Citizenship: A Response to the Marginalization of People with Mental Illnesses

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The juncture of citizenship and marginalized groups is particularly dramatic when those groups include people who are doubly or triply challenged by homelessness and criminal justice histories. We discuss core themes in the literature on citizenship followed by a review of two of our citizenship research projects: a randomized controlled trial that tested intervention and a community-based participatory research study to develop an individual outcome measurement of citizenship. We then discuss lessons learned from this research, with implications for theory and practice on citizenship in regard to marginalized groups.

KEYWORDS citizenship, mental illness, homelessness, criminal justice

In this paper, we look back on research we have conducted on citizenship that began 15 years ago with mental health outreach to people who are homeless. We start by briefly reviewing some key theories on citizenship followed by a review of our research. We then discuss themes we have identified from this research and their relevance to the use of citizenship as a framework for responding to the marginalization of persons with mental illnesses. This consideration, in turn, involves linking the theory of citizenship and mental illness to the theory of "social recovery."

CITIZENSHIP THEORY

Citizenship has been at the core of philosophical thinking since the fourth century BC, when Aristotle, in his *Politics*, proposed a theory of the nature

and function of the state with an eye to the form of political community that is most beneficial for people who will enjoy the rights and assume the duties of membership. For Aristotle, to be a citizen is to participate in the political community of the city. Citizenship, he writes, is to be based not on one's race or family of origin but on service.

Human nature, according to Aristotle, is enacted in and through citizenship, and citizens are part of the city-state. The purpose of the latter, in turn, is to ensure the happiness of its citizens by allowing them to exercise their citizenship. To live well and flourish, one must live in a community of justice that recognizes the value of each of its members. Yet, though living in the city—in a political regime—is imperative to human flourishing, each class interprets the criteria of justice to its own advantage. The political community, then, is a community of discord and conflict, and thus Aristotle's dictum that men are primarily "political animals" who naturally want, but struggle, to live together (Aristotle, 1988). Today, people with mental illnesses and people who are homeless have been effectively excluded from the debate and struggle that produced that discord and conflict, although often they are objects of it.

In *Democracy in America*, Tocqueville, comparing the American and the French democratic revolutions, wrote of the march toward equality as an irresistible social revolution that generated new laws and morals. Prior to becoming a form of government that succeeds monarchy, democracy is primarily a social movement. Once institutionalized, it shapes the habits of its citizens. Tocqueville worried that democracy might not always be a positive force, as the march toward equality bears the potential to become the tyranny of the majority. To avoid this despotism, democracy must be channeled and moderated by political involvement, particularly at the community level where discrimination and stigmatization against persons with mental illnesses are experienced most acutely (Tocqueville, 1994).

In Durkheim's work, morals, attitudes, and democratic institutions are based on vigorous traditions rooted deep in individual consciousness. The "national character" orders the habits and day-to-day relations among citizens. Moral and legal "facts" are rules of conduct that must be met under socially enacted penalties such as blame or reprobation. These historically constituted rules do their day-to-ay work in individuals' consciousness and behavior, opening the way for society to impose "normalization" on individuals. In this way, egalitarian democracy can be a source of coercion. It is critical, then, for people to be aware of the mechanisms of social function in order to arrive at "a new mental life." At the same time, they must remain open to reconsidering their view of social functioning. Habits can always be rethought. No evidence should be granted forever, not even the concept of the individual, which is a social construct, or of "national character," which shapes individual consciousness (Durkheim, 1982).

In recent social science and political discourse, two important theoretical traditions are Marshall's model of legal, political, and social rights balanced with taxes, military, and other service obligations to the state (Marshall, 1964) and the Tocquevillian/Durkheimian model of solidarity and general exchange, represented in part by civic participation and volunteerism. Two broad challenges, however, have led theorists to reexamine the concept of citizenship during this same period. The first is the need to acknowledge the internal diversity of contemporary liberal democracies. The second are pressures that globalization places on territorial, sovereign states (Leydet, 2009).

The ripples of these challenges can be seen in some of the recent scholarship on citizenship. Janoski, following the two main traditions, describes four types of citizenship rights: legal rights, political rights, social rights, and participation rights. He places special emphasis, though, on groups that have been excluded from participation in civic and political activities (Janoski, 1998). Bellah and colleagues suggest that an American culture of radical individualism favors an autonomous middle class individualism that excludes others from full membership in society (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1996). Werbner and Yuval-Davis (1999), arguing that democratic citizenship is a negotiated compromise between forces of normalization and forces of difference, call for a shift in discourse toward an emphasis on social and cultural difference.

These challenges have had an impact, too, on recent literature on citizenship in regard to mental illness. Crabtree and Chong (2000) put citizenship at the heart of a dialogue between individuals and the state. The mental health of individuals, they write, is central to the health of democratic societies because evidence of mental illness, whether by labeling, diagnosis, history of hospitalization, or other factors, has been an obstacle to participation. Government, they contend, has a contractual obligation to provide mental health support to its members for them to be equal citizens (Crabtree & Chong, 2000). Morrow (2004) employs citizenship as an explanatory concept in tensions between advocacy for mental health reform and the drive toward cost containment. He argues for the participation of recipients of mental health care in this debate. Chan and Chiu (2007) argue that voting is a powerful means for facilitating the citizenship of users of mental health services. Prior [author's last name] (2010) links theories of citizenship and human rights to responses to the stigma of mental illness and to access to housing, employment, and family life.

Ware and colleagues employ the concept of citizenship in relation to social integration, the process through which people with mental illnesses develop their capacities for connectedness and citizenship. Social connectedness involves building and maintaining reciprocal relationships, whereas citizenship involves the rights and privileges and corresponding responsibilities that members of democratic societies enjoy (Ware,

Hopper, Tugenberg, Dickey, & Fisher, 2007). Uggen, Manza, and Thompson (2006) have also recently applied the concept of citizenship to research on community reintegration of discharged criminal offenders.

We define citizenship as a measure of the strength of people's connection to the rights, responsibilities, roles, and resources that society offers to people through public and social institutions and to relationships involving close ties, supportive social networks, and associational life in one's community (Rowe, 1999; Rowe, Kloos, Chinman, Davidson & Cross, 2001; Rowe et al., 2009). Our concept of citizenship falls most closely, but not solely, within the Tocquevillian/Durkheimian tradition of civic participation. Like Werbner and Yural-Davis and Janoski, it focuses on the process of opening up citizenship opportunities for "persons of difference." Of Janoski's four types of citizenship rights, it is primarily concerned with social and participation rights, although efforts toward securing these rights overlap with efforts to secure legal and political rights.

Citizenship, in our framework, also draws on social science theories of social capital—the assets that accrue to individuals through direct and indirect relations with others and membership in social networks or other social structures (Bourdieu, 1983; Coleman, 1990; Portes, 1998) and through community-wide resources, civic vitality, and associational life (McKnight, 1987). To achieve the goal of full membership in society, we have argued, people must have effective rights and corresponding responsibilities as members of society. They must also attend to both the instrumental aspects of citizenship—practical knowledge and skills for gaining access to opportunities and resources—and its affective aspects—the experience of membership in a community that comes with developing relationships and roles in it (Rowe, 1999; Rowe et al., 2001).

This framework of citizenship emerged from our research regarding people with mental illnesses, including those who are homeless and those with criminal justice histories. We turn now to this research.

CITIZENSHIP RESEARCH: ORIGINS AND ITERATIONS

Outreach workers make contact with people who are homeless on the streets and in drop-in centers, soup kitchens, public libraries, and other sites. They build trust with people who are homeless with mental illnesses by making contact with the person first, not the patient; honoring people's strengths as survivors of homelessness and their immediate needs for food, shelter, clothing, and other necessities; and, whenever possible, putting their preferences for such basic services before mental health treatment.

We conducted ethnographic and qualitative research on the encounters between people who are homeless and outreach workers and the professional, social, and institutional contexts within which these encounters take

place. We saw these encounters as transactions concerning both instrumental needs for services and supports and expressive needs and challenges. The latter include "identity transactions" in which the person who is homeless confronts the possibility of shedding the identity of being homeless and constructing a new identity as a member of the "housed community" (Rowe, 1999).

In shedding their homeless identity including the pride of survival on the streets, people may inherit a second-class or "program citizenship" characterized by dependence on mental health staff, substandard housing, isolation, and lack of access to mainstream social roles and relationships (Rowe, 1999). If outreach teams can help people move from the non-citizenship of homelessness to the status of second-class citizenship, only their relationships to their community and the larger society can enable them to attain the status of first-class citizenship (Rowe et al., 2009). Outreach workers' efforts to find, engage, and provide case management and housing to homeless persons, then, are incomplete. They do not and cannot address their needs for social inclusion and participation as essential parts of full community membership.

These things became clear to us only when we began to help people move off the streets and out of shelters into their own apartments, only to find that many felt lonely and overwhelmed with their new responsibilities as renters. At this point, we developed the initial framework for citizenship and implemented several projects aimed at translating citizenship theory into practice. Here, we briefly discuss an intervention study and a measure-development study.

The Citizens Project

We applied the citizenship framework to research regarding people with mental illnesses and criminal justice charges, many of whom were also homeless. Application of the framework to this group seemed particularly appropriate as persons with mental illnesses often run afoul of the law not out of *mens rea* (criminal mind) but through behavior related to their mental illnesses. Often, such behavior also involves an ineffective or clumsy attempt to make contact with their fellow citizens or to act in a manner associated with good citizenship. A woman with mental illness, for example, was arrested for trespassing on private property to retrieve redeemable cans placed with other trash. She broke the law, but her action could also be seen as making a dual contribution to society that neither the mental health nor the criminal justice system had any expectation of her making: She was working for a living, and she was recycling (Rowe & Baranoski, 2000).

Our target group was people receiving public mental health services who had criminal justice charges within the 2 years prior to enrollment

in the study. Participants were randomized into current treatment (control) or current treatment plus a citizenship intervention (experiment) including wraparound peer mentor support, classes, and valued role projects. (We use the present tense below, as this project has continued after completion of the study.)

WRAPAROUND PEER MENTOR SUPPORT

Peer mentors are people with their own experiences of mental illness and previous criminal justice charges. They support students (for so participants are called in this project) by helping them identify goals and means for achieving them, sharing their own coping strategies as people who have "been there" to help them maintain sobriety, and advocating for them to obtain services, jobs, and housing. In other research, we have found that persons with mental illness will often accept guidance and challenges to their behaviors from peer staff more readily than from clinicians (Sells, Davidson, Jewell, Falzer, & Rowe, 2006; Sells, Black, Davidson, & Rowe, 2008).

GROUP COMPONENT

The primary objective of the group component is to enhance students' skills for gaining access to community resources and establishing supportive social networks with members of their local community. The group component gives students the opportunity to work together toward achievement of a collective goal, be part of a network of relationships based on mutual trust and shared interests, and demonstrate to themselves and the community their ability to take on valued roles in society.

CLASSES

Key principles of the classes are to treat students as people with unique strengths and skills who are capable of exercising their rights, taking on valued roles, and developing identities as community members and citizens. A project director facilitates twice-weekly 2-hour classes. She invites participants to talk about personal experiences, interests, and skills and encourages supportive discussions among students, who develop group rules and norms and help shape the content of the classes through requests for outside speakers. Class topics include dimensions of citizenship, community, and neighborhood; navigating the mental health and criminal justice systems; cultural awareness and sensitivity; vocational and educational programs and self-help groups; local housing options; AIDS prevention; assertiveness training, problem solving, and advocacy; and relationship building, among others.

Valued Role Projects

After completion of the class component, participants work with a group facilitator to plan and complete an education-focused project in the community. Valued role projects help participants step outside of the relatively closed system of relationships they have developed in treatment settings and into the larger community. Participants, in effect, are supported in learning, or relearning, the rules of identity transactions with the people best positioned to help them do that—their peers. Projects have included meeting with police cadets to talk about participants' experiences of dealing with police officers, speaking to disadvantaged youths about how they have learned from their mistakes, and conducting a fundraiser for a local nonprofit organization.

Over time, valued role projects have become more individually oriented, often based on the student's desire to overcome a problem or address a personal need but also offering his or her learning to others. A victim of domestic violence, for example, studied the topic, taught a class on it, and used her knowledge to work on her relationship with her husband. A man who, as his fellow students pointed out, lacked empathy for people with addictions, studied empathy, taught a class, and finally, practiced empathy by showing it toward his fellow students.

Before each class and valued role project session, the two groups meet for a "What's up?" session. Each student discusses his or her past week and receives feedback from others, including support for moving ahead with current goals. Through moving from individual progress or setbacks to group feedback and shifting perspective from self to others, students have the opportunity to reflect on their place in the citizenship group and in society at large, the marketplace for prestige and identity. Over time, "What's up?" has become a safe venue in which people can explore themselves, their relationships with others, and the relationship between themselves and their communities, however they define them (Rowe et al., 2009).

Research findings from the randomized controlled trial of the Citizens Project are encouraging. Compared to standard services (services as usual or control) participants, citizenship participants had significantly reduced alcohol and other drug use and improved quality of life. We discuss these findings in detail elsewhere (Rowe et al., 2007.)

Measure Development

Our application of our theoretical framework produced good results, but we lacked empirical data on the elements of citizenship on which to build and improve further interventions. We concluded that we needed to develop an individual instrument to measure citizenship. We conducted this next-stage study with funding from the National Institute of Mental Health, drawing

on the theory of life disruptions—time spent away from normative society due to individual dysfunction such as mental illness or roles such as military service overseas.

Study participants were persons who currently were (a) enrolled in public mental health services, (b) receiving medical treatment for a chronic medical illness, (c) on probation or parole, (d) had the experience of more than one of these life disruptions, or (e) had not experienced any of these disruptions. We employed a community-based participatory research (CBPR) approach and concept mapping methods.

Regarding CBPR, we included "peers"—persons with mental illness—on our research team. In addition, our research design and process, though rigorous and including training in research methods for our "peer" researchers (persons with mental illnesses), also represented an attempt to mirror the values of citizenship we proposed to explore empirically, by "going to the source"—persons with significant life disruptions—for their views on citizenship (Wallerstein & Duran, 2006).

Concept mapping employs multiple strategies, including focus groups followed by individual sorting and categorizing sessions, to capture conceptual data (Trochim, 1989). This method integrates the views of multiple stakeholders with multivariate data analysis to create visual representations of the data (or maps) to guide measurement development (Trochim & Kane, 2005).

Focus groups began with the following prompt from a researcher: "To me, being a citizen means . . ." Participants were asked to speak freely and generate as many items as possible. The focus groups were lively, generating more than 700 statements among our five participant groups. Researchers condensed these to 100, removing duplications and clarifying the meaning of some statements.

Concept mapping participants included both those who had, and had not, participated in the focus groups. Individuals were given lists of the 100 citizenship statements and asked to sort them into groups based on similarity. They were then asked to rate each of the 100 statements on a Likert scale of 1 to 5 based on the importance of the item to them individually and on their sense of their achievement of that item.

These groupings and importance ratings were entered into a database and analyzed with concept-mapping software that compares item categorization across all participants. A high sum for any pair of items indicates that many participants sorted the items into the same grouping, representing a high perception of interrelatedness for these items. The total matrix was analyzed using multidimensional scaling analysis (Davidson, 1983) and then input into hierarchical cluster analysis using an algorithm to place the multi-dimensional scaling into non-overlapping clusters (Everitt, 1980). Item analysis was also conducted to identify items that were rated most/least important and most/least achieved by individuals identified with each stakeholder group.

A dendrogram, or tree diagram for illustrating hierarchical cluster-ing, showed seven primary domains, or clusters, of citizenship items. The research team named these personal responsibilities, civic participation, car-ing for others in my community, civil rights, legal rights, choices, and stewardship. They then examined results from item analyses and selected the most salient items within each of the seven clusters to be included in the citizenship measure. This resulted in a 46-item instrument that we piloted among the research team and a group of colleagues including persons with and without experience of mental illness. Initial validation of the instrument has been conducted and is ongoing. In next-stage research, we plan to use the instrument to design and test an enhanced citizenship intervention for its impact on community and clinical outcomes for persons with serious psychiatric disorders (Rowe et al., 2012).

DISCUSSION: THEMES AND CHALLENGES

Our citizenship research has also yielded findings of key themes. Here we briefly discuss seven.

Being a Student

The status of "being a student" has meaning for participants that includes but goes beyond the knowledge they gain about a particular topic. Many participants have not done well in formal schooling. Almost invariably, they see this fact as a personal deficit that has held them back in life. For the very first valued role project, in fact, participants spoke to youth group home residents of learning the hard way about the importance of finishing high school. Often, they talk about completing and graduating from the program as the first major project they have completed as an adult.

Being a student, then, and making one's way through the Citizens Project is a valued role in itself. We have come to see another underlying theme in the importance of the role of student, however. Being a student and graduating represent a rite of passage for students. For people who have missed other developmental markers in their lives, being a student appears to loom large in relation to the goals of full personhood and community membership (Rowe et al., 2009).

The Back Story of Individual Topics and Components

A list of class topics, including the criminal justice system, the Americans with Disabilities Act, public speaking, relationship building, entitlement pro-grams, jobs and education, local housing options, anger management, and

HIV/AIDS might suggest to the reader a psychosocial education group with personal growth topics mixed in rather than a group focused on citizenship building. The difference between psychosocial and citizenship interventions, however, seems to involve the strong elements of participation, mutual support, and responsibility to the group in the latter. This is not to say these elements are completely lacking in the former but that they are more central to and characteristic of the latter.

In addition, individual citizenship classes and modules often have an impact beyond their particular focus. Consider public speaking. To give a speech that is meaningful to one's audience and benefit from it personally, the speaker must choose a topic of interest to them and to others. They must then decide what points they want to make and examples they will use to support them. They must shape their points into a coherent whole. They must practice their speeches with an eye to the time allotted and make final changes. They must then stand up in front of their peers and deliver their speeches. Finally, they must listen to audience member critiques without becoming defensive. Later, they may be able to apply lessons learned from their experience in public speaking to other endeavors that draw on similar requirements and skills. Public speaking and other classes may also contribute to group trust building. We have often, for example, seen more isolated participants open up to their fellow students over time after their public speaking debuts.

What's Up?

In "What's Up?" students in the class cohort meet with those in the valued roles cohort (who have recently completed the class component) meet together for the first half-hour of their respective sessions. Each student talks about how things have been for him over the past week, including the connection of such events and feelings to goals he has set for himself. Other students comment, encouraging the student but, when needed, also reminding him of behaviors that have worked or not worked for him in the past. The speaker listens to these comments without responding. A different student facilitates for each session.

"What's up?" provides a vehicle by which students discuss and put into practice the five Rs of citizenship: Through their discussions and the modeling of behavior, students learn that they have a *right* to their feelings and opinions and a legitimate expectation of being treated with respect and dignity. Through their discussions and their actions, they learn personal *responsibility* in telling what's up with them and collective responsibility in supporting their fellow students. *Roles* are examined and explored via actual and possible scenarios. Students share *resources* of information and community contacts through giving feedback to each speaker. Finally, they learn

and actively practice skills that help them create and maintain *relationships* in the community (Rowe et al., 2009). In addition, students in the valued role project group, in the roles of veterans, assume the responsibility of mentoring and socializing newcomers to the citizenship project.

The Citizenship Intervention and Community

A contradiction at the heart of the citizenship framework is that the citizenship intervention that inaugurated its application in practice is itself a program. Over time, however, this contradiction, if it has not withered away, has become less pointed as students have built a small community that supports individual efforts to take on valued roles in the community at large and at the same time is an important part of that larger community.

The citizenship project has become a supportive, sometimes challenging community. It provides a setting and structure for individual experiences and collective efforts for people who, often, come to it with little in the way of what they see as personal victories and with weak social support systems. Elements that maintain this community appear to be students' co-creation of it through advocating for classes on new topics or dropping old ones, consensus development of collective valued role projects, and co-creation with its members of individual projects and goals through providing support and feedback to each student's formulation of them. Finally, new cohorts, though benefiting from the modifications earlier ones have made, can develop new ground rules that hold each and all responsible and enhance students' investment in the program (Rowe et al., 2009).

The Gestalt of Citizenship

The five Rs of citizenship with which we began our citizenship research may now become the seven domains of measure development. In either case, though, the "additive theory" of citizenship with which the intervention began—add this skill, give this speech, and so on proved wanting before measure development began. That is, continuing progress made on supporting the rights, and then the responsibilities, and then the valued roles and so on of individual students and of the program as a whole does not necessarily translate directly into improved individual outcomes. The notions of intersecting pathways to citizenship and of gestalt of its different elements seem to make more sense. Progress and setbacks and its component elements are not static. Different combinations of these may facilitate positive results for individuals and groups. Such an assessment, if correct, makes replication more complicated but also more interesting and truer to research in the real, and messy, world.

Building on these views, we are intrigued by the possibility that the impact of the citizenship intervention comes through the roles and reference points—being a student, being a graduate, becoming a full-fledged community member—that it both points participants toward and places them in as much as if not more than the skills they gain from practicing these roles. Being a student and citizen of the citizens project may involve something more than practice because the project constitutes a community that students themselves help to create and change. This is a supportive community but one that maintains high expectations for its members and in which they experience both individual and collective responsibility and accomplishment. As before, none of this is to say that psychosocial and other groups to which the citizenship intervention can be compared are completely lacking in these elements. It is to say that these elements may hold the key to whatever is most characteristic and "special" about the intervention.

The Cultural, Sociopolitical, and Time-Bound Nature of Citizenship

It would be remiss for a sociologist and political scientist engaged in the street-level work of observing the citizenship work of people with mental illnesses not to note that citizenship, time-honored as it is, is also time-, culture-, and country-bound besides being a contested concept. One need only consider the different citizenship perspectives that might result from being a Native American female with triune citizenship—Abenaki, Canadian, and United States—who thinks of "home" as her tribal nation's land in Canada (the Citizens Project director), and of an African American male musician who spent years in prison and has close family ties to New Haven (a recent Citizens Project graduate), to realize that citizenship is a "shiftable pillar" of societies and cultures (Freeman & Rowe, 2011). This point has obvious implications for international research on citizenship, including, for example, current efforts to replicate the Citizen Project with French-speaking Montrealers who live in a constitutional monarchy.

Citizenship and Marginalization: The Challenge of Mental Illness

Can people with mental health problems, often considered to be compromised in their inner rationality, be full citizens? And can the lived experiences of mental illness, of homelessness, of criminal justice charges, and time spent in jails or prisons, contribute to our collective understanding and practice of citizenship? A tantalizing clue that this might be the case comes from independent reports of the sense of focus group leaders from the measure-development study that "interrupted" groups emphasized "giving back" aspects of citizenship, whereas "non-interrupted" groups—the fifth class of participants in measure development—emphasized entitlement and privilege aspects of citizenship. Both aspects may be necessary for full

citizenship, and it is too early to say whether data analysis of concept-mapping sessions will support these observations. Many of those involved in the citizens project, however, have long felt that participants, in their struggle to become citizens, have much to teach others about what that concept is and means.

It may be possible to redefine citizenship in a way that it is more supportive of the political participation of people with mental illnesses. To explore this possibility, people marginalized by mental illness must be integrated into all aspects of the exploration. If a person is considered to be irrational because of a neurobiological or mental disorder, that person's citizenship status will be diminished. To remind us that a person is not a disease or an illness, however, is to recognize that he or she has inalienable rights as a citizen of a political community.

The major treatises of psychiatric symptomatology were based on psychiatrists' observations of patients in asylums following the methods of Claude Bernard, a nineteenth-century French physiologist considered to be the founder of experimental medicine (LaFollet & Shanks, 1994). Bernard's work was aimed at classifying symptoms into syndromes and diseases to find any adequate treatment for each. Michel Foucault suggests that the "great confinement" of the insane that came with the Enlightenment was an answer to the need to isolate people to better observe them (Foucault, 2009). By way of this positivistic vision, we could decipher, understand, and master the entire world of mental illness by means of science and without resort to other, underlying ideologies. The twentieth century, however, has tragically demonstrated the limitations of this approach. As Callon, Lascoumes, and Barthes (2001) and Latour (1999) have argued, scientific innovations are both social and technical. The process of scientific research is first and foremost a social construction (Latour & Woolgar, 1988).

In the field of psychiatry and mental health from the late twentieth century to the present, a paradigm shift consistent with developments in physics, epistemology, and other fields has occurred, echoing the shock of uncertainty in physical (Schürmann & Hoffmann, 2009), mathematical (Charlesworth, 1980), and chemical fields (Prigogine & Stengers, 1984). The mental health recovery paradigm has challenged the traditional separation between various types of knowledge by arguing that the person with mental illness is best placed to know what is best for him or her in the pursuit of happiness and a life well lived. Recovery "brackets" the search for a "cure" for mental illness for the purpose of helping the person with a mental illness live her or his own life. A large part of what is to be "recovered" or achieved, we argue, is one's citizenship. This recovery process may bring into question the very concept of citizenship in light of the lessons that can be learned from those who have been deprived of it due to stigma and discrimination. In short, we must ask people who have experienced such marginalization,

exclusion, and prejudice what citizenship means to them and how they wish to be supported to gain, or regain, it.

As with both the citizen project and the citizenship-measure development, it is only logical, in our view, to address issues of civic participation and citizenship in a participatory fashion. Researchers can help us understand how persons with mental illnesses can be valued members of their communities. They will do this most effectively, however, by co-creating this knowledge with people living with mental illnesses, who have a critical role to play in formulating research questions and methods based on their own lived experience and their ability to understand and elicit the experiences of others living with mental illnesses. As such, they have a new contribution to make to our understanding of what we mean by and how we act in relation to the concept of citizenship.

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