



Unpacking ‘the City’: An experience-based approach to the role of urban living in psychosis



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ABSTRACT

Primarily on the basis of epidemiological studies, recent research in psychiatry has established a robust link between urban living and psychosis. This paper argues first, that an experience-based approach, moving beyond epidemiology, is needed in order to enable more fine-grained understandings of the city/psychosis nexus. The second part of the paper presents preliminary fieldwork results based on video-elicitation sessions with first-episode patients with psychotic disorders. These results lead to the generation of a series of hypotheses for further research on the role of density, sensory overload and social interaction as factors in the onset of non-affective psychoses. The conclusion discusses the insights gained from viewing the city as an experiential milieu rather than as a set of substances. We argue that such insights enable, on the one hand, observation of the role of specific places and situations - and thus to unpack ‘the city’; and, on the other, to envisage the urban milieu as a nexus of possible sites of recovery.

1. Introduction

There is an agreement within psychiatry that the aetiology of psychotic disorders is multi-factorial, resulting from the interaction between constitutional (genetic, biological, psychological) factors of vulnerability and external stressors. Among the latter, “urbanicity” (in the terminology used in psychiatry: urban environments, and by extension, population density) has been identified since the first half of the 20th century as a potential risk factor. In their famous map of schizophrenia, two sociologists of the Chicago School, [Faris and Dunham \(1939\)](#), observed the striking prevalence of this illness in the city centre of Chicago.¹ Recent research in different contexts has shown that this relation is a persistent finding which cannot simply be explained by the fact that there are more people with risk factors in urban centres ([Kelly et al., 2010](#); [Vassos et al., 2012](#)). The nature of this link and the mechanisms involved are, however, still very unclear.

This paper argues that a shift in perspective is needed to better understand these mechanisms. Epidemiology has been very useful in

correlating discrete elements in urban neighbourhoods such as social deprivation and fragmentation ([Heinz et al., 2013](#); [Kirkbride et al., 2014](#)) with an increased risk of later developing psychosis. However, its methodology cannot account for how different aspects of urban living (from air quality and noise to social interaction and place-attachment) interact in the life experience of individuals. Drawing on recent geographical research on mental health, the paper therefore proposes an experience-based approach and discusses how this brings to the fore new understandings of the relations between urban living and psychotic disorder. This contribution is the result of interdisciplinary work between geographers and psychiatrists and aspires to speak to a mixed audience. To do that, we look at dimensions of urban stress examined in psychiatry and we re-visit them through the first results of our interdisciplinary study.

The argument unfolds in three steps. The paper first briefly outlines the ‘state of the art’ from the viewpoint of research in psychiatry in order to make a case for interdisciplinary work on the city/psychosis nexus. In the second part, we present preliminary results from video-

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¹ For a historical discussion of the relation between the urban and mental health - “one of the oldest and most consistent findings in epidemiological psychiatry” as they point out - see [Fitzgerald et al. \(2016\)](#).

based interviews with a group of ten persons with mental health problems,² based on video-recorded walks in the city of Lausanne, Switzerland. These sessions and their results are seen as hypotheses-generating rather than hypotheses-testing. We therefore suggest that further research based on these hypotheses could revisit and nuance what we know about how urban living is involved in the onset of psychosis. Our findings indicate in particular, how the effects of what are generally conceived of as factors of stress, such as density or sensory stimulations, depend on the specific places and situations in which they are experienced. In the third and final section, we summarise these results and emphasise the insights gained from viewing the city as an experiential milieu. In line with recent work on cities as composed of atmospheres (Adey et al., 2013; Duff, 2016) and assemblages (Fariás and Bender, 2010; McFarlane, 2011), our core-argument is that such an approach allows us to ‘unpack the city’: to see it as a heterogeneous, non-deterministic and enabling milieu, rather than as an undifferentiated factor of psychic stress.

2. State of the art

In the context of scientific research in domains such as genetics, the potential role of urbanicity was largely neglected in the 40 years following Faris and Dunham's (1939) pioneering study. Nevertheless, the association between urbanicity and higher incidences of psychosis has been replicated in a number of studies of different designs (Allardyce et al., 2001; Kirkbride et al., 2007; Lewis et al., 1992; Marcellis et al., 1998; Mortensen and Pedersen, 2001; Sundquist et al., 2004; van Os, 2004; Zammit et al., 2010) and has remained significant after adjustment for individual demographic and socioeconomic characteristics. Furthermore, it has been shown that the risk of developing schizophrenia is correlated with the number of years spent in an urban milieu during the first 15 years of upbringing (Mortensen and Pedersen, 2001), making the explanation of the phenomenon due solely to the presence of higher rates of populations at risk in urban centres unlikely. Various review papers and meta-analyses have established a strong correlation between urbanicity and schizophrenia (Kelly et al., 2010; Krabbendam and van Os, 2005; March et al., 2008; Vassos et al., 2012) ruling out doubts of methodological bias. Accumulated data has indicated that this correlation is not specific to schizophrenia, but may be related to the more global phenomenon of non-affective psychoses (Krabbendam and van Os, 2005). However, it seems that the link between urban living and increased risk of developing a psychiatric disorder exists specifically for psychoses and not for other diagnoses, except perhaps for severe depression, but in this case, with a much lower incidence (van Os, 2004). As such, while anyone may experience stress when exposed to an urban milieu, it seems to have a specific impact in the development of psychosis. In addition, in the last decade the importance of gene/environment interactions has been brought to the fore (van Os, 2004). For instance, the experience of ‘social defeat’ has been shown to have effects on genes involved in brain development processes associated notably with schizophrenia (Landecker and Panofsky, 2013, 342–343). Various hypotheses have been proposed to explain pathways linking urban living and mental health, but the exact mechanisms remain unknown despite the identification of a wide range of potential contributing factors. The links may operate at an individual scale (obstetric complications, diet, exposure to infections, toxins or pets, household crowding, traumatic migration, etc.), or at area levels (social fragmentation and deprivation, social capital etc.), as well as interacting between each other, creating considerable cross-level overlaps and

² ‘Persons with mental health problems’, or ‘persons living with a diagnosis’ are terms that for good reasons have been proposed as alternatives to the word ‘patients’ in social science research on mental health. However, as the persons we worked with were contacted in the context of a medical treatment programme, we will henceforth use the term ‘patient’.

increasing the risk of the development of psychosis. However, no single factor can account solely for higher incidences of psychosis in urban environments. It is therefore important not to study those elements in isolation, but rather to try to grasp how they interact and lead to the development of psychotic symptoms.

For example, the frequently-mentioned concept of ‘urban stress’ is unclear (Abbott, 2012), referring to a wide spectrum of potential factors, ranging from exposure to noise and pollution to more complex concepts such as social interaction. However, we do not know how these factors combine and are seen from an emic viewpoint. It is therefore important to gain a better understanding of what might underlie ‘urban stress’ in the experience of patients. In this respect, it seems that the epidemiological approach has reached its limits in terms of being informative about potential mechanisms, and that close study of person-environment interactions using innovative research designs is required in order to clarify the nature of the urbanicity-psychosis connection. Beyond epidemiological approaches and the study of neuro-biological factors, it is therefore important to examine the issue from patients’ perspectives (Lysaker and Lysaker, 2008), by exploring the ways in which they encounter the urban milieu and thereby how differing factors of stress are combined.

In our study, we have drawn on recent research on the geography of mental health, which has been a topic of research in human geography since the 1970s (Philo and Wolch, 2001). Influenced by gender, postcolonial and psychoanalysis-inspired studies, geographical research in the 1980s witnessed the development of a focus on the lived experience of persons with mental health problems. Compared to studies in the 1970s focusing on the location of patients or care services, developments in the 1980s were primarily aimed at grasping how patients thematise and stage their identities, their social integration and/or exclusion. More generally, a rich body of work analyses how persons with mental health problems experience urban space (Philo and Wolch, 2001). It focuses on issues of identity, exclusion and social norms (e.g. Butler and Bowly, 1997; Butler and Parr, 1999; Chouinard et al., 2010; Giggs, 1988; Hansen and Philo, 2007; Knowles, 2000; Parr, 1997, 2000), senses of home and belonging (Fields, 2011; Tucker and Smith, 2014); or relations to community health centres (Smith and Tucker, 2015; Stroud et al., 2015). It is based on different qualitative methods – semi-structured or biographic interviews, observation, focus groups, go-alongs, videos – giving in-depth access to patients’ everyday experience. In this literature, there is a recent interest in narrative, autobiographical and phenomenological approaches to this experience (Atkinson, 2009; Chouinard, 2012; Davidson and Smith, 2009). If Foucault was a central reference in former geographical work on mental health (for instance: Philo, 1989), we witness the emergence in this recent work of a more-than-Foucauldian perspective in which affective atmospheres and fluid and relational conceptions of urban space are brought to the fore (Duff, 2016; Tucker, 2010). The focus is on how places are made in the experience of patients – rather than externally given – and how health or illness are the result of the assemblage of heterogeneous elements (Duff, 2012, 2014). This work is connected to recent reconceptualisations of the city – inspired by actor-network theory (Fariás and Bender, 2010) and the work Gilles Deleuze (McFarlane, 2011) – as an assemblage: i.e. an unstable composition of heterogeneous entities rather than an organic totality.

Drawing on this body of work in order to better clarify the city/psychosis nexus, our research aims to provide an answer to the following research question: How, when and where does a sense of stress or protection emerge in psychotic patients’ experience of urban milieus? The general hypothesis on which it is based is that a focus on patients’ trajectories in and experiences of urban space, both before and after a first episode of psychosis, will provide important elements for a better understanding of how urban milieus influence the development of the illness. In line with the work cited above, beyond a phenomenological account of subjectivity and intentionality, we see

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