Chapter 8

If the house is not maintained, the meeting cannot take place

There can be no transition to care in the community without friction

> 'The transition to care in the community means no more, and no less, than offering people the normal opportunities of life in our society. It is precisely in a time of prosperity and economic growth that care for those less fortunate than ourselves is essential'.

The speaker here is Dutch Member of Parliament Annet van der Hoek. In September 1999, she proposed a motion with cross-party support, in which the government was called upon to set up a task force to co-ordinate initiatives to integrate former psychiatric patients within the community. The motion stated that this social integration is a development which needs to be handled with great care. The task force was set up in the summer of 2000, and should publish its findings early in 2002.

'The *normal* opportunities of life in *our* society'. In this book I have subjected these two terms to a critical scrutiny. This raised the question of whether the offering of the *normal* opportunities of life in *our* society is actually possible. In other words; how can social integration be assisted? What form should our interventions take?

I defend the proposition that initiatives aimed at the social integration of people with a history of psychiatric problems confront society with *friction*; that conflict may arise, that there may be unease, that things may not automatically fall into place. This friction calls upon society and its institutions, and on individuals, to reflect on the existing situation, in the light of the issue of accessibility for those who are perceived as 'other'. That is the broad meaning of the title of this final chapter: 'If the house is not maintained, the meeting cannot take place'. The 'house' is here a metaphor for society, with its institutions and businesses, neighbourhoods and networks, language and culture, citizens and politicians. Without preparation, or rather without special commitment, the encounter with the unconventional 'other' will come to nothing. An integration where the 'other' cannot appear as 'other' forces the 'other' into a unilateral adaptation, into assimilation, into an oppressive equalisation. If the process of integration is to offer the patient another perspective than that of the ordinary citizen, then the 'normality' in which mental illness leads to exclusion cannot remain unchanged. From this perspective, the offering of 'the normal opportunities' such as the motion proposes, runs the risk of not addressing the root of the problem, which is to say friction. *Kwartiermaken* [1], or 'setting up camp', represents the

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‘maintenance of the house’, or the preparation of a meeting place where the ‘other’ is free to be ‘other’. In this preparation, the ‘other’ has an important voice.

In this concluding chapter I look back upon the book as a whole. I do this along two lines. Firstly I recapitulate, in broad terms, what I have attempted to show in the book: I refer to the central concepts, and summarise the philosophical perspective in which I have placed the concept of *kwartiermaken.* In the following sections I summarise my research chapter by chapter.

Recapitulation

The *Kwartiermaken* project was set up in Zoetermeer, a provincial town in the Netherlands, in 1997. This book is concerned with the experience which was gained there. In reflecting upon this practical experience, I have sought out theoretical ideas which could be of assistance in fundamentally and radically re-thinking the problematic aspects of integration. Which theories have I consulted, and what use have I made of them?

My research was carried out on three levels: firstly, that of the practical experience built up in the *Kwartiermaken* project; secondly, in the field of rehabilitation theory, and other critical perspectives in the fields of psychiatry and research; and finally in the formation of philosophical theories concerning ‘the other’; that is to say differential thinking, hermeneutics, the theory of presence and ethics of care. The findings of empirical research also had their part to play.

The most important theoretical field pertaining to the process of preparation for integration into society of former psychiatric patients is that of rehabilitation theory. The process of transition from being a patient to becoming a member of the community - also referred to as the process of normalisation - is central to this theory. It has been established, however, that this theory has an important limitation: too little attention is paid to ‘the other side of the coin’ of normality. I refer to the tension which this invokes as ‘friction’. In this book I consider this friction as it presents itself in a number of domains. In order to form a clear understanding of ‘friction’ in this sense, it is necessary to assign those who experience problems in integration - in this case people with psychiatric problems - to a category. This approach, however, is not without its risks. With the assistance of the theories of Irigaray, I have illustrated how by taking a certain essentialism as one’s point of departure, an opposing view can be developed which ultimately leads to a more flexible position for all concerned.

In Chapter 2 the urgent need for *kwartiermaken* is illustrated by the ‘right’, defended by some, ‘not to be disturbed’. I make reference to the work of

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researchers who have raised the concept of ‘normality’ as a subject for debate in the fields of mental health care, the care of people with a mental handicap, and care for the homeless. Harrie van Haaster did this in his book *Wartaal* (‘Gibberish’), Annemiek Richters and Els van Dongen wrote about ‘madness’ in relation to culture, Evelien Tonkens investigated events in the Dutch town of Dennendal in the 1960’s, Inge Mans the transformation of figures of truth to figures of want, and Marius Nuy the ‘Odyssey of the Homeless’. These researchers provided my research into *kwartiermaken* with a point of departure. They make a plea for a space for ‘the other’, a space for saying of the unsayable where a new vocabulary can be developed, or an integrated space where people can live together and where one can feel at home. They make reference, to a greater or lesser degree, to friction on the way to achieving their stated ideals. The consideration and elaboration of concepts which could be of use in a variety of fields in order to cope with this friction was not so much their concern. It is in this area that my research makes a new contribution.

In the third chapter, making reference to empirical research, an illustration is made of the necessity, and the complexity, of ‘becoming a member of the world’ for people with a history of psychiatric problems. Subsequently, with the assistance of the philosophical theories of Francois Lyotard, Jacques Derrida, Anne Dufourmantelle and Victor Kal, the concepts of ‘inexpressible suffering’, ‘hospitality’ and ‘deferment’ are introduced. These concepts are set in a conceptual framework, and this framework is linked back to the practical experience built up in the *Kwartiermaken* project, in this case the so-called ‘Well-Being project’. I describe the relevance of this outlook in the development of a practice of preparation of institutions and individuals for the integration of former psychiatric patients into the community. Finally, from the same theoretical framework, I make a critical analysis of two ideologies which are popular in the field of welfare policy: the win/win theory and the ideology of self-reliance.

In the fourth chapter, with the use of statements by clients, it is shown how people have to struggle against society’s negative images of chronic illness or disability. The central question raised is that of whether ‘thinking differently about being different’, as opposed to the bio-medical model, is in fact possible. In this, support is sought in Lyotard’s elucidation of the concept of friction: the injustice which cannot be articulated within a prevailing genre of discourse. Criticism of the dominant bio-medical discourse is also found among practitioners in the field of mental health care, including Willem van Tilburg and Thomas Bock. Hermeneutics (including the narrative approach), as formulated by Antoine Mooij and Guy Widdershoven, is accorded the greatest weight here. The aspect of *kwartiermaken* where ‘thinking differently about being different’ is put into practice is that of ‘multilogue’. In this, a restoration of reciprocity takes place.

In the fifth chapter, the role of professional practitioners forms the theme. The question posed by *kwartiermaken* is that of what is necessary for an open encounter between professional and client. I have illustrated Derrida’s concept of

‘deconstruction’, and Irigay’s ’wonder’, with reference to the practice of professionals, who have to find a way to deal with the relationship between set procedures and special circumstances. Using elements of Andries Baart’s theory of presence, together with the hermeneutic competencies of Herman Meininger, an exposition of ‘burnout’ by Wilmar Schaufeli and, finally, a consideration of social responsibility. In this chapter, issues surrounding poverty function as a case study.

Chapter 6 is devoted to voluntary ‘befriending’ projects, as an example of a practice of citizenship in which friction is reduced. Anil Ramdas’ plea for friendship between people who fundamentally differ from each other forms the point of departure for this chapter. The failures of the support approach are discussed with reference to Flip Schrameijer’s doctoral thesis. The values which ‘befriending’ projects put into practice are explained with the assistance of the characteristics of this approach. Criticism of the question raised by ‘befriending’ services, that of whether befrienders - ‘friends’ - can offer true friendship, is used in order to put into focus the friction for which ‘befriending’ projects attempt to provide a solution. Finally, from the perspective of Henk Manschot’s position within the ethics of care, I reflect on the conception of citizenship which is expressed through ‘befriending’ projects.

In Chapter 7 I have explored the question of which view of citizenship acknowledges the friction which accompanies the transition from patient to member of the community. I make reference to the positions regarding the ethics of care, among others, Selma Sevenhuijsen. Her concept of citizenship finds expression in a new kind of welfare state, in which practical care in the community also plays a role beyond professional care, care in the family, and voluntary work. Within this framework I support Kunneman’s plea to ’place slow questions at the heart of an fast society’. The *Kwartiermaken* project’s ‘Housing and Psychiatry’ initiative serves as a case study here.

A important theoretical framework made use of in this book is the French school of so-called differential thinking. Differential thinking makes the otherwise risk-laden categorisation of people with psychiatric problems productive. It offers a ‘vocabulary of diversity’ in which the ‘otherness’ of the ‘other’ *in relation to* the conventional may emerge. By treating ‘otherness’ as a problem of attitude, its opposite pole, ‘normality’, is also brought into the discussion. In philosophical terms, the proposition is defended that the friction which accompanies integration necessitates the deconstruction or suspension of the conventional in order to make hospitality possible. One’s own world, one’s own reality, are brought into the discussion in the light of the arrival of the world and the reality of the ‘guest’ who is ‘other’. The process of preparation of institutions and individuals for the integration of former psychiatric patients into the community can in this way be seen as a suspension of the conventional with a view to accessibility for the unconventional ‘other’.

Differential thinking opposes the idea that a universal subject, a generally conventional or standard person, actually exists. No equal subject-subject relationships can come into being from the starting point of that *idée fixe.* Equal relationships call for openness, an attitude of 'wonder' in which diversity can be acknowledged without a rift forming. This 'wonder' thus puts a *mechanism of tolerance* into action. I am constantly searching for a conceptual framework which motivates the cultivation of values which lead to respect for, and engagement with, the 'otherness' of the 'other'.

An intermediate step towards creating niches of hospitality

One must be aware that, on the one hand, the 'other' is dependant on an offer of hospitality and, on the other hand, that by welcoming the 'other', the host society must also be prepared to become somewhat 'other' itself. These two phrases form the central theme of this book. The offering of hospitality calls for a suspension of the norm of 'normality'. *If the house is not maintained, the meeting cannot take place*. The house must be made ready to receive its guests: the thresholds must be removed. Not just once, but repeatedly, because there is a constant threat of alienation and exclusion. Moreover, the offering of a place to 'one I cannot offer a place to' is a question of endeavour, a question of falling down and picking oneself back up again. The offer of hospitality is a risky business. It brings with it a tension which cannot be wished away. I have searched for a conceptual framework which could assist in making this tension manageable. I believe I have found it in the idea of the 'intermediate step', or 'suspension of the conventional'. I suggest that the host does not have to completely give him or herself over to the 'other'. A true meeting cannot take place where one party has been taken hostage. An intermediate step is necessary in order to discover the ways in which 'normality', and the role of the host as a component of that 'normality', stand in the way of a real encounter. The 'maintenance of the house', therefore, primarily involves a critical examination of one's own identity. I have argued that the quality of accessibility for the 'other' is dependent on the willingness and the ability of society, its institutions and individuals to make this intermediate step and to make the suspension of the conventional a reality.

The concept of a 'niche' is a tangible realisation of hospitality. *Kwartiermaken*, the process of preparation of institutions and individuals for the integration of former psychiatric patients into the community, aims to create such niches in welfare and voluntary work, and indeed in all places where people wish to play a part in society. In niches, vulnerable individuals find other people who offer emotional support, and can spare some time for them; activities take place there which they experience as valuable. Niches are environments in which feelings of self-worth are nourished. Niches partly owe their quality to befrienders – 'friends' – who make themselves available as allies, and if necessary as intermediaries. 'Friends' can be organised in different locations by, for example, a 'hospitality

officer' or 'case manager', but once an awareness has been created of what *kwartiermaken* entails, it could be that 'friends' step forward of their own accord. That is important, because not everyone with psychiatric problems lets him or herself be known as such. In the niche, different worlds meet, touch, and influence one another. In the niche, a diverse society takes concrete form.

Integration calls for a 'vocabulary of diversity'

In Chapter 4 I showed how the dominant socio-medical approach in mental health care impedes a nuanced or differentiated view of people with a psychiatric background. Society is handed down an image of mental illness as a bio-medical problem which can be solved by bio-medical treatment. At any rate, today's acquisitive culture seems to call for such an unequivocal view. This conception, however, forms one of the factors which impede integration, because it looks at the situation from one side only.

In a *kwartiermaken* project, the creation of space in language is therefore a pressing task. I have investigated how 'hospitality in language' can be created. A hospitable idiom does not gloss over 'otherness', but invites concern and contact. More of an opportunity must be offered for a lasting 'otherness', which after all may be unable to be removed by treatment. The 'vocabulary of diversity' can be seen as such a hospitable idiom. Within it, one can accept oneself as a person who is, in a variety of ways, 'different'. The language of those who speak from experience, as well as of those who come into daily contact with clients, is afforded a right to be heard in a 'vocabulary of diversity'.

Multilogue offers a possibility to restore reciprocity – the dialogue between the **'**wise' and the 'foolish'. A conversation takes place between people from diverse backgrounds, who can take part in the discourse on an equal footing. All are given access to the discourse on their own terms, and from the perspective of the validity of their own experience. All are afforded a right to be heard; in this way silence and isolation are prevented. The position of the listener is essential here; the listener represents a pre-condition for the unfolding of the narrative and the making of sense. Without a listener there can be no restoration of the subject. Without listeners there can be no restoration of reciprocity. It is not only the narrator who changes in the telling of the story. Something happens to the listener too. Nobody remains the same person as they were before. A central aim of *kwartiermaken*, that of working towards involvement and solidarity, is to some extend realised in multilogue. Multilogue can be seen as a 'free space', where that which falls outside of the normal order of things is able to be said. The experience which is built up through multilogue can also fulfil a critical function in relation to the existing social and cultural order outside of the multilogue, including the sphere of mental health care.

The specific responsibilities of professionals

For those on the margins of society, the institutions of the welfare state are of the utmost importance. For many, however, they appear remote. The working of these institutions is currently characterised by a process of becoming more businesslike and market-oriented, more standardised and organised by protocol. These 'modernisations' sometimes contribute to the purposefulness of the institutions, but much is also lost. The ability to take one's own position, or take on one's own specific responsibilities, is stifled. In order to truly understand the 'other', to be able to get close to him and to relate to him, it is sometimes necessary to suspend the organisation's own terms of reference, and deconstruct its rules, in order to be able to make a fair judgement. When managers downgrade the value of involvement and emotion, a caring and involved attitude is made impossible. The coming into being of the person behind the client has as a precondition the existence (and the constant coming into being anew) of the professional *as person*.

Such a process demands hermeneutic competence, the capability to unlock the significance of the situation in which the other finds himself; which can only occur from a personal, involved standpoint. The restoration of self-respect comes about through the restoration of reciprocity, and that cuts both ways. The professional, however, can only give of himself if his organisation is also prepared to interact with him as a person, if he can talk about what it means to him that people can find themselves at such a distance from his own world-image and from what he perceives as 'the good life'. An important precondition for this is that specialisation does not extend so far that the professional is forced to lose sight of the person as a whole. A caring attitude does not rule out engagement in society. Indeed, the relationship between the problems of the individual and the wider social context makes reflection on this wider context essential in professional practice. An caring attitude confronts one with this relationship, and calls the professional's own norms and values into question.

The transition to care in the community needs 'friends'

The moral core of multiculturalism, or the diverse society, can perhaps be found in making common cause with those who are dissimilar to oneself; making a stand for the 'stranger'. Friendship, interpreted as a concerned relationship, makes empathy and solidarity possible. Psychiatric patients are no angels, they do not want to be 'cuddled to death', but they also do not want to be allowed to play a part in society out of a sense of charity. They simply want to belong and to be involved. And for that, the concern of others is needed.

There are also disadvantages associated with receiving social support: the fear of a loss of autonomy, the fear of being judged, and the maintenance of an often fragile sense of self-worth are all factors. The presence approach, in the sense

of working towards a caring relationship as a response to the universal longing for closeness and involvement, seems to address these disadvantages. The presence approach offers a specific way of looking at things: even if befriending projects do not directly lead to integration, the befrienders contribute to the self-worth of others 'just by being there for them'. They create a space for the 'otherness of the other'. Presence stands in opposition to the acquisitive ideology which flees from the tragic side of life and from people's shortcomings. Befriending aims to serve the ideal of 'becoming more of a person', in a very concrete way and in all aspects of life. In the theory of presence a language is found to express what is needed for this to occur. Befriending is like other voluntary work; it can be seen as a kind of opposition movement, which challenges the dominant order of society, that is to say the order of 'the way things are' as dictated by market forces. The exclusive order of things is thwarted by befriending. *Kwartiermaken* invites such 'partnerships', not only via befriending, but also in more general terms and at all levels.

Concerned citizens

Does not the patient as a member of the community simply have to assimilate, and let that be the end of it? Or must we see social exclusion as an *undesirable* estrangement from society, and does it thus fall to society, both its institutions and its individuals, to make a way back possible? A great deal of knowledge has been built up concerning exclusion and integration, but knowledge alone solves nothing. A great deal of welfare work is done, and there are many institutions of the welfare state, but that too seems insufficient. In this book I have attempted to understand the issues in different terms. The diversity of vulnerable groups forms a mirror image of conditions in society. There is a disturbing degree of insecurity. *Kwartiermaken* aims to mobilise and utilise all conceivable possibilities in the social context, because a great wrong lies in the social superfluity of people with problems. There are countless causes - including some well outside of the sphere of psychiatry - at the basis of the phenomenon of the 'psychiatric patient on the street', which some people wish to use in order to herald in the end of the transition to care in the community. The transition to care in the community calls for an orientation towards these causes, that is to say an orientation of society towards its own 'normality'.

In order to live with diversity, and to let diversity live, without retreating into indifference, the concept of citizenship has to be prised apart. By integrating the concept of care into the concept of citizenship, an ethic of caring can make inroads at all levels. That is in the interests of carers *and* the recipients of care. Care does not then only take shape on the fringes of society but also, indeed primarily, at its centre. Care becomes something that cannot be shut out: not in the home and not in businesses, not in institutions, in community centres, or in politics. And because care becomes generalised, the burdens it brings can be shared out in a more balanced way. A caring culture invites one to be of

significance to others, in order that others also receive the opportunity to be of significance themselves.

Back to the initial questions

At the beginning of this book I stated that rehabilitation theory takes too little account of environmental influences. The process of transition from patient to member of the community, where the ‘otherness’ of the patient-citizen is acknowledged, is indeed supported by this theory but, I maintain, insufficient attention is paid to the friction which accompanies this process.

A true acknowledgement of ‘otherness’ asks something special of the ‘others’, in this case the ‘normal others’. In this book I have addressed the question of what friction is made up of, in various locations and in different spheres and domains, and what implications that has for the sphere in question. To this end I have shuttled back and forth between theory, practice and research, and I have developed several concepts, some of them provisional, in order to come to terms with friction: the awkward transition to care in the community. In this way, I have attempted to furnish the view of environmental influence in rehabilitation theory with a critical content. I hope that this conceptual arsenal is empowering for the people concerned, and that it strengthens support for the transition to care in the community.

Translation: Laurence Ranson

Note 1

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