



Recovering mental health across outdoor places in Richmond, London: Tuning, skill and narrative



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ABSTRACT

Both scientific and popular discourses assume that the environment can exert an influence on human health. Drawing on anthropological research conducted alongside mental health activists in the United Kingdom, I discuss how people affected by mental health problems sought to recover by visiting outdoor places in the London Borough of Richmond. Their intentional movement and stillness in the world involved tuning and narrative orientation, which, over time, became skilled. Recovery from mental ill-health was not an outcome of merely being in a particular place, but rather emerged as an ongoing process of relearning how to live in and as part of the environment.

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1. Introduction

Studies conducted within the biomedical field tend to make a straightforward association between outdoor or green spaces and health. [Depledge et al. \(2011\)](#) argue that access to natural places, even through a hospital window, can aid recovery. [Räikkönen et al. \(2012\)](#) show that experience of the environment at an early stage has an impact on mental health in later stages of life. [Mitchell \(2012\)](#) postulates that frequent activity in natural environments lowers the risk of mental health problems to a greater extent than recreation in other places. Meanwhile, [Barthon and Jules \(2010\)](#) evaluate the ‘dose of nature’, or a period of exercise in natural settings, necessary for improvement in mental health. Although the above investigations are well intentioned, they share an assumption about the positive benefits of the so-called natural world for health generally, and mental health specifically. Consequently, they tell us little about the processual relationships that humans develop with and as part of their surroundings.

Human geographers, too, focus on assessing the impact of the environment on health. [Roe and Aspinall \(2011\)](#) argue that walking in non-urban environments is advantageous for health in general, and for people with poor mental health in particular. [Korpela and Ylén \(2007\)](#) report that people experiencing health

issues found a sense of consolation and wellbeing as a result of visiting favoured natural places. [Gesler's \(1992, 1993\)](#) notion of ‘therapeutic landscapes’ implies that through the concentration of human activity and shared beliefs, some places acquire special healing properties. Originally conceived of in relation to holy sites and drawn up as a ‘geographic metaphor for aiding in the understanding of how the healing process works itself out in places’ ([Gesler, 1992: 743](#)), the concept came to be applied in the analysis of non-religious places ([Williams, 1998](#); [Palka, 1999](#)), and of health-related media campaigns ([Scarpaci, 1999](#)). Subsequently, the focus has shifted from extraordinary to more everyday therapeutic landscapes such as social centres ([Cattell et al., 2008](#)). Throughout, the notion of therapeutic landscapes has centred on the qualities or functions of places seen as capable of promoting healing (see [Milligan et al. \(2004\)](#)).

These theoretical insights regarding the so called natural environment's effects on wellbeing resonate with some of the accounts gathered during an anthropological research exploring mental health activism, volunteering and service transformations in the London Borough of Richmond. In casual conversations and oral histories collected during participant observation, inhabitants and visitors to the borough would often remark that life in

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Richmond was considerably better than in other parts of London or the United Kingdom, associating the area with a sense of security, support and comfort.² This, in turn, led them to remark that Richmond was 'very good for mental health'. None of the research participants thought of Richmond as having a negative effect on their mental health, though some did not see a simple connection between living in a particular place and falling ill: 'I would have had my mental illness wherever I was living', Deborah explained. Nevertheless, research participants agreed that the availability of outdoor spaces contributed to the area's 'specific feel'.

The Borough of Richmond is, indeed, known for its green spaces, including Richmond Park, Kew Gardens and Hampton Court Park. It is also the only London borough to spread across both banks of the River Thames. This association of Richmond with outdoor green spaces and the perception that it is conducive to mental health inspired a series of films about what research participants who lived in or visited the area referred to as their favourite places. The documentaries, commissioned by the local mental health charity Richmond Borough Mind (RBM) and carried out on a voluntary basis as a part of a participant observation-based research, aimed to capture how people affected by mental illness try to regain their health in these outdoor locations. Over the course of filming, however, it became apparent that the films' participants did not view recovery as an outcome of places' agency or essential characteristics. Instead, visiting a favourite place entailed paying attention to movement and stillness whilst walking and sitting, and narratively aligning experiences in and as part of the environment.

Contrary to popular arguments that individuals in post-industrialised societies understand their mental ill-health primarily through the lens of psychiatric diagnosis (Rose, 1996, 2001; Tsao 2009a,b), the accounts presented here demonstrate that people can and do make sense of their experiences of mental health problems by contemplating and actively engaging with the world and its features. Following Ingold (2000, 2011), I show that recuperation from mental health problems is not the result of merely being in a place, but is a skill of living in consonance with and a capacity to transform as part of the continually changing environment.

2. Methods

Between March 2010 and March 2011, I explored the diverse approaches that people in Richmond took to recover from mental illness, such as visiting favourite outdoor places, engaging in vocational activities, meeting in local social centres, participating in mental health groups, and offering mutual support. I did so while volunteering for Reflections, an activist project initiated by RBM, and conducted by its employees and over thirty volunteers. Reflections entailed research in national and local archives, recording oral histories, collecting relevant artefacts, newspaper cuttings and photographs, and making documentary films. By contributing to these activities, I was able to carry out participant observation in the course of a broader anthropological exploration with mental health activists in the UK and their employment of media in campaigning (Bierski, 2015). Among other responsibilities, I directed and edited four short documentaries about people's favourite places in Richmond. They were screened publicly during an exhibition showcasing the results of Reflections, and

subsequently in mental health social centres across South-West London.³ Rather than simply record events unfolding in the field, as is often the case in visual ethnography (Banks and Morphy, 1999; Pink, 2006), I used filming as a method for building – in cooperation with research participants – an understanding of a particular social issue. The film component was, therefore, more of a participatory than a visual method.

The Reflections coordinator took responsibility for the administrative aspect of the filmmaking and recruited the participants; my main duties included filming, editing and postproduction. Prior to filming, I had worked alongside two of the participants on different aspects of Reflections for some months. I got to know the third participant in the context of a local mental health centre. Due to the project logistics, I was able to meet the fourth person only once before shooting her account. Given the Reflections project's focus on public articulations of personal experiences, whereby it hoped to make the issues surrounding mental illness better understood and socially accepted, it was not always possible or desirable to anonymise all participant data.⁴ Research participants, also in other field sites, saw the sharing of personal experiences as a way of transforming their social reality for the better. Withdrawing their names could, thus, have further stigmatised their experiences and would have been counterproductive to their goals. However, I did consider it good practice to change some participants' names, in particular those who explicitly requested that I do so.

Initially, the intention was to make one film that would offer a multilateral perspective on people's relationships with favourite outdoor places. Over the course of the project, however, we decided instead to produce individual 'vignettes' that followed the stories of four individuals, two Richmond inhabitants and two visitors to the area. This decision was made to retain the depth and candid nature of the accounts. Looking retrospectively, it also precluded the suggestion that there is some essential characteristic of Richmond that renders it beneficial for mental health. The aim of the films was to show how individuals become aware of the environment, how they engage and associate with its features, and how a realisation of self-in-environment is central in tackling mental health problems. Research participants made attempts to recover in various locations, and some even had favourite social centres or meeting groups. In the current article, however, I focus specifically on how they reflected on mental health problems by themselves and in their personal favourite outdoor locations. Furthermore, although all of the participants had received pharmacological treatment or counselling at some point, I deliberately do not discuss the details of psychiatric diagnosis. In their accounts, participants mentioned it only occasionally, indicating that, despite divergent experiences of ill-health, they remained capable of contemplating the world or guiding their movement in it. Finally, the participants came from diverse social and ethnic backgrounds, were of distinct ages, and had varying financial and family situations and levels of education. These differences also did not seem to affect their capacity for attentive being in the environment.

Given that the relationships developed in the context of favourite places were both profound and continually changing, it was impossible to exhaustively account for them using language. In order to overcome this limitation, I have found it necessary to draw a distinction between research participants' uses of terms such as 'natural', 'outdoor' or 'favourite place' and the analytical

² 'I've got a lot more support here than I would get in the countryside where I grew up', said Claire. Robert thought he was 'lucky' to be living in Richmond and claimed he rarely left the borough, as he felt a sense of security there. Meanwhile, Radeem said that 'Richmond is probably the best place to be if you're suffering from mental health or some other illness'.

³ The films were also made available to watch on RBM's website and YouTube channel: <http://www.rbmind.org/reflection-mental-health-heritage-in-richmond.asp> as well as in HD quality on Vimeo: <https://vimeo.com/album/1745144>.

⁴ The project coordinator collected signed release forms. Verbal informed consent to use the accounts in research publications was also obtained.

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