"Mad, Bad and Dangerous to Know": The pervasive socio-medical and spatial coding of mental health day centre spaces

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 homogenous 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 homogenous 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.

Keywords

Space, psychiatric diagnosis, affect, Spinoza, exclusion

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[1]. 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 & 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,

[1] Mental health day centres will also be referred to as day centres

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 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 focusing on diagnosis can be to the detriment of those who receive such labels (Cromby, Harper and Reavey, 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 & 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; Burton, 2009; Cannon, 2001). 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.

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, Philo and Burns' (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 & 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.

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 & Seigworth, 2010 and 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 & 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 focusing 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 characteristic or trait. Instead analysis is needed of the specific bodies-in-relation at work in any given space.

In a space that is central to mental health service users lives, the importance of the affective practices at work is significant. We need to address the relational patterns of people's communication and connections in day centres. Furthermore, the focus is on the ways that bodies interact and position in space. What an individual *feels* as their personal experience, for Spinoza, will always be the result of the forces of power, which he frames as affectus (or affects). This is simultaneously bodily and mindful. The mind (in the form of conscious awareness) has what Spinoza calls the *idea* of the affect, which will always be *inadequate* because it can only ever know the *effect* of the affects at work. The mind cannot have an idea as to the entire cause and effect of the existent affective practices.

Spinoza disagrees with any fundamental split between mindful and embodied realms (a la Descartes), which itself questions the idea that emotions are purely a form of internal 'mindful' entity. Instead we need to base analysis on the relational patterns of bodily activity and how bodies learn to affect and be affected. As Gatens and Lloyd (1999, p.132) note, recognition of how difference in society is managed and ideas about how to reduce discrimination based on difference "can not be reduced to mere cognitive change but must involve an affective and corporeal transformation of the way we experience self and other, identity and community". To do this in relation to the ordering of difference *within* service user communities requires affective analysis of prime community spaces, namely day centres.

In the day centre this means that what we think of as affective experience is produced through the relations between bodies populating that space. Furthermore what comes to be conceptualised as individual emotional activity is then seen as fundamentally social, and by implication, spatial. Feelings are consequently framed as affects, which relate to body and mind simultaneously, and are contingent on the relations with 'external bodies' that flow through patterns of increasing and decreasing one's power to act (Deleuze, 1988). Affects are dependent on the ongoing transitions from one relational mode to another, and the inherent shift in power (decrease or increase) that the transition brings. This can be said to speak to the ebb and flow of the relationships between service users, which can shift as they move through the spaces of the day centre.

In the analysis that follows we aim to illuminate the roles that affect play in the embodied organisation of the day centre. Spinoza's writings on affect help us to conceptually apprehend how bodies in the day centre 'move' through successive inter-relational affective connections, which have distinct (and sometimes contradictory) effects. Perceived diagnostic identity can then be understood as an affective force in the organisation of day centre experience.

Methodological considerations

This research explores the everyday experiences of mental health service users in community day centres. Drawing from one-to-one, semi-structured interviews together with ethnographic observations and research diary notes , this paper seeks to draw these strands together to provide analytic insight of the ways in which space and a sense of

place are played out within these (semi)institutionalised therapeutic spaces of care and recovery. These are pertinent themes to explore further as a set of divergent structures incorporating expressions of a sense of displacement (Parr, 2000), comfort and safety, engagement and control (Fogel, 1992) when discussing the territorialisation of shared spaces located within mental health care provisions (Buchanan, 2006; Tucker, 2010).

The day centres visited were run by a major UK mental health charity and were located in the East Midlands area of the UK. In total five day centres were visited and overall twenty-one participants, 10 females and 11 males took part in the research. The analysis follows Brinkman (2014) in terms of identifying a series of 'materials' rather than 'data sources' through which to study the affective make ups of day centres. These materials were interviews, research diary and ethnographic observations, which allowed us to gain some analytic insight into how the discursive and spatially-material practices form embodied experiences of inclusion and exclusion in the day centre. We were particularly interested in the relationship/s between discursive and spatial practices, and their inter-dependence, and developing a methodological approach that incorporated several research perspectives facilitated a way of analyzing how individual experience was constituted in and through a nexus of material and discursive practices. Moreover, analyzing how continuous movements and flows of affect work to shape individual and collective experience through discursive-spatial practices benefits from the observational and research diary material, rather than the 'snapshot' nature of the interviews. In developing this approach we hope to offer a viable and valuable methodological means to analyse patterns of affect that are not immediately 'visible' in interview material. In

combining the interviews, research diaries and ethnographic observations we aim to produce a 'diagrammatic' insight of the affective make up of the day centres. This follows similar work in human geography concerned with developing a "*diagrammatic* style of thinking" (McCormack, 2005: 121). The aim is not so suggest a static 'map' of situated bodies, but rather an analytic way of connecting with the affective 'movement' of bodies in the day centres.

Day Centre Affects

In this section we seek to unravel some of the practices at work in the ordering and managing of day centre space, with service users often assumed to have shared sets of concerns, and to engage with community spaces in a mutually supportive manner. However, the notion of mutuality can be taken one step further and even romanticised by suggesting that service users engage in consensual and non-judgemental social norms in terms of appropriating the social inclusion of those who experience mental health difficulties (Crang & Thrift, 2000). In this way, the day centre can be positioned as a secure 'bolt-hole' for mental health distress. However, we seek to explore instances in which notions of security and mutual support do not seem to reflect the reality of service users' experience.

Diagnostic ordering of space

In the following extract with Ted, a 56 year old service user we see the role that perceived diagnostic categories can play in the affective ordering of space. In this narrative, Ted alludes to attending the day centre for a *"bit of depression"* or perhaps to

use a more clinical term, a diagnosis of 'mild to moderate depression'. Interestingly, during informal conversations with Ted, we discussed his connection with mental health provisions resulting from a *'bodged'* hernia operation that left him with erectile dysfunction. Ted discussed how he was often in his local Accident and Emergency Department, due to self-harming behaviours and over-dosing on medication and at times, has spent periods in acute psychiatric wards. These kinds of accounts do not largely correspond with the experiences of having a *"bit of depression mainly and that's it".* These are important points to note as Ted describes his own, and the ways in which he positions others', spatial identities.

> *"Alright it's a nice enough place (the day centre) but you know I sit out there sometimes and think to myself "phew what the hell am I doing here?" You know what I mean you know you've got people out there talking to themselves, rocking and Christ knows what else and I'm here for a bit of depression mainly and that's it"*
>
> *(Interview date: 7th May, 2008)*

Here Ted clearly draws from the demarcation of depression and the physical attributes pertaining to psychosis (as part of a diagnosis of schizophrenia); "*I'm here for a bit of depression… you know you've got people out there talking to themselves, rocking and Christ knows what else*". Perhaps, for Ted, psychosis is the main object of psychiatric stigma (e.g. Cannon, 2001). Psychosis is an area of mental health distress that he does not identity with, and indeed he treats it with an air of derision based on his own idea of

psychiatric superiority. Ted's distress does not lead him to display unconventional bodily behaviours such as talking to himself or rocking. In the extract he plays a strategic game to create a sense of his own agentic power over those 'others' by drawing from the discourses of stigmatising psychosis. Interestingly though, Ted does draw attention to his depression as being the main contributory factor for his attendance, but he does at some level make this an ambiguous statement. His claim that he is a service user with *"a bit of depression mainly and that's it"* does leave open a suggestion that there are other factors in terms of mental health distress at play as well. These undisclosed issues may form part of his psychiatric diagnosis and referral to the day centre remain unspoken at this moment as any admission to other symptomologies or behaviours might destabilise his stake of maintaining a 'normative' identity compared to the 'others'. What is vital to the ordering work Ted does is the way that bodily activity sets boundaries within the day centre. Here distress is manifest as the pattern formed through the embodied interactions, whereby distress is presented and framed according to modes of bodily activity (e.g. '*talking to themselves, rocking….'*).

At this point we see day centres as landscapes with real and imaginary boundaries, in which service users' sense of their own and others' level and degree of distress, which itself tends to be defined according to psychiatric categories, is key to the ordering of the space. Indeed what has been termed a *'semi-institutionalised'* geographical location for psychiatric and ex-psychiatric patients to inhabit and a landscape submerged in the historical, socio-medical discourses of psychiatry (Parr, et al, 2005).

Mapping the complexity of mental health geographies

Drawing from ethnographic observations, along with interview extracts, we will now turn to the ways in which embodied aspects of mental health are both relational but also mutable to the wider discursive practices of normality. To explore these movements and tensions further the narratives of Bill and Tom will be analysed. They both attended Walton day centre (this name is a pseudonym), which is a particularly structured and ordered space, temporally and spatially. Activities allocated for service users are run on time and within specified rooms. From observations of the space, it seemed any destabilising of these arrangements was not widely tolerated by service users or staff. Everything seemed to be in order and that was the way that the majority of service users liked it. The drop-in sessions were generally quiet and consisted of small groups of service users chatting or playing games such as chess. Even elements such as the preparation and the eating of lunch were contained within a formalised arrangement by positioning these activities as the 'lunch club', which was bracketed off from other areas of mutual engagement because service users were required to 'join' this club before they were able to have a midday meal. This day centre was the quietest and appeared to be the most spatially and temporally organised of all the day centres discussed in this paper.

Bill's narratives of Walton day centre

Bill has received a diagnosis of paranoid schizophrenia, although he only mentioned this once. Mostly, he intimated that he used the diagnosis of Post-Traumatic Stress Disorder when discussing his own mental health distress with other service users. Bill never

displayed (in my presence)[2] some of the erratic bodily movements that can be associated with the category 'schizophrenia', such as talking to himself; repetitive and stereotypical movements of rocking; or the fairly randomised jerky movements. He was inclined to lose his temper very quickly (towards other service users) and shout and leave the day centre abruptly.

Bill informally organised the art club and other activities such as the lunch club and held a tangible amount of social power over other service users. For example, if Bill didn't particularly want somebody in a room he said so and the 'offending' person would exit and enter another room or leave the day centre. If somebody encroached into the kitchen when Bill was making lunch (with a member of staff) he would often become cross and verbally rebuke the 'intruder'. In the following interview extract Bill discusses the egalitarian coding of unconditional acceptance within his day centre *"everybody that comes here as a service user is accepted and treated as an equal"*. In this way, we are presented with an account of mutual respect regardless of diagnosis and more importantly, potentially incompatible bodily behaviours.

> *Bill – "I think that everybody that comes here as a service user is accepted and treated as an equal and (LAS=yeah) no one person's worse off or better off than the other (LAS=yeah) but outside of here it's a completely different case of course"*

[2] Lesley-Ann Smith gathered the research data

> *LAS – "If you had somebody coming in here say who was fairly catatonic you know sort of moving around and quite unconventional body behaviours (Bill=yes) would you think that would be socially acceptable here? You don't think that people would be discriminated against um"*
>
> *Bill – "No (LAS=no) because we um we've still got a member although I, I think he's moved (2) um we did have a member here who was very much like that (LAS=mmm) and no because (long pause) no everybody treated him the same and everybody treated him as an equal...*"
>
> *(Interview date: 18th April, 2009)*

In the above account, Bill presents Walton as offering 'unconditional acceptance' for service users, regardless of their psychiatric diagnosis; "*I think that everybody that comes here as a service user is accepted and treated as an equal".* Bill goes further to crystallise his account by drawing attention to a service user who has displayed unconventional bodily behaviours at the day centre; "*we've still got a member although I, I think he's moved (2) um we did have a member here who was very much like that (LAS=mmm) and no because (long pause) no everybody treated him the same and everybody treated him as an equal"*. Interestingly, Bill seems unsure as to whether this particular service user still attends the day centre or has indeed moved elsewhere. It is interesting that Bill seems unsure as to whether the service user attends the day centre space. When one considers the context of Walton as an organised and regulated unit, it could be suggested that such behaviours might be more observable in this kind of space. Moreover, it is distress as made visible through embodied activity that Bill uses to narrate

his account of acceptance, whereby the day centre is presented as welcoming all forms of bodily behaviour, even that deemed to be problematic in mainstream spaces outside of the day centre.

Immediately after the interview we went outside to the smoking area where Bill verbally reprimanded another service user for his unconventional use of the day centre space. These observations were noted in an ethnographic research diary (dated 18th April, 2009).

> *We went outside and Dave was rocking back and forth on the wicker seating in the smoking area. (Notes: These rocking motions were not subtle, in that Dave's body went back and forth with his head nearly touching his knees when proceeding in the forward movement and Dave was rarely seen within the interior building – this could be because he was a heavy smoker or maybe he didn't feel so comfortable indoors.) Dave was talking loudly to himself in-between drawing heavily on his cigarette (these actions were usually how Dave behaved every time I had seen him). Bill lit his cigarette and shouted at Dave; "For fuck's sake shut the fuck up you fruit loop you are getting on my nerves with your noise". Dave looked across and shrugged his shoulders. Bill turned round to me as if he had realised what he just said to Dave went against his previous interview comments. Bill said to me; "Sorry about that but I am feeling very intolerant today". Dave heard this and started his repetitive movements*

and talking (not quite so loudly) again. Bill smoked his cigarette and went inside to organise the lunch club.

This change in Bill's position appears in contradiction to his earlier account of acceptance of all, no matter what kind of psychological and bodily performances were present. What is interesting is how Bill switches from the non-discriminator in the interview to that of a being annoyed by the explicit rocking movements of Dave. From a methodological viewpoint this demonstrates the value of combining ethnographic and interview data, as identifying the contradictory actions of Bill would not be possible from interviews or ethnography alone. The 'diagrammatic' approach allows us to sense the shift in Bill when he moves away from the relation between his body and the author's (in interview), through moving outside and 'connecting' with Dave's body, culminating in the outburst that, in Spinozist terms, decreases Dave's powers to act (his talking is 'not so loud' subsequently).

Bill's extract provides a complex layering of emotional, social and spatial production. On the one hand, Bill discusses his own non-judgemental acceptance of others but on the other, he rebukes a service user who displays behaviours associated with psychosis; *"We went outside and Dave was rocking back and forth on the wicker seating in the smoking area… Dave was talking loudly to himself in-between drawing heavily on his cigarette… (Bill said) For fuck's sake shut the fuck up you fruit loop you are getting on my nerves with your noise"*. In essence, what Bill is doing during this sequence of events is reprimanding another service user for performing in a way that is not normally accepted

within mainstream society. He reiterates this difference by calling Dave a *'fruit loop'*, a colloquial term used to indicate both mental health difficulties and unusual behaviour.

Although Bill has received a similar diagnosis to Dave he works to distance himself from it, and by doing so through rebuking Dave for his expression of embodied activity associated with psychosis, he is in essence providing a topographical site of how the hierarchal elements of psychiatric practice can be spatially produced by rejecting his assigned diagnostic identity as a schizophrenic. He does this by bringing attention to Dave's performance which has links with this diagnosis, thereby both socially and spatially positioning Dave as an 'emotionally unstable, abnormal' body. In Spinoza's terms Bill is working to decrease Dave's embodied "capacities to act", and does so due to Dave's bodily actions, which Bill associates with problematic cultural understandings of severe mental distress. Within this extract, one is given a sense that rather than framing day centres as spaces emanating feelings of largely unproblematic acceptance and mutual support, these spaces can also potentially (socially and spatially) isolate the 'other'.

Bill does become aware of the contradictory nature of his 'othering' actions when he says; *"Sorry about that but I am feeling very intolerant today".* Overall, he is going some way to produce an alternative identity as a service user who both acknowledges the social ramifications of being diagnosed with schizophrenia whilst explicitly rejecting his own diagnosis of schizophrenia. Furthermore, we see how mental health status, in the form of associations with diagnostic categories, plays a large part in the inter-personal ordering of day centres. Such work is based to a large extent on the interactions between bodies as

they move in and through the spaces of the centre. As such, people (e.g. Dave) are not positioned solely due to the discursive understanding and use of the language of diagnosis, but through relational embodied activity that works at an affective level.

Tom's narratives of Walton day centre

In the following extract I asked Tom (who has a diagnosis of paranoid schizophrenia) if he felt that he and others with this diagnosis were treated differently within the day centre. This was a purposeful question asked to Tom as he was a service user who did not appear to have access to some parts of the day centre. He was visibly excluded from the communal area and did not attend many of the more formalised activities within the day centre and at the time of the interview, he was on his last warning to maintain his attendance.

> *LAS = So do you think, do you think there's a difference between having depression and I'm talking about people who have mental health distress, than having schizophrenia? Do you think that people here (the day centre) see them quite differently?*
>
> *Tom = "There's a lot of difference with paranoid schizophrenia and all sorts of differences like you can see (waves arms in air)…you can go out there (smoking area) with a fag in your mouth and you sit and I mean you know the expression about those faces"*
>
> *(Interview date: 25th March, 2008)*

Within the above narrative Tom discusses his own experiences of having a diagnosis of paranoid schizophrenia. Firstly, he acknowledges a breadth of difference between depression and psychosis and accentuates this difference by waving his arms in air, which highlights the commonly held assumptions regarding the visible aspects of paranoid schizophrenia, namely the erratic movements that do not comply with the standard norms of bodily behaviour. He talks about going outside to the smoking area (where he was allowed access albeit away from the other users) and his accounts become static at this point. For Tom *"you sit and I mean you know the expression about those faces"*. This move away from the excitatory catatonic movements illuminates the sadness of the faces of people diagnosed with paranoid schizophrenia. Rather than being embodied as a visible catatonic mesh of random movements, Tom draws attention to the visibility of tragedy and of times that have gone before. At this level, Tom has not rejected his diagnosis as being one that is too risky to discuss but moreover he has positioned paranoid schizophrenia as being at times unconventional but he punctuates this with visual elements of underlying sadness.

Within the same interview, Tom discusses his own behaviours within the day centre and how these have impacted upon his social relationships with other service users.

> *"I mean I can be nice one minute, I can be a baa lamb…a nasty piece of work or whatever you want to call it. Because of these medications I mean I can be quiet, noisy, quiet, noisy …and they (other service users at the day centre) um say "WHAT'S THIS EH?" (laughs) you know everybody*

thinks like avoid him (laughs)…Well I put a barrier against them and myself…"

(Interview date: 1st July, 2009)

Here one is drawn to the polarisation of Tom's emotional behaviours, *nice one minute* which is interplayed with being *a nasty piece of work* at times. Discursively he is positioning his own identity as operating within a discrete schism, by drawing on discourses encompassing the popular assumptions of 'schizophrenia' equating to having a split-personality syndrome (Hacking, 1999). For instance, the connotations of gentleness and fragility in the term "*I can be a baa lamb*", using language wrapped up in discourses of purity and innocence within young children's books and nursery rhymes. Conversely, his narratives of being *a nasty piece of work* suggest that there is a part of him that can be malevolent.

These narratives are meshed with other aspects largely associated with a diagnosis of paranoid schizophrenia, such as the temporality of embodied behaviour. Here medication becomes the vehicle for his polarised performances of being "*noisy, quiet, noisy, quiet".* More pertinently perhaps, Tom moves away from the changeable elements of his own (dys)functional social interactions and focuses on the ramifications of taking antipsychotic medication. Whilst in the first instance medication is deemed to have a biological impact upon Tom, we come to see how that flows through his body to register socially as an affective force at work in the day centre (Brown and Tucker, 2010). The polarised movement of his body is contingent on the effects of medication, which become

part of bio-social-affectual relations in the day centre. Tom alludes to a possibility that before he became enveloped within the discursive practices of medication and biological assumptions underlying mental health distress, his behaviour was more stable than it is now. The medications have not only arbitrated this change with the differing ways in which he talks but have also encroached on his current sense of self. Moreover we see how embodied practices (i.e. medication taking) come to be directly related to the discursive work of others to exclude and isolate bodies that are seen to exhibit unwelcome behaviours (e.g. rocking). Tom's affective experience at this moment is constituted through multiple elements, including social and individual discursive activity, as well as internal and external bodily activity (i.e. medication effect, behaviour). The consequence of this is Tom setting the scene in terms of presenting his own embodied interpretations of the ways in which stigmatised elements of mental health distress are spatially (re)produced in the day centre (Thrift, 2004).

Acknowledging that these erratic behaviours cause some consternation with other service users, Tom is made fully aware that he is located on the periphery when discussing the cohesion of the group. There are elements indicating a lack of understanding which presents Tom as a body of confusion and furthermore a body where evasion is consensually sought by the collective. Here, Tom performs an act of psychological retaliation by placing an imaginary barrier between him and the group (Conradson, 2003). This obstruction is then transformed into a set of concrete physical boundaries within the day centre. By performing this sequence of events, Tom not only reaffirms his

own sense of self as being on the outside looking in but indicates that he has manipulated the '*other'* position he now occupies.

8. Discussion

Community day centres are designed to operate as a coherent body of spaces, in which there are definitive rules which service users are expected to abide by to maintain this sense of stability. This ordering of behaviour within day centre spaces is further punctuated by the demarcation of rooms designated for various activities which can be further regulated by endorsing set times for activities to take place. Overall, one gains a sense that mental health day centres may perform as a set of 'safe', structured therapeutic spaces as an alternative to the 'confusion' and lower levels of 'social functioning' often associated with forms of mental health distress (Parr, et al, 1999; Parr, et al., 2005). However, we have seen a number of ways that day centres are organised through relational affective activity that operates simultaneously at the individual and collective level, and produces individual affects that are bound up in embodied activity. Here emotions are not discrete cognitive elements, but contingent practices that are manifest in the movement of individual bodies from one moment to the next. Analysing such activity involves addressing the topological make up of day centres, rather than set them up as offering stable and homogenous emotional modes.

The narratives of Ted, Bill and Tom gave insight into the ways that cultural understandings of certain diagnostic categories (i.e. schizophrenia, depression) can be

used to order bodies as more or less 'ill', and as such work to increase (or decrease) power (i.e. "I'm not as ill as that person"). Such work is performed through associating specific kinds of embodied activity with diagnostic identity (i.e. rocking as a sign of schizophrenia), which segments the day centre space and exposes people to exclusionary practices. It is clear that at such time day centres are not spaces of unequivocal mutual support, despite attempts to present them as such. Indeed Bill's narrative, when analysed alongside the research diary entry gave a clear example of the contradictory work that can be performed when reflecting on one's own activity. Ted separated his own discursive and spatial service user identity as being fairly normative as opposed to others who displayed elements of distress through their bodily movements. Perhaps the exterior or the outer boundaries of the day centre may afford some service users to 'voice' their intolerance of others who do not appear to self-regulate their behaviours to comply with the group norms based on societal conventions.

In considering the importance of discursive and spatial-material practices at work in the ordering of service user experience in day centres, we argue that a Spinozist-informed conceptualisation of affect is valuable. This is because it allows us to analyse a multiplicity of forces present in the production of day centre space, and to do so in such a way that does not privilege or ignore individual embodied feeling. For instance, we saw how cultural discursive understandings of psychiatric diagnosis can be recruited by individual service users when accounting for their own, and others', activity in day centres. This is not just discursive practices at work, but also links directly to individual embodied activity. The discursive work deployed is entirely contingent on the bodies that

populate day centres, and as such it become theoretically (and empirically) problematic to try to distinguish between the different orders. Spinoza's affect provides a conceptual route out of this conundrum, by directing us to focus on a relational understanding of experience, that follows the ways that patterns of affect flow through and shapes collective, individual, discursive and embodied practices. Such modes are not considered as pre-figured entities, but as products of affect.

To summarise, this paper has explored the ways in which day centres are spatially produced. What we have sought to do is to highlight the importance of day centres as key community spaces for service users, but not in such a way that only focuses on the spaces themselves as theoretical entities. Instead, the aim has been to highlight the indelible link between individual affective experiences, bodies and space, all bound up in and produced through a nexus of relations that are constantly (re)made. Here affective activity is vital, but not framed solely as an individual internal state. Spinoza's account of affect allows for this to be drawn out, but without losing the impact at an individual level. Moreover, affective activity is seen to be fundamentally contingent on the inter-relational patterns of embodied activity. This makes any theoretical or empirical distinction between individual and collective unhelpful and essentially out of kilter with the reality of service users' lived experiences.

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