



# “Mad, Bad and Dangerous to Know”: The pervasive socio-medical and spatial coding of mental health day centres<sup>☆</sup>



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## ABSTRACT

This paper explores the experiences of long-term, mental health service users in community day centres. Academic literature often focuses on macro-level analysis of the social, political and geographical position with society of those with mental health distress. In doing so service users can be positioned as a largely homogeneous group who often reside at the boundaries of society due to the negative social representations of mental distress. Community spaces, such as day centres, can be presented as ‘therapeutic spaces’, in which service users engage in consensual and non-judgemental behaviour. Such accounts suggest a high level of mutual camaraderie exists within day centres. However, this approach can negate the realities encountered by service users on a daily basis, where perceived associations with medical ascriptions such as ‘depression’ and ‘schizophrenia’ can influence service users’ identity and behaviour, and acceptance by other members. In this paper we develop a *relational* understanding of the production of day centre space, constituted through discursive and materially-embodied forces. We argue that Spinoza’s writings on affect are a particularly useful way to analyse the ways that service user experience is produced through practices that incorporate social and individual discursive activity, which comes to be indelibly linked to bodies’ “capacities to act”. In doing so we hope to emphasise how important embodied relational dynamics are to the production and experience of day centres, and the potential value of a Spinozist account of affect to do so. Consequently the paper works up an argument that key spaces in community mental health be explored in terms of the way spaces are produced through affective practices that are inter-personal, rather than shaping service users as a homogeneous group. Key to this process, as we will see, is the role of perceived diagnostic identity, derived from embodied activity, as an organising affective force.

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## 1. Introduction

In this paper, we set out to explore the multiple ways in which the perceived diagnostic identities of service users become *affective* forces that spatially organise community mental health day centres.<sup>1</sup> We will see that cultural understandings of particular psychiatric diagnosis (e.g. schizophrenia, depression) shape the narratives and social practices that permeate day centres. Day centres can be heterogeneous landscapes, with imagined and real boundaries, as well as spaces of performance and negotiation based on the consensual psychological and behavioural norms associated with cultural perceptions regarding mental distress. However,

these positions of multiplicity can create tensions, which trouble the notion that day centres always provide a therapeutic space (Hall and Cheston, 2002). Furthermore, knowledge of how day centres are structurally organised, such as through the specificity of functions of certain rooms (e.g. anger management, counselling) does not always relate to the reality of the affective ordering work at play through inter-personal embodying of perceived diagnostic identities. We seek to analyse, through a three-form methodological approach, how bodies and affect intertwine and move in the everyday ‘making’ of day centres. A ‘diagrammatic’ approach is developed that aims to provide insight into the relational and spatial ways that service users come to embody community spaces.

Community day centres have been subject to social scientific analysis, particularly in geographies of mental health (e.g. Parr, 1999). Analysis has often framed those spaces as allocated for the ‘the other’, the ‘insane’ (Parr, 1999), and focused on the societal implications of the shift from institutional to community care, and

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<sup>1</sup> Mental health day centres will also be referred to as day centres.

the role of day centres within this (Sibley, 1995). In such analysis mental distress is spatially homogenised through categorising service users as a whole, rather than as a set of people with diverging diagnoses that share the same space (the day centre). This makes sense when one considers political, social and economic pressures, e.g. it would not be feasible to fund and maintain a space solely allocated for Borderline Personality Disorder. Moreover, we know there are many advocates of a non-diagnostic approach, largely due to the considerable issues present with psychiatric diagnosis (Boyle, 2002), and therefore focussing on diagnosis can be to the detriment of those who receive such labels (Cromby et al., 2013).

However, the everyday reality of day centres is that they are populated with service users that have received a psychiatric diagnosis, with many aware of the wider negative connotations that such a diagnosis can bring. Such negative consequences, in terms of discrimination and social stigma, can then feature as a prime determinant of identity, even in day centres that do not advocate a diagnostic approach. Consequently day centres can form spaces that provide a platform from which a micro collective of 'us' (service users) versus 'them' (the wider society) can emerge (Conradson, 2003). As such the somewhat romanticised notion of day centres being a space that facilitate mutual emotional support and socialisation may not relate to the everyday practices through which such spaces are produced (Hall and Cheston, 2002). In this paper we seek to understand how perceived diagnostic identities come to act as affective forces that order and shape the social relations that constitute day centre space. We seek to consider the potential forms of exclusion that may occur within day centres, and to theorise that as produced through affective practices that unfold as forms of individual *felt* experience, which are wholly contingent on the relational patterns that produce day centre spaces.

This paper will focus on the impact of two diagnostic categories namely, depression and paranoid schizophrenia. These two medicalised and social constructs can have ramifications for how space is allocated, with the wider cultural and service users' positioning of depression as being relatively 'normative', whereas schizophrenia can be viewed as the '*maddest of the mad, the baddest of the bad*' (e.g. Bentall, 1990; Cannon, 2001; Burton, 2009). Moreover, we seek to explore the possibilities opened up when we think beyond diagnostic identities as discursive forces, and start to think of them as operating at an individual and collective level simultaneously in the affective ordering of day centre space.

## 2. Exploring emotional spaces of mental health distress

Research exploring the relations between place, mental distress and emotion has been reasonably limited in relation to day centres. There has been work done to identify the emotional elements of place in relation to specific forms of distress e.g. agoraphobia (Davidson, 2003), along with studying the emotional consequences of deinstitutionalisation (e.g. Milligan, 1999). There has been work analysing the ways that emotions can become embedded in regional landscapes that come to shape individual distress (e.g. Parr et al. (2005) work in Scottish Highlands). This work is an important counterpoint to the traditional clinical perspective, in which emotions are conceptualised largely at the biological and cognitive levels. For example, in the case of schizophrenia, one is offered the diagnostic criterion of '*flattened effect*', which presents itself as 'a blunted emotional response, apathy and lack of motivation' (Weinberger and Harrison, 2011). Emotions in terms of psychiatry are measured from clinical observation and assessed on the regularity and duration of the 'dysfunctional' range of responses. This trajectory affords the use of medication as a way of effectively

stabilising *abnormal* emotions to comply with more socially and medically appropriate emotional responses.

The specific divergence from the mainstream cognitive view of emotion in this paper is one that focuses more on the *relational* processes of affective activity operating inter-personally. This allows for a more fine-grained analysis of the complexities of the relationships between service users that come to constitute day centre spaces. Doing so means day centres are not conceptualised as a single space in relation to other spaces (e.g. in-patient settings), but as formed through the multiple connections and communications between people in the centre. Our argument is that affective activity is central to the practices that constitute the day centre, in all its potential messiness and contradiction.

## 3. Spinoza, Affect and Space

A vocabulary of affect has become popular and fashionable in recent times as it is seen to facilitate an immediate move away from traditional notions of emotion as individual, internal and stable, towards ideas of fluidity and relationality (for useful summaries see Gregg and Seigworth, 2010; Wetherell, 2013). With a concept that has become so common and imbued with significant explanatory power it is of course necessary to retain a critical eye, and not to make a transition from emotion to affect too readily (Hemmings, 2005). There is though potential in recruiting certain understandings of affect, and using them as a way of conceptualising some of the ways that anxiety and distress come to be felt in day centres as the result of inter-personal relations.

We draw influence from Spinoza's account of affect as fundamentally relational, social and directly related to the capacities of bodies to act. This means that affective activity is dependent and manifest in the relations between bodies and objects (human and non-human) and it is through such affective relations that spaces are produced. Indeed, for Spinoza we are always-already embodied, as there can be no knowledge or experience that exists outside of the embodied realm (Brown and Stenner, 2009). Moreover, bodies come together to constitute space, which Deleuze picks up in his first book on Spinoza when stating "[W]hen a body 'encounters' another body ... it happens that the two relations sometimes combine to form a more powerful whole, and sometimes one decomposes the other, destroying the cohesion of its parts." (1988: 19). In this sense the idea that day centres are therapeutic bolt holes for users fits Spinoza's account that bodies relating can come to create a more "powerful whole", so long as their composition is in 'agreement' – to produce what Spinoza calls a 'common notion'. He distinguishes between common notions that exist from the viewpoint of the individual concerned, to those that are perceived from a more general viewpoint. In this sense the day centre could be seen as constituted by the common notion of 'service users' bodies in agreement', and yet in focussing on individuals' own experiences we will come to see that such 'agreement' does not necessarily exist.

Indeed bodies can connect in such a way that lessens or diminishes the power of one to act. This is why the idea that affect is constituted as relational increases or decreases in bodies' powers to act is so central to Spinoza. It is this relational diminishing that is of potential value for understanding instances in which day centres do not provide opportunities for a more powerful collective, and instead lead to fractures and exclusion of individual bodies. Hence it is problematic to state that spaces have inherent affective properties in and of themselves, which anyone entering them will experience. Instead affect is always contingent on the specifics of any given situation. In the day centre this means that affect comes to be a force at work in producing individual emotional experience, but one that cannot be identified in advance as a personal

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