type of gift is a ‘courtesy gift’, making it essential to follow the rules of common courtesy. By giving a courtesy gift, the client thanks the professional and professional codes advise to accept such gifts, because declining would ruin the professional-client relationship. However, courtesy gifts do not establish enduring relationships and I conclude again that these gifts do not enhance the social inclusion of clients in terms of enlarging clients’ personal social networks. The last type of gift is a ‘personal gift’. This gift fosters personal relationships between professionals and clients. Professional codes advise to decline personal gifts, just as they advise the avoidance of personal relationships between professionals and clients in general. However, I conclude that this type of gift does enhance clients’ social inclusion. This is in line with the fact that some of the care professionals I studied advocated acceptance of this type of gift for this very reason. I conclude this chapter by suggesting that professionals sometimes need to engage in more personal relations with their long-term clients. I suggest that professionals engage
in reflective practices to ensure that these relationships stay in line with professional
deals.

**Chapter Four: Gone Shopping!**

In chapter four, all three themes for studying citizenship are present once again, but the
primary focus is on the theme *everyday practices*. The chapter starts with the
observation that one of the main goals of long-term mental healthcare is to support
clients in the activities of daily life. I merge the broader policy objective of citizenship
and the narrower goal of supporting clients in their activities of daily life into a concept
of ‘everyday citizenship’. I study how clients enact everyday citizenship by focusing on
how long-term mental health clients go shopping. I relate my ethnographic material on
clients’ shopping activities to literature on both shopping and citizenship and show that
there are three principal ways to align them: in/dependent citizenship, bonding
citizenship and bridging citizenship. I illustrate these types of citizenship by analyzing
examples of clients’ shopping trips.

I use a first fieldwork example of a client who goes shopping to discuss the ideal
of independent citizenship that is so prominent in many citizenship discourses. Analysis
of this example shows that to successfully enact independent citizenship in practice in
the case of long-term mental healthcare clients depends – paradoxically – on the help of
other citizens. I therefore call this first enactment of citizenship ‘in/dependent
citizenship’. The second example in this chapter shows how close ties to family
members, or friends are cultivated by going shopping. Drawing on literature on the
importance of civic connectivity, I call the kind of citizenship enacted by these clients
‘bonding citizenship’. The third example in this chapter shows that by going shopping,
some clients make contact with relative strangers, whom they will not necessarily meet
again. Although this way of shopping does not correspond to citizenship literature on
strong connectivity within groups, it does tie in with recent citizenship literature
highlighting the relevance of ‘weak ties’ between citizens. Contact by means of weak
ties is said to potentially bridge social distances. I therefore call this enactment ‘bridging
citizenship’. After having identified these three types of citizenship, I discuss what these
types of citizenship require from both individual citizens (clients) and from society. I
close this chapter by asserting that there are indeed ways of aligning everyday activities
and a concept of citizenship, thereby strengthening the notion of everyday citizenship.
I conclude that everyday citizenship is a valuable concept for thinking about citizenship
for people with long-term mental health problems and that weak ties are an important
constituent of this concept.

Chapter Five: Where is the Citizen?

In chapter five, I place the theme *materiality* centre stage by explicitly asking how
material objects and environments are able to affect clients’ citizenship. In order to
answer this question, I begin by making a comparison between two important
citizenship ideals in mental healthcare: deinstitutionalization and social inclusion. I
claim that speaking of citizenship is a way of drawing borders; some people fall inside
and some fall outside of the civic domain. Deinstitutionalisation and social inclusion are
two spatial metaphors that draw such boundaries. To make the comparison between
these ideals and the people they include and exclude, I draw on the mathematical
discipline of topology. This is a discipline concerned with (the insides and outsides of)
spaces. I analyze the spaces that deinstitutionalisation and social inclusion refer to in
order to contrast them with a new citizenship ideal I propose: being in-place.

I borrow the notion of being in-place from human geography literature, where
researchers study how specific places and the objects in them affect mental health
clients. Both my own ethnographic observations and human geography literature show
that clients’ material environments greatly affect how clients can and do act, because
the environments are imbued with emotions, relations and histories. I infer from these
observations that being-in-place is constituted by people’s relationships to their
material environment. Being familiar with their material environment gives clients
agency: it enables them to act, relate to others, enact appreciations, etc. In short, it
makes them be in-place. This argument for being in-place can also be reiterated for the
human environment: being familiar with (aspects of) the people around them makes
clients be in-place. I suggest that ‘being-in-place’ is a viable alternative to the ideals of
deinstitutionalisation and social inclusion. Being-in-place is a new way of thinking about the citizenship of long-term mental health clients, which shares aspects with older ideals and leaves out aspects that are perhaps not desirable after all. I conclude that fostering citizenship in terms of clients’ being in-place could have emancipating effects on clients and be beneficial to clients’ social networks.

Chapter Six: Conclusion

In the concluding chapter, chapter six, I bring everything together, returning to the themes of everyday practices, relationships and materiality. I propose that citizenship for long-term mental health clients can be conceived as being in-place and I relate this to other conceptions of citizenship. The notion of being-in-place that I developed in chapter five best captures all three themes along which I studied citizenship: everyday practices, relationships and materiality. It is an ideal of citizenship that may improve the quality of life of long-term mental health clients and stimulate their social participation in ways that other, prevailing ideals – like independence and autonomy – cannot. In this final chapter I further develop the notion of being-in-place by showing how it compares to other notions, such as ‘belonging’ and ‘being-at-home’. While these notions indicate static points of reference (like the home), being-in-place refers only to how citizens relate to their environment. Clients may continue to be in-place while moving to other locations. Furthermore, I discuss how my thesis feeds back into Actor-Network Theory by arguing that weak ties are relevant to actor-networks. Finally, I situate the notion of being-in-place between other approaches to citizenship by comparing it to these approaches in terms of the themes of everyday practices, relationships and materiality. The themes of everyday practices and relationships are touched upon to some degree by communitarian, care-ethicist and feminist approaches, whereas republican and especially liberal approaches do not. The theme of materiality is discussed in other approaches only as a concern about whether people are able to accumulate material resources and not, as I do, in the sense of how things, as objects with agency, affect what a client is able to do and be. This thesis directs attention to concrete, everyday practices and encourages us to think about how relationships
established with the human and material environment in these practices can help clients be in-place. In this thesis, I argue that making the human and material environments more familiar to the clients of long-term mental healthcare is an important way of helping them enact citizenship. I conclude that it is paramount to sustain and develop projects and practices that support clients in relating to their human and material environments.