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The line of flight marks: the reality of a finite number of dimensions that the multiplicity effectively fills; the impossibility of a supplementary dimension, unless the multiplicity is transformed by the line of flight.

(Deleuze & Guattari, 1987, p. 9)
Mapping Encounters: Tracing Otherness and Chasing Humanness
A Critical Disability Studies Perspective on Mental Health Care Realities and Constructions

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Dedicated to

Bart Vandekinderen
Martine Vandekinderen
Georgette Vande Walle

Hij zegt steeds: “Aan alles komt een eind,
ik zal niet lang meer blijven als zij hier verdwijnt.
Maar we zien mekaar terug hierboven!”
En ik die niet geloof, ik zou het graag geloven.
(Pieter Embrechts, Clara en Jos, Maanzin)
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Lines of writing conjugate with other lines, life lines, lines of luck or misfortune, lines productive of the variation of the line of writing itself, lines that are between the lines of writing. (Deleuze & Guattari, 1987, p. 194)

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Chapter 1

Introduction
**Abstract:** In this first chapter, I outline the scope of critical disability studies as a theoretical perspective, which is adopted to explore the empirical relevance of the recovery paradigm in the field of social service delivery in Flanders (the Dutch-speaking part of Belgium). This brings me along my engagement with the work of poststructuralist (and) feminist philosophers who open up unexplored territories of subjectivities through a *Continental philosophy of bodily materialism*. This theoretical and philosophical perspective has the potential to address “mental health problems” as situated in the complex psycho-socio-political terrain. In order to explore the relation between the individual with “mental health problems” and socio-political arrangements, I give a concise outline of mental health care in Flanders in which recovery is situated as a promising and innovative framework. Furthermore, I sketch out the methodological considerations and decisions of this dissertation and I briefly introduce the following chapters.

---

*I deliberately place “mental health problems” in quotation marks, not to deny their existence, but to denote their social, cultural, historical and political character. It’s exactly that character that is analysed and established in this dissertation.*
1.1 Critical disability studies

In this section, I will introduce and contextualise my theoretical and philosophical engagement in the field of critical disability studies.

1.1.1 Setting out the scene of disability studies

Over the last four decades, disability studies has proliferated in North America (see Albrecht, Seelman, & Bury, 2001; Gabel, 2005; Linton, 1998; Longman & Umansky, 2001), the Nordic countries (see Traustadóttir, 2004a, 2004b) and Britain (see Barnes & Mercer, 2003; Barnes, Oliver, & Barton, 2002; Corker & French, 1999; Oliver & Barnes, 1998; Shakespeare, 1998; Swain, French, & Cameron, 2003; Thomas, 1999). As a promising frame of reference, disability studies was also introduced in Flanders (the Dutch-speaking part of Belgium) (see Devlieger, Rusch, & Pfeiffer, 2003; Goodley & Van Hove, 2005; Roets & Van Hove, 2003; Van Hove, 2000).

Disability studies has developed as an interdisciplinary field of study that provides space for the development of paradigmatic shifts in relation to the ontological and epistemological grounds of disability in existing theory, policy, research and practices, in order to question and change elements of the disabling world (Goodley & Van Hove, 2005; Skrtic, 1995). Disability studies tackles hegemonic interpretations through which “impairment” and “disability” – including “mental health problems” – are defined as private, typically deviant, individual matters (Skrtic, 1995). In that vein, disability studies “dislodge disability from its medicalised and moral origins” (Herndon, 2002, p. 122), and this perspective offers a strong critique of both myopic medical interpretations of disability and the medicalisation of care and support. As Gabel (2005, p. 2) asserts, in disability studies “the disability-as-deficit notion is referred to as a clinical or medical model and is rejected as the basis for understanding the lived experiences of disabled people because it tends to pathologize difference and rely upon expert knowledge to remediate difference”. Disability studies understands its subject matter as social, cultural and political phenomena and demands that we reconsider the assumptions, discourses and taken-for-granted ideologies that equate disability with a personal tragedy (Verstraete, 2008) and undergird the exclusion of some people (Goodley, 2011; Goodley, Hughes, & Davis, 2012). In this growing tradition, the historical, economic, social, political, cultural, interpersonal, relational and discursive elements of a disabling society are questioned and challenged (Albrecht, 2005; Devlieger et al., 2003; Goodley & Van Hove, 2005; Pfeiffer, 2003).
Introduction

Disability studies is both an emancipatory and an academic paradigm (Campbell & Oliver, 1996; Oliver, 1990) that is focused upon praxis (Lather, 1991). The emergence of disability studies is closely linked to disability activism, which refers to the social actions undertaken by disabled people in order to challenge their social exclusion (Thomas, 2004). In this vein, the direct involvement and participation of disabled people in academic research ventures is an essential feature of research in disability studies (Goodley, Lawthom, Clough, & Moore, 2004). Or as Goodley and Van Hove (2005, p. 20) summarise: “The task is a political one. The resources are theoretical. The processes are potentially inclusive.”

Disability studies crosses academic boundaries and draws on a variety of disciplines in order to analyse the issues of a disabling society (Johnstone, 1998), including, for example, philosophy, sociology, psychology, history, anthropology, technology, gender studies and education (Roets, 2008). This dissertation is situated within the disciplinary background of educational sciences (in Dutch: Pedagogische Wetenschappen), and is written more specifically in the Department of Orthopedagogy (usually translated in English as the Department of Special Education). From the 1970s, orthopedagogy developed as a practice, related not only to disabled persons (who may experience intellectual, physical or sensory impairment) but also to people who are deemed deviant (whose behaviour is seen as “difficult”, “disturbed”, “disordered” and which is caused by adverse social conditions, such as neglect, delinquency, drug abuse) (Broekaert, Van Hove, Bayliss, & D’Oosterlinck, 2004). In this field of study, I was inspired by disability studies as an interdisciplinary perspective. According to Garland-Thomson (2002, p. 2), disability studies is “a matrix of theories, pedagogies and practices” that should be viewed as particular knowledge positions from which to address and refute disablism (Goodley, 2001; Thomas, 2007). I’ll pick up this thread and elaborate on my theoretical perspective in 1.1.4.

1.1.2 Disability as social oppression

In the British context, disability studies is strongly aligned with the social model of disability which was perceived as a “paradigmatic leap” (Olkin, 2009, p. 12 in Goodley, 2011, p. 11), offering a new vision of disability as “an act of exclusion: people are disabled by contemporary society” (Goodley, 2011, p. 8).

Barnes and Mercer (1997, pp. 1-2) argue as follows:

The significance of disability theory and practice lies in its radical challenge to the medical or individual model of disability. The latter is based on the assumption that the individual is “disabled” by their impairment, whereas the
social model of disability reverses the causal chain to explore how socially constructed barriers have disabled people with a perceived impairment.

The first attempts to engage in a social interpretation of disability were suggested by disability rights activists in the UK. In 1976 the Union of the Physically Impaired Against Segregation (UPIAS) provided a bedrock for the development of the social model in Britain through their distinction between impairment and disability:

**Impairment:** lacking part or all of a limb, or having a defective limb organism or mechanism of the body

**Disability:** the disadvantage or restriction of activity caused by a contemporary social organization which takes no account of people who have physical impairments and thus excludes them from mainstream social activities

(UPIAS, 1976 pp. 3-4, in Oliver, 1990, p. 11)

This definition was later adapted by Disabled People's International (DPI):

**Impairment:** is the functional limitation within the individual caused by physical, mental or sensory impairment

**Disability:** is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers

(DPI, 1982, in Goodley, 2011, p. 8)

A major elaboration of the social model is to be found in Oliver’s (1990) work. Oliver – as one of the key architects of social model theorising – explains: “It is not the individual limitations, of whatever kind, which are the cause of the problem but society’s failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organization” (Oliver, 1990, p. 32). The social model of disability has turned attention away from a preoccupation with people's impairments to a politicising of disability, which is seen as “the negative social reaction to those differences” (Sherry, 2007, p. 10). In such a view, disability is recognized as a phenomenon of social, economic, political and cultural conditions (Abberley, 1987; Oliver, 1990) and disablism is a form of social oppression through psychological, cultural and structural crimes against disabled people (Thomas, 2007).

1.1.3 Where is that body?

Nevertheless, this distinction between disability and impairment, seen as the central feature of the social model, largely rules impairment out of the ontological
domain of disability studies (Hughes, 2007). For example, Finkelstein (2001, p. 1) argues that “disabled people are not the subject matter”, implicitly hinting that only sociological categories, including exclusion, discrimination and oppression, really matter. In this vein, most early interpreters of the social model dismissed “what it feels like” knowledge – bodily experience – as a “discredited and sterile approach to understanding and changing the world” (Finkelstein, 1996, p. 34), because it rested on individual impairment issues. Impaired bodies, and the ways disabled people interact with and through these bodies, have remained an under-theorised issue (Roets, 2008). Hughes, Goodley and Davis (2012, p. 311) point out that “the social model turned on externalising and de-personalising the problem of disability, transforming it from pathology to politics. Disability was remodelled into a disembodied social phenomenon”. Marks (1999) even argues that the social model contributed to the maintenance of the individual model: “by excluding personal experience from the analysis of disability, a theoretical vacuum is left, which is filled by those who adopt an individualistic and decontextualised perspective” (Marks, 1999, p. 611).

Recently, however, the social model has been heavily criticised for its inability to “take seriously the real, material and ontological realities of impairment” (Goodley, 2011, p. 116). Yet, there have been calls to theorise impairment as a tricky issue, and questions concerning underlying ontological assumptions have begun to inspire debates in the field of disability studies through generating sustained interest in the role and place of embodiment and impairment (see Bolt, 2005; Campbell, 2005; Hughes, 2007; Pfeiffer, 2002; Scambler & Scambler, 2003; Shakespeare & Watson, 2002; Shildrick, 2002; Titchkosky, 2005; Turner, 2001, 2003).

We see this issue reflected, for example, in the “embodied ontology” of disability studies, or “a materialist ontology of embodiment”, proposed by Shakespeare and Watson (2002, pp. 9-10). Shakespeare (2006, p. 54) argues that “a social analysis can only explain so much before we need to return to the experiential realities of ‘impairment’ as object(s) independent of knowledge”. This turn is illustrative of the perspective of the “realists” (see Shakespeare, 2006; Shakespeare & Watson, 1997, 2002; Vehmas, 2008; Vehmas & Mäkelä, 2008; Watson, 2002) who attempt to reframe “impairment” as a “key reality” of disability studies and “a brute physical/material fact” (Goodley, 2011). This echoes both Hacking’s (1999) “critical realism” and Turner’s (2001) theory of rights. Hacking (1999) states that impairment is, after all, a tragic reality. Turner’s (2001) sociology of rights is based on the universal fragility of human embodiment.
These claims about the “realities of impairment” (Crow, 1996; Shakespeare, 2006) represent the ontological perspective “that the body is a limit and that one cannot afford to ignore the tyranny of nature and the frailty of human existence nor, in particular, the impact that biological necessity has on the conduct of individual and social life” (Hughes, 2007, p. 676). In that vein, Hughes (2007, p. 676) points out that Shakespeare and Watson are trying “to escape a biological ‘no man’s land’ staked out by the social model by way of its sharp distinction between impairment and disability”. He argues that they tend to give way to a body that is over-endowed with nature and to an ontology for disability studies that must privilege impairment and the biological at the expense of disability and the political.

Nevertheless, it can be observed that the debate in disability studies has polarised over the last few years. This is reflected in the controversy between those who claim an “embodied ontology” (Shakespeare & Watson, 2002) and those who argue for a more nuanced “critical and social ontology” (Goodley et al., 2012; Hughes, 2007; Hughes & Paterson, 1997) that embraces the complexities and possibilities of “impairment” (Goodley & Roets, 2008). Those who argue for a “critical and social ontology” draw attention to the fact that referring to “impairment” as “a brute physical fact” ignores the deep historical construction, political location and the very real institutional constructions and biopolitics of impairment (Goodley, 2011).

However, it should be addressed that the debate is primarily polarising in the UK, whilst Nordic and American disability researchers share a disciplinary base in the humanities, in which interactionist understandings of impairment and disability are adopted (Albrecht et al., 2001; Linton, 1998; Longman & Umansky, 2001; Traustadóttir, 2004a, 2004b). Goodley and Roets (2008, p. 241) observe that, in these contexts, “‘impairment’ talk is just one conversation amongst many about the ways in which disability/’impairment’ react”. However, Linton (1998, p. 530) points out that “we are missing the constructs and theoretical material needed to articulate the ways impairment shapes disabled people’s version of the world”. I do not make a plea for sterile discussions about the body, but I do think that explicit debate forces us to explore this difficult ontological and epistemological issue in depth and to create language for it. As Goodley and Roets (2008, p. 243) point out, “disability studies should not ignore ‘impairment’ but theorise it, problematise it, challenge and deconstruct it in the register of the psycho-socio-political”, rather than creating “an artificial divide between the discursive and the material that was never there in the first place” (Goodley, 2011, p. 119). In my view, it is exactly in the collapse of the distinction between impairment and disability
that one can detect the origins of critical disability studies (Hughes et al., 2012). As Meekosha and Shuttleworth (2009, p. 50) state: “using the term ‘critical disability studies’ is a move away from the preoccupation with binary understandings – social versus medical model, British versus American disability studies, disability versus impairment”. Within the growing tradition of critical disability studies (see Campbell, 2008; Goodley et al., 2012; Hosking, 2008; Meekosha, 2006; Pothier & Devlin, 2006; Roets & Goodley, 2008; Tremain, 2005) – in which I inscribe my work – translations of disability that inexorably play down impairment into a language of negative and pre-social ontology and inertia are critically engaged with (Roets, 2008, p. 101) in favour of a psycho-socio-political view of impairment and “mental health problems” in this work.

1.1.4 Social process ontology within critical disability studies

Meekosha and Shuttleworth (2009) observe that although a critical, emancipatory orientation lies at the core of disability studies’ *raison d’être*, the influence of critical theory – especially in the UK orientation – was early on narrowly construed within a heavily materialist-oriented understanding of disabled people’s social situation in modern society. According to Goodley et al. (2012, p. 3), critical disability studies is characterised by the *transdisciplinary* potential “to break down boundaries between disciplines, to speak across national and regional borders and to take the responsibilities of a *social* theory seriously to reinvigorate disability studies critically”. In their view, critical disability studies “starts with disability but never ends with it: disability is the space from which to think through a host of political, theoretical and practical issues that are relevant to all” (Goodley et al., 2012, p. 3). In such a view, the issue of disability is no longer a category of certain populations, but reveals knowledge about all of us (Davis, 2002).

Critical disability studies has emerged as a frame of reference within which researchers attempt to theorise the ontological issue: while focusing on a wide myriad of hegemonic discourses and practices, they attempt to challenge a firm distinction between impairment and disability because they view biology and culture as impinging upon one another (Goodley, 2011). Critical disability studies contests the idea that “biology is destiny” (Linton, 1998, p. 532) according to the Cartesian vision of “impairment” that identifies matter and mind as ontologically separate, rendering bodies as biological essence and unchanging phenomena (Goodley, 2011; Hughes & Paterson, 1997). In that vein, impaired bodies and minds are reframed and captured as non-dualistic, dynamic, relational and fundamentally *social* phenomena in our societies (see Garland-Thomson, 2005; Goodley, 2007, 2011; Goodley et al., 2012; Roets & Braidotti, 2012; Shildrick &
Price, 2005/2006; Snyder, Brueggeman, & Garland-Thomson, 2002; Thomas, 2007; Tremain, 2005). As Corker and Shakespeare (2002) argue, the subject is not something prior to politics or social structures, but is constituted in and through specific cultural meanings, social processes and political arrangements. As Devlieger et al. (2003, p. 13) stress, “this opportunity comes at a time when the normalization ideologies are beginning to reach their full potential, both in legislation and in practice, and where a need has arisen to effectively deal with the claim of persons with disabilities to give voice to their difference”. In this vein, critical disability studies transcends biological determinism as well as essentialism, to reframe impaired bodies and minds in the sense that the subject is “embodied, embedded, anchored, multiple, affective, interrelational and fundamentally social” (Braidotti, 2006a, in Roets, Reinaart, & Van Hove, 2008, p. 110).

Disability studies is branching out in many different theoretical directions, encompassing, for example, poststructuralism, psychoanalysis, medical sociology, critical psychology and critical pedagogy (Goodley, 2011; Goodley et al., 2012). In this dissertation, I engage with the work of poststructuralist and feminist philosophers who open up unexplored territories of subjectivities through their intellectual, material, cultural and socio-political agendas that are inspired by a Continental philosophy of bodily materialism (see Ahmed, 2002a, 2002b; Braidotti, 2003, 2006a, 2006b; Grosz, 2005; Haraway, 1991). The significance of the Continental philosophy of bodily materialism in the field of critical disability studies lies “first in deconstructing all and every identity, and second in laying bare the ways in which the body itself is constructed and maintained as disabled” (Shildrick & Price, 1996, p. 96). Price and Shildrick (1998) argue that there is no essential biology or pure body prior to discourse, and no unmediated access to bodies without social meanings. “The ‘real’, ‘being’, ‘materiality’, ‘nature’... those terms themselves are opened up to become temporal forces of endless change” (Grosz, 2005, p. 5). As Moi (2005, p. 68) points out, although the body “does not cease to be an object with its own physical properties”, it is “a style of being, an intonation, a specific way of being present in the world”. There is no pre-emergence of a physical body as an ontological core prior to the social (Hughes, 2007), but it is functioning in “a net of interconnections” (Braidotti, 2003, p. 44). The body – or the embodiment of the subject – is to be understood “as neither a biological nor a sociological category, but rather as a point of overlap between the physical, the symbolic and the material social conditions” (Braidotti, 2003, p. 44). It is precisely this complex entanglement that forms the interest of critical disability studies. As Donna Haraway (1991, p. 10) argues, “neither our personal bodies nor our social bodies may be seen as natural in the sense of existing...
outside the self-creating process of human labour”. In this frame of reference, the impaired body can be perceived in terms of “an assemblage of forces, or flows, intensities and passions that solidify in space, and consolidate in time, within the singular configuration commonly known as an ‘individual self’” (Braidotti, 2006b, p. 201). Critical disability studies becomes an attempt to rethink the embodied subject as a multiple, complex process without reference to either dualistic humanistic beliefs or naïve social constructivism, but instead linking body and mind in a new flux of self, a project, an event (Braidotti, 2003; Roets & Goodley, 2008).

In this vein, the “knowledge ambition” of this dissertation is situated within the potential to address “mental health problems” as situated in the complex psycho-socio-political terrain and to de- and re-territorialise the subject through a social process ontology. From the perspective of social process ontology, both the phenomenon of impaired bodies and the ways in which societies interact and deal with, for example, the phenomenon of “mental health problems” (see Wilson & Beresford, 2002) – on which I focus in this dissertation – are theorised and acquire a profoundly psycho-socio-political connotation (Corker, 2001; Corker & Shakespeare, 2002; Goodley & Roets, 2008). In order to explore the relation between the individual with “mental health problems” and socio-political arrangements, I will first give a concise outline of mental health care in Flanders.

1.2 Mental health care realities and constructions

In this part, I will briefly situate the relevance of a critical disability studies perspective for mental health care practices which are inspired by the recovery paradigm, as the short history of mental health care and support in Flanders illustrates.

1.2.1 Mental health and disability studies

Over the last few decades, developments in theory, policy and practice have shared exclusionary tendencies towards people with the label of “mental health problems” (see Beresford, 2000; Beresford & Wallcraft, 1997; Plumb, 1994). Beresford (2000) observes that there does not seem to be any clear agreement in disability discourse as to whether or not “mental health problems” are part of the discussion. This is obvious in, on the one hand, some key texts of disabled people’s movement that pay little or no attention to “mental health problems” (see Barton, 1996; Campbell & Oliver, 1996; Oliver, 1996), and, on the other hand, some writings that do include “mental health problems”, but in a confused way, almost accepting an individual model (Gabel, 1999). While their administrative
categories overlap, and though both people with “disabilities” and people with “mental health problems” are the subject of social oppression, exclusion and discrimination, the relation of “mental health problems” to disability is complex and contested (Beresford, 2000; Beresford, Gifford, & Harrison, 1996; Beresford & Wallcraft; 1997; Wilson & Beresford, 2002). However, disability studies continues to theoretically develop in ways that can and should encompass the experiences and ambitions of all disabled people (Goodley, 2003). This study aims to contribute to this evolution through an in-depth discussion of mental health care practices in Flanders from a critical disability studies perspective, with a particular interest in how the subject is constituted in and through specific socio-political arrangements.

1.2.2 A concise history of mental health care and support in Flanders

In the field of (mental) health care and a complementary variety of social work and social service delivery, the emergence of new understandings and paradigms of care and support for people with “mental health problems” can be observed over the past few decades (Beresford, 2010a, 2010b; Slade, 2009, 2012). Also, in Flanders, there have been attempts to create social change in the public atmosphere of mental health policy. I describe these developments in a broad outline.

In Belgium, Catholics initiated asylums at the end of the 19th century. Throughout the 20th century, an expansion of a diversity of forms of institutionalised care took place (Goffman, 1961; Taylor & Bogdan, 1989; van Drenth, 2008; Wuyts, 1997). Under the surveillance of the Minister of Justice, these remote asylums held both a safe and secure function for people with “learning disabilities” and people with “mental health problems”. In Flanders, for example, prominent figures such as Canon Triest and Doctor Guislain, who is considered to be the first psychiatrist in Flanders, left their mark on the system of mental health care, since they respectively founded the Broeders van Liefde (Brothers of Charity) in 1807 and the Psychiatric Centre Dr. Guislain in 1828. In 1948, the surveillance of the institutions was taken over by the Minister of Public Health, an act by which a “mental disorder” was redefined in terms of an illness. From this moment, medical treatment formed the spearhead of policy and practice.

In 1963, two important laws were approved that can be seen as cornerstones in these developments. One law arranged a reform of the health and invalidity insurance to assure a financial intervention for hospitalisation in a psychiatric, residential hospital. The other law imposed the standards required for accreditation for hospitals. In addition to the financing of psychiatric institutions,
the RIZIV has also provided for the financing of rehabilitation centres for psychiatric patients since the 1960s (Vandeurzen, 2010).

In the 1960s and 1970s, the emergence of psychotropic medication, together with the developments in the field of psychotherapy, gave rise to experiments with so-called innovative care practices in society. This evolution was spurred on by the anti-psychiatric movement (see Cooper, 1967; Laing, 1967; Szasz, 1972) that critically challenged the prevailing normalising medical psychiatric discourses and practices as adopted by the classic intramural, residential psychiatric institutions. This diversification of care and the distribution of responsibility for the provision of care across various mental health facilities heralded the end of the monopoly of institutional psychiatry.

Dispensaries for “hygiene of the mind”, inspired by a preventative logic and aimed at the early detection of “mental health problems”, were established. In 1975, these dispensaries were transformed into *Centra voor Geestelijke Gezondheidszorg* (ambulant Centres for Mental Health Care) and staffed with multidisciplinary teams in line with the by then accepted view on mental health care, which was considered as the social, psychological and medical dimension of “mental health problems” (van Weeghel & Zeelen, 1990). In these realms, the psychiatric wards in general hospitals were acknowledged just like the possibility of a partial treatment during the day as well as during the night (Vandeurzen, 2010). Gradually, the rehabilitation idea (see Bennett, 1978; Pieters & Peuskens, 1995; Sheperd, 1984, 1989; Watts & Bennett, 1991) – stressing that a stabilised long-term “patient” does not belong in a hospital but instead needs specialised and community-based care in society – won ground and the development of ambulant services continued.

The process of deinstitutionalisation was further formalised in 1990 due to the first reconversion movement (Lissens, Verbeek, Lievens, Marroyen, & Eeckhout, 2002). For the first time, the law stipulated running down care in institutions (6000 beds) in favour of community-based care in society, delivered by extramural services. The renewed vigour of this evolution can be situated in the field of psychiatric nursing homes and sheltered living (Van Audenhove et al., 1998). The provincial platforms for mental health care were set up to stimulate the structural cooperation and integration between different actors in mental health care (Pieters & Peuskens, 1995). Moreover, psychiatric hospitals started up case management pilot projects (Goering & Wasylenki, 1996; Lee, Mackenzie, Dudley-Brown, & Chin, 1998; Rohde, 1997).
Following on from these changes, in 1999 the second reconversion movement introduced the idea to provide networks of care and support for every age group (children and youngsters, adults and elderly people) and for specific target groups (toxic mania and addiction, forensic psychiatry and persons with both “learning disabilities” and “mental health problems”) (Claeys & Lievens, 2003). The legal basis for the organization of care and support networks was implemented in federal articles 11 and 107 of the royal decree for the coordination of the law on hospitals and other care facilities. In the aftermath of this second reconversion, a plea was also made for innovative workfare-driven activation programmes for people with “mental health problems” (Van Audenhove, Jordens, & Van den Troost, 1997; van Weeghel, 1997; van Weeghel & Michon, 2001; van Weeghel & Zeelen, 1990) and psychiatric home care (Brook, Gassman, van Hoof, & van Weeghel, 1998; Gassman, 1997; Vandenbroeke & Lembrechts, 1999; van Hoof, van Weeghel, Brook, & Gassman, 1998; van Veldhuizen, 1997).

In his recent policy plan, Minister Vandeurzen (2010) describes all these developments in mental health care policy and practice as an overall shift from large-scale residential health care towards community-based practices that are inspired by the concept of recovery.

1.2.3 Recovery as a promising and innovative framework

Since the mid 1980s, research, policy and practice have internationally concentrated on recovery as an inspiring concept (see Anthony, 1993; Deegan, 2003; Kristiansen, 2004; Le Boutillier, Leamy, Bird, Davidson, Williams, & Slade, 2011; Slade, 2009; Tew, 2011; Tew, Ramon, Slade, Bird, Melton, & Le Boutillier, 2012). The recovery paradigm was considered as a promising and innovative framework (Deegan, 2003; Stanhope & Solomon, 2008) that justifies the deinstitutionalisation of residential services over the last few decades (see Davidson & Campbell, 2007; Hopton, 2006), and enables the increasing emphasis on developing community-based services in different Western welfare states (Bartlett & Wright, 1999; Beresford & Croft, 2004; Borg & Kristiansen, 2004; Davidson & Campbell, 2007; Postle & Beresford, 2007; Rushton, 1990; Wilson & Daly, 2007). This development has been associated with the emergence of new ideas about citizenship, focusing on the right of people with “mental health problems” to live on equal terms in mainstream society and promoting social inclusion in the community (Beresford, 2010b), and these ideas have challenged both traditional service structures and the authority of the “professional narrative about the nature of, and responses to, mental distress” (Peck, Gulliver, & Towel, 2002, p. 442). Analogous with the ways in which the reliance on a biomedical model of disability gave way to a social model approach in disability studies.
1.3 Methodology

In this section, the general research question and methodology are briefly described and the research process – which requires the legitimation of inevitably interrelated (methodological) choices – is reconstructed.

1.3.1 Research question

The central research question of the study implies how the subject with “mental health problems” is gradually, progressively, really and materially constituted through socio-political arrangements and a multiplicity of organisms, forces, energies, desires and thoughts in practice. Inspired by the theory of critical disability studies, I am particularly interested in exploring the relation between the individual and socio-political arrangements as reflected in mental health care realities, practices and constructions in Flanders, which are currently inspired by the recovery paradigm as a new and promising frame of reference in social service delivery. However, the centrality of the power of professionals’ changing language and discourse might merely refer to a rhetorical change (see Gregory & Holloway, 2005). Therefore, I want to explore the scope of the recovery paradigm from a critical disability studies perspective to tease out its (empirical) relevance in the field and its influence on the constitution of the subject from the perspective of people with “mental health problems”.

1.3.2 Research method

Throughout the different research phases, I adopt an interpretative research approach (Bogdan & Biklen, 1998; Denzin & Lincoln, 2003; Goodley et al., 2004) in which knowledge is considered as situated, contextualised, gendered, and grounded in human activity (Haraway, 1991; Lyotard, 1979/1996). This approach is necessary to gain an in-depth understanding, by means of empirical research, about the complexity of the constitution of the subject with “mental health problems”, and to create space for the lived experiences and meanings of people themselves. Goodley (2003) addresses the challenge for researchers to research disability and impairment through narratives in ways that maintain a critical and psycho-socio-political vision, while avoiding tragic or sentimental conceptions of impairment. From my point of view, this interpretative approach, situated at the micro level (Gabel & Peters, 2004), is not contradictory to a poststructuralist view, placed at the macro level (Gabel & Peters, 2004), but rather essential to
catch an embodied and embedded approach to political subjectivity and to avoid both abstract perspectives and universalistic generalisations (Braidotti, 2007). Moreover, I want to go beyond this binary understanding of micro versus macro, since this reflects a traditional patriarchal thinking which separates the personal from the public and the private from the social (Thomas, 2001). Since the “personal is inevitably political” (Thomas, 1999) one might be able to make connections between biographical accounts and wider socio-political arrangements. Both micro and macro aspects of impairment and disability are perceived as being in a dialogic relation (Corker, 1998). In this vein, subjects are (trans)formed through socio-political arrangements, but at the same time, subjects engage in a “contagious’ micropolitical movement ‘capable of crossing and impregnating the entire social field”’ (Deleuze & Guattari, 1987, p. 276 in Sotirin, 2005, p. 103). My research is firmly situated in a socio-political context that puts recovery at the forefront, but rather than capturing the totality of social life, I aim to reflectively interpret slices and glimpses of localised interactions and encounters in everyday life (Roets & Goedgeluck, 2007) to understand the complexity of the constitution of subjectivity. In that vein, a variety of complementary and interrelated research techniques are combined since multiple methods can provide a broader and deeper understanding of research issues (Sameshima, Vandermauze, Chalmers, & Gabriel, 2009) and contribute to in-depth ways of knowing (Denzin & Lincoln, 2003). The different research strategies of data collection and data analysis are addressed more in depth in the different chapters.

1.3.3 Research subjects
As already pointed out, within disability studies, the participation of people in research ventures is a *conditio sine qua non*. Or as Goodley (1999, p. 27) argues:

> At the heart of this paradigm is the maxim that research must mirror and facilitate, under the orchestration of disabled people, the resistance of disabled people in the face of a disabling society. Disability research should be about research *with* rather than for or on disabled people; “if research is not constructed through participation it will confirm rather than challenge existing social constructions” (Swain, 1995, p. 92, in Goodley, 1999, p. 27).

Yet Wilson and Beresford (2002, p. 155) also challenge the “failure to include the local, situated analyses and knowledges of people on the receiving end of public policy, particularly welfare policy”. Kristiansen (2004, p. 373) recognizes that “these voices may have long been silent and often actively made so”, whilst “these voices may help us learn about the everyday life”.
In order to understand the social production of life, I want to embrace the complex life worlds of people with “mental health problems” instead of claiming universal truths (Booth & Booth, 1996). Essential to the explorative, qualitative research design in this dissertation is the belief that the lived experiences of those who use services can provide seldom recognized yet valuable sources of knowledge (Beresford, 2010b; Wykes, 2003). These local knowledges (Geertz, 1983) are at risk of being disqualified and excluded in the monologue of a single theoretical frame of reference dispersed by privileged sections of Western society (Lyotard, 1979/1996; Perry & Whiteside, 2001; Skrtic, 1995).

1.3.4 Research process

First study (see chapter 2)
The first study is a comprehensive review of the recovery literature and is also based on recent empirical research (see Roets, Kristiansen, Van Hove, & Vanderplasschen, 2007; Roets, Roose, Claes, Vandekinderen, Van Hove, & Vanderplasschen, 2012), in which two conceptual interpretations of “recovery” are uncovered. In the conceptual analysis, these theoretical perspectives on recovery are related to assumptions of citizenship and interrelated notions and features of care and support. However, in order to grasp the complexity and ambiguity of the concept of “recovery” and its different connotations, I considered it a necessary issue to explore the dynamics and socio-political arrangements in recovery-oriented organizations as experienced by people with “mental health problems”.

Second study (see chapter 3)
Active participation in life is identified as one of the key themes of recovery in the academic literature base (Deegan, 2003; Jacobson & Greenley, 2001; Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Ridgway, 2001; Slade, 2009, 2012). This activation logic is in line with the recovery paradigm, which is mirrored in so-called innovative workfare-driven activation programmes for people with “mental health problems” both internationally (Bond et al., 2001; Borg & Kristiansen, 2008; Secker, Membrey, Grove, & Seebohm, 2002) and in Flanders (Lissens et al., 2002; Roets et al., 2007; Van Audenhove et al., 1997; van Weeghel, 1997; van Weeghel & Michon, 2001; van Weeghel & Zeelen, 1990). In this vein, the first empirical part of the research is situated in a particular social workplace in which an outreach strategy was set up to ensure the participation of women with “mental health problems” in a pilot project designed for them. In this study, I carried out a document analysis of all the available project documents. The central part of the research project, however, consists of an exploration of the retrospective insider perspectives on the work aspirations of 11 women, resulting in 17 interviews.
Also, the perspectives of the professionals engaged in the project are broadly explored in order to engage in a qualitative in-depth analysis, resulting in 10 interviews (Bogdan & Biklen, 1998). However, the high dropout of women seems to be a counterproductive outcome of the normalising dynamics of the labour market training programme. Therefore I aimed to explore the perspectives of people with “mental health problems” to tease out whether the assumed shift in perspective that is associated with recovery actually takes place in practice, or merely remains a cursory statement. In other words, the aim is to disentangle the relationship between the subject and the society in which the recovery discourse operates through the lived experience of people with “mental health problems”.

**Third study** (see chapters 4 & 5)

In order to set up the third study, I addressed a wide range of organizations that explicitly endorse recovery concepts in their mission statements in light of the provision of social service delivery for people with “mental health problems”. Across nine different organizations in Flanders (workfare-driven activation programmes, sheltered living projects, day activity centres, meeting houses, self-help groups and socio-artistic projects), I recruited 31 people with “mental health problems” who were willing to participate in a joint exploration of their recovery pathways and experiences with the researcher. The number of semi-structured in-depth interviews that I carried out with each participant ranged between one and four (with one exception, which I discuss below). Furthermore, there were 45 moments of participative observation in a meeting house, a day activity centre and a workgroup, “Sharing Experiences”.

However, during this exploratory research – which had already revealed that recovery is a complicated issue – I met Jimmy Sax (which is a pseudonym) as I introduced my research project in a day activity centre in June 2009. Jimmy Sax – as one of the possible research participants – challenged me and replied: “I’m a core psychopath. I’m born like that. And I cannot recover, never. Nevertheless, does that mean that I cannot participate in your research?” This surprising response opened up different repertoires of interpretation. Did Jimmy refuse to recover because that would imply admitting that he is disabled? Was he referring to the conditions under which he had to live and which would not probably change? Did Jimmy escape the determinations of interpellation and did he go beyond the norm of recovery (because he refuses or is not able to deal with it) through excess (Butler, 1997)? Anyway, his body – full of tattoos – speaks volumes about excess, or as Braidotti (2003, p. 54) states: “these are highly specific geo-political and historical locations: it’s history tattooed on your body”. My desire to understand the multiple connections of his body, perceiving “body” as “an interface, a
threshold, a field of intersecting material and symbolic forces, it is a surface where multiple codes (race, sex, class, age…) are inscribed” (Braidotti, 2003, p. 44), is one of the reasons why I decided to explore in depth how Jimmy is produced and fleshed out through different social dynamics, socio-political discourses and practices. Jimmy became involved as my key respondent because his interesting but quite subversive answer challenged my conceptual assumptions of recovery as identified in the research literature, implying that people with “mental health problems” return to “a normal or healthy state, free of the symptoms of illness, (...) being able to work, to go to college, to live in ordinary housing, have an active recreational life and find friendship and romance” (Craig, 2008, p. 125). Inspired by the theory of critical disability studies, his answer sensitised me to expose the tricky and convoluted nature of the recovery paradigm. After recruiting 31 research participants, I decided to focus on an in-depth analysis of the life story of Jimmy Sax, covering his lived experiences of recovery, and the diversity of discourses and practices that produced his life story, to gain an in-depth understanding of the complexity of the constitution of his subjectivity through socio-political arrangements.

His response entailed a long and intensive research process. To reconstruct Jimmy’s critical personal narrative, retrospective life story research (Atkinson, 1998) was combined with ethnographic research (Goodley et al., 2004). I carried out nine in-depth qualitative interviews with Jimmy Sax to construe his retrospective life story. Each interview lasted two and a half hours on average. The first interviews took place in the garden and the stable at the day activity centre. The later interviews took place in prison, to which Jimmy returned in December 2009. Each interview was complemented by my personal report which documents “critical” ethnographic moments during the research process. Additionally, an extensive document analysis of Jimmy’s file held by the Committee of Protection of Society was undertaken. This file covers the period of his imprisonment (from 1996 to 2010) and includes psychiatric expertise reports, reports from social support actors, reports of the rehabilitation process, correspondence between judicial actors, letters from Jimmy and articles which appeared in newspapers. During his imprisonment, Jimmy wrote a number of extensive letters to me. These writings were also included in the document analysis, as they provide additional information from Jimmy’s “insider” point of view.

In this study, I draw on the analytic concepts of “polyphony” (Bakhtin, 1984), “mapping” (Deleuze & Guattari, 1987) and “encounter” (Ahmed, 2002a, 2002b) to explore the different modes through which Jimmy’s subjectivity was formed and transformed throughout his life in relation to others. By doing this, I try to
meet the objections of Meekosha and Shuttleworth (2009, p. 55) to “a radicalised interpretation of participatory research while diminishing the conceptual contribution of the researcher to the level of rearranging common-sense precepts”. Within critical disability studies, they stress the importance of “a critical-interpretive approach in the analysis of interaction and meaning and in the unmasking of ideologies and hierarchies” (Meekosha & Shuttleworth, 2009, p. 55).

1.4 Content

Here the different chapters are sketched briefly.

Chapter 2
In “Re-discovering Recovery: Re-conceptualizing Underlying Assumptions of Citizenship and Interrelated Notions of Care and Support”, a conceptual distinction is made between an individual approach and a social approach to recovery, and underlying assumptions of citizenship and interrelated notions and features of care and support are identified. It is argued that the individual approach to recovery refers to a conceptualisation of citizenship as normative, based on the existence of a conditional norm that operates in every domain of our society. The social approach to recovery embraces a different conceptualisation of citizenship as relational and inclusive, and embodies the myriad ways in which the belonging of people with “mental health problems” can be constructed in practice.

Chapter 3
“One size fits all? The Social Construction of Dis-employ-abled Women” is based on an evaluation of a labour market training programme for women with “mental health problems” in a social workplace in Belgium. The retrospective insider perspectives on the work aspirations of the women involved in the programme provide evidence of a prevalent one-size-fits-all discourse in these practices wherein complex and interrelated processes of discrimination take place which are based on both disability and gender. The dominance of the neoliberal norm of economic productivity and employability is discussed.

Chapter 4
In “The Researcher and the Beast: Uncovering Processes of Othering and Becoming Animal in Research Ventures in the Field of Critical Disability Studies”, not only is the complexity of some difficult ethical issues addressed, but also the peculiar and reciprocal engagements that emerged during the research process carried out with Jimmy Sax, along with the ways in which I have attempted to deal with the ethics of research to avoid a reproduction of the processes of Othering. In
literature, different notions and dimensions of research ethics are identified which throw light on procedural, situational and relational ethics. However, it is pointed out that research evolves as an activity that cannot distance itself from social, political and historical processes, evolutions and contexts.

Chapter 5
“Untangling the Non-Recyclable Citizen: A Critical Reconceptualization of Responsibility in Recovery” builds on the observation that research, policy and practice in the field of (mental) health care and a complementary variety of social work and social service delivery have internationally focused on recovery as a dominant concept. Emphasising the service user’s responsibility appears to be a central component in the empowering process of recovery. Through a critical disability studies perspective, the relationship between the individual citizen with “mental health problems” and the society in which the recovery discourse operates is untangled. I draw on Bakhtin’s concept of “polyphony” to unravel the social dynamics in the unique life story of Jimmy Sax, through which he is produced as a non-recyclable citizen.

Chapter 6
In “General Discussion and Conclusion” “difference” is explored as a crucial concept in determining people’s subjectivity. Two approaches to “difference”, interrelated assumptions of citizenship and the implications for features of (ortho)pedagogical practices and interventions are addressed. Within a normative approach, being different is perceived as a deviation from the standardised norm, which is in present-day welfare states tailored to the rising demands for responsibility and autonomy and translated into individualising remediation and normalisation strategies. However, some people are easily categorised as non-recyclable citizens. Therefore, I argue for a relational approach to difference as opening up potential. This relational approach embraces a notion of citizenship that is embedded in a set of relational questions, interests and concerns and redefines an orthopedagogy of the question.

1.5 References


Introduction


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Chapter 2

Re-discovering Recovery: Re-conceptualizing Underlying Assumptions of Citizenship and Interrelated Notions of Care and Support
Abstract: Over the last few decades, research, policy and practice in the field of mental health care and a complementary variety of social work and social service delivery have internationally concentrated on recovery as a promising concept. In this article, a conceptual distinction is made between an individual approach and a social approach to recovery, and underlying assumptions of citizenship and interrelated notions and features of care and support are identified. It is argued that the conditionality of the individual approach to recovery refers to a conceptualization of citizenship as normative, based on the existence of a norm that operates in every domain of our society. We argue that these assumptions place a burden of self-governance on citizens with “mental health problems” and risk producing people with “mental health problems” as non-recyclable citizens. The social approach to recovery embraces a different conceptualization of citizenship as relational and inclusive, and embodies the myriad ways in which the belonging of people with “mental health problems” can be constructed in practice. As such, we hope to enable social services and professionals in the field to balance their role in the provision of care and support to service users with “mental health problems”.

Keywords: recovery, individual approach, social approach, citizenship, care and support
2.1 Introduction

In the field of (mental) health care and a complementary variety of social work and social service delivery, the emergence of new understandings and paradigms of care and support for people with “mental health problems” has been observed over the last few decades (Beresford, 2010a, 2010b; Slade, 2009, 2012). Since the mid 1980s, research, policy and practice have internationally concentrated on recovery as an inspiring concept (see Anthony, 1993; Deegan, 2003; Kristiansen, 2004; Le Boutillier, Leamy, Bird, Davidson, Williams, & Slade, 2011; Slade, 2009; Tew, 2011; Tew, Ramon, Slade, Bird, Melton, & Le Boutillier, 2012). The recovery paradigm was considered to be a promising and innovative framework (Deegan, 2003; Stanhope & Solomon, 2008) that justified the deinstitutionalization of residential services over the last few decades (see Davidson & Campbell, 2007; Hopton, 2006), and has enabled an increasing emphasis on developing community-based services in different Western welfare states (Bartlett & Wright, 1999; Beresford & Croft, 2004; Borg & Kristiansen, 2004; Davidson & Campbell, 2007; Postle & Beresford, 2007; Rushton, 1990; Wilson & Daly, 2007). This development has been associated with the emergence of new ideas about citizenship, focusing on the right of people with “mental health problems” to live on equal terms in mainstream society and promoting social inclusion in the community (Beresford, 2010b). These ideas have challenged both traditional service structures and the authority of the “professional narrative about the nature of, and responses to, mental distress” (Peck, Gulliver, & Towel, 2002, p. 442).

Quite recently it has been argued, however, that there is an urgent need for conceptual clarity about what constitutes recovery-oriented practice (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Le Boutillier et al., 2011), since “key knowledge gaps have been identified as the need for clarity about the underpinning philosophy of recovery” (Leamy et al., 2011, p. 449). In many Western countries, the ambiguity of the emerging concept of recovery in mental health has “created major dilemmas about how to develop adequate (…) community-based services in the context of recurring financial underfunding” (Wilson & Daly, 2007, p. 426). The central issue implies how mental health systems and services can support the recovery process (Slade, 2009, 2012). In this article, based on a comprehensive review of the recovery literature and recent empirical research (see Roets, Kristiansen, Van Hove, & Vanderplasschen, 2007; Roets, Roose, Claes, Vandekinderen, Van Hove, & Vanderplasschen, 2012; Vandekinderen, Roets, & Van Hove, submitted), a conceptual distinction is made between an individual approach and a social approach to recovery. First, we will outline the scope of
the recovery paradigm. Second, underlying assumptions of citizenship and interrelated notions and features of care and support are identified in each of these approaches to recovery. As Slade (2012, p. 703) asserts, the domain of promoting citizenship among individuals in recovery has been the least investigated, and yet, plausibly, it is the most influential. Improving social inclusion and community integration requires clinicians [and social service professions] to pay more attention to supporting the person to make connections and to the creation of inclusive communities.

2.2 The scope of the recovery paradigm

The recovery movement grew in the realms of the self-help and deinstitutionalization movement in the 1960s and 1970s, when ideas about promoting a life in the community and providing adequate care and support were increasingly developing a broad social base (Anthony, 1993; Chamberlin, 1984; Zinman, 1986). Since the mid 1980s, an impressive body of knowledge about mental health recovery has been generated from the perspectives and experiences of service users, family members, and mental health and social work professionals (Davidson, 2003; Deegan, 1996; Leamy et al., 2011; Leete, 1989; Lovejoy, 1982; Ridgway, 2001; Unzicker, 1989; Young & Ensing, 1999). The recovery paradigm rejects the assumption that being diagnosed with – even chronic – “mental health problems” is inevitably considered is a tragic catastrophe and the cause of becoming a social outcast (Ralph, 2000), and an attempt is made to “reach beyond our storehouse of writings that describe psychiatric disorder as a catastrophic life event” (Ridgway, 2001, p. 335). Although there are many perceptions and definitions of recovery, William Anthony, Director of the Boston Center for Psychiatric Rehabilitation, introduces a cornerstone definition of mental health recovery, identifying recovery as

a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. (Anthony, 1993, p. 527)

As an approach that constitutes a branch of the comprehensive family of strengths-based perspectives (see Saleebey, 2009), the key themes and ingredients in the academic literature base, including published first-person recovery narrative accounts, can be identified as embracing strengths rather than weaknesses,
hope rather than despair, and engagement and active participation in life rather than withdrawal and isolation (Deegan, 1996, 2003; Jacobson & Greenley, 2001; Leamy et al., 2011; Ridgway, 2001; Slade, 2009, 2012). At first glance, the recovery discourse explains recovery in terms of a journey of hope (Deegan, 1996), consisting of a lifelong, individual process in which the individual takes back control, gets on with his/her life (Borg & Kristiansen, 2008) and (re)integrates into the social world (Jacobson & Greenley, 2001). In a nutshell, recovery is grafted onto empowering service users with “mental health problems” to stimulate their personal growth and responsibility (Ralph, 2000).

In what follows, we focus on different conceptual notions of recovery and on the complicated issues and dilemmas that are emerging concerning the ways in which care and support can be provided by professionals (Davidson & Campbell, 2007; Wilson & Daly, 2007), as it is stated that social service professionals play a pivotal role in supporting service users with “mental health problems” in their recovery (Borg & Kristiansen, 2004; Slade, 2009, 2012). In the extensive body of recovery literature, we identify and distinguish an individual and a social approach to recovery. In our conceptual analysis, these different conceptualizations of recovery intrinsically construct different notions of citizenship, and imply disabling as well as enabling features of care and support offered by professionals in social service delivery. In the individual approach to recovery, an underlying notion of normative citizenship is persistently at work, implying a residual perspective on care and support services. In the social approach to recovery, an underlying notion of relational and inclusive citizenship is uncovered, enabling a structural perspective on care and support services.

### 2.3 An individual approach to recovery

In both theory and practice, stressing the service user’s responsibility appears to be a central component in the empowering process of recovery (Gottstein, 2003). According to Deegan (1996, p. 2), for example, recovery involves enabling people with “mental health problems” to “regain control over their lives, and (…) be responsible for their own individual journey of recovery”. Recently, mental health experts formulated a working definition of recovery as a person-driven process:

> Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing,
they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives. (SAMHSA, 2012)

The majority of recovery-oriented researchers and practitioners emphasize that recovery involves a resurgence of a coherent sense of self and of personal responsibility for one’s own state of being in the process of social reintegration (see Lovejoy, 1982; Roberts, Davenport, Holloway, & Tattan, 2006). In that vein, the work of recovery-oriented professionals revolves around a logic of empowerment to stimulate personal growth (Chamberlin, 1997). Craig (2008, p.126) formulates the recovery-oriented task of the services as

a matter of doing as much as possible to empower the individual. The aim is to have consumers assume more and more responsibility for themselves. Their particular responsibilities include developing goals, working with providers and others – for example, family and friends – to make plans for reaching these goals, taking on decision-making tasks, and engaging in self-care. In addition, responsibility is a factor in making choices and taking risks; full empowerment requires that consumers live with the consequences of their choices.

As Jacobson and Greenley (2001, p. 483) state, “empowerment emerges from inside one’s self – although it may be facilitated by external conditions”. In the most favourable and far-reaching view, the individual approach to recovery suggests that people with “mental health problems” individually have to take “personal responsibility through self-management, being responsible for your own well-being” (Slade, 2009, p. 268). As Slade (2012, p. 703) asserts

the central shift in a recovery-oriented system, therefore, involves seeing an individual not as a patient—someone who is fundamentally different and therefore needs treatment before getting on with life—but as a person whose efforts to live the most fulfilling life possible are fundamentally similar to those of people without mental illness.

Nevertheless, although the recovery paradigm is heretical within the dominant biomedical model (Gottstein, 2003; Ridgway, 2001), “the fashionable concept of ‘recovery’ can be a two-edged sword” (Hopton, 2006, pp. 65-66). As Hopton (2006, pp. 65-66) argues aptly, “on one level, it represents a step away from the once prevalent idea that (…) only compliance to medication will prevent a relapse. On the other hand, [sometimes] it also seems to have medical overtones”. In clinical conceptualizations, for example, it is stated that recovery implies that it is possible
to regain control of one’s life, to reintegrate socially and become independent (Lovejoy, 1982), and to “return to a normal or healthy state, free of the symptoms of illness, (...) being able to work, to go to college, to live in ordinary housing, have an active recreational life and find friendship and romance” (Craig, 2008, p. 125, our italics). This clinical and diagnostic emphasis on difference and intra-psychic deficits that should be overcome by the individual who is engaging in self-care and expected to recover from an illness and regaining a coherent sense of self is a long-standing criticism of the mental health system. These insights inherently refer to underlying assumptions of citizenship.

2.3.1 Normative citizenship
There are substantial objections to the idea of individual responsibility “as part of the quest for the model citizen” (Goodley, 2011, p. 72). The recovery paradigm can be sharply criticized because of the socially constructed norm of the self-managing, self-sufficient and independent consumer-citizen who is fully responsible for his/her own choices (Vandekinderen, Roets, Vandenbroeck, Vanderplasschen, & Van Hove, 2012). A conceptualization of citizenship as normative implies that citizenship is perceived as a status and an achievement (Lister, 1997), mainly based on a norm of active and “good” citizenship that is imposed on individuals and persistently at work in both discourse and practice (Roets et al., 2012). In this normative notion of citizenship that promotes “projects of the self” (Jordan, 2004, p. 9), people with “mental health problems” are expected to become “self-sufficient, productive, respected citizens” within the scope of self-responsibility, as the responsibility for leading a fulfilling life is individualized (Cruikshank, 1999, p. 79). As such, “citizenship becomes conditional on individuals (...) citizens have no rights but responsibilities, and rights shift into social obligations” (Roets et al., 2012, p. 100). As Rose (1989, p. 230) observes, “individuals are to become, as it were, entrepreneurs of themselves, shaping their own lives through the choices they make among the forms of life available to them”. The recovery paradigm can be understood against this background, cultivating a project of self-development and self-improvement (Jordan, 2004) and enabling societies to make “technologies of opportunity and self-government in the hopes of activating a vital, entrepreneurial and enterprising spirit among (their) subjects” operational (Binkley, 2011, p. 92).
It becomes particularly tricky when this ideology of individual choice and opportunity denies the fact that some citizens have few available choices and resources (Lister, 1997), while at the same time implying that so-called “responsible citizens make reasonable choices and, therefore, ‘bad choices’ result from the wilfulness of irresponsible people” (Clarke, 2005, p. 451). Recovery implies “a danger of running too close to contemporary neoliberal notions of
self-help and self-responsibility and glossing over the structural inequalities that hamper personal and social development” (Gray, 2011, p. 10). This logic masks the restricted role of the advanced liberal welfare state (Rose, 1993) in guaranteeing the right to an existence in human dignity, and in pursuing social justice. Although the notion of ideal citizens as choice-making, self-directing and self-governing subjects in the advanced liberal welfare state is based on individual autonomy and self-responsibility, it lies equally well at the heart of disciplinary control (McNay, 2009; Miller & Rose, 2004). As Goodley (2011, pp. 72-73) argues aptly, a strange paradox emerges for disabled people, including people with “mental health problems”:

While they are cast as the dependent other, when they do attempt to gain a foothold on the ladder of individualism then they are expected to demonstrate extra-special, hyper-individual forms of being in order to maintain their place (... being) more normal than normal people. (...) And if disabled people fail, then a host of professionals lie in wait to aid and (re)habilitate their journey towards self-containment.

This underlying dynamic refers to the ways in which the provision of care and support is coined by professionals and social services.

2.3.2 Residual perspective on care and support
The recovery paradigm clearly requires a reconceptualization of how social services are (re)organized and delivered (Slade, 2009, 2012). In our view, however, the individual approach to recovery leads easily to residual practices, implying that professionals are expected to empower people with “mental health problems” in becoming autonomous and self-sufficient citizens, without providing the proper care and support and resources to create fulfilling lives on a structural base. It has been widely observed that minority, marginal, disabled and chronically ill people might already bear heavy caring responsibilities, but that they also have the fewest social resources and might not be the best risk managers (Jordan, 2004). As citizens, people with “mental health problems” have the right to be offered care and support, but they do not always fit the support models that make an appeal to the service user’s responsibility, “whereby everything would be controlled to the point of self-sustenance, without the need for intervention” (Foucault, 1984, p. 241). If the delivery of social services is based on a logic of self-responsibility and self-management of service users with “mental health problems”, social service professionals might be treading on a tightrope, since they are charged with “motivating and cajoling service users towards projects of autonomy and self-development, while controlling the deviant and destructive
aspects of resistance strategies (crime, drugs, benefit fraud, self-harm, mental illness)” (Jordan, 2004, p. 10). Social service professionals’ preoccupation with empowerment and individual responsibility of service users with “mental health problems” has been criticized for downplaying and devaluing the provision of care and support (Beresford, 2010a; Goodley, 2011). In that light, Rose (1993) refers to the privatization of risk, which concerns people who do not, and cannot, live up to the expectations of becoming self-responsible in managing their mental health and other social problems, which creates

a division of the population into those who are capable of managing risk and those whose riskiness requires management under what might be called a tutelary relationship, a division that might be expressed as one between the “civilized” and the “marginalized”. (Dean, 1995, p. 580)

As soon as individual citizens cannot prove that they are able to participate in the societal game as self-governing entrepreneurs, they become the objects of intensified surveillance, control and disciplinary practices (Clarke, 2005; Davidson & Campbell, 2007; Jordan & Jordan, 2000; Wilson & Daly, 2007). The tendency to transform the responsibility for social risks into a problem of “self-care” inherently contributes to the individualization, decontextualization and depoliticization of social problems (Lemke, 2001).

In that vein, the notion of the ideal citizen marginalizes “competing conceptions of the citizen-subject” (Foucault, 2008, p. 291), and constructs and transforms some citizens gradually into members of a residual category of non-recyclable and non-deserving citizens who become waste products in society (Ledoux, 2004). Clarke (2005, p. 453) introduces the conception of the abandoned citizen, which unveils “the dynamics of activation, empowerment and responsibilization as rhetorical, masking the real dynamic of abandonment” of residual social practices, in which chiefly an economic rationality is brought to bear on social problems (Cruikshank, 1999). This residual approach turns social policy into an instrument for rationing services into risk assessment rather than furnishing better care and support, due to scarce resources that are covered under the veil of autonomy, choice and empowerment (Jordan, 2004). Following this line of thought, the conception of self-managing citizens is a means of reducing costs and pressures on social service systems, as they become “expert patients” and create mutual self-help, take on managing their own lifestyles and well-being, and require less direct attention from residential (and more expensive) services since they learn to embrace the spirit of “do-it-yourself” (Clarke, 2005). The focus lies on the definition of pre-structured criteria for access to care and support, and only those “worthy” of care –
those who are willing to learn to play the game of self-responsibility – are allowed into the system. Such a vision of humanity threatens to individualize social life, changing individuals rather than society, and fails to support people in their social contexts. From Clarke’s (2005, p. 453) point of view, this version of “responsibility appears as a smokescreen behind which the state is systematically divesting its responsibilities”, including dismantling social services, and particularly residential services that are subsidized by the state. Hence, the focus of recovery lies on the characteristics of people with “mental health problems”, rather than on the policy and organization of the support system (Roose, 2006).

2.4 A social approach to recovery

In the extensive body of recovery literature, rather infrequently a social approach to recovery is identified that covers different connotations (see Mezzina, Davidson, Borg, Marin, Topor, & Sells, 2006; Secker, Membrey, Grove, & Seebohm, 2002; Slade, 2012; Slade, Williams, Bird, Leamy, & Le Boutillier, 2012; Tew, 2011; Tew et al., 2012; Whitwell, 1999). In embracing the social nature of recovery, of crucial importance is the finding that recovery processes cannot be forced into a cookbook full of recipes for everyone to follow, since recovery often consists of a turbulent process of ups and downs, given the heterogeneous situations of people with “mental health problems”, implying that “the manifestation and course of their mental illness are unique to them and often non-linear” (Stanhope & Solomon, 2008, p. 887). As Ridgway (2001, p. 339) asserts:

recovery is not linear, the journey is not made up of a specific succession of stages or accomplishments, and it does not follow a straight course. Instead, recovery is an evolving process, one that sometimes spirals back upon itself, and may result in a frustrating return to active disorder.

In that light, Whitwell (1999, p. 621) refers to the myth of recovery, meaning “being restored to your former state (…) as a state of a person, as the end state following a period of illness”. As an exploration of the experiences of people with “mental health problems” shows that people are conscious of their impaired life position, describing “unemployment, divorce, housing problems, lack of money and social isolation” (Whitwell, 1999, p. 622), a conceptual shift implies moving into a nuanced and social understanding of recovery. Also, Tew et al. (2012, p. 444, our italics) reveal that recovery

emphasizes rebuilding a worthwhile life, irrespective of whether or not one may continue to have particular distress experiences – and central to this can
be reclaiming valued social roles. (...) Recovery may involve a journey both of personal change and of social (re)engagement – which highlights the importance of creating accepting and enabling social environments within which recovery may be supported.

Secker et al. (2002, p. 410, our italics) describe a reconceptualization of recovery that is “viewed as establishing a dynamic and meaningful life with an impairment (…), the process of recovery involves the reintroduction of the individual into a socially accepting and acceptable environment”. According to Slade (2012, p. 703), this social approach to recovery can be summarized as “recovery begins when you find someone or something to relate to. The job of the system is to support the relationship (…), maintaining an organizational commitment to recovery, and promoting citizenship among individuals in recovery”. In our view, these insights refer to the necessity to consider notions and interpretations of citizenship in these social practices as relational and inclusive.

2.4.1 Relational and inclusive citizenship

In reality, our societies are often characterized by the dynamics of social exclusion and marginalization (Kabeer, 2005). The experience of people with “mental health problems” of not being recognized as citizens is frequently identified (Davidson, 2003; Deegan, 1996; Leamy et al., 2011; Ridgway, 2001; Unzicker, 1989), and refers to the discrepancy between their formal citizenship (embodied as an entitlement and a status) and their de facto citizenship (constructed through the experience of being a member of a particular community and society in practice) (Lister, 1997). Lawy and Biesta (2006, p. 43) refer to a notion of citizenship articulated as relational and inclusive that does not presume that people move through a pre-specified trajectory into their citizenship status/achievement as “good” and contributing citizens, yet “it is inclusive rather than exclusive because it assumes that everyone in society (…) are citizens who simply move through citizenship-as-practice, from the cradle to the grave”. Pols (2006) introduces the concept of relational citizenship, which differs radically from normative citizenship, as it “develops in the relationship between people, embedded in a set of relational questions, interests and concerns” (Roets et al., 2012, p. 103). Winance (2007) observes that, in practices of citizenship in which normalization processes are challenged from the position of an alignment to work on the norm, the societal norm gets problematized on a collective level. In that vein, inclusive citizenship implies that “the main components of citizenship – membership and belonging, the rights and obligations that flow from that membership, and equality of status – (…) should all apply to all citizens equally” (Lister, 2008, p. 4). In this perspective, citizenship is shaped through relations where norms have to be renegotiated, performed, refreshed and re-established in
each situation (Roets et al., 2012). As such, rights and responsibilities are actualized and constantly renegotiated through (inter)actions in which contradiction and temporary consensus are vital elements (Roose & De Bie, 2007). In this frame of reference, the value of care and support depends on the ongoing engagement of professionals in shaping the relationship between the citizen with “mental health problems” and everyday society as the terrain of interactions with other people, based on an assumption of interdependency and joint responsibility which is redefined in every situation (Borg & Davidson, 2008).

2.4.2 Structural perspective on care and support

According to Beresford and Croft (2004), an alliance between service users with “mental health problems” and professionals is likely to be the most productive way forward for securing the interests of both. Here the question of what care and support mean for people with “mental health problems” in everyday life plays a pivotal role, and requires a continuous dialogue between the client and the professional (Roets et al., 2012). Borg and Davidson (2008, p. 139) stress that supporting people with “mental health problems” to exercise all of the rights and responsibilities involved in citizenship is the key implication for practice, as “living conditions, income, employment/unemployment, and social interactions outside of treatment settings are central to processes of recovery and cannot be seen as lying outside of the scope of clinical or rehabilitative practice”. In that vein, responsibility might be approached as the ability to respond (Newbury, 2008), based on the recognition of the fundamental elements of community in which every citizen should have the opportunity to participate: housing, education, income and work (Teghtsoonian, 2009).

However, we also want to address implications at the level of social service provision. In a structural perspective on support services, the focus shifts from pre-structured criteria of access to the criteria of qualitative social support (Hubeau & Parmentier, 1991, 2008). These criteria question the ways in which organizations are structured and function in relation to a diversity of clients and problems as well as in relation to those clients and problems that remain off the picture in a residual perspective because they do not manage to become self-sufficient citizens. According to this theoretical frame of reference, five interrelated features need to be constructed as leverages for (more) equality and quality, defined as availability, accessibility, affordability, usefulness and comprehensibility (Roose & De Bie, 2003):

- Availability refers to the existence of a supply and to the fact that social services can also be called upon for matters that do not necessarily relate directly to the assessed problem.
Accessibility refers to the (lack of) thresholds when care is needed, for instance an inadequate knowledge of the supply.

Affordability refers to financial and other costs that the client may encounter, for instance giving up one's privacy or the negative social and psychological consequences of an intervention.

Usefulness refers to the extent to which the client experiences the care as supportive: is the help attuned to the demand, the skills and the language of the client?

Comprehensibility refers to the extent to which clients are aware of the reasons for the intervention and the way in which the problem should be approached.

This implies that the welfare state should develop a differentiated supply of social services that offers all its citizens, in a diversity of situations, the scope to develop their full potential from a structural perspective on care and support (Roose & De Bie, 2003).

2.5 Conclusion

The concept of recovery can be interpreted against the background of the processes of change in social service systems in many developed countries since the mid 1980s. In this article, we aimed to explore the pitfalls and the opportunities of the recovery paradigm in relation to these changing service organizations, based on underlying notions of citizenship of people with "mental health problems". On the one hand, an individual approach to recovery is identified, undergirded by a neoliberal and normative conception of citizenship, which conceives citizenship as circumscribing the domain of the active entrepreneurial spirit (Clarke, 2005). Those service users with "mental health problems" who are provided with care and support are committed to act as responsible and reasonably enterprising citizens. In this conception of normative citizenship, these issues are seen as natural, uncontested and incontestable, and they risk to range people out as non-recyclable and abandoned citizens (Ledoux, 2004). On the other hand, we reclaim a social approach to recovery that implies a conception of relational and inclusive citizenship (Lister, 2008; Roets et al., 2012; Winance, 2007). This conceptualization of citizenship offers new perspectives for both people with "mental health problems" and social service professionals, since the debate continues about the actualization of citizenship, about the conditions in which people are expected to lead a dignified life in the community, and about the care and support needed. A high-quality supply of social services that is made usable for all its citizens needs to be provided by the welfare state (Roose & De Bie, 2003).
2.6 References


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SAMHSA’s working definition of recovery. Downloaded from http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated


Chapter 3

One Size Fits All?
The Social Construction of Dis-employ-abled Women

Abstract: This article is based on an evaluation of a labour market training programme for women with “mental health problems” in a social workplace in Belgium. The research team explored the retrospective insider perspectives on the work aspirations of the women involved in the programme to identify critical dynamics in their high dropout from the social workplace. The central findings provide evidence of a prevalent one-size-fits-all discourse in these practices wherein complex and interrelated processes of discrimination take place which are based on both disability and gender. The findings demonstrate that the social workplace functions as a male bastion, in which the oversized overalls which women are forced to wear are symbolically relevant. In conclusion, we discuss and challenge the dominance of the neoliberal norm of economic productivity and employability.

Keywords: critical disability studies, gender, welfare-to-workfare, un/employability
3.1 Introduction

Throughout the twentieth century, Western welfare regimes have transformed into workfare states, in which active economic participation is seen as the major indicator of the competent and autonomous citizen (Dean, 2003). Bound to a whole range of institutional discourses and practices, welfare states attempt to increase efforts to employ economically inactive citizens, such as disabled people, according to the norm of economic productivity (Hyde, 2000; McDonald & Marston, 2005). Drawing upon the international debate about the un/employability of people with “mental health problems” (see Borg & Kristiansen, 2008; Boyce et al., 2008; Secker, Membrey, Grove, & Seebohm, 2002; Wilson & Beresford, 2002), we explore findings of a recent research evaluation of a pilot labour market training programme for women with “mental health problems” in a social workplace in East Flanders (a region in the Dutch-speaking part of Belgium). The small-scale labour market training project was subsidised by the European Social Fund (ESF), which has been devoted to promoting employment as the overall strategy of the EU in terms of its profile as the most dynamic and competitive knowledge economy of the world (European Parliament, 2000). To achieve this goal, ESF stimulates a social economy, supporting the disadvantaged both from a social and an economic perspective, considering that their contribution to economic growth is in Europe’s interest (European Social Fund, 2011). In the Belgian context, social workplaces are subsidised by the Flemish government for the implementation of a social economy, serving both social and economic interests, in order to ensure the employment of disadvantaged and disabled individuals on the labour market. The social workplace mainly serves as an initiative in which training and (re)orientation are offered to disabled, long-term unemployed (for more than five years) and low-skilled (with less than a certificate of secondary school education) people (Decree on the subject of Social Workplaces, 1998).

The pilot project seemed particularly relevant to ESF in the light of the finding that women with “mental health problems” were all but absent from the social workplace. This pilot project emerged from the following findings: (1) the annual average percentage of women employed in this social workplace was only 13%, and (2) an extremely low percentage of women ultimately moved on to the regular labour market (De Sleutel, 2006). This percentage is very low compared with the results of a survey conducted by the research centre of the Flemish Government (2002) which shows that 74.3 % of the female population between 25 and 44 years old (and 89.2 % of the male population) in Flanders (the Dutch-speaking part of Belgium) was working (Research Centre of the Flemish
In that context, the managers of the social workplace aimed to develop an outreach strategy to raise the percentage of active women. Within the scope of the pilot project, three women with “mental health problems”, called “guides”, were deployed to implement an outreach strategy. As guides, they were trained to recruit, activate and guide other women with “mental health problems”, called “travellers”, into the social workplace. From the beginning of January 2006 until the end of June 2008, 17 women actually became involved in the pilot project. Nevertheless, a significant pattern of dropout was documented: only three women participated for longer than two months in the pilot project; and just one of them eventually got a job.

In this article, we identify and attempt to analyse critical dynamics of high dropout during the pilot project on the basis of an empirical research. First, we explain our epistemological stance that puts the finger on the social construction of un/employability, and explore how this notion is constructed in welfare-as-workfare regimes. Second, we explain the research methodology. Third, we analyse the central findings of the pilot project that provide evidence of a prevalent one-size-fits-all discourse in these practices wherein complex and interrelated processes of discrimination take place, based on both disability and gender. The findings particularly demonstrate the gender-blindness in the social workplace. In conclusion, we discuss and challenge the dominance of the neoliberal norm of economic productivity and employability.

3.2 Theoretical framings

This study draws on two distinct but interrelated research traditions: disability studies and critical social welfare analysis. Over the last decades, disability studies has developed as an interdisciplinary field of study in which historical, economic, social, political and discursive elements of disabling society are questioned and challenged (Pfeiffer, 2003). Disability studies tackles hegemonic interpretations through which “impairment” and “disability” – including “mental health problems” – are defined as private, typically deviant, individual matters (Skrtic, 1995). Foucault (1978) challenges the binary marking and disciplining of bodies and minds as ab/normal and deviant, being “ordered around the norm in terms of what is normal or not, correct or not, of what one should or should not do” (Foucault, 2003, p. xxiii). Whereas Foucault’s criticism is based on genealogical (historical) research, it is clear that the criticism is still relevant in present-day welfare states. For Winance (2007, p. 626), this notion of ab/normality designates “a divergence from a social integration norm” that involves a normalisation process according to this predefined norm. She refers to Castel (1995), arguing that this
way of dealing with disability has its roots in the construction of the welfare state. In essence, this frame of reference implies that the socially constructed norm of normality mainly concerns employability as a social integration norm, because the welfare state only takes minimal responsibility for unemployable citizens. Castel (2002, p. 432) observes that the protection of social rights is exclusively given by the state to deserving individuals: the prevailing logic of the state is:

instead of attempting to assist the victims of the most degraded situations, to link security to work itself – to impose a new device by means of which the worker would work not only to earn a wage enabling him to live or merely survive, but thanks to which he would also endeavor to build himself a right to security. (Castel 2002, p. 432)

In that sense, it is un/employability which defines the recognition or negation of citizenship. Grosz (1994) also observes that welfare state regimes are tailored to the norm of the productive and employable employee, since the comprehensive concept of “merit” is both historically and unilaterally bound up with meritocratic values. In that light, it can be observed that the meritocratic norm of productivity and employability operates as a significant exclusion criterion on the labour market (McDonald, Marston, & Buckley, 2003). In current welfare state regimes, McDonald and Marston (2005) perceive un-employability not as a de facto individual inability but as socially constructed; a status based on assumed binary oppositions which are consolidated by institutional arrangements and practices. Meanwhile, efforts are made to ensure that as many people as possible are employed in the formal economy: “where people were unable to secure jobs, they would be encouraged to undertake training to improve their ‘employability’” (Smith, Bambra, & Joyce, 2010, p. 75). Workfare arrangements affirm the dominant neoliberal work ethic, translated into a range of individualising remediation strategies such as personal advice, training, job brokerage and the provision of subsidised jobs (Kemp & Neale, 2005) for economically inactive individuals, owing to factors such as disability (Hyde, 2000) and gender (Smith, et al., 2010). The main concern is “how to return to a normal situation (…) [so as] to obtain economic and social independence through a job” (Winance, 2007, p. 626).

In that vein, the high dropout of women with “mental health problems” from the pilot project in the social workplace is a remarkable finding. In what follows, we identify and analyse social barriers to these women’s participation in practices in the social workplace.
3.3 Research methodology

As mentioned above, in this particular social workplace, an outreach strategy was set up to ensure the participation of women with “mental health problems” in the pilot project designed for them. This did not, however, turn out to be an effective process. In the search for an explanation, the project managers commissioned the research team to evaluate the pilot project and to explore the dynamics of dropout during the labour market training programme. The research team adopted an interpretative research approach in which knowledge is considered as situated, contextualised, and gendered (Denzin & Lincoln, 2003). Two complementary research methods were applied: document analysis and qualitative, semi-structured in-depth interviews (Bogdan & Biklen, 1998).

3.3.1 Document analysis

The research team carried out a document analysis of all the available project documents: the ESF project file, intermediate reports, profiles of guides/travellers, and several reports documenting social barriers and experiences of guides, travellers and professionals. From the beginning of January 2006 until the end of June 2008, women (travellers) were referred by a variety of initiatives, for example the Public Centre of Social Welfare (OCMW), prison services, the central Flemish employment organization (VDAB) and the mental health care system. Twenty-nine women showed interest in the project: 12 women never participated for various reasons which were formulated as follows by the professionals involved (Guideproject, 2008): (1) no further response from the woman, (2) the woman did not want to play an active part, (3) the woman became involved in prostitution, (4) the woman was not suitable (no housing), (5) the woman was not suitable (physical limitations), (6) activation was impossible (pregnant). These reasons were formulated in terms of individual failures. Seventeen women actually participated through the outreach method.

Once the travellers were motivated by their guide, they started to participate in the social workplace and they were assessed, observed and trained prior to their potential entry into the (regular) labour market according to five linear modules: registration, observation, guidance, training for employment, and work placement. Eventually only 11 of them continued their participation in the pilot project. The detailed documentation of the participation process of these 11 women shows a significant pattern of dropout. Only three women participated for more than two months; just one of them eventually got a job.
3.3.2 Qualitative semi-structured in-depth interviews

The central part of the research project, however, consisted of an exploration of the retrospective insider perspectives on work aspirations of 11 women (three guides and eight travellers) involved in the activation programme. These women participated as central informants, as Wilson and Beresford (2002, p. 155) challenge the “failure to include the local, situated analyses and knowledges of people on the receiving end of public policy, particularly welfare policy”. Especially in the domain of employment, little research has been undertaken in which welfare recipients’ insider perspectives are explored for their potential (Duckett, 2000). Also, the perspectives of the professionals engaged in the project were broadly explored in order to engage in a qualitative in-depth analysis (Bogdan & Biklen, 1998). The number of interviews for each participant ranged between one and three and an interview lasted on average an hour and a half. The first author carried out 27 interviews with the following persons: (1) 11 women with “mental health problems” and additionally diagnosed “problems of substance dependence” (three guides and eight travellers), resulting in 17 interviews; (2) the support person of the guides, resulting in two interviews; (3) the chief manager, resulting in one interview; (4) the person responsible for logistic support in the social workplace, resulting in one interview; (5) two support workers working in the social workplace, resulting in two interviews; and (6) four project partners, resulting in four interviews. Participants signed an informed consent form that clearly stated that participants could end their participation at any time in the research process and that the anonymous character of the research was guaranteed. The interviews were audio-taped, transcribed and returned to the participants for review, alteration and eventual approval. The research data were analysed in an inductive, exploratory and interpretative way by means of a qualitative content analysis (Wester, 1987). Considering the findings in the research tradition of disability studies, we were particularly interested in exploring the narratives to uncover relations between the individual women and the structures in which they operate.

3.4 Central findings

We analyse the specific role of the social workplace while configuring the relationship between the dis/employable individual and society, and illustrate social barriers to participation in the pilot project. We illustrate the central findings of the pilot project that are structured around four analytical nodes: (1) standardised and gender-blind work according to the norm of “being disabled”, (2) material and organizational aspects: sanitary provision and clothing, (3) individual responsibility for securing the household income and caring for children, and (4)
individual responsibility for failure: becoming a waste product in society. These findings provide evidence of a prevalent one-size-fits-all discourse in these practices wherein complex and interrelated processes of discrimination take place, based on both disability and gender. The findings particularly demonstrate the gender-blindness in the social workplace.

3.4.1 Standardised and gender-blind work according to the norm of “being disabled”
In the social workplace, the objective and the outcome of being employed are based on objective categorisations and diagnoses to predict and control the normalisation of the disabled person. After intensive contacts with the guide, the women arrive at the social workplace, where they receive instructions for standardised work according to a pre-structured view on what kind of work male “disabled” people should do, like chopping wood, repairing bicycles, tidying up the workshop... These activities serve to describe 12 labour market competences, for example, punctuality, striving for quality, respecting the workplace rules, collaboration and communication skills, coping with criticism, motivation... Completing (or not completing) the standardised schedule of seven weeks is considered to provide sufficient (observation) material to formulate an accurate recommendation about the future employment of disabled people, which is currently a generally accepted practice in social workplaces in Belgium. This one-size-fits-all approach focuses exclusively on the effective outcome of being employed, but denies and discredits individual aspirations and capabilities as well as contextual factors. These practices are legitimised by professional expertise.

They [support workers] do not listen. They are fixed on their own thing. (...) Those people only know an average life and they are going to tell us what to do... I often thought: [it functions here like a] kindergarten! I felt that they didn’t have enough experience. It’s not only theory from books that matters, but also their personal background. (traveller, 50 years old)

The activities mentioned above are perceived as designed as typically male. It is important to criticise this stereotypical standard of labour for men in the social workplace in any case, but this approach has been gender-blind and turned out largely to discriminate against the women involved. The managers of the workplace also consulted ESF to decide that the social workplace couldn’t change the vocational activities for women. As a consequence, the women had to fit into job profiles of renovation, the industrial workplace or gardening. The conflict between the hard (physical) labour and the physical abilities of these women was brought up by almost all the women involved as an important concern.
Many of the women were below their "normal" weight, suffered from hepatitis C, experienced problems with their back or wrists, and the high dropout during each stage of the programme was attributed to physical weakness.

The women start fully motivated, saying: "All right, this is a new opportunity despite our problems". Yet [during the orientation] they [the support workers] say: "No, it won't work". But that person has serious backache. She can't do that. If they would give her adjusted work, than she could perhaps move on to the industrial workplace. (guide 1)

The women involved stated that activities in the orientation module were tailored to the needs of male employees and did not match their interests.

I did not like the work anyway. It was purely male labour. If we were not chopping trees, we had to sweep the streets for € 1 per hour. (...) But I'm stubborn and I said: "I'm no cycle repairer". I do not even repair my own bicycle. (traveller, 35 years old)

Because there is minimal scope for exploring the person's experiences, interests, aspirations and expectations, a support worker in the social workplace argued:

We have tried to change things slightly, but you can't change the whole module for one person because the work is feasible for most women. (...) We can screen partly individually, but it remains an orientation module with a standardised programme. If you deviate all the time from the normal procedure, you don't have an observation or orientation anymore in comparison with the others. (support worker from the social workplace)

The friction between the activities offered in the social workplace on the one hand and the physical abilities and interests of the women on the other hand exposes very evidently the dominance of the pre-structured profiles.

3.4.2 Material and organizational aspects: sanitary provision and clothing

With regard to material and organizational aspects, the lack of appropriate sanitary provision for women at the beginning of the project reflects that women were not acknowledged as employees. In Belgium, employers generally need to provide separate sanitary facilities for men and women or rooms with lockable doors, but the managers of the social workplace tried to solve this problem rather primitively:
The managers put a sticker on the toilet: this is the female part, this is the male part. But that’s not sufficient. Female employees need more sanitary provision, more dressing rooms, and separate showers. (coach)

In the same vein, women were forced to wear oversized overalls for physically intensive labour owing to the lack of women's sizes. This may seem trivial, but it is symbolically relevant as it shows a lack of flexibility in the social workplace to recognize the women as valuable contributors to the workforce. The male overalls symbolize the denial of the female body. Gender is “disguised” and rendered invisible, just like the singularity of the women.

3.4.3 Individual responsibility for securing the household income and caring for children

The social workplace has conflicting expectations: on the one hand, women are activated into employment to increase the family income, but on the other hand, mothers are simultaneously expected to take their responsibility as mothers or to fall back on childcare (Vanobbergen, Vandenbroeck, Roose, & Bouverne-De Bie, 2006). The aspect of work cannot simply be disconnected from the everyday realities in which the women’s lives unfold, particularly when they have children to care for.

We lived a very chaotic life. My daughter lived with her grandparents. Her father stayed in the Netherlands. I ended up in a shelter for women. (…) It’s very difficult. I often cry, because people tell me they can't count on me. People work and they keep on working. And I’m not working, because I have difficulties with it. I do nothing. I can't even take care of my daughter. (traveller, 46 years old)

The caring roles of women were disregarded in the social workplace just as in the regular labour market, as is made clear in the following quote:

Once, I applied for a job and the manager of the enterprise told me: “Yes, Madam, you have three handicaps”. With a foolish look, I tried to figure out what he meant. I passed the first tests. So my skills were OK, my French, my Dutch, my English, my typing skills. He explained that I had three children. I replied: “Look, Sir, I don’t want to start working for someone who defines my children as three handicaps. (…) You’d better look for a younger childless person and I sincerely hope that she has ten children, so she’s entitled to ten lots of maternity leave”. (guide 2)

Whereas women working on the regular labour market in Belgium are entitled to six weeks of maternity leave (five weeks optional and one week compulsory)
before the delivery, the social workplace handled the problem of pregnancy by banning the women. It seems contradictory that women employed in a social economy project - who have no “real” contract - receive less protection than women working on the regular labour market.

Suddenly, three of my women were pregnant. But when you’re pregnant, you cannot start on the orientation. It’s not really women-friendly. OK, when you are very pregnant, okay, but the first three, four months… (guide 3)

In combination with the low compensation for the work in the social workplace (€ 1/hour with retention of their benefits), their opportunities are discredited.

One Euro during the starting period, that was ridiculous. What’s € 1? Thursday you get € 20 or so, but you actually work eight hours every day. That’s also a reason to quit. You spend all your time at work, but you get almost nothing in return. If they want to motivate people, they should give people more money. (traveller, 27 years old)

For many women, the low compensation for the work could not cover the additional costs of childcare. Moreover, the need for flexible work schedules adjusted to the hours of childcare facilities was ignored.

That was € 1 per hour, but I had my son… I was expected to arrive in the workplace between half-eight and eight. So I first took my son to school by bike and then I had to pay for care because he was too early. We finished work at half past four, but school stopped earlier, so I had to pay for childcare again. For € 8 extra each day… (traveller, 50 years old)

I still received my payment from the Public Centre of Social Welfare, but the daily journey by bus already costs € 4. (traveller, 35 years old)

Also, the guides and the coach mentioned the considerable discrepancy between the amount of money the women were paid on top of their benefits and the money they could make from prostitution.

Most of the women argue that they can earn twice their monthly salary in 15 minutes. Prostitution is their way of managing. They simply have the body. It’s much more difficult for a man to become a gigolo. But when a woman is completely desperate, in rehab and surrounded by crying children, then she decides to be a prostitute. It’s the last resort, but it happens that way. (guide 3)
3.4.4 Individual responsibility for failure: becoming a waste product in society

In the social workplace, the effectiveness of activation strategies ensuring the dominant importance of employment prevails over complex amalgams of problems in the women’s lives. For example, the next quote discloses physical violence as just a tiny aspect of the harsh reality of the women’s everyday life. It illustrates the complex process in which individual responsibility is constructed in contrast to the activation programme’s rational focus on employment “as the answer to all your questions”.

Do you believe that a woman stays with such a husband because she loves him? It has nothing to do with love, but with anxiety. Anxiety is a bad counsellor but a good binding agent. When you frighten someone, you can make that person dance like a puppet on a string. People make me laugh when they judge: “Why does she stay with that man? It’s a sign that they want it too”. These women don’t want it, neither did I! And believe me, the first time they hit you, they promise: “It will never happen again, it’s my fault”. And the second time they hit you: “I will never do it again”. The third time they say: “Yeah, but actually you provoked me”. The fourth time it is: “You provoked me and you deserve it”. The fifth time: “You deserve it”. And the tenth time you are absolutely convinced that you do deserve it. (guide 2)

The fact that this labour market training programme is not commensurate with the women’s possibilities, life experiences and interests did not lead to questioning and changing practices in the social workplace. The persistent normalisation of women discredits their interests and possibilities. One woman (40 years old) shared her plans for obtaining a bus driver’s license, which would give her the freedom to travel to Spain, Italy or Germany. Another woman (46 years old) made future plans in terms of opening a “couscous shop” (as she called it). In spite of their very diverse future perspectives, the social workplace only focused on training them to work, for example in the garden (the green section in the social workplace).

They want to tease out what I can do. I can do a lot of things. If I really want to chop wood, I can and I will. But it doesn’t interest me. Am I going to learn anything useful during these seven weeks? No. (...) They don’t give me the chance. They say: “Everyone is treated in the same way”. (...) They just do nothing, because I don’t want to do that. (...) They decide for you and I can’t stand it. (traveller, 35 years old)
As illustrated in the following quote, despite the gold standard of work, even working did not improve the women’s welfare and quality of life. This fragment illustrates the finding that the women easily internalise a societal discourse in which the problem is predominantly blamed on the individual. As a consequence, this woman perceives herself as a waste product in society. The responsibility for the failure worked on a boomerang principle, as the blame always ended up back with the women.

Look at me, nobody is missing me. I’m 40 and I never had friends. I never met people who showed interest in me. I’ve been married three times, and every time, they ran away, after they hit me and cheated on me. Why? I worked all day, I always looked after them and still, I’m the bad one. They say I’m the rotten apple in the basket. You would start to believe it … I started working at the age of 14. I still have nothing. I’m still hungry. I’m still without money. I’ve always been beaten up. Why? [She cries]. I’m burned out. I don’t have the energy.

(traveller, 40 years old)

3.5 Discussion

3.5.1 Double discrimination

In our analysis, we reflect on the pilot project unfolding in the social workplace where the socially constructed norm of employability proves to be persistently at work in an even more pervasive and devastating way regarding women with “mental health problems”. Wilson and Beresford (2002) maintain that a majority of mind-sets in our society implicitly mirror a collective belief that people with “mental health problems” are deviant, unproductive and unemployable, in contrast to the dominant norm in the neoliberal framework. Workfare strategies targeted at people with “mental health problems” often take place in the name of remedying personal pathology and deficiency, and these people are easily blamed for their unemployment (Wilson & Beresford, 2002). This discourse is difficult to unveil, but seems to circulate as a frame of reference in social policy discourse as well as practices in employment-related services (Roets, Kristiansen, Van Hove, & Vanderplasschen, 2007). Moreover, Malacrida (2010) states that gender is an important factor in the employment opportunities of disabled people: available evidence shows that disabled women frequently have fewer work opportunities and a lower wage than men with disabilities or non-disabled women. Consequently, a higher prevalence of disabled women living in poverty has been observed (Lister, 2004). In this context, Castel (1995) defines “social exclusion” as a complex amalgam of processes of marginalisation, as a consequence of accidents de parcours during the life course. The interviews with
women with “mental health problems” often contain fragments of complex pasts and presents, characterized by a complex amalgam of social problems (Gabel, 1999). Usually their unemployment is entangled in problems and situations of (chronic) illness and/or physical difficulties, “mental health problems”, poor education, problems of substance dependence, homelessness or poor housing conditions, poverty and financial problems, relationships marked by physical and verbal violence, social isolation, criminality, prostitution and poor childcare. Despite this complexity, in current welfare-as-workfare regimes individuals are respected as citizens and supported by the welfare state as long as they can participate in this game as self-governing entrepreneurs (McNay, 2009).

3.5.2 Welfare-as-workfare: the self as enterprise
Key to this configuration of the “self as enterprise” and to this “do-it-yourself citizenship” is the norm in which a certain notion of economic interest and productivity in the labour market is made absolute. That being so, individuals deserve the rights of paid work (McLaughlin, 2003), and welfare works as a mode of government that does not cancel out citizenship but rather works upon the individual responsibility of citizens to be employable and employed on their own behalf (Cruikshank, 1999). In that light, unemployable individuals are seen as “a sort of permanent and multiple enterprise” (Foucault, 2008, p. 241). Beresford (2001, p. 500) criticises workfare policies and practices since “social policy seems to be based on a model which reforms people rather than policy, economy, social institutions or society”. The welfare system interprets needs in ways that individualise responsibility and culpability while simultaneously diminishing social, political, and economic conditions and dimensions (Roets et al., 2007).

Throughout the analysis, the almost exclusive focus on the effective outcome of being employed prevails over the interests of the women, which are equated with the interests of society as a whole whereby “an economic rationality is brought to bear on a social problem, [and] its method is to govern people by getting them to govern themselves” (Cruikshank, 1999, p. 39).

In social workplaces in Belgium, persons/women are trained according to the norm of becoming employable and self-supporting citizens on the regular labour market. The social workplace defines the value of each woman according to her distance from that norm, a distance that must be bridged during the labour market training programme. Therefore, the activation programme implements a one-size-fits-all mantra and the women are subjected to standard procedures and ways of working (Riddell & Watson, 2000). We argue that this standardisation is a form of discipline. Foucault (1978) introduces the concept of “bio-power” to challenge the disciplining and normalisation of deviant bodies and minds.
according to a socially constructed norm that functions to pass notions of deviance
down to the violence of devaluation. In the field of employment, the notion of
un/employability proves to be socially constructed as binary (op)positions are
produced in current welfare-to-workfare systems, social institutions and practices
(Beresford, 2001). These politics of bio-power function as a fairly brutal regime; in
Foucault’s (1975) view there is a perpetuated regulation that crosses all terrains,
agencies and institutions in that it controls, compares, differentiates, imposes
hierarchies, homogenises, excludes; in one word normalises [our translation]. Or
as Deleuze (1986) puts it: in the case of disciplining societies, this means dividing
people, sorting them out, ranging them in categories, and normalising them [our
translation].

3.5.3 The female body as resistance
Foucault stresses that difference and “otherness” – anything that is not in
accordance with the norm – is marked as inferior by the silent reduction of these
bodies to a disposable status (Braidotti, 2006). This is mirrored in practices in the
social workplace, where the women are forced to do standardised and particularly
physical labour (chopping wood, gardening, renovation, industrial workplace
tasks,…), but they fall short on the expectations of the social workplace in terms
of fitting in with specific job profiles in the regular labour market. They are also
obliged to force their bodies into male and oversized overalls in which their
(female) bodies disappear; moreover, the social workplace has inappropriate
sanitary provision, which seems a denial of their presence.

Nevertheless, a crucial finding is that the women enact strategies to “escape
from” this subtle form of government, which – interestingly - also symbolically
concerns the female body: prostitution and pregnancy. There is a remarkable
analogy with the hegemony of capitalism in which the norm of productivity
rules. The first strategy of resistance – prostitution – can be interpreted as the
politics of survival, which is highly compatible with the mercantile philosophy
of capitalism (Young, Boyd, & Hubbel, 2000). By becoming sex workers, these
women show that they can be productive and particularly creditable without
being male (or even better, thanks to not being male, as one of the guides clearly
states). The second strategy of resistance – pregnancy – is quite salient in terms
of the norm of productivity. In the social workplace, the female body is typically
regarded as passive and reproductive, and consequently largely unproductive
in exploitative workfare terms. Although pregnant women (or the woman with
three children labeled as three handicaps) are considered to be “unproductive”,
they are showing the productivity of their body by becoming pregnant and
having children.
Our analysis reveals that, especially under prevalent forms of disciplinary normalisation, the subject transforms and reconfigures the self in a productive and political way (Braidotti, 1994). The body is both material to be inscribed by social norms and practices and a central player in the negotiation of power (Braidotti, 2006; Grosz, 1994). This implies that the bodies and minds of these women with “mental health problems” can be seen as productive (Deleuze, 1975/1995), as “an open-ended, pliable set of significations, capable of being re-written, reconstituted, in quite other terms than those which mark it, and consequently capable of re-inscribing the forms of sexed identity and psychical subjectivity at work today” (Grosz, 1994, p. 61).

3.6 Conclusion

As welfare recipients, women with “mental health problems” in the social workplace are constituted and at the same time spurred to action by power arrangements. In the long run, however, they cannot challenge contingent workfare discourses and practices (Cruikshank, 1999). Our analysis of the dynamics of dropout during the labour market training project for women with “mental health problems” in the social workplace shows that its finality as a sort of “transitional station” in anticipation of employment on the regular labour market creates a residual number of quasi non-recyclable people (Ledoux, 2004). The women’s “unemployability” can be redefined temporarily as “disemploy-ability”, which mirrors the double discrimination of women owing to the status of employment as the topical feature of “the normal”. This is in line with the findings of Malacrida (2010, p. 674), who asserts that “policies and programmes relating to housing, income, employment, personal and childcare services, family supports and community inclusion are themselves disabling to the people they intend to serve”. The women do not fit into the labour market training programme provided by the social workplace as it treats dis-employable citizens as an ultimate burden on the welfare state who do not deserve support (any more) under cover of problems of irresponsible self-management (Cruikshank, 1999). As McNay (2009, p. 65) observes: “the organization of society around a multiplicity of individual enterprises profoundly depoliticises social and political relations by fragmenting collective values of care, duty and obligation an displacing them back on to the managed autonomy of the individual”. This neoliberal rationale provides a justification for the investment in the “privileged” (read: job-ready) individuals (Boyce et al., 2008): the state meets the welfare needs of the disabled individual but expects a demonstrable effort on their part to integrate economically in the various domains of society – and specifically the labour market – in return. Although authorised to serve social as
well as economic interests of both disabled individuals and society, the social workplace embodies this basic philosophy of the workfare contract: the effort of the social workplace to pursue the social integration of women with “mental health problems” is thus primarily driven by an economic workfare rationale rather than a social one.

3.7 References


Abstract: In this article, we discuss not only the complexity of some difficult ethical issues but also the peculiar and reciprocal engagements that emerged during the research process carried out with Jimmy Sax, along with the ways in which we have attempted to deal with the ethics of research to avoid a reproduction of processes of Othering in the field of critical disability studies. In the existing body of qualitative research literature, an increasing number of researchers document their experience of the issue of situational and relational research ethics. However, since research evolves as an activity embedded in social, political and historical contexts, we argue that qualitative researchers should also embrace socio-political research ethics. In that vein, inspired by poststructuralist (and) feminist philosophers, we identify and discuss two different conceptualizations of research ethics, referring to care for the other, and care of the self.

Keywords: research ethics, critical disability studies, poststructuralism, care of the self, becoming animal
4.1 Introduction

when logic starts to leap
when focus fails again
when pre-sets bring the future
when these are the days
when light and I interact
I listen
Navid Nuur (1976-2010)

In 2008, I – being the first author of the article – started up my PhD research project, of which the aim was to explore the scope of the recovery paradigm from a critical disability studies perspective in order to tease out its relevance in the field of (mental) health care and a complementary variety of social work and social service delivery in Flanders (the Dutch-speaking part of Belgium). In the recovery paradigm, the assumption that being diagnosed with – even chronic – “mental health problems” will inevitably be considered as a tragedy and a cause of social death is rejected (Ralph, 2000) and an attempt is made to “reach beyond our storehouse of writings that describe psychiatric disorder as a catastrophic life event” (Ridgway, 2001, p. 335). It is stated that recovery implies that it is possible to regain control of one’s life, to re-integrate socially and become independent (Lovejoy, 1982), and to “return to a normal or healthy state, free of the symptoms of illness, (…) being able to work, to go to college, to live in ordinary housing, have an active recreational life and find friendship and romance” (Craig, 2008, p. 125). In line with the recovery paradigm, disability studies offers a strong critique of both myopic medical interpretations of “mental health problems” and the medicalization of support (Beresford, 2010; Secker, Membray, Grove, & Seebohm, 2002). Disability studies has developed as an interdisciplinary field of study in which historical, economic, social, political and discursive elements of disabling society are questioned and challenged (Albrecht, 2005; Devlieger, Rusch, & Pfeiffer, 2003). Since the turn of the millennium, questions concerning underlying ontological assumptions emerged explicitly in the interdisciplinary field of disability studies (see Bolt, 2005; Hughes, 2007; Kumari Campbell, 2005; Pfeiffer, 2002; Scambler & Scambler, 2003; Shakespeare & Watson, 2002; Shildrick, 2002; Titchkosky, 2005; Turner, 2001, 2003). Over the last decade, ontology has begun to inspire debates in the field of disability studies through generating sustained interest in the role and place of embodiment and impairment (Hughes, 2007). Critical disability studies has emerged as a frame of reference within which researchers attempt to theorize the ontological issue while focusing on a wide myriad of hegemonic discourses and practices through which “impairment” –
which includes “mental health problems” – is defined as a private, typically deviant, individual matter, which is necessary in order to recapture impaired bodies and minds as non-dualistic, dynamic, relational and fundamentally social phenomena in our societies (Garland-Thomson, 2005; Goodley, 2011; Roets & Braidotti, 2012). Nevertheless, it can be observed that the debate in disability studies is polarizing, and this is reflected in the controversy between those who claim an “embodied ontology” (Shakespeare & Watson, 2002) and represent the ontological perspective “that the body is a limit and that one cannot afford to ignore the tyranny of nature and the frailty of human existence nor, in particular, the impact that biological necessity has on the conduct of individual and social life” (Hughes, 2007, p. 676), and those who argue for a “social process ontology” and engage critically with “this language of negative and pre-social ontology” (Roets, 2008, p. 101). In what follows, I will attempt to uncover the ontological assumptions that guide my interpretative, qualitative research and “shape how the researcher sees the world and acts in it” (Denzin & Lincoln, 2008, p. 31) as identified during in-depth discussions with the co-authors.

4.2 The researcher and the capital Beast

Since an essential feature of research in this interdisciplinary field of disability studies implies the direct involvement and participation of disabled people in academic research ventures (Goodley, Lawthom, Clough, & Moore, 2004), I approached people who have been labeled with “mental health problems” as research participants in a variety of research contexts during an exploratory research phase. Essential to my explorative, qualitative research was the belief that the lived experiences of those who use services can provide seldom recognized yet valuable sources of knowledge (Beresford, 2010; Wykes, 2003). In June 2009, I introduced my research in a day activity and workfare activation center for, amongst others, people labeled with “mental health problems”. As I introduced my research project, one of the possible research participants – Jimmy Sax – challenged me and replied: “I’m a core psychopath. I’m born like that. And I cannot recover, never. Nevertheless, does that mean that I cannot participate in your research?” As a starting point, his response entailed a long and intensive research process as he got involved as my key participant.

With the hindsight of the entire research process, I would like to share and represent the complexity of the tricky ethical issues but also the peculiar and reciprocal engagement that was emerging during our research process, and the ways in which I have attempted to deal with my research ethics to avoid a reproduction of “a colonizing discourse of ‘the Other’ (...) [since] qualitative
research projects have Othered” (Fine, Weis, Weseen, & Wong, 2003, pp. 168-169). This concern is particularly relevant in research ventures in the field of disability studies, since traditional disability research “has maintained, if not perpetuated, the alienation, objectification and exclusion of individuals with disabilities” (Petersen, 2011, p. 294).

Let me unveil some significant events illustrating the (ethical) complexity of the engagement with Jimmy. According to his formal label, Jimmy was a sly old fox and very much aware of his ability to manipulate people.

He meets the criteria of psychopathy according to Checkley: irascible, manipulative, irresponsible, selfish, superficial, with a poor ability to experience empathy and fear. (…) Psychotherapy is useless and probably even dangerous in this case. Some publications show that psychotherapy can increase the risk of criminality, probably because such perpetrators learn through their therapy how they can better (emotionally) manipulate. (in a report by H.H., a psychiatrist, addressed to the members of the Commission, August 20 2002)

Moreover, during our close research involvement Jimmy was imprisoned (we will pick up the thread of this story later on in this paper). After a while, we started to write letters, uncovering the meanings that he brought to his personal and lived experiences. I interpreted his initiative to continue writing me extensive letters as an act that embodied his sustained engagement with our joint research venture. As a symbolically relevant issue, he often signed and concluded his letters with “Greetings, the beast”. One of his letters reads as follows, as if I was the engaged researcher and he a capital Beast:

Caroline, I couldn’t look you in the face in the courtroom, I felt so empty inside. But I can’t stop thinking: what would Caroline be thinking about me now. Every day I think about this, because I like you, really, and I hope you come by again, but don’t see this as an obligation. At first I thought I would hear nothing more of you. But then, I found a letter from you when I entered my cell after the walk. Thank you girl, that does me a power of good. Many warm greetings, Jimmy, the criminal, the beast of the park (letter from Jimmy, February 26 2010)

However, while writing under the name of a beast, in my interpretation Jimmy committed himself in this letter. This is only one illustration of his changing and quite contradictory subject positions which were evolving throughout our
different encounters during the research process. Meanwhile, people who heard of my research, being located both in and out of the university system, more than once asked me (and here are some of their questions and propositions) why I worked with this “dangerous man” who was, for sure, “lying”? They tried to convince me – while assuming that I was a naïve and credulous researcher - that his story was irrelevant, and that he was manipulating me, since I was not allowed to forget that “he is a psychopath and we all know what psychopaths do”. During the research process, I struggled regularly with ethical dilemmas, and addressed the other authors while raising questions which might legitimize my positionality and reflexivity as a researcher (see Ellis, 2007; Ellis et al., 2008; Fine et al., 2003; St. Pierre, 1997). Throughout our conversations, one of the identified ethical dilemmas entailed the following question: why should one start up and continue a research venture with Jimmy anyway? After all, he did not actually fit into the presupposed criteria for delimiting the “target group” of the research project, since he challenged Caroline when saying that there was no progress in his recovery process at all. It is certainly true that researchers should be aware of the limitations of their methodologies and methods while focusing on overcoming the barriers that impede the involvement of disabled subjects instead of highlighting the insurmountable difficulties presented by their research participants (which can be interpreted as a false excuse or merely a function of the researcher’s own limitations), since “nothing is trivial to qualitative researchers” (Booth & Booth, 1996, p. 67). As Petersen (2011, p. 293) argues, “much of the research on disability has been critiqued as oppressive because of its failure to include individuals with disabilities in the research process”. We figured out that, for us, it doesn’t make sense to stay idly by, bobbing up and down in our bathtub. A continued research engagement with the complexity and uncertainty of the research process can be seen as essential. Carolyn Ellis (2007, pp. 25-26) brings this to the table when she is telling her students, who struggle with the complexities of their research engagement, “Sometimes I say, ‘I don’t know’ (…) Write to understand how they put their worlds together, how you can be a survivor of the world they thrust upon you”. As we were trying to reconstruct Jimmy’s story, his perspective on his situation intrigued us.

Jimmy, to be honest, yes, I have been thinking a lot lately (my head was like a merry-go-round) about the strange situation in the courtroom. And I would be lying if I say that I was not confused about the picture sketched in the courtroom, about the representation of the “facts”, about the context... But that doesn’t imply that I won’t continue our shared search for your perspective, your story, your meaning of what happened. On the contrary. So yes, I want to come over to visit you again. (letter from Caroline, March 2 2010)
Yet this enabled us to theorize our research ethics, and in particular to explore the underlying assumptions of our research practice.

4.3 Research ethics: ethical researcher or ethical research?

In the existing body of qualitative research literature, we can identify different notions and dimensions of research ethics, which throw light on procedural, situational, relational, and socio-political ethics. Guillemin and Gillman (2004) define procedural ethics as the kind of ethics mandated by Institutional Review Board committees, which “have become localized controlling mechanisms and governmental vehicles to overview value-neutral sciences and knowledge” (Korol-Ljungberg, Gemignani, Winton Brodeur, & Kmiec, 2007, p. 1077). Procedural ethics provide professional codes and modes of ethics that serve as moral principles for researchers to “adequately deal with informed consent, confidentiality, rights to privacy, deception and protecting human subjects from harm” (Ellis, 2007, p. 4). Guillemin and Gillman (2004) also describe situational ethics as “the kind that deal with the unpredictable, often subtle, yet ethically important moments that come up in the field” (Ellis, 2007, p. 4). Situational ethics also refer simultaneously to practical ethics, implying a “question of knowing and thinking as well as of choosing and everyday action” (Scott, 1990, p. 5). In a previous issue of Qualitative Inquiry, Carolyn Ellis (2007, p. 4) adds a third dimension relational ethics, which she considers as closely related to an ethics of care:

> Relational ethics recognizes and values mutual respect, dignity, and connectedness between researcher and researched, and between researchers and the communities in which they live and work (…) Relational ethics requires researchers to act from our hearts and minds, to acknowledge our interpersonal bonds to others, and initiate and maintain conversations.

In that vein, Guillemin and Gillman (2004, p. 264) refer to “the ethical obligations of a researcher toward a research participant in terms of interacting with him or her in a humane, non-exploitative way while at the same time being mindful of one’s role as a researcher”. Currently, an increasing accumulation of stories and accounts of researchers that document situational and relational research experiences take place, and reveals how researchers try to become ethical researchers. From our point of view, however, researchers are at risk of paying too little attention to the ways in which research evolves as an activity that cannot distance itself from social, political and historical processes, evolutions and contexts that determine – what we can call their socio-political research ethics. In a sense, the role of research in the
The process by which knowledge is generated as socially constructed in relations of power is never neutral, since it cannot take place in a social and political vacuum (Andreola, 1993; Bogdan & Biklen, 1998). As Denzin and Lincoln (2008, pp. 29-30) argue, behind the research process is the biographically and socially situated researcher, which indicates the depth of complexity into which a researcher enters while confronting the situational and relational ethics and politics of research “that apply to all forms of the research act and its human-to-human relationships”. For us, this implies that qualitative researchers should embrace the issue of ethical research as well as deciding how to act like an ethical researcher (referring to the situational and relational ethical obligations of the researcher toward research participants), since the latter is largely defined and produced by the first. Research is an inherently political process, as D'Cruz and Jones (2004, p. 9) argue, and in that sense it is important to understand the ethical dimension of generating knowledge equally well as a political dimension, requiring “a greater degree of reflexivity (…) to think about what assumptions about the world are taken for granted”. As a researcher in the field of disability studies, Petersen (2011, p. 294) asserts that “we must also emphasize critical self-reflection in order to demystify the research activity and [as] a means of documenting and examining the complex, contentious and contradictory nature of such work”.

This point of view also enables us to develop reflexive potential in uncovering our interpretative, paradigmatic framework(s), as “a basic set of beliefs that guide action” (Denzin & Lincoln, 2003, p. 31). The net that contains the researcher’s epistemological, ontological and methodological premises may be termed a paradigmatic worldview, combining assumptions about “ontology (What kind of being is the human being? What is the nature of reality?), epistemology (What is the relationship between the inquirer and the known?), and methodology (How do we know the world, or gain knowledge of it?)” (Denzin & Lincoln, 2008, p. 31).

In interpretative research, researchers should be aware of the fact that they are guided and bound within a set of epistemological and ontological assumptions while attempting to acquire in-depth knowledge of their research topics and subjects. Since the ethics of research are unavoidably linked with the ontological question and the knowledge systems (or epistemologies) that undergird ontology (Bogdan & Biklen, 1998), we ground our unfolding considerations in relation to our research ethics within the work of poststructuralist (and) feminist philosophers. Understanding that our ontological assumptions – situated in critical disability studies and inspired by poststructuralist (and) feminist epistemologies – have repercussions for the ways in which we consider research as ethical, we theorize our ontological position in relation to the enacted research ethics in the joint research venture of Caroline with Jimmy Sax.
4.4 Care for the other, or care of the self?

In what follows, we will identify and discuss two different conceptualizations of our ontological position in relation to research ethics, referring to care for the other, and care of the self.

4.4.1 Care for the Other: processes of Othering in research ventures?

In the course of time, care is most often translated in terms of care for the other in Western societies (Verstraete, 2008). Putting the other in the center unavoidably brings us to Levinas, who made the ethical responsibility for “the Other” the bedrock of his philosophical analyses. The phrase “ethics precedes ontology” sums up his stance. Instead of thinking “I” as epitomized in “I think, therefore I am”, Levinas begins with an ethical “I”. He points to the ethical response of turning towards the Other through a “facing relation” (Erdinast-Vulcan, 2008): “the other calls out to me, asks of me. I cannot ignore this call once heard, I can only choose either to or not to respond to the other” (Diedrich, Burggraeve, & Gastmans, 2006, p. 44). Levinas’ ethics is a reorientation to human subjectivity and has in its core an absolute responsibility towards the appeal of the Other (Chritchley, 2007, in Allan, 2009). Following this ethical perspective, it would be Caroline’s ethical obligation as a researcher to encounter Jimmy as “the Other”. Through the priority of the Other and his call to respect the Other as absolute alterity, Levinas challenges the concept of universality on which traditional Western philosophy rests, in order to assimilate the Other in the same (Erdinast-Vulcan, 2008): “the other does not fit within my categorization and expectations, my totality and economy, my sameness. The other is a stranger that I welcome in my home” (Joldersma, 2001, p. 182). Rather than enabling us in attempting to grasp the Other, Levinas tells us to respect and to take care for the Other. Levinas asserts that the primacy of ethics is justified by the “face of the Other”. The core insight that Western thinking neglects, and that Levinas in turns emphasizes, is that being and ontology are not fundamental – “before I can think of the other’s being I’m already speaking to him, already in relation to him” (Diedrich et al., 2006, p. 44). Following this reasoning, the Otherness of Jimmy would be the moral justification to get involved with him.

This refers to the current debate in disability studies, and particularly to the claims of proponents of an “ontology of impairment”, who argue that the impairment is after all a tragic reality (Shakespeare, 2006). Nevertheless, Hughes (2007, p. 676-677) points out that these proponents of an “ontology of impairment” are trying to escape from a biological “no man’s land”, but they tend to give way to a body that is over-endowed with nature and to an ontology for disability studies that must privilege the biological nature of impairment at the expense of its social and political process ontology.
However, Ahmed (2002a, p. 142) states that “the very event of naming ‘the Other’ is to fill the other in, to know the other as being in a certain way and thus to ontologize the other as a being, albeit an alien one”. She argues that this may seem an un-Levinasian move, asserting that “to name others as ‘the other’ and as being characterized by otherness is, in a contradictory or paradoxical way, to contain the other within ontology”. Levinas’ perspective does imply that “the Other is ‘other’ because he is ‘an-other being’, despite his explicit refusal to define or flesh out ‘the Other’ within the language of ontology” (Ahmed, 2002a, p. 142). She continues by saying that “such a cutting off of ‘the other’ from the modes of encounter in which one meets an-other allows ‘the Other’ to appear in Levinas’ texts as an alien being, whom one might then encounter, in the entirety of that form” (Ahmed, 2002a, p. 143), while he claims an infinite relation (beyond essence) in contrast to the totality of fundamental ontology. Ahmed (2002a, p. 7) points out that “the encounter itself is ontologically prior to the question of ontology (the question of the being who encounters)”. Hence, if we think of an encounter as a form of sociality, which implies that “being” only emerges through and with others, then we can think about “how meetings between particular others do not necessarily presuppose a meeting between two already constituted beings” (Ahmed, 2002a, p. 143). Barad (2007, in Davies, in press, n. p.) introduces the neologism “intra-action” that – in contrast to the usual notion of “interaction” which assumes that there are separate individual agencies that precede their interaction – recognizes that agencies do not precede, but rather emerge through their intra-action. One does not come to exist independent of, or prior to, the intra-active moment of encounter, but over and over again within the moment itself (Davies, in press). In that vein, there is no stable entity that exists before and after any act of recognition. There is, however, “a singular specificity, a being with a history of being categorized, positioned and positioning him/herself within a relation to categories and discourses” (Davies, in press, n. p.).

4.4.2 Care of the self: becoming-animal in research ventures
At this point, critical disability studies can be useful, as understanding this field of study involves the “disablement of games of truth” (Verstraete, 2008, p. 146). In the field of critical disability studies, hegemonic interpretations through which “impairment” is defined as a private, typically deviant, individual matter are tackled and dis/ablism and impairment are understood as being materialized in discourses and practices (Goodley, 2011). This refers to the later work of Foucault and its relevance to disability studies, since he writes about the care of the self. He refers to the “critical ontology of ourselves” as a critical element of Enlightenment thought (Foucault, 1997, in Randall & Munro, 2010, p. 1487).
The care of the self, as introduced by Foucault, is not the humanistic, romantic, or self-focused search for introspection, insight, enlightenment, revelation, or individuation. Instead, it is an act of resistance that stems from an awareness of the disciplinary roles of knowledge and power (Koro-Ljunberg et al., 2007). The care of the self represents the researcher’s ability to understand ethics from within a discourse, “by reflecting on the processes of problematization, ‘games of truth’, the practices of subjectification which occur, and technologies through which a sense of self is created” (Koro-Ljunberg et al., 2007, p. 1077). We perceive the role of the researcher not as taking care for the Other (as it is introduced in relational ethics), but as supporting a process of taking care of the self in such a way that the existing games of truth that have constituted the subjectivity of the research subject are exposed (Verstraete, 2008). If we can become aware of the history of what we have been, and think reflectively on the origin of problematizations and prescriptions, we open up spaces for a continuous process of becoming different (Cordner, 2008; Koro-Ljunberg et al., 2007) as something that happens at the level of the encounter (Ahmed, 2002a) in which “there is difference-in-itself, not difference between things” (Mercieca & Mercieca, 2010, p. 88). Difference is therefore not defined as being categorical, “in which the other is discrete and distinct from the self, with the difference lying in the other” (Davies, 2009, p. 17). For Deleuze, “real difference is a matter of how things become different, how they evolve and continue to evolve beyond pre-set boundaries” (Davies, 2009, p. 17).

Thus, socio-political research ethics can be produced in the interaction of particular subjectivities. This idea is reflected in different conceptualizations of the concept of the face. Whereas the primacy of ethics is justified for Levinas by the “face of the Other”, Deleuze and Guattari (1987, p. 168) assert that “the face is a horror story”, since “the face is not an envelope exterior to the person who speaks, thinks or feels” (Deleuze & Guattari, 1987, p. 167). It is something “laid on from the outside that allows me to pass into human society” (Bruns, 2007, p. 712). For Deleuze and Guattari (1987), the face is a regime of socialization that should be dismantled, so that socio-political research ethics refer to a rather peculiar “becoming-animal”, or encounters/intra-action between signifying subjectivities:

To the point that if human beings have a destiny, it is rather to escape the face, to dismantle the face and facializations, to become imperceptible, to become clandestine, not by returning to animality nor even by returning to the head, but by quite spiritual and special becomings-animal, by strange true becomings that get past the wall and get out of the black holes, that make faciality traits themselves finally elude the organization of the face – freckles dashing toward the horizon, hair carried off by the wind, eyes you traverse instead of seeing
yourself in or gazing into in those glum face-to-face encounters between signifying subjectivities. (Deleuze & Guattari, 1987, p. 171)

For Deleuze and Guattari (1987, p. 171), the Face should be “destroyed, dismantled”. This implies that, although the (research) subject – such as the socially and politically constructed embodied ontology of Jimmy Sax - responds to normative disciplines, discourses and regimes of power and knowledge, it is not reducible to them (Koro-Ljunberg et al., 2007). This “productive resistance” (Koro-Ljunberger et al., 2007, p. 1078) is also reflected in Foucault’s definition of the role of the intellectual in which he states that “knowledge is not something that we have, but something that we do” (Foucault, 1972, in Corker & French, 1999, p. 10). This does not imply that “his own scientific practice is accompanied by a correct ideology”, but rather that it is changing “the political, economic, institutional regime of the production of truth” (Foucault, 1980, p. 133), because

if at the base there has not been the work of thought upon itself and if, in fact, modes of thought, that is to say, modes of action... have not been altered, whatever the project for reform, we know that it will be swamped, digested by the modes of behaviour and institutions that will always be the same. (Foucault, 1988, in Verstraete, 2009, p. 289)

Foucault introduces a notion of anti-fascistic ethics, which demands

that we work ourselves free – to the extent possible – of entrenched presuppositions and theoretical totalities, that we keep ourselves open to an ever opening intellectual and political future by refusing the certainty that theories and their epistemic foundations always promise, that we opt for questions more often than answers, that we love possibility and experiment more than we crave control. (Mc Worther, 2005, p. Xvi)

Foucault (1984/1985, p. 8) suggests that an obstinate curiosity drives us, that is “not the curiosity that seeks to assimilate what it is proper for one to know, but that which enables one to get free of oneself”. According to St. Pierre (1997, p. 405), referring to Britzman (1995), “getting free of oneself involves an attempt to understand the structures of intelligibility that limit thought”. In Foucault’s words (1984/1985, p. 8), “there are times in life when the question of knowing if one can think differently than one thinks, and perceive differently than one sees, is absolutely necessary if one is to go on looking and reflecting at all”. From our point of view, the ethical work of a researcher contains challenging and changing dominant discourses, as these discourses do not represent a status quo or an
ultimate truth, but are “modes of action, practices we perform to facilitate or enable other practices, ways of attempting to deal with and transform the real” (Grosz, 2005, p. 158). This idea is also reflected in Foucault’s conception of the subject as being constituted only in practice (St. Pierre, 2004).

4.5 Mapping encounters as methodology

In our analysis, our aim is to situate Jimmy’s experiences in the discursive field of power and discourses/practices that produced his life story while being responsive to the conditions of possibility, and to being in all its immanent multiplicity (Davies, in press). On the one hand, we aim to explore the real effects of the fiction of “Jimmy” as a stable and coherent self-identical subject, being categorized and positioned in relation to categories and discourses. On the other hand, we aim to open up the possibility of new understandings in ways that are not-yet-thought about Jimmy (Davies, in press). In that vein, we hope that our research venture with Jimmy will enable readers to discover “how it is that the deviant subject is gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, desires, thoughts [and so on]” (Foucault, 1980, p. 97). In what follows, we throw light on the employed strategies of data collection, data analysis, and data representation.

4.5.1 Strategies of data collection

We have adopted an interpretative research approach in which knowledge is considered as situated, contextualized, gendered, and grounded in human activity (Bogdan & Biklen, 1998; Denzin & Lincoln, 2003; Haraway, 1991). Rather than capturing the totality of Jimmy’s social life, we aimed to reflectively interpret slices and glimpses of localized interactions and encounters in his everyday life (Roets & Goedgeluck, 2007). A variety of complementary and interrelated research techniques were applied that were relevant to reconstructing Jimmy’s critical personal narrative, contextualized in its respective social, political and cultural contexts (Mutua & Swadener, 2004); since multiple methods can provide a broader and deeper understanding of research issues (Samshima, Vandermauze, Chalmers, & Gabriel, 2009). These methods include qualitative in-depth interviews, ethnography, and document analysis of his case file. To reconstruct Jimmy’s critical personal narrative, retrospective life story research was combined with ethnographic research (Goodley et al., 2004). For Mutua and Swadener (2004, p. 16), critical personal narratives “embody a critique of prevailing structures and relationships of power and inequity in a relational context, interrogating the construction of subjectivity”. The first author carried out nine in-depth qualitative interviews with Jimmy Sax to construe his retrospective life story. On September 24 2009, Jimmy
signed an informed consent form, clearly stating that he could end his participation at any time in the research process and that the anonymous character of the research was guaranteed. Each interview lasted two and a half hours on average. The first interviews took place in the garden and the stable at the day activity center. The later interviews took place in prison, to which Jimmy returned in December 2009. The interviews were audio-taped and transcribed. The ethnographic research resulted in a reflexive and dynamic account, that placed the research subject in a social context (Mutua & Swadener, 2004). Each interview was complemented by a personal report by the researcher, who attended and documented “critical” moments during the research process at the day activity center – for example a very sharp discussion moment in the smoking room, lunch moments and coffee breaks, and the day when Jimmy Sax’s trial came to court. Additionally, an extensive document analysis of Jimmy’s file held by the Committee of Protection of Society was undertaken. This file covers the period of his imprisonment (from 1996 to 2010) and includes psychiatric expertise reports, reports from social support actors, reports of the rehabilitation process, correspondence between judicial actors, letters from Jimmy and articles which appeared in newspapers. During his imprisonment, Jimmy wrote a number of extensive letters to the researcher. These writings were also included in the document analysis, as they provided additional information from Jimmy’s “insider” point of view.

4.5.2 Strategy of data analysis

In our research, we combined the analytical concepts of “mapping” and “encounters” to explore the different modes through which Jimmy’s subjectivity was formed and transformed throughout his life in relation to others. The idea of mapping essentially implies the disclosure of a diversity of entryways to display the multiple ways in which a society constructs subject positions (Roets & Braidotti, 2012). We aimed to map the multiplicity of different social dynamics through which Jimmy is produced as a form of political resistance to hegemonic and exclusionary views of subjectivity (Braidotti, 1994; Lather, 1991; St. Pierre, 1997). For Deleuze and Guattari (1987, p. 12)

the map is open and connectable to constant modification. It can be torn, reversed, adapted to any kind of mounting, reworked by an individual, group or social formation. It can be drawn on a wall, conceived as a work of art, constructed as political action.

There is no main entryway that has the privilege or starting point that leads to “the truth”, but only the existence of multiplicity (Sermijn, Devliegher, & Loots, 2008, p. 637). Deleuze (1997, p. 53) explains mapping as follows: “each map
finds itself modified in the following map, rather than finding its origin in the preceding one: from one map to the next, it is not a matter of searching for origin, but of evaluating displacements”. In that vein, becoming is the result of displacement, but it does not stop there because it is in itself open to the next one (Mercieca & Mercieca, 2010, p. 87). The notion of “encounters” is reflected in Caroline’s engagement in an encounter with Jimmy, that started from her desire to understand the multiple connections of his body, perceiving “body” as “an interface, a threshold, a field of intersecting material and symbolic forces, it is a surface where multiple codes (race, sex, class, age…) are inscribed” (Braidotti, 2003, p. 44). This reflects what Jimmy expressed as the necessity of uncovering and challenging processes of Othering:

Do you believe that a raper is born as a raper? A robber as a robber? A murderer as a murderer? It’s easy to label people, but one should try to understand how a person became that way, before spreading wild stories. Why do people act in a certain way? (…) I’m not born as the person that I am now, I became like that. (interview with Jimmy, November 23 2009)

In a non-linear way, we tried to map encounters, that reflect discourses and practices which “produce or flesh out” Jimmy (Ahmed, 2002b, p. 561), to grasp the complexities and singularity of Jimmy as a subject-in-process, outside the logic of certainty, totality and linearity (Braidotti, 2003). However, we are aware that, in the representation of the mapping of encounters, only a few possible and temporal entryways into the map are taken, given the fact that the map of Jimmy’s life is co-constructed, multiple and constantly changing (Sermijn et al., 2008). In that vein, Clarke (2003) refers to the complexities of social life and the paucity of means of addressing them analytically, suggesting situational maps and analyses as new approaches to analysis to handle complexities in knowledge practices non-reductively. As multi-site research, for example,

...drawing on interview, ethnographic, historical, visual, and other discursive materials, (…) these methodological innovations allow researchers to draw together studies of discourse and agency, action and structure, image, text and context, history and the present moment – to analyze complex situations of inquiry (…) Situational maps (…) lay out the major human, non-human, discursive, and other elements in the research situation of concern and provoke analyses of relations among them. (Clarke, 2003, pp. 553-554)

While drawing together the diversity of our collected research materials, we applied a situational analysis to capture and discuss the messy complexities of
the situation, since the result could be a representation of “thick analyses”, or “thick descriptions” (Clarke, 2003).

4.5.3 Strategies of data representation
The telling of a story is experimental: there is no way in which it can be presented as the final truth and there are no actors behind or prior to the moment, though all are active and present in the encounters (Davies, in press). Our strategy of data representation is inspired by the work of Sameshima et al. (2009), who argue for the juxtaposing and re-presenting of perspectives that are both in tension and in tandem with other possible interpretations, by revealing “the hybrid spaces of coupled interpretative systems, complex patterns are revealed which are not evident when researched separately” (Sameshima et al., 2009, p. 8). In the representation of these perspectives, we intentionally used a diversity of types of fonts to enable readers to open up novel forms of understanding of these representations. The emphasis shifts from data re-presentation to the act of re-interpretation of the data by people who are confronted with, and engage with, the reading and interpretation of the analysis. As Clarke (2003, p. 560) brings in, the produced situational maps “are not necessarily intended to form final analytic products. Although they may do so, a major and perhaps the major use for them is ‘opening up’ the data – interrogating them in fresh ways”. The confluence of interpretations can create novel understandings, provoke new questions, generate new knowledge and enable new thinking (Sameshima et al., 2009).

4.6 A multiplicity of possible interpretations

**Psychiatric expert report by psychiatrist J.B. (January 4 2010)**

In the Park in G., two homosexual guys are attacked by two strangers. The youngest of the two strangers threatens them with a clasp knife. They take the identity cards, bankcards and cell phones of the victims. They force the two victims to undress and blow them. An attempt of anal penetration of one of the victims fails. So they have to put their clothes back on and go along with the two strangers to a cashpoint, where the strangers take money using the bank cards of the victims. Everything happens under the threat of a knife. In spite of the threat of the perpetrators “that they will find them as they have their identity cards”, the two victims go to the police. The aggression is mainly from the youngest man, while the older one seems to want to reassure the victims. Both use sexual violence. On the 2\textsuperscript{nd} of December 2009 Jimmy Sax is interrogated. He denies everything and he addresses all the strong indications in his direction regarding coincidence. He denies involvement to the examining magistrate with great emphasis.

Today, 10\textsuperscript{th} of February 2010, Jimmy – as the older of the perpetrators – has
to appear in court. He gave me his permission to attend. Jimmy is brought in, handcuffed and under the strict surveillance of five persons: two police(wo) men and three husky, stern looking men with short hair from the Department of Justice of the Federal Government Service. Two of them keep guard over the entryways. One stays at Jimmy’s side and unfastens the handcuffs. Jimmy wears a sweater with a black-white-grey army print. Not exactly the outfit I would opt for if I had to appear in court, but probably the only outfit that his wardrobe in prison offers.

**Lawsuit (February 10 2010)**
Magistrate: You don’t realize that it is awful. You face the facts with an unbearable lightness. But do you have any idea what it is?
*Jimmy: Yes.*
Magistrate: But I’m asking you, do you have any idea what it is?
*Jimmy: Yes, I have been assaulted by a pedophile when I was 10.*
Magistrate: And that gives you the right to do the same?
*Jimmy: No, that’s not what I’m saying…*
Magistrate: These boys can never walk again through a park in a normal way. As the oldest of the two, you had a responsibility.
*Jimmy: I have a heavy imago and if you would know how many people made an appeal on me, how many were standing in my doorway: “We plan a robbery there, do you join?” But I didn’t go into, never.*
Magistrate: Yes, your heavy imago seems appropriate to me, bearing your past in mind…

In Jimmy’s file, I found a succinct description of this past, to which the president is referring.

**Psychiatric expert report by psychiatrist J.B. (January 4 2010)**
Jimmy Sax was repeatedly convicted. He received convictions for extortion, robbery with violence and intentional strokes (CR G. 1979), for robbery with violence and intentional devastation (HB G. 1980), for assault, illicit sexual acts and public indecency towards minors under the age of 16 years (CR G. 1981), and for intentional strokes and vandalism (CR G. 1997). In 1981 and 1997 Jimmy was interned. He was imprisoned for the first time in 1979, for a period of six months. A few weeks after his release, he shot down the two men who betrayed him in his first conviction. He was sentenced to nine years imprisonment, of which he served five years. During his imprisonment, Article 21 of the law of internment was adopted. He was released in 1984 and the internment was cancelled. Between 1984 and 1996 he stayed out of prison, but in 1996 he shot down two people with the intention of robbing them. He was interned and stayed in prison
until November 2007. On four occasions, he did not come back after a formal permission to leave prison for a limited period was granted. In November 2007 he was set free on probation. His probation conditions consisted of psychiatric supervision, absolute abstinence from alcohol, the use of extra medication and/or psychoactive drugs, adhering to budget guidance, follow-up by a social worker from the Department of Justice, and voluntary work in The Moisturizing Center.

**Lawsuit (February 10 2010)**

Lawyer of one of the two victims: [The victim] dares not attend. He dares not see the men. The boy suffers from nightmares and sleepless nights. His parents told me that something in him is broken. Although I have been in this field for quite a long time, I shiver reading the file. However, it could have been a lot worse, considering the nature of the suspects.

Referring to the “nature” of the suspects, the lawyer likely made an allusion to their psychopathic nature, as extensively substantiated in the most recent expert report about Jimmy, in which every criterion of the PCL-R was scored during a 40 minute talk.

**Expert report by psychiatrist J.B. (January 4 2010)**

We scored a PCL-R for Jimmy Sax. The PCL-R (Psychopathy Checklist Revised) is a checklist drawn up by the Canadian Robert Hare. The Checklist measures the percentage of psychopathy. It is an international standard test for psychopathy and is validated for the Dutch-speaking area, for a population of male detainees. The PCL-R contains 20 items which are scored by a three points scale (0 – 1 – 2, maximum 40 points) in the light of a “prototype description”. According the Hare, one can speak about psychopathy as from of a score of 30 or more. Jimmy Sax scored 29 points, with two blank items due to the lack of valid information. This gave a score of 32.2 on a pro rata basis. The factor analysis for factor I (egoistic, indifferent and using others without remorse) gives almost the maximum score of 15 (percentile 98) and for factor II (chronic instability and antisocial behavior) the score of 10, with two blank items what gives on a pro rata basis 1.9 (percentile 60). With a total score of 32.2, Sax Jimmy can actually be called a psychopath as defined by Hare. His score places him at the 88th percentile, which means that out of a population of a 100 male detainees, only 12 will be more psychopathic than Jimmy.

**Jimmy (interview June 25 2010)**

It’s simple… a psychopath. After three years, one becomes a psychopath. After 11 years, one becomes already a core psychopath. And they told me there exists nothing for psychopaths. No institution. No pills. No medication. No therapy. They
put you in prison (...) I was interned during 12 years. The Law of Internment starts by saying “Internment is not punishment”. Internment is a security measure with a double goal: protection of society and treatment of the internee. If so, they should allow me to go to a mental health institution. I wrote to 18 institutions, requesting them to hospitalize me. None of them wanted me.

In his file, I found a large number of letters from institutions, refusing his question with weak arguments.

Letter from a psychiatrist of an addressed institution
Dear,
Please note that we cannot put patients with this type of problem on our waiting list. We hope that you do understand.
Yours sincerely,
Dr. E.V.

Jimmy was interned. In Belgium, the measure of “internment in prison” is regulated by a 1964 law. It is imposed on “disturbed psychiatric patients” who have committed a crime and are considered a danger to society. Those offenders are not judicially convicted because they cannot be held fully responsible for their actions as they are declared to be of unsound mind. Internment is a security measure enforced for an indefinite period of time and covering a double goal: the protection of society and the treatment of the internee for the purpose of recovery and reintegration into society. Jimmy understood that last part quite well.

Jimmy (interview November 25 2009)
I had the right to psychological counseling, on a daily basis if I wanted. I, myself, instituted legal proceedings against the Deputy Prime Minister and Minister for Employment and I won them all. The prison got six months to prepare me for my return into society. My release was planned in 2003. But they had no money at that time, so it did not happen. It was 2007 until I was released (...) And when they set me free, they said: “Within three days, you will be back.” After 12 years of imprisonment, they kick you out: “Make something of your life” (...) My back was broken, I lost a finger, my head was broken… That’s reality.

CRITERION 13 (PCL-R): LACK OF REALISTIC LONG-TERM GOALS

In Jimmy’s file I found the initial report of the social worker from the Department of Justice who was responsible for his follow-up after his release in 2007. She evaluated the situation as being quite precarious.
Initial report by T.B., a social worker from the Department of Justice in G. (November 12 2007)

We do recognize the very small chance of success of this probation. The financial difficulties are worrying to the degree that we also expect there to be negative consequences in other areas. The psychological balance is under pressure due to the lack of crucial medication. We hope that food shortage will not lead to new crimes enabling him only to survive. We would evaluate the current situation as distressing, especially since the prospect of proper invalidity benefit apparently does not suffice to bridge the intermediate period.

Two years after this first report, Jimmy seems to be very aware that things are getting out of hand, as he explained in an interview.

Jimmy (interviews November 23 & 25 2009)

Last week, the social worker from the Department of Justice told me that during the last months, she has noticed another Jimmy and that I’m not doing well. She also advised me to ask to be placed in a mental health institution. But if I do so, I have to admit that the Commission got it right and then I can count on another three years of internment, for sure. I need help, but when I ask for support, I surrender and the Commission wins: “You see that it didn’t work out.” I don’t want this life. Neither do I want to go into an institution or to go back to prison.

Some weeks later, however, he did end up in prison, as I read in this article published in an online newspaper:

Article (The Standard online, 25/02/2009)

Severe punishments for the men who forced students to have sex. Six and eight years in prison, plus 10,000 Euros provisional damages. These are the penalties for the men who forced two students under threat of a knife into degrading sexual acts in the Park. (...) At the end of last year, two 19-year-old students were forced into the most degrading sexual acts under threat of a knife by Jimmy S. (49) and Leo D.K. (25) in the Park (...) Moreover, they were forced to give them their mobile phone and wallet, and to reveal the code of their bankcard, so the two men could take their loot. After psychiatric examination, Jimmy S. was declared fully sane. The same study described him as a “psychopath”.

Jimmy (interviews March 3 & April 27 2010 & letter January 15 2010)

Mail, for example. I don’t receive anything anymore. Nothing. That’s strange, isn’t it? I appeared in court and everyone stopped writing me. (…) Caroline, I was there, not the perpetrator, nor the instigator, waylayer or whatever. It’s easy to make people
believe those things, when you write such an articles (...) Even my children do not visit me, nor do they write a card or a letter. I'm not worth it. Believe me, that hurts. And no medication can calm this pain.

In each interview and letter, Jimmy mentioned his children. At the moment of the crime in 1996, he was 35 years old and he lived with his two children, an 8-year-old daughter called Bobbi and a 7-year-old son called Wern, after their mother had left them for another partner in 1989. When Jimmy was imprisoned in 1996, his children were placed in a home and he got permission to see them once a month for a few hours under the surveillance of a staff member of the prison. In his file, I read that after a while this arrangement was brusquely turned down after another prisoner spread the rumour that Jimmy planned to kidnap two girls. This reason was never clarified for either Jimmy or his children.

**Letter from Jimmy’s daughter addressed to Mr. H.H., president of the Commission (December 2002)**

Dear President,

I would like to introduce myself: I’m Bobbi Sax, daughter of Jimmy Sax. I write this letter in the name of my brother, my dad and myself. We were very disappointed that the last visit couldn’t take place. That has brought us much grief. And what distresses us the most is the fact that they didn’t give us any reason. You want to punish people by putting them in prison. Yes, if they have done something what they may not, I would do the same. And I do understand that my dad did something wrong. And I don’t look with favor on it. But he’s in prison for six and a half years now. There are people who do a lot worse things and stay less time in prison. That makes me angry. You have the life you dreamed of, but imagine that your children are in an institution from a very early age. They are in a group in which everyone is going home, except your children. They stay there as indoor plants. On Christmas and on New Year, alone, without family. Without presents. Without a family atmosphere. We miss our dad terribly. And it worsens every year. I would like to change places with you. I know what I say. You can think: she’s only a child of 14 years old. But I’m more adult, as you should think. You had better read the Children’s Rights. We have the right to see our daddy and the right to know why the visit couldn’t take place. I would like to see him between the 25th of December and the 1st of January. It is already difficult enough. We have a hard time and we want our dad with us. As soon as possible. Forever! I hope you think. I hope you are considering this.

Bobbi and Wern
Letter from Jimmy Sax addressed to Mr. H.H., president of the Commission (December 15 2002)

Soon, all the links between me and my children will be broken and then I would rather be dead. Is that what you guys want? Whatever I say or do, nothing helps me. If I cried, they would tell me: look to that sham. And now I'm not crying, they think I don't care.

Jimmy heard from his son, who visited him twice during the last two years, that his daughter was pregnant.

Jimmy (letters July 14 & August 22 2010)

One thing keeps me busy… within three months I become a grandfather. I think about it daily. These are beautiful events, but under other, better conditions. (…) Grandpa the criminal is safely harboured. Grandpa the beast. What should my grandchild think when he/she is told all those stories about me?

Jimmy shared many of those stories with a lot of equivocality. Sometimes it seemed to me he wanted to stress his status and his reputation as a “dangerous criminal”. At other moments, he tried to reveal some reasons for his actions and showed himself to be vulnerable.

Jimmy (interview November 25 2009)

In 1992 or 1993 they drilled two holes into my head, to drive out the aggression. (…) A stereo cab. I had to wear a mask, so my head could not move. I remember it. And then there were people all around me, trainees and people who had to learn how to do it. They wanted to transform me into a different man and take out the aggression, but it did not succeed. If you could see my file, it is all aggression: beatings, stabbings, robbery with violence, murder…

Jimmy (interview September 24 2009)

Yeah, the people of the neighborhood were surprised. They knew me in the first place as a criminal. But suddenly I stood all alone with my children and I did everything for them (…) During six years, I took care for them all alone, a 2-year-old daughter and a 1-year-old son. My children lacked for nothing. I stole the best underwear from boutiques for my daughter. I just put them in my sleeves in the boutiques in the city. If I could not pay things, I stole them. For example, when I was in the video store with my children: “Oh daddy, I want that daddy…” Walt Disney movies and stuff… I hid seven videos under my jacket. The alarm went off but they did not dare to follow me. We just took the tram, with the loot under my jacket. (…) I didn't want for my children to lack anything.
In his letters or during our interviews, Jimmy often returned to his appearance in court and how he experienced the whole scene from the transport to the interaction in the court.

**Jimmy (letter January 6 2010)**
The way they carry me to the court… I needed to wear a wide belt with attached handcuffs, a bulletproof vest and dark glasses so I would not see anything. And first a complete (body) search in the nude in front of the men of the Special Team. They drive with blaring sirens through the red lights, like I’m public enemy number one. Why is this necessary? It’s even forbidden for me to have chewing gum in my mouth. They are crazy, crazier than me, and then it’s bad, huh…

**Jimmy (interview June 25 2010)**
*Jimmy:* I didn’t have to say anything to the magistrate. He annihilated me. He asked me to tell my story. And it took me much trouble, but I tried and then, he just wiped it all away. He wiped it away. Because at one moment, he asked me: “You don’t think that’s bad, do you?” And I replied that I have been assaulted as a child. I speak about 1970. Well, they didn’t lock up anybody for it. They reasoned: the mother of the perpetrator is ill, we will not lock him up. That was it. But I had to deal with this misery my whole life. I had a stereo cab. In fact, they wanted to carry out a lobotomy. I have been a victim, but nobody paid attention to it. Aid to victims didn’t exist in that time.
*Caroline:* But do you believe that you can make victims, because you have been one yourself?
*Jimmy:* But I didn’t say that, did I? No, no, no.
*Caroline:* Because the magistrate made an allusion to it.
*Jimmy:* Of course, and that’s wrong. That’s wrong. The words stuck in my throat.

**CRITERION 1 (PCL-R): ELOQUENCE AND SUPERFICIAL CHARM**

**Jimmy (letter January 28 2010)**
My words are blown away and destroyed by the raging wind. (...) Caroline, the times, and yes, they were numerous, but the times that I used violence, were as good as always because my words didn’t mean anything, and with violence, it worked. Can you understand this?

Jimmy expressed himself in a very ambiguous way about having regrets. Most of the time, he ironically paraphrased experts who saw his lack of regret as an important indicator for his diagnosis. When we were talking seriously, I asked him that question.
Jimmy (interviews September 24 2009 & February 4 2010)
Caroline: But you don't have any regrets?
Jimmy: For the couple in 1996, I do. That couple didn’t deserve it. But the two guys in 1980, they betrayed me. They were two friends of mine. We did a robbery together, as one of them asked me: “Can’t you help me? I need some money. I know a place close to my work where we can find a lot of money”. So I robbed the place together with them and afterwards, they betrayed me.

CRITERION 6 (PCL-R): LACK OF REMORSE OR GUILT

Jimmy (interviews September 24 2009, April 1 & June 25 2010)
The case of 1996 is different. They were two older people who worked hard, their whole life. If I could go back in time, I wouldn’t do this again. But I was in serious troubles and in fact, I have done this to save my children, because I was going to lose them. I was afraid of losing my children and needed to break the law… I was screwing up my courage, time for action… When I need money, I take it where I can find it. (…) But also, I drank three bottles of whisky a day (for) six years. It made me feel better and forget, but of course, it brings other things along… it’s a vicious circle.

Jimmy (interview April 27 2010)
Outside the prison, inside the prison, in the day activity center… almost everyone is addicted. Otherwise, you cannot deal with reality. And if you do not use, they see you as the deserter and you do not belong to the group anymore, they will not even trust you, although I can be trusted, but they won’t trust you. They will believe that you will betray them. I could have betrayed them a 1000 times, if I wanted to. But I never betrayed anyone, not in my whole life. Betraying is the lowest of the lowest.

Jimmy (interview April 1 2010)
If you knew, during my two years of probation, how many people came asking me to join a robbery, to beat someone up, to sell a gun. I never responded to an offer, didn’t that mean I stepped out? And now, I’m in prison because that guy involved me in something I have nothing to do with. I forced nobody. I uttered no threats. I didn’t hold a penny in my hand nor a cellphone. And six years in prison? Come on. I’m not longer in criminality, but they cannot expect me to prevent others from committing a crime or betraying them.

Jimmy lived in a studio in the prostitution quarter of G., since he didn’t find another place where he was allowed. As a consequence, he was often confronted with dubious and clandestine criminal practices.
Jimmy (interview September 24 2009)
It's a special neighborhood. It’s a sad place. If I had 5000 or 10,000 Euros, I would leave the place immediately. It is the most disreputable neighborhood in G. A lot of knifings. And I live above a brothel. When I get out in the morning, the first thing I see are whores.

Jimmy (interview June 25 2010)
Caroline: Jimmy, you tell me that you do not fit in with good people – whatever you mean by the term “good people” – but at the same time, you say that the people you hang around with were not always the best people for you…

Jimmy: Yes, but I’m also an odd bird. That’s my conclusion. I’m not better than they are, do you understand? So, why would I tag along with people who were never involved with court? They will not understand me. Those are two different worlds. That’s separated. And that will never change.

Visiting Jimmy was my very first introduction in prison. The procedures and the atmosphere made me quite nervous and uncomfortable as I had the feeling of missing the real meaning of some suggestive remarks.

Personal notes Caroline (February 4 2010)

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Vandekinderen Caroline Geor

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Visit for Classification
Sax Jimmy Men

I take my place on a chair in front of the camera. Looking around, I notice a toilet behind a half open accordion door. Relief, because I’m already waiting 40 minutes to enter the prison and I need to pee, but I don’t want to generate the impression to the wanders inside the prison, that I’m nervous. I ask the lady: “Can I use the toilet please?” She responds: “Go ahead, but I wouldn’t”. I say nothing. The lady asks me to look up for a moment. Click. I’m registered. Despite the warning, I decide to use the toilet anyway,
which is - to my great surprise - very clean. What did she really mean by her remark? It seemed she was insinuating that prisoners and their families belong to the category of “dirty pissers”.

**Jimmy (letter February 21 2010)**
Everyone reads me as a blood-curdling thriller.

The article published in the online newspaper invited people to share their opinion and I could read this reaction online.

**V.D. (reaction of a reader, The Standard online)**
Detention will not help, considering their shallow reactions to their arrest. I propose to tattoo the nature of their crimes on their foreheads and to set them to work in a chain gang, preferably dressed only in pink boxers at the scene of their crime. If they work, they get food, and everyone benefits from a clean park. Such a person who foolhardily destroys another’s life, would no longer be allowed to appeal to the resources that our society has provided to help the needy. Their picture in the pillory!

The “resources provided by society” to which was alluded in the reaction, were also a subject in the interviews with Jimmy.

**Jimmy (interview June 25 2010)**
When I arrived at the day activity center, I didn’t even have a pair of shoes. I had to work in the garden with knives and all the stuff, and the only thing I had was a pair of sports shoes from a guy in prison who gave me the address of his mother where I could pick up those shoes. But in two ticks, those shoes had had it and I didn’t have money for new ones. So, in the day activity center, they decided to buy a pair of safety shoes in the second hand market for 15 Euros. And I had to pay it back, otherwise I couldn’t keep them on going home. But after a while, the top of the steel came through the leather. And every step I took: click clack click clack, through the city and all over the South Place. You had to see it. You know, I’m a man. I was almost 48 years old and I clacked. That’s bad. If Lilly or Frank didn’t treat me to a meal, I had no food. Sometimes, I worked three days, without eating anything. That’s not a life anymore.

**CRITERION 9 (PCL-R): PARASITIC LIFESTYLE**

**Jimmy (interview June 25 2010)**
You are outside the prison, but there the good news stops. I’m easily pleased. I don’t need to be a rich guy. But I want to have enough so that I can get by on my income
and that I’m not forced to take on debts. I always used to pay everything correctly. But now, when I stood at the cash desk in the Aldi or the Match, I was always uncomfortable as I was not sure that I had enough money with me. It made me crazy. Those prices, I had to calculate: that, that, that, so much so much so much… to make sure that I could pay everything.

**CRITERION 10 (PCL-R): POOR BEHAVIORAL CONTROL**

**Jimmy (interview September 24 2009)**

Last week, I smashed my wardrobe. I was angry for some reason, I don’t remember very well. (…) I think the reason for my anger was that I had no food. On the one hand, it was a very simple reason, on the other hand, when you’re hungry, you’re hungry. (…) But of course, you don’t get a piece of the pie, the hard labour in the day activity center is not paid. I can barely pay for my food and they do not even offer me a bowl of soup.

Gradually, through the chaotic slices and glimpses shared by Jimmy, I developed a picture of the contexts in which he grew up as a teenager: in psychiatry, the army and prison.

**Jimmy (interviews September 24 & November 23 2010)**

From my 15, my life has been a series of detentions in several institutions: Saint Claudius, Saint Armando, the psychiatric unit in the University Hospital, 17 times I guess. (…) When you are put as 15-year-old boy among people who believe that they are God, that they are a panther… That’s fantasy, but it doesn’t make you feel normal.

**Jimmy (interview April 1 2010)**

Caroline: How did you find yourself in the army?

Jimmy: Because I actually did something I was good at. I know a lot about weapons. I’m interested in it. In the army, you can wear weapons every day. I loved it. Also the adventure, because that’s also part of the army. Certainly on missions in different countries. In fact, that’s beautiful. (…) They used to love me, but in fact, it was for the Belgian nation. I joined the Belgian army for five years. The UN peacekeeping forces didn’t exist yet. I was 16 years and a half old and then, they needed me. I was a good soldier. But, what’s left? A few decorations. I was trained for it, I had to kill constantly. The more persons that I destroyed, the more decorations that I got. But doing it once for my own interests in Belgium, I’m locked up. Do I have to refer to it in court: in the past, you needed me. I was a boy of 16 and a half years old and I went on mission to Congo. First it was called Congo. Then Zaire. And afterwards Congo again. I saw a lot there. In fact, a whole village, all the
heads were cut off. There was a kind of pasture surrounded by struts and on each strut there was a head. The women were first raped by the rebels and afterwards, a spear was put through them.

**Jimmy (interview April 1 2010)**
Here, in prison, you become bad. I was confined when I was 19 years old. I lived with murderers. Here, you become evil. And in the end, that’s the only thing that lasts.

The news of the crime in the park was also spread on the “psychedelic forum”, where 95 reactions appeared already.

**Reaction of a reader on psychedelic forum**
Depending on their sincere regret and psychological improvement, I would decrease the punishment, but these Park guys in no case, that’s first-class mob, I believe they will never change. Really disgusting.

**Jimmy (letter April 13 2010)**
In the meantime, I will stay in cell 115 wing A in the public prison of G. and I’m still innocent, if you doubt about this. ManyGreetings, Jimmy, the (little) beast.

**Jimmy (letter June 25 2012)**
Even my own flesh and blood doubts and gets annoyed about me. That’s sad for a doting father who did everything to give them all they needed. I really hope that they will have a much better life without all the concerns and misery that I had to endure. That’s why I stay as far as possible from their lives, I don’t want to botch things up, I love them.

He refers to his body as a site which reflects a life full of violence.

**Jimmy (interview November 23 2009)**
That body, all these tattoos, that’s not normal. Have you ever seen someone, Caroline, who looks like me, that bad? That’s from a whole life. Swastikas and things.

**Jimmy (interviews September 24 2009 & June 25 2010)**
I’m not proud about it. I preferred to have a different live. But I didn’t succeed. It went wrong already from the very beginning. My stepfather… that man destroyed my life. He destroyed the entire contents of our house, there was nothing left. I always promised my mother: “When I’m 15-16 years old, I will shoot him.” And I would have done it, but he killed himself before I got the chance. I hated that man. He was the father of my youngest sister and we lived with him from when I was a 2,5-year-old kid
until my 15 years, when he killed himself. Living with him was like hell. That guy drank himself crazy. When he was sober, he didn’t say a word. And when he was drunk, he shouted all day and night long. I was a 5-year-old kid and while he was drinking, I uprooted carrots and leeks together with my mother at four in the morning, because at half past five, they came to transport the bins to the vegetable market. When he died, he had 998,000 Belgian francs in his pockets. I wanted to take it, because we had no money at all, but the doctor forbade me. My oldest brother gave a small amount of money to my mother, so that we could survive. Once, my brother gave him a beating after my stepfather kicked us out the house. The day afterwards, my brother went to the police to tell them what he had done. The Police Commissioner said: “He got what he deserved”. When my mother went to the police asking them to kick him out, they responded that they couldn’t because he had the right to move for one month. What was he going to do within that month? Destroying us all? The police didn’t come. They were afraid of him. They didn’t care about us. That guy was really insane. The wages increased, but my mother never got more money between 1962 and 1975. We had no TV. No fridge. Burning coals. Wearing old clothes, when we had something new, it was a hell of a row. I was 12 years old, when his sister gave us her old TV as they bought a color television. He didn’t dare to forbid it, because she was his sister. But when he came home drunk, he stood in front of the TV. Taking off his clothes. And his coat. He stood there for half an hour. We were not allowed to say anything. When he worked in shifts, he came home around a quarter to 11 in the evening. We heard his bike on the housefront and we rushed towards our beds, because sometimes, he started smashing and beating. He kicked us out in the midst of the night. We had to sleep outside. We slept in the conservatory of our neighbors, in the woods, in the houses of acquaintances… We could not attend school, because he made so much noise during the night: smashing doors and stuff. When he arrived at night—regardless of the hour—my mother had to cook. Two, three, four o’clock during the night, she had to cook. Peeling potatoes, cooking meat and vegetables… And if he didn’t like it, he threw it in the air. The dogs of our neighborhood had lots of food.

**CRITERION 12 (PCL-R): EARLY BEHAVIOR PROBLEMS**

**Jimmy (interviews September 24 & June 25 2010)**

My stepfather washed himself once a year, for the medical check-up at his work. Otherwise never. Never. I suffered from bacteriophobia. It started when I was 10 years old. That was a terrible struggle. They didn’t find anything in my head. Simply an anxiety, a phobia. Being clean. I took all my clothes of when I came home from work and threw them in the laundry basket. I took a bath and put fresh clothes on. I gave my mother a lot of work. Sometimes, I was under enormous strain. I pulled a sink from the wall and I threw it out the window. Because I could no longer cope. I could
not stop washing myself. Sometimes I did not leave the house at all. Years passed and I stayed inside. I took all kinds of medication, everything you can imagine. In the end, I started to drink, because when I had drunk, I felt better, I experienced less fear.

**CRITERION 4 (PCL-R): PATHOLOGICAL LYING**

**Jimmy (interview June 25 2010)**

Jimmy: I underwent a stereo cab for my bacteriophobia. But I give it a twist towards others, because I don't want them to know about the real reason.

Caroline: You tell them that the stereo cab was to get out the aggression, as you told me in the beginning?

Jimmy: Yes, in the day activity center, they know that I had surgery, but I don't tell them about my phobia, because I have to work and live with them day in day. The anxiety nerve was burned through, but it didn't solve a thing. Did they do something wrong? I don't know. But it didn't improve at all.

**Another of the 95 reactions to the “psychedelic forum”**.

*Reaction of a reader to the psychedelic forum*

Cutting off their penis is not a real solution. Provide them with adapted support.

They are still humans and locking them up in a cell is not really the best solution.

I believe that those people are sick and can recover in one way or another.

**CRITERION 19 (PCL-R): REVOCATION OF CONDITIONAL RELEASE**

**Jimmy (letter August 5 2010)**

Outside, I lived on the edge of society. I had been behind bars for 12 years and I came out without money, pills, clothes or furniture. I lost a finger. And the debts increased instead of decreasing. I worked without getting paid. I barely had food and drink. I could not even pay a laundry. My sink was blocked for four months I didn't have the money nor the means to repair it. From that moment, things changed for the worse. During those two years in society, I saw my children only three times. No, I never cried, but my inner self was a wreck. I had a lot of grief, my heart was bleeding all the time, that’s why I grabbed a beer or smoked a joint from time to time, despite my conditions which prohibited that. Is that already a crime? I also believe that I had a collector’s mania. I had nothing when I got free, so I collected everything that I found and took it to my studio, where I piled everything up. You have seen the result. There was only enough space to sleep, eat and watch a movie. Beyond this, I pined away in loneliness. Nobody saw or understood this.
Evolution report by T.B., a social worker from the Department of Justice in G. (May 7 2008)

In February 2008, a supervisor of The Moisturizing Center touched Jimmy’s forefinger with a chainsaw by accident. He had an operation but very soon it seemed that something had gone wrong. Jimmy suffered from intense pain as a result of an infection of the finger and arm. It was a case of gangrene in an early phase and it was only a matter of days until the situation become life-threatening. After the amputation, Jimmy got temporary support from Family Services. But due to his lack of social skills and the lack of cooperation (of which he didn’t seem to be aware), the interventions were tense. In the end, Family Services decided to stop the support, so Jimmy became responsible for his household. Seeing his physical suffering, this turned out not to be evident at all. For example, the sensitization in the stump made it very hard for him to wash clothes by hand and in his perception, his bacteriophobia and lack of money made it impossible to go to the launderette. Also turning to friends was not an option. His children don’t want to see him anymore. He suffered from loneliness. With the exception of a few acquaintances and an intrusive neighbor, he had no friends or family to rely on. So he spent the small amount of money that he had on new underwear and socks, while the pile of dirty laundry grew each day.

The combination of his collector’s mania (as he calls it) and the situation described above, resulted in an overfull studio which I entered for the first time during his imprisonment. As he had no friends and family to move his furniture and personal belongings from his studio after his imprisonment, I approached a number of different services (the Public Center for Social Welfare, prison services, outreach social work services). None of them wanted to offer help, arguing that this exceeded their mandate. In a final attempt, I contacted a policeman on the beat.

Personal notes Caroline (April 28 2010)
9:04am. Telephone from a private number.
Caroline: Hello, this is Caroline.
Peter: I’m Peter Encor, the policeman on the beat. My colleague told me you have a question for me.
Caroline: Yes, I do. I’m working at the Department of Special Education at Ghent University as a researcher. Some months ago, I started a study with a man who ended up in prison. However, he has a studio in your neighborhood and he has to move his stuff. I contacted the Public Center for Social Welfare, the prison services and outreach social work services but none wanted to offer help, arguing that this exceeded their mandate. It seems I’m on a sidetrack. And I do want to take it on, but a social worker advised me to contact you and to ask if you can pass by the day of the move, given the
neighborhood and also since I don’t know the sphere of the building and perhaps other ex-detainees live there.

*Peter: Currently, the occupants seem not to be bothered about what happens in the neighborhood.*

And that’s it for him. A more explicit translation: “the neighbors will leave you alone and no, I will not pass by”. But I’m also concerned about incriminating material, so I continue.

*Caroline: I suppose the police conducted a search of the house?*  
*Peter: Yes, I heard about it.*

*Caroline: So can I assume that I can just go in and take everything that’s there with me?*  
*Peter: I didn’t receive a report that tells me you can’t. And the place is not taped up.*

*Caroline: So all the incriminating material will be gone?*  
*Peter: All the incriminating material should be gone.*

Well, those answers are not really helpful. He sends me off none the wiser. As if the case doesn’t deserve one minute of his time. The police, always close, as their slogan states?

*Peter: In such a situation, an eviction by a bailiff assisted by the police is common. The material is then removed by IVAGO (the garbage service in Flanders).*

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**Official document formulated by the owner of the studio (May 7 2010)**

Miss Vandekinderen Caroline declares that she will act in the name of and at the expense of Mr. Sax, considering the eviction of the above-mentioned studio formerly rented by Mr. Sax, who stays in the prison of G. at present. Both sides explicitly agree on the execution of the judgement of March 1 2010 of the Justice of the Peace, 1° Canton G. Miss Vandekinderen will take the goods that Mr. Sax wishes to recuperate before May 22 2010.

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A few days before the move, Jimmy sent me a list with all the possessions that were important to him to be safely stored during his imprisonment.

List: 1) two DVD players, 2) two video recorders, 3) a ventilator, 4) all clothes (put them in bags, the clean ones together), 5) a microwave, 6) two cupboards with DVDs and all loose DVDs, 7) all video’s, 8) all CDs, 9) four thermos jugs, 10) three coffee machines, 11) two kettles, 12) three CD racks, 13) five stereos + all boxes + two sub woofers + cables, 14) all knifes, axes, armaments, also under the bed a non the little table, take everything, 15) five flags (lions, Indians), 16) frame with image of an Indian + dream catcher with necklace, 17) three pairs of clippers + accessories + oil, 18) all Zippo lighters, 19) two ashtrays on a foot + all the little ones, 20) all fishing material, take everything with, 21) one big CD player, 22) two wall clocks + one wheel clock, 23) two portable CD players, 24) clock/barometer, 25) all wrist watches, 26) razor blades + machines + after shaves + shave gel, 27) all material (hammers,
chisels, screwdrivers, electric drill, grinding disc), 28) three typewriters (also one under the coffee table), 29) one small table next to the bed + two small tables in glass, 30) vacuum cleaner, 31) all small materials: pills, cigarette machines, tobacco, 32) one waffle iron + one sandwich toaster, 33) one clock radio + all GSM chargers, 34) cassettes, 35) all newspapers, books and texts about war, 36) two aquariums + attachments, 37) one racing bicycle + three wheels + one mountain bike, 38) two food processors, 39) pillows, (clean) and blankets in bags, mattress end bed on wheels (folds together), 40) two stands with boxes, 41) table (folds together) and two chairs, 42) cleaning materials (sponges, chamois, buckets, broom, squeegee, 43) deep fryer + lid (some pieces are behind the fridge, take everything), 44) two TV's + cables, 45) two skulls, rucksacks, 46) content of the kitchen cupboards, 47) big candlestick, 48) cupboard with four shelves, 49) all sorts of decoration, 50) clean plates, cutlery and so on, 51) the filled drawer of the coffee, 52) basket (empty), 53) razor blades on the electricity cupboard, 54) stuff on the cooker hood, 55) frames on the wall, 56) small pliable fisherman chair, 57) fly killer, 58) two irons, 59) lantern, 60) hanging lamp in the kitchen, 61) two coat hooks + spice rack, 62) crumb-sweeper

And whatever else you can take with you.

Jimmy (letter May 13 2010)
Caroline, I know little shame, but the fact that you are loaded up for the move and that my studio is so untidy does make me feel ashamed.

Personal notes Caroline (April 28 2010)
Jimmy got to know someone in prison whose mother possesses a big uninhabited house since she stays in a home of rest. So, Jimmy arranged with that guy that he could keep his stuff there. Last week, I contacted the sister in law of this man, but she hadn’t been informed at all. I explained the whole situation and she promised me to consult with her man. Today, I call her again, hoping that she agrees with the plan. She tells me that her man is not very enthusiastic since they don’t know the person. She says: “When I go visiting my cousin, I see a lot of men and they seem nice, but…” and also “I don’t know what he has done and that’s not really important, but…” Moreover “And within a year, perhaps you are gone and what if his stuff has to me removed…” I react in a very understanding and reassuring way, that my research lasts for another two and a half years and that I want to be their contact, even after my research, so they don’t need to get in touch with Jimmy. Saying this, I feel guilty, since my words seem to confirm that you better stay away from Jimmy, while I’m convinced that he would be very grateful towards them. In my attempt to maximize the chance that she will agree with the plan, I depict Jimmy as someone you’d better avoid…
Jimmy (letter December 11 2009)
Many greetings and thanks for your interest in an old bandit as me, Jimmy

Caroline (letter December 15 2009)
Jimmy, you don’t need to thank me because I’m interested in an old bandit, because I’m not. It’s the “human Jimmy” who pulls and deserves my attention.

Jimmy (letter December 17 2009)
I need to thank you again, because you see me as a human. Most people see that differently, I told you, once you got the stamp of “core psychopath”, that’s not a normal beast. I know better, but that’s how they describe me.
Many Greetings, Jimmy (the human), see you soon

4.7 Discussion
In our discussion, we attempt to address how our enacted research ethics, evolving as developing the potential of taking care of the self, redefine our ontological position, which is situated in the field of critical disability studies.

Throughout the encounters with Jimmy, we mapped his encounters in the past and the present, attending “to the multiplicity of the pasts that are never simply behind us, through the traces they leave in the encounters we have in the present, that we can open up the promise of the not yet” (Ahmed, 2002b, p. 559). What makes these encounters particular was precisely the history that these encounters re-opened, as well as the future that might be opened up (Ahmed, 2002b, p. 568), taking a divergent path into the not-yet-known (Bergson, 1998). From this perspective, a social and political ontology is uncovered at the center of epistemologies and social practices in critical disability studies, in which “the ‘real,’ ‘being,’ ‘materiality,’ ‘nature’. . . those terms themselves are opened up to become temporal forces of endless change” (Grosz, 2005, p. 5). From our point of view, such an openness in critical disability studies is ethically sound insofar as it questions the effects of existing categories and categorizations (Davies, 2008) and enables a shift from constructing recognizable, coherent and stable identities of disabled citizens to an open-ended, relational vision of the subject (Roets & Braidotti, 2012). Also, in Deleuze and Guattari’s theory of the subject, bodies and subjects are socially created in the affirmative actualization of the encounter between subjects, entities and forces, as an engine for an affirmative becoming (Braidotti, 2003). Deleuze and Guattari (1986, p. 13) introduce the concept of “becoming animal” to capture this affirmative actualization:
To become animal is to participate in movement, to stake out a path of escape to all its positivity, to cross a threshold, to reach a continuum of intensities that are valuable only in themselves, to find a world of pure intensities where all forms come undone.

Becoming animal is the creative and experimental alternative to the individuated subject, the well-formed subject which has submitted to the forces of fixity, conservatism and compliance which Deleuze and Guattari so consistently oppose. The radicalism of the concept lies in the ways in which we are charting the possibilities for experiencing this movement in which “all forms come undone” (Deleuze & Guattari, 1986, pp. 13-22).

Deleuze’s (2004, in Mercieca & Mercieca, 2010, p. 90) notion of a desert island illustrates this orientation towards research and to the production of knowledge very aptly. He suggests that what may be making these islands deserted is not the fact that people do not inhabit the islands, but the fact that people never interact with the movement that produces an island. Deleuze suggests Robinson Crusoe as an example of a person who does not interact with the island, since Robinson takes everything he needs from the shipwreck. He invents nothing, and exerts great effort in trying to apply all that he previously knew to the island. If, however, Robinson was to engage with the movement (intensities) of the island, then there would be a rebirth of the island and also of Robinson Crusoe, giving and gaining both new meanings, both being engaged in becoming together (Mercieca & Mercieca, 2010, p. 90).

For us, this implies an engagement with the intensities of discourses and practices that produced (and produce) Jimmy, so that we can interact, re-invent and become. This perspective can enable researchers in the field of critical disability studies to focus on the invention of a possibility that human beings can become “both most yourself and yet least sure of your own boundaries” (Davies, in press, n. p.) through a process that is “with and through others” (Rule, 2011, p. 934). In that vein, Braidotti (inspired by Deleuze and Guattari) proposes a politics of affirmation to transcend biological determinism and essentialism. The focus in this line of thought is on the politics of life itself as a relentlessly generative force and on recapturing impaired bodies and minds from the lost space of social process ontology as non-dualistic, dynamic and relational phenomena in our society (Roets & Braidotti, 2012).
4.8 Conclusion

Let’s face it. We’re undone by each other. And if not, we’re missing something. (Butler, 2004, p. 23)

As researchers, we had the choice of whether to reproduce the same that pre-existed us, or to create a new line of flight into the encounter where the not-yet-known is always emergent (Davies, in press). Our research ethics were socio-political. For us, research ethics involved opening up the potential for the unknown (Hickey-Moody & Malins, 2007, p. 4), embodying the principle of inclusivity in an attempt to establish a “democratic partnership” between disabled people and academics, balancing “the concerns and power of researcher and researched” (Kitchin, 2000, p. 45). In Braidotti’s words (2006, p. 206):

The subject subtracts him/herself from the reactive affects by stepping out of the negativity circuit. By virtue of this s/he transcends negativity, thereby generating and making room for more affirmative forces. This ascetic practice produces both a vision of the self and a role for the intellectual which consist not in leading the opinions (doxa), legislating the truth (dogma) or administering the protocols of intellectual life, but rather in creating and disseminating new concepts and ideas. It is not a matter of representing others, or speaking on their behalf, but rather about injecting doses of positivity into institutional and academic practice, so as to turn it into an instrument of production of the new.

This implies that, for both researchers and research subjects, but also for readers of our qualitative and interpretive repertoire of interpretations, each encounter is experimental, since “experimentation is always that which is in the process of coming about – the new, remarkable, and interesting that replace the appearance of truth and are more demanding than it is” (Deleuze & Guattari, 1994, p. 111). The socio-political potential of this experimentation in research ventures, that we consider as ethical, resides in that which suddenly affects us, sweeps us up and makes us become, as a process of de-individualization. As Deleuze and Guattari (1987, p. 292) write: “we can be thrown into a becoming by anything at all, by the most unexpected, most insignificant of things (…), by a little detail that starts to swell and carries you off”.

However, the researcher must decide, just like Robinson Crusoe, whether or not to engage with the intensities emerging in research ventures in order to work at the site of the not-yet-known (Davies, in press). For the researcher, this implies an “inter-standing” rather than an “under-standing” (Taylor & Saarinen, 1994).
When depth gives way to surface, understanding becomes inter-standing. To comprehend is no longer to grasp what lies beneath but to glimpse what lies between… Understanding is no longer possible because nothing stands under… Interstanding has become unavoidable because everything stands between. (Taylor & Saarinen, 1994, pp. 2-3)

The shift that takes place evolves from research that only interprets an experience in which not only the researcher and the researched, but also the people who engage with our research venture, can engage with each other. It is in precisely this socio-political engagement with the incomprehensible, in going beyond the already-known and working with it rather than against it, that the re-invention of knowledge can flourish.

4.9 References


of new definitions, concepts and communities. Antwerpen/Apeldoorn: Garant.


Chapter 5

Untangling the Non-Recyclable Citizen
A Critical Reconceptualization of
Responsibility in Recovery

Abstract: Over the last decades, research, policy and practice in the field of (mental) health care and a complementary variety of social work and social service delivery have internationally focused on recovery as a dominant concept. Emphasizing the service user’s responsibility appears to be a central component in the empowering process of recovery. Through a critical disability studies perspective, we aim to untangle the relationship between the individual citizen with “mental health problems” and the society in which the recovery discourse operates. We draw on Bakhtin’s concept of “polyphony” to untangle the social dynamics in the unique life story of Jimmy Sax, through which he is produced as a non-recyclable citizen. As such, we hope to inspire and enable professionals in the field to balance their role in supporting service users who are labeled with chronic and quasi non-recoverable “mental health problems”.

Keywords: caregivers/caregiving, complexity, marginalized populations, mental health and illness, psychiatry, recovery
5.1 Introduction

In the field of (mental) health care and a complementary variety of social work and social service delivery, the emergence of new understandings and paradigms of care and support for people with “mental health problems” has been observed over the past decades (Beresford, 2010a, 2010b). Since the mid 1980s, research, policy and practice have internationally concentrated on recovery as one of the dominant concepts (see Anthony, 1993; Deegan, 2003; Kristiansen, 2004). In a recent research project conducted in Flanders (the Dutch-speaking part of Belgium), the scope of the recovery paradigm was explored from a critical disability studies perspective to tease out its (empirical) relevance in the field.

In this article, we aim to disentangle the relationship between the individual citizen with “mental health problems” and the society in which the recovery discourse operates, inspired by the unique life story of Jimmy Sax. When the first author of the article introduced the research in a day activity and workfare activation center for, among others, people labeled with “mental health problems” to approach possible research participants, one challenged her: “I'm a core psychopath. I'm born like that. And I cannot recover, never. Nevertheless, does that mean that I cannot participate in your research?” Although the man – called Jimmy Sax, which is a pseudonym – presented himself as a non-recyclable citizen in our society, his recalcitrant but quite ambiguous statement aroused the researcher’s interest in exploring the different modes through which his subjectivity was formed and transformed throughout the course of his life, because “subjects are folded into subjectivity by the outside (…) [and] cannot be separated from the outside but are always a part of it, folding, unfolding, refolding with/in it” (St. Pierre, 1997, p. 411).

Documenting his retrospective life story in close detail, we engage in an in-depth narrative analysis of the ways in which he was gradually, progressively, and materially constituted through a multiplicity of actors and forces in our society (Roets & Goedgeluck, 2007). We draw on Bakhtin’s (1961) concept of “polyphony” to untangle the social dynamics through which Jimmy as a citizen worthy of human dignity is produced as a non-recyclable citizen. According to a narrative Bakhtinian analysis (see Frank, 2005), stories and voices are always social because stories consist of a “cacophony of voices speaking with various agendas” (Coffey, 2002, p. 316). We aim to situate Jimmy’s experiences in the discursive field of power and discourses that produced his life story, which enables the reconstruction of significant actors’ – such as mental health, social work and social service professionals – assumptions about him and their repertoires to act on his situation (Spyrou, 2011).
Informed by the theory of critical disability studies, we analyze Jimmy’s life story and a diversity of discourses and practices that produced his life story to expose the convoluted nature of the recovery paradigm, which leads to a reconceptualization of the notion of responsibility in recovery. As such, we hope to inspire and enable professionals in the field to balance their role in supporting service users who are labeled with chronic and quasi non-recoverable “mental health problems”.

5.2 The scope of the recovery paradigm

The recovery movement grew in the realms of the self-help and deinstitutionalization movements in the 1960s and 1970s, where ideas of promoting a life in the community and providing adequate care and support had been gaining currency (Anthony, 1993; Chamberlin, 1984; Zinman, 1986). Since the mid 1980s, an impressive body of knowledge on mental health recovery has been generated from the perspectives and experiences of service users, family members, and mental health and social work professionals (Deegan, 1996; Leete, 1989; Lovejoy, 1982; Ridgway, 2001; Unzicker, 1989; Young & Ensing, 1999). In the recovery paradigm, the assumption that being diagnosed with even chronic “mental health problems” is inevitably a tragic catastrophe and a cause of social death, is rejected (Ralph, 2000) and an attempt is made to “reach beyond our storehouse of writings that describe psychiatric disorder as a catastrophic life event” (Ridgway, 2001, p. 335). Although there are many perceptions and definitions of recovery, William Anthony, Director of the Boston Center for Psychiatric Rehabilitation, introduces a cornerstone definition of mental health recovery, identifying recovery as

a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness. (Anthony, 1993, p. 527)

It is stated that recovery implies that it is possible to regain control of one’s life, to reintegrate socially and become independent (Lovejoy, 1982). In this vein, the key themes and ingredients in the literature, including published first-person recovery narratives, can be identified as embracing strengths rather than weaknesses, hope rather than despair, and engagement and active participation in life rather than withdrawal and isolation (Deegan, 1996, 2003; Jacobson & Greenley, 2001; Ridgway, 2001; Slade, 2009).
Focusing on the ways in which support can be provided by professionals, the recovery paradigm enables a focus on how services for people with “mental health problems” are conceptualized, organized and delivered “in moving away from the medical model of service delivery” (Stanhope & Solomon, 2008, p. 886). It is stated that professionals play a pivotal role in helping service users with “mental health problems” in their recovery (Borg & Kristiansen, 2004), and that the work of recovery-oriented professionals revolves around a “logic of empowerment” to stimulate personal growth (Chamberlin, 1997). Jacobson and Greenley (2001, p. 483) state:

empowerment emerges from inside one’s self – although it might be facilitated by external conditions. (…) In the recovery model, the aim is to have consumers assume more and more responsibility for themselves. Their particular responsibilities include developing goals, working with providers and others for example, family and friends to make plans for reaching these goals, taking on decision-making tasks, and engaging in self-care. In addition, responsibility is a factor in making choices and taking risks; full empowerment requires that consumers live with the consequences of their choices.

Craig (2008, p. 126) formulates the recovery-oriented task of the services as “a matter of doing as much as possible to empower the individual”. The majority of recovery-oriented researchers emphasize that recovery involves a resurgence of a coherent sense of self and of personal responsibility for one’s own state of being in the process of social reintegration (see Deegan, 1996; Gottstein, 2003; Lovejoy, 1982; Roberts, Davenport, Holloway, & Tattan, 2006).

Our research project was theoretically grounded in the recovery paradigm that is currently gaining currency in the field of social service delivery in Flanders, and we explored the possible implications of recovery-based principles in practice (Stanhope & Solomon, 2008) from a critical disability studies perspective. In the next section, we outline the scope of critical disability studies as a theoretical perspective.

5.3 Critical disability studies

Over the past decades, disability studies has developed as an interdisciplinary field of study in which historical, economic, social, political, and discursive elements of disabling society are questioned and challenged (Albrecht, 2005; Devlieger, Rusch, & Pfeiffer, 2003). In line with the recovery paradigm, disability studies offers a strong critique of both myopic medical interpretations of “mental health problems” and the medicalization of support in mental health care and a complementary
variety of social work and social service delivery (see Beresford, 2001, 2010a, 2010b; Beresford & Wallcraft, 1997; Secker, Membrey, Grove, & Seebohm 2002). Analogous with the way in which the reliance on a biomedical model of disability gave way to a social model approach in disability studies (Barnes & Mercer, 2003), the recovery paradigm is heretical within the dominant biomedical model and enables nuanced but social interpretations of “mental health problems” (Gottstein, 2003; Ridgway, 2001). Critical disability studies contests the idea that biology is destiny, according to the Cartesian vision of “impairment” that identifies matter and mind as ontologically separate, rendering bodies as biological essence and unchanging phenomena (Goodley, 2011; Hughes & Paterson, 1997). Critical disability studies challenges hegemonic interpretations which frame “impairment” (including “mental health problems”) as a private, typically deviant, individual matter. In so doing, it transcends biological determinism as well as essentialism, to redescribe impaired bodies and minds as non-dualistic, dynamic and relational phenomena in society (Garland-Thomson 2005; Roets & Braidotti, 2012). From this perspective, both the phenomenon of impaired bodies and the ways in which societies interact and deal with, for example, the phenomenon of “mental health problems” (see Wilson & Beresford, 2002) are theorized and acquire a profoundly social connotation (Corker, 2001; Corker & Shakespeare, 2002; Goodley & Roets, 2008). The focus lies on the ways in which the relationship between the individual citizen with “mental health problems” and disabling society is shaped, for example, by the professionals who are tasked with providing care and support.

In this vein, we experiment with the work of the Russian philosopher Mikhail Bakhtin (1984a, 1986) in our research. Bakhtin’s focus is on literary theory, but in line with current applications of Bakhtin’s ideas, we aim at explaining how the social world leads to the development of the self (Skinner, Valsiner, & Holland, 2001). Bakhtin stresses the open-endedness and unfinalizability of the human being as inherently social (Frank, 2005; Rule, 2011). Bakhtin rejects “the notion of the isolated and divided individual human subject of Cartesian philosophy. Humans become through a process that is with and through others” (Rule, 2011, p. 934). The Bakhtinian perspective can serve critical disability studies according to the joint criticisms on the ways in which the disabled citizen is disciplined as an autonomous individual, “troubling this very modern sovereign self” (Goodley, 2011, p. 67). As Rule (2011, p. 929) notes, Bakhtin repudiates radical individualism, which turns people into objects through “the notion that the world flows from and is created by the autonomous individual, as opposed to a world that is social, relational and dialogic”. According to Bakhtin (1984a, p. 255), “the individual is a member of the people’s mass body”. In this social and collective body, to a certain extent, “the individual body ceases to be itself” (Bakhtin, 1984a, p. 255) but it
is constantly made by shifts and uncertain negotiations in light of the multiple conditions characterized by notions of dispersion, power, disorder, and otherness (Cresswell & Baerveldt, 2011; Goodley & Roets, 2008; Jabri, 2004). From this point of view, the self is formed and transformed into subjectivity outside the frame of the humanistic subject (St. Pierre, 1997), but through an ongoing attempt to “manage ambivalence among continually shifting obligations that are personally experienced yet socially constituted” (Cresswell & Baerveldt, 2011, p. 274).

In our narrative analysis, the ambivalent and even contradictory perspectives that constitute the subjectivity of Jimmy Sax are uncovered in close detail.

5.4 Research methodology

5.4.1 Research context

In social service delivery, the centrality of the power of changing language and discourse of professionals might merely refer to a rhetorical change (see Gregory & Holloway, 2005). Therefore we aimed to explore the perspectives of people with “mental health problems” to tease out whether the assumed shift in perspective that is associated with recovery actually takes place in practice, or merely remains a cursory statement. Essential to our explorative, qualitative research design was the belief that the lived experiences of those who use services can provide seldom recognized yet valuable sources of knowledge (Beresford, 2010b; Wykes, 2003). We addressed a wide range of organizations that explicitly endorse recovery concepts in their mission statements in light of the provision of social service delivery for people with “mental health problems” and explained the scope of the research project. Across nine different organizations, we recruited 31 people with “mental health problems” who were willing to participate in a joint exploration of their recovery pathways and experiences with the researcher. The number of interviews we carried out with each participant ranged between one and four (with one exception, which we discuss below).

In July 2009, however, during this exploratory research phase, the first author met Jimmy Sax in a day activity center that embodies the recovery idea, implemented through “stimulating the service user’s responsibility to fulfill their citizenship on the basis of activating people’s remaining but often hidden qualities” (The Moisturizing Center, 2012). The center pursues an empowering recovery logic of social service delivery, enabling service users with “mental health” and/or “psychosocial” problems to determine their own choices and take individual responsibilities in becoming the authors of their own lives. At the time of our first meeting at the center, Jimmy had been out of prison for one and a half years,
under conditions, after 12 years of incarceration. He gardened for free in the day activity center, thus meeting one of the conditions (“a meaningful day activity”) of his release from prison.

As one of the possible research participants, Jimmy challenged the first author of this article when she introduced the research project and he replied: “I'm a core psychopath. I'm born like that. And I cannot recover, never. Nevertheless, does that mean that I cannot participate in your research?” His response entailed a long and intensive research process (Vandekinderen, Roets, & Van Hove, in press), because his interesting but quite subversive answer challenged our conceptual assumptions of recovery as identified in the research literature implying that people with “mental health problems” return to “a normal or healthy state, free of the symptoms of illness, (...) being able to work, to go to college, to live in ordinary housing, have an active recreational life and find friendship and romance” (Craig, 2008, p. 125). Inspired by the theory of critical disability studies, his answer sensitized us to expose the tricky and convoluted nature of the recovery paradigm. After recruiting 31 research participants, we decided to focus on an in-depth analysis of the life story of Jimmy Sax, covering his lived experiences of recovery, and the diversity of discourses and practices that produced his life story, to gain an in-depth understanding of the complexity of the constitution of his subjectivity through socio-political arrangements.

5.4.2 Research strategies of data collection
We adopted an interpretative research approach in which knowledge is considered as situated, contextualized, gendered, and grounded in human activity (Bogdan & Biklen, 1998; Denzin & Lincoln, 2003; Haraway, 1991). Rather than capturing the totality of Jimmy's social life, we aimed to reflectively interpret slices and glimpses of localized interactions in his everyday life to identify underlying issues of power in fine detail (Roets & Goedgeluck, 2007). We tried to reconstruct Jimmy's critical personal narrative, embodying “a critique of prevailing structures and relationships of power and inequity in a relational context, interrogating the construction of subjectivity” (Mutua & Swadener, 2004, p. 16), and contextualized in its respective social, political and cultural contexts. A variety of complementary and interrelated research techniques were applied that are relevant to reconstruct Jimmy’s critical personal narrative. Retrospective life story research was combined with ethnographic research and a document analysis of his case file (Goodley, Lawthom, Clough, & Moore, 2004). In what follows, we describe the research process.

On September 24 2009, Jimmy signed an informed consent form clearly stating that he could end his participation at any time in the research process and
that the anonymous character of the research was guaranteed. The first author carried out nine in-depth qualitative interviews with Jimmy Sax to construe his retrospective life story. Each interview lasted on average two and a half hours. The first interviews took place in the garden and the stable at the day activity center. The following interviews took place in prison, where Jimmy returned in December 2009. The interviews were audio-taped and transcribed.

The ethnographic research resulted in a reflexive and dynamic account that places the research subject in a social context (Mutua & Swadener, 2004). Each interview was complemented by a personal report by the first author, who attended and documented “critical” moments during the research process at the day activity center, for example a very sharp discussion moment in the smoking room, moments at lunch breaks, coffee breaks, and when Jimmy Sax’s trial came to court.

Additionally, an extensive document analysis of Jimmy’s file held by the Committee of Protection of Society was undertaken. This file covers the period of his imprisonment (from 1996 to 2010) and includes psychiatric expertise reports, reports from social support actors, reports of the rehabilitation process, correspondence between judicial actors, letters from Jimmy and articles which appeared in newspapers. During his imprisonment, Jimmy wrote a number of extensive letters to the first author. These writings were also included in the document analysis, because they provided additional information from Jimmy’s “insider” point of view.

5.4.3 Strategies of data analysis: narrative Bakhtinian analysis

Because life stories deserve and might require reflection and theoretical analysis to be understood (Goodley et al., 2004), the research data are analyzed in an inductive, exploratory, and interpretative way inspired by Bakhtin’s (1984b) concept of “polyphony”. Polyphony “enables a transgression of binary oppositions through the generation of non-exclusive, non-hierarchical oppositions engaged in an unending dialogical play” (Owen, 2011, p. 145). The notion of “polyphony” refers to “the dialogical juxtaposition of speech genres expressed in the lives of embodied individuals” (Cresswell & Baerveldt, 2011, p. 271). In contrast with a monologist perspective, a polyphonic perspective recognizes the multiplicity of dominant and peripheral voices which together make up embodied ambivalences (Belova, King, & Sliwa, 2008; Cresswell & Baerveldt, 2011).

According to Bakhtin, all utterances are multivocal and dialogical (Skinner, Valsiner, & Holland, 2001). As Bakhtin (1981, pp. 276-277) explains, “the living utterance, having taken meaning and shape at a particular historical moment in a socially specific environment, cannot fail to brush up against thousands of living
dialogic threads, woven by socio-ideological consciousness around the given object of utterance". Therefore, we wanted to untangle the different discourses and speech genres, which produced Jimmy's critical personal narrative. This kind of knowledge calls for strategies of data analysis that can explore in depth the meanings and relationships in narrative accounts (Skinner, Valsiner, & Holland, 2001), as the living language of Jimmy was made up of “a simultaneity of different social languages attached to specific ideologies and perspectives” (Skinner, Valsiner, & Holland, 2001, n. p.).

We applied a “polyphonic analysis”, that “takes us beyond content or thematic analyses, which are most often done to explore cultural meanings or the personality of the speaker”, but in which narratives are rarely analyzed with a theoretical understanding of “the dialogic development of identity and agency specific to historically contingent, socially enacted, culturally constructed worlds” (Skinner, Valsiner, & Holland, 2001, n. p.). In light of this, the narrative of an unique individual’s life can be conceived as an inter-narrative which opposes the mechanistic conception of human beings by recognizing the continuous process of dialogically interactive becoming (Owen, 2011).

From a Bakhtinian perspective, “voices are processes rather than locations: they never exist in social isolation” (Komulainen, 2007, p. 23). As Frank (2005, p. 699) asserts:

the voice of any character – whether that voice is expressed in inner dialogue or external talk – is never his or her own in any possessive, individualist sense. For Bakhtin, each voice is formed in an ongoing process of anticipation and response to other voices. Each voice always contains the voices of others.

In our analysis, we attempt to trace the different and sometimes paradoxical discourses and views on recovery and the inextricably linked concept of responsibility through the “borderline subjectivity” (Bakhtin, 1961) of Jimmy Sax. Our aim is to explore the ways in which Jimmy’s existence and subjectivity are constructed as an open-ended, always “yet-to-be” bricolage of different perspectives on his recovery and individual responsibility (Rule, 2011). In an attempt to make readers work on, and open up alternative interpretations of taken-for-granted realities (Roets & Goodley, 2008), the narrative analysis is represented as a “polyphonic text” (Owen, 2011) that can be read in different ways by different audiences (Coffey, 2002). This polyphonic text, in which multiple discourses interact, interplay and challenge each other, resists finalisation or monological meaning and refuses to define things in strict opposition to one another, but
It is a way of “framing” reality as a social space in which multiple discourses and interpretative experiences about the many worlds we all inhabit occur (Denzin, 1996).

5.5 Constructing a non-recyclable citizen

In Belgium, the measure of “internment into prison” is regulated by a law of 1964. It is imposed on “disturbed psychiatric patients” who have committed a crime and are considered a danger to society. These offenders are not judicially convicted because they cannot be held fully responsible for their actions since they are declared to be of unsound mind (De Winter, 2011). Internment is a security measure enforced for an indefinite period of time and covering a double goal: protection of society and treatment of the internee for the purpose of recovery and reintegration in society. The internee is supervised by the Commission for the Protection of Society, which consists of a president (magistrate), a lawyer, a psychiatrist, and a secretary. They are responsible for the implementation of the internment and they evaluate the situation of the internee every six months on request. At that point in time, it depends on the opinion and judgment of professionals in mental health care if internees are allowed for care, support and therapy in mental health care. Unlike imprisonment, internment into prison is a measure of indefinite duration and can only be dissolved when the internee is declared “recovered” as pronounced by the Commission (De Winter, 2011). Completion of the measures varies from confinement in a penal environment to all forms of counseling and treatment in public or private psychiatric and other residential institutions or outpatient facilities. However, despite the fact that internees are declared mentally ill and in need of medical and psychosocial care and even though the law recognizes the right to treatment as one of the goals of internment, the development of a treatment circuit for this “target group” remains idle words and a considerable number of internees stay in prison for a very long time and are subject to the same regime as other detainees.

In what follows, we reconstruct and represent part of the retrospective critical personal narrative of Jimmy Sax and identify a number of core themes and identity constructions.

5.5.1 The irresponsible “blood-curdling” thriller, safely stored away in prison

In 1996, Jimmy was interned in prison for 12 years. He was imprisoned after committing an armed robbery on an older couple. At the time of the crime, he was 35 years old and lived with his two children, an 8-year-old daughter and
a 7-year-old son, whose mother had left for another partner in 1989. After this break up, Jimmy lived a quite isolated life. He had no job (his bacteriophobia prevented him from working and he was entitled to benefits) and no partner. Alcohol appeared to work as a comfort:

I drank three bottles of whisky a day (for) six years. It made me feel better and forget, but of course, it brings other things along. It’s a vicious circle. (interview with Jimmy, September 24 2009)

Before 1985, he was regularly hospitalized in a psychiatric institution because he suffered from bacteriophobia and associated poly-toxicomania. The combination of his low disability benefit and the cost of his alcohol addiction caused such financial problems and poverty, that he feared he would be unable to properly raise his children, or worse, lose them altogether. Because he had no place to go to solve acute cash shortages, he turned to clandestine criminal behavior as a desperate survival strategy.

Need breaks the law. I didn’t care anymore. I was afraid of losing my children. I was screwing up my courage, time for action. When I need money, I take it where I can find it. (interview with Jimmy, September 24 2009)

He realized in prison that, although his alcohol abuse influenced his acts, it was not acceptable to rob and threaten innocent people. Over a period of 12 years during his internment, he wrote to 18 mental health institutions requesting that they hospitalize him. His request was refused each time, on the basis of very poor arguments. This letter from a psychiatrist at an institution is only one illustration:

Dear Sir,

In answer to your letter DD 21.1.1999, I regret to inform you that we provisionally cannot hospitalize persons who resort under the Commission. I hope that another solution works out.

Kind regards,
Dr. R.M.

Apparently, for some institutions, “resorting under the Commission” is a sufficient criterion to exclude specific people from mental health services. Castel (2002, p. 432) notes that “the protection of social rights was [and is] exclusively given by the state to deserving [or responsible] individuals who deliver a demonstrable effort to integrate socially and economically in the various domains of society”. Paradoxically,
a common characteristic of people who resort under the Commission is that they are considered as not responsible for their acts. Or, in Jimmy’s words:

An internee is considered to be crazy, sick and irresponsible. (letter from Jimmy to the researcher, March 4 2010)

Other institutions referred to the specific nature of his problem, as defined in his file:

He has an antisocial personality disorder with core-psychopathological characteristics and suffers from secondary substance abuse. Moreover he suffers from bacteriophobia with compulsive behavior. He was interned for heavy aggressive acts against persons. (report by V.M., neuro-psychiatrist & S.M., psychiatrist, addressed to the members of the Commission, December 9 1998)

A vague allusion to his diagnosis seemed to work as sufficient argumentation to refuse him mental health care because of the danger he might pose, as this brief correspondence from an institution revealed:

Dear,
Please note that we cannot put patients with this type of problem on our waiting list.
We hope that you do understand.
Yours sincerely,
Dr. E.V.

At the same time, “being considered a danger to society” is a criterion for internment. But Jimmy was very well aware that he was not just an internee:

I’m a core psycho. They put me in a special drawer, the one for the extremely dangerous criminals. It’s easy to break me down, but did anyone ever try to build me up?! (...) Everyone reads me as a blood-curdling thriller. (letters from Jimmy to the researcher, February 21 & July 14 2010)

The institutions’ correspondence illustrates an underlying logic and dynamic in which individuals are respected as citizens and supported by the welfare state for as long as they want and can participate (or are evaluated as such) in the societal game as self-governing entrepreneurs (McNay, 2009). This is the reality for the majority of internees as was indicated by H.H., president of the Commission, in an article titled “We breed unpredictable time bombs”:
The situation is intolerable and inhuman. Unfortunately, the prison in G. forms no exception to the intolerable and inhuman situation for internees. They deserve a special institution where they are provided with a human and therapeutic justified treatment. If not, they will unavoidably end as dilapidated wreck or as unpredictable time bomb. (Het Nieuwsblad, February 3 2001)

5.5.2 Eeny, meeny, miny, moe… what to do?
In search of a correct diagnosis for Jimmy Sax, on August 20 2002, Dr. H.H., a psychiatrist appointed as an expert by. H.H., president of the Commission, was mandated to take note of the file documents and to examine Jimmy’s state of mind.

The Hare Psychopathy Symptom Checklist-Revised (PCL-R) is a diagnostic examination which represents the degree to which an individual corresponds to the “prototype psychopath”. (…) J.S. gets a total score on the PCL-R that is slightly higher than this for an average prisoner (percentile 50), therefore he has an important number of psychopathic characteristics, but the score is still below the limit for psychopathy, according to the definition of Hare. Nevertheless, he scores very high on factor I, which shows a tendency to manipulate insensibly. So he meets the criteria of psychopathy according to Checkley: irascible, manipulative, irresponsible, selfish, superficial, with a poor ability to experience empathy and fear. (…) Psychotherapy is useless and probably even dangerous in this case. The effectiveness of psychotherapy with perpetrators with a large number of psychopathic characteristics remains unproven. Some publications show that psychotherapy can increase the risk of criminality, probably because such perpetrators learn through their therapy how they can better (emotionally) manipulate. (report by H.H., psychiatrist, addressed to the members of the Commission, August 20 2002)

On the basis of a very arbitrary construction of “psychopathy” (convincingly depicted by the shifting definitions in favor of the diagnosis) used to highlight a lack of evidence for any positive effects from psychotherapy, Jimmy was denied any psychotherapeutic help. Conversely, the law of 1964 clearly states that public as well as individual interests have to be served by the measure. This means that society has to be protected against persons who commit misdemeanors; but in the same time that internees have the right to receive therapeutic treatment which advances their rehabilitation.

In the same vein, nevertheless, a few months before this judgment was made, psychiatrist F.D. (a colleague of Dr. H.H.) suggested that psychiatric treatment was the only possible option to help Jimmy recover and to prevent a relapse in delinquency.
I still evaluate him as mentally ill. He requires psychiatric treatment. Paradoxically, his request was refused each time. Over six years, many attempts were made to get him in a psychiatric institution, but without success. The investigated seems to have given up all hope. His mental disorder hasn’t changed during the last years and the risk of relapse in delinquency remains unchanged. This risk can only be reduced through intensive and long-lasting psychiatric treatment. (psychiatric report by Dr. F.D., psychiatrist, at request of the Commission for the Protection of the Society at G., to appointment, April 11 2002)

Essentially, Dr. F.D. divulged here that the absence of treatment implies the absence of recovery and thus the absence of any prospect of release. With this negative prognosis in mind, in 2003 Jimmy instituted legal proceedings against the Minister of Justice, demanding that the necessary physical and psychological counseling, treatment, and care be provided, as formulated by the law of 1964. He won this case as he could demonstrate easily that he was not receiving any treatment. As the result of these legal proceedings, it was recommended that the defendant should provide for the necessary medical, psychological and social accompaniment of the plaintiff by a team of professionals consisting of a psychiatrist, a psychologist, a psychiatric nurse and a social worker which will provide a continuing treatment regardless of the fact whether the plaintiff is harbored by the authorities. (order of the Chair of the Court of First Instance at G., sitting at Summary Proceedings, September 2004)

Despite the fact that the measure had to be made operational within six months, Jimmy stayed in prison for another three years without access to any therapeutic treatment or other activities which could facilitate his rehabilitation process, as illustrated in his file on several occasions. Below we present an example in which the psychosocial services in prison provided negative advice to Jimmy on his request to train as a printer. This happened on the basis of so-called inconsistent argumentation, hopping from doubts concerning safety to the repression of false hope.

Opinion concerning training to printer for Sax Jimmy

Dear,

We were informed about Jimmy Sax wanting to follow training to (become a) printer. The training starts on Saturday the 1st of September 2001 and will take place every week on Saturdays. Mr. Sax has registered and is motivated to follow the training. He would like to participate in the training as it can advance his rehabilitation process.
However, the psychosocial services have some serious concerns: we have been informed that the selected persons have to get there by foot in group. We do not know anything about the guidance. Moreover, we noticed that Jimmy Sax has been referred to a residential setting by the Commission in the past and we are concerned that the permission to leave prison to follow this training will provide Jimmy Sax with false hope. The psychosocial services formulate a negative advice because of the problems in the past with the permissions to leave prison.

Yours Sincerely, I.D., social worker, August 31 2001
(letter from I.D., social worker from Psychosocial Services of the prison in G., addressed to the Commission for the Protection of the Society at G., August 31 2001)

5.5.3 A dead duck outside
In spite of the negative prognosis with regard to relapse in the absence of psychiatric treatment, and the total lack of any rehabilitation activities, Jimmy Sax was put on probation in October 2007. His probation conditions consisted of psychiatric supervision, absolute abstinence from alcohol, the use of extra medication and/or psychoactive drugs, adhering to budget guidance, follow-up by a social worker from the Department of Justice, and voluntary work in The Moisturizing Center. Jimmy evaluated this situation as quite problematic:

It was 2007 (when) I was released. (…) And when they set me free, they said: “Within three days, you will be back”. After 12 years of imprisonment, they kick you out: “Make something of your life.” (…) My back was broken. I lost a finger. My head was broken. That’s reality. (interview with Jimmy, November 25 2009)

Analogous with his perception, the precarious circumstances of this initial situation were explicitly stated by the social worker from the Department of Justice:

We do recognize the very small chance of success of this probation. The financial difficulties are worrying to the degree that we also expect it to have negative consequences in other areas. The psychological balance is under pressure because of the lack of crucial medication. We hope that food shortage will not lead to new crimes enabling him only to survive. We evaluate the current situation as distressing, especially because the prospect of a proper invalidity benefit apparently does not suffice to bridge the intermediate period. (initial report by T.B., social worker from the Department of Justice in G., November 12 2007)
Notwithstanding his continuing internee status (which implies irresponsibility), Jimmy got, as one of the conditions of his probation, the responsibility to find a place to live. However, his background and his poor financial situation made it very hard to find an apartment. In the end, he was stranded in a studio in the prostitution quarter of G., a grubby area where dubious and clandestine criminal practices occur that can be tempting when there are no other financial resources available, as was the case in Jimmy’s situation.

Because of bad appointments with the owner, he could only move into the place three days after his release. During these nights, he stayed in night shelters. Because he received his first living wage only after one month, he had to use the installation premium of the Public Center for Social Welfare to survive. This was an amount of € 508, because he was released on the 8th of October. The 9th of November, he had 40 Eurocents left. He paid the rent and spent the other € 108 to buy food and bus tickets to The Moisturizing Center (his obliged and unpaid voluntary work). The counselor of the Public Center for Social Welfare refused an advance payment of his wage, resulting in the fact that he had to survive for at least another two weeks with 40 Eurocent. He knew the social map quite well and he learned where he could get food and clothes. Nevertheless, even in these places, 40 Eurocent is insufficient to buy a bowl of soup with bread. Also, his prison shoes are worn out, but shoe size 48 is seldom available at charities. (initial report by T.B., social worker from the Department of Justice in G., November 12 2007)

This precarious financial situation also had repercussions on the follow-up of his necessary medication. In his file, Prozac was reported to have positive effects on the regularization of his behavior and it was strongly recommended that he took it with regularity and precision. Jimmy was very well aware of this need:

They started to give me Prozac many years ago. I have a shortness of serotonin. I think that Prozac restores the balance. But of course, it took some time before it started to work. And justice insists that I continue taking it. Because it helps me to be more social. Previously, I was not social at all. It made me much more social. I take two pills a day. That’s the maximum, two of 20 milligram a day. And I’m quite fine with it. (…) But if I do not take it for a week, I’m lost again. (interview with Jimmy, September 24 2009)

However, his financial situation meant Jimmy had to go without Prozac for four weeks. As a consequence, he was described as “incited” in the report by the social worker from the Department of Justice.
His living wage did not allow him to buy basic food or to get his necessary medication. During four weeks, he could not take Prozac which is the only medicine that helps to control his bacteriophobia and to calm him down. Moreover, he had serious back pain which prevented him from sleeping during four weeks, but painkillers and sleep medication were way too expensive. After a long period, the Public Center for Social Welfare agreed to pay temporarily for the medicines under the condition that Jimmy would subsequently refund these. (initial report by T.B., social worker from the Department of Justice in G., November 12 2007)

This example discloses just a tiny aspect of the harsh reality of Jimmy’s everyday life around which individual responsibility is constructed. The underlying logic of these social practices implies a “do-it-yourself citizenship” configuration (McLaughlin, 2003) in which the welfare state constructs citizens who no longer deserve support as a result of problems of (former) irresponsible self-management (Cruikshank, 1999). Even the social worker from the Department of Justice expressed her astonishment about the low social security payments received by Jimmy:

In April 2008, Jimmy Sax received his social security from the Federal Services. This amount seemed barely higher (€ 684) than the living wage he got from the Public Center for Social Welfare. His financial troubles are not solved yet. He survives, that’s it. He often frequents the food bank, but it happens that he eats frozen fries and boiled eggs for days or that he eats nothing at all for some days. (evolution report by T.B., social worker from the Department of Justice in G., May 7 2008)

Despite the social and economical context in which Jimmy has to survive being integral to the picture, the following event was read as another violent incident of a dangerous individual rather than as an act that demonstrates his lack of power to control the situation.

Last week, I smashed my wardrobe. I was angry for some reason, I do not remember very well why. I think the reason for my anger was that I had no food. It was a very simple reason, but, when you’re hungry, you’re hungry. Of course, you do not get a piece of the pie, the hard labor in the day activity center is not paid. I can barely pay for my food and they do not even offer me a bowl of soup. Sometimes I could not eat (for) three days, but working three days without anything to eat, that’s really hard. (interview with Jimmy, September 24 2009)
It cannot be denied that Jimmy can react quite irascibly. But a focus on this individual characteristic all too often masks the broader context in which behavior occurs. Roets, Kristiansen, Van Hove and Vanderplasschen (2007) observe that the welfare system individualizes responsibility and culpability while simultaneously diminishing social, political, and economic conditions and dimensions, as the social worker from the Department of Justice recognized:

On top of the precarious financial situation, the cooperation with the Public Center for Social Welfare and other services seems to be difficult and in our opinion, this is only partially because of the rigid attitude and the “difficult character” of Jimmy Sax. It is true that Jimmy Sax is always convinced that he is right. He isn’t susceptible to arguments which are contrary to his own perspectives and this attitude severely hinders the cooperation. However, we also conclude that the Public Center for Social Welfare has made several professional blunders in this file. (evolution report by T.B., social worker from the Department of Justice in G., May 7 2008)

Jimmy had to deal with a number of setbacks, as explained in the social worker’s reports:

In February 2008, a supervisor of The Moisturizing Center touched the forefinger of Jimmy with a chainsaw by accident. He had an operation but very soon it seemed that something had gone wrong during the operation. Jimmy suffered from intense pain as a result of an infection of the finger and arm. At last, the supervisor of The Moisturizing Center took him to the University Hospital, where they estimated the seriousness of the situation and insisted on an amputation of at least one finger. According to the specialist it was a case of gangrene in its early phase and it was only a matter of days before the situation would become life-threatening. After the amputation, Jimmy got temporary support from Family Services. But because of the lack of social skills of Jimmy and the lack of cooperation (of which he didn’t seem to be aware), the interventions were tense. In the end, Family Services decided to stop the support, so Jimmy became responsible for his household. Seen his physical suffering, this turned out not to be evident at all. For example, the sensitization in the stump has made it very hard to wash clothes by hand and in his perception, his bacteriophobia and lack of money have made it impossible to go to the launderette. Also turning to friends is not an option. His children do not want to see him anymore. He suffers from loneliness. With the exception of a few acquaintances and an intrusive neighbor, he has no friends or family to rely on. So he spends the small amount of money he has on new underwear and socks, while the pile of dirty laundry
grows each day. (evolution report by T.B., social worker from the Department of Justice in G., May 7 2008)

It can be observed that Jimmy’s “anti-social personality disorder with core psychopathological characteristics” was a pertinent reason for the decision to keep him in prison, but it seemed to disappear at the level of providing support for him to deal with it in his everyday life. He was denied crucial household support on the basis of a fundamental problem for which there seemed to be only minimal scope to go beyond the level of exhaustive description in his file. Within that context, the accumulation of dirty underwear can easily be interpreted as an indication of obduracy and poor self-management. At The Moisturizing Center, his social behavior discredited his well-appreciated labor; instead of trying to deal with Jimmy, they kicked him out for the benefit of the global atmosphere and he was left with the responsibility of finding a new job.

Another internee of The Moisturizing Center imputed that Jimmy Sax was a pedophile. The gossip spread by this person caused an enormous damage in the work environment. The situation escalated in a way that it was no longer maintainable. The supervisors of The Moisturizing Center pointed out that Jimmy influenced the company because he gathered the largest part of the group around him, displaying a negative attitude toward the person who spread the gossip. They argued that some people were intimidated by Jimmy, observing that the other person could only join the group when Jimmy was not there. They also noticed that Jimmy was often regaled with food and drinks by his colleagues. The supervisors estimated that the atmosphere of The Moisturizing Center would benefit from the absence of Jimmy and they proposed, regretting the loss of a good worker, that he should seek another job. (notification report by T.B., social worker from the Department of Justice in G., May 12 2009)

5.5.4 The beast of the park

Jimmy’s reasoning exposed extreme awareness of the norm of the ideal citizen as a self-directing and -managing individual (Clarke, 2005).

I have the impression that I will end up in prison again. Most of the time, my intuition is right. But what can I do? If I ask for an intake, I admit that they got it right and then I can count on another three years of internment, for sure. I need help, but when I ask for support, I surrender and the Commission wins: “you see that it didn’t work out”. (interview with Jimmy, November 25 2009)
In November 2009, things eventually got out of hand: Jimmy was one of the two men described in this newspaper article as “the beast(s) of the park”:

Six and eight years of prison and € 10,000 of provisional compensation. These are the penalties for the two men who forced two students under the threat of a knife to execute degrading sexual acts in the park. (…) Moreover, the students had to hand over their cell phone and their wallet. They were obliged to reveal the code of their bank card and the two men plundered their account. After psychiatric examination, Jimmy was declared as being fully responsible for his acts. In the same report, he is defined as a “psychopath”. (De Standaard online, February 25 2010)

At this point in time, Jimmy was not interned but detained, because he was suddenly, and contrary to previous diagnoses, judged fully responsible for his acts, which were extensively described in court. The two years he spent “outside”, and the conditions under which he had to lead his life, were considered unworthy of mention. There was no word about the persistent processes of marginalization (Castel, 1995) and his poor living conditions in a quarter where he was challenged all the time to reaffirm his status of being a “dangerous criminal” rather than someone in need of support. In his perception, and in consideration of the lack of support on offer, his crime was the only available option remaining to counter his feeling of powerlessness.

This focus on an individual’s bad choices and acts (being the result of his willfulness, as implied in the judgment of full responsibility) has been mentioned by McNay (2009, p. 65), who asserts that “the organization of society around a multiplicity of individual enterprises profoundly depoliticizes social and political relations by fragmenting collective values of care, duty and obligation and displacing them back on to the managed autonomy of the individual”. In this case, it is stated that Jimmy persistently refused to behave differently:

I just received the letter of the Defense of Public Interests in which, as the reason of my imprisonment, it is stated that I would commit new crimes or misdemeanors: “considering the heavy criminal past of the suspect. Apparently, previous convictions could not convince the suspect to do things in a different way”. (letter from Jimmy to the researcher, January 6 2010)

Moreover, the Court of Justice recognized the poor results of convictions and repression because he did not become a “better citizen”. Nevertheless, they turned the lack of “successful” results of Jimmy’s former conviction
and imprisonment into a circular argument in favor of a new conviction, notwithstanding the conclusion that imprisonment came to nothing without proper treatment. Nevertheless, this condition of care is formulated by the law as one of the two goals of internment. Instead, the reports focused on Jimmy’s unrepentant, psychopathic nature as a very useful argument for imprisonment because it embodies the “bad nature” of the individual rather than the systemic lack of treatment, care and support. This is made obvious in the expert report as referred to in the newspaper article above:

The chance of behavioral improvement is nil. (…) Forensic psychiatry offers no curing opportunities for the behavior of Jimmy Sax. Repression is the only remaining option. (expert report by J.B., psychiatrist, January 4 2010)

This statement seems strange, because it does not differ from the ways in which practices dealt with Jimmy since 1996 which, in line with predictions, showed no positive results. Jimmy radically deconstructed this logic:

It’s a crazy bunch in here. I hate prison. In my opinion, it should not exist. If prison is so good, than why have I been here so often? If it really helps, why have I been here so often? Since I was 19 years old. Now I’m 49 and I’m still here. There is something irrational in this logic. There should be something wrong in this. (interview with Jimmy, February 4 2010)

Reader V.D.’s response to an article about Jimmy Sax in De Standaard, an online newspaper, gives an idea of the public objections to detention, although based on a different argumentation:

Detention will not help, considering their shallow reactions to their arrest. I propose to tattoo the nature of their crimes on their foreheads and to set them to work in a chain gang, preferably dressed only in pink boxers at the scene of their crime. If they work, they can get food, and everyone would benefit from a clean park. Such people who foolhardily destroy other people’s lives should no longer be allowed to use the resources that our society has provided to help the needy. They should be in the pillory! (De Standaard online, February 11 2010)

Jimmy was imprisoned again. Because he had no friends and family to move his furniture and personal belongings from his studio, the researcher approached a number of different services (the Public Center for Social Welfare, prison services, outreach social work services) but none wanted to offer help, arguing that this exceeded their mandate. One service even recommended calling IVAGO, the
garbage service in Flanders. This dynamic is symbolically relevant to the process of constructing Jimmy as a non-deserving citizen, belonging to a residual category of non-recyclable citizens to be shifted out of society (Ledoux, 2004). In our society, people become waste products.

5.6 Discussion: the limits of individual responsibility

Eeny, meeny, miny, moe,
catch a tiger by the toe.
If he hollers, let him go,
eeny, meeny, miny, moe,
pig snout, you are out!
(a children’s counting rhyme)

At first glance, the recovery discourse explains recovery in terms of a journey of hope (Deegan, 1996), consisting of a lifelong, individual process in which the individual takes back control, gets on with his/her life (Borg & Kristiansen, 2008) and (re)integrates into the social world (Jacobson & Greenley, 2001). In a nutshell, recovery is grafted onto empowering service users with “mental health problems” to stimulate their personal growth and responsibility (Ralph, 2000). From a critical disability studies perspective, nonetheless, there are substantial objections to the idea of individual responsibility “as part of the quest for the model citizen” (Goodley, 2011, p. 72). The recovery paradigm can be sharply criticized because of the socially constructed norm of the responsible, self-sufficient and independent citizen that is persistently at work in both discourse and practice (Vandekinderen, Roets, Vandenbroeck, Vanderplasschen, & Van Hove, 2012). As Rose (1989, p. 230) observes, “individuals are to become, as it were, entrepreneurs of themselves, shaping their own lives through the choices they make among the forms of life available to them”.

The recovery paradigm can be understood against this background, enabling societies to make “technologies of opportunity and self-government in the hopes of activating a vital, entrepreneurial and enterprising spirit among (their) subjects” operational (Binkley, 2011, p. 92). It becomes trickier when this ideology of individual choice and opportunity denies the fact that some citizens have few available choices and resources (Lister, 2004), while at the same time implying that so-called “responsible citizens make reasonable choices and, therefore, ‘bad choices’ result from the wilfulness of irresponsible people” (Clarke, 2005, p. 451). Although the notion of ideal citizens as choice-making, self-directing subjects in the welfare state is based on individual autonomy and self-responsibility, it
lies equally well at the heart of disciplinary control (McNay, 2009) and masks the restricted role of the welfare state in guaranteeing the right on an existence in human dignity, and in pursuing social justice. As Goodley (2011, pp. 72-73) argues aptly, a strange paradox emerges for disabled people:

while they are cast as the dependent other, when they do attempt to gain a foothold on the ladder of individualism then they are expected to demonstrate extra-special, hyper-individual forms of being to maintain their place. (...) (They) have to be more normal than normal people. (...) And if disabled people fail, then a host of professionals lie in wait to aid and (re)habilitate their journey toward self-containment.

This myth of empowerment (see Becker, 2005) implies self-responsibility: professionals promote and empower people to cure their own “mental health problems” and create fulfilling lives without providing them with the proper care, support and resources to do so. From Clarke’s (2005, p. 453) point of view, this version of “responsibility appears as a smokescreen behind which the state is systematically divesting its responsibilities”.

The period that Jimmy is put on probation after 12 years of imprisonment is a sharp illustration of the erosion of the provision of resources, care and support. His strict probation conditions – psychiatric supervision, absolute abstinence from alcohol, the use of extra medication and/or psychoactive drugs, adhering to budget guidance, follow-up by a social worker from the Department of Justice, and voluntary work – pressured him to behave according to the norm of the ideal citizen as a self-directing and self-managing individual. Nevertheless, the cold light of reality backfired on him. He experienced at the same moment a lack of (proper) housing because he stranded in a studio in the grubby prostitution quarter, a lack of (proper) employment because he had to do voluntary work, a lack of a (proper) income and material resources resulting in being deprived of food, clothes and medication, and a lack of care and support. In “The needs of strangers”, Ignatieff (1984) refers to the difference between the citizen’s needs of basic survival, and our needs to develop our full potential, or our need to flourish. It is not surprising that Jimmy, who was denied any opportunity to flourish, ended up in criminality again, which can be interpreted as strategies of survival.

In that vein, the notion of the ideal citizen marginalizes “competing conceptions of the citizen-subject” (Foucault, 2008, p. 291), and constructs and transforms some citizens gradually into members of a residual category of non-recyclable
and non-deserving citizens who become waste products in society (Ledoux, 2004). As soon as individual citizens cannot prove that they are able to participate in the societal game as self-governing entrepreneurs, they are out. Symbolically, this is reminiscent of the *Eeny, Meeny, Miny, Moe* rhyme that exists in various forms and is used to count out an individual that has to stand down from a group. Such citizens do not fit the support models that make an appeal to the service user's responsibility, “whereby everything would be controlled to the point of self-sustenance, without the need for intervention” (Foucault, 1984, p. 241).

In reality, care and support imply residual social practices. In this logic of individual empowerment, mental health care and social service delivery offer a very specific possibility for citizens to become responsible for themselves, “by presenting to the individual the possibility of a specific way of putting her freedom into practice” (Rose, 1996, p. 73). Here the focus on social integration and activation refers to the efforts made by the individuals with “mental health problems” who first have to prove that they can adjust their behavior to the norms of mainstream society, because these individuals are rendered as manageable within the territory of the social “under the rubric of social harmony and personal adjustment” (Miller & Rose, 2004, p. 143). If people with “mental health problems” are expected to become “self-sufficient, productive, respected citizens” within the scope of self-responsibility, the responsibility for leading a fulfilling life is individualized (Cruikshank, 1999, p. 79). Such a vision of humanity threatens to individualize social life, changing individuals rather than society, and fails to place people in their social contexts. McNay (2009) argues that realities and issues of social injustice are separated from determining structural factors while they are displaced back on to the irresponsibly managed autonomy of the individual. Social and structural inequalities are easily rendered invisible because the welfare system interprets needs in ways that individualize responsibility while simultaneously diminishing structural redistribution of both material and immaterial resources and opportunities, including care and support offered by professionals (Roets et al., 2007).

5.7 Concluding reflections: possible implications for professionals

In the field of critical disability studies, social service professionals’ preoccupation with empowerment and individual responsibility of service users with “mental health problems” has been criticized for downplaying and devaluing care and support (Beresford, 2010a; Goodley, 2011). According to Beresford and Croft (2004), there is an urgent need for awareness of the fact that an alliance between
service users with “mental health problems” and professionals is likely to be the most productive way forward for securing the interests of both. It has also been observed that recovery processes cannot be forced into a “cookbook” full of recipes for everyone to follow; rather, this journey often consists of a turbulent process of ups and downs, given the heterogeneous situations of people with “mental health problems”, “the manifestation and course of their mental illness are unique to them and often non-linear” (Stanhope & Solomon, 2007, p. 887). Ridgway (2001, p. 339) asserts that

recovery is not linear, the journey is not made up of a specific succession of stages or accomplishments, and it does not follow a straight course. Instead, recovery is an evolving process, one that sometimes spirals back on itself, and might result in a frustrating return to active disorder.

The vital question is whether professionals should support individuals throughout these ups and downs, or consider it the individuals’ own responsibility to navigate their everyday life independently. Whitwell (1999, p. 621) refers to “the myth of recovery”, meaning “being restored to your former state (…) as a state of a person, as the end state following a period of illness”. As an exploration of the experiences of people with “mental health problems” shows that people were conscious of their impaired life position, describing “unemployment, divorce, housing problems, lack of money and social isolation” (Whitwell, 1999, p. 622), a conceptual shift implies moving beyond recovery as “a concept which is left over from an over-simplified medical model” into a nuanced and social understanding of recovery. Secker et al. (2002, p. 410) describe a reconceptualization of recovery that is “viewed as establishing a dynamic and meaningful life with an impairment (…) the process of recovery involves the reintroduction of the individual into a socially accepting and acceptable environment”.

In this frame of reference, the value of care and support depends on the ongoing engagement of professionals in shaping the relationship between the citizen with “mental health problems” and everyday society as the terrain of interactions with other people, based on an assumption of interdependency and joint responsibility (Borg & Davidson, 2008; Roets, Roose, Claes, Vandekinderen, Van Hove, & Vanderplasschen, 2012; Secker et al., 2002). Borg and Davidson (2008, p. 139) stress that supporting people with “mental health problems” to exercise all of the rights and responsibilities involved in citizenship is the key implication for practice, as “living conditions, income, employment/unemployment, and social interactions outside of treatment settings are central to processes of recovery and cannot be seen as lying outside of the scope of clinical or rehabilitative
practice”. This implies a critical or change-oriented engagement of professionals with the social aspects of problems (Jordan, 2004), based on the recognition of the structural elements of a society in which every citizen should have the opportunity to participate, such as housing, education, income and work (Teghtsoonian, 2009). As Roose and De Bie (2003, p. 477) point out, professionals should “keep the debate on the conditions in which people are expected to lead a dignified existence open”. Professionals can mobilize support in alternative ways to release social resources when they engage in the creation of shared conversations and practices. Here the perspective of service users should guide the development of social service delivery (Beresford, 2010a).

According to the social approach of recovery, the question of what support and care mean for people with “mental health problems” into their everyday life requires a continuous and structurally embedded dialogue between service users and professionals (Roose, Mottart, Dejonckheere, van Nijnatten, & De Bie, 2009). We argue that professionals who attempt to understand the people they aim to support should not reject the possibility of changing and even abandoning their viewpoints and positions, because “in the act of understanding, a struggle occurs in mutual change and enrichment” (Bakhtin, 1986, p. 142). This engagement might involve conflict, opposition, and struggle, (Roose & De Bie, 2007) but it would also involve interrelatedness, because “there are two who walk the road, who make the road by walking” (Rule, 2011, p. 933). Moreover, recovery-oriented professionals can be very influential at the level of policy making and public service provision if they rely on an analysis of how individual and collective rights, needs and responsibilities relate to each other (Roets et al., 2012; Roose & De Bie, 2007), because the public and political debate about the fulfillment of personal freedom and the collective good is the contradiction at the heart of the welfare state (Ignatieff, 1984). Professionals can play a crucial role in the renegotiation of the relationship between persons with “mental health problems” and society, which implies not only a co-construction of care and support practices with service users but also with the public service providers and policymakers at stake (Roets et al., 2012).

5.8 References


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Chapter 6

General Discussion and Conclusion
Abstract: Throughout the conceptual and empirical work in this dissertation, it became clear that “difference” is a crucial concept in determining people’s subjectivity. In this final chapter, I explore two distinct approaches to “difference”, interrelated assumptions of citizenship and the implications for features of (ortho)pedagogical practices and interventions. In the first normative approach to difference, being different is perceived as a deviation from the standardised norm. In present-day welfare states, the matrix of norms is tailored to the rising demands for responsibility, autonomy, self-entrepreneurship and employability, translated into a range of individualising remediation and normalisation strategies and (ortho)pedagogical practices. However, in this dissertation, it became clear that people with “mental health problems”, while being perceived as radically different, are at risk of being excluded as people who are unable to be recognized as proper citizens and are easily categorised as non-recyclable citizens. Therefore, I argue for a second approach to difference as opening up potential. This relational approach embraces a notion of citizenship that is embedded in a set of relational questions, interests and concerns and redefines and makes a plea for orthopedagogy as a pedagogy of the question.
6.1 Tracing otherness

6.1.1 Difference: deviation from the norm

In this dissertation, “mental health problems” are addressed as situated in the complex psycho-socio-political terrain and therefore explicitly perceived as “a relational concept, which can only have meaning with reference to unacknowledged assumptions about ‘normality’” (Marks, 1996, p. 64). As Davis (1995, p. 23) argues: “To understand the disabled body, one must return to the concept of a norm, the normal body”. The constitution of l’homme moyen was very important for the transformation of specific individuals – previously seen as extraordinary, grotesque (Garland-Thomson, 1997) or conversely, where no difference was seen – to become understood as normal or abnormal. As a consequence, it is difficult to imagine that the norm had not existed and how the world was ordered prior to “the obligation to be normal” (Davis, 1995, p. 29).

Since the nineteenth century, however, the population was considered to be a resource, a phenomenon that could be utilized, altered and developed, to serve the economic interests of the state. This “capitalisation of flesh made the body the site of potential activities of government” (Campbell, 2010, p. 28), since economic productivity required the production of a certain type of body and a certain type of soul (Rose, 1989). The norm is here being positioned as the technology that allows for power to develop an increasingly productive character concerned not with restricting bodies, but with re-producing them (Campbell, 2010), or - in the scope of this dissertation - recovering them. In Foucault’s (1975) view, there is a perpetuated regulation that crosses all terrains, agencies and institutions in that it controls, compares, differentiates, imposes hierarchies, homogenises, excludes; in one word normalises [our translation]. Or as Deleuze (1986) puts it: in the case of disciplining societies, this means dividing people, sorting them out, ranging them in categories, and normalising them [our translation].

Yet, this normative “framework imposes itself like a grid onto organic and non-organic bodies, declaring where life begins and where it ends” (Campbell, 2010, p. 38). As Braidotti (2006a, p. 38) argues: “The politics of bio-power affect those who are allowed to survive as well as those who are doomed to perish”. Braidotti (2006a) refers to Foucault, who stresses that difference or “otherness” – anything that is not in accordance with the norm – is marked as inferior and acquires essentialist connotations for people who are branded as others and reduced to the status of disposable bodies. Difference from the norm is “identified with the forces of evil, the fall, sin, and monstrosity” (Doss, 2010, p. 152).

However, Foucault (1978) challenges this binary marking of bodies and minds
as ab/normal and deviant which are “ordered around the norm in terms of what is normal or not, correct or not, of what one should or should not do” (Foucault, 2003, p. xxiii). With reference to the work of Georges Canguilhelm, he frames a norm or rule as what can be used to right, to square, to straighten. To set a norm (nommer), to normalize, is to impose a requirement on an existence, a given whose variety, disparity, with regard to the requirement, present themselves as a hostile, even more than an unknown, indeterminant. (…) The concept of right, depending on whether it is a matter of geometry, morality or technology, qualifies what offers resistance to its application of twisted, crooked or awkward. (Canguilhem, 2007/1989, p. 239)

Foucault’s interest particularly concerns the ways in which regimes of bio-power feed upon social and cultural discourses that – as key mechanisms in the process of social control – posit particular versions of self, personhood and subjectivity (Goodley, Lawthom, Clough, & Moore, 2004). The forces of normalisation produce – through language, structure, discourse and practice – the very terms through which we become recognizable, as human, as a particular kind of human, or as less than human, as a viable or a non-viable subject (Davies, 2012), and I want to add: as a citizen or non-citizen.

6.1.2 The responsible citizen

Whereas Foucault’s criticism is based on genealogical (historical) research, it is clear that the criticism is still relevant in present-day welfare states (Rose, 2001). Braidotti (2003) points out that the history of difference in Europe has been one of lethal exclusions and fatal disqualifications and is still persistently at work in our neoliberal societies today. As Deleuze (1986, p. 107) argues: “we continue to produce ourselves as a subject on the basis of old modes which do not correspond to our problems”. Rose (2001) suggests that bio-politics has become by now the dominant regime of control of bodies through a system of integrated scientific discourses and social mechanisms which requires a responsible bio-citizen as the basic unit of reference (Braidotti, 2006a). Rose (1989, p. 230) argues that “individuals are to become, as it were, entrepreneurs of themselves, shaping their own lives through the choices they make among the forms of life available to them”. In the same vein, Grosz (1994) observes that welfare state regimes are tailored to the norm of the productive and employable employee. In essence, this frame of reference implies that the socially constructed norm of normality mainly concerns employability [or at least productive activity] as a social integration norm, because the welfare state only takes minimal responsibility for
unemployable (and in one breath: irresponsible) citizens (Castel, 1995). Although the notion of ideal citizens as choice-making, self-directing and self-governing subjects in the advanced liberal welfare state is based on individual autonomy and self-responsibility, it lies equally well at the heart of disciplinary control in order to obtain the ideal of the “free, autonomous and responsible choosing citizen” (McNay, 2009; Miller & Rose, 2004). In this normative conceptualisation of citizenship – in which citizenship is perceived as a status and an achievement (Lister, 1997) – the norm of good citizenship is imposed on individuals as being natural, uncontested and incontestable and it is persistently at work in both discourse and practice (Roets, Roose, Claes, Vandekinderen, Van Hove, & Vanderplasschen, 2012).

According to Foucault, “regimes of bio-power aim to include as fully controlled [and disciplined] elements the very vital forces that, per definition, escape political control” (Braidotti, 2006a, p. 38). From a historical standpoint, these regimes of bio-power have, for example, included people diagnosed with “mental health problems”. As argued in this dissertation, the recovery paradigm can be understood against this background, cultivating a project of self-development and self-improvement (Jordan, 2004) as the norm for people with “mental health problems”, and enabling societies to make “technologies of opportunity and self-government in the hopes of activating a vital, entrepreneurial and enterprising spirit among (their) subjects” operational (Binkley, 2011, p. 92). The recovery discourse explains recovery in terms of a journey of hope (Deegan, 1996), consisting of a lifelong, individual process in which the individual takes back control, gets on with his/her life (Borg & Kristiansen, 2008) and (re)integrates into the social world (Jacobson & Greenley, 2001). In a nutshell, recovery is grafted onto empowering service users with “mental health problems” to stimulate their personal growth, responsibility and autonomy (Ralph, 2000).

In this dissertation, I focused on the concept of “recovery” and its translations in mental health care practices and its impact on human’s lives. However, as Deleuze and Guattari (1991, p. 24) point out: “a concept does not require only one problem under which it alters or replaces preceding concepts, but a crossroads of problems where it is combined with other coexistent concepts” [original: un concept n’exige pas seulement un problème sous lequel il remanie ou remplace des concepts précédents, mais un carrefour de problèmes où s’allie à d’autres concepts coexistants]. In this vein, recovery is only one, nonetheless a quite influential and prominent concept in social policy and service delivery in the present, that emerged against the background of neoliberal demands. At the same time, such a concept also potentially creates space for rethinking taken-for-granted realities.
and practices, since “it is only in the name of new creation that you can oppose, and then you have other things to think about” (Deleuze, 2004, p. 141).

6.1.3 Orthopedagogy as “a pedagogy of returning to order”
The norm – however – is a technology of power that is articulated in a variety of different disciplines and onto different types of bodies. Moreover, it only operates in assemblage with other mechanisms and various institutions (Campbell, 2010). As already mentioned in the introduction of this work, this dissertation is rooted in the discipline orthopedagogy, as a specific field of study in educational sciences. From the 1970s, orthopedagogy developed as a practice, related both to people with disabilities and to people whose behaviour is deemed deviant (Broekaert, Van Hove, Bayliss, & D’Oosterlinck, 2004). The term “orthopedagogy” was used for the first time in 1949 at an international congress in Amsterdam (Schoorl, 1997, in Broekaert et al., 2004).

The word Ortho-pedagogy derives from Greek: the prefix orthos meaning right or correct and the word ped or pais meaning child. Agogy originates from agein and means action or doing. “Pedagogy” is the “science of education”, and the prefix ortho distinguishes it from ordinary education, in that it implies a return to order (normality). (Broekaert et al., 2004, p. 206)

The discipline was – and still is – mainly based on “humanist principles with practices wherein the role of the intervention was to ‘repair’, ‘fix’, ‘remedy’, or ‘normalise’ problems” (Roets, 2008, p. 83). The main concern of orthopedagogical practices was, and is, how to return to a normal situation through remedying personal pathology and deficiency of the individual. A spectrum of pedagogical treatments exists, ranging from cure to rehabilitation, that are mainly tied to a conception of impairment as deficient and requiring correction (Goodley, 2003). Nowadays, the matrix of norms (what is the normal situation) is tailored to the rising demands for responsibility, autonomy, self-entrepreneurship and employability, translated into a range of individualising remediation and normalisation strategies and pedagogical practices such as personal advice, training, job brokerage, budget guidance, voluntary work, case-management etc. in order to reproduce “good” citizens.

However, as Foucault argues, “modern man is not the man who goes off to discover himself, his secrets and his hidden truth. He is the man who tries to invent himself” (Foucault, 1991, p. 42, in Galvin, 2003, p. 684). Notwithstanding that we have invented those forms of knowledge about ourselves (Lather, 1991), when “they operate as the normalizing principle in social practice, they usually
remain implicit, difficult to read, discernible most clearly and dramatically in the effects that they produce” (Butler, 2004, p. 4). As such, the normative notion of the ideal citizen transforms some citizens gradually into members of a residual category of non-recyclable and non-deserving citizens who become waste products in society (Ledoux, 2004).

What counts as a person? What counts as a coherent gender? What qualifies as a citizen? Whose world is legitimated as real? … By what norms am I constrained as I begin to ask what I may become? And what happens when I begin to become that for which there is no place within the given regime of truth? (Butler, 2004, p. 58)

Butler’s (2004, p. 58) question sounds: “What, given the contemporary order of being, can I be?”, because “how societies divide ‘normal’ and ‘abnormal’ bodies is central to the production and sustenance of what it means to be human” and “who should have the right to be part of society and who should not” (Meekosha & Shuttleworth, 2009, p. 65). Davies (2006, p. 235) observes that we are at risk of “being caught out as one who is unable to be recognized as a proper citizen”. In this dissertation, it became clear that some subjects are categorised as non-recyclable citizens and their respective “impaired” ontologies assumed to be pre-given, universal and unchanging (Grosz, 2005; Parker, 2003). Also Wilson and Beresford (2002) maintain that a majority of mind-sets in our society implicitly mirror a collective belief that people with “mental health problems” are deviant, unproductive and irresponsible, in contrast to the dominant norm in the neoliberal framework. Therefore, poststructuralist (and) feminist philosophers have made themselves accountable to denaturalise and shift the way we imagine difference as opening up potential (Braidotti, 2003; Haraway, 1991).

6.2 Chasing humanness

Something in this world forces us to think. This something is an object not of recognition but of a fundamental encounter. (Deleuze, 1994, p. 139)

6.2.1 Difference: opening up potential

Drawing upon the work of Canguilhem, it is possible to reconceptualise “difference” in a more affirmative, productive way through the notion of anomaly (Canguilhem, 1989) rather than abnormality.

Anomaly is a substantive with no corresponding adjective at present; abnormal, on the other hand, is an adjective with no substantive, so that [French]
usage has coupled them, making abnormal the adjective of anomaly. (…) “Anomaly” comes from the Greek anomalia which means unevenness, asperity; omalos in Greek means that which is level, even smooth, hence “anomaly” is etymologically, an-omalos, that which is uneven, rough, irregular, in the sense given these words when speaking of a terrain. (Canguilhem, 2007/1989, p. 131)

Deleuze and Guattari (1987, p. 243-244) elaborate on this distinction:

*a-normal* – a Latin adjective lacking a noun in French, refers to that which is outside rules or goes against the rules, whereas *anomalie*, a Greek noun that has lost its adjective, designates the unequal, the coarse, the rough, the cutting edge of deterritorialization. The abnormal can be defined only in terms of characteristics, specific or generic, but the anomalous is a position or set of positions in relation to a multiplicity.

The Latin *a-normal* reminds to Foucault’s notion of bio-power and ab-normal, deviant bodies and minds, while the Greek *anomalous* reminds us to a *social process ontology*, to beings always in relation (Roets, 2008). Deleuze and Guattari (1986) introduce the concept of “becoming animal” as the creative and experimental alternative to the individuated subject, the well-formed subject which has submitted to the forces of fixity, conservatism and compliance which Deleuze and Guattari so consistently oppose. The radicalism of the concept lies in the ways in which they are charting the possibilities for experiencing this movement in which “all forms *and norms* come undone” (Deleuze & Guattari, 1986, p. 13, italics added).

To become animal is to participate in movement, to stake out a path of escape to all its positivity, to cross a threshold, to reach a continuum of intensities that are valuable only in themselves, to find a world of pure intensities where all forms come undone. (Deleuze & Guattari, 1986, p. 13)

As Williams (2003, p. 60) points out, for Deleuze “real difference is a matter of how things become different, how they evolve and continue to evolve beyond the boundaries of the sets they have been distributed to”. In this vein, Deleuze proposes a rigorous theory of relationality (Braidotti, 2006b) in which we don’t think about entities, but about events. There are no differences in the body of this entity, since becoming different is something that happens at the level of the encounter (Ahmed, 2002).

In that vein, Snyder and Mitchell (2001, p. 373) argue that “rather than interpret
difference in terms of their degree of deviation from a standardized norm’, difference is the expression of “adapting to the pressures of environmental and internal forces”, since a subject is folded into subjectivity by the outside and “could not be separated from the outside but always a part of it, folding, unfolding, refolding with/in it” (St. Pierre, 1997, p. 411). The focus in this line of thought is on the politics of life itself as a relentlessly generative force and on recapturing impaired bodies and minds from the lost space of social process ontology as non-dualistic, dynamic and relational phenomena in our society (Roets & Braidotti, 2012).

In Deleuze’s relational philosophy, “everything coexists, in perpetual interaction” (Deleuze & Guattari, 1987, p. 430), as an event in the world that is taking place in different kinds of ways. That event is involving other people and opens up a different idea of what existence is, what it means to live, what a viable life is. As a consequence, difference is not an ontological pre-existing dimension of separation, but “difference comes about through a continuous process of becoming different” in relation (Davies, 2009, p.17). This conception of difference does not seek to fix subjects or objects in place, or tie them to static, individualistic, or binary identities, but “opens up a space where creative energies are mobilized through ongoing relations with the spaces that are generated” (Davies, 2009, p. 20). This approach of constantly moving and relational subjectivity (Lather, 1991) requires a reconceptualisation of citizenship, since as St. Pierre (2004, p. 293) points out: “If the subject changes, everything else must as well”.

6.2.2 The relational citizen
In this vein, Jeanette Pols (2006, p. 100) argues that:

Divisions do not run between the mad and the sane, the private and the public, the patient and the citizen, the autonomous and the dependent, the clean and the dirty, but between situations with specific characteristics. (…) Relational citizens move through time in differing and changing connections from one place to another, in and out of the hospital and even to the bathroom. (Pols, 2006, p. 100)

We need a definition of citizenship that isn’t caught up in the normative order which defines identity in “the system of binary polarization of unities that privilege men over women, White over Black, Self over Other” (Markula, 2006, p. 11). And let me add: normal over abnormal, able over disabled, since – as it became clear in this dissertation – those normative notions range people out as disposable. By contrast, Jeanette Pols (2006) refers to the concept of relational citizenship. This
concept of relational citizenship differs radically from normative citizenship, as it “develops in the relationship between people, embedded in a set of relational questions, interests and concerns” (Roets et al., 2012, p. 103). Also Lawy and Biesta (2006, p. 43) refer to a notion of citizenship articulated as relational and inclusive that does not presume that people move through a pre-specified trajectory into their citizenship status/achievement as “good” and contributing citizens, yet “it is inclusive rather than exclusive because it assumes that everyone in society (...) are citizens who simply move through citizenship-as-practice, from the cradle to the grave”. “It is not of central importance to be autonomous; instead, the citizen has to establish and maintain relations with other people (...) To be a citizen (...) to be connected to other people” (Pols, 2006, p. 96).

In this vein, Roets, Reinaart and Van Hove (2008, p. 109) – inspired by Braidotti – argue that the subject is “embodied and embedded” through “mutual sets of interdependence and interconnections, sets of relations and encounters, a play of complexity that encompasses all levels of one’s multi-layered subjectivity”.

From this point of view, non-recyclable citizens can be re-casted as social and political sites of process ontology, power, discourse and action rather than deviant individuals (Goodley & Roets, 2008). This shift brings “uncivilized society” in the picture.

6.2.3 Orthopedagogy as “a pedagogy of the question”

There are times in life when the question of knowing if one can think differently than one thinks, and perceive differently than one sees, is absolutely necessary if one is to go on looking and reflecting at all. (Foucault, 1984/1985, p. 8)

According to Davies (2006) an orthopedagogy of the question implies that “we must constantly ask what it is that makes for a viable life and how we are each implicated in constituting the viability or non-viability of the lives of others” (Davies, 2006, p. 435). This relates to Freire’s “pedagogy of the question” in which the raison d’être of situations is questioned in a relentless critique of existing states of affairs (Freire & Faundez, 1989) and in which a language of possibility is offered to realize transformation (becoming) (Bruss & Macedo, 1985).

Through this dissertation, it became obvious that uncivilized societies threaten to block the smooth becomings of citizenship (Roets & Goodley, 2008) and fail to guarantee the right to an existence in human dignity for people who resist or do not manage to settle into socially coded modes of modern “independent-autonomous-sufficient-free subjectivity” (Verstraete, 2007, p. 58). So, as Foucault (1982, p. 216) asserts, “maybe the target nowadays is not to discover what we are
but to refuse what we are... we have to promote new forms of subjectivity through the refusal of this kind of individuality”. This requires another interpretation of the possible role of (ortho)pedagogical practices in people’s lives. As such, a central issue in the “pedagogy of the question” concerns the prefix orthos, which is questioned and challenged: how long will we allow ourselves to be the one with a professional master eye, that constructs normative binaries between us (adapted to the norm) and them (in need to be corrected according to the norm), so that subjects do and objects are done to (Roets, Goodley, & Van Hove, 2007)? Within a pedagogy of the question, the role of (ortho)pedagogical intervention is no longer to remediate, to repair or to fix the individual, but to critically navigate, negotiate and challenge the ways in which uncivilized society constructs subject positions that we assume to be pre-given, universal and unchanging (Parker, 2003). That implies taking responsibility for examining the discursive practices that reduce some human beings to objects of intervention yet are taken-for-granted in our society, and questioning which potential those discourses and (ortho)pedagogical practices create and maintain for all citizens. In what ways do those conditions of possibility afford citizens a viable life? (Davies, 2006). This approach to responsibility doesn’t relate to responsabilisation in neoliberal forms of government which requires individuals to accept responsibility for themselves, while disposing of any responsibility for others, except the responsibility to participate in acts of surveillance and control of others (Davies & Bansel, 2005). As Davies (2006, pp. 436-437) argues:

> Our responsibility lies inside social relations and inside a responsibility to and for oneself in relation to the other – not oneself as a known entity, but oneself in process, unfolding or folding up, being done or undone, in relation to the other, again and again.

In this vein, Freire (1998, pp. 25, in Weiner, 2003, p. 101) refers to the relational dimension of (ortho)pedagogy: “our being in the world is far more than just ‘being’, it is a presence... that is relational to the world and to others”. This approach requires professionals to engage in an encounter that opens up potential for both clients and professionals where the not-yet-known is always emergent rather than reproducing the same (normative) that pre-existed us (Davies, in press). In this vein, Freire refers to “a dimension of ‘escape’, not from, but toward, (…) a dimension of ‘knowing’ and ‘being’ not yet known” (Weiner, 2003, p. 101). At this point, I want to introduce the concept of “a line of flight” from Deleuze since it seems very useful to envisage the possibility of professionals to challenge normative discourses rather than confirming and reinforcing them through (ortho)pedagogical practices. Lines of flight are creative and liberatory escapes from the...
standardisation, oppression, and stratification of society. They are instances of thinking and acting “outside of the box”, with a greater understanding of what the box is, how it works and how we can break it open and perhaps transform it for the better (Lerner, n. d.). “Creating a line of flight does not mean to flee but to re-create or act against dominant systems of thought and social conditions” (Deuchars, 2011, p. 5). As Deleuze and Guattari (1987, p. 204) maintain:

> Lines of flight, for their part, never consist in running away from the world but rather in causing runoffs, as when you drill a hole in a pipe; there is no social system that does not leak from all directions, even if it makes its segments increasingly rigid in order to seal the lines of flight.

This requires professionals to engage with the intensities of discourses and practices that produce non-recyclable but also viable citizens. Professionals have a socio-political responsibility towards a disabling and uncivilized society, through their engagement with for example people with “mental health problems”, because these encounters force professionals to think and to act differently. Deleuze (1969/1990, p. 149) asks us to think differently so as “not be unworthy of what happens to us”. Those practical interventions of professionals in people’s lives are also political, since it invites them to engage in a “contagious’ micropolitical movement ‘capable of crossing and impregnating [and changing] the entire social field’” (Deleuze & Guattari, 1987, p. 276, in Sotirin, 2005, p. 103). Deleuze and Guattari explain a “line of flight or deterritorialization as the maximum dimension after which the multiplicity undergoes metamorphosis, changes in nature” (Deleuze & Guattari, 1987, p. 21). A pedagogy of the question forces professionals to think about the following questions:

> What are your lines? What map are you in the process of making or rearranging?
> What abstract line will you draw, and at what price for yourself and for others?
> What is your line of flight? (...) Are you cracking up? Are you going to crack up? Are you deterritorializing? Which lines are you serving, and which are you extending or resuming? (Deleuze & Guattari, 1987, p. 203)

The politics of professionals require a social praxis, as a shared translation of the dominant discourse into new discourses that produce and promise alternative ways of being, becoming and living a viable life (Goodley & Roets, 2008). Gibson (2006, p. 193) explains:

> The line of flight requires a different kind of imagining of the social world. Freedom is no longer equated with individual rights and autonomy. It becomes
a freedom to connect in multiple ways, to become "others", that is, to be (...) an assemblage of identities that occupy the spaces between you, me and it.

This freedom to connect in multiple ways through the spaces in-between is essential in the praxis or the action (since orthopedagogy implies, above all, action) of the professional. In this vein, Barad (2007, in Davies, in press, n. p.) introduces the neologism “intra-action” that – in contrast to the usual notion of “interaction” which assumes that there are separate, fixed, individual agencies that precede their interaction – recognizes that agencies do not precede, but rather emerge through their intra-action. One does not come to exist independent of, or prior to, the intra-active moment of encounter, but over and over again within the moment itself (Davies, in press). Perceiving someone as deviant, unproductive, irresponsible – let's say, a beast (remember Jimmy’s story) - doesn’t leave much space to escape this fixed identity but will rather reconfirm it. To take a line of flight is to be open to connect in multiple ways, to what one might become in the encounter, to another possibility.

This perspective of intra-action opens up possibilities for the work of professionals who are engaged in mental health practices endorsed by the recovery paradigm, since a relational conceptualisation of the subject and the citizen opens up the space for a social approach to recovery (Lister, 2008; Roets et al., 2012; Secker, Membrey, Grove, & Seebohm, 2002; Winance, 2007). In this approach, the recognition of the socially and politically constructed embodied ontology opens up the space for a continuous debate about the actualisation of citizenship, about the conditions in which people are expected to lead a dignified life in the community, and about the care and support needed. Here the question of what care and support mean for people with “mental health problems” in their everyday life requires a continuous dialogue between people with “mental health problems” and professionals (Roets et al., 2012). It requires to be “flexible, open to uncertainties and adaptable to a whole host of contingencies” (Fisher & Goodley, 2007, p. 74).

Moreover, the responsibility of the professional might be approached as guaranteeing the ability to respond (Newbury, 2008), based on the recognition of the fundamental elements of community in which every citizen should have the opportunity to participate (Teghtsoonian, 2009). The logic of “self as enterprise” and “do-it-yourself-citizenship” masks the restricted role of the advanced liberal welfare state (Rose, 1993) and related practices in guaranteeing the right to an existence in human dignity, and in pursuing social justice. In this frame of reference, the value of care and support depends on the ongoing engagement of professionals in shaping the relationship between the citizen with “mental health
problems” and everyday society as the terrain of interactions with other people, based on an assumption of interdependency and joint responsibility which is redefined in every situation (Borg & Davidson, 2008). As such, we open up the space for people to develop their full potential and to flourish (Ignatieff, 1984).

6.3 References


General Discussion and Conclusion


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Samenvatting

Context en situering van het onderzoek
Binnen dit doctoraat wordt vanuit het theoretisch perspectief van critical disability studies de empirische relevantie van het recovery paradigma binnen het veld van de geestelijke gezondheidszorg in Vlaanderen onderzocht op basis van de ervaringen van mensen met “psychische problemen”. De relatie tussen het individu en de socio-politieke arrangementen – zoals weerspiegeld in de realiteiten, praktijken en constructies binnen de geestelijke gezondheidszorg – staat hierbij centraal. De focus op recovery is gegroeid vanuit de vaststelling dat het zorglandschap van de geestelijke gezondheidszorg in Vlaanderen (en internationaal) recent sterk geïnspireerd wordt door dit innoverend en beloftevol referentiekader. Binnen dit onderzoek wordt – vanuit het perspectief van mensen met “psychische problemen” – onderzocht of de shift in gedachtegoed, die in het recovery discours wordt verondersteld, ook effectief plaatsgrijpt in de praktijk. De centrale doelstelling is om te exploreren hoe de relatie tussen het individu en de samenleving vorm krijgt, met een focus op recovery als heet hangijzer, waarvan de invulling mede wordt bepaald door de maatschappelijke verwachtingen en normen. Dit wordt onderzocht vanuit de ervaring van mensen met “psychische problemen” met de praktijken van de geestelijke gezondheidszorg.

Dit doctoraat situeert zich binnen de discipline Orthopedagogiek, als onderdeel van de Pedagogische Wetenschappen. Sinds de jaren ’70 ontwikkelt Orthopedagogiek zich als een praktijk die instaat voor zowel mensen met een handicap als mensen wiens gedrag als “afwijkend” wordt beschouwd (Broekaert, Van Hove, Bayliss, & D’Oosterlinck, 2004). Vanuit de resultaten van dit onderzoek wordt nagedacht over de mogelijke invulling van (ortho)pedagogische interventies en praktijken.

Critical disability studies (cf. hoofdstuk 1)
onderwerpen onderzoek die gelieerd zijn aan de dynamische wisselwerking tussen disability en diverse culturele en gemeenschapsaspecten (Gabel, 2005). Binnen disability studies bevraagt men de veronderstellingen die over handicaps leven (Goodley & Van Hove, 2005) en ziet men handicap vooral als een relationele, sociale, culturele en historische constructie (Albrecht, 2005; Devlieger et al., 2003; Goodley & Van Hove, 2005; Pfeiffer 2003). Disability studies bundelt kritisch onderzoek en politiek debat (Gabel, 2005) en mikt op het bevragen en veranderen van politieke, economische, sociale, culturele, interpersoonlijke, relationele en discursieve elementen van de disabling world (Goodley & Van Hove, 2005). Het is dus zowel een emancipatorisch als een academisch paradigma dat gerelateerd is aan de ontwikkeling van belangengroepen van mensen met een handicap (Campbell & Oliver, 1996).


Het recovery paradigm (cf. hoofdstuk 1)
Sinds midden de jaren tachtig focussen onderzoek, politiek en praktijk internationaal op recovery als een veelbelovend en innovatief referentiekader
Samenvatting


Individuele en sociale benadering van recovery (cf. hoofdstuk 2)


Om de complexiteit en ambiguïteit van het concept recovery echter ten volle te kunnen begrijpen, is het noodzakelijk om de dynamieken en socio-politieke arrangementen in organisaties die zich inschrijven in dit recovery paradigma te gaan verkennen vanuit het perspectief van mensen met “psychische problemen”. Er wordt geopteerd voor een interpretatieve benadering om diepgaand hun perspectieven te kunnen verkennen binnen empirisch onderzoek.
Interpretatief onderzoek met mensen met “psychische problemen” (cf. hoofdstuk 1)

Eén maat voor allen? (cf. hoofdstuk 3)
Het activeringsgedachtegoed vormt een belangrijk onderdeel van het recovery paradigma. Deze tweede studie werd dan ook uitgevoerd binnen een innovatief pilootproject, dat beoogt een activeringsprogramma voor vrouwen met “psychische problemen” te implementeren binnen een sociale werkplaats, waarbij er een grote drop-out van de vrouwen werd vastgesteld. Enerzijds werd er een documentanalyse van alle beschikbare documenten van het project uitgevoerd. Anderzijds werden kwalitatieve diepte-interviews uitgevoerd met de betrokkenen, voornamelijk de vrouwen zelf, maar ook met de verantwoordelijke, enkele partners van het project en een aantal sociaal werkers, om via een retrospectief insiders-perspectief de socio-politieke dynamieken, die hun vertaalslag vinden binnen de praktijk van de sociale werkplaats, bloot te leggen. Eén belangrijke vaststelling betreft de complexe discriminatieprocessen ten aanzien van de vrouwen op basis van hun handicap en hun geslacht. Bovendien komt ook de contraproductieve uitkomst van normaliserende praktijken – geïnspireerd door de neoliberaal norm van economische productiviteit – aan het licht, met drop-out tot gevolg.

Ondanks de sociale inclusie-gedachte die gepromoot wordt in het recovery paradigma, legt de vaststelling dat mensen moeten kunnen worden ingepast in een activeringstraject op één maat en dat mensen worden uitgerangeerd indien ze niet aan deze norm kunnen voldoen, de nood bloot aan verder diepgaand onderzoek (deelstudie 3) naar de manier waarop het recovery discours in de praktijk vertaald wordt vanuit het perspectief van mensen met “psychische problemen” zelf.

Het constructieproces van de niet-recycleerbare burger (cf. hoofdstuk 5)
Doorheen de derde studie werd Jimmy Sax de sleutelfiguur. Tijdens de initiële onderzoeksfase van de derde deelstudie daagde hij immers de conceptuele
assumpties rond recovery (met name: de terugkeer naar een normale en gezonde toestand waarbij men in staat is om te studeren, te werken, te leven in de samenleving, een actieve vrijetijsbesteding te hebben en vriendschap en liefde te vinden) expliciet uit, wanneer hij stelde niet te zullen genezen. Tegelijk vroeg hij in het onderzoek mee te mogen stappen. Met het oog op het begrijpen van de complexiteit van de constitutie van subjectiviteit doorheen socio-politieke arrangementen, werd een diepgaande analyse van zijn levensverhaal gedaan, met specifieke aandacht voor de ervaringen met betrekking tot recovery en de diversiteit aan discours en praktijken die zijn verhaal mee construeerden. Doorheen zijn omvangrijke levensverhaal en de vele sociale dynamieken die daarin spelen, werd gaandeweg duidelijk dat Jimmy geproduceerd wordt als niet-recycleerbare burger doorheen het benadrukken van verantwoordelijkheid, autonomie en ondernemerschap binnen de ruimere neoliberale samenleving en binnen het recovery discours.

De onderzoeker en het “beest”: ethiek in onderzoek (cf. hoofdstuk 4)
Het intensieve wederzijdse engagement binnen het onderzoek met Jimmy Sax roept onvermijdelijk vragen op over de complexiteit van ethische dilemma’s binnen onderzoek. Deze ethische vragen worden geëxplorereerd aan de hand van het onderzoeksproces met Jimmy Sax. In dit doctoraat wordt expliciet positie ingenomen binnen een onderzoeksethiek die een reproductie van processen van Othering probeert te vermijden. Binnen kwalitatief onderzoek wijst een steeds toenemend aantal onderzoekers op het belang van situationele en relationele ethiek. Onderzoek is echter altijd ingebed in sociale, politieke en historische processen, evoluties en contexten. Daarom wordt binnen dit doctoraat gepleit voor een socio-politieke onderzoeksethiek die mee de situationele en relationele ethiek, die uiteraard van groot belang zijn, bepaalt. Ook de ontologische assumpties, gesitueerd binnen critical disability studies en geïnspireerd door poststructuralistische (en) feministische epistemologieën, worden binnen dit onderzoek geëxplikeerd aangezien deze sterke repercussies hebben op de ethiek van onderzoek. Er worden bovendien twee conceptualiseringen van onderzoeksethiek belicht, met name “zorg voor de ander” en “zorg voor het zelf”.

Verschil: “deviantie van de norm “ of “openen van potentieel”? (cf. hoofdstuk 6)
Doorheen zowel het conceptueel als het empirisch werk van dit doctoraat komt “verschil” naar voor als cruciaal concept in het bepalen van de subjectiviteit van mensen. Er worden twee benaderingen van “verschil” onderscheiden, met telkens een hieraan verbonden opvatting van burgerschap en verwachtingen ten opzichte van (ortho)pedagogische praktijken. Ten eerste wordt een normatieve benadering van verschil geïdentificeerd, waaraan het concept

Referenties


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I feel best in that little space between a smile and a tear. (Toots Thielemans)