

MORE THAN ART, LESS THAN WORK: *The Paradoxes of Citizenship and Artmaking in Community Mental Health*

NATASHA DAMIANO AND CATHERINE L. BACKMAN*

THE ART STUDIOS is an art-based mental health recovery program that provides support to Vancouver residents in a non-clinical setting. Located in a multicultural Vancouver neighbourhood where commercial and residential districts merge, the building that houses the program is distinctive among the older shops and restaurants with its dramatic mural of a large wave, an orca, and various depictions of nature enclosed in bubbles. The program is rare in both Vancouver and in British Columbia for its joint artmaking and mental health focus.¹ Easily mistaken as an “art therapy” program,² the Art Studios offer visual media artmaking classes and psycho-educational workshops to people with mental health diagnoses, guided by the complementary theories and practices of occupational therapy and psychosocial rehabilitation and recovery.³ A clear result of the client-centred emphasis of these approaches is the member-staff collaboration central to how the program has evolved and is delivered: artmaking classes taught almost exclusively by instructors who were previously clients in the program, with remaining classes led by occupational therapists skilled in recovery-oriented practice or contracted artists skilled in particular media. The program aims to facilitate healing and the transition of members to community (versus health system) supports.

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¹ Today there are more and more art-based health programs in British Columbia; however, this program stands out as the first created under the umbrella of a health authority, specifically for mental health, but operating in a non-clinical location.

² *CBC News*, 5 July 2013, <https://www.cbc.ca/news/canada/british-columbia/art-therapy-program-cuts-endanger-mental-health-say-patients-1.1330992>.

³ Terry Krupa and Carrie Clark, “Occupational Therapy in the Field of Mental Health: Promoting Occupational Perspectives on Health and Well-Being,” *Canadian Journal of Occupational Therapy* 71, 2 (2004): 69–74. doi: 10.1177/000841740407100201.

We conducted a mixed methods program evaluation in 2015, results of which are reported elsewhere and summarized below.⁴ The goal of the study was to evaluate client outcomes and to explore client and staff perceptions about the artmaking program's role in recovery. Our purpose in this article is to revisit the transcripts and field notes collected in the ethnographic qualitative stream of the one-year program evaluation and examine the program's capacity to promote social citizenship among its members. As is common in qualitative research, field observations and answers to interview questions about program impact revealed issues that were not the explicit focus of our research. In this case, spontaneous expressions of social citizenship that we recorded or observed were often framed as concerns about funding cuts and stories of organized efforts to save the program.⁵ Although the concept of citizenship is increasingly present in clinical, professional, and institutional definitions of psychosocial recovery, the complexity of citizenship and its increasingly differentiated constructions are challenging to uphold in practice.⁶ For this reason, programs that promote a social citizenship model of healing may be perpetually vulnerable to funding constraints within systems of health service delivery that privilege productive citizenship and measure "recovery" and "rehabilitation" by outcomes such as waged labour.⁷

Through the lens of social citizenship, we highlight the complexity of the recovery model while simultaneously challenging a narrow view of "occupation," particularly as it pertains to community mental health. By locating the program's evolution in the context of British Columbia, this article also speaks to the continued relevance of artmaking programs for healing and resilience and, by extension, to the importance of recognizing and supporting such programs as vital and *valid* contributions to the society and culture of British Columbia. We do this by illuminating the tensions and paradoxes that exist among individual and collective experiences of healing, institutional and societal ideologies about psycho-

⁴ Catherine L. Backman, Natasha Damiano, Flora Y.L. To-Miles, and Kaitlynn Pearmain, "Artmaking and Psychosocial Recovery." Unpublished manuscript, last modified 7 March 2019, Microsoft Word file.

⁵ At the time of the program evaluation, the health authority had determined the program would be closed. It was sustained in part by donors who sought a long-term solution to program funding.

⁶ For a critique of recovery paradigm, see Marina Morrow, "Recovery: Progressive Paradigm or Neoliberal Smokescreen?" in *Mad Matters: A Critical Reader in Mad Studies*, ed., Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, 323–33 (Toronto: Canadian Scholars' Press, 2013).

⁷ Or activities, such as education or volunteerism, that lead to waged labour. See Puurveen and Phinney, "Confronting Narratives of Loss: Art and Agency in Dementia and Dementia Care" (this issue) for discussion of "evidence."

social recovery and supports, and the value of artmaking as a therapeutic and meaningful occupation. These tensions can be enormously challenging for mental health programs attempting to push the boundaries of health care delivery (originally hospital-based) in order to support health and healing. However, by recognizing and validating contributions made by citizens who individually and collectively are living with, recovering from, or supporting others with mental illness, we meaningfully foster recovery and citizenship in our communities.

RECOVERY AND CITIZENSHIP IN COMMUNITY MENTAL HEALTH

The “recovery model” of the 1980s and 1990s was the accomplishment of psychiatric survivors and professionals advocating for mental health reform in the 1980s.⁸ Inspired by the civil rights and countercultural activism of the preceding decades, global activist discourses around health care and civil rights, and the “deinstitutionalization” they propelled,⁹ challenged the ways mental illness (and disability more broadly) were defined and treated. The shift in perspective on mental illness in the 1990s, and the growing view that recovery is possible, is represented in William Anthony’s often-cited concept and vision of recovery as “a way of *living a satisfying, hopeful, and contributing life even with limitations caused by illness.*”¹⁰ The Mental Health Commission of Canada (MHCC) almost wholly retains this current statement within an expanded definition:

The concept of “recovery” in mental health refers to *living a satisfying, hopeful, and contributing life, even when* a person may be experiencing ongoing symptoms of a mental health problem or illness. Recovery journeys build on individual, family, cultural, and community strengths and can be supported by many types of services, supports, and treatments. Recovery principles, including hope, dignity, self-determination, and responsibility, can be adapted to the realities of

⁸ Morrow, “Recovery.”

⁹ Boschma argues that, in British Columbia, “deinstitutionalization” took the form of transinstitutionalization, increases rather than decreases in hospitalizations, and the transformation of the hospital-based system into a complex as well as fragmented system of community-based care. See Geertje Boschma, “Deinstitutionalization Reconsidered: Geographic and Demographic Changes in Mental Health Care in British Columbia and Alberta, 1950–1980,” *Histoire Sociale/Social History* 44, 88 (2011): 223–56.

¹⁰ Anthony William, “Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System of the 1990s,” *Psychosocial Rehabilitation Journal* 16, 4 (1994): 15 (emphasis added).

different life stages, and to the full range of mental health problems and illnesses. Recovery is not only possible, it should be expected.¹¹

Vigorously debated, the concept of recovery has evolved from initial attempts to encapsulate survivor experiences and counterbalance narrow biomedical perspectives to a recognition that both illness and recovery are determined by complex, interrelated factors. As it evolved, the focus of recovery shifted from individual “limitations” (the biomedical model of disability) to that which an individual may *experience* in the world “even when” coping with illness and recovery (the social model of disability). Throughout this evolution, what has remained at the heart of recovery – represented by the values of self-determination, responsibility, and contribution – is a notion of citizenship, specifically *social citizenship*.

British sociologist T.H. Marshall defined citizenship as “a status bestowed on those who are full members of a community” and that was based on three dimensions: civil rights (individual liberties such as freedom of speech, rights to property ownership), political rights (in terms of rights to political participation), and social rights (the right to social belonging and security).¹² A recent scoping review found that “research about citizenship and disability predominantly starts from Marshall’s definition of citizenship as the status of those who are full members of society, but tends to neglect the power aspects related to obtaining citizenship rights.”¹³ Research that does consider these dynamics reveals that in the everyday lives of many people with persistent mental health difficulties, citizenship rights remain partial.¹⁴ Using Sweden as an example, Marie Sépulchre and Rafael Lindqvist argue that the state has a role to play in helping people achieve full – or “active” – citizenship. Their paper sheds light on how different normative interpretations of citizenship (e.g., neoliberal, with a focus on self-responsibility and autonomy, or socio-liberal, with an emphasis on rights and duties of

¹¹ The website for the Mental Health Commission of Canada, recovery page (emphasis added), copyright 2018, Mental Health Commission of Canada, <https://www.mentalhealthcommission.ca/English/what-we-do/recovery>.

¹² T.H. Marshall, “Citizenship and Social Class, 1950,” in *The Anthropology of Citizenship: A Reader*, ed. Sian Lazar, 52–59 (Chichester, West Sussex: Wiley Blackwell, 2013).

¹³ As quoted in Marie Sépulchre, “Research about Citizenship and Disability: A Scoping Review,” *Disability and Rehabilitation* 39, 10 (2017): 954.

¹⁴ Medical sociologist Michael Rowe contends that, for those with mental illness who are homeless, citizenship can be “bounded” within service models that require social inclusiveness in the wider community if they are to work. He defines citizenship as a person’s connection to rights, responsibilities, roles, resources, and *relationships* through public and social institutions as well as local community organizations and power. See Michael Rowe, “A Model of Citizenship and Mental Health,” in *Citizenship and Mental Health*, 189–99 (Oxford University Press, 2015).

states and citizens in relation to one another) can be complementarily reflected in policies supporting people with mental illness.¹⁵ Their point is not to present one interpretation as better than another, but to see the inherent complexity of citizenship in all of its potential. Here we highlight how, as reflected in the values of recovery (i.e., contribution, responsibility, and self-determination), the concepts of citizenship and social citizenship are equally complex.

A critique of recovery is that even when a social model of disability is understood and valued among those working in community mental health, the “emancipatory potential” of recovery is constantly challenged by discourses of neoliberal politics and biomedicine¹⁶ – or what Kenneth Gergen terms “an individualist orientation to social life.”¹⁷ Reflecting on the argument by Sépulchre and Lindqvist, it follows that citizenship – if interpreted with an emphasis on rights – could fall prey to the same critique. In contrast, Duffy argues that “the value of citizenship,” when committed to as a social goal, is that it reconciles human diversity and innate human equality, making room for “equality of respect” (inclusion) rather than “equality of rights” (which may include or exclude).¹⁸ Given this inherent paradox of citizenship, the concept of citizenship has become increasingly differentiated, with increasing political and academic striving for *inclusive* citizenship based on the values of justice, recognition, self-determination, and solidarity – that is, citizen-to-citizen relations.¹⁹

An example of this is the concept of relational citizenship, proposed as a way to empirically study citizenship that is created via interactions between individuals, including relationships that are not bounded by location or traditional notions of “community”²⁰ (as in the Work 2 Give program described by Brown and Timler, this issue). As anthropologist Jeanette Pols argues: “relationships *between* citizens also have political meaning. They define spaces and opportunities to act, and those who

¹⁵ Marie Sépulchre and Rafael Lindqvist, “Enhancing Active Citizenship for Persons with Psychosocial Disabilities,” *Scandinavian Journal of Disability Research* 18, 4, (2016): 316–27.

¹⁶ As quoted in Morrow, “Recovery,” 330. See also Jeannette Pols, “Analyzing Social Spaces: Relational Citizenship for Patients Leaving Mental Health Care Institutions,” *Medical Anthropology* 35, 2 (2016): 177–92. Pols also states that citizenship implies “emancipatory promises of equality and opportunity for all” in the context of mental health care (178).

¹⁷ As quoted in Kenneth Gergen, “Toward a Relational Humanism,” *Journal of Humanistic Counseling* 34 (2015): 152.

¹⁸ Simon Duffy, “The Value of Citizenship,” *Research and Practice in Intellectual and Developmental Disabilities* 4, 1 (2017): 26–34.

¹⁹ Ruth Lister, “Inclusive Citizenship: Realizing the Potential,” *Citizenship Studies* 11, 1 (2007): 49–61.

²⁰ Pols, “Analyzing Social Spaces.”

might be involved in these activities.”²¹ By emphasizing the way citizenship is created between individuals, Pols’s work speaks indirectly to other critiques of the recovery literature that remind us that “recovery” can affect not just those receiving mental health services but also those delivering them:

The term [recovery] is used to denote something that happens to clients of mental healthcare systems, with or without assistance from professionals. What is far more rarely explored is how these groups can be brought together in and through the co-production of creative capital or resources in areas such as visual arts, music, dance, drama, stories and narratives, histories, philosophies and the like, in order to forge stronger connections that can support mental health and well-being recovery and advance shared understanding.²²

As the outcome of social-material interactions, relational citizenship is meaningful to those involved and can be created and supported through networks, encounters with strangers, shared cultural meaning via shared aesthetic genres, or – as above – through the support of caregivers, including those in professional and family support roles.²³

The concept of relational citizenship also complements Duffy’s framework for citizenship, which focuses on enhancing (rather than diminishing) roles.²⁴ Revising an older framework in which he identified contribution (“giving back”) as one of six keys to citizenship,²⁵ he argues that active living or engagement with one’s community is what promotes contribution.²⁶ What may be missing, or is perhaps implied, in Duffy’s framework is the role of reciprocity in social support as well as how resilience can be an important potential benefit of that support. For instance, Carole Pound argues that a shortcoming of rehabilitation for people with disabilities is that social support is often one-way,²⁷ pushing people with disabilities – who are typically not expected to reciprocate – further into isolation.²⁸ Among other things, Pound underlines how

²¹ Ibid., 178, emphasis in original.

²² Paul Crawford, Lydia Lewis, Brian Brown, and Nick Manning, “Creative Practice as Mutual Recovery in Mental Health,” *Mental Health Review Journal* 18, 2 (2013): 58.

²³ Pols, “Analyzing Social Spaces.”

²⁴ Simon Duffy, “The Value of Citizenship,” *Research and Practice in Intellectual and Developmental Disabilities* 4, 1 (2017): 26–34.

²⁵ Simon Duffy, *Keys to Citizenship* (Liverpool: Paradigm, 2006).

²⁶ Duffy, “Value of Citizenship,” 31.

²⁷ Pound draws on findings from two studies with people with aphasia. See Carole Pound, “Reciprocity, Resources, and Relationships: New Discourses in Healthcare, Personal, and Social Relationships,” *International Journal of Speech-Language Pathology* 13 3, (2011): 197–206.

²⁸ Ibid.

contribution through opportunities to engage in reciprocity is a key to active citizenship as it relates to building social capital in the form of friendships that may have been destabilized by illness. Pound makes a significant evidence-based point, which is that “positive relationships and strong social networks are important facilitators of coping and resilience in difficult times.”²⁹ If upholding full and social citizenship promotes healing, and if contribution is both a key to social citizenship and an aspect of resilience, then having opportunities to contribute may both enhance healing and protect against further distress. It is in this space of bridging health and social citizenship, and promoting healing (and resilience) that programs such as the Art Studios – with a focus on *doing* – play a key but often undervalued role.

ART, OCCUPATION, AND RECOVERY AT THE ART STUDIOS

At the Art Studios, artmaking is foregrounded as the most observable and unique part of the program, and individualized psychosocial recovery as the predominant practice framework.³⁰ However, as we noted during the program evaluation, a perhaps less evident therapeutic and relational process is enacted by staff members as they promote activities and a model of care that, we argue, fosters social citizenship in the way that it supports both individual and collective healing. Member collaboration is central to this model,³¹ and has been since the program’s earliest formation.

Located at its current location since 2003, the program began in 1992 as the Fiddle Faddle Art Centre, a pottery studio designed for clients of the Greater Vancouver Mental Health Service Society (GVMHSS) mental health teams.³² Convinced of the psychosocial and occupational (life skills) benefits of the creative and visual arts, a working group of mental health clients, occupational therapists, psychiatric nurses, and rehabilitation assistants conducted a survey of “consumers” and families

²⁹ Ibid., 199.

³⁰ In addition to artmaking classes, the program runs psycho-educational workshops on topics such as conflict resolution, goal setting, and stress management.

³¹ Monthly members’ meetings, run by members and supported by staff, are central to this model and continue today.

³² As there is no official account of the history of the Art Studios, this brief summary has been adapted from the Art Studios and the Recovery through Art Society (RTA) materials. Formerly Vancouver Recovery through Art Society, RTA is a charitable organization that was formed in 2012 and whose goals included fundraising to augment the Art Studio’s tight budget and to support access to the recovery-oriented arts program. See website: <http://recoverythroughart.ca/>. Representatives from both organizations have reviewed this version, though this account does not preclude other perspectives, interpretations, and more in-depth accounts.

to identify broader interest in a pottery group. The survey established consumer interest in a wide variety of visual media and traditional handicrafts,³³ and the group subsequently developed and submitted a proposal for a dedicated art studio to the GVMHSS executive director. The involvement of clients as consumers and partners having a say in the design of programs intended to meet their psychosocial needs was notable, as was the consumer interest in opportunities to contribute to programming – for example, as art instructors. In 1992, these efforts met with success: GVMHSS provided a space for the dedicated studios that was accessible to clients across all of the region’s mental health agencies and programs. Until then the pottery group had been meeting in a place offered by another health agency – “a windowless room with no kiln and no easels.”³⁴ Without operational funding, the working group created the program with donated equipment and resources, and it was coordinated by occupational therapists from different mental health teams.

Consistent with the increasingly endorsed client-centred practice and recovery philosophies of the 1990s, client involvement in program delivery was encouraged. Most instructors were occupational therapists or clients who, with a previous background in art and new skills and confidence gained from working with their mental health team, voluntarily assisted other clients and taught classes. Yet, in a way that is reminiscent of the nineteenth-century’s “moral therapy” period (explained below), the sheer lack of resources, especially in the program’s infancy, may also, to some degree, have necessitated the direct involvement of members.³⁵ In keeping with the developing trend of peer support described by Boschma and Devane (this issue), Art Studios instructors were eventually provided honoraria and contracts for each course taught, with payment depending on experience and qualifications. As the organization of health authorities, hospitals, and community agencies was restructured, the GVMHSS eventually dissolved, and, like other community mental health services, the Art Studios was absorbed by Vancouver Coastal Health.

Over the course of the past few decades occupational therapists have continued to maintain a presence in the field of mental health, both contributing to and being guided by what is known as recovery-oriented

³³ These included drawing, painting, and photography as well as woodcarving, stone carving, weaving, fabric arts, and picture-frame making. There was also a literature-focused book club.

³⁴ Pearl Martin and Colleen McNeil, *Celebrating 25 Years: The Art Studios*, pamphlet, 2017.

³⁵ Jennifer Laws, “Crackpots and Basket-Cases: A History of Therapeutic Work and Occupation,” *History of the Human Sciences* 24, 2 (2011): 68.

practice.³⁶ In British Columbia, the establishment of the Art Studios was at the forefront of this, particularly for the collaborative, client-centred model of care. What was once a small pottery and creative arts group is now a well-established (though underfunded), community-based art-making studio that offers free classes to adults and youth with ongoing mental health conditions (see Box 1). Mental health team members, family physicians, and psychiatrists refer clientele to the program, which has a screening process and waitlist. When contracting art instructors, preference is given to individuals who have “graduated” from the program. Members who demonstrate the desire and skills to teach are supported on a pathway from student, to volunteer class assistant, to paid instructor. This pathway leverages the lived experience of individuals familiar with the program philosophy and clientele, and this continuum of learning is viewed as a hallmark of the program.

Box 1: The Art Studios today:

- Over 230 members actively attending classes annually
- ‘Patients’ or ‘clients’ are referred to as ‘members’
- Art-making classes offered weekly, in terms of 10–12 weeks beginning each January, May, and September, akin to an adult education model
- Open studio time available for independent art-making and mentoring
- Ad hoc workshops address psychoeducation and wellness topics
- Open Monday to Friday, 9am to 12pm and 1pm to 4pm
- Small staff of 1.6 occupational therapists, 1 program secretary, 1 rehabilitation assistant, .34 program coordinator, contracted art instructors, peer-support workers, and volunteers
- Collaborative model engages members in decisions about the program

The resemblance of the practices of the early years of the program to original practices of occupational therapy (OT), and to its English precursor, nineteenth-century moral therapy, is noteworthy. During the

³⁶ Krupa and Clark, “Occupational Therapy.” See also Amy Sedgwick, Lynn Cockburn, and Barry Trentham, “Exploring the Mental Health Roots of Occupational Therapy in Canada: A Historical Review of Primary Texts from 1925–1950,” *Canadian Journal of Occupational Therapy* 74, 5 (2007): 407–17.

period of moral therapy, the notion of “work as therapy” prevailed in England, and the related activities at the retreats set up for this purpose (e.g., tending to gardens and workshops) often became “essential to the upkeep of the asylum.”³⁷ As with the Art Studios, collaboration at these retreats was central. As Occupational therapist Jennifer Laws explains:

[C]onceptions of work in moral therapy did not draw a harsh distinction between the therapeutic work of patients and the (paid-for) work of staff. Patients and staff worked alongside one another in the farm and kitchens and (while such a position is somewhat hard to conceive given the barrage of medical and criminal record checks that face individuals with psychiatric histories seeking sensitive employment today) recovered patients were not only permitted to stay on as employees in the retreats, but were actively selected for such positions due to their perceived sensibilities in dealing with newer admissions.³⁸

Laws’s description is relevant to understanding the Art Studios because it sheds light on key tensions in the history of occupational therapy – tensions that revolve around the shifting meaning of work from the time of moral therapy through the Second World War.³⁹ Formalized as a profession around the time of the First World War, and influenced by the early twentieth-century arts and crafts movement,⁴⁰ the employment of handicrafts was used by the earliest occupational therapists working with traumatized soldiers returning from war.⁴¹ Believing in the therapeutic value of learning and mastery, the focus of early occupational therapists was craftsmanship, or the idea that the body *needed* work and that, this being the case, work was in and of itself therapeutic.⁴² However, in the years following the Second World War, the therapeutic value of handicrafts decreased, influenced significantly by biomedical determinism and psychoanalysis (including art therapy). Laws contends that, in this period “the therapeutic purpose of work became the restoration of physical function: OT busied itself with making mobility aids for injured body parts and therapeutic ‘work’ (such that still existed) became mere

³⁷ Laws, “Crackpots and Basket-Cases,” 68.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Occupational therapy in Canada was also influenced by the settlement house movement and the moral hygiene movement. See Judith Friedland, “Why Crafts? Influences on the Development of Occupational Therapy in Canada from 1890 to 1930,” *Canadian Journal of Occupational Therapy* 70, 4 (2003): 204–12.

⁴¹ Friedland, “Why Crafts?” See also Sedgwick et al., “Exploring the Mental Health Roots”; and Laws, “Crackpots and Basket-Cases.”

⁴² Laws, “Crackpots and Basket-Cases.”

exercises to improve physical and mental stamina.”⁴³ It is this growing separation of “real” from “therapeutic” work, she argues, that served to distinguish the growing profession of occupational therapy from other health professions such as art therapy.⁴⁴

Today, occupational therapists practise in a variety of contexts, relying less on arts and crafts than they did when the profession was first developing.⁴⁵ One exception to this (there may be others) is in Norway, where a high percentage of occupational therapists working in mental health report using arts and crafts in practice.⁴⁶ Occupational therapist and historian Judith Friedland laments that occupational therapists are “ashamed of these occupations,”⁴⁷ a sentiment that is hinted at in survey responses from occupational therapists in Norway, which contain ambiguous comments about creative activities being “ordinary.”⁴⁸ Laws sheds light on why this is so, observing how, following the Second World War, “a public meaning of work was substituted for a private one”:

In the perversities of art therapy and mechanized OT alike, through turning inward, occupational activities had lost authenticity as crafts. Yet it is also important to note that in the broader socio-economic conditions of the 1940s and 1950s, crafts themselves had also lost authenticity as sustainable ways to make a living. As handicrafts in the outside world became relegated to hobbies and pastimes, for the first time in the history of therapeutic work, the allocation of craft activities to psychiatric patients became synonymous with limitation and despair.⁴⁹

Following Laws’s suggestion that these tensions may continue to affect occupational therapy from inside the profession, here we question how tensions may be intensified within health services contexts that understand occupation – and citizenship – as productive (waged) work. Furthermore, the occupation of artmaking may be viewed by decision-makers as inappropriate in a health services context if it is considered a private activity (or likened to a “domestic” pastime) – and *not* an act of citizenship. While it is beyond our scope to determine whether artmaking

⁴³ Ibid., 73.

⁴⁴ Ibid., 71.

⁴⁵ Friedland, “Why Crafts?,” 2003.

⁴⁶ Maria Müllersdorf and Ann-Britt Ivarsson, “What, Why, How – Creative Activities in Occupational Therapy Practice in Sweden: How Creative Activities Are Used in OT,” *Occupational Therapy International* 23, 4 (2016): 369–78.

⁴⁷ Friedland, “Why Crafts?,” 204.

⁴⁸ Müllersdorf and Ivarsson, “What, Why, How,” 374.

⁴⁹ Laws, “Crackpots and Basket-Cases,” 74.

at the Art Studios constitutes citizenship, it is perhaps worthwhile to consider the possibility that it could be, particularly in the way that it relates to caring for others.⁵⁰

We came face to face with these tensions when we began working with the Art Studios. In reviewing its mandate, priorities, and resources, Vancouver Coastal Health decided to close the Art Studios effective August 2013.⁵¹ A committee of the Art Studios members who wanted to “give back” to the program spearheaded a public protest to advocate for the continuation of the publicly funded program. Moved by their stories of recovery, philanthropists provided a short reprieve by donating operating funds to the VGH and UBC Hospital Foundation specifically targeted for the Art Studios.⁵² It was within this context that, in November 2014, the authors were essentially commissioned by program benefactors to conduct a one-year program evaluation. It is also within this context that we began to question whether, in making decisions about public health priorities, social citizenship and the healing potential of *meaningful* occupation (including creative activities such as artmaking, gardening, and others) are quite possibly overlooked.⁵³

LESSONS FROM THE ART STUDIOS IMPACT STUDY

The purpose of the Art Studios Impact Study was to evaluate outcomes of structured artmaking classes and individualized occupational therapy for Art Studios clients. We used a parallel, convergent, mixed methods research design that included a chart audit of outcome measures and a qualitative component using ethnographic methods (face-to-face interviews, focus groups, field notes, and participant observation).⁵⁴ The chart audit extracted scores for three standardized and one indi-

⁵⁰ Lister reviews feminist literature that discusses intersections of domestic and global citizenship and “challenges to the public-private dichotomy.” See Lister, “Inclusive Citizenship,” 57.

⁵¹ *Global News*, 14 June 2013, <https://globalnews.ca/news/644442/644442/>.

⁵² VGH and UBC Hospital Foundation, 9 July 2013, <http://vghfoundation.ca/2013/07/09/vancouver-coastal-health-secures-private-funding-for-the-art-studios/>. Currently, the Art Studios continues a precarious existence, sustained by an additional infusion of donor dollars to support its operation. It is also supported by the Recovery through Art Society. Also motivated by the desire to “give back” to the program, the society provides a grant to help members organize annual art events that raise additional funds for art supplies and to organize annual art exhibits. These public events became especially important when, following the protests against program closure, operational costs were covered by philanthropic donor support.

⁵³ Full citizenship implies that citizens are included in social, productive (economic), and political citizenship. Rowe warns that, without attention to material conditions, citizenship risks slipping into idealism. See Rowe, “Citizenship and Community Organizing,” 33.

⁵⁴ Backman et al., “Artmaking and Psychosocial Recovery.”

vidualized outcome measure over the course of one year. The qualitative component explored how members and staff (occupational therapists, rehabilitation and clerical workers, art instructors, and volunteers) perceive the program to contribute to recovery. While standardized outcome measures of psychosocial recovery, self-esteem, and health status indicated no change over a one-year period in a group of sixty clients, the individualized outcome measure showed statistically significant improvement in performance and satisfaction with performance on activities identified as important and rated by members. Our thematic analysis of transcripts from four focus groups (n = 21 members/alumni) and face-to-face interviews with eleven additional members/alumni and twelve staff identified three overarching themes: (1) participation in artmaking was a reason to get up, get dressed, and “get out the door”; (2) artmaking in this particular social environment was a means for “building self-worth”; (3) achievement of recovery goals was attributed in large part to the supportive and “safe environment” created by the physical and social characteristics of the Art Studios.⁵⁵

Pertinent to this article are participant accounts of how the Art Studios presented the opportunity to “give back” to the program (part of the safe environment theme) and the sense of belonging that was at stake (at the intersection of getting out the door and safe environment themes). We present these two subthemes in the following analysis of the data, re-examined through the lens of social citizenship. As became clear in discussions with the other authors of this special submission, the self-characterization of Art Studios members as people who “give *back*” (emphasis added) betrays a veiled social expectation that members should demonstrate their worthiness as citizens deserving of receiving funding for such a program.⁵⁶ What we hope to shed light on here is how those we interviewed enacted, or desired to enact, social citizenship – *giving* to their community in the same way they had experienced *receiving* via the reciprocity and relationships that evolved between members and staff at the Art Studios.⁵⁷ Because the main purpose of the original study was not related to citizenship, we did not probe for perceptions specifically related to this concept. Nevertheless, these descriptions offer a glimpse of how social citizenship and recovery are intertwined. While we are cautious about this analysis in light of the primary research question, the

⁵⁵ Ibid.

⁵⁶ The Recovery through Art Society has also characterized their members this way.

⁵⁷ Since members graduate into volunteer and instructor roles, the category of “staff” in our study included occupational therapists, instructors, rehabilitation and administrative staff, peer support workers, and volunteers.

way members, alumni, instructors, and rehabilitation staff characterized their overall experience of the program corroborate the tensions and paradoxes we highlight.

Giving (“back”): “Because what they’ve given to me I can’t even measure”

Across the themes identified in our study, one of the contextual factors that surfaced repeatedly was the isolation experienced by members prior to participation in the Art Studios and by people with mental illness in general. This contrasted with the sense of belonging that was woven into participants’ accounts of healing as a result of program participation, which, in turn, prompted the desire to “give back” to the Art Studios and those who had supported them. As an art instructor explained: “It’s not just people coming here to kind of . . . use the space and go. Everyone tends to contribute a fair amount which I think leads to making it a better environment for everyone” (interview, staff 8).

The ways in which individuals contributed to the Art Studios community frequently surfaced in how they described the program as a supportive social environment that acted as an antidote to persistent experiences of social isolation. Attributing the program as providing motivation for getting out the door, a member explained how receiving social support prompted her desire to reciprocate: “You know I don’t necessarily need to be chatty with everybody. But just having the company, and that support of other people around you. You know. And also it gives me, I find it gives me the chance to be supportive of other people. You know, to give back” (interview, staff/volunteer 9). Another member with a background in art prior to attending the program shared a similar example. In her interview, she explained how much she learned about herself and mental illness while learning and teaching artmaking: “Sometimes, people [...] feel more vulnerable, so they don’t share as much. But that helped me, because *that’s what I was like, when I first came*. So I was hoping by sharing [my experiences], *that I could help them, like the others had helped me when I first came*” (interview, member 19, emphasis added). Transcripts reveal a profound empathy within these relationships – including a sense of responsibility to support newer members. Another member commented: “I wanted to give back to the Art Studios, ’cause, I could see that there were people coming in to the Art Studios that needed help also” (interview, staff/volunteer 3). Helping others to build their self-esteem helped increase her own self-esteem, an example of the kind of person-to-person interactions that create relational citizenship.

The desire to contribute was particularly surprising and meaningful to a woman in one of the focus groups because, as she explained, she had never previously considered volunteering her time to others:

Before I even taught, I volunteered. I've never volunteered anywhere in my life. But I volunteered for about two years. And that was really, that was really satisfying. Just to know that I was coming here because ... not because I have to, *not because somebody was gonna give me money for coming here*, but I was making a contribution to something that was ... that had given me so much in return, you know? So I think that that was really important. (focus group 1, member 6, emphasis added)

The preceding reflections illustrate the intrinsic motivations for reciprocating the support and companionship that some participants had experienced in the program.⁵⁸ However, although reciprocity is an important dimension of these experiences, for some members, their experiences amounted to much more. For example, one participant felt that being part of this community was a brave act, an opportunity for learning, and a social responsibility: "I come here to be challenged to be social, creative, and give back. Because what they've given to me I can't even measure" (focus group 3, member 4). While this is the voice of one particular member, these expressions of gratitude resonated with others in the study and with those who attended our study feedback sessions. Even so, while the vast majority of study participants spoke reverently of the Art Studios, at times their praise mingled with nostalgia and frustration that the future of the program was not secure.

Speaking back: "This place has kept me out of the hospital"

At the beginning of the one-year impact study, members and staff had already been through many ups and downs as a community. Indeed, some research participants made a point of letting us know that their participation in the study was motivated by a larger goal, which was to "save the Art Studios." A small contingent of participants shared accounts of the public protests by Art Studios members to save their program and its vision. These protests occurred prior to our involvement as researchers, and what struck us initially was the emotional impact the closure announcement had on members and staff. Specifically, we heard in interviews how the higher-level administrative decision to close the program, even in light of the reprieve from donors, resulted in program

⁵⁸ Social interaction was not required and a few participants indicated this was important to them.

changes that left members with a mix of feelings, including sadness, anger, disappointment, and, at its most extreme, hopelessness.

For many, this decision was in sharp contrast to the collaborative model the Art Studios used to set program priorities and implementation decisions. It is understandable that such a decision would be met with resistance and would frustrate members and staff, especially those with longer histories of involvement and who were accustomed to collaborative decision-making. For members whose active participation and contributions were both therapeutic and evidence of their belonging, the decision to close the program devalued or denied their social citizenship. For staff, these collaborations with members indicated that the social model of recovery they championed, with artmaking as the occupational focus, had a positive impact. Whether or not they felt devalued in their professional capacity was not explored, yet the possibility that such environmental factors also influenced both staff and members' experiences should be acknowledged. On a practical level, and perhaps reflecting some of the "structural aspects" affecting occupational therapists elsewhere,⁵⁹ including specific barriers to using creative activities in practice,⁶⁰ the issue of funding did impact the staff directly as it put continuing staff positions at risk.⁶¹

Tensions regarding "new" rules were particularly evident in comments made to the first author.⁶² These comments concerned locked doors and closed blinds during the one-hour lunch period, and they implied that these barriers reflected hierarchies between staff and clients.⁶³ While some study participants believed the changes were part of program growth (e.g., "It was an ongoing process of redefining the program, making it better"),⁶⁴ others experienced them as underlying shifts in power that threatened the balance of roles, relationships, sense of belonging, and support. Another concern was the transition of long-time members to "alumni" status, a decision resulting from administrative concerns that the program could (or should) help its clientele integrate

⁵⁹ Alexandra Nugent, Nicola Hancock, and Anne Honey, "Developing and Sustaining Recovery-Orientation in Mental Health Practice," *Occupational Therapy International* vol. 2017 (2017): 1-9. Based on in-depth interviews with twelve occupational therapists in Australia, Nugent, Hancock, and Honey cite "the biomedical outcome driven and risk averse nature of mental health system, restrictive environments, and time limitations" as the main structural challenges to upholding recovery-oriented practices (6).

⁶⁰ Müllersdorf and Ivarsson, "What, Why, How."

⁶¹ Three long-term staff members, needing their own job security, left during the two-year period of temporary funding.

⁶² Whether rules were "new" or not was unclear.

⁶³ From field notes, 6 August 2015.

⁶⁴ Interview, staff/instructor 5.

into the broader community and, therefore, be discharged from what should be a time-limited rehabilitation program. Some current and former members who participated in the study expressed concerns about the affected individuals “getting shafted” or “pink-slipped” and being denied the opportunity to continue in accessible art classes. Yet, a staff member explained:

[I]t was not right to have them teach and be clients at the same time. So that was a conflict. So, we closed their client status. So they are not “clients” any more, and we called them “alumni.” And, they are basically employees ... like, consumer contractor, and teaching the classes, or volunteers ... [T]hey all of them wanted to give back, right? So they wanted to be in the program. (interview, staff 6)

In addition to explaining the administrative reasons behind such decisions, the foregoing staff member’s description reveals some of the ways that the rights, responsibilities, and benefits of citizenship can change over time – in this case shifting to reliance on charitable support rather than on the health system.

Long-term members newly designated as alumni were no longer eligible for subsidized art classes but were permitted to continue with the program in a different capacity, either as a volunteer, a class assistant, or, for some, as an instructor. The “discharge” decisions stem from the administrative need to have clear eligibility criteria for limited health services and to promote integration into the wider community. However, attempts to promote independence and integration can backfire if citizenship ideals fail to recognize the relational needs of citizens within “community” contexts.⁶⁵ Those with a long history with the program, who likely had invested a great deal in creating it, shared disillusionment when administrative decisions were essentially thrust upon them, and members described it as a loss of power and disrespect for the collaborative decision-making model. It was their strongly held belief that the program decreased their reliance on other costly health services and sustained them at home, therefore discontinuing this support did not make sense. In light of the socio-economic inequities some members faced (e.g., discrimination against people labelled with mental illness, chronic social isolation, limited finances, and poverty), the assumption that they could simply gain access to art classes like members of the general population was misinformed. Yet these tensions between “providers” and “users” regarding the future of the program served to motivate members

⁶⁵ Pols, “Analyzing Social Spaces.”

(and former members) and provide them with a sense of purpose that, in a sense, strengthened the very relationships they feared would deteriorate were the program to close.

These tensions are better understood when we reconsider what is at stake when roles and relationships shift and power is perceived to be unequal – namely, the sense of belonging described above. This is perhaps best summed up by one member’s reflection on the health and emotional impact of the pending closure: “It’s another home to me, honestly. It’s like, when I, when we got the news that they’re actually gonna cut this place, I was devastated. I almost relapsed and, could have gone back to the hospital. Right? So, yeah and this place has kept me out of the hospital” (interview, member 15). According to this participant, the environment (“this place”) was an active ingredient in the healing process and in preventing people from having to gain access to more costly hospital care.⁶⁶ As we argue below, the relevance of belonging and social citizenship for healing may be missed when achieved via artmaking – an occupation that is meaningful in the therapeutic sense but is not productive in the same way as is “real” work. Yet, as we show below, it is the belonging and experience that provided the solidarity needed for members to take action.

Taking action: “We wouldn’t have been able to do that, had we not come here”

One of the most repeated explanations for the value of the Art Studios was that it provided a counterpoint to the chronic sense of social isolation that many members experienced. On the surface, what was at stake was the loss of an accessible, affordable place to make art. However, at a deeper level the prospective closing of the Art Studios signified the loss of a safe place to connect to other people, feel normal again, and *belong*. The reciprocal relationships typical of the Art Studios meant that the threat of closure did not solely affect members:

[W]hen the program was cut, we kind of went through a big trauma, all of us, staff and members and everyone. And, uh and I was talking

⁶⁶ See S.T.C. Ootes, A.J. Pols, E.H. Tonkens, and D.L. Williams, “Where Is the Citizen? Comparing Civic Spaces in Long-Term Mental Healthcare,” *Health and Place* 22 (2013): 11–18. Beatrix Rebecca Hoffman, *Health Care for Some: Rights and Rationing in the United States Since 1930* (Chicago: The University of Chicago Press, 2012).

Also, the depiction of the program as a “lifesaver” was claimed by other participants as well, and it is similar to a comment by Alex Verkarde, one of the founders of Mental Patients Association, regarding Verkarde’s reason for involvement in a documentary of the organization’s history, as documented in Lanny Beckman and Megan J. Davies, “Democracy Is a Very Radical Idea,” in *Mad Matters: A Critical Reader in Canadian Mad Studies*, ed. Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, 57 (Toronto: Canadian Scholars’ Press, 2013).

with a colleague of mine and I said ... it feels like ... a church here. So, you know like ... it's very much like a church. But you know it's that community ... and ... strength it gives. You know ... it brings ... it's like every religion right? So, so it gives them so much hope and so much, inclusion, right? Rather than, than rejection, like this is ... I think many people's mental health experience. Lots of rejection. (interview, staff 6)

Another staff member proclaimed in an interview that, despite the "current climate," at heart the Art Studios was an interconnected community that need not be "mutually exclusive" from a rehabilitation program. These staff perspectives harken to early occupational therapy when learning and mastery of handicrafts were emphasized as valuable to rehabilitation (and "teaching thus acquired an almost religious experience"); and to the holism of the moral therapy era when there was little distinction between the work of patients and staff, or between therapy and everyday life.⁶⁷ Members explained how the dynamics of the Art Studios were different from those of standard mental health programs because of an underlying democratic ethos in regard to the way things were done. Staff observed the benefits to members who actively participated not simply as people in need (as "clients," "service users," or "consumers") but as members of a community that needed them in return – that is, as social citizens. A socially inclusive space for those with a history of misunderstanding, abuse, and ongoing episodic illness, the program was a source of stability and belonging that empowered members to work to ensure its continuance.

Our documented descriptions of these events indicate a strengthening of some members' sense of community (solidarity) and confidence as citizens (with rights) when their protests were successful in generating news coverage and philanthropic support. The commitment of some members to save the Art Studios was noted by study participants, who characterized the protests as both a testament to the benefits of the program and as admirable, given the courage, commitment, and energy that goes into organizing public demonstrations. It may also be evidence of resilience in the face of adversity. One member, who had previously contemplated taking her own life due to her illness, explained that despite extreme social anxiety she was so shaken by the threat of closing the Art Studios that she was motivated to protest. Her own conviction seemed to take her by surprise. She attributed this to the confidence she built in the safety of the Art Studios:

⁶⁷ Laws, "Crackpots and Basket-Cases," 70.

Like for years I was in and out, um, suicidal, [...] self-harming and everything, but to be here, and to, to really, push myself, but still have this support here? It's been everything. It's a lifesaver here. (interview, member 15)

We heard arguments by members and staff alike that mental illness is an ongoing condition for which the Art Studios presented a form of “medicine” that sustains health and prevents admission to more expensive health services. Although members spoke of the benefits of learning social skills in the program, staff specifically attribute “success” to the program’s focus on learning art skills,⁶⁸ an aspect of the program that they argue distinguishes it from art therapy. Learning *how* to make art (in a safe environment where social skills can be practised and relationships formed) allows new identity formation and a sense of belonging to develop. As members come to identify as artists or art students (a new role for many), they also begin to identify with others in the program, not as people with mental illness but as people who share an interest in an occupation that is *meaningful* to them.

One staff member explained why developing a sense of oneself as an art student or artist, or just as someone with a purpose, was so significant:

It is all about, having that, “I have a job” ... [A]nd I think that’s a really tough thing ... For their confidence. And just to be useful. Feeling useful in society and, I think that’s why a lot of the clients do get into the maintenance of the place or the, you know, the teaching, or firing the kilns, or whatever. Because you feel useful. And you need, feel needed. And it’s really valuable, to do that. (interview, staff/instructor 5)

The personal importance members placed on making art and contributing to the Art Studios community highlights the value of meaningful occupation and social citizenship for individual and collective healing. Though artmaking is “productive” because it provides a sense of purpose and accomplishment, and promotes the construction of new identities, artmaking in this setting is not gainful employment – even for the paid instructors (for whom hours are minimal and pay is modest). Yet as a staff member remarked, the program “is just so much more than ... killing time and not being employed. Like I think not having a job is really hard on ... most of those people ... not being able to work, you know ... it’s part of our society” (interview, staff/instructor 5). On one hand, these comments illuminate the tensions between real and therapeutic work, and serve as a reminder that a sense of belonging and social citizenship

⁶⁸ Classes offered include ten-week sessions at beginner and intermediate levels.

can ease the psychological impact of limited employment. On the other hand, the assertion that the program is “so much more than killing time” alludes to the undervaluing of artmaking as a legitimate activity – perhaps an act of citizenship – in a health services setting, even within occupational therapy.⁶⁹ Each of these issues has implications not only for the approaches taken by health professionals promoting healing but also for the social context (i.e., stressors pertaining to employment and social status) within which mental illness may develop in the first place.⁷⁰

The impact of threats to closure on members and staff also reminds us that citizenship is constructed in relation to others, as exemplified by the efforts of members and alumni in 2013 to ensure that the Art Studios continue. However, in this process, their status and relationship to the Art Studios also changed: “*They were members then. They weren’t alumni then. They were members then*” (interview, staff 3, emphasis added). Going on to describe how those members gathered in front of the city’s art gallery to share their stories with multiple news stations, she remarks that it was the work of members (not the health authority) that helped secure the donor funding that allowed the program to remain open. In one interview a staff member commented: “I cannot see the Art Studios existing without [the work of the members]” (interview, staff 6). Another member who helped organize the demonstrations attributed the success of the campaigning to the confidence gained from being at the Art Studios:

There was a, a driving force ... within that group. I know that we wouldn’t have been able to do that, had we not come here. You know, I think if I was going to another [mental health service] group, and it got shut down, I’d just be like, damn it! You know? And that would be it, right? But because we’ve come here, because of the OTs treating us, not like, well, I mean [treating us like] equals. You know? Treating us with respect, not treating us like we’re dumb, you know? ... I know that I personally would not have been able to do that hadn’t I come here.
(interview, staff/alumnus-instructor 10)

These comments are noteworthy because they highlight how relationships between members and staff serve to uphold citizenship agendas. The descriptions of protests to save the program appear to be an example of both social citizenship and healing: while members relayed that the protests were a way of “giving back” to their community, we argue that the data also illustrate a way of *speaking back* in solidarity to those with

⁶⁹ Laws, “Crackpots and Basket-Cases.”

⁷⁰ Morrow, “Recovery.”

the authority to maintain or close the program.⁷¹ Through speaking back about the sense of community fostered by the program for recovery, members also demonstrate how taking action is made possible through healing in relation to caring and supportive others. These are all aspects of social citizenship.

CONCLUSION

In “Recovery: Progressive Paradigm or Neoliberal Smokescreen,” Marina Morrow asks: “What are the consequences of inserting the concept of recovery into neoliberal policy contexts, especially conceptualizations of recovery that emphasize recovery as a social process and a critique of power?”⁷² Focusing on notions of recovery that value citizenship, a similar question is at the heart of this article. Specifically, we have analyzed examples of citizenship observed within an arts-based psychosocial rehabilitation program whose future was put in question when the health authority reviewed its priorities and resources. As we have argued, the consequences are nuanced, particularly if both social citizenship and the artmaking approach are undervalued and the benefits of citizenship to healing (and potentially resilience) under-recognized. Through the lens of citizenship we have also tried to draw attention to the value of artmaking as therapeutic work and to underscore how the nuanced meaning of work can become overshadowed by a preferential focus on paid employment. Even if artmaking facilitates healing, it may be devalued to various degrees within occupational therapy (exemplified by crafts being used marginally in contemporary practice) and by health services decision-makers when viewed through a lens that emphasizes productive citizenship.

At the Art Studios, opportunities exist for people living with mental illness to take on new roles (as student, volunteer, class assistant, instructor, staff). The potential for role development as part of the program is critical because it gives social citizenship room to grow. Whether or not some members move on to education or jobs in the community, what we have tried to highlight here is the value of social citizenship, revealed in the sense of reciprocity (receiving and giving support) that was fostered by the program to facilitate healing and to open possibilities to take on other roles in the community. For members of the Art Studios, connecting with others socially through doing art in a safe place generates a desire to

⁷¹ Currently the health authority continues to provide studio space and organizational infrastructure while donations fund operational costs.

⁷² Morrow, “Recovery,” 328.

“give back” – a component of social (and, perhaps more aptly, *relational*) citizenship. Paradoxically, it was this under-recognized component of citizenship – namely, the relationships, reciprocity, and resilience they engendered – that empowered members to contribute and embrace social citizenship. Their actions to save the program that had saved them are testament to the capacity for collective healing and hope. As the lived experience of people with mental illness, their contributions to the community are also examples of *lived citizenship* in British Columbia.⁷³

An important caveat to our analysis is acknowledgment that the intent of the original study from which these qualitative data are drawn was to explore the impact of the program on psychosocial recovery; it was not an in-depth analysis of the concept of citizenship. Consequently, we may have missed perspectives on social citizenship by not probing for further understanding during data gathering. Nevertheless, the field observations and narratives of recovery through artmaking emphasize reciprocity through giving (back) to the Art Studios community, compelling descriptions of what it means to be social, productive, and a valid, contributing citizen. This was sometimes at odds with institutional expectations for a clinical program, and it illustrates the need to close the gap between health and social sectors in order to better serve people living with serious and persistent mental health issues.

Artmaking may seem out of place in a health system context; however, novel interventions and approaches are needed to more fully address the broad determinants of mental health. As Rowe warns: “Citizenship will fail if it is something we do only for other people and not a set of values and assumptions shared and acted upon by all. It will also fail, though, if citizenship is the province of mental health systems of care and not of communities and societies as a whole.”⁷⁴ Since mental illness is a global concern affecting individuals of all ages, some researchers suggest that societies would be better prepared to heal and promote mental health if they reached people as they function in various social sectors in their everyday lives.⁷⁵ Perhaps the future for programs like the Art Studios rests in recognizing the importance of the intersection of health and social systems of care and in being guided by the recognition that both meaningful relationships and occupations are keys to fostering social citizenship and collective (versus individual) healing.⁷⁶

⁷³ See Lister, “Inclusive Citizenship.”

⁷⁴ Rowe, *Citizenship and Mental Health*, 190.

⁷⁵ Jessica Allan, Reuben Belfour, Ruth Bell, and Michael Marmot, “Social Determinants of Mental Health,” *International Review of Psychiatry* 26, 4 (2014): 392–407.

⁷⁶ Nicola Hancock, Anne Honey, and Anita C. Bundy, “Sources of Meaning Derived from Occupational Engagement for People Recovering from Mental Illness,” *British Journal of Occupational Therapy* 78, 8 (2015): 508–1.