

Meeting in Brackets – How Mental Health Policy Travels through Meetings

Sophie Thunus

Abstract

Background: Meetings are essential events for the production of a policy. Yet they are largely taken for granted in policy studies: they are perceived as tools for achieving predefined tasks and used as a means of studying other topics, such as public participation.

Aims and objectives: I aim to study meetings themselves and to develop the concept of meeting in brackets, which helps us understand how meetings might produce the policy to which they relate. I focus on a Belgian mental health policy supporting a shift from hospital to community mental healthcare.

Methods: Qualitative methods, including direct observation of 77 meetings and interviews, were combined over a 8 year period in order to comprehensively understand the relationship between meetings and policy production.

Findings: The Belgian mental health policy gradually emerged from meetings that took place at international, national and local levels. As a result of references made by the participants to previous meetings or to the resulting documents, these meetings gradually formed a web, outside of which the Belgian mental health policy cannot be understood.

Discussion and conclusions: The concept of meeting in brackets allows us to define meetings as communicative events framed by decisions about meeting structure, which I call bracketing decisions. These decisions facilitate a form of communication described as reflexive. Reflexive communication in turn leads to a collective creation: a unique vision of the policy under discussion. Such unique visions are gradually assembled as meetings succeed each other, thus forming a web of meetings which is inherent to policy production.

Keywords

Meetings, Public Policy, Mental Health Policy, Policy Practice, System and Process Theory.

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1. Introduction

Policy makers, researchers and executives spend a considerable amount of time in meetings. Meetings are a ubiquitous part of their everyday activities. Policy scholars consequently and commonly refer to meetings as part of different types of processes such as policy conception, implementation and evaluation. They tell stories of policy processes where meetings are taken for granted: they are seen as simple tools for performing tasks.

In this article I intend to look at the meetings themselves. I focus on a Belgian mental health policy characterised by strong political will to achieve a shift from hospital to community mental healthcare in a way consistent with the World Health Organisation (WHO) strategy for Mental Health in Europe. Meetings appear as central to the conception, implementation and evaluation of the new Belgian mental health policy: it was drawn up following a series of meetings that brought together mental health experts, policy makers and civil servants, from 2005 onwards. It was launched in spring 2010 at a National Information Meeting, where Belgian policy makers presented the implementation strategy to field actors - mainly mental health practitioners and directors of mental health services. This strategy relied primarily on local exploratory projects that involved multiple meetings designed to set up new facilities and create collaborative networks between in- and out-patient services. Then, in 2016, a manual of innovative practice based on the exploratory projects was circulated at an evaluation meeting under the auspices of the WHO. In this way a meeting (yet another meeting) lent political legitimacy to innovative practices developed through the implementation of the new policy.

In this article, I first refer to policy scholars who reflected on the role of meetings for the purpose of “doing policy” (Freeman et al. 2011, Freeman 2019), before delving into Meeting Science (Allen et al. 2015). By drawing on these two strands of literature I identify the following questions: first, how does a meeting make policy? Or, to put it another way, what makes a meeting capable of doing policy? And secondly, how do meetings, which are separated in time and space, produce the policy for which they have been organised?

I briefly introduce the concept of meeting in brackets, which I present as a way of understanding how meetings make policies. Then I present the methods I used to collect and analyse qualitative data on meetings.

The empirical section subsequently traces the journey of the mental health policy as it traveled through a web of meetings. It describes the formation of this web, from policy conception to evaluation, while providing more detailed descriptions of some meetings.

The concept of meeting in brackets is further developed in the following section, where I identify and discuss its two variations, namely meeting in brackets and meeting as brackets. By deriving inspiration from Luhmann (2013), Bergson (1930) and Arendt (1958), I show how this concept helps understand how meetings make policy.

To conclude I offer a succinct definition of these two variations, that is, meeting in brackets and meeting as brackets, before explaining how they could inform further research relating to public policies in the field of mental health and beyond.

2. How Do Meetings Make Policies?

Policy makers, researchers and executives spend a considerable amount of time in meetings. They are a ubiquitous part of their everyday activities (Scott et al. 2015). Meetings have also been historically important. They have played a central role in the formation of traditional (Myers 1986) and modern societies (Van Vree 2011). For example, international treaties and conventions, from the Universal Declaration of Human Rights in 1948 to the Paris Climate Agreement in 2015, originate from meetings. Likewise, meetings play a central role in social movements overlapping with the policy arena (Haug 2013).

Very recently, the (semi-)lockdown measures taken to combat the Covid-19 pandemic have also shed light on the importance of meetings for contemporary policies and politics. Not only was the pandemic mainly managed through (virtual) meetings but the sudden proliferation of these virtual meetings raised questions about what type of objectives can actually be achieved through remote communication (Thunus, Standaert, Schoenaers & Mahieu 2020). For example, can relationships based on trust, required for European policy making, be built through virtual meetings (Van Middelaer 2020)?

2.1. Meeting as a Central Practice for Making Policy

Despite the pervasiveness of meetings in policy and politics (Freeman 2019), meetings themselves are rarely studied. Instead, meetings are perceived as simple tools for performing tasks (Schwartzman, 1989) or as a means of studying other topics, such as public participation (Escobar 2015) or the involvement of civil servants and stakeholders in policy-making (Maybin 2016). However, Richard Freeman (2019) recently made the inspiring statement that policy and politics are actually created at meetings, talks and encounters which are described as micro-sites for communicative action (Arendt 1998), where a “definition of the situation” (Goffman 1959) is achieved. The definition of the situation provides the meeting participants with a sense of the policy issue under discussion as well as illustrating how they could act and what they can achieve together (Freeman 2008).

Policy and politics accordingly emerge from interactions that unfold within a given meeting - people talking to each other - but also from the interrelations between several meetings. From this perspective policy only exists in “wave form” (Freeman 2012) and the practices of meeting and writing documents (Freeman et al. 2011) are central to policy making. But how do meetings produce policy? And what makes them capable of making policy?

2.2. Meeting Science

Meeting literature, referred to as Meeting Science (Allen et al. 2015), particularly focuses on workplace meetings. However, it provides heuristic perspectives on how meetings actually produce policy.

Meeting Science approaches meetings from a *strategic perspective* that portrays them as instruments used to achieve organisational objectives, such as taking a decision or elaborating a strategy (Scott, Allen, Rogelberg & Kello 2015). As a result research has focused on the improvement of meeting preparation, structure and facilitation, which are seen as contributing to more effective meetings (Odermatt, Kleinmann & König 2015).

This strategic perspective has been complemented by a social one which has shifted attention from structural to interactional elements of meetings, such as turn-taking, non-verbal communication and interpersonal adjustments (Svennevig 2012). This perspective particularly focuses on how power relationships and organisational culture are enacted through meetings. From this social perspective, meetings have also been analysed as *sensemaking*, that is communicative events through which participants learn how to cope with uncertain and ambiguous environments (Schwartzman 1989). Meetings provide the participants with an

96 opportunity for sensemaking by creating a separation from external structures (Jarzowski and
97 Seidl 2008: 1394) – in particular the structure, rules of conduct and ways of thinking specific to
98 the meeting outside. The separation is never complete but sufficient to create “the ambiguity
99 that makes a self-organising process possible” (Hendry & Seidl 2003).

100 These insights from Meeting Science have been summarised in a “Meeting Ethnography” that
101 suggests seeing meetings as “architecture”, in reference to structural decisions that give form
102 to the meetings; as “circulators”, in reference to meeting interactions and as “makers”, in order
103 to stress that meetings significantly shape the social processes in which they are embedded
104 (Sandler & Thedvall 2017).

105 The concept of meeting in brackets encapsulates these insights in a way that begs the following
106 two questions: first, how does a meeting make policy? And secondly, how do meetings, which
107 are separated in time and space, make the policy for which they have been organised?

109 2.3. Meeting in Brackets: Brief Outline

110 The concept of meeting in brackets works as a metaphor. Metaphors use everyday language to
111 improve our grasp of situations which, though experienced on a daily basis, remain either hard
112 to describe or difficult to perceive from any perspective other than the dominant and socially
113 acknowledged one (Cornelissen 2006); both these problems apply to meetings.

114 Brackets are *marks* used in writing to add information or provide further explanation of the
115 meaning of a text. As a visible mark, the bracket announces that something different is going to
116 happen. In a similar way, the meeting makes a difference; it is a disruption (Jarzabkowski & Seidl
117 2008). Moreover, the brackets provide the reader with additional information supporting the
118 interpretation of the text. Likewise, meetings provide the participants with new information on
119 the policy in which they are involved. In addition, like brackets in a text, meetings make sense
120 in relation to one another (Allen 2011): it is by succeeding each other and referring to each
121 other, that is, by forming a web of meetings, that they give meaning to the public policy to which
122 they relate.

123 In the empirical section of this article I expand on this brief outline of the concept of meeting in
124 brackets. By relying on empirical elements I first show that a meeting in brackets is an
125 interruption in the usual routine of the participants. Such an interruption leads them to wonder
126 about the meaning of the new policy that is being launched in their field of activity. I then
127 examine decisions about meeting structure, which I call bracketing decisions. I show that these
128 decisions support the development of a reflexive communication, which enables each meeting
129 to produce a unique vision of the policy under discussion. I also illustrate a specific type of

communication, which I call bracketing communication and which is used when a meeting generates such confusion that the participants no longer talk about the policy on the meeting's agenda. Finally, I show how these meetings, which succeed each other due to the references made by the participants, create a web of meetings.

3. Methods

I developed the concept of meeting in brackets by relying on a qualitative study of the development of Belgian mental health policy from 2009 to 2017. Three successive research grants made this longitudinal study possible: first, the research project *Knowledge and Policy in the Health and Education Sectors (Know&Pol)*, funded by the European Commission under the Sixth Framework Programme (2006-2011), secondly my PhD research funded by the Belgian National Fund for Scientific Research F.R.S-FNRS (2011-2015) and thirdly my post-doctoral research, also funded by the F.R.S-FNRS (2015-2017).

Analysing the development of this policy over an eight year period allowed me to observe how it was transformed as it "moved" (Clarke et al. 2015) through meetings that took place at different levels of action. In addition, my long-term involvement in the field made it possible to reduce the influence of my presence on the meetings I observed. On the other hand, my position as a researcher, and especially my participation in the European project *Know&Pol*, influenced my observations and the attention paid to the transformation of public policies through meetings. The influence of the research process on my understanding of the observed meetings is reflexively discussed in (reference to the author 2015).

Three methods were used to collect various types of data which convey different types of information on meetings (Schwartzman 1989; Svennevig 2012). First, semi-structured interviews (n=65) were used to collect the participants' perception of the meeting after its occurrence. These interviews were recorded, transcribed and anonymised. Secondly, direct observation of meetings (n=77) was used to see meetings as they unfolded, which crucially allowed me to understand how the mental health policy under discussion was transformed through meeting communication. Observations were written down on the spot in field notebooks. Thirdly, I performed a thematic analysis of meeting documents (invitations and meeting minutes) in order to identify the main themes which were to be discussed or which had been discussed during the observed meetings (Guest, MacQueen & Namey 2012).

The analysis of these three types of data was carried out using NVivo software. The analytical categories were inductively derived from the empirical material before being compared with the literature on meetings (Allen et al. 2015). These categories were then placed in three subsets: first, the structural elements of meetings; second, the elements relating to meeting communication; and third, elements relating to the links between meetings and the policy process.

The concept of meeting in brackets was derived from these three subsets. It is therefore embedded in all of the empirical material collected. However, the descriptions provided in the following empirical section are based on seven specific meetings. Indeed, a small selection of meetings is required in order to focus on sequences of interactions rather than isolated interventions. On the other hand, with a view to understanding how successive meetings relate to one another, the selection has to incorporate several interrelated meetings. I therefore selected the following meetings which represent different types of meetings occurring at different levels of action, although they all relate to the same policy process.

7 MEETINGS	MEETING TYPES	PARTICIPANTS	LEVEL/ ROLE IN THE POLICY PROCESS
1: WHO European Ministerial Conference on Mental Health	Conference gathering a large number of participants (>100), passive audience	Representatives of WHO European Member States	International Preparatory meeting
2: Meeting between Belgian ministers and international experts of community psychiatry	Expert meeting gathering a small number of participants selected according to their expertise/role in decision making	Belgian public health ministers and international experts of community psychiatry	International Preparatory meeting
3: Belgian Inter-Ministerial Conference for Public Health	Policy meeting gathering Belgian Ministers for decision making	Federal, regional and community ministers of public health	National Decision making
4: National Information Meeting	Conference gathering a large number of participants (>100), passive audience	Field actors (invited by policy-makers): representatives of mental health service users, psychiatric and community service managers, mental health professionals	National Policy launch
5: One Local Meeting	Committee meetings, planned and monthly meetings	Field actors: mental health professionals representing community mental health services (social workers, psychologists and psychiatric nurses)	Local Policy implementation
6: Another Local Meeting	Committee meetings, planned and monthly meetings	Field actors: mental health professionals representing the psychiatric mobile teams (psychiatrists, psychologists, psychiatric nurses and social workers)	Local Policy implementation
7: Evaluation Meeting	Conference gathering a large number of participants (>100), passive audience	Field actors (invited by policy-makers): see National Information Meeting.	National Policy evaluation

Table 1 – 7 Different Meetings Involved in the Same Policy Process

4. The Journey of a Mental Health Policy Through a Web of Meetings

Since 2010 the new Belgian mental health policy has aimed to shift from a hospital-centred to a community-based mental healthcare system, by fostering the development of mental healthcare networks. Its underlying programme has been negotiated through interrelated meetings since 2005 (reference to the author).

The following figure represents the web of meetings formed by the seven meetings examined in this empirical section.

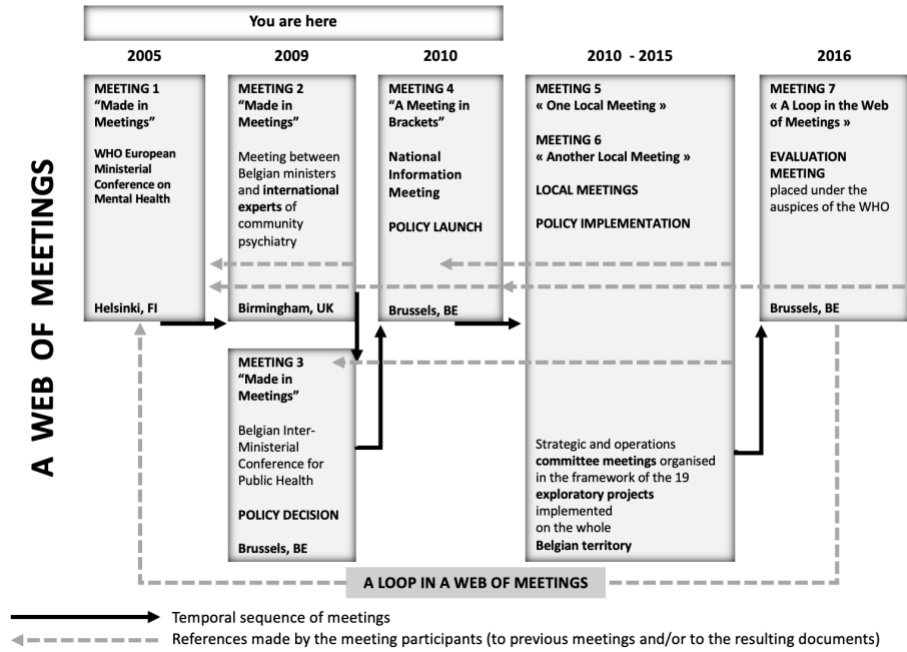


Figure 1 – The Journey of a Mental Health Policy Through a Web of Meetings

"Made in Meetings" & A Meeting in Brackets

4.1. Belgian Mental Health Policy – "Made in Meetings"

Between 2005 and 2009 three meetings significantly advanced the policy process. First, in 2005 the Belgian public health ministers attended the World Health Organisation (WHO) European Ministerial Conference on Mental Health in Helsinki. They subsequently *"started considering doing something similar in Belgium [and] ... policy advisers issued advisory notes supporting the development of psychiatry closer to society"* (Interview with a Public Servant, Federal Department for Public Health (FDPH) – 2013).

Secondly in 2009, the Belgian public health ministers travelled to Birmingham, UK, to meet internationally recognised experts of community psychiatry – they *"(saw) how other people were working"*. According to a civil servant who participated at this meeting: *"that was a sign we were going to launch an ambitious policy, at last!"* (Interview with a Public Servant, FDPH, 2012/2).

201 Thirdly, the Belgian Inter-Ministerial Conference¹ for Public Health met on December 14th 2009
202 and policy makers said, *“OK, we are going to begin now!”* Following this decision to launch a
203 new mental health policy, a group of experts referred to as the “think tank” was made
204 responsible for writing a policy guide in consultation with a task force, which included the policy
205 advisors of the federal, regional and community health ministers.

206 The think tank *“laid considerable groundwork [by] hearing the positions of psychiatrists and GPs*
207 *[and] by meeting with the trade unions, the hospitals and the federations of psycho-social*
208 *services”*. The policy guide was drafted on that basis before being submitted to the task force,
209 which met several times to adapt the policy guide to regional specificities and political agendas:
210 *“Our discussion focused on every word. In fact there are no mere words, but concepts that*
211 *express something; every word was transformed according to people’s concerns and there was*
212 *constant suspicion about what other people wanted”*- interview with the Director of the Regional
213 Public Health Department, 2014/2).

214 The repeated occurrence of meeting events nevertheless gave rise to an important commitment
215 to launch the new policy, on the part of both the federal and regional entities: *“We, the regional*
216 *entities, and I think the federal entities too, became aware of the importance of the new policy*
217 *as the process was unfolding. The scope of the project had significantly broadened, which*
218 *deepened everyone’s interest in the policy”* (interview with a Regional Policy Adviser, 2013/3).

219 As emphasised by this meeting participant, repeatedly holding meetings which regularly
220 involved the same participants made it possible for the initial confusion to gradually evolve into
221 a collective perception that launching an ambitious policy was possible. This perception was an
222 important step towards the formation of a group of stakeholders who actively supported the
223 new policy at the political level and succeeded in producing the policy guide: *“And even if it did*
224 *not perfectly match what we were expecting, we were particularly pleased that the guide came*
225 *into existence!”* (Interview with a public servant, 2012/02).

226 The guide was a small, thirty-five page blue policy document printed in German, French and
227 Dutch. It embodied the concept of the new policy to which the think tank and the task force had
228 agreed.

¹ Belgium is a federal state where public health competencies are split between the federal, regional and community governments. Given this sharing of responsibilities, decisions on mental health policies are made by the Public Health Inter-Ministerial Conference composed of the federal, regional and community ministers responsible for mental health.

4.2. The National Information Meeting – A Meeting in Brackets

A National Information Meeting was soon organised to circulate the policy guide within the mental health sector. This meeting brought together field actors, namely representatives of mental health service users, psychiatric and community service managers as well as mental health professionals. The following description highlights how it was structured and how it unfolded.

At the beginning of spring 2010 the Belgian ministers responsible for public health invited field actors from all over the country to a National Information Meeting. The subject of the meeting, scheduled in Brussels on the 21st of May, was a new policy of mental healthcare. In the preceding months, mental health professionals discussed it a great deal, trying to collect information on the preparatory work performed by policy makers and speculating about their political intentions (pre-meeting interviews and informal discussions 5/2010).

The participants were welcomed to the meeting by the directors of the regional and federal public health departments and agencies, who gave them a small policy guide entitled, “Towards better Mental Healthcare through creating Mental Healthcare Networks and Circuits” (Guide 2010). They leafed through this document during the welcome coffee, drawing each other’s attention to aspects of the text, recalling past situations where public authorities had invited them to national meetings and sharing their impressions about *“what the politicians were going to ask them”*.

When they entered the meeting room the participants noticed that all the ministers involved in mental health were sitting together, just below the screen displaying their PowerPoint presentation. The federal and regional public health ministers took the floor first. They explained why it was necessary to launch a new policy now, before announcing: *“Many of you, field practitioners and service users, have wanted this new policy for some time. So you are going to create it!”*

The federal minister’s policy advisor spoke next, referring to the WHO guidelines before providing the audience with evidence of the burden of mental health problems in European countries, the suicide rate in Belgium and the potential of community care to improve mental health and wellbeing.

Next, two experts from the federal public health department, also members of the think tank, took the floor to present the policy guide. They displayed this document very proudly and insisted on the care philosophy underlying the new policy, which was community-centred and involved *real* (they stressed) partnerships between care providers. They stated their commitment to giving local services the freedom to adapt the global model to local realities, by starting the implementation of the new policy with exploratory projects (field notes of observation of the National Information Meeting, Brussels, 21/5/2010).

These projects were intended to help policy makers learn about local care systems: *"We have built a model and local actors are going to test that model. [...] In order to plan and finance mental healthcare according to the new model, we have to be aware of local needs"* (interview with the Director of the Psychosocial Department, 2013/02).

What did the National Information do?

First, the meeting signalled a that something new was going to happen in the field. To attend the meeting, and see what was going to happen, the participants had to stop performing their normal duties and to leave their usual workplace.

I therefore suggest that this meeting constituted a parenthesis: a bracket in time, a bracket in space. It entailed an interruption which in turn required the participants to make sense of the situation. As emphasised in the above description, they tried to figure out what policy makers expected from them by holding pre-meeting talks.

Secondly, the meeting 'bracketed in' a problem: it defined this problem as the prevalence of psychiatric residential care over community care and made it the focus of meeting communication. It demonstrated the need to address this problem through references to other meetings and to documents issued by internationally recognised organisations. These references connected the National Information Meeting to previous meetings, such as the WHO European Ministerial Conference.

Thirdly, the meeting 'bracketed in' a social system: it selected and brought together field actors who had a role to play in implementing the policy. By attending the National Information Meeting, the participants entered this system and discovered that their role was to set up exploratory projects aimed at testing the new mental health care model at local level.

Fourthly, the meeting created order within this system. The meeting structure, namely the distribution of the policy guide at the entrance of the meeting, the type of conference room, the

positioning of the audience and the order of the speeches led to a distribution of roles and relationships that would prevail throughout the implementation of the new policy. The position of field actors in the meeting room, as a passive audience attending a lecture, confirmed that their role consisted in testing the new care model locally, while trying to comply with the philosophy set out in the policy guide.

Eventually the National Information Meeting adopted solutions which involved scheduling further meetings. A call for exploratory projects was indeed published shortly after the meeting. The exploratory projects consisted in developing local mental healthcare networks in order to support the shift towards community care. The creation of these networks was expected to happen through local meetings held by special committees, namely the network and the operations committees.

In this illustration the ability of the meeting both to create an interruption and to provide the participants with relevant information was strongly influenced by decisions made by the meeting conveners, in this case, the policy makers. These decisions applied to structural elements such as the venue, the layout of the meeting room and the organisation of the speeches. In what follows I suggest a description of these decisions as bracketing decisions.

4.3. Local Meetings – Bracketing Decisions and Bracketing Communication

Following the National Information Meeting, nineteen exploratory projects were launched and implemented throughout the whole country. Each project was required to set up five operations committees and one strategic committee, all of which were expected to meet once a month for the duration of the exploratory phase of implementation, planned from 2010 to 2015.

Each of these meetings was an invitation, for field actors, to rethink their professional practice and the local organisation of mental health care, in a way consistent with the community-based model of care underlying the new policy. The following two illustrations show how these meetings progressively gave meaning to the new policy, by comparing the new community-based model described in the policy guide with local professional cultures.

The following figure helps situate the following meetings in the web I describe in this empirical section.

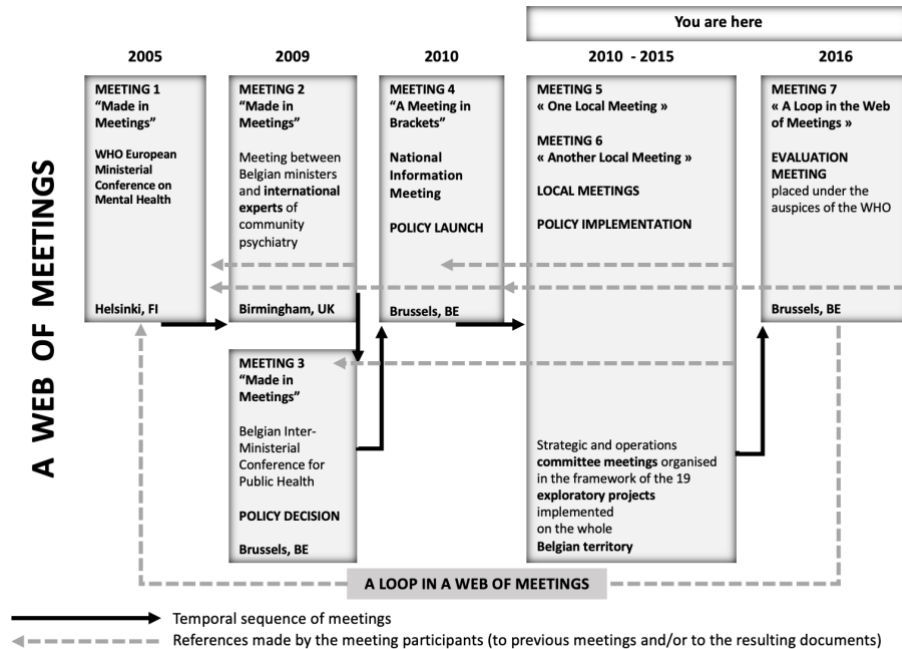


Figure 2 – The Journey of a Mental Health Policy Through a Web of Meetings
“Local Meetings” & “A Loop in the Web of Meetings”

4.3.1. One Local Meeting: The Importance of Bracketing Decisions

One local meeting took place in 2011 in a rural area where a psychiatric hospital is centrally located.

The local network coordinator invited front line workers representing local community services which were likely to play an active role in developing mobile teams for chronic disease (a new type of service defined in the policy guide). He had chosen a meeting place which was easily accessible to all participants but located outside the regional psychiatric hospital. Indeed, he knew there was a risk that the participants might interpret the initiative as an attempt by the hospital to take over their area of work (informal pre-meeting discussion with the coordinator, 11/2011).

The coordinator opened the meeting by presenting the new mental health policy launched by the government. He insisted that he worked for the federal public

health department and not for the regional hospital, “which is very different” (field notes, observation of the strategic committee meeting A, 11/2011).

While preparing this meeting, the local coordinator asked himself: Which topics and actors must remain outside the bracket, i.e. “bracketed out” And which topics and actors must be highlighted and discussed within the brackets, i.e. “bracketed in”?

The meeting illustrates how he drew a line, through bracketing decisions, between the meeting inside and the meeting outside. For this meeting, he decided that the meeting inside must include front line workers representing local community services. They were consequently bracketed in, together with a concrete topic relating to the implementation of the new policy, namely the development of mobile teams for chronic disease. On the other hand, the meeting outside related to the current organisation of mental health care where psychiatric hospitals are in a dominant position. The local psychiatric hospital was consequently bracketed out by the decision to organise the meeting somewhere else, closer to the community.

Then the local coordinator emphasised bracketing decisions in his introduction to the meeting. Indeed, he insisted that the new policy was being launched by the government (which was subsequently bracketed in); it was not an initiative taken by the local psychiatric hospital (which was resolutely bracketed out). Through careful bracketing decisions, the local coordinator thus indicated to the participants that the new policy intended to make a difference to the organisation of mental health care.

4.3.2. Another Local Meeting: Bracketing Communications and the Role of External Observers

The coordinator of another project invited the staff of the psychiatric mobile teams being set up under the new policy to reflect on “inclusion procedures”, which consisted of a set of criteria determining the type of demand which the mobile teams should accept. The meeting discussion rapidly highlighted the fact that the person asking the mobile team to intervene had to be a “patient”. But who was a patient?

A psychiatrist, replying to the representative of an association of the relatives of service users, stated: “You should not talk about ‘patients’ or ask the mobile team to intervene unless a medical doctor has decided someone is a patient”. The representative responded: “The relatives of services users are as well placed as medical doctors to know whether or not their relative is experiencing psychiatric problems”. The representative of a community mental health service continued:

375 “We can always try and ask you to intervene” – and a representative of a healthcare
376 centre continued: “The way I see it, we can even insist!”

377 Another psychiatrist then stated, “No one can do everything” – in response to a
378 suggestion from the representative of another service user - “Other countries use
379 different ways of getting someone to recognise they suffer from a mental illness”.
380 This statement went too far for the first psychiatrist who added, “Belgian society is
381 neither obsessed with law and order nor is it a Swiss-style Protestant society; there
382 are limits to our right to interfere in people’s private lives” (field notes, observation
383 of the local committee meeting B, 03/2012).

384 This illustrates that meetings cannot be seen as passive instruments serving policy ideas. Despite
385 careful bracketing decisions taken by the local coordinators, meeting communication is
386 fundamentally unpredictable. In this example a practical discussion, which initially related to the
387 functioning of the psychiatric mobile teams, provided the participants with an opportunity to
388 discuss their different concepts of “the patient”: is a patient someone diagnosed by a medical
389 doctor or someone who suffers from psychiatric problems, according to his or her relatives?

390 How meeting communication unfolds depends on a simple statement - “You should not talk of
391 ‘patients’ [...]” -which triggers interrelated sequences of communication. With reference to
392 Luhmann (2006), this form of communication can be described as reflexive. Indeed, it consists
393 of *self-observation* – by noticing what I say about who a patient is, I come to know what a patient
394 is in my view – and of *external observation* – by noticing what others say about who a patient
395 is, I come to know what a patient is in their view (Luhmann 2006; Weick 1995).

396 These interrelated sequences of self- and external observation create general confusion
397 (Freeman, 2008) among the participants who are meeting for the first time. Meetings
398 consequently become embroiled in external problems, namely an “old professional culture”
399 which gives psychiatrists the exclusive right to say if someone needs care and can be seen as a
400 patient:

401 The discussion illustrated above continued until the coordinator recalled the fact
402 that, “What is at stake here is the inclusion procedure!” The participants were
403 astonished by what they had just heard. One of them, trying to recover from a sense
404 of general discomfort, said, “All things considered, we could work a bit differently”.
405 He suggested “basing our approach on practical cases... abstract thinking involves
406 a professional culture and that professional culture is an old culture” (field notes,
407 observation of the local committee meeting B, 03/2012)

Confusion can be overcome through meeting communication intended to reinstate a separation between the meeting inside and the meeting outside. I suggest describing such communication as bracketing communication. Indeed, this communication aims at bracketing in legitimate topics of conversation (inclusion procedures) and bracketing out others, in particular the old professional culture.

In this illustration bracketing communication appears to be selective and political. It does not determine any subsequent communication but nevertheless raises legitimate topics of conversation. It is done by the local coordinator who is helped by a participant who performs the role of an “external observer” (Luhmann 2006: 50) – someone who, first, knows both the meeting outside (the old professional culture) and the meeting inside (the new policy and the functioning of the mobile teams) and second, sufficiently distances himself from the meeting discussion to interpret the situation and propose a solution, in this case avoiding abstract thinking by reflecting on practical cases.

4.4. A Loop in a Web of Meetings

In 2016 the Belgian public health ministers invited field actors to participate in another large meeting intended to launch the evaluation of the new policy by sharing innovative practices resulting from the nineteen exploratory projects. This meeting was, interestingly, placed under the auspices of the WHO. The representatives of the exploratory projects each presented a set of innovative practices which were subsequently recorded in a “manual of innovative practices”², with an introduction signed by the Director of the WHO’s mental health department.

This evaluation meeting can be described as a loop in a web of meetings. Indeed, by being placed under the auspices of the WHO, this meeting reconnected the innovative practices developed in response to the Belgian policy with the WHO, whose 2005 ministerial conference not only inspired this Belgian policy but also provided it with increased legitimacy.

I consider this Conference as the starting point of the development of this web, since Belgian policy makers presented it as the event which triggered their decision to create a new policy supporting the shift towards community mental health care.

Following the 2005 conference the new Belgian policy gradually emerged in successive meetings that took place between 2005 and 2010. These meetings enabled policy makers, civil servants

² Manual of innovative practices, 2016, available at: www.innopsy107.be

and mental health experts to agree on a new mental healthcare model, which was subsequently set out in a policy document: a small blue policy guide.

In 2010 the National Information Meeting “signalled a difference” to field actors: i.e. that a new policy was about to be launched. They consequently tried to make sense of that difference through informal, pre-meeting discussions. Then they achieved a better sense of the new policy by attending the National Information Meeting, which was carefully structured.

The National Information Meeting predefined, without determining once and for all, the meaning of the new policy. The need for further interpretation was to a certain extent acknowledged by the policy makers, who provided the exploratory projects with a means to test the new model of care at local level.

“Learning by meeting” (Freeman 2008) is communicating about a difference, in this case a model of community mental healthcare to be implemented following the launch of the new policy. This difference was recursively expressed through the web of meetings which continued developing following the National Information Meeting.

Finally, the 2016 evaluation meeting reconnected innovative practices that arose from the new policy implementation with the WHO mental health strategy, which triggered the web of meetings examined by this article.

This summary of the journey of a mental health policy through a web of meetings illustrates how this network took shape. It also demonstrates how every meeting in this web contributed to forming a unique concept, specific to that meeting, of the new Belgian mental health policy. In the following discussion when referring to this unique concept I use the expression ‘meeting AS brackets’, presented as a ‘variation’ of the concept of meeting in brackets.

5. Discussion

A sharp increase in the number of meetings (Van Vree 1999: 3-10) is a central feature of a long-term process. Through this process networks of mutual dependence became larger and more stable and the balance of power between different individuals and social groups more equal. A “compulsion to meet” (Van Vree 2011: 241) would accordingly go hand in hand with the formation of modern states in Europe and beyond. Yet meetings are largely dismissed or taken for granted both in policy studies and in the practice of policy making.

In this article I suggest that meetings matter to policy. I introduce the concept of meeting in brackets, which is aimed at “making meetings the subject of investigation” (Schwartzman 1989:

7) rather than seeing meetings as simple “tools for tasks” (idem: 49). In phenomenology, such as defined by Husserl, “bracketing” refers to the suspension of assumptions about the world in order to focus on our subjective experience of it (Dörfler & Stierand 2020).

The concept of meeting in bracket works in a similar way: it involves suspending our assumption that meetings are “a sort of blank slate useful as a tool for individuals to conduct culturally defined business or as a place to realize specific aims and interests” (Schwartzman 1989: 44-45). Suspending our assumptions about meetings is necessary to start seeing what happens through them, what they mean to the participants and how they realise (if this happens) “specific aims or interests” (Schwartzman 1989: 45). The concept of meeting in brackets is tailored to this challenge. Indeed, it works as a metaphor that uses everyday language to help us to see something we experience (very) frequently – in this case seeing the meetings from perspectives other than the culturally and socially acknowledged ones.

The concept of meeting in brackets specifically aims to understand how meetings produce policy. It encapsulates insights from policy studies and meeting science in order to address two interrelated questions. First, how does a meeting make policy? Secondly, how do meetings, which are separated in time and space, make the policy they have been set up for? The concept includes two variations, namely meeting in brackets and meeting as brackets. The following tables summarizes the concepts and its two variations.

MEETING IN BRACKETS	A MEETING IN BRACKETS	A COMMUNICATIVE EVENT
		BRACKETING DECISIONS ▪ apply to structural elements of meetings ▪ embody the vision of the policy put forward by policy makers
		MEETING COMMUNICATION ▪ is reflexive communication ▪ enacts and sometimes questions bracketing decisions
		BRACKETING COMMUNICATION ▪ reinstates bracketing decisions ▪ can be performed by an external observer
	MEETING AS BRACKETS	A UNIQUE CREATION ▪ a collective vision of the policy ▪ specific to one particular meeting that brought together selected participants at a particular time, in a particular place
		A WEB OF MEETINGS ▪ is formed through references made by the participants, to previous meetings or to meeting documents ▪ enables the stabilisation of certain visions of the policy (repeated expression) ▪ it makes policy : it iteratively defines the collective sense of the policy in relation to which the web of meetings has developed

Table 2 – Meeting in Brackets and Meetings as Brackets

5.1. Meeting in Brackets

A meeting in brackets is a communicative event that first “signals a difference”: it signals to the participants that something new or at least slightly different is going to happen in their field of

activities. In the case studied in this article, a new mental health policy was about to be launched in Belgium.

To understand this difference, that is to gain a sense of the new policy and of its implications for their daily work, the participants must stop doing their work and move to the meeting place. A meeting in brackets thus implies an interruption in what the participants see as their core work, and a separation from what they consider their usual work environment. This interruption in turn requires them to make sense of the situation. It triggers reflexive communication through which the participants, who are bracketed together with a carefully defined policy issue in a carefully selected meeting room, are likely to achieve a collective sense of the new policy. This sense is not independent but always slightly different from the initial idea of the policy makers.

A meeting in brackets is thus a difference that makes a difference. It produces policy through creating a special type of event, carefully defined through bracketing decisions, where reflexive communication can occur. Bracketing decisions therefore seem to be required for a meeting in brackets to occur.

As illustrated by the empirical description of meetings, bracketing decisions apply to structural elements of meetings such as the organisation of meeting rooms or the positioning of the participants. They embody the vision of the policy put forward by policy makers and their local representatives. Bracketing decisions accordingly constitute the main means for them to exert some agency on the policy process.

When enacted, bracketing decisions turn into meeting communication. They say something about the meaning of the policy and the role the participants are expected to play in this process. However, meeting communication is neither limited to nor fully framed by bracketing decisions. Instead, it consists of reflexive communication, which is thus fundamentally unpredictable and sometimes turns into confusion (Freeman 2008).

This does not prevent meeting communication from making political decisions. Indeed, as the meeting unfolds a process of selection is achieved: some visions of the policy are retained (bracketed in) while others are dismissed (bracketed out). This selection is gradually achieved through discussions at the meeting. As previously illustrated it can also involve communication that is specifically aimed at reinstating the brackets, namely bracketing communication, as well as the intervention of an external observer.

It follows that bracketing decisions, meeting communication and bracketing communication, which retain some visions of the policy while others are dismissed, are three conditions for a

meeting in brackets to happen. It is through their combination that a meeting in brackets makes policy.

5.2. Meeting as Brackets

“Say I have to attend a meeting; I know what people I’ll find there, around which table, in which order, for the discussion of which problem. But once they come, sit down, and start chatting as I expected them to, once they are saying what I thought they would — the whole scene gives me a new and unique impression.” (Bergson 1930: 41)

A meeting as brackets is a creation which is specific to one particular meeting that brought together selected participants at a particular time, in a particular place. This creation is “unique”. To paraphrase Arendt, it can truly be said that nobody knows what the meeting will reveal before it happens.

Whether this creation is specific to one meeting or not, it exists! Paraphrasing Arendt again: once the meeting has happened the story is written. It is partly inscribed in documents and partly embodied by people. It is therefore at least partly available to the participants and other people who would like to refer to it, take action against it or to act on its behalf.

Moreover, as meetings succeed one another and as people and documents move from one meeting to the next, certain creations stabilise through being repeatedly expressed over several meetings and written down in the documents emanating from those meetings. These meetings come to be connected to each other through implicit or explicit references. As illustrated in this article, these references support the formation of a web of interrelated meetings that produces a collective sense of the policy they are creating.

This sense is both known, because it is commonly and iteratively experienced by people moving from one meeting to the next, and not known, because it is elusive and partly resistant to the documents that try to capture it. This sense is both intended, because it partly reflects the policy makers’ intentions incorporated within bracketing decisions, and partly unintended, since it is permanently renegotiated through meeting communication. One part of this sense therefore is a product of human will while the other part stems from the mysteries and miracles of collective action: the result of different people meeting together.

6. Conclusion

A meeting in brackets is a communicative event: it signals that something new or at least slightly different is going to happen in a policy field. Then through bracketing different people together

with a carefully defined meeting topic, in a carefully selected meeting room, the meeting triggers reflexive communication - the participants come to know what the policy is about and what it means to them. Through reflexive communication a collective vision of the policy is gradually achieved. It is not independent but is always slightly different from the initial idea of the policy makers.

A meeting as brackets refers to this vision. It denotes a collective, unique creation which is an illustration, among many other possible illustrations, of what a policy can mean when it is enacted through meeting communication. As unique as it is, this creation is political: it enables the meeting participants and other relevant stakeholders to refer to a meeting and to act against or on behalf of it. Moreover, successive meetings come to form a web of meetings, through which a general vision of the policy they have been set up for gradually stabilises.

In terms of research perspectives, the concept of meeting in brackets informs a concept of health policy produced through a web of meetings. This concept might be specified and strengthened by being used to study the production of other policies, in fields other than mental health and in different countries. Indeed, a limitation of the concept is its reliance on the case of Belgian mental health policy, although this policy has an important international dimension, as demonstrated throughout this article.

Further research drawing on this concept might focus on bracketing decisions, in order to address the following questions: to which aspects of the meeting structure do they relate? With what objectives? And what is their impact in practice? Similarly, bracketing communication should also be further analysed. Who is responsible for this type of communication? What does it consist of? What are the characteristics of the participants who play the role of outside observer?

A second research perspective relates to what remains: the pieces of information, knowledge and policy concepts that meetings leave behind, either because they have not been explicitly verbalised or because they have not been set out in a document. In this article I have suggested that meeting communications were selective and political. This implies that some concepts are retained while others are dismissed. Why? What are these concepts that are left over? Which visions of a policy do we decide to dismiss, consciously or not?

Finally, the concept of meeting in brackets suggests meetings are specific types of events, namely a bracket in time and space, which allow new visions to emerge. What should be done with this opportunity? How should meetings be structured to give a voice to those who are generally heard little or not at all? How should we turn these endless meetings, which we love

to hate (Lehmann-Willenbrock et al. 2016), into events that reveal new voices and bring out innovative thoughts?

Acknowledgments

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