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Political dimensions in the actions of health-care practitioners: Reflections for occupational science based on the Chilean psychiatric reform

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ABSTRACT

This discussion focuses on the political dimensions of health-care practitioners' actions as a key aspect in occupational science reflections. To understand politics and its relationship with occupational science, a brief explanation is offered about the conceptual framework of governmentality studies. From this understanding, a proposal is developed to discuss the specific form taken by power relations in the practices of health practitioners. Based on the notion of occupational *apartheid*, this analysis is aimed at reflecting on political actions towards greater occupational justice. The concept of *extitution* is used to explain how to shape power relations under the current mental health systems, discussing the case of the Chilean psychiatric reform as an example of a political process that engaged different practitioners. There is evidence that some of the impacts of the reforms are not as expected under an occupational justice perspective, both for users and families, and/or for practitioners themselves. The findings suggest that—consistent with certain theories on power—there are some restrictions to the understanding of the political dimension of practitioners' actions. New aspects are proposed as a focus for an occupational science committed to an occupational justice framework.

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From its first appearance to the current day, the concept of occupational justice (Townsend, Birch, Langley, & Langille, 2000; Whiteford, 2000; Wilcock & Townsend, 2000) has been progressively taken up in occupational science. The first mentions suggest that human beings need to participate in meaningful occupations to develop their potential, just as much as they need to eat, breathe, or establish caring relationships. Hence, when this need is not met, a situation of occupational injustice exists.

The concept of occupational injustice is linked to several other terms that point to different aspects that limit the participation of individuals in meaningful occupations that allow them to develop their potential, for instance

occupational deprivation, marginalization, alienation or apartheid. These concepts have been extremely useful in current occupational science research (Durocher, Gibson, & Rappolt, 2014; Serrata Malfitano, Gomes da Mota de Souza, & Esquerdo Lopes, 2016).

Taking the concept of occupational justice as a starting point, my understanding is that Kronenberg and Pollard (2006) were suggesting that occupational science has developed unique knowledge concerning how important it is for human beings to engage in meaningful occupations that allow them to develop their potential. I insist that this is my interpretation, because the authors refer to the exercise of occupational therapy without directly mentioning

occupational science. Hence, I extend this political analysis to occupational science, assuming that the knowledge that has been developed in practice has also been useful to inform the subject matter of occupational science. This body of knowledge has been helpful to reveal an ethical and eventually political issue: when humans are unable to take part in meaningful occupations to sustain their well-being, they are being deprived of a basic need; this is similar to the case of groups who lack access to food or drinking water.

Kronenberg and Pollard's (2006) idea is consistent with the Participatory Occupational Justice Framework created by Whiteford and Townsend (2011), according to which social and political dynamics are conditions that go beyond individual aspects and shape the occupations in which people participate. Kronenberg and Pollard drew attention to what they called cases of occupational apartheid. This latter concept introduces new elements to the understanding of occupational injustice situations. Thus, these authors suggested that practitioners' actions are related not only to health issues, but also to ethical and, eventually, political problems.

This paper is influenced by the call made by Kronenberg and Pollard concerning the political dimension of occupational therapy's practice but takes a certain critical distance. While the analysis of the political aspects involved in situations of occupational injustice is considered relevant for occupational science, a critical reflection is proposed concerning the conditions required for occupational injustice to emerge. The study addresses the wake-up call made by Farias, Liliberte Rudman, and Magalhães (2016) in order to avoid being drawn—again—into positivism and adopting an individual-centred focus, which aimed at making a critical contribution to the occupational justice framework for future occupational science research.

In this paper, I argue that occupational scientists need to build up knowledge about the political dimension of occupation, in order to more deeply discuss the specific occupational injustices faced in everyday life and how people can act to address them. Suggestions are made on the need to pay particular attention to the mechanisms that allow the power relations

embedded in occupational injustice and/or apartheid to persist over time and be deployed in space, preventing a dichotomy between social and individual, and micro and macro. My aim is to contribute a perspective that can articulate the material and pragmatic spheres of occupations with the social-theoretical developments that inform occupational science.

In order to achieve the goals set, I will first briefly explain the conceptual framework that underpins my understanding of politics, which is sustained by the concept of governmentality, as presented by Foucault (2006, 2007) at the end of the 1970s. Then, I will explain the proposal of governmentality studies (Resende, 2015) to discuss therapeutic practices as practices of the government in the present. In this regard, three aspects will be discussed, which need to be considered in order to analyse the specific forms adopted by power relations. Subsequently and relying on the concept of extitution (Tirado & Domènech, 2001), I will attempt to critically analyse the process of reforming the psychiatric institutions in Chile. In the conclusion, I will discuss the concept of freedom as presented by Kronenberg and Pollard (2006), as well as the risks entailed for occupational science if a naïve perspective is adopted in this regard.

Policy Dimensions of Actions by Health-Care Practitioners

The first aspect that needs to be addressed is what is understood by policies. There are a variety of approaches concerning the study of policies in social sciences. Since addressing all of them would go beyond the scope of this paper, I will only mention two points of view which I think can serve the purpose of this study. In a conventional approach, policies are understood to be the set of regulations devised by a society to solve certain issues. From this perspective—called rational-instrumental (Iverson, 2012)—policy preparation, implementation and assessment processes are discussed, regardless of their purposes. They are called rational because they aim at a neutral and objective analysis of processes; and instrumental because their objective is to assess a certain policy in terms of its effectiveness in solving issues.

From a different standpoint, this rationality has been subject to critique as it fails to question the processes by which the goals of certain policies have been established. In other words, the rational-instrumental approach fails to question the power relations that underpin the aim pursued, so that policies could end up creating a device that legitimizes a certain regulatory social order (Bacchi, 1999). This is because it proposes an ideal to be achieved, defines what is required to achieve it, and builds categories of what is and what is not desirable, as well as tools to change the living conditions of individuals. Based on this distinction, I think that this call to attend to the political action of health practitioners has been, in certain ways, restricted only to calls to take part in legislative debates.

These types of approaches suggest the need to introduce the ways a discipline conceptualises the very issues it addresses and ideals it holds into forms of government (Moyers, 1991). Taking a certain distance from this type of conceptualisation, I define policies as broadly referring “to the ways power relations are embedded in the ‘truths’ and taken-for-granted assumptions that circulate through society, differentially shaping possibilities for being and doing within situations” (Laliberte Rudman, 2013, p. 169). This also applies to the core assumptions of occupational science.

Hence, the question at hand is how the ideals of subject and society, which underpin occupational science, are related to the forms of government (Gutiérrez Monclus & Pujol Tarrés, 2016), and what are the impacts of introducing them into government rationales?

The conceptual framework of governmentality studies

The concept of governmentality appeared in two courses offered by Michel Foucault at the end of the 1970s at the Collège de France. The concept, as introduced by Foucault (2006, 2007) is understood as strategic action to control people’s conduct. This neologism contains the idea of government and rationality, referring to two orders of things: on the one hand, to the scope and object of government and on the other, to the type of rationality that needs to be used to

govern, both in terms of *how* to exercise power as well as the means by which it is expressed (De Marinis, 1999). Thus, we can distinguish fundamental elements in governmentality: political rationalities and government technologies. The former takes the form of morals and develop in the field of what *ought to be*, such as ideals and principles that should sustain a government: for instance, freedom, justice, equality, responsibility, citizenship, etc. The latter are the elements used to make the exercise of power effective and perfectible. Both are connected in practice (Resende, 2015).

Government technologies are understood as the different forms to be adopted by mechanisms, strategies and procedures that connect the expectations of government officials with the activities of individuals, and which are oriented to producing certain effects on the behaviours of others (Rose, 1997). By putting an emphasis on the role, rather than on the forms of government technologies, less evident forms of exercising power are brought to light. The techniques used to intervene with people and groups can also be discussed under this framework, i.e., as a mechanism that seeks to align individuals’ and groups’ conduct with government rationalities or, in other words, as strategies and technologies aimed at aligning citizens’ subjectivity with the ideal of a subject as proposed by the government (Rose, 1997). An example along these lines is provided below.

What is the present government’s ideal of a subject? To answer that, governmentality studies published by Barry, Osborne, and Rose (1996) tracked the major transformations that took place in the United Kingdom during the 20th century. They identified the steps taken towards what has been called ‘advanced liberal democracies’ and focused their analysis on the changes that occurred, both in terms of the object of government (what is ruled) and of the spaces of government (from where ruling takes place). They suggested that there has been a de-articulation of the multiple government technologies developed during the 20th century and that new government technologies could be emerging, now arranged as a network of public and private services. This shift comes hand-in-hand with a new rationale that praises

market efficiency as the best way to allocate resources within a society. As a consequence, social politics and its main role as a wealth redistribution strategy become subject to the economic policy of growth and accumulation. Thus, the expected ideal of a subject points to a free and autonomous being that aims at maximizing his/her capacities and well-being by making choices in a free market (Rose, 1998). An important role is played here by people and group intervention strategies, of which health-care practices are part.

While governmentality studies were initially developed in the United Kingdom, they became extremely useful to understand political processes in Latin America; for instance, higher education systems in Mexico (Silva, 2002); child protection systems in Uruguay (Donzelot, 1990); and the psychiatric reform and youth-oriented policies in Brazil (Barbosa, Caponi, & Verdi, 2016; Brendán, 2014), among many others. This could be explained by the so called Latin American neoliberal reform process that took place between the end of the 1970s and the first half of the 1980s (Harvey, 2005), under which neoliberal rationality was expanded to the South American continent. In addition, it should be noted that such processes had greater impact in Chile, where the economic liberalism discourse took stronger root than in other Latin American countries and heavily influenced public policy design (Delamaza, 2005). Perhaps for this reason, the governmentality framework has been successful in Chile, for instance in the study of drug and crime control policies (Pincheira, 2014; Sepúlveda, 2011; Tijoux, 2006), or health-care system reforms (Carrasco, 2015; Illanes, 2007; Merino, 2016). Needless to say, that for these types of analyses to be useful, the social, economic, historical and political singularities of each context need to be taken into account. Finally, adopting the governmentality framework approach implies expanding the political dimension issue beyond taking a stance regarding the management modes of government apparatus. There is a need to watch out for the different strategies and technologies that focus on aligning the subjectivity of citizens with the government's ideal subject and how they operate in each specific context.

Institutions, power relations and materiality: Inputs for the analysis of occupational injustice

Foucault assumed that all forms of sociability aim, in one way or another, at exercising control over the conduct of individuals and focused his analysis on the specific forms of power in different institutions. Thus, he concluded that power spreads through a truss of devices (discourses, spatial and architectural layouts, registers, etc.), so that individuals can adopt certain behaviours without a need for them to even be enunciated.

For Foucault, understanding how to make government forms effective means considering the relations among power, institutions and materiality, in such a way that if one of these aspects is left behind, the analysis would be incomplete. Several related calls have been made from different critical perspectives, arising from Foucault's thoughts. Thus, social research has been critiqued as failing to consider the three aspects jointly: institutions, power relations and materiality (Brady, 2014; Shore, 2010; Sisto & Zelaya, 2014; Tirado & Domènech, 2001). Illustrative examples of these critiques are the institutional analysis and certain schools of thought in the social sciences.

Institutional and organizational analyses address governmentality devices and seek to report how these are arranged to achieve certain goals (Gantman, 2005). Such analyses consider procedure, resource and space allocation, and use of technologies, among others. While it could be said that institutions and materiality are considered, the analysis of power relations is left behind. More specifically, these analyses fail to reveal the way through which procedures, spatial layouts and resource allocations actually direct certain individuals' conduct, based on a government's rationality. In this sense, it could be stated that such approaches are naïve.

On the other hand, social scientists have sought to explain how institutions are created and maintained by power relations. These types of approaches aim to report how some institutions manage to make others do things, even against their will. Subsequently, social institutions—and moreover, society's very framework—have been understood as the result of the sedimentation of an imaginary (Castoriadis,

2007). Under such approaches, it is apparent that power becomes a rather obscure concept, as it fails to explain how submission is imposed; how it is that some have the possibility of imposing their will on others and how this endures in time, without the need for violence or coercion. Thus, power becomes something mysterious, only explainable from a metaphysical conceptualisation (Tirado & Domènech, 2001).

I consider that this type of reasoning is all the more common in literature that discusses the political dimension of health-care practitioners' actions (Kronenberg & Pollard, 2006). The proposal herein is that the political role of the professionals involves encouraging and/or empowering people so that they can address the restrictions that have been imposed on them. It is unclear, however, what those restrictions are, as well as how the alleged borders that need to be crossed are kept and consequently, how health professionals are supposed to cross them. Thus, power relations remain in the sphere of social imagination, which makes it difficult to analyse them in specific situations, beyond metaphysical assumptions. The main issue here is that the political role of practitioners remains blurred, closer to an ideological stance than to a specific practice.

Rethinking Policy Analysis in Mental Health and Psychiatry

Psychiatry, as an institution, has been subject to increasing criticism in the past decades and has seen the need to rethink its practices. Thus, the care of the so called mentally ill no longer takes place in enclosed spaces or in specific institutionalized centres. The space formerly used by psychiatric hospitals is now to be replaced by a network of services through which users (formerly patients) can move, ideally, without restrictions. However, this does not mean the disappearance of control mechanisms (Barbosa et al., 2016), since at the same time, there has been an extension and improvement of asylum disciplinary mechanisms (Deleuze, 1992). That extension includes a series of control techniques that deploy and spread throughout every aspect of the social environment, while improvement refers to changes from typical mechanisms of disciplinary societies to other more liberal forms of behaviour control.

How do control mechanisms operate outside the traditional institutional space? And then, how does the knowledge about occupations take part in them? Tirado and Domènech (2001) provided useful insights to answer these questions. Their proposal built upon Foucault's work concerning the role of materiality in power relations; specifically, the way in which materiality allows power relations to be maintained in time and deployed in space. They stressed the importance of the panopticon for disciplinary institutions (Foucault, 1979). The panopticon model for modern prisons is inseparable from the forms adopted by power relations, as it allows them to last over time and extend in space. The panopticon is both a strategy and an economics of power as it subjects inmates to permanent and centralized surveillance. Individuals are unable to know when they are being monitored and are therefore constantly forced to adopt certain behaviour, without the need for coercion. The history of practices in the mental health and psychiatry fields reveals a shift from institutions designed in accordance with the panoptic model to devices known as "open-door" or, in common terminology, there has been a deinstitutionalization of psychiatry patients (Basaglia, 1972). Tirado and Domènech suggested a different insight, however; what is taking place is a process known as *extitutionalization*.

The concept of extitution emerged as a conceptual tool that breaks down the classic dualism between inside and outside of the institutional space. It suggests a new type of spatial layout and individuals, which ensures lasting remote control, supported by information flow technologies. Tirado and Mora (2004) offered examples of extitution in a mental health project in Catalonia, Spain, called Pla de Serveis Individualitzat (PSI), which is part of the reform of traditional psychiatry. The PSI proposes individual management on a case by case basis, so that the patient can move through different institutional spaces depending on his or her needs, with the support of a case-manager who is a mental healthcare practitioner. The PSI is not located in a closed space but crosses different premises, such as healthcare centres, schools, workplaces, etc.; it is implemented in all places but in no place at once.

Tirado and Mora (2004) concluded that the PSI only exists to the extent that the case-manager is able to connect different places, people and materiality through the trajectories of a service user. Thus, there is no PSI within the spatial limits of a care centre. However, this does not mean it does not exist, since intervention technologies developed in traditional disciplinary institutions—including psychiatric centres—have managed to overflow their walls and “invade the outside spaces causing impacts that last both in time and space” (Tirado & Domènech, 2001, p. 198). Hence, another rationale must be adopted to understand how control of individuals is exercised by these new modes of intervention.

There is a need, therefore, to stop considering power relations as those that take place within disciplinary institutions; new forms of analyses need to be found to understand the control practices that now take place in the open. These new forms of remote control depend—to last in time and deploy in different spaces—on new government technologies, such as databases, electronic registers and multiple means of distance communication. These technologies are known to be lasting and mobile, more than visible and localized. The former does not mean that there is no surveillance, as movements are always monitored by the new technologies (Sartori, 2015).

Psychiatric reform in Chile

As a result of the anti-psychiatry movement, several restructuring processes of mental-health and psychiatry systems took place in first-world countries such as England, France, Italy, Germany and the United States (Huertas, 2017). The reforms took place in varying degrees and modalities but were based on the same critique of asylums. Community driven approaches were introduced; institutional reforms were made (therapeutic communities and institutional therapies in France); and preventive projects implemented (community psychiatry in the United States.) One of the most radical changes was the Italian psychiatric reform and the English anti-psychiatry. Under these trends, a clear political framework concerning the issue of madness was enacted (Basaglia, 1972).

In the Chilean context, the psychiatric reform began during the 1990s, after the end of the civil-military dictatorship and amidst the State’s political democratization processes (Huertas, 2017). Thus, if asylums in Europe could have been compared with concentration camps, in Chile—as well as in other Latin American countries—they could be comparable to torture chambers (Amarante, 1998). The movements that promoted the psychiatric reform in Chile were connected with non-governmental organizations (NGOs) which, during the dictatorship, assisted victims of human rights violations (Guajardo & Simó, 2010). The strong politicization during the post-dictatorship era perhaps explains why Chilean reform efforts were modelled upon the most radical anti-psychiatric movements, particularly the Italian approach (Basaglia, 1972). Subsequently, and during the transition to democracy, part of the State’s health-care policies included the modification of the psychiatric institution. This was when several practitioners, who had taken part in programs to assist victims of human rights violations, were invited to participate in the preparation and implementation of the National Mental-Health and Psychiatry Plan.

Numerous programs and regulations leaning towards replacing confinement with other types of outpatient care that favour social and community reintegration were devised. New devices were established to deliver community-based care and social support, so as to allow patients confined to psychiatric institutions to leave them. In other words, the community and psychosocial approach to mental illnesses became government policy. Following reform processes adopted in Europe, new specialized outpatient approaches emerged. While initially proposed as an option to psychiatric confinement, they later tended to almost totally replace internment actions. These are the so-called “open-door” approaches, where non-physician professionals—such as psychologists, social workers, educators and occupational therapists—take an increasingly relevant role.

Dating from the 1990s, the community approach was introduced to multiple career training programs,¹ later leading to experts who set up new intervention techniques (Carrasco & Yuing, 2014), and therefore, took part

in the configuration of the new devices: defining new evaluation guidelines, updated intervention procedures and protocols, etc.

It could be said that the fall of the psychiatric institutional walls would not have been possible in Chile without such governmental actions (Castel, Castel, & Lovell, 1982). Moreover, mental health system reforms were part of the goals set by international organizations to align countries, including the preparation of standards-based tools to measure progress. In the case of Chile, the implementation of these tools guided policies and their objectives (WHO and MINSAL, 2014). Hence, the deinstitutionalization of mentally ill people was a government goal which went beyond the Chilean government (Scorofitz, 2013). Currently, practitioners working with the new open-door approach regularly visit users' (formerly called patients) households, study or workplaces, keep in constant communication and work in close coordination with practitioners from other services, such as schools, cultural centres, firms and others (Carrasco & Yuing, 2014).

In light of the theoretical perspectives developed in the former section, these practices can be considered extitutions; that is, new devices that no longer seek to control behaviours through seclusion but through other types of strategies. Practitioners are expected to monitor the routines of their users: if they attend school or work; whether they meet with friends or not; if they participate in organizations, and so on. Subsequently, they must hand this information over to other network stakeholders and agree on strategies with relatives, neighbours, and friends, among others, to guide the users' behaviour. For this, new technologies are used (telephone calls, e-mails, etc.), extending the intervention beyond the borders of the Mental Health Centre. On the other hand, and following the Italian reform movement, the political discourse attempts to involve mental health-care workers in the reform project, beyond traditional care tasks, encouraging them to take responsibility for the project's success. Making mentally ill people move around and socialize is not just one more technique but becomes an ethical and political imperative, in that it is a strategy to fight against traditional psychiatry (Braga & Silva, 2005). The so-called psychiatric

patient, now free from confinement, is reconfigured in the new devices and based on new requirements: he or she needs to move around freely in a network. To meet this ideal, training in certain skills required for self-responsibility and self-care needs to be provided. This process of acquiring skills for a life beyond confinement has been called psychosocial rehabilitation (Teixeira & Arruda, 2010).

Finally, reform practices in Chile point to the development of a responsibility network against confinement and for the sake of freedom. Thus, wisdom and practices "that traditionally include different and sometimes contradictory conceptions of the psychiatric phenomenon converge towards making stakeholders and social instances responsible as a way forward in the deinstitutionalization of psychiatric assistance" (Braga & Silva, 2005, p. 144). Thus, I suggest that different stakeholders, wisdoms and practices come together in a network that further includes the State and its social policy, practitioners, relatives, the community and the user him or herself, based on a new imperative of freedom. This, however, could not be possible in the absence of the materiality of new technologies that allow for the constant flow of information. The aim of these new forms of control is for people to move about and establish relationships; therefore, what cannot be done is the opposite: staying in one place and not interacting.

By Way of Conclusion

In the Chilean case, the forms adopted by mental health and psychiatry interventions could be very close to liberal management approaches, particularly when they are institutionalized and focused on specific aspects that are presented as requirements for individuals to be considered self-reliant: the chance of getting a job and undertaking responsibilities as a consumer and citizen. Drawing upon this ideal, new scales of freedom and citizenship are established, based on which specific actions are defined for each individual.

The Chilean psychiatric reform was mainly intent on removing the old ways through which the mentally ill were governed in asylums. However, along with the departure of the psychiatric hospital, new practices specific of a

liberal government emerged. This could be seen as a contradiction, particularly considering a strong leftist political trend found in reformist movements (Guajardo & Simó, 2010). However, I think this is a useful illustration of how originally sought-after ideals are not necessarily consistent with the specific practices that result, or, as suggested by Foucault (2006), practices of dissent can become positive government techniques. It is not my intention to assert that Chilean reform stakeholders made a mistake. On the contrary, what I would like to highlight is that the practices that resulted from the reform process are consistent with forms of liberal government, which place freedom as an imperative and make users, relatives, practitioners and the community at large responsible for its success.

Undoubtedly, this was an unexpected impact to those who took part in the reform and, as stressed by Foucault (2006), counter-conduct practices are always prone to becoming government techniques and that is not something that can be attributed to a particular element. It is also not my intention to state that the ideal of freedom, so typical of liberal governments, is, in itself, a bad thing. On the contrary, many people who have experienced the new forms of mental health and psychiatry interventions in Chile feel that they have been freed from old psychiatry practices. But at the same time, many can feel subjected to a great deal of demand to adjust to an ideal. What I would like to highlight is the changing and multiple nature of government forms and the need to remain aware of them, constantly asking ourselves: Which ideal subject underpins the ideal of occupational justice? And: What is the relationship between this ideal and the government's ideal subject?

Finally, I would like to suggest the idea that the political action by health-care practitioners entails much more than just engaging in policy preparation and/or debates. It is also insufficient to encourage people and groups to breach the barriers that have been imposed on them. The knowledge that has been developed around occupation has made it possible to identify situations of occupational injustice, where some people and groups lack the same possibilities of participating in occupations that ensure their well-being (Whiteford, 2011). Moreover,

occupational scientists and therapists have come to understand that these situations are not simply the result of individual conditions but are related to a larger economic, political, and social order (Farias et al., 2016). In addition, current knowledge about occupation enables discussion of how contexts can impose demands, allowing or restricting occupational engagement. I think it would be useful to ask about the role that current knowledge about occupation plays in the specific forms of conduct control of certain individuals and groups. And finally: How can strategies to control the conduct of others promote greater occupational justice in each specific situation?

Furthermore, a political commitment with occupation should address the material means through which occupational injustice situations continue over time and deploy in space. Overcoming barriers imposed by institutions and society does not necessarily mean liberation or clear political actions. The political dimension should consider an analysis of the government rationales and technologies, remaining vigilant about the specific forms adopted by power relations in each particular situation. This would facilitate thinking about specific strategies that favour greater occupational justice. In this sense, in the current scenario there is a need to pay attention to materiality and the new technologies that make remote ruling or governments possible.

Endnote

1. The so-called community approach involves multiple and diverse theories and methods unable to be grasped as a theoretical, methodological and/or disciplinary formulation but rather considered a hybrid made up of theoretical developments, social policies and different practices in Latin America, led by NGOs during the dictatorship (Alfaro & Zambrano, 2009).

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