

# **European Journal of Social Work**



ISSN: 1369-1457 (Print) 1468-2664 (Online) Journal homepage: https://www.tandfonline.com/loi/cesw20

# Family Group Conferences in coercive psychiatry: understanding relational dynamics by plugging in Bourdieu

Ellen Meijer, Gert Schout & Tineke Abma

**To cite this article:** Ellen Meijer, Gert Schout & Tineke Abma (2019): Family Group Conferences in coercive psychiatry: understanding relational dynamics by plugging in Bourdieu, European Journal of Social Work, DOI: <u>10.1080/13691457.2019.1593110</u>

To link to this article: https://doi.org/10.1080/13691457.2019.1593110

9	© 2019 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
	Published online: 25 Mar 2019.
	Submit your article to this journal $oldsymbol{oldsymbol{\mathcal{G}}}$
lılı	Article views: 448
Q	View related articles ☑
CrossMark	View Crossmark data ☑
2	Citing articles: 1 View citing articles 🗹







# Family Group Conferences in coercive psychiatry: understanding relational dynamics by plugging in Bourdieu

# Eigen Kracht- conferenties bij verplichte ggz. Begrijpen van de relationele dynamiek met behulp van Bourdieu

Ellen Meijer, Gert Schout and Tineke Abma

Department of Medical Humanities, VU University Medical Centre, Amsterdam, Netherlands

#### **ABSTRACT**

Alternatives for coercive treatment in psychiatry, based on partnership between clients, social networks and social workers, need to be given full attention. Despite its potential to inhibit isolation, self-exclusion and reduce coercion, organising Family Group Conferences (FGC) in this field is complex. The process of a FGC may evoke shame and unbelief in the willingness of people to help out. Furthermore a lack of reciprocity in relationships can contribute to the stagnation of the FGC process. The goal of this article is to understand relational dynamics between clients, relatives and friends in the carrying out of a FGC, by applying theoretical concepts on symbolic capital, recognition, reciprocity and gift giving derived from Bourdieu. Using the analytical strategy of 'thinking with theory', we selected three FGCs suitable for illuminating both challenges and opportunities, viewing each FGC as a social field. Bourdieu's theoretical concepts help to understand and overcome difficulties in organising a FGC so participants can discuss, decide and negotiate relational dynamics in the field. Working with FGCs requires for social workers a shift in doing and thinking, facilitating the primary group to discuss expectations, diffusion of tasks, commitments and plans.

#### **SAMENVATTING**

Alternatieven voor gedwongen behandeling in de psychiatrie, gebaseerd op partnerschap tussen cliënten, sociale netwerken en professionals, verdienen aandacht. Ondanks de potentie van Eigen Kracht- conferenties (EK-c's) om uitsluiting, zelfuitsluiting en dwang te verminderen, is het organiseren van EK-c's in het veld van de psychiatrie complex. Het proces van een EK-c kan schaamte oproepen, evenals ongeloof dat er personen zijn die steun willen geven. Ook een gebrek aan wederkerigheid in relaties kan bijdragen aan het stagneren van het EK-c proces. Het doel van dit artikel is om de relationele dynamiek tussen cliënten, vrienden en familie tijdens het EK-c proces, te begrijpen door theoretische concepten van Bourdieu over symbolisch kapitaal, erkenning, wederkerigheid en 'gift-giving', toe te passen. Met behulp van de analytische strategie 'thinking with theory' hebben we drie cases geselecteerd die uitdagingen en kansen laten zien, waarbij we iedere EK-c zien als een sociaal veld. De theoretische concepten van Bourdieu blijken behulpzaam in het begrijpen en

#### **KEYWORDS**

Family Group Conference; reciprocity; coercive treatment; Bourdieu; symbolic power

#### TREFWOORDEN

Eigen Kracht-conferentie: Wederkerigheid; Gedwongen behandeling: Bourdieu: Symbolische macht

CONTACT Ellen Meijer 🔯 h.meijer1@vumc.nl 🔁 Department of Medical Humanities, VU University Medical Centre, De Boelelaan 1117, 1081 HZ Amsterdam, Netherlands

overwinnen van de moeilijkheden die gepaard met het organiseren van EKc's. Deelnemers aan de EK-c kunnen de relationele dynamiek in hun veld bediscussiëren, er over beslissen en over onderhandelen. Het werken met EK-c's vraagt van sociaal werkers een verschuiving in denken en doen; zij ondersteunen de primaire groep in het bespreken van onderlinge verwachtingen, verdelen van taken en het maken van plannen.

### Introduction

Coercive treatment in psychiatry is still widely used in the Netherlands and other European countries (De Stefano & Ducci, 2008; Van der Post et al., 2009). In this article coercive treatment refers to involuntary admissions in crisis situations and court-ordered admissions in both psychiatric hospitals and the community. Coercive treatment leaves people disempowered and denies their citizenship as they are not able to participate in society (Maylea, 2016); it leads to isolation, while the recovery process from psychiatric issues is profoundly connected to the social context someone belongs to (Mezinna et al., 2006; Topor et al., 2006).

Maylea (2016) mentions that if social workers continue to accept a role for coercive treatment they accept a practice reality in which people are denied citizenship. Social workers can position themselves as supporters of decision making, and need to develop alternatives to coercive treatment, considering the genuine commitment of social work to the recovery model in mental health care (Maylea, 2016). Strier (2013) argues that professional institutions symbolise exclusion and paternalism, and that traditional unbalanced power relations between professionals and clients should be left behind and a social work approach based on an egalitarian partnership needs to be embraced.

In view of the above, it seems valuable to explore the potential of Family Group Conferences (FGCs) to reduce coercive treatment in psychiatry. FGC is a decision-making model wherein the client, family and other social contacts meet in order to solve problems and inhibit isolation and self-exclusion, facilitate a return to communities and reduce coercion (De Jong, 2014; Meijer, Schout, De Jong, & Abma, 2017). The process of a FGC consists of four different stages. Both professionals and coordinators have specific roles during the different stages of the FGC proces. Professionals like social workers play an important role in referring clients to the option of a FGC in providing information during the conference for developing the action plan (in consultation with the client) and in encouraging the group to overcome difficulties. Studies show that professionals do not always inform their clients about the possibility of FGC and do not always refer them; they see barriers when it comes to clients and their networks organising a FGC (Skaale Havnen & Christiansen, 2014; Schout, van Dijk, Meijer, Landeweer, & de Jong, 2016).

FGCs are organised throughout the world and in different care settings such as youth care, elderly care, the social sector, within the justice system and mental health care (Skaale Havnen & Christiansen, 2014). The potential of FGC lies in the establishment and strengthening of communities for effective problem-solving; this facilitates persons to regain autonomy and control over their situation (De Jong & Schout, 2010; De Jong, Schout, & Abma, 2014; Meijer et al., 2017; Skaale Havnen & Christiansen, 2014). Trustful partnerships between the different actors (network, professionals and clients) contribute to the reduction of coercion. FGC has developed over time, and in different countries there have been adaptions regarding the original model that emerged in New Zealand. In the USA FGC has developed in several variants of Restorative Justice for example (Skaale Havnen & Christiansen, 2014). The application of FGCs has been studied intensively in youth care, where different studies mention that FGCs can prevent the outplacement of children (see for an overview Skaale Havnen & Christiansen, 2014) and in public mental health care, were the potential of FGCs to strengthen and widening the circle of support came forward (De Jong, 2014).

In an earlier study on outcomes and impact of FGCs in coercive psychiatry, we showed how FGCs regained clients' sense of ownership over their situation, how they experienced more social support and also how a slight reduction in coercion was mentioned (De Jong, Schout, Meijer, Mulder, & Abma, 2015; Meijer et al., 2017). The findings indicated that the particular FGC partnership between different actors (network, professionals and client) contributes to such reduction of coercion (for more discussion about what FGC adds to the range of existing interventions in coercive psychiatry, such as Flexible and Resource Group Assertive Community Treatment, open dialogue, crisis-card and crisis-plan, see Schout, Meijer, & de Jong, 2017). However, despite its productive power, our research also indicated how participating in a FGC process may be complex and participating in the process is accompanied by different tensions. Our research demonstrated how it can evoke feelings of shame, wanting to keep family and friends away, or unbelief in other people's willingness to help out. These tensions can be interpreted as connected to the relational dynamics between clients, relatives and friends that are unavoidable in the FGC context. This adds a complexity to the FGC process that is important to understand in order to succeed with carrying out FGCs. In this article we aim to address this complexity by discussing the FGC process in terms of relational dynamics, reciprocity and gift giving.

In a study of FGC within a social work context, Malmberg-Heimonen and Johansen (2014) show the importance of reciprocity in social support exchange: "(...) one would expect that the FGC model, from a longer-term perspective, meets the terms of reciprocity in the social support exchange' (p. 568). However their research demonstrated that a lack of reciprocity in social relationships in FGCs contributed to the stagnation of an initially positive FGC process (Malmberg-Heimonen & Johansen, 2014). Research should focus on the difficulties of reciprocal exchange between the different actors in the FGC process (Malmberg-Heimonen & Johansen, 2014). Kjørstad (2016) wrote a literature-based critique in this journal on reciprocity as a generative mechanism in the context of social work and the implementation of a policy of workfare in Norway. She mentions how the norm of reciprocity is connected to processes of exclusion and marginalisation and is critical about this norm in the context of the asymmetric relationship between social workers (in public services) and their clients. Kjørstad (2016) critically examines the principle of reciprocity (described by Mauss, 1990 and Gouldner, 1960); it is an underlying mechanism in relationships that produces dependencies and expectations. We want to elaborate on this delicate process of reciprocity and gift giving by using theoretical concepts from Bourdieu (2000), especially how he posits reciprocity and gift giving in the context of social action and the struggle for recognition. These insights contribute to the understanding of the relational dynamics actors experience in the fields they are part of and the processes of legitimation and appreciation in their relationships that come with it. In this article we want to address the complexity of organising FGCs by reflecting on the relational dynamics, between clients, their relatives and friends when it comes to reciprocity and gift giving.

#### The work of Bourdieu

Bourdieu locates social action within a field. This field is a framework in which agents (people) and their social positions are located and a site where the symbolic struggle for legitimation takes place (Bourdieu, 1990). The position of someone in a field depends on the habitus and social, cultural, economic, and eventually the symbolic capital of a person, in combination with the rules of the field. The habitus encloses the way someone perceives, thinks or acts and is formed by past experiences. The expectations and opportunities in the field correspond with that of the habitus and share the same past; they shape each other. The symbolic struggle for legitimation in the field is postulated as 'a game' where individuals pursue different interests and where they have different expectations and opportunities depending on their (social) position (Bourdieu, 1990). Important in this struggle is a certain sense of 'feeling for the game' (Bourdieu, 1990, p. 66): knowing what to do in certain situations that occur in the field. In the case of severe and ongoing psychiatric problems this 'feeling for the game' is hard; a mismatch between 'player' and field arises. Psychiatric clients, who often experience stigma, could have internalised feelings of fear, shame or guilt in such a deep way that every attempt to escape from the position they are in is deemed to fail. Uncertainty and fear to be excluded and judged can be of profound impact in someone's life (Bourdieu, 1990, 2000).

Bourdieu (1990) emphasises that individuals do not only pursue their own interests but also invest in relationships with others. He mentions that individuals are driven by the search for recognition and legitimation from others; people are constantly searching for approval and appreciation, resulting in a symbolic struggle for recognition and legitimisation of their existence (Bourdieu, 2000). Symbolic power is gained by 'communication, through symbolic exchange' (2000, p. 199). The power is exercised by words, symbols and predispositions that are confirmed and rooted by communication (Bourdieu, 2000). Bourdieu (2000, p. 241) mentions that 'there is no worse dispossession, no worse privation perhaps, than that of the losers in the symbolic struggle for recognition, for access to a socially recognized social being, in a word, to humanity'. The struggle for recognition is a competition for power and gains its existence from others and their perception and appreciation – a power over a desire for power (2000, p. 241). The symbolic power relations are not intentional acts of consciousness; they are power relations that are made up and continued through knowledge and recognition. If one wants to symbolically dominate, the dominated have to share the same schemes of perception and appreciation with the dominators. Knowledge and recognition have to be rooted in practical dispositions of acceptance and submission (2000, p. 198). Bourdieu does not define recognition; he describes the symbolic value of recognition and regulating the use of symbolic attributes for example when speaking of 'mutual recognition' when discussing the concept of marriage.

Relationships with others are shaped via gift giving. Bourdieu uses the work of Levi-Strauss and Mauss to elaborate on 'the double truth of the gift'. Gift giving is surrounded by a certain degree of uncertainty because the receiver of the gift could always refuse to settle the debt or does not have the resources to settle it. Despite the selflessness that gift-giving entails, it is a form of symbolic capital (reputation or status that people have) according to Bourdieu. The symbolic capital consists of respect or guilt towards the giver and is based on reciprocity. When a gift is not repaid, then this can be experienced as treason: how can you not return the favour after all we've done for you (Bourdieu, 2000). Giving is uncertain; people never know if the favour is returned and it is a provocation; if the receiver cannot return the favour they may be embarrassed and lose appreciation or recognition from others (Bourdieu, 1990). Furthermore, being expected somewhere and counting in other people's lives and along coming obligations or commitments ensure not only that existence is significant but give, in words of Bourdieu, 'a continuous justification for existence' (2000, p. 240).

Belonging to a stigmatised or deprived group means that the symbolic struggle for recognition is hard, along with the competition for symbolic power. Stigmatised persons have diminished strategic positions, which affects their vision of the future; it becomes blunted or even disappears (Bourdieu, 2000). The feeling of hope increases when people experience more power because the present and accompanying possibilities in the future are influenced easier (Bourdieu, 2000). In this article we will 'plug in' the following concepts from Bourdieu to address the complexity of FGC in coercive psychiatry and reflect on the relational dynamics between clients, their relatives and friends: 'the player and the field', struggle for legitimation and recognition and reciprocity and gift giving in relationships.

#### Methods

The three cases on which this article is based are drawn from a study into the process and impact of (the preparation of) FGCs for 60 clients who were at risk of coercive treatment in psychiatry, in the Netherlands. Between 2013 and 2015 at three mental health institutions in three regions in the Netherlands, a FGC was considered by mental health professionals and clients. Clients were included in the study when there was an imminent or actual coercive treatment at hand or when there was a history of recurrent coercive treatments, furthermore a municipal bond to one of the regions was necessary. We will briefly describe the framework and methodology of this larger study, to make insightful how the data were collected, then we will discuss the selection of the three cases and how we analysed them.

In the larger study a responsive evaluation (Stake, 2004) was used to evaluate process and impact of the FGCs (see Abma, Leyerzapf, & Landeweer, 2016; Abma, Nierse, & Widdershoven, 2009).

Participants of the FGC, such as clients, their social network, mental health professionals and FGC coordinators, were interviewed about the process of the FGC individually. The interviews were conducted with a topic list that contained topics about the situation prior to the conference, after the conference and the process and evaluation of the conference. A total of 289 interviews, about 41 different FGCs, were conducted, recorded and transcribed. On average, per conference six respondents were interviewed. Not all participants of the FGCs were interviewed; some did not want to participate in an interview or did not have time.

We created opportunities for feedback on our findings through 'member checks' (Lincoln & Guba, 1985), for example by sharing summaries of interviews with respondents. This is in line with Doyle (2007, p. 890), who states that the process of member checking is 'highly supportive of developing a participatory framework and (...) encouraged negotiation of meaning between the participant and the researcher'. Likewise we used the member check as an opportunity to 'share "analytic power" with respondents'. A report, containing preliminary conclusions about the conference, was presented to the participants of the FGC at the member check (if this was not possible the report was sent for feedback by email). Furthermore participant observations were conducted in meetings at mental health institutions with professionals, clients or family and the FGC coordinators, in interviews with different participants, and in member checks. Impressions, observations and interpretations where described with theoretical and empirical memos, and discussed within the research group (Emerson, Fretz, & Shaw, 2011). When referring to the empirical memos in the section of findings we use the abbreviation 'EM' with a number.

For this article we selected three cases that show the diversity and complexity of the FGC process. The purposefully selected cases identify main themes in the different stories that had been told by the participants of the different FGCs, and offer 'learning potential' (Abma & Stake, 2014). The selected cases reflect the encountered difficulties in the context of FGC in psychiatry; the themes that emerge from the three cases shed light on the lessons that can be learned from this study. The selected case are diverse in the outcomes of the FGC and the relational dynamics that were present; they show the variety of situations we encountered in this study. Table 1 shows an overview of the selected case and collection of data.

# **Data analysis**

For the interpretation of the three cases we used the work of Bourdieu, as discussed above, using a strategy described by Jackson and Mazzei as 'thinking with theory' – a concept they picked up from Deleuze and Guattari (1987; 2013, pp. 261–262). In this strategy data interpretation and analysis do not take place through coding, where data are reduced to themes (Jackson & Mazzei, 2013, p. 261).

lable	I. Overview	of c	cases	and	collection	ot	data.

Case	Conference	Interviews	Membercheck	Participant observations
Case 1 'Henk'	10 participants: client, family, friends, professional, FGC coordinator	7 interviews: client, family, friends, professional, FGC coordinator	9 participants: client, family, friends, professional and researchers	Membercheck, EM <sup>a</sup> no. 26 and 45
Case 2 'Frans'	9 participants: client, family, friends, professional, FGC coordinator	9 interviews: client, family, friends, professional, FGC coordinator	6 participants: client, friends, professional, FGC coordinator and researchers	Membercheck, EM <sup>a</sup> no. 43 and 46
Case 3 ' Ingrid'	17 participants: client, family, friends, acquintances from church, 2 professionals, FGC coordinator	12 interviews: client, family, friends, acquintances from church, professionals, FGC coordinator	10 participants: client, family, friends, professional, FGC coordinator and researchers	Interview/ interviewtranscript EM <sup>a</sup> no 44.

<sup>&</sup>lt;sup>a</sup>EM refers to Empirical Memo.

Data and theory are plugged into one another and the process of 'thinking with theory' shows how knowledge is opened up and generated rather than simplified; interpretation of data is necessary and the context is important (Jackson & Mazzei, 2013). In this process data are approached with analytical questions informed by key concepts from theorists, which are 'plugged' into the data and back and forth into the theory (Jackson & Mazzei, 2013).

The analytical questions we defined are based on the earlier discussed theoretical concepts of Bourdieu:

- (1) To what extent does a mismatch between player and field arise in the three different cases?
- (2) To what extent does the struggle for recognition and legitimation become visible in the three different cases?
- (3) How can we describe the social fabrics of the main actors in the cases and to what extent are relationships formed and described in the form of gift giving?

The three cases were studied by analysing the interview transcripts from the different participants of the FGCs and by analysing the empirical memos belonging to the cases (conducted by the first author). When analysing these transcripts and memos, the analytical questions played a leading role. We chose concepts and questions that would help extend our thinking and plugged them into the interview transcripts, pushing data and theory to exhaustion, and focused on generative and constitutive aspects of texts (in line with Jackson & Mazzei, 2013, p. 265). The first and second author discussed the foregoing extensively and the third author critically reflected on the findings. Furthermore we were sensitive to how the respondents already gave meaning to their story by what they chose (not) to reveal. Thinking with theory does not provide a 'full answer', as only a small range of theoretical concepts is included in the process; it gives insight in a different way (Jackson & Mazzei, 2013).

#### **Ethical considerations**

The research proposal was presented to the scientific research committee of the VU University Medical Centre, and the three mental health care organisations that contributed to the study: Lentis, GGz Noord-Holland-Noord and GGzE (GGz is the Dutch abbreviation for mental health care). The study was approved under the condition of informed consent, taking into account safeguards concerning privacy, anonymity and confidentiality. A unique code replaced personal information in transcripts, reports and articles. In this way only the interviewers could trace personal information. The researchers have signed a confidentiality agreement.

## **Findings**

The three different cases will be introduced and then the analytical questions will be discussed thematically. For the purpose of readability, anonymity and confidentiality we use fictitious names in the cases, and refer to the empirical memos with the abbreviation 'EM'.

Case one – 'me against the world'

This case is about a middle-aged man, named Henk, who experiences personality problems and mood swings. He has a traumatic past that influences his behaviour and is known with a history of multiple house evictions. These house evictions often follow after aggressive, unpredictable and suicidal behaviour. Henk has a small social network consisting of family and a few friends. He has trust issues and his relationships can be characterised as troublesome. In this case the FGC was organised by a mental health professional involved in his case for several years because of financial problems, the problematic history of the man, a recent house eviction and the constant threat of coercive treatment in psychiatry. The FGC made it possible for his family to review how they want to relate to Henk, and how to limit his passiveness and unpredictable behaviour. They agreed, with Henk, that he should show more initiative.

#### Case two – 'choosing my own path'

The second case is about a young man in his thirties who, as a child, was in an accident that caused brain damage with the consequence that he processes information more slowly. The life of the man, named Frans, has been characterised by schizophrenia and psychotic vulnerability. Frans has had several psychoses and admissions to psychiatric hospitals. In the past he had some addictions problems; now he occasionally smokes weed. His social network consists of family and friends. A lot of his friends have a similar background as Frans himself. Frans now works on a 'care farm' and is living on his own again. The FGC was organised because of the coercive treatment impending on Frans and gave him support for his view on the way he wants to live his life.

#### Case three – joining the herd again

The main actor is this case is a woman, Ingrid, she is in her early thirties. Her social network consists of family, friends and acquaintances from church. She experiences psychotic vulnerability and has been diagnosed with a bipolar disorder and is slightly mentally disabled. She finds it difficult to regulate stress and experiences pressure fast. When everything is going ok in her personal life and at work (sheltered workplace), she gets the feeling that she can stop her medication and does not recognise the aforementioned difficulties. Eventually she loses touch with reality and gets in a psychotic state. In this state she withdraws herself from social situations, because troublesome experiences from the past are re-lived by her. The FGC was organised to prevent coercive treatment in psychiatry. In the preparation phase of the conference it became clear that the different actors in the social network of Ingrid did not know each other. After the FGC the social fabrics were restored and strengthened.

# The player and the field

In the symbolic struggle for legitimation in the field, a sense of feeling for the game is crucial. If a player in the field lacks this 'feeling for the game', a mismatch arises. Henk and the field wherein he acts do not seem to match. He makes sure, on forehand, that any imposed expectations from his social network are diminished, so that he does not have to live up to them. Before he gets involved in binding relationships he already starts a fight and is in search of conflicts to gain control over the situation. This becomes evident in the member check:

In the member check Henk makes sure he is not actually participating in discussing problems and solutions for his own situation. He nervously laughs it all away and makes cynic remarks. At some point he leaves the room angry and does not come back. It seems like he does not know what to do with serious interest in his story or situation. (EM. no. 26)

#### Furthermore his sister mentions:

Henk wants to do things in his own particular way, when he gets the feeling that this is threatened he becomes very angry. (Henk's sister)

The mental health professional involved in Henk's life describes how Henk feels: that he is alone in this world and that the world is stupid and people are best described dumb. If people try to help out Henk he pushes them away. He does not take himself serious and at the same time experiences a public stigma, which becomes clear in this statement from Henk:

I am portrayed like an idiot in this city, the people here are crazy. (Henk)

For the family and involved professionals the FGC opens up the opportunity to discuss, with Henk, how they want to relate to him and how they want to react on the self-exclusion that he initiates with his behaviour towards them.

Frans is characterised by his social network as an intelligent person, who could take more initiative to utilise his qualities. Especially his family thinks that he can and should make more of his life. A friend confirms this point of view the family takes, and mentions that Frans himself is satisfied with his life. He needs a quiet, peaceful life where he can be safe in the comfort of his own home. Frans mentions that he occasionally uses cannabis even though it is better to stop this, given his psychotic vulnerability. In the field of his family a mismatch occasionally occurs, as Frans is not behaving as he is supposed to, according to the rules and values of the family. He lacks 'feeling for the game' in this particular field, and while he is living his own life, he has to tolerate criticism from his family in return.

Ingrid is doing the best she can to participate in society, her job is really important for her. It helps her with feeling like she belongs in the different fields she participates, where most people have jobs. Her work-ethic leads to Ingrid pushing her boundaries regarding stress; she does not easily say no to her boss at work. Eventually this goes 'wrong', resulting in a psychosis. When this happens, Ingrid withdraws herself from her social life and becomes isolated; she cannot, in the words of Bourdieu, 'play the game' in different fields anymore. Ingrid's open and helpful attitude however, contributes to other people involving her in the field again; they want to do something for her. Her sister mentions the following:

She might be mentally disabled and experience psychotic episodes but it -the FGC- is about her and she has to make choices. We cannot make choices for her. The only thing we have done as a group is trying to give her insight into her own behavior. We just contributed in that way and on that basis she can make a decision about what she wants and what she does not want. (Ingrid's sister)

In the member check the involvement also comes forward:

It is striking to see, at the member check, how the family of Ingrid and Ingrid herself, have an urge to be involved in each other's lives and keep everybody together. (EM no. 45)

To sum up this sub-section, when we consider the case of Henk it becomes clear that the FGC was helpful for the family in discussing how to deal with the situation in a suitable way. When considering the case of Frans we see he is confronted, again, with the conflicting expectations of his family. He, however, chooses his 'own path' and differentiates, he wants to lead an undemanding life. Lastly Ingrid, for her the FGC revealed that she is able to 'join the herd' again, a plan was made and it became evidently clear that everybody wants to be involved.

#### Struggle for recognition and legitimation

Considering people are driven by a symbolic struggle for recognition and legitimation from others, they are searching for approval and appreciation (Bourdieu, 1990, 2000). In this search Henk struggles with the different relationships he has. He seeks the proximity of this family with Christmas, but also seems to be afraid for the closeness of his family and the along coming reciprocity and expectations. This comes forward in the member check:

Henk's sister describes how he shows up at Christmas at the house of her and her spouse, of course he is invited. But he stays longer than intended by his sister, after almost two weeks he is forced to leave -because they cannot deal with his negative energy any longer- and they have to drive him to his own place. (EM, no. 45)

He cannot deal with the fact that people care about him and responds by attracting and repelling them. Henk has repeatedly broken the contact with friends; once there is no contact anymore, he sends desperate messages in which he indicates that he might hurt himself. His sister mentions that:

Now he saw that people care about him – in the FGC. But he finds it damn hard to deal with it properly. The first thing he did at the conference was saying how idiotic the conference was and that we did not have the potential to listen to what he wants. (Henk's sister)

The fragment illustrates Henk's difficulties in dealing with the reality that people care for him, undermining the image that he has of the world and foremost himself. Henk wants to be legitimated and recognised by others, but at the same time experiences great difficulties with the accompanying relationships. Henk has become a 'loser' in the symbolic struggle for recognition; he does not see himself as a socially recognised social being.

In the case of Frans we see that his friends appreciate and acknowledge him for who he is. They recognise him by confirming he is living his life in the best possible way. Frans sees his friends regularly and they eat together, make music together or go for a walk. His family, however, has another opinion about some parts of Frans his life. Especially Frans' mother finds it hard how Frans lives his life; she acts more like a professional care giver which results in Frans leaning backwards. The following fragment illustrates the foregoing:

During the member check it becomes clear that Frans is satisfied with the way he is fulfilling his life. Some of the people involved, amongst them is the coordinator of the FGC, find it hard to understand that Frans is satisfied; as they think Frans has more potential. Frans gives the impression that he finds it annoying that everyone has come together again, just for him, while everything is ok in his life according to his own opinion and seems somewhat blunted for the different opinions about his life. (EM, no. 43)

The coordinator later reflects on his attitude and concludes that:

We can all be happy in our own way. (The FGC coordinator)

It seems as the struggle for recognition that Bourdieu speaks of has somewhat left Frans his life, at least when it comes to his relationship with his family. He is satisfied and of importance is that his friends, whom have a similar life style, do not bother him and seem to appreciate him, that is enough. Paraphrasing Bourdieu: Frans is not a 'loser' of the symbolic struggle in the field he shares with his friends.

The family and friends of Ingrid are really committed with appreciating Ingrid for who she is. They acknowledge Ingrid for who she is and try to balance between 'normal' contact and a more controlling function with regards to Ingrid's psychotic vulnerability. Ingrid's brother says:

It is hard, sometimes, to determine whether Ingrid really does not want to see me because she does not feel like it, or because she is in a bad place. (Ingrids's brother)

The family does not want to give Ingrid the feeling that she is thought of as a 'crazy person' by being suspicious about every move she makes. Although the family has a certain sensitivity regarding appreciating and recognising Ingrid for who she is, Ingrid experiences feelings of shame when asking them for support. The next fragment makes this visible:

Remarkable is that most family of Ingrid indicates that the reason why she finds it difficult to ask for help, is that it evokes feelings of shame. In the interview with Ingrid herself, however, she does not connect this to shame. She mentions how she asks her family for support, but does not talk about experiencing shame. The subject of shame is not discussed with the interviewer. Maybe talking about it out loud would make it even more real or maybe lngrid is afraid she will be portrayed as weak. (EM, no. 44)

The struggle for recognition becomes visible in Ingrids life in different ways; despite the attitude of the family Ingrid does not ask for support as this could be a potential threat for recognition by others. This is probably related to the family history; relationships are described as good but at the same time they bring along a traumatic past. In the past, during Ingrid's psychotic episodes her family could be overprotective, leaving Ingrid feeling belittled and not taken seriously. She tried to fight against this overprotective mechanism from her family by proving that she was capable to live a normal working life, which led to pushing her boundaries and eventually triggered her psychotic vulnerability. It becomes evident that Ingrid needs boundaries and limits to make sure that she does not lose contact with reality, and that family and friends make sure that Ingrid still feels appreciated by them. After the FGC Ingrid has taken matters into her own hand. She is working a little less and arranged professional support that fits her own vision on life in a better way. Furthermore she describes, in the member check, that she wants to organise more meetings like the FGC in the future because situations can change. Ingrid is not afraid to look at the future; as Bourdieu mentions,

counting in other people's lives and being of importance provides a justification of existence that brings along trust in the present and future. Ingrid certainly has the feeling that she is of importance in the life of her family and friends and is appreciated by them. This gives her the confidence to face the future.

To sum up this sub-section, when considering the case of Henk, we see the situation he is in generates hopelessness. On the one hand he avoids attachments but on the other hand seeks contacts on his terms, dosing the closeness of it. Henk does not seem to know how to live up to the expectations in his social fields and experiences little symbolic power. In the process leading up to the FGC more attention could have been given to his fears and difficulties regarding his position in the social fields he takes part in. In Frans's situation the FGC revealed that his friends support him in his view on life where he chooses his own path; he gains support from them. Knowing that recognition or appreciation by his family is hard to get, he keeps his distance, pursuing to live the life he is capable of. This could have impact on the way Frans views his future, as he still has little symbolic power in the field of his family. In Ingrid's case during the FGC it becomes apparent that asking for support does not mean that she is not appreciated by the people surrounding her and that the appreciation from important others leads to confidence in her own future.

## Social fabrics and gift giving

Bourdieu mentions the importance of gift giving in the shaping of relationships with others; gift giving can be seen as a form of symbolic capital as it based on reciprocity (Bourdieu, 2000). In the end if a receiver of a gift cannot return the favour they may lose appreciation or recognition from others. The social network of Henk mostly consists out of relationships with family and a few friends. His social network is larger than expected by the mental health professional involved in his case for several years. These friends are sometimes supported by Henk; he loans them money which is never returned. His friends do not show him appreciation and Henk seems to avoid the situation wherein the favour could be returned; after all he knows what to expect from his friends after a few times. He wants to be ahead of feeling disappointed and ashamed, and hangs out with unreliable friends. After all they have been through, Henk's family still supports him; they arrange new furniture and help him moving between houses. Henk, however, does not seem to appreciate this or cannot handle that these people seem to care about him; just a few weeks after all the help with moving he is evicted out of his house. The favour is not returned; for the family it would have been enough if Henk would have just lived there for a couple of years without too much trouble. In the conference his sister makes clear:

We are here for you. You should not abuse our help, but we are here and want to help out. (Henk's sister)

Frans has a social network containing family and friends. According to his sister:

I do not know whether the network of Frans represents an average network, because his friends do not live a very ordinary life. (Frans' sister)

Frans sees his friends on a regular basis; they eat together and make music or go walking. Sometimes he could take a little bit more initiative according to his friends. The involved mental health professional thinks that a change in the dynamics between Frans his mother and Frans himself could be promising, because he can be very claiming towards his mother. At the member check the following observation has been made:

Frans seems to coincide in his fate of a quiet peaceful live, in the time we live in that could be considered as quite brave. Especially since his family is not willing to agree on his vision and have different expectations, which is striking considering they still have a role in his life. (EM, no. 46)

Frans does not want to answer to the expectations his family has of him; if his family arranges something he does not play along and returns the favour. His reputation and thus symbolic capital is under tension in the field of his family. Frans loans his justification for existence from his relationships with his friends; where he is expected and has some commitments.

The network of Ingrid is quite large and consists of family and friends from church. The goodwill of family and friends towards Ingrid is vast, partially because she lives up to expectations of reciprocity. The family of Ingrid is willingly in supporting Ingrid and they do not expect anything in return, as long as the friends of Ingrid back them up. However, as mentioned before, Ingrid is a person who is eager to support someone else. She helps out in the church, for example, and took a family member in her house that needed support. This was however not the best idea as a friend explains:

At the time I thought it could be a good experience, Ingrid helping a family member out. But now I know it is not a very good idea, because it is very stressful and then it goes wrong again. (Friend of Ingrid)

For the persons involved in Ingrid's life it seems that the willingness and eagerness of Ingrid to do something in return is enough; the favour does not actually have to be returned, a gesture is enough, as a friend exemplifies:

She gives me a hug now, to say thank you. In my opinion that is a nice gesture. (Friend of Ingrid)

Ingrid had a chance at the FGC to notice that the shame she feels when asking for support is not necessary and that she does not risk the appreciation and recognition from her family.

To sum this sub-section up, in Ingrid's case the FGC accelerated the process of ownership over her own life, she makes the decisions now and is conforming herself to a 'new lifestyle' where she is able to channel her struggle for recognition in a way that is appropriate for the situation she is in. In the case of Henk there are possibilities to further exploit the potential of the FGC.

In both cases of Frans and Henk, there are possibilities to further exploit the potential of FGCs. In the case of Frans the coordinator found a match with the family on the basis of norms and values that 'one should make something of his life'. Frans's voice was hardly heard at first, the coordinator learnt to look for the 'right question' and to ask for clarification. More attention to underlying expectations in the social network and the relationships between different network members seems important here, especially when it comes to reciprocity in the relationships and in the end appreciation and recognition from others.

Concluding Henk's case, despite his social network that still wants to play a (more modest) role in his life, he remains in the discourse of 'me against the world'. This struggle cannot be settled in one conference. Would it ever come to a follow-up conference, more attention should be given to the difficulties of returning gifts and living up to expectations as well as everybody's role in it.

#### Reflections on the cases

By plugging in the work of Bourdieu the value as well as the complexity of the FGC process in various situations becomes understandable. Our theoretical goals and the lessons we seek to draw from our study extend well beyond the three cases. It underlines the potential of Bourdieu's theory on symbolic power to analyse strength and weaknesses of social fabrics in society and communities, but also the capacity of FGC to rejoin the field for those who withdrew from it.

Malmberg-Heimonen and Johansen (2014) indicated that research into the role of reciprocity in the process of FGC is important. This article using Bourdieu's theory is an attempt to do so. His theory makes it understandable why the struggle for symbolic capital in the different fields people are part of comes with all sorts of difficulties that are related to reciprocity and gift giving and are connected with legitimation, recognition and a mismatch between field and player. As Bourdieu mentions gift giving and reciprocity are uncertain processes that are related to appreciation or recognition from others (Bourdieu, 1990).

Organising a FGC in coercive psychiatry is complex, as illustrated in the cases there are many underlying expectations and mechanisms that play a role in the relational dynamics between the different involved people in the conference. The cases of Henk and Frans show that they cannot

join the fields of family and/or friends; we see the symbolic struggle for recognition. Henk wants to be recognised by his relatives and friends, but cannot deal with the fact that people care about him. He seems to be afraid for the closeness of his relatives and along coming expectations and issues related to reciprocity. Frans is not recognised by his family, especially his mother acts like his professional caregiver. In this field Frans does not have much symbolic power. In the field of his friends however Frans is expected to eat and make music together; here he does not appear to be a loser' of the symbolic struggle Bourdieu speaks of. To further enhance the potential of the FGC in the cases of Henk and Frans, the participants of the FGC could discuss underlying expectations between participants, the different relationships between network members and the different roles in the field. In the case of Ingrid her family has a certain sensitivity regarding recognition; they don't want Ingrid to have the feeling that she is thought of as a 'crazy person'. Ingrid does experience shame when receiving support from her family – she really wants to return the favour.

## **Conclusions and implications**

By looking at the cases by plugging in Bourdieu's, the importance of discussing relational dynamics, expectations and struggles when it comes to recognition and power are foregrounded. This was made possible by using the guidelines of Jackson and Mazzei (2013); by using their ideas we payed attention to social context, insiders' perspectives and hermeneutic interpretation instead of reducing data to codes and loose fragments. It became possible to identify underlying processes in the three cases that were not evidently present at first, and give meaning to how clients relate and respond to others in the process of a FGC. Through 'thinking with theory' the conformism of Ingrid to 'join the herd again' becomes understandable, the same goes for the destructive behaviour of Henk where 'me against the world' has a central place; we see the (troublesome) search for recognition and appreciation. Or in the case of Frans, we see the avoidance of that struggle in the field of his family, having a low-profile attitude as he strives to 'live on the lee side'.

The insights of this paper can deepen the understanding of social workers regarding the tacit motives of clients to avoid the expectations of the field and to encourage them to rethink their withdrawal from the field and discuss, decide and negotiate on relational dynamics in the field.

In a FGC, professionals and coordinators have a facilitating in role in this process. This requires a shift of mind from professionals; they contribute to the plans of clients and their social networks and help them to gain symbolic capital. When experiencing coercive treatment in psychiatry such as a compulsory admission, a total loss of symbolic power occurs. As Bourdieu (2000) mentions symbolic power, associated with recognition and appreciation, opens up predispositions regarding future possibilities and is important in the way people vision their future. As a decision model FGC has the potential to create opportunities where people can decide and negotiate on their positions in the field, discuss relational dynamics, restore social fabrics and symbolic power in relations. This could eventually contribute to an increasing feeling of hope, as people experience more power to influence their possibilities in the future.

FGCs complement the repertoire of strategies to prevent and reduce coercion. FGCs have potential to avoid symbolic violence and strengthen the quest for more symmetric and non-coercive practices. Plugging in Bourdieu, like we did in this paper, might open up possibilities for social workers to see what is going on in their cases and engage in partnership relations of another kind, and perhaps offer clients and their social network a way to return the field or re-evaluate opinions and commitments. Natland and Malmberg-Heimonen (2013) studied the position of FGC coordinators in the FGC process and the interaction with different actors. In further research on FGC in (coercive) psychiatry more attention should be given to the relational dynamics in the FGC process and the different roles and positions all actors have: coordinators, professional, families, friends and clients. A follow-up study using participatory action research is required to experiment with these findings and to learn more of its applicability. This research design might create possibilities for a joint learning process together with different participants and stakeholders, in which a new habitus can be developed



and where there is an eye for tensions, different expectations and power in relationships (see Abma et al., 2019; Groot et al., 2018).

## Strengths and limitations

Using a theory-driven analysis and interpretation of the data, as in this article, it is inevitable to leave findings out. In other articles on this project we have presented an overall picture of the outcomes (Meijer et al., 2017); in this article however we left everything out regarding quantitative outcomes and implementation problems in order to focus on understanding the difficulties of restoring relationships in coercive psychiatry using FGC. The weakness of this approach would probably be its external validity and its reliability. Knowledge claims based in this article are therefore modest; when the insights of this article are used and recognised as genuine and inspirational for coordinators and professionals in the field, these claims can become more confident.

#### Disclosure statement

No potential conflict of interest was reported by the authors.

# **Funding**

This study was commissioned and funded by the Ministry of Health, Welfare and Sport ('Ministerie van Volksgezondheid, Welzijn en Sport' [VWS]) in the Netherlands, reference number 32171. The Family Group Conferences were funded by the municipalities of Eindhoven, Groningen, Den Helder, Hoorn and Alkmaar.

#### Notes on contributors

*Ellen Meijer* is a PhD candidate at the VU University Medical Centre in Amsterdam. She holds a Bachelor's degree in Applied Psychology and a Master's in Sociology. Since 2013 she has been researching Family Group Conferencing in coercive psychiatry. Furthermore, she is a lecturer at the school of social studies at Hanze University of Applied Sciences in Groningen.

*Gert Schout*, over the past decade, has been involved in the research and development of (public) mental health care in the Netherlands. He has written books and published in various journals on topics dealing with care for socially vulnerable people. In 2007 he received a PhD degree at the University of Groningen on a study into the interplay between care avoidance and care paralysis. His recent articles and research focus on the application of Family Group Conferencing in (public) mental health.

*Tineke Abma* is professor Participation and Diversity and research director at the Department of Medical Humanities, and senior researcher at the EMGO+ research institute, VU University Medical Center in Amsterdam. Her research projects are embedded within the Quality of Care programme of EMGO+. Formerly she was appointed as associate professor at the Department of Health, Ethics and Society at Maastricht University and research institute Caphri, and assistant professor at the Institute for Healthcare Policy and Management of the Erasmus University in Rotterdam.

#### References

Abma, T. A., Leyerzapf, H., & Landeweer, E. (2016). Responsive evaluation interference zone between system and lifeworld. *American Journal of Evaluation*, 2016. doi:10.1177/1098214016667211

Abma, T. A., Nierse, C. J., & Widdershoven, G. A. M. (2009). Patients as partners in responsive research: Methodological notions for collaborations in mixed research teams. *Qualitative Health Research*, 19(3), 401–415.

Abma, T., Banks, S., Cook, T., Dias, S., Madsen, W., Springett, J., & Wright, M. T. (2019). *Participatory research for health and social well-being*. Basel: Springer Nature.

Abma, T., & Stake, R. (2014). Science of the particular: An advocacy of naturalistic case study in health research. *Qualitative Health Research*, 24(8), 1150–1161.

Bourdieu, P. (1990). The logic of practice. Stanford, CA: Stanford University Press.

Bourdieu, P. (2000). Pascalian meditations. Oxford: Polity Press.

De Jong, G. (2014). Family group conferencing in public mental health care. A responsive evaluation. Amsterdam: VU University Medical Center.



De Jong, G., & Schout, G. (2010). Prevention of coercion in public mental health care with family group conferencing. Journal of Psychiatric and Mental Health Nursing, 17(9), 846–848.

De Jong, G., Schout, G., & Abma, T. (2014). Prevention of involuntary admission through family group conferencing: A qualitative case study in community mental health nursing. *Journal of Advanced Nursing*, 70(11), 2651–2662.

De Jong, G., Schout, G., Meijer, E., Mulder, C. M., & Abma, T. (2015). Enabling social support and resilience: Outcomes of family group conferencing in public mental health care. *European Journal of Social Work, 19*(5), 731–748.

De Stefano, A., & Ducci, G. (2008). Involuntary admission and compulsory treatment in Europe: An overview. *International Journal of Mental Health*, 37(3), 10–21.

Doyle, S. (2007). Member checking with older women: A framework for negotiating meaning. *Health Care for Women International*, 28(10), 888–908.

Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). Writing ethnographic field notes. Chicago, IL: University of Chicago Press. Gouldner, A. W. (1960). The norm of reciprocity. A preliminary statement. American Sociological Review, 25(2), 161–178. Groot, B. C., Vink, M., Haveman, A., Huberts, M., Schout, G., & Abma, T. A. (2018). Ethics of care in participatory health research: Mutual responsibility in collaboration with co-researchers. Educational Action Research. doi:10.1080/09650792.2018.1450771

Jackson, A. Y., & Mazzei, L. A. (2013). Plugging one text into another: Thinking with theory in qualitative research. *Qualitive Inquiry*, 19(4), 26–271.

Kjørstad, M. (2016). Do your duty—demand your right: A theoretical discussion of the norm of reciprocity in social work. *European Journal of Social Work, 20*(5), 630–639.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

Malmberg-Heimonen, I., & Johansen, S. (2014). Understanding the longer-term effects of family group conferences. *European Journal of Social Work, 17*(4), 556–571.

Mauss, M. (Trans.). (1990). The gift. The form and reason for exchange in archaic societies. London: Routledge.

Maylea, C. H. (2016). A rejection of involuntary treatment in mental health social work. *Ethics & Social Welfare*. doi:10.1080/17496535.2016.1246585

Meijer, E., Schout, G., De Jong, G., & Abma, T. (2017). Regaining ownership and restoring belongingness: Impact of family group conferences in coercive psychiatry. *Journal of Advanced Nursing*, 73(8), 1862–1872.

Mezinna, R., Davidson, L., Borg, M., Marin, I., Topor, A., & Sells, D. (2006). The social nature of recovery: Discussion and implications for practice. *American Journal of Psychiatric Rehabilitation*, 9(1), 63–80.

Natland, S., & Malmberg-Heimonen, I. (2013). A study of coordinator positionings in family group conferences. *Nordic Social Work Research*, 4(2), 158–172.

Schout, G., van Dijk, M., Meijer, E., Landeweer, E., & de Jong, G. (2016). The use of family group conference in mental health: Barriers for implementation. *Journal of Social Work, 17*(1), 52–70. doi:10.1177/1468017316637227

Schout, G., Meijer, E., & de Jong, G. (2017). Family group conferencing – Its added value in mental health care. *Issues in Mental Health Nursing*, 38(6), 480–485.

Skaale Havnen, J., & Christiansen, Ø. (2014). Knowledge review on family group conferencing experiences and outcomes.

Bergen: Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU West) Uni Research Health.

Stake, R. E. (2004). Standards-based and responsive evaluation. Thousand Oaks, CA: Sage.

Strier, R. (2013). Responding to the global economic crisis: Inclusive social work practice. Social Work, 58(4), 344–353.

Topor, A., Borg, M., Mezzina, R., Sells, D., Marin, I., & Davidson, L. (2006). Others: The role of family, friends and professionals in the recovery process. *American Journal of Psychiatric Rehabilitation*, *9*(1), 17–37.

Van der Post, L. F. M., Dekker, J. J. M., Jonkers, J. F. J., Beekman, A. T. F., Mulder, C. L., de Haan, L., ... Schoever, R. A. (2009). Crisis intervention and acute psychiatry in Amsterdam, 20 years of change: A historical comparison of consultations in 1983 and 2004–2005. *International Journal of Social Psychiatry*, 56(4), 348–335.