

# **Normal or ordinary, achieved or autonomous? Life and the various forms it can take for people suffering from a chronic mental disorder, in and after psychiatry**

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Contemporary psychiatry is experiencing opposite or even conflicting notions about what a mental disorder or a psychiatric patient are, what steps should be taken in order to help them have a “better” life and what “having a better life” would mean.

The aim of this international scientific symposium is to gain an understanding of the way human and social sciences can help better describe and comprehend everydaylife practice, theoretical discourses, as well as the areas and actors concerned (with special attention paid to the patients themselves), in order to identify the different ideas of what “ life” and “a human being” can develop and sometimes bump into each other thereby shaping the complex normative landscape of the worlds of contemporary psychiatry.

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Human and social sciences have widely reported about the changes psychiatry has gone through since the 1970's : a move to de-institutionalization, the rise in importance of evidence- based medicine as well as of standardization tools, the growing legitimacy of cognitive and/or comportementalist approaches at the cost of both psychoanalysis and other psychodynamic perspectives, the spreading of neurosciences and genetics, the development of the recovery movement, etc.

These changes have accompanied or led to reshaping the theoretical force-field as well as more practical practice, opening new places for care, creating new treatment forms and device (e.g. pharmacological, therapeutical, architectural) allowing new (individual or collective) actors to come up. More so all these elements have helped change the notions of what a mental disorder or a psychiatric patient are, what should be done in order to help them have a "better" life and eventually the criteria used to define what such a life would consist in.

In the worlds of psychiatry, the supporters and detractors of these new developments may both have a tendency to keep it to the levels of theory and ethical perspective when it comes to justifying both the objectives pursued by the ways chosen to provide care for people suffering from chronic mental troubles and the means implemented to reach them, referring therefore to the literature, to the law, etc. However, the risk is that part of the yet extremely important work done in the worlds of psychiatry may be put in the shade: the very concrete job of re-weaving or re-making a "better" (or more autonomous, ordinary, achieved, normal, etc., life that would be as close as possible to a certain ideal of recovery, depending on the points of views and positions. This job is of course underpinned by various norms and representations, most of them not explicit) of what a life worth living is like, what the biological, cognitive, structural, relational, material, symbolic, etc.) elements and means are that make up such a life and which anyone should have at their disposal to live it at best.

The starting point of this scientific symposium is event is the conviction that human and social sciences can participate in bringing these discourses, concrete practice and the moral representations underpinning them to light as well as the ways they can all intertwine with the (theoretical, moral, economic and social) particularities of a more global context. The first tool with which human and social sciences can help increase our understanding of what is at stake here is *describing*. Therefore, the first aim of the symposium is to bring together researchers in human and social sciences who have investigate different device or actors in the field of contemporary psychiatry and invite them to read or re-read their empirical material in the light of the question of "re-making an ordinary life" and discuss how it is (methodologically or epistemologically) possible to conduct such an investigation on this barely visible work.

The second tool that may be of use is *conceptual analysis*. The central hypothesis we would like to discuss here is that psychiatric concrete practice and the moral conceptions underpinning it, though being little formalized if not totally invisible (because referred to "good sense" or "reflex"), are nonetheless very salient analyzers of the indigenous, emic, "common sense" consideration as well as of the normative representations of what life is or should be like that are found in a social and cultural context valuing personal autonomy like never before. The second objective of the symposium is therefore to work on the theoretical resources that could help relate the question of ordinary life in and after psychiatry to social, cultural, economic and normative evolutions.

By way of its specific organization, this scientific symposium finally aims at allowing and fostering fruitful exchanges not only between researchers in human and social sciences but also with any people directly concerned by the question of what “a better life” means, be they health professionals or patients suffering from a mental disorder. Our hope is to allow the social scientists to confront their own descriptions and theories to real experience, and the professionals to discuss the better intelligibility that human and social sciences can offer.

Two days and a half are of course not enough to be able to deal with all the aspects of the subject. However, we expect that some of them will be addressed and looked into, in particular the emic conceptions about what “human life” is that cross the various theoretical texts and concrete caring practice developed in contemporary psychiatry, the ways professionals, patients or intermediary bodies make (or can’t make) use of these conceptions according to the existing care measures, the role standardizing tools (such as psychometric scales) or medical-economic studies play on these conceptions and the possibility to practice them, the anthropological representations underlying the laws or administrative rules regulating the ways patients are dealt with inside or outside psychiatric institutions, the ways patients participate in their recovering or construction of a “better” life during or after their contacts with the psychiatric device, etc.