

Untangling the Nonrecyclable Citizen

A Critical Reconceptualization of Responsibility in Recovery

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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 focused internationally on recovery as a dominant concept. Emphasizing the service user's responsibility appears to be a central component in the empowering process of recovery. Using 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 in Belgium. We explore the social dynamics in the unique life story of Jimmy Sax, and analyze a diversity of discourses and practices that turned him into a nonrecyclable citizen. While exploring the different modes through which Jimmy's subjectivity was transformed throughout the course of his life, we expose the convoluted nature of the recovery paradigm, which leads to a reconceptualization of the notion of responsibility in recovery.

Keywords

caregivers / caregiving; complexity; marginalized populations; mental health and illness; psychiatry; recovery

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, 2010). Since the mid-1980s, international research, policy and practice in this field has concentrated on recovery as one of the dominant concepts (Anthony, 1993; Deegan, 2003). 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 untangle 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 (a pseudonym). During the research process, he challenged dominant underlying assumptions of recovery and aroused our 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, Kristiansen, Van Hove, & Vanderplasschen, 2007). 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’ assumptions about him (such as mental health, social work and social service professionals) and the repertoires they followed to act in his situation (Goodley, Lawthom,

Clough, & Moore, 2004). 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.

The Scope of the Recovery Paradigm

The recovery movement grew in the realms of self-help and deinstitutionalization movements of the 1960s and 1970s, where ideas of promoting a life in the community and providing adequate care and support gained currency (Anthony, 1993; 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 (Lovejoy, 1982; Ridgway, 2001; Unzicker, 1989). 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, introduced 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, 2003; Jacobson & Greenley, 2001; Ridgway, 2001; Slade, 2012). 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) have stated that:

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. (p. 483)

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 (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 from a critical disability studies perspective. In the next section, we outline the scope of critical disability studies from a theoretical perspective.

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 of the medicalization of support in mental health care and a complementary variety of social work and social service delivery (Beresford, 2001, 2010; Secker, Membrey, Grove, & Seebohm 2002). Analogous with the way in which the reliance on a bio-medical model of disability gave way to a social model approach in disability studies (Barnes & Mercer, 2003), the recovery paradigm is heretical within the dominant bio-medical model and enables nuanced but social interpretations of mental health problems (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 (Hughes & Paterson, 1997).

Hegemonic interpretations through which “impairment” is defined as a private, typically deviant, individual matter are tackled, and impaired bodies and minds are redescribed as nondualistic, dynamic, and relational phenomena in society (Garland-Thomson 2005; Roets & Braidotti, 2012). From this perspective, impairment acquires a profoundly social connotation and is understood as being materialized in discourses and practices (Goodley, 2011). As Corker and Shakespeare (2002) argued, 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.

Critical disability studies, as a field of study that involves the “disablement of games of truth” (Verstraete, 2008, p. 146), criticizes the ways in which the disabled citizen is disciplined as an autonomous individual, “troubling this very modern sovereign self” (Goodley, 2011, p. 67). From this point of view, the self is formed and transformed into subjectivity outside the frame of the humanistic subject, but through constant shifts and uncertain negotiations (St. Pierre, 1997). In this sense, critical disability studies attempts to rethink the embodied subject as a multiple, complex process (Roets & Braidotti, 2012).

Research Methodology

Research Context

In social service delivery, the centrality of the power of changing language and discourse of recovery-oriented professionals might merely refer to a rhetorical change (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 associated with recovery actually takes place in practice, or remains a superficial 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, 2010).

We addressed a wide range of organizations for people with mental health problems that explicitly endorse recovery concepts in their mission statements 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 an exploration of their recovery pathways. After recruiting 31 research participants, we decided to focus on an in-depth analysis of the life story of a single participant, Jimmy Sax, who sensitized us to expose the tricky and convoluted nature of the recovery paradigm.

I (being the first author of the article) met Jimmy Sax when I introduced the research in a day activity and workfare activation center for, among others, people labeled with mental health problems. The day activity center embodied 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 center pursued 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. In that period, he was classified as an "internee into prison".

In Belgium, the measure of "internment into prison" is regulated by a law enacted in 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, being declared to be mentally ill (De Winter, 2011).

Internment is a security measure enforced for an indefinite period of time and covering a double purpose: protection of society, and treatment of the internee for the purpose of recovery and reintegration in society. 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 for the Protection of Society (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.

In July 2009, Jimmy gardened for free in the day activity center, thus meeting one of the conditions (“a meaningful day activity”) of his release from prison. He challenged me when I introduced the research project, stating: “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 response entailed a long and intensive research process (Vandekinderen, Roets & Van Hove, 2013), because his interesting but quite subversive statement challenged our conceptual assumptions of recovery as identified in the research literature. We decided to cover his lived experiences, and the diversity of discourses and practices that produced his life story, to gain an in-depth understanding of the complexity of his subjectivity as formed or influenced by impacting socio-political factors.

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 (Denzin & Lincoln, 2003). 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 et al., 2007). We tried to reconstruct Jimmy’s life story, 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 life story. Retrospective life story research was combined with ethnographic research and a document analysis of his case file. In what follows, we describe the research process.

On September 24, 2009, Jimmy Sax 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. I carried out nine in-depth qualitative interviews with Jimmy to construe his retrospective life story. Each interview lasted on average two and a half hours. The interviews were audio-taped and transcribed. The first interviews took place in the garden and the stable at the day activity center. During the research process, Jimmy was imprisoned again in December 2009. After a while, Jimmy started to write letters to me, uncovering the meanings that he brought to his personal and lived experiences. His initiative was interpreted as an act that embodied his sustained engagement with the joint research venture (Vandekinderen et al., 2013) that continued in prison.

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 of mine, documenting “critical” moments during the research process at the day activity center, for example, a very sharp discussion moment in the smoking room, and evocative moments during lunch breaks, coffee breaks, and when Jimmy Sax’s trial came to court. This ethnographic journey provided unique empirical evidence and produced a research account, that was deployed to reconstruct and frame the life story of Jimmy in its social

context and to compose the analysis of the reconstructed life story in this article, as “an ethnographer’s theoretical position will noticeably influence the ways in which they (...) deal with their material and later conceptualise their analysis” (Goodley et al., 2004, p. 98).

Additionally, an extensive document analysis of Jimmy’s file, held by the Commission for the Protection of Society, was undertaken, with explicit permission from both Jimmy and the President of the Commission for the Protection of Society, who is also a judge at the Court of Appeal, to use the documents included in this research. In Belgium, internees are supervised by the Commission for the Protection of Society, which consists of the president (a 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.

The file covered the period that Jimmy resorted (was under the care of) the Commission for the Protection of Society (from 1996 to 2010) and included psychiatric expertise reports, reports from social service professionals, reports of the recovery process, correspondence between judicial actors, letters from Jimmy to the President of the Commission for the Protection of Society and articles which appeared in newspapers. During his imprisonment, Jimmy also wrote a number of extensive letters to me. These writings were also included in the document analysis, because they provided additional information from Jimmy’s insider point of view.

Strategies of Data Analysis: Narrative Analysis

Because life stories deserve and might require reflection and theoretical analysis to be understood (Goodley et al., 2004), the research data were analyzed in an interpretative way. In the analysis, the theoretical and empirical perspectives “were very actively fused” (Goodley et al., 2004, 64). The data were analyzed by engaging in a directed approach, in which the goal is to validate or extend conceptually a theoretical framework or theory, while using empirically-based feedback

loops to support, question or refine the concept of recovery as a sensitizing concept (Patton, 2002).

In our analysis, we attempted to trace the different and sometimes paradoxical discourses and views on recovery, and the inextricably linked concept of responsibility, through the “subjectivity” of Jimmy Sax. With this in view, we aimed to untangle the different discourses which produced Jimmy’s life story. The representation of Jimmy’s life story in our analysis is the product of entangling our empirical material with our theoretical persuasion, while interrogating the working of knowledge and the power of discourses which serve particular societal and institutional practices in a number of ways. Therefore, the aim of representing the life story is:

to capture the socially constructed nature of these experiences, the language of the wider culture and their accompanying subjectivities Subjectivity is produced in a whole range of discursive practices – economic, social and political – the meanings of which are a constant site of struggle over power. (Goodley et al., 2004, p. 101)

This sense of struggle over power, subjectivity, and knowledge can be viewed in the life story.

Research Findings

In what follows, we reconstruct and represent parts of the retrospective critical life story of Jimmy Sax and identify a number of core themes and identity constructions.

The Irresponsible “Blood-Curdling” Thriller, Safely Stored Away in Prison

In 1996, Jimmy was interned in prison for 12 years. He was imprisoned for 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 eight-year-old daughter and a seven-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” (J. Sax, interview with researcher [hereafter, ‘interview’], September 24, 2009).

Before 1985, he was regularly hospitalized in a psychiatric institution because he suffered from bacteriophobia and an associated addiction. 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 raise his children properly, 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” (J. Sax, interview, 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.

In Belgium, care, support, and therapy for internees depends largely on the opinion and judgment of professionals in mental health care . 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 as idle words and a considerable number of internees stay in prison for a very long time, subject to the same regime as other detainees (Casselmann, 2011). Also, Jimmy’s request was refused each time, on the basis of very poor arguments. This letter from a psychiatrist at an institution is only one illustration: “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”.

Apparently, for some institutions, “resorting under the Commission for the Protection of Society” was a sufficient criterion to exclude specific people from mental health services. Paradoxically, a common characteristic of people who resort under the Commission for the Protection of Society is that they are considered as not responsible for their acts. In Jimmy’s words: “An internee is considered to be crazy, sick, and irresponsible” (J. Sax, letter 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-psycho pathological characteristics and suffers from secondary substance abuse. Moreover he suffers from bacteriophobia with compulsive behavior. He was interned for heavy aggressive acts against persons. (Neuro-psychiatrist & psychiatrists’ report to the Commission for the Protection of Society [hereafter, ‘the Commission’], December 9, 1998)

A vague allusion to his diagnosis seemed to work as sufficient argument to refuse him mental health care because of the danger he might pose, as this brief correspondence from an institution revealed: “Please note that we cannot put patients with this type of problem on our waiting list. We hope that you do understand”. At the same time, “being considered a danger to society” is a criterion for internment. However, 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. (J. Sax, letters to the researcher, February 21, 2010, and 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 indicated in a newspaper article titled "We breed unpredictable time bombs":

The situation is intolerable and inhuman. Unfortunately, the prison 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 wrecks or unpredictable time bombs. (February 3, 2001)

Eeny, Meeny, Miny, Moe... What to do?

In search of a correct diagnosis for Jimmy Sax, on August 20, 2002, a psychiatrist appointed as an expert by the President of the Commission for the Protection of Society, was mandated to take note of the file documents and to examine Jimmy's state of mind. He reported:

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 that 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. (Psychiatrist, report to 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.

Nevertheless, a few months before this judgment was made, but in the same vein, another psychiatrist 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 has not 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. (Psychiatrist, report, at the request of the Commission, April 11, 2002)

Essentially, this psychiatrist divulged that the absence of treatment implied 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 required 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, 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 regarding his request to train as a printer. This happened on the basis of inconsistent arguments, hopping from doubts concerning safety to the repression of false hope.

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 a 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. (Social worker, Psychosocial Services of the prison, letter to the Commission, August 31, 2001)

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 day activity 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 twelve 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. (J. Sax, interview, 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 who followed his case:

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. (Social worker, Department of Justice, initial report, 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 stranded in a studio in the prostitution quarter, 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 day activity 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 Eurocents. He knew the social map quite well and he learned where he could get food and clothes. Nevertheless, even in these places, 40 Eurocents 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. (Social worker, Department of Justice, initial report, 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. 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 twenty milligram a day. And I'm quite fine with it. . . . but if I do not take it for a week, I'm lost again. (J. Sax, interview, 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. (Social worker, Department of Justice, initial report, 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, with welfare states almost jettisoning citizens who are no longer considered to 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. (Social worker, Department of Justice, evolution report, May 7, 2008)

Despite the social and economic 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. (J. Sax, interview, September 24, 2009)

It cannot be denied that Jimmy reacted quite irascibly. However, a focus on this individual characteristic all too often masks the broader context in which behavior occurs. Roets et al. (2007) observed 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 is not 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. (Social worker, Department of Justice, evolution report, 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 day activity 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 day activity 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 did not 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. Considering his physical, mental, social and economic situation, taking the responsibility for his household 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.(Social worker, Department of Justice, evolution report, May 7, 2008)

It can be observed that Jimmy's "antisocial personality disorder with core- psychopathological characteristics" was a pertinent reason for the decision to keep him in prison, but that 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 concerning his social behavior, for which there seemed to be only minimal scope to go beyond the level of exhaustive description in his file. Within this context, the accumulation of dirty underwear can easily be interpreted as an indication of obduracy and poor self-management.

At the day activity 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 day activity center imputed that Jimmy Sax was a pedophile. The gossip spread by this person caused enormous damage in the work environment. The situation escalated in a way that that made it no longer maintainable. The supervisors of the day activity center pointed out that Jimmy influenced the group 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 day activity center would benefit from the absence of Jimmy and they proposed, while regretting the loss of a good worker, that he should seek another job. (Social worker, Department of Justice, notification report, May 12, 2009)

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. 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". (J. Sax, interview, 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". (Online newspaper, 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 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 asserted 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 was 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”. (J. Sax, letter 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. However, 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 embodied the "bad nature" of the individual rather than the systemic lack of treatment, care and support. This was 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" (Psychiatrist, expert report, January 4, 2010).

In the light of Jimmy's past, this statement in favor of repression without any form of therapy or care seems strange, because it did 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 nineteen years old. Now I'm forty-nine and I'm still here. There is something irrational in this logic. There should be something wrong in this. (J. Sax, interview, February 4, 2010)

A reader's response to an article about Jimmy Sax in an online newspaper, gives an idea of the public objections to detention, although based on a different line of argument:

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! (Online newspaper, 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, and outreach social work services) but none of them 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 citizens to be shifted out of society (Ledoux, 2004). In our society, people become waste products.

Concluding Reflections: Reconceptualizing Recovery

The analysis of Jimmy's life story exposed the possible underpinnings and interpretations of the recovery paradigm in social discourses and practices, and inspired us to challenge an individual approach to recovery. At first glance, the recovery discourse explains recovery in terms of a journey of hope, consisting of a lifelong, individual process in which the individual takes back control, gets on with his/her life, and (re)integrates into the social world (Borg & Kristiansen, 2004; 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, however, the approach to recovery in which the idea of individual responsibility is prioritized “as part of the quest for the model citizen” (Goodley, 2011, p. 72) can be sharply criticized as an interpretation of the recovery paradigm. Although the normative notion of model citizens as choice-making, self-directing subjects in the welfare state is based on individual autonomy and freedom, it lies equally well at the heart of disciplinary control and self-responsibility (Foucault, 1984; McNay, 2009). As Rose (1989, p. 230) has observed “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”. It becomes tricky when this ideology of individual choice and opportunity denies the fact that some citizens have few available choices and resources, while at the same time implying that so-called responsible citizens make reasonable choices and, therefore, ‘bad choices’ result from the willfulness of irresponsible people” (Clarke, 2005, p. 451).

When the concept of recovery is grounded in the idea of holding individuals with mental health problems accountable for their own recovery, their entitlement to proper care and support is easily denied. As Goodley (2011) argued 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. (pp. 72-73)

Hence, the focus of this notion of recovery relies on the characteristics and motivation of people with mental health problems rather than on discourses, policies and practices of the

support system (Vandekinderen, Roets, Roose & Van Hove, 2012). In our view, this individual approach to recovery leads easily to residual social practices, in which, chiefly, an economic rationality is brought to bear on social problems (Cruikshank, 1999). In Belgium as well as in international circles, this residual logic turned social policy into an instrument for rationing services into risk assessment rather than furnishing better care and support, because of scarce resources that are covered under the veil of autonomy, choice and empowerment (Jordan, 2004; Casselman, 2011). In that vein, professionals are expected to empower people with mental health problems in becoming autonomous and self-sufficient citizens, without always providing the proper care, support and resources to create fulfilling lives on a structural basis, as exposed in Jimmy's story.

The period that Jimmy was 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, simultaneously, 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. However, when things eventually got out of hand, Jimmy was pointed to as the one and only responsible actor.

According to Ledoux (2004), the tendency to transform the responsibility for social risks into a problem of self-care inherently constructs and transforms some citizens gradually into

members of a residual category of so-called “nonrecyclable citizens”, who become waste products in our societies. As soon as individuals with mental health problems cannot prove that they are able to participate in the societal game as self-governing entrepreneurs, they are out. When stating “I cannot recover, never”, Jimmy clearly demonstrated his awareness of his social position in life, anticipating the fact that he could never meet 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, Vandebroek, Vanderplasschen & Van Hove, 2012).

Our empirical evidence shows the need of a conceptual shift toward a more nuanced and social understanding of recovery. According to Slade (2012, p. 703), a social approach to 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. Winance (2007) referred to the concept of relational citizenship developing in the relationship between people, embedded in a set of relational questions, interests and concerns. In the practice of relational citizenship, citizenship is shaped, in each situation, through relations where norms have to be renegotiated, performed, refreshed, and reestablished, through inter/actions.

This conceptualization of citizenship offers new perspectives for both people with mental health problems and social service professionals. In this approach to recovery, we argue that professionals should keep the debate on the conditions in which people are expected to lead a dignified existence open. Based on an assumption of interdependency and joint responsibility,

they should be in search of the proper care and support needed for, and with, people with mental health problems.

In that vein, a social approach to recovery requires a critical and change-oriented engagement of professionals, interwoven with the complexity of providing care and support. After all, it has 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 and complex process of ups and downs. Given the heterogeneous situations of people with mental health problems,

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. (Ridgway, 2001, p. 339)

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. Secker et al. (2002, p. 410) described 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 that sense, the commitment of professionals to social and structural aspects, such as living conditions, income, employment/unemployment, and social interactions outside of treatment settings is central to processes of recovery. In everyday practice, this means that professionals might have to take responsibility to critically navigate, negotiate and challenge the

discursive practices through which societies risk reducing some human beings to nonrecyclable citizens.

In that vein, our critical analysis of Jimmy's reconstructed story provokes a number of questions. Why did Jimmy not have access to mental health services while being judged to be mentally ill, although he addressed 18 mental health institutions requesting that they would hospitalize him during his internment? Why did the social worker of the Department of Justice diagnose the extremely alarming lack of financial and material resources available to support Jimmy when he was on probation, referring to the very small chance of its success because of a lack of crucial medication and food, rather than actually providing Jimmy with the resources, care and support he needed? Why did none of the addressed social service professionals offer to help when Jimmy was imprisoned again? Why was no action undertaken to move his furniture and personal belongings from his studio, and was the garbage service the only remaining option?

We are very well aware that every answer, as formulated by professionals, would remain incomplete, because it would offer just another answer that would open up new possibilities, questions and limitations. However, although more in-depth empirical research is needed to reconceptualize a social approach to recovery, we also believe that every answer given by social service professionals might hold the potential to shift evident meanings and enable them to act while transforming realities into provocative and open-ended issues.

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