

Insights into Youth Healthcare: Exploring Representations in

De Jeugdkliniek: Als Niets Meer Werkt

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Preface

In front of you is my research for the master's program in Film and Television Cultures at Utrecht University. This thesis explores the representation of youth healthcare institutions in Dutch documentary series. Throughout my academic journey, I have been most interested with documentary film because of its ability to shed light on societal issues and provoke critical discourse. I have chosen to analyse the documentary series 'De Jeugdkliniek: Als Niets Meer Werkt' as it stands out among Dutch TV programs for offering insight into a youth care clinic and the treatment they offer. I found it particularly remarkable to witness how the series portrayed the community that has been cultivated within this clinic, especially in light of the current criticism directed towards youth care in the Netherlands.

Completing this master's thesis has been both challenging and enlightening. I would like to thank my thesis supervisor, Hanna Surma, for the constructive feedback and advice throughout the writing process. I am happy to say that I am satisfied with the end results, and I hope that readers will enjoy exploring its contents as well.

Abstract

This thesis analyses the representation of the Yes We Can Clinics (YWCC) in the documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* and explores how meaning is constructed about the broader system of youth healthcare institutions in the Netherlands. This documentary series offers an exclusive insight into the treatment provided to youth struggling with mental health and addictions. There is significant media criticism towards youth care institutions in the Netherlands and there is an abundance of information regarding the representation of these facilities on television. This research investigates what perspectives on the YWCC are presented in the documentary series, primarily examining them through the lenses of the medical model and the social model of mental distress. Additionally, this research explores prevailing assertions, such as those articulated by Hanna Selby, suggesting that broader societal factors that contribute to mental health conditions are often overlooked in mental health programs. The main question posed in this research is as follows: how does the representation of the YWCC in the documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* create meaning about the broader system of youth healthcare institutions in the Netherlands.

To answer the research question, a textual analysis is conducted based on Bill Nichols' conceptual framework regarding the voice of documentary. The analysis is based on the first and final episode of the series and focuses on invention, arrangement, and style in these episodes. This involves examining how narrative structures, the evidence supporting the argument, and stylistic elements function as rhetorical tools to represent the YWCC. Through this representation, broader implications regarding the youth healthcare system in the Netherlands are inferred.

The analysis of *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* reveals that the series employs a problem-solution structure. The YWCC is represented as the unique solution to severe mental health issues among youth, while the broader youth healthcare system is posed as the problem, lacking knowledge and deficient in providing effective support. The efficacy of the clinic's working methods and the prospects for recovery within its confines are constantly validated through its primary sources, providing an idealized image of the YWCC. However, the lack of outsider perspectives and verifiable evidence ensures a biased representation that suggests shortcomings in the broader system's provision of care. The representation predominantly presents a view aligning with what Gary Morris calls the *medical model of mental distress*, proposing medical intervention as the key to recovery. This research highlights the need for a more comprehensive approach to youth health care as it reveals a narrative that focusses on a biased portrayal of the clinic and its successes. The portrayal implicates the inadequacies of alternative approaches without addressing the origins of the challenges nor the structural factors impacting youth care, such as critical aspects of social inclusion.

It is crucial to note the neglect of potential ethical implications related to filming in a clinical environment, as well as the restricted focus on two out of six episodes, potentially disregarding other

significant aspects that shape the portrayal of the YWCC. Further research could explore audience responses to the series and its impact on societal discourse.

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Introduction

“These young people need to be heard, and the colleagues who do everything day and night for these young people need to be seen.”

This statement is made by the founder of the ‘Yes We Can Clinics’ (YWCC) Jan Willem Poot.¹ After careful consideration, Poot agreed to the request to make a documentary series about the clinical treatments within one of the YWCC.² The YWCC treat young adults with behavioural issues, addiction and mental problems while also providing guidance to their families.³ The documentary series DE JEUGDKLINIEK: ALS NIETS MEER WERKT⁴ stands out as the only television production providing an exclusive insight into the ten weeks of clinical treatments that these young adults receive inside the YWCC.

In the Netherlands, youth care institutions have become the subject of substantial media criticism due to their approach to youth care. The media are actively scrutinising their methods in supporting young individuals. According to an article by KRO-NCRV, the methods employed by specific youth care institutions have reportedly engendered additional traumatic experiences. They highlight the insufficient availability of specialists within these institutions.⁵ The foundation ‘Het Vergeten Kind’ initiated a petition, advocating for the closure of secure juvenile facilities due to their inadequacy to provide support to young adults.⁶ Such critical statements in the media play a crucial role in shaping public opinions regarding health issues.⁷

The media’s role in shaping public perceptions includes depictions on television. However, the representation of youth care institutions on television remains relatively unexplored within the academic field of media and television. Television scholars Gary Morris and Stephen Harper argue for the importance of the representation of youth care institutions through the perspective of the social model of mental distress, instead of the approach of the medical model, which treats mental distress as

¹ “No Pictures Please Maakt Nieuw Seizoen de Jeugdcliniek - Als Niets Meer Werkt.” Broadcast Magazine, accessed January 8, 2024, <https://www.broadcastmagazine.nl/in-productie/no-pictures-please-maakt-nieuw-seizoen-de-jeugdcliniek-als-niets-meer-werkt/>. Cited Jan Willem Poot. Vert.

² “No Pictures Please Maakt Nieuw Seizoen de Jeugdcliniek - Als Niets Meer Werkt.”

³ “De Jeugdcliniek - Als Niets Meer Werkt II.” Yes We Can Clinics, accessed on January 19, 2024, <https://www.yeswecanclinics.nl/de-jeugdcliniek-als-niets-meer-werkt/>.

⁴ ‘De Jeugdcliniek: Als Niets Meer Werkt’ is a Dutch documentary series, broadcasted on Videoland. The series, produced by No Pictures Please, premiered on September 24, 2021. In the series, Ewout Genemans follows young people between the age of 13 and 23 as they struggle with severe addictions and mental health issues; “De Jeugdcliniek: ALS Niets Meer Werkt.” MijnSerie, accessed April 15, 2024, <https://www.mijnserie.nl/de-jeugdcliniek-als-niets-meer-werkt/>.

⁵ “Gesloten Jeugdzorg Onder Vuur, Maar Is Stoppen Wel de Oplossing?” KRO, accessed on January 19, 2024, <https://pointer.kro-ncrv.nl/gesloten-jeugdzorg-onder-vuur-maar-is-stoppen-wel-de-oplossing#:~:>

⁶ “Onderzoek Gesloten Jeugdzorg.” Het Vergeten Kind. Accessed January 23, 2024, <https://www.hetvergetenkind.nl/stop/onderzoek>.

⁷ Meredith E. Young, Geoffrey R. Norman, and Karin R. Humphreys, “Medicine in the Popular Press: The Influence of the Media on Perceptions of Disease,” *PLoS ONE* 3, no. 10 (October 29, 2008), 6.

an illness. The social model considers social factors, such as the causal impact of childhood experiences, and the individual needs of patients.⁸ However, there are concerns about the social model of mental distress. Television scholar Hanna Selby, for example, argues that representations according to this model potentially overlook the broader social and political context.⁹

This research delves into how the documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* represents the YWCC within the broader context of youth care in the Netherlands. By exploring these themes, the framework of the medical model of mental distress is acknowledged within this representation. While the representation addresses wider systematic factors in youth care, Selby's assertion remains relevant, as broader societal influences impacting youth well-being are overlooked.

These insights are based on a textual analysis of selected episodes of the documentary series. The representation of the YWCC in the documentary series is examined through the conceptual framework of Bill Nichols. Nichols contends that each film has a specific way of expressing its perspective on the world, a concept he terms the 'voice of documentary'.¹⁰ His framework provides a lens through which representation in documentary series can be examined by focusing on *invention*, *arrangement*, and *style*. Invention involves the identification of evidence supporting the argument; arrangement pertains to the effective presentation of the argument; and *style* encompasses the expressive tools utilised to speak to the audience.¹¹ These concepts unveil the series' perspective on the YWCC and on the broader system of youth care institutions in the Netherlands. The main question addressed by this research is: how does the representation of the YWCC in the documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* create meaning about the broader system of youth healthcare institutions in the Netherlands.

⁸ Stephen Harper, "Freaks, Geniuses or Biological Citizens? Discourses of Mental Distress in British Television Documentaries." *Jump Cut: A Review of Contemporary Media*, no. 5 (2010), 52.

⁹ Hannah Selby, "Continuity and Change in British Public Service Television's Engagement with Mental Health," *VIEW Journal of European Television History and Culture* 9, no. 18 (2020), 11.

¹⁰ Bill Nichols, *Introduction to Documentary* (Bloomington, IN: Indiana University Press, 2017), 50.

¹¹ Nichols, *Introduction to Documentary*, 58, 64, 66, 67.

1. Theoretical and methodological framework

1.1 Medical/social model of mental distress

In his book *Representation: Cultural Representations and Signifying Practices*, sociologist Stuart Hall discusses the concept of representation and how it connects meaning and language to culture. He writes, “representation means using language to say something meaningful about, or to represent, the world meaningfully, to other people.”¹² Put differently, representation plays a pivotal role in the construction of meaning and is an important component in conveying a message effectively. This principle applies to how the documentary series represents the YWCC, using language, signs, and images to convey meaning about this institution and the broader system of youth care to the audience.

Media scholar Stephen Harper distinguishes two approaches to understand and explain mental health conditions that are reflected in representations across various media platforms; the medical model of mental distress and the social model of mental distress.¹³ He explores these models within the discourses of British television documentaries in his article “Freaks, Geniuses or Biological Citizens? Discourses of Mental Distress in British Television Documentaries”. The medical model sees madness as an illness and tends to overlook the social environment as a contributor to mental distress. Harper argues that media representations influenced by this model emphasise individual experiences of mental health issues, focusing on treatment and diagnoses. Conversely, media representations influenced by the social model show the perspective of care governed by the need of the individual instead of the system. These representations posit that social pressures play a crucial role in the onset of psychological disorders, such as the causal impact of childhood experiences of neglect or abuse.¹⁴ Harper argues for the significance of the social model of mental distress, which underscores the interrelation of individual experiences with broader social contexts, and it advocates for measures to support mental well-being.

This view is shared by Gary Morris in his book *Mental Health Issues and the Media: An Introduction for Health Professionals*. Morris promotes the representation of mental healthcare based on the needs of the individual, resonating with the perspective of the social model of mental distress.¹⁵ Morris argues for the importance of portraying mental healthcare in a positive light in media depictions as such depictions convey the possibility of recovery, demonstrating that mental health issues can be overcome.¹⁶ Additionally, according to Morris, positive portrayals of mental health

¹² Stuart Hall, *Representation: Cultural Representations and Signifying Practices* (London: Sage, 1997), 15.

¹³ Stephen Harper, “Freaks, Geniuses or Biological Citizens? Discourses of Mental Distress in British Television Documentaries,” *Jump Cut: A Review of Contemporary Media*, no. 5 (2010), 52.

¹⁴ Harper, “Freaks, Geniuses or Biological Citizens? Discourses of Mental Distress in British Television Documentaries”, 52

¹⁵ Gary Morris, *Mental Health Issues and the Media: An Introduction for Health Professionals* (London: Routledge, 2006), 77.

¹⁶ Morris, *Mental Health Issues and the Media: An Introduction for Health Professionals*, 77.

issues promote inclusion, and facilitate the acknowledgement of social barriers that prevent full inclusion and participation of individuals with mental health conditions.¹⁷

Nonetheless, Television scholar Hannah Selby expresses concerns about the shift in mental health programs by British public broadcasters towards stories of individuals. According to her, the excessive focus on personal narratives and professional opinions in these programs potentially overlook the critical examination of broader social or political factors contributing to mental health conditions.¹⁸ Additionally, she argues that competition for audiences has led to a change in British mental health programs, emphasising a choice for dramatic and sensational topics.¹⁹ This is also argued by Professor of Communication Lesley Henderson in her article about mental health programs in UK television productions. She writes, “mental distress is addressed typically at an individual level rather than examining structural problems or collective responses.”²⁰ Additionally, Henderson contends that mainstream British television drama tend to prioritise the medical model of mental distress by framing medication as a solution and oversimplifying the complex interplay of factors contributing to mental health issues.²¹

Both models provide a framework for understanding how the representation of the YWCC in *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* is constructed, and how they contribute to the creation of meaning within the documentary series.

1.2 The Voice of Documentary

Professor in Film and Media Carl Plantinga extensively analysed the nature of documentary filmmaking in representing people and characterising individuals on screen. According to him, representation in documentaries is inherently subjective and constructed by the filmmakers’ perspective.²² He argues that, within the documentary genre, representations are not as impartial and transparent as is commonly presumed. This is due to the process of selecting footage, organising it in a narrative structure, and shaping a nuanced audio-visual portrayal.²³ The representation of the YWCC is thus influenced by the interpretation and perception of the makers of the series.

Bill Nichols shares Plantinga’s view of documentary realism in his book *Introduction to Documentary*. Nichols argues that documentaries that address social issues frequently highlight the

¹⁷ Ibid, 89.

¹⁸ Selby, “Continuity and Change in British Public Service Television’s Engagement with Mental Health”, 11.

¹⁹ Ibid, 2.

²⁰ Lesley Henderson, “Popular Television and Public Mental Health: Creating Media Entertainment from Mental Distress,” *Critical Public Health* 28, no. 1 (March 28, 2017): 114.

²¹ Henderson, “Popular Television and Public Mental Health: Creating Media Entertainment from Mental Distress”, 111.

²² In line with Plantinga’s perspective, it is important to note that this documentary series is not the product of a single documentary maker, as it comprises multiple episodes and there is no clear director attributed as maker of this series. Consequently, in this research, the term ‘makers’ will be used to refer to the collective group responsible for its creation.

²³ Carl Plantinga, “Characterization and Character Engagement in the Documentary” in *Cognitive Theory and Documentary Film*, ed. Catalin Brylla and Mette Kramer (Cham: Palgrave Macmillan, 2018), 115, 117, 118.

intersection of personal and political factors, yielding representations of the world from specific, contingent, and committed perspectives.²⁴ He calls this the “voice of documentary” defining it as “each film’s specific way of expressing its way of seeing the world.”²⁵ According to him, the documentary’s voice might not be readily evident, but rather manifested through its rhetorical expression. The rhetorical voice in documentary refers to the use of language, expressions, and communication strategies to convey a message and construct meaning.²⁶ This form of voice is relevant to analyse in research on representation because it serves as the communicative and persuasive element through which a documentary conveys a specific perspective.

Nichols further delineates various modes of documentary making, with each mode characterised by its specific cinematic techniques and conventions that manifest the voice of documentary.²⁷ The mode that is frequently adopted in *DE JEUGDKLINIEK: ALS NIETS MEER WERKT*, during therapy sessions for example, aligns with the observational mode. According to Nichols, in this mode “the filmmaker simply observes what happens in front of the camera without overt intervention” and they thus “chose to observe lived experience spontaneously”.²⁸ However, the presence of a camera inherently influences the unfolding of events, constraining them from unfolding entirely spontaneously. In his book *Queer Issues in Contemporary Latin American Cinema*, Professor David Foster contends that the mere presence of a camera and its technical setup in documentary filmmaking amplifies individuals’ self-awareness. This heightened self-awareness, he argues, has the potential to alter their natural behaviour and interactions, raising questions about the authenticity and spontaneity of recorded footage.²⁹ Therefore, rather than merely portraying events that unfold in an entirely natural manner, the observational mode portrays interactions that are influenced and shaped by the presence of a camera.

In contrast, Stella Bruzzi challenges Nichols’ classification of documentaries into distinct modes. In her book *New Documentary: A Critical Introduction*, Bruzzi offers a critique on Nichol’s view of narration in documentaries as uniformly subjective. She contends that his perspective overlooks the diverse ways in which narration can be employed, and she asserts that documentary filmmaking exhibits a wide range of creative and diverse approaches to narration.³⁰ When analysing the voice of documentary in the *DE JEUGDKLINIEK: ALS NIETS MEER WERKT*, this broader understanding of narration’s potential should be taken into account by acknowledging the multiplicity of narrative strategies employed in documentary filmmaking. This is particularly relevant when analysing the voice-over in a documentary, as Bruzzi highlights instances where the voice-over’s

²⁴ Nichols, *Introduction to Documentary*, 143, 144

²⁵ Ibid, 50.

²⁶ Ibid, 57, 58.

²⁷ Ibid, 105.

²⁸ Ibid, 142, 143.

²⁹ David William Foster, *Queer Issues in Contemporary Latin American Cinema* (Austin, TX: University of Texas Press, 2004), 58.

³⁰ Stella Bruzzi, *New Documentary: A Critical Introduction* (London: Routledge, 2011), 47, 48.

narration not necessarily aligns with the filmmaker's viewpoint. She indicates that voice-over narration can be more nuanced than typically assumed and it has the potential to offer alternative perspectives and interpretations, enriching the documentaries message.³¹ Bruzzi contradicts Nichols's view, who identifies the voice-over as the most explicit form of voice in documentary. According to Nichols, voice-over serves as a method to explicitly convey the point of view of the documentary and directly addresses the viewer, either 'passionately partisan' or 'seemingly impartial'.³²

Finally, Nichols outlines five departments of the rhetorical voice, including *invention*, *arrangement*, *style*, *memory*, and *delivery*. The category *memory* pertains to how speech engages the audience and how viewers make connections between past and present scenes in films.³³ This aspect is omitted from this analysis as this research focuses on the presentational aspects of the series rather than the interpretation by its viewers. The department *delivery* pertains to how speech is conveyed to the audience, including gestures and expressions of interview subjects.³⁴ This category is omitted from this analysis due to the observational mode of the documentary series, resulting in limited control by makers over the delivery aspects of interview subjects.

1.2.1 Invention

Invention involves uncovering evidence of proof to support an argument in documentary film.³⁵ Bill Nichols draws upon Aristotle when he argues that there are two types of evidence in documentary film: inartistic proof, which are verifiable facts, and artistic proof, which relies on rhetorical instruments.³⁶ Examples of inartistic proof in the realm of mental health documentaries could be drug tests, medical records, and statistical data. Artistic proof can be divided into three types: ethos, pathos, and logos.³⁷ Ethos establishes credibility and trust in information presented by an individual. For instance, when an individual is introduced as a psychologist engaging in discourse on mental health matters, the inclusion of this expert is enhancing the credibility of the argument due to their demonstrated expertise in the field. Pathos elicits emotional responses from the audience, aiming to achieve a specific impact. This might involve the use of emotional interviews that delve into the personal life of a subject to achieve understanding and empathy among the audience. Finally, logos relies on real and apparent reasoning. This could be argumentation that relies on scientific data to prove a point. The distinction between these three types of argumentations is useful when analysing the persuasive techniques employed in a documentary.

³¹ Bruzzi, *New Documentary: A Critical Introduction*, 71, 72.

³² Nichols, *Introduction to Documentary*, 53, 54.

³³ *Ibid*, 67.

³⁴ *Ibid*, 67.

³⁵ *Ibid*, 58.

³⁶ *Ibid*, 58, 59.

³⁷ *Ibid*, 59.

In their book *Crafting Truth: Documentary Form and Meaning*, Louise Spence and Vinicius Navarro explain that it is important to distinguish primary sources and secondary sources when analysing evidence in documentaries.³⁸ They define primary sources as “original documents and archival material contemporary with the subject being studied” and, according to them, the term secondary source “refers to later discussions of that same subject.”³⁹ According to them, primary sources are often perceived as more reliable and authentic because they offer a direct connection to the subject, and secondary sources can offer valuable interpretations as they are not directly involved with the subject. They stress that documentaries create a more well-rounded and authoritative representation of nonfiction reality if they use both primary and secondary sources.⁴⁰ The differentiation between these sources sheds light on the persuasiveness of the argument being conveyed and is therefore relevant to delineate within the analysis.

1.2.2 Arrangement

The second department of the rhetorical voice that will be examined is *arrangement*. This department involves the strategic organisation of elements to maximise effectiveness and to present a perspective or argument.⁴¹ The classical arrangement in documentary film is the five-part-structure, involving an opening that catches attention, clarification of the issue, the concrete argument, opposing arguments, and concluding with a summation of the case.⁴² However, some documentary films depart from this structure and aim to convey a sense of uncertainty to encourage the audience to draw their own conclusions.

Carl Plantinga asserts that analysing the beginning and the end of a documentary is crucial because the opening often depicts the problem or situation that the documentary revolves around and the ending answers previously raised questions.⁴³ This aligns with the perspective of Yuliia Lysanets, a Ukrainian scholar who researched narrative strategies in documentaries. She suggests that documentaries that follow the problem-solution structure, typically start by presenting specific problems, followed by delving into their historical context and current status, and ultimately propose potential solutions.⁴⁴ According to her, documentaries adhering to this framework are shaped by the unique perspectives of their creators, as the presentation of arguments serves as the primary instrument

³⁸ Louise Spence and Vinicius Navarro, *Crafting Truth Documentary Form and Meaning* (New Brunswick, NJ: Rutgers University Press, 2011), 61.

³⁹ Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 61.

⁴⁰ *Ibid.*, 62.

⁴¹ Nichols, *Introduction to Documentary*, 64.

⁴² *Ibid.*, 64, 65.

⁴³ Carl R. Plantinga, *Rhetoric and Representation in Nonfiction Film* (Cambridge, UK: Cambridge University Press, 1997), 126.

⁴⁴ Yuliia Lysanets, “Narrative Strategies in Web Documentaries” *Science and Education. A New Dimension: Philology* 111 (19), no. 84 (2016): 26.

within documentaries.⁴⁵ Through the deliberate arrangement of the narrative, the documentary series emphasises certain aspects or narratives, consequently shaping the overall meaning and representation of the subject matter.

1.2.3 Style

The final department to be examined is *style*. Style comprises expressive tools employed to achieve a specific tone. Nichols argues that style allows makers of documentaries to combine personal tendencies with broader documentary conventions. The stylistic choices collectively form the unique voice through which the makers communicate with the audience.⁴⁶ In their book *Film Art: An Introduction*, Bordwell et al. name four aspects of style that are important to film analysis: mise-en-scene, cinematography, editing and sound.⁴⁷ These four aspects explore the pattern in technical choices that are made by the makers and are therefore analysed in the documentary series. According to Bordwell et al., mise-en-scene consist of four elements: setting, costumes, lighting, and staging. The choices of makers regarding these elements can influence how a story is perceived and plays a crucial role in shaping a film's atmosphere, authenticity, and storyline.⁴⁸ Given that the documentary series focusses predominantly on capturing authentic events, the use of staged make-up and costumes will be minimal, resulting in a limited analysis of these elements. However, lighting can have a profound impact on storytelling and colour design can be strategically used by makers to convey a message.

Bordwell et al. highlight cinematography as a critical aspect of filmmaking, involving decisions on exposure, framing, camera movement, and shot duration to shape the visual and emotional impact on viewers.⁴⁹ Additionally, as discussed by Bordwell et al., sound in cinema is a powerful cinematic technique, influencing audience perception and creating an immersive storytelling experience.⁵⁰ They explain that there exist two types of sound which can be distinguished from each other in film; diegetic and non-diegetic. They define diegetic sound as “sound that has a source in the story world” and non-diegetic sound as “represented as coming from a source outside the story world”.⁵¹ It is relevant to analyse these auditorial elements as they are often strategically employed to shape audience perception. For example, the incorporation of a voice-over, as previously discussed by Bruzzi and Nichols. All these stylistic choices made by the makers, contribute to the creation of tone that shapes the presentation of the YWCC and constructs meaning about the broader system of youth healthcare institutions in the Netherlands.

⁴⁵ Lysanets, “Narrative Strategies in Web Documentaries”, 26

⁴⁶ Nichols, *Introduction to Documentary*, 66, 67.

⁴⁷ David Bordwell, Kristin Thompson, and Jeff Smith, *Film Art: An Introduction*, 12th ed. (New York, NY: McGraw-Hill Education, 2020), 111.

⁴⁸ Bordwell et al., *Film Art: An Introduction*, 115.

⁴⁹ *Ibid*, 159, 160.

⁵⁰ *Ibid*, 263, 264.

⁵¹ *Ibid*, 285.

1.3 Approach

To analyse the representation of the YWCC within this documentary series, a textual analysis is conducted based on the three above-described concepts of Bill Nichols. In his lecture ‘The Persistence of Textual Analysis’, Richard Dyer delves into the approach to textual analysis. According to him, textual analysis involves the close examination of physical elements present in individual films, such as images and sounds, to extract meanings, affects and emotions.⁵² This method allows for a systematic approach that dissects various elements contributing to the representation of the YWCC, revealing the ways of meaning making within the documentary series.

This research focusses on the first season of DE JEUGDKLINIEK: ALS NIETS MEER WERKT as it introduces the YWCC comprehensively and it lays the narrative foundation for the rest of the series. The analysis of the documentary series entails the close examination of the first and the final episode. Carl Plantinga asserts that analysing the beginning and the ending of a documentary is crucial because the opening often depicts the problem or situation that the documentary revolves around and the ending answers previously raised questions.⁵³ By examining both the beginning and the ending of the documentary series, this study aims to unveil the elements employed in structuring the narrative and to explore its evolution throughout the series. Within these episodes, several specific scenes will be analysed in terms of style. These include the introduction of a fellow, transitional scenes interspersed between segments, interviews with practitioners and fellows, and a concluding video showcasing a fellow post-departure from the clinic. These specific scenes are selected due to their consistent stylistic elements recurring throughout the series. The series can be accessed via Videoland.

As posited earlier, the focal points of the analysis encompass the concepts *arrangement*, *invention*, and *style*. First, a synopsis will be outlined to give an overview of the storyline and the key characters within the documentary series. Subsequently, a sequence description of both episodes is set out in a protocol included in the Appendix. Based on these sequence descriptions, the strategic organisation of elements in the narrative are unveiled, referred to as *arrangement*. Following this, *style* is examined in the selected scenes based on their recurring stylistic elements. A description of these stylistic elements, including mise-en-scene, cinematography, editing and sound, is provided in a protocol included in the Appendix. The synopsis and the protocols also work as foundation for the analysis of *invention* in the documentary series. The arrangement of information, stylistic choices and the description of events are examined through the lens of ethos, pathos, and logos. These elements serve as supporting evidence for the arguments presented in the documentary series.

⁵² Richard Dyer, “The Persistence of Textual Analysis”, Kracauer Lectures in Film and Media Theory, Goethe-University Frankfurt, January 26, 2016, video of lecture, 00:09:03, <https://www.kracauer-lectures.de/de/winter-2015-2016/richard-dyer/>.

⁵³ Carl R. Plantinga, *Rhetoric and Representation in Nonfiction Film* (Cambridge, UK: Cambridge University Press, 1997), 126.

1.4 Questioning

The following main question is answered within this research: how does the representation of the YWCC in the documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* create meaning about the broader system of youth healthcare institutions in the Netherlands.

Sub-questions:

1. How does the arrangement of the narrative contribute to the representation of the ‘Yes We Can Clinic’ in the chosen episodes of the documentary series?
2. How do the strategic choices in presenting evidence shape the narrative’s representation of the ‘Yes We Can Clinic’ in the chosen episodes of the documentary series?
3. How does the use of stylistic elements contribute to the representation of the ‘Yes We Can Clinic’ in the chosen episodes of the documentary series?

2 Analysis

2.1 Synopsis

The documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* follows presenter Ewout Genemans as he explores the workings of the YWCC. The YWCC is a Dutch clinic where numerous young individuals participate in a ten-week program designed to address and overcome their mental health issues, behavioural problems, and addictions. Ewout interviews specific fellows undergoing treatment.⁵⁴ These interviews provide insights into their individual struggles and their perceptions of the treatment process. Additionally, Ewout interviews counsellors and practitioners working within the clinic, shedding light on how the diverse needs of the fellows are approached. Furthermore, he observes their therapy sessions, gains insights into various activities and he shows the living arrangements of the fellows, offering a glimpse into the lifestyle within the clinic.

2.2 Arrangement

The arrangement of elements in a documentary series is often used to present a particular perspective. According to Nichols, this strategic organisation maximises effectiveness and is a rhetorical instrument to convey an argument.⁵⁵ Analysing the arrangement of information presented in *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* offers insights into the perspective presented on the YWCC, elucidating how meaning regarding youth care institutions in the Netherlands is constructed.

2.2.1 Problem-solution structure

The argumentative structure of the series appears to adhere to a specific ‘problem-solution’ structure. As argued by Lysanets, documentaries that adhere to this structure typically start by introducing particular problems, followed by the examination of their background and current situations, and finally potential solutions are suggested.⁵⁶ This problem-solution structure becomes apparent in the way in which the information is structured throughout the documentary series.

The series begins by introducing the central ‘problem’ that it revolves around, underscoring the severity of the problems faced by the individuals within the YWCC. The opening sequence offers prolepses of forthcoming events that are elaborated upon later in the documentary series, as outlined in Appendix 1.1. These prolepses include shots of fellows sharing passionate statements about the problems they battle with. For example, a fellow is shown crying (see Figure 1) while revealing he had attempted suicide three times in the past. The subsequent shot (see Figure 2) portrays a fellow expressing self-disgust. These passionate statements, coupled with the subsequent on-screen subtitle

⁵⁴ Within the confines of the clinic, the young individuals undergoing treatment refer to one another as ‘fellows’, a terminology also employed within the scope of this study.

⁵⁵ Nichols, *Introduction to Documentary*, 64.

⁵⁶ Lysanets, “Narrative Strategies in Web Documentaries,” 26.

‘when nothing else works’ (shown in Figure 3) underscore the pressing nature of the issues treated within the clinic. It immediately substantiates that the main aim of the clinic is to accommodate youth who have been labelled elsewhere as individuals for whom all healthcare options have been exhausted. Moreover, the YWCC is portrayed as unique in this opening scene, as it highlights that the clinic is the only place willing and able to offer help to these young people.



Figure 1: Prolepsis of a fellow emotionally sharing he attempted suicide EP1 (screenshot by Ele Rimmelink, made on 25-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)



Figure 2: Prolepsis of a fellow sharing his disgust towards himself EP1 (screenshot by Ele Rimmelink, made on 25-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)



Figure 3: Title and subtitle of the series in openings sequence EP1 (screenshot by Ele Rimmelink, made on 25-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

After this opening scene, an interview with the founder of the YWCC, Jan Willem Poot, is conducted by Ewout. Poot emphasises that their aim in contributing to the documentary series is to create hope for young individuals who cannot find help elsewhere, and their families, as described in Appendices 1.4 and 1.5. Additionally, he underscores that the documentary series responds to the external demand for information about the clinic's treatment methods, coming from various entities, including schools, health insurance institutes and municipalities. This further elucidates the 'problem' that the documentary series revolves around: the lack of support within the Dutch healthcare sector for youth struggling with mental health issues, alongside a notable gap in knowledge regarding effective treatment within youth care.

Throughout the series, the clinic and its treatment methods are portrayed through a combination of interviews with experts, interviews with fellows, information conveyed by the voice-over, and by observational footage recorded during therapy sessions and other events. Through these portrayals, the series positions the clinic as the 'solution' to the problem identified in the first episode, showcasing treatments that other institutions should emulate.⁵⁷ The exposition of the problem, emphasising shortcomings within the Dutch healthcare sector, alongside the presentation of the solution, emphasising the clinic and its method as exemplary, reflects an approach that aligns with the principles of the medical model of mental distress.

Lesley Henderson suggests that a view rooted in the medical model of mental distress often prevails in popular television, wherein medication is framed as the remedy to mental health problems. According to her, mainstream television drama depicting mental distress typically follow a predictable storyline: recognizing symptoms, seeking professional help, and adhering to medication regimens.⁵⁸ Additionally, she claims that mental health programs frequently disregard the critical examination of societal factors and structural issues.⁵⁹ This narrative pattern is recognizable in the series, as the focus primarily lies on treatments and therapy sessions, underscoring the necessity for reforms in medical practices rather than acknowledging the significance of social environments in the genesis of the issue.

Nevertheless, there are certain instances where the significance of social environments is acknowledged. In an interview in the final episode, Jan Willem Poot emphasises what needs to change in the Netherlands in order to achieve a reduction in the severity of youth health issues:

⁵⁷ The presentation of the clinic as the solution, offering efficacious treatment, is further substantiated through illustrative examples in the following paragraphs and chapters.

⁵⁸ Henderson, "Popular Television and Public Mental Health: Creating Media Entertainment from Mental Distress", 111.

⁵⁹ *Ibid*, 114

I believe that what we are doing here, creating an environment where young people feel so safe that they can share when they are not feeling well, that we should extend this approach to benefit all young people, at least in the Netherlands. How? By initiating group sessions in primary schools from an early age. How cool would it be for children in 3rd, 4th, 5th, or 6th grade to have a dedicated half-hour each day to discuss their feelings, seated in a circle, where they can share their experience from the previous day or express how they're feeling that particular day. This way, they can gradually learn to voice their emotions.⁶⁰

He argues that the idea of sharing personal experiences should be integrated into youth culture to prevent severe mental health problems among young people in the future. This consideration corresponds with an approach that aligns with the principles of the social model of mental distress.

Scholar Floris Tomasini discusses the social model of disability in his book.⁶¹ This model is applicable to this case study because he refers to disability as individuals that are “not being capable of doing things that ‘normal’ persons are capable of doing.”⁶² According to Tomasini, this model recognises disability as a consequence of societal structures and attitudes rather than as a tragedy for an individual.⁶³ The series thus predominantly shows a perspective based on the medical model of mental distress, however, there are also instances where social structures are acknowledged as contributing factors.

2.2.2 Before-and-after Structure

The final part of episode six focusses on the ending of treatment of diverse fellows and on updates on the progress of fellows after their departure. These updates entail a flashback shot underscoring the gravity of their issues during treatment, followed by a shot indicating the progress of these fellows after their departure from the clinic, as described in Appendix 4.2. The structure of these updates follows a commonly employed method known as the before-and-after approach.

According to Professor Marc Silberman, this before-and-after approach is often used by filmmakers to capture changes and societal transitions by juxtaposing footage from before and after significant events. He stresses that filmmakers must capture the nuance of change in a sensitive way in order to achieve the intended before/after effect, focusing on the experiences of individuals.⁶⁴ For instance, fellow Mischja is shown talking to Ewout about his aggression problems, stating he used to go to nightclubs to beat people up (as can be seen in Figure 4). Subsequently, he is shown smiling, with in-screen text indicating he is living with his parents and working again, and that he is taking

⁶⁰ No Pictures Please, “De Jeugdliniek: Als Niets Meer Werkt.” Videoland (2021). Season 1, Ep 6, 26:25 - 27:04. https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667.

⁶¹ This model is consistent with Harper’s earlier conception of the social model of mental distress as it encompasses the individual experiences and needs of disabled persons; Floris Tomasini, *Vulnerable Bodies: New Directions in Disability Studies* (London: Palgrave Macmillan, 2019), 23, 24.

⁶² Tomasini, *Vulnerable Bodies: New Directions in Disability Studies*, 20.

⁶³ Ibid, 23.

⁶⁴ Marc Silberman, “Post-Wall Documentaries: New Images from a New Germany?” *Cinema Journal* 33, no. 2 (1994): 29.

things slow while working on the connections with people around him (as can be seen in Figure 5). The before-and-after order of the images imparts a message of hope and positiveness by depicting the severity of the problems he had before, followed by his current positive state.

Emma Bloomfield and Angeline Sangalang address the before/after imagery as a form of visual argumentation. They researched the juxtaposition of before/after imagery in two documentary case studies on obesity and concluded that it becomes an argument when it is used to compare images for the purpose of claiming causality or chronology.⁶⁵ In *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* the juxtaposition of footage depicting fellows during treatment with footage showing them after treatment fulfils the objective of causality, claiming that the YWCC is responsible for the progress observed in the fellows. Bloomfield and Sangalang claim that the before/after imagery demonstrates the extent of change and serves as a minor premise and conclusion.⁶⁶ Hence, the problem-solution structure is emphasised within the series, presenting a compelling argument about the effectiveness of the treatment within the YWCC.

As discussed above, the start of the series underscores the labelling of the fellows, prior to their admittance to the clinic, as individuals for whom all healthcare options have been exhausted. The juxtaposition at the ending of the series indicates that treatment within the clinic has been beneficial in all instances, thus positioning the clinic as the only place able to offer effective treatment. This conveys the notion that all other institutions, collectively, lack the capacity to achieve the same result as the YWCC. Consequently, it suggests that they should emulate their methods, considering the highly positive outcomes.



Figure 4: Flashback of Mischja therapy sessions EP6 (screenshot by Ele Rimmelink, made on 08-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

⁶⁵ Emma Frances Bloomfield and Angeline Sangalang, “Juxtaposition as Visual Argument: Health Rhetoric in Super Size Me and Fat Head” *Argumentation and Advocacy* 50, no. 3 (January 2014): 151.

⁶⁶ Bloomfield and Sangalang, “Juxtaposition as Visual Argument: Health Rhetoric in Super Size Me and Fat Head”, 149, 150.



Figure 5: Mischa's state of well-being post-treatment EP6 (screenshot by Ele Rimmelink, made on 08-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

2.2.2 Structure of validation

The organization of the information regarding the treatment within the YWCC ensures that the efficacy is validated consistently. Typically, Ewout introduces an argument, which is then supported by following observational footage of therapy sessions and/or an interview with a practitioner or a fellow.

For instance, this validated-based arrangement is evident in the first episode. As documented in Appendix 1.7, the voice-over explains the importance of group meetings for fellows, providing them with a platform to discuss their progress and exchange supplementary feedback. The argument for the efficacy of these group meetings is further enhanced with footage of fellows during one of those group meetings. For instance, Fellow Pythaya is shown during a group meeting, as described in Appendices 1.8 and 1.9. An incorporated text introduces that she is 16 years old, addicted to drugs and has mental problems. Subsequently, Pythaya expresses to the group that she is regressing into old behaviour, and she has a desire to go home. In response, fellow Britteney tells her that going home won't change her situation. Counsellor Daan then questions Pythaya's pitiful attitude, expressing disbelief in her sentiments, prompting Pythaya to leave the room in anger. This scene illustrates the clinic's approach, where fellow participants motivate each other, and practitioners do not condone certain behaviours exhibited by the fellows.

Later, Ewout visits Pythaya to ask her how she experienced the therapy session, as described in Appendices 1.12, 1.13 and, 1.14. She tells Ewout she felt insecure during the group meeting, but she also voices that it caused her to reflect on why she ran away, leading to the realisation that she has once again started to avoid conversations. The introduction of this therapy session with a subjective statement by the voice-over, which highlights the significance of the meeting, and its conclusion with an evaluation involving the fellow emphasising what she has learned from the session, underscores the argument made about the clinic's effective treatment methods.

The presentation of this argument adheres to the problem/solution structure. Bill Nichols acknowledges that the problem/solution structure is commonly found in documentary films and is

effective in conveying information and engaging viewers.⁶⁷ However, he also expresses some potential limitations of this structure. According to him, there are instances in which this structure oversimplifies complex issues or presents biased viewpoints.⁶⁸ The scene predominantly focusses on the aim of the session and its positive outcomes. Therefore, potential limitations and challenges of the treatment approach are disregarded. Additionally, the multifaceted nature of addiction is not fully captured as the sessions primarily focus on the aggressive behaviour of the fellow involved. Overall, this scene aims to show that the therapy session is effective and achieved its desired result. However, it may not provide a comprehensive understanding of the complexities involved in addressing mental health issues among youth.⁶⁹

This chapter demonstrates the documentary series' utilisation of various structural techniques aimed at positioning the YWCC as a unique solution to severe mental health issues among youth. Through the deliberate organisation of the narrative, the series validates the efficacy of the clinic's treatment methods, thereby underscoring the perceived failure of the broader system of youth care institutions. However, the complexity of their mental issues and the influence of social structures as contributing factors are neglected.

11	00:10:53 – 00:13:27	Group meeting venue	Ewout, Soraya, Sietske, fellows	<p>Ewout attends another group therapy meeting. Chairs are arranged in a circle. Sietske, aged 17, introduces herself. In-screen text indicates that she is having behaviour problems and addiction.</p> <p>Sietske explains to the group that she has trouble indicating her limits in the presence of boys and expresses a desire to address this challenge in the meeting. Her counsellor, Soraya, sits close by her making Sietske to request her to move away. Soraya refuses and starts touching Sietske's hair. Sietske starts to cry. Another fellow suggests that Sietske relocates her chair away from Soraya. Sietske relocates her chair, but Soraya follows and continues touching her hair. A fellow intervenes, offering Sietske his chair, and they exchange seats. Sietske continues to cry emotionally, prompting Soraya to ask her what has just happened in the session. Sietske reveals she feels a sense of relief now that she's been able to move.</p> <p>Soraya tells Sietske that the situation serves as a valuable example of taking control of her own actions. Soraya advises Sietske that she doesn't need to remain seated if she's uncomfortable, emphasizing that in future situations where she feels uncomfortable, she has the agency to leave.</p>
12	00:13:27 – 00:14:00	Hallway	Ewout, Soraya, Jorien	Ewout asks Soraya and another counselor about their earlier interaction with Sietske. Jorien, introduced as a practitioner, explains that the primary intention was to empower Sietske, allowing her to recognize her ability to assert control in such situations and advocate for herself. Images of Sietske walking towards the camera are then shown.
13	00:14:01 – 00:14:32	Group meeting venue	Ewout, Sietske	Voice-over by Ewout explains he will ask Sietske how she felt. Images appear of Ewout taking a chair next to Sietske. Ewout asks what she thinks her next step would be. Sietske responds with that she needs to be vigilant about assuming the victim role and should start trusting in others. Ewout says well done to her. Voice-over by Ewout explains that the session was an eye-opener for Sietske. He continues by saying that he was shocked how poorly she stood up for herself. He will ask Soraya and Femke about it some more, he says. Accommodating are images of Sietske and a squirrel in the woods.

Figure 6: Structure of Appendices 2.11 up to 2.14 (screenshot by Ele Rimmelink, made on 08-03-2024)

⁶⁷ Nichols, *Introduction to Documentary*, 15.

⁶⁸ *Ibid*, 16, 17.

⁶⁹ This validation framework is further substantiated through illustrative examples in the subsequent chapters.



Figure 7: Observational footage of Sietske's therapy session EP6 (screenshot by Ele Rummelink, made on 05-04-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

2.3 Invention

This chapter examines the identification of evidence that supports the argument within the documentary series, also known as invention. In this documentary series, the arguments and information conveyed are mostly artistic proof. According to Nichols, artistic proof relies on rhetorical instruments and can be subdivided into three categories: logos, pathos, and ethos.⁷⁰ Categorising the arguments provided in *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* helps to clarify the persuasive techniques being employed.

2.3.1 Ethos

Ethos involves the establishment of credibility and trust in an argument conveyed by an individual. This persuasive technique is extensively employed throughout the documentary series through the numerous interviews conducted with practitioners, experts by experience, fellows, and the founder of the YWCC. These interviewees are considered primary sources due to their first-hand knowledge and/or experience and because they are close to the subject under scrutiny. According to Spence and Navarro, primary sources are considered significant and frequently perceived as highly reliable because they have an immediate connection to the events being represented. Primary sources are valued for providing unfiltered insights into events, offering a more authentic perspective.⁷¹ The series primarily relies on primary sources, as it is set within the walls of the clinic, and therefore only provides perspectives of individuals in immediate contact with the subject.

Throughout the documentary series, the founder of the YWCC, Jan Willem Poot, is featured several times during an interview with Ewout. For instance, in the opening sequence of the series, Poot asserts the importance of documenting the YWCC to instil hope and to address external demands for insights, as discussed in the previous chapter. He is introduced by an incorporated text stating he is the founder of the YWCC, as is shown in Figure 8. His professional image as the founder is underscored by his clothes, as he is wearing a tidy blouse, which stands in contrast to the appearance of other individuals featured in the documentary series.

The makers try to add credibility to these arguments by using Poot's close connection to the subject matter as a primary source, coupled with his authoritative position as the founder of the highly successful youth care clinics in the Netherlands. However, precisely because Poot is the founder of the clinic, his arguments are likely to portray the clinic in a favourable light. As a result, the arguments are subjective, diminishing their credibility. This is also discussed by Spence and Navarro as they highlight that it is important to consider both primary and secondary sources as evidence. They stress that secondary sources can offer a more reasoned and careful interpretation because of their distance

⁷⁰ Nichols, *Introduction to Documentary*, 58, 59.

⁷¹ Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 62.

from the events.⁷² Drawing on sources that are more detached from the YWCC can increase credibility and provide a more objective viewpoint, as these sources lack a personal stake that incites them to put the clinic in a favourable light.



Figure 8: Interview founder Jan Willem Poot EPI (screenshot by Ele Rimmelink, made on 28-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-1-c_17666)

This persuasive technique is further utilised by interviews conducted with experts within the YWCC. As described in Appendix 2.14, Ewout interviews counsellors Soraya and Femke. They both openly discuss their challenging childhoods and how they articulate their experiences in work with the fellows. Femke discusses the support she lacked during her youth and how she always searched for a male person in her life to give her reassurance. Soraya agrees and stresses that many children face these problems, also known as daddy issues. Harper stresses that social pressures play a crucial role in the onset of psychological disorders and that the causal impact of childhood experiences should therefore be considered in order to understand mental distress.⁷³ By discussing this, the broader social factors that contributed to mental distress are considered.

Femke then expresses she wishes there would have been a YWCC during her childhood to help her. She thereby indicates that the YWCC is helpful for troubled youth, and she wants to bring about a feeling of hope for struggling youth and their families. Professor of Communications and Media Studies, John Duvall, highlights that ethos relies “on authority, expertise, and ethical stature, established through testimony from recognised experts or those who speak from personal experience”.⁷⁴ In this instance, Femke and Suraya offer insights derived from their personal experiences during their youth as well as from a professional standpoint. Consequently, the arguments regarding the effectiveness of the clinic, the lack of support from other institutions, and the impact of childhood experience on youth well-being have greater credibility. This approach not only addresses

⁷² Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 62, 63.

⁷³ Harper, “Freaks, Geniuses or Biological Citizens? Discourses of Mental Distress in British Television Documentaries”, 52

⁷⁴ John A. Duvall, *The Environmental Documentary: Cinema Activism in the Twenty-First Century* (New York: Bloomsbury Academic, 2018), 12.

the shortcomings of the healthcare system but also examines the initial factors contributing to the issue.

As discussed in the previous chapter, the validation structure is extensively utilised, where interviews serve to validate the effectiveness of treatment within the YWCC. Following an observation of a therapy session, a practitioner and/or fellow emphasises the session's purpose by explaining its benefits for the individual involved. In these instances, ethos is employed as a persuasive technique as the expertise and/or first-hand experience of primary sources are used to strengthen the argument.

2.3.2 Pathos

Another rhetorical technique employed within the series is pathos. According to Nichols, pathos evokes emotions in the audience with the aim of achieving a specific impact.⁷⁵ Elements of pathos are incorporated in various instances to show the viewer that the challenges of youth care within the Netherlands extend beyond those addressed within the clinic.

Pathos is used throughout the series as a persuasive technique to impart a sense of hope for families who have not yet received help. As described in Appendix 1.26, Ewout interviews fellows Amber and Britt. They are both addicted to self-mutilation and suffer depression. Amber and Britt openly discuss their struggles with suicidal thoughts, self-harm, and their hospitalisations after attempted suicides.

In the interview, Britt emphasises that she hopes that other people in similar situations realise, by watching the documentary, that there is help, something she has wished for in the past. The close-up of her face (Figure 9), interspersed with the close-up of her damaged arms (Figure 10), accompanied by her severe story, creates a poignant image that is likely to deeply affect the viewer. According to their research on the influence of shot scale on narrative engagement, Benini et al. claim that close-ups increase emotional engagement by directing viewers' attention to the facial expressions of characters.⁷⁶ The emotional impact of this scene serves to heighten the effectiveness of the message. Media scholar John Ellis wrote about the effect of close-up on television. According to him, the "TV close-up generates an equality and even intimacy."⁷⁷ The intimacy fostered through the close-ups of Amber and Britt helps to humanise and sympathise with the subjects, making their arguments more relatable and compelling for the audience. Britt's poignant reflection on her longing for help in the past is juxtaposed with the possibilities for seeking help in the present and thereby creates a sense of hope for young people and their families who did not receive help yet. However, the message also

⁷⁵ Nichols, *Introduction to Documentary*, 59.

⁷⁶ Sergio Benini et al., "On the Influence of Shot Scale on Film Mood and Narrative Engagement in Film Viewers," *IEEE Transactions on Affective Computing* 13, no. 2 (April 1, 2022): 600.

⁷⁷ John Ellis, *Visible Fictions: Cinema, Television, Video* (London: Routledge, 1992), 131.

underscores the inadequacy of available resources in the past, thereby amplifying the significance of the YWCC, as they have now provided the resources that were lacking in the past.



Figure 9: Close-up Britt during interview EPI (screenshot by Ele Rimmelink, made on 12-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-1-c_17666)



Figure 10: Close-up of self-mutilation on Britt's arm during interview EPI (screenshot by Ele Rimmelink, made on 12-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-1-c_17666)

Another instance in which pathos is extensively employed to convey an argument is in the videos of the fellows at the end of their treatment. As described in Appendix 2.22 to 2.32, these videos showcase a consistent format: a flashback shot of a fellow in which their challenges are highlighted, followed by a shot of that same fellow smiling, accompanied by in-screen text indicating their situation post-treatment.

For example, fellow Dylan is shown in a flashback (as can be seen in Figure 11), discussing his severe medication intake while being under treatment of his psychiatrist. The following shot shows him walking towards the camera with an in-screen text indicating that he is living with his parents again, he stopped taking medication and he is working in a fast-food restaurant (Figure 12). Subsequently, the text states that he is attending the aftercare program and he is proud that he is doing so well. The combination of these images accompanied by dramatic and then uplifting music enhances the emotional weight and aims to evoke feelings of relieve and happiness among the audience. The

portrayal of the lows and highs of each fellow during their journey, effectively highlights the positive outcomes of the treatment provided within the YWCC. It suggests that there is a possibility of recovery, even if other youth care institutions claim that all care options have been exhausted.

Garry Morris stresses the importance of such hopeful representations, as they facilitate the acknowledgement of social barriers that prevent full inclusion of individuals with mental health issues.⁷⁸ However, in this representation, the social barriers that prevent inclusion in society are not identified. The before/after images of the fellows depict the positive outcomes of their individual journeys. However, a message directed towards the external environment advocating for change remains absent.

Marno Retief and Rantao Letšosa share a perspective akin to that of Morris. In their article “Models of Disability: A Brief Overview”, they discuss the perspective of the social model of disability.⁷⁹ According to them, this model advocates for pro-active measures to dismantle barriers and ensures the promotion of equal opportunities for people with disabilities within broader society.⁸⁰ In the videos of the fellows at the end of their treatment, the influence of external societal pressures on the recovery of the fellows are not addressed. This omission contrasts with the principles of a view that aligns with the social model of mental distress, providing a one-sided representation that fails to underscore the significance of societal support and inclusion.

The videos of the end of treatment portray the outcomes of the individual journeys of ten fellows. However, there is limited discussion on the average responses to the ten-week treatment inside the YWCC, considering the substantial number of individuals treated annually. As discussed above by Henderson, some commercial programs seem to focus too much on individual experiences and thereby ignore the exploration of collective responses.⁸¹ This assertion finds relevance in this portrayal, as the videos depicting the end of treatment ignore the outcomes of fellows that relapsed or did not make progress. This lack of discussion reinforces a narrative that all fellows within the clinic receive effective treatment and achieve positive results. This depiction engenders a sentiment of demonstrable accomplishment, striving to evoke a sense of awe among the audience regarding the clinic, thereby positioning it as superior to other comparable healthcare institutions in the Netherlands.

⁷⁸ Gary Morris, *Mental Health Issues and the Media: An Introduction for Health Professionals* (London: Routledge, 2006), 77.

⁷⁹ This model of disability finds relevance in this case study as it encompasses mental impairment within the scope of the term disability; Retief and Letšosa, “Models of Disability: A Brief Overview”, 6.

⁸⁰ The model is consistent with Harper’s conception of the social model of mental distress as it views disability “as a socially constructed phenomenon” while also including the needs of the individual; Marno Retief and Rantao Letšosa, “Models of Disability: A Brief Overview,” *HTS Teologiese Studies / Theological Studies* 74, no. 1 (March 6, 2018): 3., 3.

⁸¹ Henderson, “Popular Television and Public Mental Health: Creating Media Entertainment from Mental Distress”, 114.



Figure 11: Flashback of Dylan with his psychiatrist EP6 (screenshot by Ele Rimmelink, made on 01-04-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)



Figure 12: Flashback of Dylan after treatment EP6 (screenshot by Ele Rimmelink, made on 01-04-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

2.3.3 Logos

Bill Nichols describes logos as a persuasive technique that relies on real and apparent reasoning. According to him, logos proves or gives the impression of proving the argument that is made.⁸² Although the documentary series makes little use of statistical data or factual information, the arguments made are often presented in a specific way that gives the impression that they have been validated.

As discussed earlier, the arrangement of information frequently serves to confirm the argument that the treatment within the clinic is effective. In various instances, events occur, after which interviews are conducted that provide validation concerning the portrayed events. As described in Appendix 1.27, Ewout engages in an interview with a fellow in the smoker's area. Fellow Ray is smoking a cigarette whilst answering Ewout's questions about his addiction to smoking weed. Since the audience has already been informed that Ray is underage and grappling with addiction to smoking weed, it seems unreasonable that he is allowed to smoke within the clinic. The documentary series employs logos to explain the reason behind this permittance. As described in 1.28, an interview with Jan Willem Poot is being performed to provide an explanation for the allowance of smoking. Poot

⁸² Nichols, *Introduction to Documentary*, 59.

explains that the clinic strives to adhere to the legal regulations regarding smoking, but when fellows have parental permission, they are permitted to smoke. He argues that this rule exists because they want to treat the addictions to drugs and mental problems instead of being occupied with smoking addictions. Film Studies scholar Charles Forceville explains logos as a persuasive tool concerning connections between premises and conclusions marked by plausibility.⁸³ In this case, Poot's explanation regarding the permission to smoke serves as a conclusion stemming from a potential premise suggesting the illogical nature of the event. The documentary series thus strategically employs logos by incorporating interviews immediately following scenes that may lack logical coherence, with the aim of providing a rational explanation for those events. Moreover, this instance also exemplifies the persuasive strategy of ethos, employing Poot's expertise and authoritative position to convey the argument.

The documentary series focusses on personal narratives through interviews and information provided by the voice-over. The absence of objective and factual data, such as success rates, comparative analysis and interviews with individuals that are not directly involved with the clinic, such as external mental health professionals or researchers, presents a biased view on the YWCC. Professor of Communications Jane Chapman argues that documentary makers' reliance on real people, events and locations necessitates precise documentation.⁸⁴ She writes, "the convention in current affairs television, for example, is to include different or opposing perspectives, to choose interviewees who are representative of communities or from established institutions, and to consciously avoid extreme viewpoints."⁸⁵ This documentary series makes claims about the deficiencies in other healthcare institutions, particularly in terms of treatment effectiveness and support provision. However, individuals within these institutions are not given the opportunity to offer their viewpoint on the matter or showcase their methodologies. The series lacks factual data and outsider perspectives to substantiate their critical claims about the broader youth healthcare system. Furthermore, they do not specify particular healthcare clinics in their assertions, thereby critiquing the system in its entirety. This observation underscores the significance of Selby's and Henderson's critiques regarding the frequent neglecting of structural and social factors contributing to mental distress in the representation of youth care.

Consequently, the representation of the YWCC is biased, depicting the clinic as the solution to severe mental health issues among youth and implying that the broader healthcare system should adopt a similar approach to healthcare.

This chapter demonstrates the biased presentation of arguments within the series. It seeks to establish credibility through the utilisation of the experiences and expertise of its primary sources, by

⁸³ Charles Forceville, "Interactive Documentary and Its Limited Opportunities to Persuade," *Discourse, Context & Media* 20 (December 2017): 219.

⁸⁴ Jane Chapman, *Issues in Contemporary Documentary* (Cambridge Angleterre: Polity, 2009), 54.

⁸⁵ Chapman, *Issues in Contemporary Documentary*, 55.

cultivating empathy and by providing seemingly logical explanations for its reasonings. Nevertheless, the absence of verifiable data, as well as external perspectives, reveals a biased representation of the YWCC. Consequently, the clinic is presented as a unique solution to severe mental health issues, framing the broader system of youth healthcare collectively as inadequate.

2.4 Style

This chapter examines the pattern of technical choices that are made by makers, which shape the distinct style of a documentary. According to Bordwell et al., the four most important aspects of style through which the makers communicate with the audience are mise-en-scene, cinematography, editing, and sound.⁸⁶ Analysing the stylistic elements presented in *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* helps to understand the decisions made by the makers regarding the portrayal of the YWCC, which in turn contributes to the interpretation of the broader youth healthcare system.

2.4.1 Mise-en-scene

One important part of the mise-en-scene in documentary film is setting, as it informs the viewer about time and place. The documentary series is exclusively filmed within the clinic or its near surroundings. This choice of setting is in line with the assertion made by Spence and Navarro, that producers frequently choose to capture events at their actual locations to enhance a sense of realism and a sense of direct access to the truth.⁸⁷

Furthermore, the series extensively uses footage captured in the green surroundings of the clinic. Interviews and slow-motion shots are strategically situated on the grass, in the forest, or along treelined paths, as can be seen in Figure 15. Additionally, interval shots interspersed between important events show the natural green environment surrounding the clinic, as shown in Figure 13. The documentary is filmed during the summer season, evident in the blossoming of the trees, the vibrant grass, and the attire of the individuals. According to professor in Film Production Sanna Wicks, physical landscape and setting are integral elements in conveying meaning and emotion to the audience. She contends that landscapes in film go beyond being mere backdrops but instead become more active participants in the narrative.⁸⁸ The deliberate choice of the makers to film important events in the sunny and green surroundings of the clinic ensures an association between the clinic and the inherent positivity associated with summer. This is done with the goal of subtly directing the viewer to the perception of the clinic as a supportive and healthy environment that promotes the well-being of those within its care. The clinic is constantly posed as the solution to severe mental health and an example for the broader system of youth care. Nonetheless, the mise-en-scene fosters an idealised image of the clinic, setting unrealistic standards for the broader youth care system, considering that factors such as weather and institutional surroundings may not always be attainable.

⁸⁶ Bordwell et al., *Film Art: An Introduction*, 111.

⁸⁷ Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 219.

⁸⁸ Sanna Wicks, "Using Film to Interpret a Sense of Place: A Practice-Based Case Study," *Media Practice and Education* 24, no. 4 (July 19, 2023): 388, 389.

The interval shots depict visuals within or in the near surroundings of the clinic, as described in Appendix 3.4. For example, images are shown featuring fellows in a serene setting, collaboratively engaging in tasks, or enjoying recreational activities (Figure 14) as well as the green surroundings outside the clinic (Figure 13). The images are accompanied by a gentle piano melody and presented in slow-motion. The combination of sound and editing creates a peaceful ambiance. The voice-over accompanies the images and argues that the beauty in the diversity of the problems treated in the clinic, is that they can recognise themselves in at least one other fellow, as described in Appendix 1.24. The peaceful ambiance created through sound and editing, accompanied by the message of the voice-over frames the treatment experience in an optimistic light. It is evident that the stylistic elements in this scene serve a strategic motif, aiming to promote the inclusiveness of the clinic.



Figure 13: Interval shot surroundings clinic EP1 (screenshot by Ele Rimmelink, made on 16-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-1-c_17666)



Figure 14: Interval shot of fellows collaborating EP1 (screenshot by Ele Rimmelink, made on 16-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-1-c_17666)

The interview scenes in the documentary series exhibit corresponding stylistic elements, especially in terms of mise-en-scene. These scenes consistently transpire in a neutral setting with a serene and clear background. Some interviews feature the serene green surroundings of the clinics, others showcase plain white spaces within the clinic (as can be seen in Figures 15 and 16). Spence and Navarro discuss the common practice in nonfiction cinema of associating individuals with specific settings. According to them, interview settings can convey various aspects of the identity of the

interviewee, such as social status or profession.⁸⁹ As outlined in Appendix 4.1, the analysed interviews unfold within a hallway and an empty classroom, both featuring white walls as the background. The use of neutral backgrounds minimises visual distractions, which allows the focus to remain on the subjects of the interview. The setting of the interviews underscores the professionalism of the experts and underscores that the interviewees are taken seriously and are treated with respect.



Figure 15: Interview with founder Jan Willem Poot EP6 (screenshot by Ele Rimmelink, made on 18-03-2024,



Figure 16: Interview with practitioners Jorien and Soraya EP6 (screenshot by Ele Rimmelink, made on 18-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

As discussed in paragraph 2.2, the before and after imagery in the closing videos communicate that there is a possibility of recovery, depicting the outcomes of the treatments within the YWCC as highly successful. This is also emphasised by the stylistic elements incorporated in these videos. The difference in setting and lighting between the first shot, depicting the flashback, and the second shot, depicting the progress of a fellow, supports the finding that the visuals emphasise the progress made by the fellows. As can be seen in figure 17, the shot is overexposed with white light, reducing contrast, and generally washing out colours. This lighting creates a somewhat unpleasant image because the overexposure disrupts the natural visual balance. This is especially noticeable in contrast with the subsequent shot, shown in Figure 18. This shot portrays the progress of the fellows and is illuminated by more natural daylight. The switch in lighting contributes to the overall message that the treatments within the YWCC were successful, suggesting a transformative journey within the clinic.

⁸⁹ Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 221.



Figure 17: Flashback of Mischja therapy sessions EP6 (screenshot by Ele Rimmelink, made on 05-04-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)



Figure 18: Mischja's state of well-being post-treatment (screenshot by Ele Rimmelink, made on 05-04-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

2.4.2 Cinematography

Cinematography is, according to Bordwell et al., a crucial component of filmmaking, which influences the visual and affective impact on viewers through choices on exposure, framing, camera movement and shot duration.⁹⁰ This is also observed in various scenes featuring interviews.

For example, as described in Appendix 4.1, Ewout interviews practitioners Jorien and Soraya as well as fellow Sietske about the previous shown therapy session. In both the interviews, Ewout is staged towards the interviewee, with the camera shooting from the side. The staging of Ewout in front of the interviewee fosters a sense of direct engagement and shared participation in the interview process. Most frames capture Ewout and the interviewee concurrently within the shot, showcasing an equal footing. During the interview with the practitioners, Jorien communicates her intention behind the approach of Sietske. Her face is captured in numerous (medium) close-ups (as can be seen in Figure 19).

According to Spence and Navarro, documentary makers typically feature medium close shots in interviews to maintain a respectful distance to the interviewee while also providing a clear view of

⁹⁰ Nichols, *Introduction to Documentary*, 159, 160.

their face and facial expressions. They suggest that this approach aims to foster a sense of comfort with the viewer, making it seem like you have been granted special access to valuable information from a worthy source.⁹¹ The close-up shots of Jorien and Soraya attribute significance to the information they share regarding the therapy session, thereby enhancing their appeal to the viewer.

Additionally, the close-up shots of Jorien during this interview reveal that she is conscious of being filmed, as is evidenced by her eyes occasionally switching from Ewout to the camera (Figure 19). This underscores the influence of the camera on the subject. As discussed earlier by David Foster, the mere presence of a camera heightens self-awareness, which influences natural behaviour and interactions. This raises questions about the authenticity and spontaneity of the recorded footage.⁹² This interview underscores the influence of the camera by Jorien's visible consciousness to its presence. It makes it evident for the viewer that her consciousness potentially leads to behaviour or statements that may not be authentic. Consequently, the scene may raise questions about the authenticity of Jorien's statements and the overall representation of the clinic.



Figure 19: Close-up Jorien interview EP6 (screenshot by Ele Rimmelink, made on 03-04-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

While it is evident that the presence of a camera influences the subjects, it appears there is a deliberate effort to convey a sense of authenticity to the viewer. This is attempted by the consistent deployment of a handheld camera. For instance, Ewout is tracked by a handheld camera when he walks into the classroom towards Sietske (as detailed in Appendix 4.1). During the interview, the camera slides between Ewout and Sietske with somewhat disjointed movements. There are also instances in which the camera is slightly out of focus after a movement. According to Bordwell et al., shots in a loose, handheld style often suggest that the audience is witnessing a real and accurate event.⁹³ They stress that handheld camera movements add a sense of immediacy and realism to the footage.⁹⁴ The camerawork in the documentary series creates a sense of spontaneity and improvisation

⁹¹ Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 189.

⁹² David William Foster, *Queer Issues in Contemporary Latin American Cinema* (Austin, TX: University of Texas Press, 2004), 58.

⁹³ Bordwell et al., *Film Art: An Introduction*, 441.

⁹⁴ *Ibid*, 197.

as it seems that the shots are not perfectly framed or controlled. This emphasises the unpredictability of real-life events, emphasising that the events that are shown are not staged.

This can also be seen in the scene that portrays a flashback in which Britt runs away from the clinic. As described in Appendix 3.1, the camera suddenly zooms in and tracks practitioners running towards the woods. Later, when Britt and a practitioner are walking back to the clinic, the camera zooms in again and tries to capture them in the distance. By using these camera movements, the makers try to convey a sense of spontaneity, as if the events are unfolding in real-time during that moment.

Spence and Navarro also address the aim of producers to create a sense of authenticity in their documentaries. According to them, documentaries seek to position themselves as trustworthy sources of information about the world by depicting events as they genuinely occur. They stress that this is important because if viewers do not trust the accuracy of what they see and hear, the documentary risks losing its status as a reliable source of information.⁹⁵ The cinematography in these scenes is predominantly used to show the viewer that it is providing an accurate portrayal of life in the clinic. Nevertheless, statements made by the voice-over and close-up shots intentionally direct focus to certain events or subjects that the makers aim to emphasise, uncovering a biased disposition.



Figure 20: Flashback of Mischja therapy sessions EP6 (screenshot by Ele Rimmelink, made on 08-03-2024, https://v2.videoland.com/yes-we-can-p_1581/aflevering-6-c_17667)

⁹⁵ Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 13.

2.4.3 Sound

It is noticeable that the documentary series extensively incorporates non-diegetic sound in the form of music and the voice-over throughout the series. As discussed earlier, the voice-over is consistently utilised in the series to shape the perspective of care offered within the clinic.

For example, as discussed in Appendix 2.1.10, the voice-over mentions that he noticed that “no group meeting is ever the same”. This statement underscores the unique approach each fellow receives based on their distinct problems and challenges. Spence and Navarro argue that voice-overs have the power to impose significance on visual material by providing commentary that may enhance the viewer’s understanding of what is being depicted on screen.⁹⁶ They argue that voice-overs can reinforce or augment the information presented in the visuals as well as challenge information and create secondary meanings.⁹⁷ The statements made by the voice-over throughout the series consistently steer the audience towards a particular point of view, reflecting only the positive aspects of the clinic. It seldom challenges the presented information or raises questions about statements made in interviews or methods used in therapy sessions.

As discussed by Stella Bruzzi, the voice-over in documentaries typically provides a detached perspective. However, she claims that when the subjective presence of the narrator comes to surface, a relationship between the narration and the audience can emerge.⁹⁸ This relationship allows for a more engaging viewer experience used to portray the YWCC in a favourable light, resulting in a biased perspective. In this instance, the persuasive strategy of pathos is employed, as the established connection resonates with the viewer’s emotions, thereby strengthening the argument.

Moreover, the utilisation of non-diegetic music serves a strategic motif. For example, in the previously discussed interview with practitioners Jorien and Soraya, gentle piano music is incorporated aiming to evoke certain emotions within the audience. Slow piano music at the scene’s onset encourages viewers to engage more deeply in the conversation, where Sietske’s previously shown therapy session is discussed. The piano tones gradually fade as Jorien talks about the approach of Sietske. After this conversation, Ewout asks Sietske how she experienced the therapy session. When Sietske starts to emphasise her positive takeaway from the session, faster-paced music with higher tones is incorporated (Appendix 4.1). The use of up-speed music with higher tones creates a more positive ambiance, emphasising the positive outcomes of the session.

Spence and Navarro stress that music is generally used to enhance a certain mood in a scene or as an artistic instrument meant to evoke a specific emotion.⁹⁹ Additionally, they argue that non-diegetic music is often an “aid in constructing a more specific social environment, contributing to the argument

⁹⁶ Spence and Navarro, *Crafting Truth Documentary Form and Meaning*, 247.

⁹⁷ *Ibid*, 248, 249.

⁹⁸ Bruzzi, *New Documentary: A Critical Introduction*, 62, 63.

⁹⁹ *Ibid*, 254.

and/ or political concerns of the documentary”.¹⁰⁰ The sound in this scene is strategically used to emphasise the successful treatment within the YWCC.

This demonstrated subjectivity is also evident in the music incorporated in the videos of the end of treatment of the fellows. As described in Appendix 4.2, the scene starts with a sharp, high pitching noise, drawing the viewer into a flashback. Mischja is shown engaging in a conversation with Ewout regarding his past struggles with aggression. His voice resonates with an echoing, distant quality, accompanied by ominous music. The utilisation of music and sound effects in this scene serves to underscore the severity of Mischja’s issues, evoking a sense of discomfort. Subsequently, the sharp, high pitching noise draws the viewer into a new shot of Mischja walking towards the camera in slow-motion, smiling. A shift in sound occurs, as the music transitions to more upbeat and uplifting tones. This contrast between the initial discomfort and the following sense of positivity highlights the transformative journey of the fellows. The use of non-diegetic sound in the series serves as a strategic motif to underscore the argument and emphasise the positive outcomes of the treatment methods in the clinic.

The stylistic elements underscore the positive environment of the clinic and convey optimism about its recovery possibilities. This portrayal implies that positive outcomes similar to those achieved by the YWCC could be attained with the appropriate resources, including expertise and a supporting environment. The emphasis on these aspects implies that this is something other institutions lack. The stylistic elements in the series contribute to an idealised view of the clinic, potentially creating unrealistic expectations for other youth healthcare institutions. This chapter demonstrates the series effort to convey authenticity through its technical choices. However, some choices reveal the influence of the camera on its subject, compromising the reliability of the clinic’s representation.

¹⁰⁰ Ibid, 255.

3 Conclusion

This thesis has investigated how the YWCC in the documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* is represented and explores how this representation constructs meaning about the broader system of youth healthcare institutions in the Netherlands. Through a comprehensive review of the scholarly debate surrounding the social model and medical model of mental distress, alongside an examination of literature centred on the voice of documentary according to Bill Nichols' theory, numerous relevant insights emerge. These findings have revealed the perspective of the makers, which is evident in the way information is arranged within the narrative, in the presentation of evidence, and in the utilisation of stylistic elements, all contributing to the representation of the YWCC within the documentary series.

The findings reveal that the series adopts a problem-solution structure, positioning the YWCC as the unique solution to severe mental health issues. The efficacy of their treatment is emphasised through continual validation from primary sources possessing relevant expertise and personal experiences, coupled with a consistent portrayal of favourable treatment outcomes. This representation reflects a view based on the medical model of mental distress, wherein treatment is depicted as the primary remedy. Consequently, the identified problem in the series, characterised by deficiencies in knowledge and failure in treatment provision, is attributed collectively to healthcare institutions beyond the YWCC.

Despite the common perception of documentaries as accurate representations, the absence of verifiable information and perspectives beyond those originating from within the clinic reveals a biased portrayal. The interviewees all have affiliations within the YWCC clinic, leading them to primarily highlight the positive aspects of its operations. This biased portrayal reinforces the argument that the potential for recovery exists, but it can only be attained with equivalent methods and resources as those available at the YWCC.

Furthermore, the findings show that the stylistic elements employed in the series emphasise the progress of the fellows and cultivate a positive ambiance, contributing to the portrayal of the clinic as a supportive environment that promotes well-being. The series aims to present its portrayal as authentic and accurate through its cinematography. However, the choices in lighting and nondiegetic sound, particularly the employment of the voice-over, reveal an idealised perspective of the YWCC, setting unrealistic standards for other youth healthcare institutions. By primarily focusses on the achievements of the YWCC, the series shapes perceptions about the broader youth healthcare system as inadequate in addressing the needs of these youth and lacking the ability to provide effective assistance, suggesting they should emulate the clinic's approach due to its demonstrated success.

The documentary series *DE JEUGDKLINIEK: ALS NIETS MEER WERKT* touches upon societal factors as contributors to mental distress, but insufficiently, thereby neglecting the importance of social inclusion. The research outcomes have shown that while the broader context of mental health in

the Netherlands and the needs of the individual are acknowledged, the narrative prioritises the clinical interventions of the YWCC. This is at the expense of addressing the importance of social inclusion and the structural factors that impact access to care and support. Therefore, the critical assertions made by Selby and Henderson regarding the frequent disregarding of the broader social context finds relevance within this portrayal. This illustrates the need for media discourse on mental health and youth care to adopt a more comprehensive approach that considers social contexts and alternative social responses for a more balanced and objective portrayal.

On reflection, Nichols' approach regarding the voice of documentary proved very useful for this analysis by offering a nuanced framework for dissecting the multifaced layers of representation within the documentary series. However, it is essential to acknowledge that the filming occurred within a clinical setting, involving vulnerable individuals undergoing mental health treatment. Potential ethical considerations and regulatory frameworks that may have influenced the filming process were not explicitly considered in the analysis, yet they likely impacted the portrayal of the clinic. Additionally, the analytical scope of this research is confined to two episodes out a total of six within the documentary series. Consequently, there exist the possibility of having disregarded significant themes and events that help shape the depiction of the YWCC and engender implications concerning the larger context of youth healthcare.

This research solely focussed on the way in which the documentary series addresses its audience. The impact of the series on public perceptions and attitudes has not been considered. Future research could explore how audiences respond to the documentary and whether it influences societal discourse surrounding youth mental healthcare in the Netherlands. Tracking audience responses over time could provide insights into any shifts in attitudes or behaviours resulting from exposure to this documentary or similar documentaries. Additionally, studying how the series interacts with existing societal narratives around mental health and youth care could reveal the effectiveness and influence of such documentary representations.

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Appendices

Appendix 1: Sequence description episode 1

Sequence description Episode 1				
Scene	Timecode	Location	Participants	Action
1.	00:00:00 – 00:01:25	YWCC	Founder Jan Willem Poot, multiple fellows, Ewout.	Intro lead. Shots featuring impactful visuals capturing fellows who articulate the reasons for their presence, followed by the founder elucidating the clinic’s mission. Additionally, anticipatory glimpses are offered, foreshadowing diverse events explored later in the documentary.
2.	00:01:25 – 00:02:40	YWCC	Multiple fellows, parents of fellows, Ewout.	<p>Ewout’s voice functions as a voice-over as he introduces the YWCC and the aim of the documentary. In the narration, Ewout explains that he has personal admiration for the clinic’s treatment methods. He states that he got introduced to the clinic while filming another documentary series.</p> <p>The voice-over continues by explaining that the clinic admits individuals aged 13 to 23 for a ten-week treatment. They have no external contact until week five, when they reunite with their parents. The process emphasises personal responsibility for feelings, thoughts, and actions. Images show foreshadowing moments of fellows during their treatment, capturing poignant scenes such as the emotional reunion with their parents in week five of their treatment.</p>
3	00:02:40 – 00:03:47	Entrance hall	Ewout, founder Jan Willem Poot,	Ewout enters the clinic and is welcomed by Jan Willem Poot. Poot is introduced with the incorporated text: “Founder of the YWCC”. Poot elucidates that the decision to partake in the documentary series was motivated by the desire to instil hope in families on their waiting lists. Additionally, they responded to the external demand for insights into the specific treatments offered within the clinics.
4	00:03:47 – 00:04:13	YWCC	Ewout, Jan Willem Poot.	The voice-over explains that the clinic treats 140 fellows. The voice-over then explains how the building of the clinic is split up in two sections, each accommodating 70 fellows. Subsequently, the voice-over says that he (Ewout) will be present and filming in both sections for the duration of three weeks. These statements are accommodated by shots of Jan Willem and Ewout passing through the hallway and walking towards section B.
5	00:04:13 – 00:05:41	Section B, community area	Ewout, Jan Willem Poot, fellows	Ewout and Jan Willem enter section B. Numerous fellows are seated at tables, extending a welcoming reception with cheers. ¹⁰¹ Jan Willem explains that they employ a specific hand gesture to ask for silence, as

¹⁰¹ Many fellows appear blurred as they prefer not to be recognizable on camera.

				they prefer not to raise voices within the clinic. He introduces Ewout and the fellows to each other. Ewout states that he is looking forward to the upcoming interviews and that he hopes they will provide some insights into their experiences at the clinic in the upcoming weeks. The fellows welcome him again with clapping and chanting, showing their excitement.
6	00:05:41 – 00:06:00	YWCC	Ewout, fellows	The voice-over explains that the fellows wearing a blue wristband gave permission, along with their parents, for being filmed and interviewed. The voice-over is accompanied by slow-motion footage of fellows inside the YWCC.
7	00:06:00 – 00:06:22	Group meeting venue	Ewout, fellows	The voice-over explains that group meetings are an important part of treatment. The voice-over explains that within these meetings, fellows share their stories. Moreover, in these meetings feedback is given to their path towards achieving the ten goals of treatment. Additionally, he introduces the counsellors that lead these meetings and are all experts by experience. The voice-over is accompanied by slow-motion footage of the fellows entering the venue.
8	00:06:23 – 00:07:55	Group meeting venue	Ewout, Pythaya, Theo, Daan, Britteney, fellows.	Chairs are arranged in a circle in the venue. Pythaya is introduced. Incorporated text shows the viewer she is 16 years old, addicted to drugs and has mental problems. She explains the group she is in week seven of treatment, and that she notices that she is relapsing into old behaviour. Counsellor Theo is introduced as the ‘senior counsellor’ and Daan as ‘counsellor’. Pythaya tells them that she wants to leave the clinic. Fellow Britteney (22) is introduced, incorporated text shows she has an alcohol addiction and mental problems. Britteney assures Pythaya that going home won't be any different from the previous time. Advisor Daan shows doubt on her negative outlook. Senior counsellor Theo asks Pythaya about the matter, after which she storms out of the room.
9	00:07:56 – 00:08:16	Group meeting venue	Ewout, Britteney, Alexander, Daan	The voice-over explains that the fellows follow a ‘ten-steps to change’ approach, which they share with the group during therapy sessions. The voice-over introduces Alexander and narrates that he will be sharing action six: ‘confessing a list of people he damaged and hurt during his game addiction’. The voice-over is accompanied by shots of Alexander within the venue and by shots of the ten actions poster.
10	00:08:17 – 00:10:08	Group meeting venue	Alexander, Daan, Theo, fellows, Ewout	Alexander (16) is introduced with the text ‘game- and image addict and facing mental problems.’ He tells the group he is nervous about sharing his step six. Alexander starts enumerating the people he hurt and explains why. This entails taking care of himself poorly and the manipulation and abuse against his parents.

				Brittney acknowledges a point on his list through a hand gesture and shares with the group that she, too, used to neglect herself and experienced strong reactions towards her parents.
11	00:10:08 – 00:11:14	Group meeting venue	Ray, Alexander, Daan, Theo, fellows, Ewout	<p>Ray (15) is introduced by the incorporated text: ‘drug addict and mental problems.’ He recognises the part of being violent to parents. He tells the group he hit his father in the face one time.</p> <p>Counsellor Theo asks how Alexander felt when he wrote his list. Alexander responds that he is ashamed for hitting his father. Theo states that it is easy to apologize but it is better to feel the pain you caused to avoid returning to that undesirable state. The fellows and counsellors then thank each other for listening.</p>
12	00:11:14 – 00:11:54	Hallway	Pythaya, Ewout	<p>The voice-over explains that he (Ewout) wants to know why Pythaya left the venue. Images show how Ewout walks towards her to ask her what happened.</p> <p>Pythaya tells Ewout that she did not feel like she was taken seriously and that she felt insecure during the therapy session. It caused her to start avoiding and walking away, according to her old behaviour. Ewout asks why she did walk away. Pythaya answers she is afraid that she is doing everything wrong again. However, she also voices that it caused her to reflect on why she ran away. She recognises that she is doing what she has always been doing: avoiding conversations.</p>
13	00:11:55 – 00:12:19	Passage	Pythaya, counsellor	Pythaya is introduced through footage of her outdoors, accompanied by in-screen text highlighting her challenges. Flashforwards of her aggressive behaviour towards a counsellor is shown. Subsequently, a confrontation with a counsellor is depicted. In his confrontation, Pythaya admonishes the counsellor after which Pythaya walks away.
14	00:12:19 – 00:13:46	Hallway	Pythaya, Ewout	In the hallway, Pythaya and Ewout engage in a conversation where Pythaya expresses her concerns about entering the final weeks of treatment and the impending transition back home. Ewout asks her what she could do to change. Pythaya acknowledges her difficulty of trusting others and expresses concern about potential consequences, including being placed in a closed institution. She describes such places as unpleasant with a lack of support, contrasting it with the perceived safety of the YWCC. Ewout encourages her to make the best out of her current situation.
15	00:13:46 – 00:14:12	YWCC	Fellows	The voice-over explains that the clinic is situated in the forest. Additionally, the voice-over explains that the clinic provides various sports and game activities for the fellows. Footage is shown of fellows performing yoga, football, boxing, and other games.
16	00:14:12 – 00:15:09	Yoga venue	Lotte, Merel, Eliza, Stein, Ewout,	<p>Ewout arrives in a venue where fellows are following a yoga class on pads on the ground. He observes them doing various positions. Then he asks a fellow if they thought these activities would be included in their treatment before arriving here.</p> <p>Lotte (17) is introduced with the in-screen text stating: ‘battling drug addiction and depression’. Lotte says she did not expect this kind of activities.</p>

				<p>Ewout asks the group what they think about while doing yoga.</p> <p>Eliza (19) is introduced with the in-screen text stating: ‘battling game and image addiction and mental problems.’ She says yoga clears her head.</p> <p>Merel (22) is introduced with the in-screen text stating: ‘battling addiction and mental problems.’ She explains that yoga is very helpful for her, as she tends to overthink things.</p> <p>Counsellor Stein is introduced. He tells Ewout that the groups are going to change, and this group is going to the judo hall.</p>
16	00:15:10 – 00:17:37	Yoga venue	Ewout, Wouter, Amber, Jesse/	<p>A new group enters the yoga venue. Ewout asks them what they did before arriving. They answer that they all came from another sport.</p> <p>Wouter (19) is introduced with the in-screen text stating: ‘game and image addict and battling mental problems. He mentions that he likes to perform in various sports, including unfamiliar ones, at the clinic. When Ewout asks about the benefits of these activities, Wouter explains that it helps him to discover new hobbies, which could be pursued after leaving the clinic.</p> <p>Amber (14) is introduced with the in-screen text stating: ‘depression and addiction to self-mutilation’. She tells Ewout that although she enjoys meeting people, the clinic involves hard work and opening up, which is a challenge for her. Ewout notes that many people might view healthcare clinics negatively.</p> <p>Jesse (21) is introduced with the in-screen text stating: ‘depression, addiction, and suicidal thoughts. He says the clinic is different than what people might imagine. According to him, the atmosphere is pleasant at the YWCC, and people genuinely want to help him.</p> <p>Ewout asks about the hand gestures within the clinic. Amber tells him which gesture means recognition. Jesse teaches Ewout the silence hand gesture and a gesture that shows love to another fellow.</p>
17	00:17:38 – 00:18:34	Forest outside the YWCC	Ewout	<p>Ewout approaches fellows in the woods, who are engaging in an activity that involves collectively carrying a tree trunk. He asks a fellow about the nature of this undertaking.</p> <p>Stefan (22) is introduced with the in-screen text stating: ‘drug addict and mental problems.’ He explains they must guide water through the tree trunk. Images are shown of the group working together in the activity. Ewout tells Ray that he looks like he does not understand what he is doing.</p>
18	00:18:35 – 00:18:53		Ewout, Ray, Daan	<p>Ray (15) is introduced by slow-motion footage of him smoking a cigarette with the in-screen text stating: ‘drug addict and mental problems.’ Flashforward images of Ewout conducting an interview with him are shown. Ewout asks him about the multiple joints he used to smoke. A flashback is also shown of Ray during the group meeting, saying he hit his father once.</p>

19	00:18:53 – 00:20:00	Outside the YWCC	Ewout, Ray, Lukas	Ray informs Ewout that he's nearly six weeks into treatment at the YWCC. Ewout questions the purpose of the activities they're engaged in, suggesting Ray should understand by now. Ray admits uncertainty but speculates it might relate to trust, even though he does not fully grasp the significance. Ewout then turns to youth coach Lukas, asking him about the varied responses from the fellows. Lukas explains that these attitudes typically evolve over time.
20	00:20:00 – 00:22:12	Outside the YWCC	Ewout, Lukas, Ray, other fellows.	The voice-over explains that youth coaches at the YWCC organise various activities, actively supporting and motivating the fellows. Coach Lukas elaborates on fostering mutual motivation among the fellows, with daily activities of their cooperation. He highlights the importance of changing negative perceptions, using Ray as an example. Visuals show the group participates in an activity while being blindfolded.
21	00:22:13	Community area	Ewout, Thijmen	<p>The voice-over explains that the fellows have three mealtimes a day. Images are shown of fellows in the community area. Ewout asks Thijmen why he is not getting lunch.</p> <p>Thijmen (19) is introduced with the in-screen text stating: 'drug addict and game and image addict'. He informs Ewout that he has a service role by assisting the coaches, which is a responsibility for each fellow in their final week. Ewout asks him about potential triggers after leaving the clinic. He mentions being apprehensive about encountering the smell of joints. Ewout asks if he feels safe going home. Thijmen affirms this, noting that he used to contribute to the unsafe environment. Additionally, he shares that his parents have also undergone a program in the clinic.</p>
22	00:23:51 – 00:24:34	Community area	Ewout, counsellors, fellows	Before lunch, a counsellor encourages the group to trust each other and commends their teamwork. Emphasising their identity as a collective, the group observes a moment of silence before heading to the buffet.
23	00:24:35 – 00:26:45	Community area	Ewout, Alexander, Mark	<p>Ewout joins Alexander at his lunch table. He asks him what the trigger was for him to enter the clinic. Alexander confides in Ewout about his troubled experiences at school, admitting to a history of lying. He opens up about his addiction and laughs. When asked about the laughter, Alexander explains that he used to deny his addiction, reacting with anger when confronted about it. He tells Ewout that the addiction originated from the use of an iPad, stemming from his struggles with ADHD.</p> <p>Mark (18) is introduced with the in-screen text stating: 'game addiction and mental problems.' He says that he recognises Alexander's experiences. He tells Ewout that his XTC addiction switched to a game addiction. It was only upon entering the clinic that he realized gaming served as a way to avoid dealing with his emotions. Contrary to preconceptions, he notes that addiction can impact anyone, even if not initially recognised.</p>
24	00:26:45 – 00:27:58	Community area	Ewout, Britt, Amber	The voice-over explains that the clinic houses 140 young individuals, each grappling with unique behavioural and addiction challenges. He continues emphasising the importance of this diversity as the fellows often find common ground with one another.

				<p>Images depict Ewout walking towards two fellows. Ewout notes a shared attribute between the two women, who laugh together while revealing scars on their arms. Ewout asks them if they believe everyone engages in self-mutilation for the same reasons. Amber suggests that similar to cocaine or weed addiction, self-mutilation serves as an outlet. She explains that when feeling sad, she resorts to self-mutilation. Britt describes self-mutilation as a kick and an addictive experience.</p>
25	00:27:59 – 00:28:22	Outside the YWCC	Ewout, Britt	<p>Britt (18) is introduced by slow-motion footage of her outside, looking directly into the camera with the displayed text ‘eating disorder and self-mutilation.’ Flashforward images depict her expressing concerns about taking medication, afraid to stop taking it as she lacks emotional coping skills. Subsequently, there are flashforward images of Ewout searching for her as she has run away from the clinic.</p>
26	00:28:22 – 00:31:15	Community area	Ewout, Britt, Amber	<p>Britt shares with Ewout that she engages in self-mutilation to avoid feeling emotions or to return to reality. Ewout questions her about the "kick" she mentioned. Amber explains that it generates dopamine. Britt says she liked seeing blood on herself. When asked about a possible name for this, Amber suggests "self-mutilation addiction". Ewout reflects on the clinic's teachings about addiction as a means to suppress feelings.</p> <p>Britt talks about her initial struggle with anorexia, which evolved into self-harm and eventually suicidal thoughts. She expresses difficulty understanding the roots of this struggle. Ewout asks her about her experiences with suicide attempts and waking up in the hospital. Britt describes the awfulness of waking up and feeling disappointment that she was still alive.</p> <p>When asked if she's now grateful to be alive, Britt finds it a difficult question. She expresses gratitude for those who care about her, but she does not understand why she is alive and still remains unhappy. Britt shares the ongoing struggle of deciding whether to get out of bed. Ewout expresses appreciation for their openness, acknowledging the difficulty of their experiences.</p> <p>Britt reveals her aim for the participation in the documentary series. She wants to help others reach for help, something she wished for in the past.</p>
27	00:31:16 – 00:32:55	Smoker's area.	Ewout, Ray.	<p>The voice-over explains that there is a scheduled break at 12:30. Images capture Ewout heading to the smoker's area. He questions Ray about his cannabis consumption, and Ray reveals that he used to smoke four or five joints daily. Ewout asks when he started, and Ray mentions it began at the age of 13. Curious about how he concealed it at a younger age, Ray admits he did not care. Ewout asks him about the reactions of his parents, and Ray acknowledges their profound disappointment. Reflecting on these difficult memories, Ray emphasises his past desire to be tough and hide his feelings. He shares a lesson learned in the clinic: that its acceptable for a man to express emotions, including crying.</p>

28	00:32:56 – 00:34:10	Garden of YWCC	Ewout, Jan Willem Poot	<p>Ewout asks about all the fellows smoking. Jan Willem states that he believes between 50 and 70 percent of the fellows smoke upon their arrival at the clinic. Images of smoking fellows appear.</p> <p>Jan Willem explains that the clinic treats fellows between the age of 13 to 23. He mentions that they strive to adhere to the legal regulations regarding smoking, but in cases where individuals are under 18 and have parental permission, they are permitted to smoke. He explains that this rule exists because they want to treat the addictions to drugs and mental problems instead of being occupied with smoking addictions. He emphasises that they do not provide them with the opportunity to smoke throughout the whole day; instead, they allocate 8 to 9 moments for smoking.</p>
29	00:34:11 – 00:37:30	Ray and Mark's room	Ewout, Ray, Mark	<p>The voice-over explains that around one o'clock, fellows can go to their rooms to refresh themselves for the next activity. Images appear of Ewout following Ray to his room. The voice-over explains that each fellow has a designated roommate.</p> <p>Upon entering Ray's room, Ewout lightens the mood with a joke about the surprising tidiness. Ewout asks Ray and Mark if they had discussions regarding room cleanliness, and Mark notes that they occasionally discuss it, but it is not a major issue. Mark describes his first night at the clinic as challenging but that it was beneficial to have a good roommate. Ray shares that his first night initially felt like hell, missing home, but the full schedule curtailed his desire to smoke weed, except when feeling angry or sad.</p> <p>Ewout asks about Ray's initial thoughts on Mark's arrival, and Ray admits he was initially unsure due to their differences. However, now he likes Mark, and he appreciates his openness. Ewout asks if their differences are convenient, to which Mark and Ray explain how they've learned from each other. Mark gained assertiveness from Ray, while Ray learned to express emotions from Mark.</p> <p>Ewout suggests that they show him the rest of the room, and they proceed to the bathroom. Mark and Ray mention the convenience of having cleaning done for them, allowing them to focus solely on their recovery.</p>
30	00:37:31 – 00:38:06	The consultation room	Ewout, the coaches, counsellors, practitioners, and psychiatrists	<p>The voice-over explains that there is a multidisciplinary consultation three times a day by all professionals. The coaches, counsellors, practitioners, and psychiatrists have a consultation about fellows. Counsellors are shown talking about specific fellows. They also monitor all fellows that arrived late at the activities.</p>
31	00:38:07 – 00:38:34	The consultation room	Theo, Ewout	<p>Ewout talks to Theo about the monitoring of various aspects, including eating and activities. Ewout asks him about the level of attention each fellow receives, to which Theo explains that, in certain cases, additional encouragement is necessary for some fellows to open up about their emotions, particularly concerning anger issues.</p>
32	00:38:35 – 00:38:54	Outside	Pythaya, practitioner, Ewout	<p>The voice-over explains that Pythaya needs some extra focus. He also explains that Pythaya has anger issues and causes uproar in the group. Her practitioner wants to confront Pythaya with her behaviour.</p>

				Footage of Pythaya smoking a cigarette is shown. The voice-over explains that the coach is going to give her extra attention, with the aim for the group to respond and provoke a reaction from Pythaya.
33	00:38:54 – 00:39:55	Boxing venue	Pythaya, practitioner, Ewout	The group is in the boxing venue. The practitioner asks Pythaya to stand up and introduce herself. The practitioner asks what the group thinks about Pythaya’s work from the past week. She gets angry and leaves the room.
34	00:39:55 – 00:40:47	Hallway	Pythaya, counsellor, practitioner, other fellows	Pythaya storms off and the practitioner follows her. The practitioner asks what is going on. Pythaya cries and screams that she does not want to be filmed. Another practitioner says she should start opening up about what she feels. Pythaya screams that she does not want her to interfere. The initial practitioner asks her to tell her what happened. Pythaya cries and expresses her anger, stating that the group is booing her for not participating in the group session. Her coach says that she likes the attention while the rest of the group agrees and walk into the hallway.
35	00:40:47	Outside the YWCC	Ewout, Pythaya, Thijmen, Jan Willem	Pythaya's practitioner walks outside the YWCC, describing how Pythaya is accustomed to seeking attention through her behaviour and anger. Flashforward images depict Ewout conversing with Pythaya after she has calmed down. Additional flashforwards show Thijmen leaving the clinic and reunite with his parents. Subsequent scenes include Jan Willem Poot discussing his own past addiction with Ewout.

Appendix 2: Sequence description episode 6

Sequence description Episode 6				
Scene	Timecode	Location	Participants	Action
1	00:00:00 – 00:00:30	Group meeting venue, private room	Ewout, fellows, Roos, counsellors	The episode starts with a review of the previous episode. Two fellows are shown talking about their path to recovery during a group meeting. Then a counsellor and a fellow are shown in a private room. The counsellor tells Ewout that they just decided to end fellow Roos’s treatment premature. Finally, the title of the series is shown in full screen.
2	00:00:30 – 00:03:20	Private room	Soraya, Ewout, Roos, unknown counsellor	<p>The voice-over explains that the clinic is forced to stop Roos’s treatment. Images are shown from outside the building of the YWCC. Then, two counsellors, Ewout and Roos are shown in a private room.</p> <p>Roos (19) is introduced with in-text stating: ‘drug addiction, mental problems, and self-mutilation’. During the conversation, Soraya (senior counsellor), asks Roos why she believes she is in the room. Roos responds, expressing concern that her treatment is in jeopardy. Soraya then discloses that the decision has been made to terminate Roos's treatment at the clinic.</p> <p>Upon hearing this news, Roos becomes emotional and tearfully suggests that she is starting to believe that continuing treatment may no longer be necessary for her. Soraya acknowledges Roos's fear of having such thoughts but points out the significant progress Roos has made within the clinic. When asked about the reasons behind terminating her treatment, Soraya</p>

				<p>explains that a primary factor is Roos's refusal to surrender her razor blades and her continued self-harming behaviour.</p> <p>In response, Roos expresses frustration with herself. Ewout asks Roos why she desires treatment but struggles to engage in it. Roos admits that accepting help is challenging for her. Ewout notes the discrepancy between Roos's openness during their conversation and her subsequent actions, asking about what transpired in the meantime.</p> <p>Roos, visibly distressed, confesses that she is uncertain and guided by negative thoughts, including feelings of unworthiness and an anticipated return to drug use. Tearfully, she shares her desire to project the person she appears to be on the outside, juxtaposed with the internal turmoil she experiences. Requesting some time alone, Roos is granted privacy as everyone leaves the room.</p>
3	00:03:21 – 00:03:57	Hallway	Soraya, Ewout, unknown counsellor	Ewout talks to the counsellors in the hallway. Ewout asks about Soraya's emotions in the room. Soraya, visibly moved, shares that she is touched by Roos and highlights the significant potential she sees in her. Despite the current termination of treatment, Soraya points out that many individuals who initially stopped treatment eventually resumed and found success. Expressing optimism, Soraya hopes that Roos will also experience a positive transformation in her journey.
4	00:03:57 – 00:04:01	Sleeping room	Fellow	The voice-over explains that the fellows who did not finish the ten weeks are saying goodbye that particular day. Images show a cleaning lady making a bed.
5	00:04:01 - 00:04:15	Hallway	Robin, Ewout	Robin is introduced by the voice-over as a fellow that is leaving that day. Flashback images are shown of Ewout asking him how bad his addiction to gaming was. He answers that he used to game seven to eight hours a night.
6	00:04:16 – 00:06:12	Outside the YWCC	Fellows, Robin, Ewout	<p>The fellows are singing a song and waving to the other fellows leaving. A human barrier comprising individuals is formed, through which departing fellows pass. Ewout asks Robin how he is doing and whether he is ready to leave the clinic. He says yes, he has worked very hard to this point. He explains it is weird to say goodbye to the other fellows that arrived at the same point. Ewout says he understands because he got to know all of them so well. Robin agrees and says he feels a big connection to the community.</p> <p>Images show all fellows near the fence waving to the ones leaving. Images show Robin hugging other fellows and saying goodbye. Then he leaves the fences and says goodbye to the professionals. They recite a verse in a circle.</p>
7	00:06:13 - 00:07:00	Outside the YWCC	Fellows, Robin, Ewout, Robin's mother	Robin walks to his mother emotionally and hugs her while they both cry. Other fellows in his surroundings do the same. His mother says she is proud of him. Ewout asks his mother how she feels seeing Robin again. She says she is having tears of joy. She says it would be good for every young individual to work on themselves for ten weeks. She says she felt like this was a unique opportunity for Robin to reset. Robin agrees and says it feels like he got a new change on life. Then they are shown walking away from the camera, waving at Ewout.

8	00:07:01 – 00:07:52	In the woods	Ewout, fellows	The voice-over explains that not all fellows are at that point yet and some are facing their fears on a climb. Images of Ewout walking away are shown. Ewout reaches the wooded area, observing fellows engaging in tree climbing activities. Images are shown of the fellows working together to get to the other side, while Ewout is observing them.
9	00:07:53 – 00:10:35	In the woods	Ewout, Suraya	Ewout asks a fellow how it went while they are standing on the ground. Suraya (23) is introduced by the text, drug and image addict and mental problems. She responds that it was scary because she is afraid of heights. Ewout asks why she thinks this challenge is helpful. She responds that it is helpful to have to trust in someone else. She explains that she came to the clinic with distrust and the feeling that she distrusted other health institutes. Over the course of ten years in GGZ, she did not experience substantial or meaningful assistance. She tells Ewout she has been building up addiction since the age of 14, ranging from image addiction, XTC, blow addiction, self-mutilation. She now realizes that she was keeping herself addicted. Ewout says he thinks it is admirable how she talks about her life. Suraya says that she thinks that she will make it to the end. She says this is the biggest challenge of her life.
10	00:10:35 – 00:10:52	Community area	Ewout, fellows	The voice-over explains that all fellows gather at the community area for lunch. Images are shown of fellows peeling their boiled eggs and eating bread. The voice-over explains that after lunch, he is allowed to join a group meeting again, and that he learned that no group meeting is ever the same.
11	00:10:53 – 00:13:27	Group meeting venue	Ewout, Soraya, Sietske, fellows	Ewout attends another group therapy meeting. Chairs are arranged in a circle. Sietske, aged 17, introduces herself. In-screen text indicates that she is having behaviour problems and addiction. Sietske explains to the group that she has trouble indicating her limits in the presence of boys and expresses a desire to address this challenge in the meeting. Her counsellor, Soraya, sits close to her, prompting Sietske to request her to move away. Soraya refuses and starts touching Sietske's hair. Sietske starts to cry. Another fellow suggests that Sietske relocates her chair away from Soraya. Sietske relocates her chair, but Soraya follows and continues touching her hair. A fellow intervenes, offering Sietske his chair, and they exchange seats. Sietske continues to cry emotionally, prompting Soraya to ask her what has just happened in the session. Sietske reveals she feels a sense of relief now that she's been able to move. Soraya tells Sietske that the situation serves as a valuable example of taking control of her own actions. Soraya advises Sietske that she does not need to remain seated if she's uncomfortable, emphasising that in future situations where she feels uncomfortable, she has the agency to leave.
12	00:13:27 – 00:14:00	Hallway	Ewout, Soraya, Jorien	Ewout asks Soraya and another counsellor about their earlier interaction with Sietske. Jorien, introduced as a practitioner, explains that the primary intention was to empower Sietske, allowing her to recognise her ability to assert control in such situations and advocate for herself. Images of Sietske walking towards the camera are then shown.
13	00:14:01 – 00:14:32	Group meeting venue	Ewout, Sietske	The voice-over explains he will ask Sietske how she felt. Images appear of Ewout taking a chair next to Sietske. Ewout asks what she thinks her next step would be. Sietske responds with that she needs to be vigilant about

				<p>assuming the victim role and she should start trusting in others. Ewout says well done to her.</p> <p>The voice-over explains that the session was an eye-opener for Sietske. He continues by saying that he was shocked how poorly she stood up for herself. He will ask Soraya and Femke about it some more, he says. Images of Sietske are shown.</p>
14	00:14:32 – 00:17:23	Bench in the woods	Ewout, Soraya, Femke	<p>Ewout, Soraya and Femke are sitting on a bench in the woods. Ewout asks what they mean when saying that fellows fail to indicate their limits. Soraya provides an illustration of girls experiencing ‘daddy issues’ in their lives, seeking connection with boys to fulfil these emotional needs or girls that are under influence of drugs.</p> <p>Femke contributes by highlighting that not all instances revolve around interactions with boys. She expresses a personal connection to the discussion due to her past involvement in the lover boy circuit and in prostitution. Ewout asks how she ended up in a situation like that. Femke answers that she was searching for a male person in her life to give her reassurance and she found it in an older man. Ewout asks her how she feels about that period in her life. Femke says she feels bizarre about it, especially because she recognises herself in many girls in the clinic and wishes she got that help in that period.</p> <p>Ewout asks Soraya if someone ever crossed her boundaries. She says she was a very vulnerable, addicted girl in her youth. Ewout says that there must be parents involved who abandoned their children. Femke says that the beauty of the program at the clinic is that those parents are included in therapy. She tells about fellows who told her that they feel treated differently in the clinic because of that. Ewout thanks them.</p>
15	00:17:23 – 00:19:43	Separate venue	Ewout, Theo, Sharon, Suraya	<p>The voice-over explains that the fellows have no contact the first five weeks of their admittance. He says that the fellows and their parents see each other for the first time again during the ‘connection day’ which is an emotional and important moment in the therapy. Images are shown of the woods surrounding the clinic and a venue inside the clinics where fellows are seated.</p> <p>Sharon (19) is introduced as having a depression and mental problems. Counsellor Theo is also present and tells Ewout that the connection day is very important, and it is a moment that the fellows and parents confess things to each other, things they have never told before. Ewout asks if they talked about these things beforehand. Theo says yes and highlights the importance of being open and honest on this day.</p> <p>The other fellows are eating lunch in the same room. Ewout asks Suraya is she has a secret she is going to share with her parents. Suraya says yes. Ewout asks how it feels to have a big secret. Suraya says her secret happened seven years ago and she found out in the clinic that it is still a big part of her life. Ewout says it might be the most honest conversation she will have. Both fellows agree.</p>
16	00:19:44 – 00:21:57	Hallway and	Ewout, Sharon, Suraya,	<p>The camera follows Ewout, Suraya, Sharon, and Theo on their way to meet the parents. They walk into a venue where they hug their parents. They all cry.</p>

		separate venue	Renee, Theo, parents Suraya	<p>The voice-over explains that family counsellor Renee is going to ensure that they all make contact.</p> <p>The images show how Suraya is seated in her chair facing her parents. Renee says that Suraya should try to get in touch with her emotions and make a connection with her mom and dad. He asks what she is feeling. Suraya says she feels hurt and anger towards herself. She says that she feels bad for hurting her parents so bad. Theo says that he hopes they will take a step in the right direction during this day.</p> <p>The voice-over explains that they have a lot to talk about.</p>
17	00:21:58 – 00:22:17	Separate venue	Ewout, Suraya, parents Suraya	<p>The voice-over explains that after the therapy with her parents, they drink coffee and eat cake. Suraya tells her parents more about her first five weeks. They are seated next to each other. Suraya tells her parents that the professionals are sweet when you are honest and when you talk about your feelings. She teaches them the hand gestures they use in the clinic.</p>
18	00:22:18 – 00:24:22	Outside the YWCC	Ewout, Suraya, other fellows	<p>The voice-over narrates that it is a day later, and Suraya shares her feelings upon seeing her parents again.</p> <p>Ewout and Suraya are shown standing towards each other outside the YWCC. Suraya shares with Ewout that after nine years of no contact, she finally conveyed her past grievances to her father during his divorce. This brought a sense of relief, and she looks forward to a potential fresh start. She also tells him that she isolated herself a lot in her past but that she realized in the clinic that it is important to share things with your parents. Slow motion images of her and other fellows are shown. Her voice is audible when she says that her time in the clinic has been a valuable learning experience, expressing that she is excited about returning home.</p>
19	00:24:22 – 00:27:07	In the woods	Jan Willem, Ewout	<p>The voice-over emphasises the crucial role of building connections, and he highlights that this is the challenge that Jan Willem has undertaken. The narration is accompanied by visuals of Ewout walking towards Jan Willem in the woods.</p> <p>Jan Willem and Ewout are walking over a path in the Woods. Jan Willem tells Ewout that they have to offer the fellows safety, a warm and loving environment in which they feel at ease to open up. Ewout expresses his admiration for the clinic. He asks how they will try to show their way of treatment to the outside world. Jan Willem tells him this primarily stems from the stories shared by the fellows. Ewout asks him about his dream. Jan Willem expresses his ideal vision, aspiring for a future where the clinic no longer exists in twenty years, as it would indicate a reduction in the severity of youth health issues. He continues by saying that this could be reached by incorporating the idea that sharing personal experiences is encouraged into youth culture. This could be achieved when primary schools already start doing this, by scheduling a moment every day at which children can tell in class what goes through their mind. And that sharing personal issues is encouraged.</p>
20	00:27:08 – 00:29:09	Hallway, community area	Ewout, fellows	<p>The voice-over narrates that his time in the clinic has come to an end. Flashback images show him walking into the community area at the beginning of the documentary series, where Jan Willem introduces him. The</p>

				voice-over narrates that he will now stand there to say goodbye. Images show Ewout in the community area filled with fellows. He tells them that he wants to say goodbye and he expresses his gratitude for the past weeks. He also says he thinks it is impressive how they work towards their recovery. He wishes them good luck. The fellows cheer and thank Ewout.
21	00:29:10 – 00:31:53	After care venue	Ewout, Roos	<p>Images capture Roos on a skateboard, heading towards the clinic, followed by Ewout walking towards the facility. The voice-over says it is a month later and he expresses his curiosity about Roos's progress.</p> <p>Roos awaits Ewout outside the clinic, and upon checking in, she reveals she's doing better than anticipated but still grapples with negative thoughts. She admits to a brief alcohol relapse in the first week but asserts that she's been clean for 18 days. Ewout delves into her clinic experiences, and she emphasises the challenge of self-mutilation.</p> <p>Visuals portray their entrance into the clinic, with Roos expressing scepticism about the progress she would make in the clinic. Inside, their conversation continues, with Ewout commending her ongoing participation in clinic aftercare. Roos, considering it a part of her routine, expresses her enjoyment of being at the clinic. She guides Ewout through the venue, explaining her personalized daily goals. On that particular day, her objective is to compile a list of 17 things she's grateful for. When asked about her plans, Roos shares her aspiration to help others by sharing her own experiences.</p>
22	00:31:53 – 00:32:29	Outside the YWCC	Ray, Ewout	Slow-motion clips of Ray are interspersed with flashbacks of his conversation with Ewout about drug addiction and physical abuse towards his father. The sequence concludes with Ray smiling into the camera. On-screen text states he now resides with his mother, has abstained from smoking since leaving the clinic, and feels more at peace. Then, text indicates that Ray is actively participating in the aftercare program and aspires to assist individuals with disabilities in the future.
23	00:32:29 – 00:32:44	Outside the YWCC	Pythaya, Ewout	Slow-motion clips of Pythaya are interspersed with flashbacks of her conversation with Ewout about her behavioural problems. Then slow-motion images are shown of her smiling. On-screen text states she is living in a safehouse now. Additionally, she meets with her mother every other weekend and they have a good relationship. Then, text indicates she does not do drugs anymore and she wants to go back to school. Additionally, is working parttime in a supermarket and almost feels happy again.
24	00:32:44 – 00:33:05	Outside the YWCC	Brittney, Ewout	Slow-motion clips of Brittney are interspersed with flashbacks of her conversation with Ewout about her alcohol addiction. Then slow-motion images are shown of her walking towards the camera. On-screen text states she is working in a launderette and that she is proud that she is clean since leaving the clinic. To keep on this track, she is following the aftercare program. Additionally, the text mentions that she is enjoying the small things again.
25	00:33:05 – 00:33:22	Outside the YWCC, in the community class	Mischja, Ewout	Slow-motion clips of Mischja are interspersed with flashbacks of him telling Ewout about his aggressive outbursts. Then slow-motion images are shown of him walking towards the camera and smiling. On-screen text states that he is working in construction, he is living with his parents, he is trying to take it

				slow and became more open in talking about his feelings. Additionally, the text states that this ensured a better bond with the people that surround him.
26	00:33:23 - 00:33:45	Outside the YWCC, in the community class	Dylan, psychiatrist, Ewout	Slow-motion clips of Dylan are interspersed with flashbacks of his conversation about medication with his psychiatrist. Then slow-motion images are shown of him walking towards the camera. On-screen text states that he is living at his parents' house, he does not take any medication anymore, he is working in a fast-food restaurant. Additionally, the text states that he is attending two to three meetings a week and that he is proud that he is doing so well.
27	00:33:46 – 00:34:04	In the community area	Boyd, Ewout	Slow-motion clips of Boyd are interspersed with flashbacks of his conversation with Ewout about his eating addiction. Then slow-motion images are shown of him walking towards the camera. On-screen text states that he chose to stay at a safehouse after leaving the clinic, where he is working on a better structure in his day while also attending after care. Additionally, the text indicates that he is looking for a dietician for additional help.
28	00:34:05 – 00:34:28	Outside the YWCC, in the bathroom	Britt, Ewout	Slow-motion clips of Britt are interspersed with flashbacks of her conversation with Ewout about her mental problems and medication. Then slow-motion images are shown of her brushing her teeth. On-screen text states that she is living on her own and continued her studies. Additionally, it says she has her ups but also accepts her downs. The text also indicates that she does not self-mutilate herself anymore, and that the meetings and aftercare help her with this.
29	00:34:29 – 00:34:47	In a private venue	Jesse, Ewout	Slow-motion clips of Jesse are interspersed with flashbacks of his conversation with Ewout about his depression. Then slow-motion images are shown of him smiling in the mirror. On-screen text states that he is living with his parents again and the sphere has improved at home because his parents followed the program as well. Additionally, the text indicates that he is looking for a job and he is open for new friends.
30	00:34:47 – 00:35:07	Community venue, outside the YWCC	Noah	Slow-motion clips of Noah are interspersed with flashbacks of him expressing feelings regarding his transgender identity. Then slow-motion images are shown of him walking towards the camera. On-screen text states that he is following the aftercare program and he is hoping to get to know more fellows. Additionally, the text indicates that is enrolled in an employment agency and he is happy when he sees himself in the mirror.
31	00:35:08 – 00:37:27	Outside the YWCC	Lotte, Ewout	Slow-motion clips of Lotte are interspersed with flashbacks of her conversation with Ewout about drug addiction. Then slow-motion images are shown of her playing basketball. On-screen text states that she had a rough time returning home, but she is attending as much meetings as possible. Additionally, the text indicates that she dreams of going to theatre school, in the meanwhile she is working in a supermarket and is feeling a bit better every day.
32	00:37:27 – 00:35:36	Outside the YWCC	-	Images are shown of the environment surrounding the clinic.

Appendix 3: Stylistic choices Episode 1

Stylistic choices Episode 1				
1: Introduction fellow Britt Timecode: 00:27:56 – 00:28:19				
Shot	Duration	Cinematography	Mise-en-scene	Sound
#1	6 seconds	Medium shot of Britt. Zoom movement to medium close-up. Handheld camera. Clear loss of focus while zooming in.	Britt stands on the grass, directing her gaze towards the camera with a smiling expression. Behind her, the clinic's wall is visible, illuminated by overhead daylight. The shot is intentionally overexposed, causing her white shirt to radiate a glowing effect. Britt is not wearing makeup or jewellery. She is wearing a basic white short-sleeved shirt, revealing her scars. She is placed slightly to the left of the screen.	Non-diegetic sound of ominous music is audible. Subsequently, the distant echoing voice of Britt is audible, talking about the medication she takes.
#2	2 seconds	Medium close-up Ewout. Handheld camera. His face is in full focus, the background out of focus.	Ewout is shot from the side. He is looking forward. His gaze is serious. In the background is grass. He is wearing a plain green blouse. The shot is again over-exposed with white light. He is placed slightly to the left of the screen	The distant echoing voice of Britt is audible. Accompanied by non-diegetic and ominous music.
#3	7 seconds	Medium close-up Britt. Handheld camera. Her face is in full focus, the background out of focus.	Britt is shot from the front, looking at Ewout and the ground. Her face is clearly visible. The shot is again over-exposed with white light. She is placed in the middle of the screen.	The distant echoing voice of Ewout is audible when he asks Britt what would happen if she would stop taking medication. Britt's answers and the same distant and echoing voice is audible. Accompanied by the non-diegetic and ominous background music.
#4	3 seconds	Long shot of a practitioner running in the woods. Slightly out of focus. Pan movement to the left.	A practitioner is filmed running distant in the woods. This person is not clearly visible, only his/her blue work shirt is visible. The shot is again over-exposed with white light.	The distant echoing voice of Ewout is audible saying he does not know where the fellow went to. His voice is accompanied by the non-diegetic and ominous background music.
#5	2 seconds	Medium shot Ewout. Handheld camera tracking Ewout.	Ewout is shown in a white basic shirt. He turns around and looks in the camera. The camera is following him in the woods. The shot is again over-exposed with white light.	The distant echoing voice of Ewout is audible saying that the only thing he knows is that she tried to run away. His voice is accompanied by non-diegetic and ominous background music.
#6	3 seconds	Extra-long over the shoulder shot. Zoom movement to	Ewout is shown from the back walking a path in the woods. Then the camera zooms in on Britt and her practitioner in the background. They are	The distant echoing voice of Ewout is audible asking what happened.

		practitioner and Britt. Handheld camera.	placed in the middle of the camera. A ‘Yes We Can’ flag is visible, attached on a tree. The shot is again over-exposed with white light.	Accompanied by the non-diegetic and ominous background music.
#7	2 seconds	Medium close-up of Britt. Handheld camera.	Britt is shown on a path in the woods. She is wearing a blue shirt. The scars on her arms are visible. The shot is again over-exposed with white light.	The distant echoing voice of Britt is audible saying she wants to leave. Her voice is accompanied by the non-diegetic and ominous background music. A high-pitched noise is audible as the montage transitions back to the current timeline in the documentary.

2: Interval scene
Timecode: 00:26:45 – 00:27:02

Shot	Duration	Cinematography	Mise-en-scene	Sound
#1	2 seconds	Long shot. Static camera. Slight zoom movement.	A shot of the clinic’s exterior. The building, its entrance and the surrounding grass is visible. The entrance is framed in the middle of the screen. Daylight from above. It appears to have a filter that enhances colours.	Delicate piano notes play at a slow pace.
#2	1 second	Medium close-up. Static camera. No movement.	A shot of the stairs within the clinics. People are walking the stairs, only their feet are visible. There is natural daylight from the window. No filter.	Delicate piano notes play at a slow pace. The voice-over is audible saying that the clinic houses 140 fellows.
#3	2 seconds	Medium close-up. Static camera. No movement.	A shot of the stairs within the clinics. People are walking the stairs, only their shoulders and heads are visible. Most of the heads of the fellows are blurred. There is natural daylight from the window. No filter.	Delicate piano notes play at a slow pace. The voice-over is audible saying that the clinic houses 140 fellows.
#4	2 seconds	Medium longshot. Static camera. No movement.	A shot of the community area within the clinic. The shot is taken through branches and leaves of a plant. People are visible in the back although some heads are blurred. People are moving. There is natural daylight from the window and yellow lighting from above. No filter.	Delicate piano notes play at a slow pace. The voice-over is audible saying that the fellows all have different behavioural problems or addictions.
#5	2 seconds	Medium long shot. Static camera. No movement.	A shot of the circle of fellows during a therapy session. Ewout is in the middle. They are faced towards the camera but not looking into the camera. The lighting is yellowish and comes from above.	Delicate piano notes play at a slow pace. The voice-over is audible saying “the beautiful thing about this diversity.”
#6	1 second	Medium long shot. Static camera. No movement.	A shot of two fellows in a classroom writing things down. Both are looking at their papers. The rest of the surroundings are plain and white. Daylight from the window.	Delicate piano notes play at a slow pace. The voice-over is audible saying “that as a fellow you can always find recognition in someone else”.
#7	3 seconds	Medium close-up, static camera. No movement.	A shot of two fellows working together on a laptop. They were recorded from a lateral perspective, revealing only the side of a fellow's head. In the background, two other fellows are	Delicate piano notes play at a slow pace. The voice-over is audible saying “that as a fellow you can always find

			indistinctly visible, while the remaining environment remains minimal, with daylight streaming in from windows on the side. The fellow most visible is talking to the other fellow. The tattoo in his neck is clearly visible.	recognition in someone else”.
#8	1 second	Close-up, small pan movement to the right, slow motion.	A shot of the hand and the torso of a person using a paddle to hit a ping pong ball. No filter is applied.	Delicate piano notes play at a slow pace.
#9	1 second	Medium close-up. Slow motion movement.	Shot of a ping-pong ball bouncing on the table, with only a table and a chair visible in the background. After a second, the motion of a fellow entering the frame becomes apparent. His back is visible as he attempts to hit the ball, and the image is in slow motion. The shot is minimalist, illuminated by natural light streaming in through the windows.	Delicate piano notes play at a slow pace.

Appendix 4: Stylistic choices episode 6

Stylistic choices Episode 6				
1: Interview practitioners and fellow Timecode: 00:13:26 – 00:14:29				
Shot	Duration	Cinematography	Mise-en-scene	Sound
#1	4 seconds	Medium close-up. Static, no movement.	Two practitioners and Ewout are standing in a hallway. The hallway is plain and white. Ewout is standing on the side. Ewout is visible from the side. Both practitioners are shot from the front. They are both looking at Ewout. The hallway is basic and white. Natural daylight is used.	Non diegetic delicate piano notes play at a slow pace. Ewout asks the practitioners what their reason is for approaching Sietske this way.
#2	5 seconds	Close-up. Handheld camera. Text in screen appears stating: “Jorien, practitioner”	Practitioner Jorien is shown in a close-up. Her full face is visible. She is framed in the middle of the screen; the background is white. She looks towards Ewout and slightly into the camera at one point.	Non diegetic delicate piano notes play at a slow pace. Jorien answers: “it is necessary for Sietske to experience herself that she can take control”.
#3	7 seconds	Medium close-up, handheld camera. No movement. At one point, the focus shift towards Ewout and Jorien is out of focus.	Practitioner Jorien is depicted in a medium close-up, showcasing her full face alongside a glimpse of Ewout's visage. Positioned centrally on the screen, she gazes towards Ewout and directly into the camera. In the background, people are passing by. Natural, yellow light from the illumination in the hallway is used.	Non diegetic piano notes gradually fade away. Diegetic sound of Jorien saying: “she should start trusting others. After whatever you’ve been through, you should learn to stand up.” Ewout says: “so if for example a boy enters her space, that should be a moment where she learns she can set her boundaries.” Jorien says “yes, and that she can say I have learned it in YWCC.”

#4	7 seconds	Medium close-up. Static camera. Slow motion. Sietske is in focus, the background is blurred.	Sietske walks towards the camera. In the back, the trees, and the surroundings from outside the clinic are visible. Sietske has a serious look on her face. The lighting is natural.	At the beginning, the voice of Jorien is audible when she says Sietske learned in the clinic to leave an uncomfortable situation and that she can choose for herself. Then, non-diegetic sounds of a slightly happier music become audible. The voice-over is audible as he says that he will check on Sietske how she is doing.
#5	6 seconds	Medium close-up. Handheld camera following Ewout.	Ewout walks into a classroom. He is visible from the side, holding his hands in his pocket. The camera tracks him when he is walking towards Sietske. Sietske is bending over a table, occupied with papers. The surroundings in the room are plain and white. Only a table and a whiteboard are placed in the space. Lighting is white.	The tones of the music sound through. Ewout's diegetic voice sounds as he asks Sietske how she experienced the session. She answers with "intense".
#6	11 seconds	Close-up. Static camera, pan movement to the right from Ewout to Sietske.	The image goes from the side of Ewout face to Sietske's face. Her face is clearly visible. In the back, the white classroom is visible.	The tones of the piano music sound through. Ewout's diegetic voice is audible as he asks Sietske what her next steps would be. She acknowledges the need to be cautious about slipping into a victim role in order to escape a situation. Additionally, she says that she must learn to trust others. In the background diegetic sounds of people talking are audible.
#7	2 seconds	Medium close-up. Static camera, no movement.	Sietske and Ewout are shown from the side. The background is blurred. They are both framed on one side of the image.	The non-diegetic tones of the music speed a bit up. Ewout says well done to Sietske. Sietske thanks him.
#8	9 seconds	Medium close-up to close-up. Static camera. Slow motion. Sietske is in focus, the background is blurred.	Sietske walks towards the camera. In the back, the trees, and the surroundings from outside the clinic are visible. Sietske has a serious look on her face as she gazes directly into the camera. The lighting is natural.	Non-diegetic sound of slow music is audible. The voice-over says that the therapy session was an eye-opener for Sietske, and that he was shocked how badly she stood up for herself.
2: Closing video Mischja and Dylan Timecode: 00:33:06 – 00:33:45				
#1	2 seconds	Medium close-up of Ewout. Handheld camera. Editing shows a black screen followed	Ewout is standing in a classroom. He is shot from the side and framed on the left. In the back, various fellows are visible seated. Lighting is	A non-diegetic high-pitched whirring sound draws the viewer seamlessly into a flashback.

		by a quick transition to Ewout. No movement.	white and a bit overexposed. Ewout gazes towards something.	Non diegetic sound of ominous music continues. Subsequent with the accompanying distant echoing voice of Mischja saying he used to go to dance bars to hit people.
#2	3 seconds	Medium close-up of Mischja. In-screen text indicates Mischja is 22 and battling aggression problems and mental problems. Handheld camera, no movement.	Mischja is shown seated on a table. He is framed on the right of the screen. Other fellows are visible sitting on his right. Lighting is white and a bit overexposed.	Non diegetic sound of ominous music continues. Subsequent with the accompanying distant echoing voice of Mischja saying he used to go to dance bars to hit people. A non-diegetic high-pitched whirring sound draws the viewer seamlessly into another image of Mischja.
#3	13 seconds	Medium shot to a medium close-up of Mischja. Static camera, the images are in slow motion. In-screen text states Mischja is working in self-employment, and he is living with his parents again. Additionally, the text states he is taking things a bit easier and dares more to talk about his feelings. Then the text disappears, and new text appears stating he is building better connections with the people around him.	Mischja is shown walking towards the camera in slow motion. He is wearing basic clothes and smirking. In the back, the outside building of the clinic is visible. Mischja is in full focus as he gazes into the camera. He is framed in the middle. Lighting is natural.	Non diegetic sound of happy music continues.
#4	5 seconds	Medium, over the shoulder shot, static camera. No movement.	The image is an over the shoulder shot of Ewout, framing Dylan in the middle. He is talking to his therapist, who is framed on the right. They are all seated on a table. The rest of the surroundings show a white doctor's room with a washbasin and a treatment bed. White lighting, a bit overexposed.	A non-diegetic high-pitched whirring sound draws the viewer seamlessly into another flashback. Followed by distant echoing voice of Dylan talking about his medication.
#5	2 seconds	Medium close-up of Dylan. In-screen text states he is 15 years old and battling mental problems.	Dylan is still seated on the table and shot from the side. His face is clearly visible. He is framed to the left of the screen. White lighting, a bit overexposed. In the back, a poster of the human body is visible.	The distant echoing voice of the therapist is audible talking about whether Dylan dares to take other medication. He answers he wants to try.
#4	13 seconds	Medium shot to a medium close-up of Dylan. Static camera,	Dylan is shown walking towards the camera in slow motion. He is wearing basic clothes. In the back, the surroundings of the clinic are visible,	A non-diegetic high-pitched whirring sound draws the viewer

the images are in slow motion.

In-screen text states Dylan is living with his parents again, and that he is not taking medication anymore. Additionally, the text states that he is working in a fast-food restaurant and attends meetings 2 to 3 times a week. Then the text disappears, and new text appears stating he is doing well, and he is proud of that.

including trees and a bench. Dylan is in full focus as he gazes into the camera. He is framed in the middle. Lighting is natural.

seamlessly into another image of Dylan. A non-diegetic sound of happy music continues.