



## Self-advocacy as a precondition to inclusion

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The objective of Advocacy, based on mutual aid and cooperation, and right from its creation in 1996, was to advocate for alienated people and help them regain their human dignity. Consisting mainly of psychiatry users, the organization focuses on mental health and involvement of users as citizen in their own rights. This approach lead to the creation of self-directed, socialization centres for mental healthcare users. These activity centres are meant to be strongly rooted in the city life.

Since 2001, “Advocacy”, a non-profit organization, has created several *Espaces conviviaux citoyens* (ECC – convivial places of citizenship). These ECCs are self-directed groups of people involved in mental health issues, to prevent isolation, exclusion, alienation resulting from discrimination.

### *What is mutual aid?*

People joining Advocacy are often boxed into frozen spheres: the private sphere mirroring their loneliness, the medical sphere emphasising their lack of autonomy, and the public sphere highlighting their exclusion.

Therefore the three main characteristics of the ECCs are conviviality, autonomy and citizenship. ECCs are indeed *places* where the support of a group allows a person suffering from mental troubles to hold his or her own place both as an individual and a member of the society.

However these convivial places of citizenship also have a symbolic significance. They go beyond the walls within which they exist to reach toward others: sentiments, emotions, visions as much as action and talk. This is why conviviality meant as the welcoming of the other as a full-fledged person in all his or her complexity is instrumental in this process. But these spaces encompass both virtual and practical aspects of project building, from the initial individual or collective visions building on each other to the practical implementation, assessment and acquisition of necessary skills. In this respect ECCs are places of training, of development of both individual and collective skills.

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*Advocacy* is a difficult term to translate into French. We have to resort to expressions like “supporting the expression of others” or “talking together with others”. *Peer advocacy* is the process of developing mutual aid among people having experienced the same difficulties, and to act as a peer to support impaired people, help them feel stronger to exercise their rights and be acknowledged as persons. The *alter ego* image emphasizes the fraternal aspect of this relation, the solidarity between peers. Thus mutual aid is not a mere relief. It is a care for others and an expectation of the same care in return. The bonds thus created are not a source of dependence and ensuing subjection, but rather a dynamic system of gift-exchanges allowing for the possibility of getting together, the ensuing responsibility and the ethical challenge of living together.

The group evolves in a given environment and feeds on links woven both internally and externally, for instance in non-profit organization networks or in relation with local authorities (for example, the town hall). Caring for others and involvement in the group are essential for seizing opportunities for better living, personal development and social acquisitions. A given event may affect the group differently, but each such event such as a thematic forum or a public celebration is likely to address all these topics.

### *Activities and workshops*

They take place in each ECC in many and varied forms. To name a few: music workshops with African drums in Caen, “Fufulu” band in Paris, songwriting in Perpignan; Acting in Caen and Paris with the OVNI company (French for “UFO”); painting, modelling, cooking, gardening in Caen, but also more “brainy” activities (philosophical discussions in Paris, writing in Caen, journal publishing in Paris and Caen). These activities share the common, fundamental principle of being managed by the participants themselves. The main goal is to promote the emergence of new desires. As some workshops are discontinued, others are created. Nothing is fixed since the ECC members themselves are in command. These workshops are essentially the means for the participants to regain control of their own life. In this respect they differ greatly from apparently similar activities organized by mental institutions. They are all about desires and pleasure, and are far from therapeutic activities or lectures.

### *Coming along, thinking and doing with practices*

#### *Participative practice: thinking and acting together*

Solidarity is but an empty concept without actual living together. In our approach, solidarity does not stand for caring for weaker people. Solidarity means creating the

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possibility for each individual to sustain himself or herself through commitment to collective organization. This commitment is materialized by open weekly meetings where all aspects of living together are discussed and the activities of the next week are planned.

### *About self-management*

Although no formal principle of self-management was ever etched on the ECC tablets, or presented during the weekly meetings, this approach emerged as a direct consequence of the ECC's basic principles. Initially put forward by involved professionals, the self-management process was understood and explicitly adopted by all participants. The collective itself is then responsible for the ECCs management. This is possible only when everybody is directly involved in decisions and projects management. There is only a single professional in each ECC. The role of the professional is only to support the collective without initiating individual assistance processes, as often seen in other social institutions. Although remaining in their social worker role, these professionals have to consider a new approach of their practice, taking into account this inversion of authority: serving the collective instead of being responsible for individuals. Resorting to traditional assistance being out of the question, they will have to learn how to facilitate projects, support the commitment of users, stop caring for people and start taking them into account, reverting the logic of mental institutions to allow these "users" to fulfil their potential and become full-fledged citizens<sup>1</sup>.

### *So, what about citizenship?*

To answer this, ECC members<sup>2</sup> have questioned various labels associated with mental health problems (patient, sick person, user, citizen). A significant outcome of this questioning reveals the lack of causality between these various labels. There is no straight path leading from illness to treatment, the "cured" user regaining a status of citizen at the end of the process. And yet the institutional answer is based on this assumption, each stage toward complete "recovery" being implemented by dedicated structures and professionals. This is the whole difference between *readaptation* and *inclusion* (more about that below). An ECC member is *immediately* recognized as a citizen, regardless of his or her other involvements in social or medical processes.

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<sup>1</sup> How and to what extent mental health users, having unfortunately ever only known insecure jobs due to the ECCs limited funding, will be able to capitalize on these experiments to find stable employment in these new functions? This question has to be debated with the users themselves!

<sup>2</sup> A two month action-research project was conducted in 2006 by Advocacy France and 2IRA (International Institute for Research-Action). The conclusions were transmitted to the French General Direction of Social Affairs. See the soon to be published book – M.Dutoit *De l'advocacy en France, Un mode de participation active des usagers en Santé Mentale*. Paris, ENSP editions, 2007

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In the ECCs, the *Advocacy* NPO creates collectives of persons demanding to be recognized as mental healthcare users. They actually build together counter-labelling strategies, by reclaiming the status of citizens and exercising their rights, assuming responsibilities, managing welcoming places where projects can be built to fight isolation and the loss of self-esteem. This alternative to the medical paradigm -which tends to cause an internalization of the labels that society places on mental health users – is indeed a new approach of the concept of mental health. Mental health is a global problem which must be addressed by society and citizens, based on public debates about health, wellbeing and living together. This goes way beyond the new “psychologically impaired persons” label defined in the 2005 legislation. This law creates opportunities for tackling all too real social difficulties causing alienation and exclusion. It also allows for uniting forces with other organizations to put forward the cause of impaired persons claiming the right to be acknowledged as human beings in their own right. However this label itself, attributed to a sub-category of people, has to be replaced by thinking in terms of *inclusion*: people claiming the right to be different, to have specific needs and to be an integral part of the society. This is not about begging for a place to stand, in other words simply for mercy. This is about resorting to a new common law where institutions care about each and everyone.

*Inclusion is a way of thinking and living which requires a global involvement of all citizens. This in turn requires equal opportunities and social equity. But inclusion goes even further by encompassing the implementation of human rights in all aspects and all situations. Not only a legal frame for protecting the most vulnerable (positive discrimination), but a society designed for everyone to be invited to contribute to building a better world. Inclusion questions the very concept of normality by turning differences into “conforming differences”. It requires the active participation of all persons in everywhere where decisions which will impact their lives are taken. It thus stresses the importance of involvement of psychologically impaired persons in decision-making processes, according to the “nothing about us without us” motto<sup>3</sup>.*

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<sup>3</sup> From a dictionary produced following an action-research project *L'autodétermination des personnes en situation de handicap*, Nicole Diederich, Marie-Claude Saint-Pé et les acteurs-chercheurs de Bourgogne et de Champagne (2002-2003), Projet EQUAL 2002-2005, *Une nouvelle dynamique : le processus d'inclusion*