

# Networking

## Social exclusion and *embrace*ment: a helpful concept?

**Ambra Burls** School of Community Health and Social Studies, Anglia Polytechnic University, Chelmsford, Essex, UK and **Woody Caan** School of Health Care Practice, Anglia Polytechnic University, Chelmsford, Essex, UK

Certain observations arose from the implementation of multicentre research on 'ecotherapy'. Very diverse community groups of people with a range of disabilities, undertaking horticulture and nature conservation as a therapeutic and social enterprise, provided an unexpected conception. We coined the term *embrace*ment to capture the meaning of an activity we found in many 'bottom-up' examples of social inclusion. Self-organizing groups grew by the members' choosing to embrace a common identity, which included and integrated health, social and environmental dimensions. Embrace

**Key words:** embrace

Within research networking, the authors have encountered a phenomenon that may not have been reported before. These observations have arisen from A.B.'s professional doctorate research at APU in Essex, supervised by W.C. The provisional title of her thesis is *Ecotherapy and its Applications to Disabilities*. Ecotherapy includes activities such as horticulture and wildlife conservation, undertaken by community groups with one goal (among many) being improved health through connection or reconnection with the natural world. In practice, groups are self-selecting and individuals have a wide diversity of disabling conditions which are also causes of long-term social exclusion. Many participants have mental illness or learning disabilities, but a variety of physical disabilities and adverse social circumstances (e.g. imprisonment, homelessness, institutional care, unemployment) are also found.

We have coined the term *embrace*ment (which has previously been used in the sense of adopting

new technologies or beliefs) to capture the meaning of an activity we discovered in many 'bottom-up' examples of social inclusion. Self-organizing groups grew by the members' choosing to embrace a common identity, which included and integrated health, social and environmental dimensions. Embrace

We are observing a pattern to this phenomenon. First, in the course of interacting with the natural world, over time, the social exclusion experienced by so many service users decreases in conjunction with their growing and creative involvement in the environment. Second, social inclusion develops from 'the bottom up'.

Existing professional terminology like 'empowering' or 'enabling' (which assume prior goal setting or sharing of expert knowledge or expert facilitation) do not adequately capture these observations. This participatory activity can connect the socially isolated and disabled person (on their terms) with the wider community and the natural world, from which, as individuals, they have been disconnected. The activity of embrace

Address for correspondence: Ambra Burls, School of Community Health and Social Studies, Ashby House, Brook Street, Chelmsford CM1 1UH, UK. Email: a.burls@apu.ac.uk

65 it. This concept may have been missed in the past  
 66 because it seems to arise predominantly in the life  
 67 stories of voiceless people (discounted by reason  
 68 of their disability and poverty). The World  
 69 Health Organization principle of empowerment  
 70 ‘means *giving* people control over their own  
 71 health’ (Kemmer and Close, 1995: 14–15), but  
 72 embracement involves *taking* control. Bennet  
 73 and Murphy (1997: 144–45) observed that  
 74 empowerment ‘does not necessarily lead to  
 75 participation and participation does not necessar-  
 76 ily lead to empowerment’. There is a global need  
 77 for new methods to evaluate the processes of  
 78 public participation and public health (Abelson  
 79 *et al.*, 2003).

80 Belonging and embracing within community  
 81 groups necessitates different professional roles  
 82 to the therapeutic groups in statutory mental  
 83 health services with which the authors have been  
 84 so familiar (Buijsse *et al.*, 1999; Caan *et al.*,  
 85 1996).

86 Championing social inclusion is now recog-  
 87 nized as an imperative for health professionals  
 88 (Huxley and Thornicroft, 2003). In the UK, the  
 89 Social Exclusion Unit (2003) has foreseen a need  
 90 to examine the broader issues of social partici-  
 91 pation and access to services. If there is a pro-  
 92 fessional role within embracement, it may be in  
 93 creating opportunities for people to experience,  
 94 for example, a ‘taste’ of ecotherapy – opening a  
 95 door to the self-inclusion process. This could  
 96 meet the aspiration of the Neighbourhood  
 97 Renewal Unit (2002) for local communities: ‘It is  
 98 essential that they have the opportunity and the

tools to get involved *in whatever way they want*’  
 (p. 11). 99

Future research will determine: 100

- Is the impetus towards social self-inclusion 102  
 helped by professional input? 103
- Does this have any impact on health? 104

## References 105

- Abelson, J., Forest, P.-G., Eyles, J., Smith, P., Martin, E. and 106  
 Gauvin, F.-P. 2003: Deliberations about deliberative 107  
 methods: issues in the design and evaluation of public 108  
 participation processes. *Social Science and Medicine* 57, 109  
 239–251. 110
- Bennet, P. and Murphy, S. 1997: *Psychology and health* 111  
*promotion*. Buckingham: Open University Press. 112
- Buijsse, N., Caan, W. and Fowler Davies, S. 1999: Occu- 113  
 pational therapy in the treatment of addictive behaviours. 114  
*British Journal of Therapy and Rehabilitation* 6, 300–307. 115
- Caan, W., Rutherford, J., Carson, J., Holloway, F. and 116  
 Scott, A.M. 1996: Auditing psychiatric day hospitals: the 117  
 user’s views in an inner city setting. *Journal of Mental* 118  
*Health* 5, 173–82. 119
- Huxley, P. and Thornicroft, G. 2003: Social inclusion, social 120  
 quality and mental illness. *British Journal of Psychiatry* 121  
 182, 289–90. 122
- Kemmer, J. and Close, A. 1995: Health promotion. *Theory and* 123  
*practice*. Basingstoke: Macmillan. 124
- Neighbourhood Renewal Unit. 2002: *Changing neighbourhoods,* 125  
*changing lives. The vision for neighbourhood renewal.* 126  
 London: NRU. 127
- Social Exclusion Unit. 2003: *Tackling social exclusion. Achieve-* 128  
*ments, lessons learned and the way forward.* London: SEU. 129