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"Community Mental Health and the Restructuring of the Welfare State"

Poster

Summary

The psychiatric reform in Greece fundamentally aims to replace the 'asylum model' with a 'community model' of psychiatric treatment. This reformative operation takes place in a historical time that is characterised by a wider restructuring of the traditional welfare state, especially on a local level. Besides other changes that have recently occurred, the welfare state is also reshaped due to the rendering of responsibilities to local authorities and due to the shift to more decentralised state structures, namely the local state. This process results to the reinforcement of the existing networks of social intervention and to the creation of new on a local level. These networks are mobilised by individual and collective social agents and promote individual responsibility.

Up to a certain extent, the network has the tendency to replacing state bureaucracy. The individual operator of the welfare policies is prompted to self-action and to the 'fulfilment' of certain roles through the increased responsibilities that are imposed by the central state. The insistence upon the formal characteristics of the professional and social roles is devalued in favour of a normativity that prioritises individual responsibility against both individual and collective issues. In this paper is claimed that the notions of *network* and *responsibility* are intrinsic elements of the ideological discourse that advocates both the restructuring of the welfare state and a particular version of psychiatric reform, as this has been basically expressed in Greece the last fifteen years.

1. From the Asylum to the Community Model of Psychiatric Treatment

In the majority of the western countries, especially in Great Britain, France and the United States, there is a post war tension, which signifies the transition from the "asylum" to the "community model" of psychiatric treatment. The asylum model is primarily based on the institution of the hospital and its development, which is the psychiatric hospital. This model follows the logic of social isolation: people suffering from mental disorders are isolated.

This happens on the one hand in order to protect those who suffer from the so-called damaging social influence and on the other hand in order to relieve society from a specific kind of deviant behaviour that is understood as unpleasant and annoying. At the same time, this social isolation is accompanied by an individualistic perception of psychopathology (Ploumbidis, 1989).

The community model of psychiatric treatment is grounded on diverse social institutions (centre for mental health, psychiatric sector of a general hospital, daytime hospital, community housing structures, mobile unit, professional workshops, etc). It strives to maintain people with psychiatric diagnosis "within" society. The clinic practice treats the persons under therapy *also* as social actors. Consequently, psychopathology is at the same time *also* understood as psychopathology of the social institutions and bonds (Bairaktaris, 1994, Stylianidis, 2001).

These two models of psychiatric treatment are essentially based on two different approaches regarding man, health and psychopathology (Blue, 1999). In our case, we claim that the transition from the asylum to the community model is on the one hand accompanied by a subjectisation and on the other hand by a socialization of the psychiatric "object".

For this reason, the transition to the asylum model takes, in several cases, the form, of a critique of "objectivism", positivism and the classificatory logic of biological approach, which understands "mental illness" as a purely bodily disorder. The psychiatric reform that has begun in Greece from the mid fifties onwards (regulation 815/84 and Project "Psychargos") follows, with a relevant delay and some peculiarities, the same direction. In other words, it is an attempt to replace the asylum model with a community model of psychiatric treatment (Madianos, 1994).

An essential dimension of the psychiatric reform in Greece is linked with an undertaking to re-define the subject of reference of the clinic practice. This concern is not unique in any sense. Every re-structuring of the psychiatric practices puts forward the issue of the subject and the "object" of psychiatry. For instance, the critique, Swain and Gauchet raised against Foucault highlights this dialectic of subjectivism-objectivism, which is a constitutive principle of every psychiatric institution (Foucault, 1975, Swain, 1994, Swain, 1997, Gauchet 1994, Gauchet, 1997, Tzanakis, 2003).

Nevertheless, the demonstration of this internal dialectic would be meaningless if the specific historic context remains underexamined. Every re-structuring of the psychiatric institution renews the debate concerning the subject of reference of the clinic practice. Thus, the issue at stake is to contrast and couple the developments of psychiatric institutions with wider social transformations. It is toward this direction that the present paper aims to.

In other words, this paper strives to examine these processes of transformation and not to reduce the observed developments to a social causality. To put it otherwise, the core aim of the present contribution is to examine the partial (psychiatric institutions) under the light of the general (wider social transformations) and vice versa (Bastide, 1965, pp. 6-7).

2. The Psychiatric Reform and the Subject of Reference of Clinic Practice

The psychiatric reform as institutional re-structuring implies a series of claims, which are connected with new normativities that are basically shaped in the field of psychiatric everyday life. The psychiatric reform cannot be examined independently of the re-arrangements it causes on the every day life field. These re-arrangements establish a new normativity that focuses on the subject of reference of the clinic practice. This normativity is coupled with the new, on going, therapeutic relationship.

Into the new meeting places of the therapist and the cured-which are created through the process of psychiatric reform and throughout the practices that are developed-a new therapeutic relationship emerges. The individual as agent of an injured subjectivity and not as a nosological entity tends to be consolidated. The therapeutic relationship goes hand in hand with a discourse of subjective involvement. This discourse demands active interventions regarding the so-called "injured subjectivity of the suffered".

At the same time, a special *therapeutic pedagogy* is developed, which primarily aims to advance personal autonomy. This kind of therapeutic intervention tends to give rise to a self-referential steering system regarding persons. The new therapeutic context shapes itself as a collectivity that is constituted as gathering of

people but not as community. The persons that constitute this particular therapeutic collectivity (therapeutic group, therapeutic community etc), are called to present themselves as persons that are committed to “an ethic of responsibility”. In other words, they are forced to act as subjectivities that are exposed and might finally overcome the typical role-model restrictions.

Consequently, we meet a double process of “responsibilation” of the persons that participate in the therapeutic context, either as therapists or as cured. The individual becomes responsible for the therapeutic practices and the therapeutic outcome. A specific discourse, one that refines the individuals as responsible for their actions, highlights subjectivity as *basic* mean and at the same time as essential *aim* of this therapeutic intervention. The individual is called to contribute to the constitution of its individuality, exposing its subjectivity.

In the context we have analysed so far, the aim of the present paper is:

α) To interpret these institutional changes that occur in the framework of the therapeutic relationship and to investigate the broader social process and

b) To identify some particular wider processes that are connected with the “local” transformations.

More particularly, it is claimed that the facets of psychiatric reform in Greece, which emphasise on the redefinition of the subject of reference of the psychiatric services, are coupled with:

a) The re-structuring of the welfare state and

β) The re-organisation of labour.

The emergence of a discourse that advance autonomy, which are developed in the field of psychiatry during the process of transition from the asylum to the community model of psychiatric treatment, are linked with deeper transformations concerning labour and the state (“legitimisation crisis of the welfare state”). These processes of social transformation correspond to consequent transformations of the constitutive processes of subjectivity.

3. The Re-structuring of the Welfare State and the Re-organisation of Labour

The re-arrangement of the welfare state is directly linked with the structure of the new psychiatric services. Terms such as “flexibility”, “de-centralisation”, “evaluation”, “fiscal crisis”, “prediction” and “prevention” emerge as keywords. These keywords concern both the re-structuring of the psychiatric services and the transformations of the welfare social institutions (Kyriopolulos (Et. Al.), 1999, Ion, 1990, 1992 & 1997). If we examine some particular facets of the transformation of the welfare sate, we may identify some striking similarities with the processes of re-organising the psychiatric services in Greece and elsewhere.

The psychiatric reform in Greece is not identical with those that occurred in the western countries, for it follows the legitimisation crisis of the welfare state. Consequently, the logic, which pierces the re-structuring of the psychiatric services, corresponds to wider transformations of welfare policies, on a national and local level alike. In this context, some discourses, which frequently emphasise on the term “crisis”, are developed. In the name of this crisis, some subsequent claims regarding the restriction of the width and the cost of the welfare policies are being put forward (Mardas, 1998, Stasinopoulou, 2000, Gravaris, 1993 & 1997).

The re-organisation of the psychiatric services goes hand in hand at some particular points with the re-structuring of the welfare services. The central meeting

point is the concept of responsibility, which forms a symbolic crossroad of discourses, social practices and corresponding ideologies.

It is well grounded that the social and economic circumstances that shaped the modern industrial societies resulted to the development of state social policies, especially in the field of social insurance and social protection. This intervention was carried out in the context of the modern welfare state. The welfare state has been the target of a series of critiques, following different political orientations and methodological choices.

Summarising this debate, we identify three major perspectives:

a) The Marxist perspective (the welfare state as constitutive element of the capitalistic mode of production),

b) The radical-anarchist perspective (the welfare state as mechanism of suppressing individuals) and

c) The liberal perspective (the welfare state as institution that restricts individual freedom) (Kyprianos, 1999, pp. 145-146).

A central meeting point of these critiques, particularly of those that are raised by the radical-anarchist and the liberal perspective, concerns the processes of constituting the individual and the organisation of the welfare state. Sakkelaropoulos, claims that a basic critique focuses on the fact that *"the social state restricts individual responsibility and increases individual dependence"* (Sakkelaropoulos, 1999, p. 38).

Consequently, the discourse that enters the field of psychiatric everyday life, which aims to expand the individual autonomy, coincides with one of the basic critiques that are directed against the welfare state. Correspondingly, we could identify in this crossing of discourses and practices an initial ideological "agreement". Furthermore, the social transformations that are linked with processes that tend to make the individual responsible for its delinquencies and actions concern the fundamental principle of modern societies, namely labour.

The majority of the economically well-developed countries were essentially based on the Taylor-Fordian model of organising labour. Nevertheless, the Fordian model, as prevailing model of organising production, reached its limits since the end of the sixties. The crisis of Fordism and its eventual and partial replacement by "post-Fordist" or "flexible" model of organising labour historically coincides with the legitimisation crisis of the welfare sate (Lumberaki & Mouriki, 1996). We do not, at this point, claim, a direct coupling of the state and the organisation of production. However, we cannot overlook the fact that they constitute two parallel and mutually complementary processes of transition of the western societies.

In relation to the issues that are analysed, what holds increased significance are the analogies between the organisation of the welfare state and of production, especially regarding the subject of these policies (Bauman, 2002). The crisis of Fordism and the crisis of the welfare state are ideologically connected, since a "lack of individual responsibility" is recorded in relation to these two fundamental features of contemporary societies.

It is indicative that both the "post-fordist" model of organising labour and the re-settlement of the welfare state are legitimised as a reaction-reply to this "lack of individual responsibility". The re-organisation of labour is eventually re-structured and develops new characteristics, such as productive processes that are based on educational and geographic flexibility, on "innovation" and the annulment of the educational independence of traditional specialisations (Lymberaki & Mouriki, 1996).

Consequently, the crisis of Fordism and Taylorism result to a general re-structuring of the welfare state. In the core of these changes underlies an interest for "individual responsibility". On the other hand, because the traditional model of the welfare state is considered responsible for restricting individual responsibility, the critical discourses that propose its re-structuring take into serious account the individual agent. Thus, the individual becomes the central ideological issue of all the process of transformation (Maloutas & Oikonomou, 1998, pp. 20-23).

This is, in short, the ideological framework, in which the new normativities are developed in relation to the subject of reference of the clinic practice, which emerges from the psychiatric reform process that takes place in Greece. As we stated before, the concept of "responsibility" constitutes a fundamental ideological element regarding the re-organisation of psychiatric services, the welfare state and the radical re-organisation of labour.

Thus, *"illness appears as a factual workshop of contemporary social policies"* (Faure & Dessertine, 1994, p. 146). The new normativity concerning the subject of reference that pierces in the psychiatric every day life is coupled with a wider ideological spirit that basically aims to re-define the individual.

Nevertheless, the Greek case presents some peculiarities in relation to the western patterns of organising the welfare state, the psychiatric services and labour. In our case, these peculiarities are also linked with historical factors. The welfare state in Greece was basically developed after the post-dictatorship era when the so-called "crisis" was already detectable on the international level (Maloutas & Oikonomou, 1998 & Katrougalos, 1998).

On the other hand, the shape the Greek welfare state attained was not based on a consensus between "social partners". The Greek state primarily functioned as a complementary mean of "social development" and social integration (Tsoukalas, 1987). The state played a central role regarding the development of countries like Greece, contributing to the establishment of patronage relationships and to the rise of the middle social strata. Simultaneously, the traditional social relations (family and relatives) initially worked as a complementary mean of partial social policies (Tsoukalas, 1987, Maloutas & Oikonomou, 1998).

The welfare state constituted a peculiar mechanism of social integration and development, without retaining a rational planning theory (Petmezidou, 1992 & Koutsi, 2001). In an analogous way, during the last decade, a series of welfare or potential welfare policies have been developed based on the logic of absorbing European funds in order to convergence with the rest European economies. On the other hand, Fordism never constituted a prevailing model of organising production in Greece.

Consequently, we cannot analyse the Greek case as a simple reflection of the wider processes that occurred in Western Europe. This happens because the Greek case is characterised by peculiarities. For this reason, the re-structuring of the Greek psychiatric services constitutes a privileged point in order to understand wider social transformations.

4. New Organisational State Logics on a Local Level

We can identify three particular processes that are coupled with the re-structuring of the welfare state and psychiatric services:

a) A claim demanding the restriction of welfare funds is developed,

b) A re-arrangement of the state political structures that is based toward the direction of de-centralisation is being put forward and

c) An institutional reform is suggested that is linked with the creation of local networks.

All these processes result to the responsibilation of the individual. The logic of de-centralisation, a constitutive element of the contemporary ideological discourse of the welfare state, imposes a new normativity regarding its organisation on a local level. While the leading keystones are still based on a "up to down model", this is to say from the level of central administration to the level of local self-administration, a series of responsibilities are gradually assigned to the local state, especially on the level of welfare policies (Getimis, 1993, 1998 & Gravaris, 1993).

This process is directly coupled with the fiscal problems of the central state and the conclusion of Keynesian policies. Consequently, the logic of de-centralisation cannot be detached from the central aim of rationalising public funds and expenses. Based on this technocratic and ideological logic, the crisis of the welfare state finally appears as a "rationalisation crisis".

Under this ideological prism, the rationalisation of expenses can be achieved if the central state removes part of its bureaucratic services, assigning them to the local state. Thus, a series of "social problems", responsibilities and expenses are removed from the central state to the local periphery. At the same time, it is deemed that all these issues can be handled in a more rational and economic way by local networks, which are potentially more effective and productive.

The logic of the "evaluation" is directly linked with this tension of assigning responsibilities from the central state to periphery. This transition toward the local societies, which characterises the orientations of the central state in a series of sectors, demands a different way of expressing welfare policies. The individual is not considered anymore simply as "administrator" but as "responsible expresser" of the welfare policies on the local level.

The assignment of responsibilities from the central state to the local level and its active involvement in applying welfare policies results to the formation of local networks. These networks have a series of consequences regarding the way the welfare policies are expressed on the local level. Firstly, the looseness that characterises the organisation of local welfare policies is opposed to the bureaucratic organisation of policies that are centrally planned and imposed. The network coincides with a potential self-activation of the local networks and a potential increased "sense of responsibility". The absence of pre-constructed and rationally designed and expressed action plans results, according to this perspective, to the responsibilation of the local networks and individuals.

A careful examination of the local peculiarities should take place in order to achieve a targeted action on specific problems. The concept of "project" is the key word in order to understand the structures of these new networks, which gradually express an important part of the welfare policies (Ion, 1990 & 1992). The central, on the national level, directions tend to be partially replaced by local projects of action, which "must" carefully read and incorporate local peculiarities, knowledge and resources.

The network character of the welfare policy and the dominance of the projects have immediate consequences for the individuals, which are now called to get directly involved in order to achieve the welfare policies (Ion, 1997 & Kouzelis, 1993). Because the aims and the activities are not pre-fixed in every single detail and the integration of local knowledge is demanded in order to solve the problems, a "regime of negotiation" between private and public agents is established (Ogien, 1993). What

is at stake, because of the imposed spirit of negotiation, is hierarchy and the distribution of responsibilities between the agents.

Because the required experience is absent, the assignment of responsibilities from the public agents-which had the absolute authority-to a series of motley and diverse agents that stand for different interests and ideological opinions is relevantly under negotiation. The fundamental ideological presupposition that arises is the openness of the local political systems. This openness forces the involved agents and individuals to come to a dialogue regarding the division of labour, the specification of aims and the materialisation of the welfare policies on the local level.

The individuals that are called to hypostasise the new welfare policies (network instead bureaucracy, negotiation instead pre-given orders) are forced to mobilise *personal resources* in order to meet this imposed "capacity for unconstrained action" (Ion, 1997). In this new environment, the individual is not understood as "pathetic subject" but as "active agent". The individual is not pre-determined by a fixed role but is called to participate as active subject and to co-define the spaces for individual and collective action (Kouzelis, 1993 & Papadopoulos, 1998).

This signifies a fundamental modification: the personal resources of the individual, that is to say lived experiences, knowledge and capacities, are not considered as problems regarding its role as an expresser of the welfare policies. The opposite claim rather holds true: personal resources can be used as collective resources, this is to say as potentially valuable elements to achieve collective aims.

Consequently, the organisation of the state on a local level tends to re-define the individual expresser of the welfare policies, namely the individual that is called to act as subject in a "network social place". In this network, a regime of negotiation prevails regarding its aims, structure and hierarchy. Similar developments are imposed by the psychiatric reform. The new normativities regarding the subject of reference of the clinic practice call the individuals (therapists and cured) as active agents, inviting them to expose their subjectivity and act *also* as persons in the places the therapeutic process takes place.

On the other hand, the indetermination regarding the description of roles is structurally imposed. The new psychiatric services are called to function on the level of the neighbourhood, exposing the involved parts since the walls of the asylum are absent. This co-junction of institutional arrangements and discourses produces a specific result: the presence of the individual as subject that stands for an "ethic of responsibility". This means, in other words, that the subject is co-responsible for the success or the failure of the welfare policies, including psychiatric services (Ion, 1990).

Conclusions

Based on the previous analysis we can claim that the transformations of the psychiatric field are directly linked with wider re-arrangements of the welfare state. The subject emerges in this framework as an arena of antithetic practices and discourses. The structural indetermination advocates the search for individual basic points of reference. As long as the social roles are not pre-defined or pre-determined, their *achievement* becomes, to a certain extent, necessary.

This claim does not refer to a social ontology that presupposes individual creativity. On the contrary, it emphasises on the establishment of institutional regulations and the articulation of discourses that call the individual to present and express itself as subject. In other words, we record the constitution of an ongoing

social regulation, which is coupled with symbolic struggles, that is to say with issues of dominance and social enforcement.

The "individual being", or to "be in a particular way", is deeply connected with political processes. This happens not only on the theoretical level of declarations. It also happens:

a) On the practical level of the re-structuring of the welfare state and
b) On the level of applying local policies of intervention on the social sector.

For the individual expresser of these policies, subjectivity becomes a symbolic place of intense struggles. The modern individual constitutes the fundamental presupposition and at the same time a potential ideological "pre-requirement" of the re-structuring of the welfare state. The normativity, which imposes an "ethic of responsibility" through a "therapeutic pedagogy" that advocates personal autonomy, *also* implies an ideological context.

The attempts to re-determine the subject of psychiatry put forward a series of issues concerning the re-definition of public and private, individual and collective. Subjectivity constitutes the social arena where discourses and practices fight against each other in order to define what a person "might be" and what "has the right/authority to do". "Reflexivity", "autonomy", 'responsibility" and "self-fulfillment" constitute structural elements of a discourse that calls the individual as subject.

Therefore, it is not "ideology in general" that calls the individual as subject (Althusser, 1990) but a particular normativity, which is connected with social institutions and corresponds to wider social divisions that are constitutive features of specific historical and social frameworks. This "ideological re-arrangement" is neither one-dimensionally general nor simply local. It is coupled with particular ideological functions and pre-suppositions, which are directly linked with the contemporary developments in the broader field of welfare policies.

The re-structuring of these welfare policies, either as expression of the welfare state legitimisation crisis or as radical transformation of its function, as it happens in the case of the psychiatric reform, corresponds to a new ontological understanding of the individual and to a radical transition regarding the processes of its constitution.

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