

HUMBOLDT-UNIVERSITÄT ZU BERLIN



# Ethnographic and para-ethnographic knowledge in psychiatric lines of flight

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# Outline

- Research context
- Empirical findings: 3 ethnographic case vignettes
  - Finely tuned interaction of people and medication
  - Increasing involvement of non-institutionalised actors in urban mental „health care work“
  - Acute entanglement of psy complex with welfare state
- Epistemological development: Hacking to Deleuze
- Conclusions: onions *and* lines



# Research context

1. Laboratory: Social anthropology of Science and Technology (hu.berlin/sts)
2. Social psychiatry in Berlin and Brandenburg
3. Research on how people stay/remain ill rather than how they become or what makes them ill.
4. Initial focus on 'chronicity': from label to process



# Methods and data (2009-2018)

## **1495 hrs. of ethnographic participant observation & co-laboration**

- 760: different **clinical contexts**
- 240: **community care** facilities
- 45: acute **home treatments**
- 150: cooperation in/with a political lobbying project on **inclusive living**
- 300: two different entities of **public administration**
- 90 **go alongs** (17 people, 1-3 hrs., 18 months - 4 years)

## **187 Interviews**

- 55 narrative and episodic: **patients** and former patients
- 120 mental **health professionals & public administration**
- 12 **life scientific** research

## **Document analysis & qualitative analysis of expert conferences**

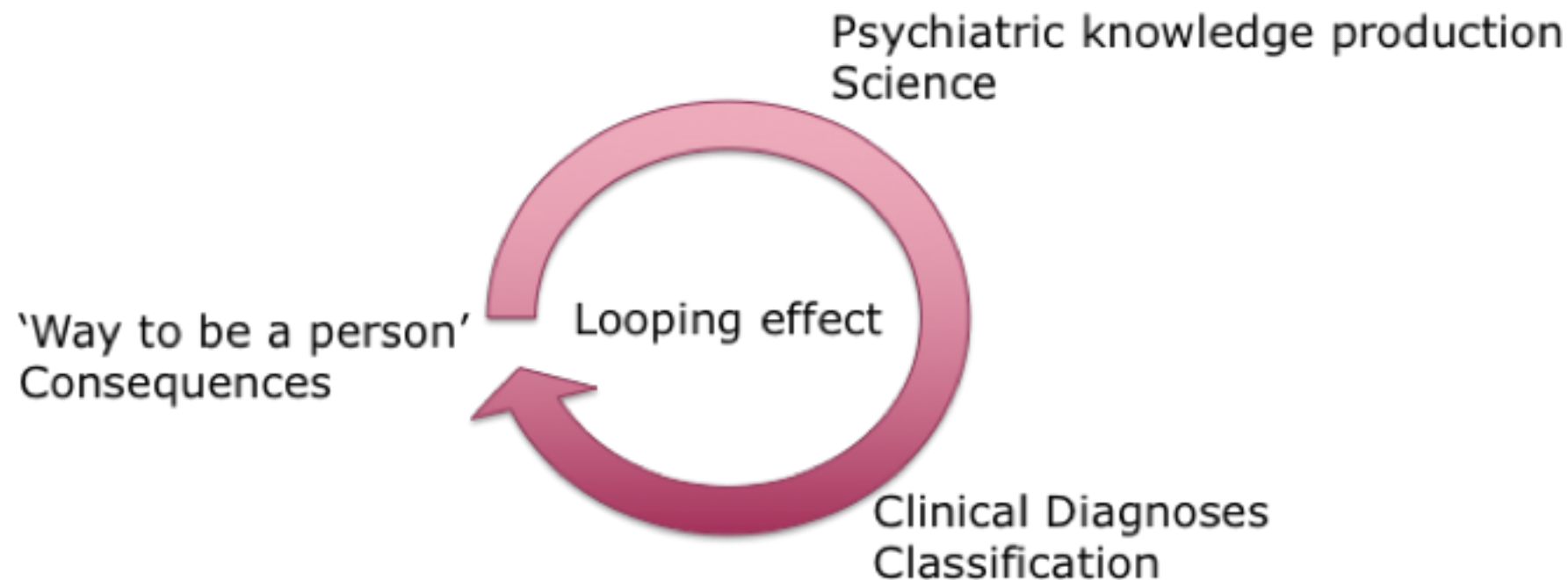


# Co-laboration

- Temporary joint epistemic work
- Non-teleological
- Not necessarily (sense of) shared outcome
- Complements collaboration

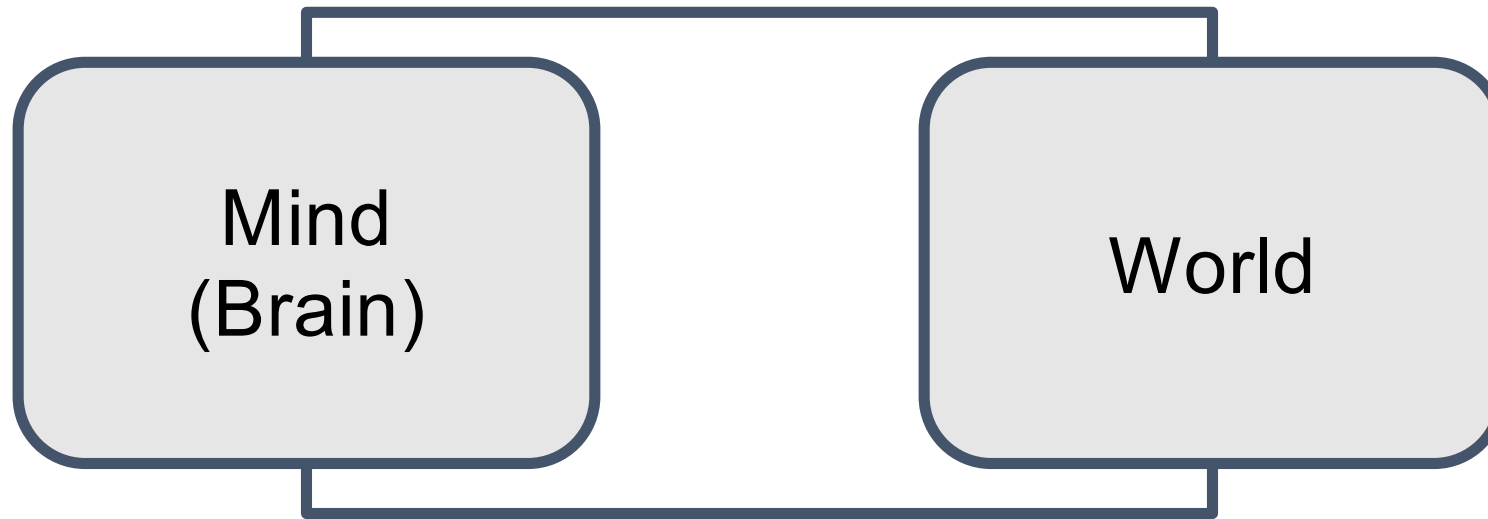
# Chronicity beyond labelling

- Starting point: from labelling to looping (Hacking)
- More plausible for diagnosis than trajectory





# Epistemology: Interaction



For an anthropologist: Geertz  
(or, more complicated: Lévi-Strauss)

# The district of Neukölln

330.000 inhabitants

45 km<sup>2</sup>

Decreased unemployment  
2004: ≈20 % 2014: ≈ 10 %

Increased rents  
2006: 5 €/m<sup>2</sup> 2014: 10 €/m<sup>2</sup>

Population growth  
2004 - 2014: ≈ 20%







# Case vignette 1 - Angelika Siebert

- age 51, diagnosed with schizophrenia (& severe anxiety disorder) in late twenties
- 2011: one year long hospital stay
  - had not left her apartment for 2 years
  - increasing radius of movement and reducing medication as therapeutic goals
- 2018: close to "recovery", but experiences ups & downs
  - knows to counteract → no relapse



# Co-laborative torque I

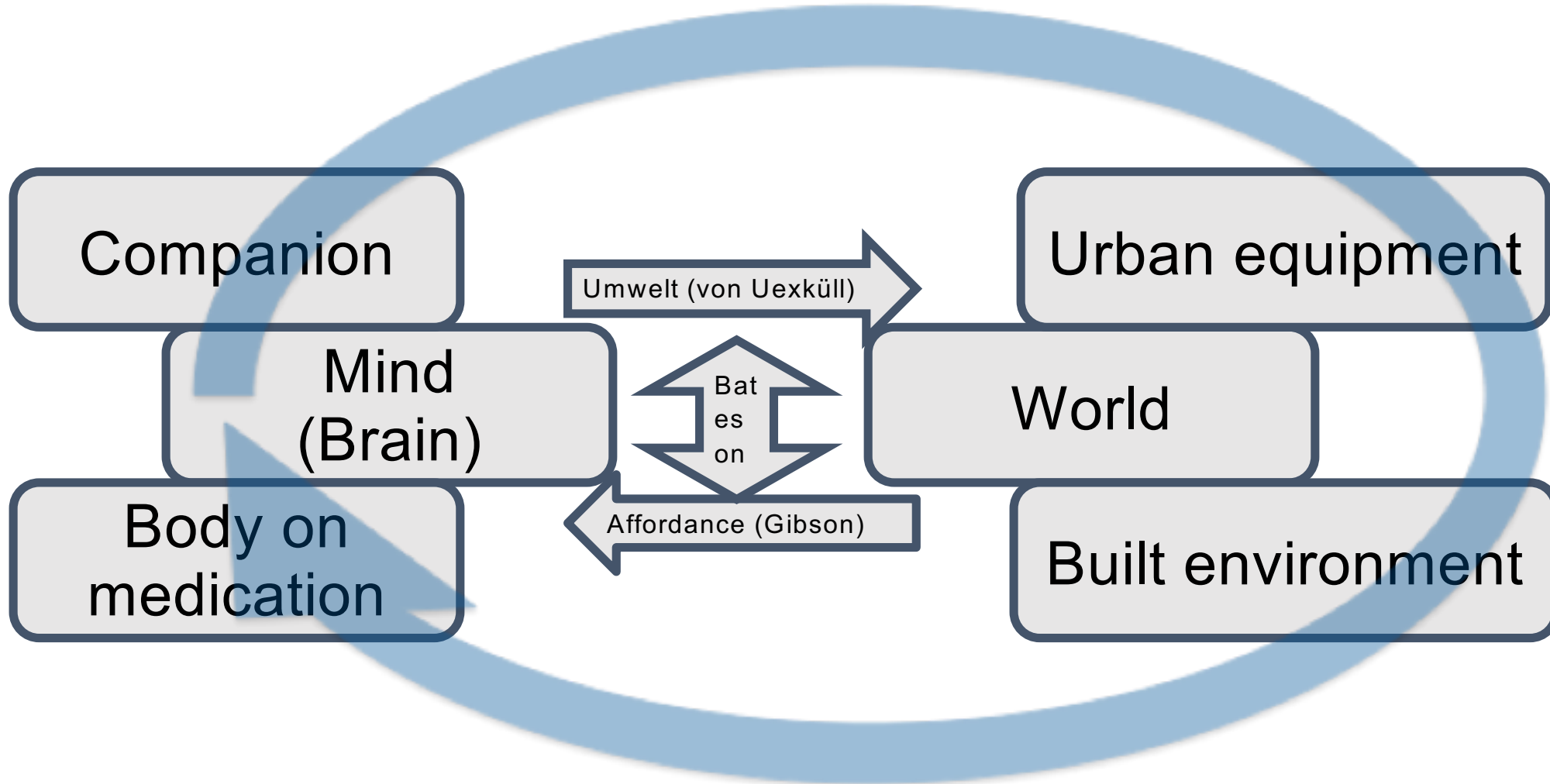
## Case vignette Angelika Siebert:

- Sensory overload
- Curating companionship, psychopharmaceuticals, artefacts
- Establishing fragile routines

## Analytical importance:

- Diagnosis not crucial for trajectory
- Medication omnipresent, but biological-clinical complex increasingly seeping into the background

# Epistemology: Umwelt and Affordance





# Case vignette 2 - Mr. Bond

- age 45, diagnosed with severe form of schizophrenia
- in mental healthcare for more than 20 years
  - “impossible to handle”
- 2013: 18 hours assistance/week
  - stabilizing status quo in positive neighborhood environment as therapeutic goal
- 2017: 12 hours assistance/week → further reduction
  - no major breakdowns in the last years



# Co-laborative torquing II

## Case vignette: Mr. Bond

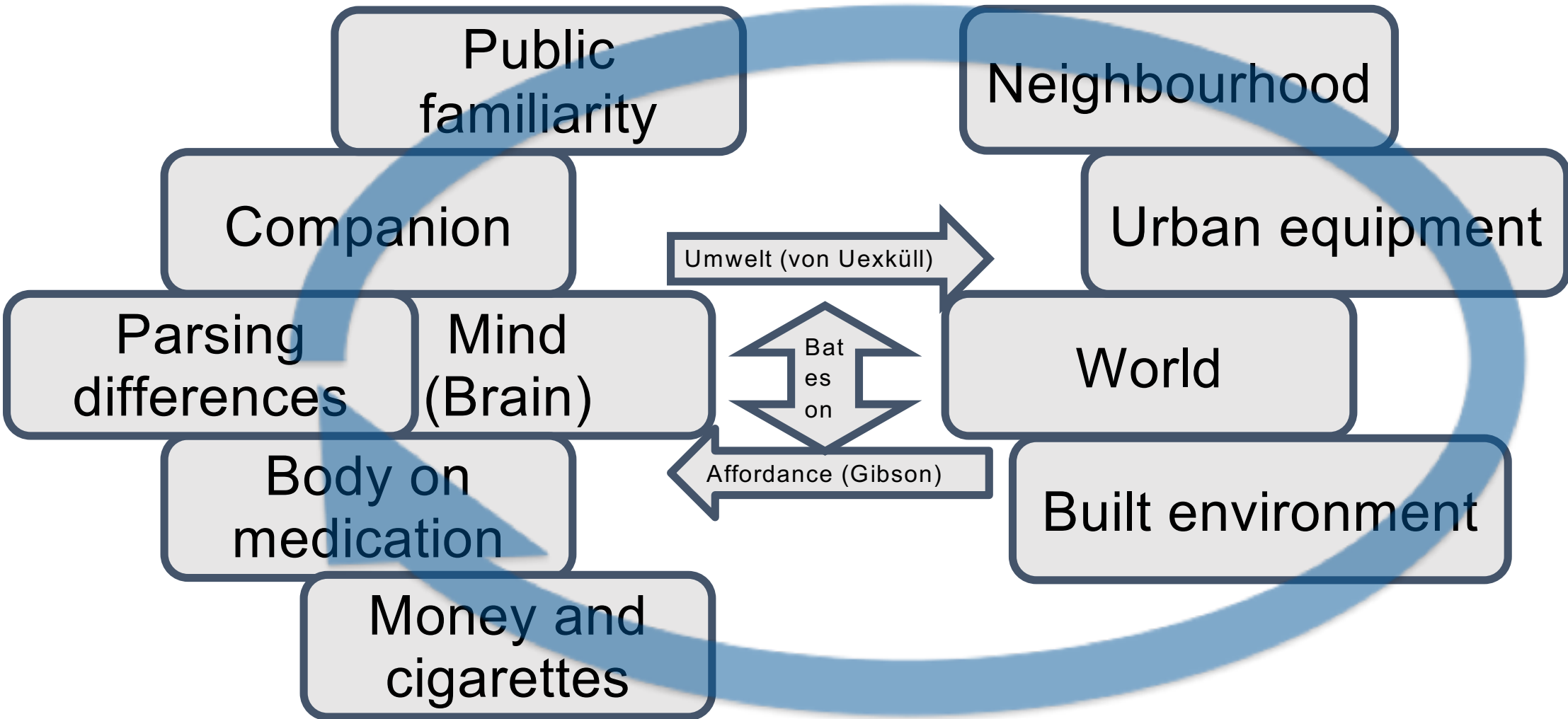
- non-institutionalised contacts and **public familiarity**
- situated parsing of difference
- care as distributed across neighbourhood

## Analytical importance:

- Beyond community psychiatric infrastructure
- Dis/dys-assembling the psy complex - ecologies of expertise



# Epistemology: Umwelt and Affordance





# Vignette 3 - Mr. Lebowski

- age 50, diagnosed with obsessive-compulsive disorder
- 2010: two extra apartments free of charge
- 2013: new property management
  - loss of extra apartments
  - cancellation of rental contract
- 2015: loss of apartment → assisted living
  - Deposit return and cleaning as main therapeutic goals
- 2017: decluttering of apartment



# Co-laborative torquing III

Case vignette: Mr. Lebowski

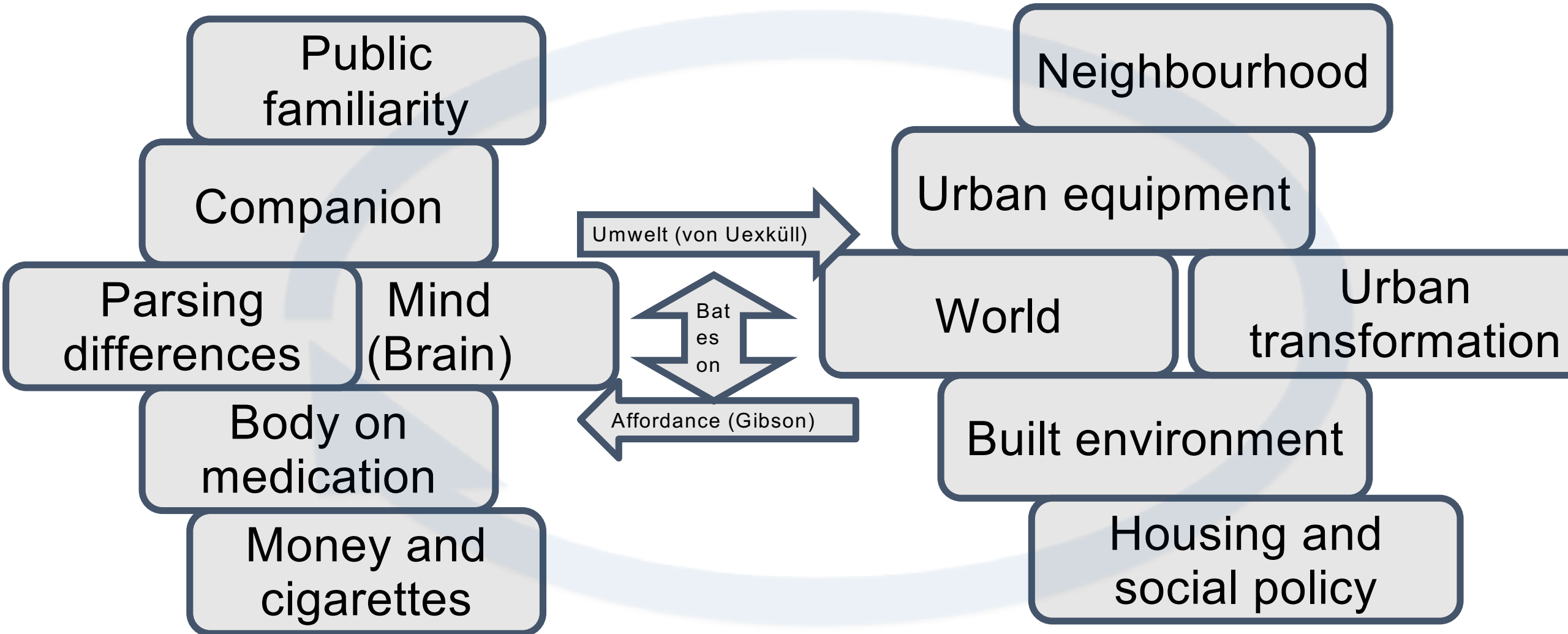
- Messiness cannot be contained
- Remit for new institutional regime(s)
- Challenging epistemic and moral principles of community psychiatry

Analytical importance:

- From psychiatry to housing and social policy
- Urban transformation reduces degrees of freedom > normalising effect and increased social control

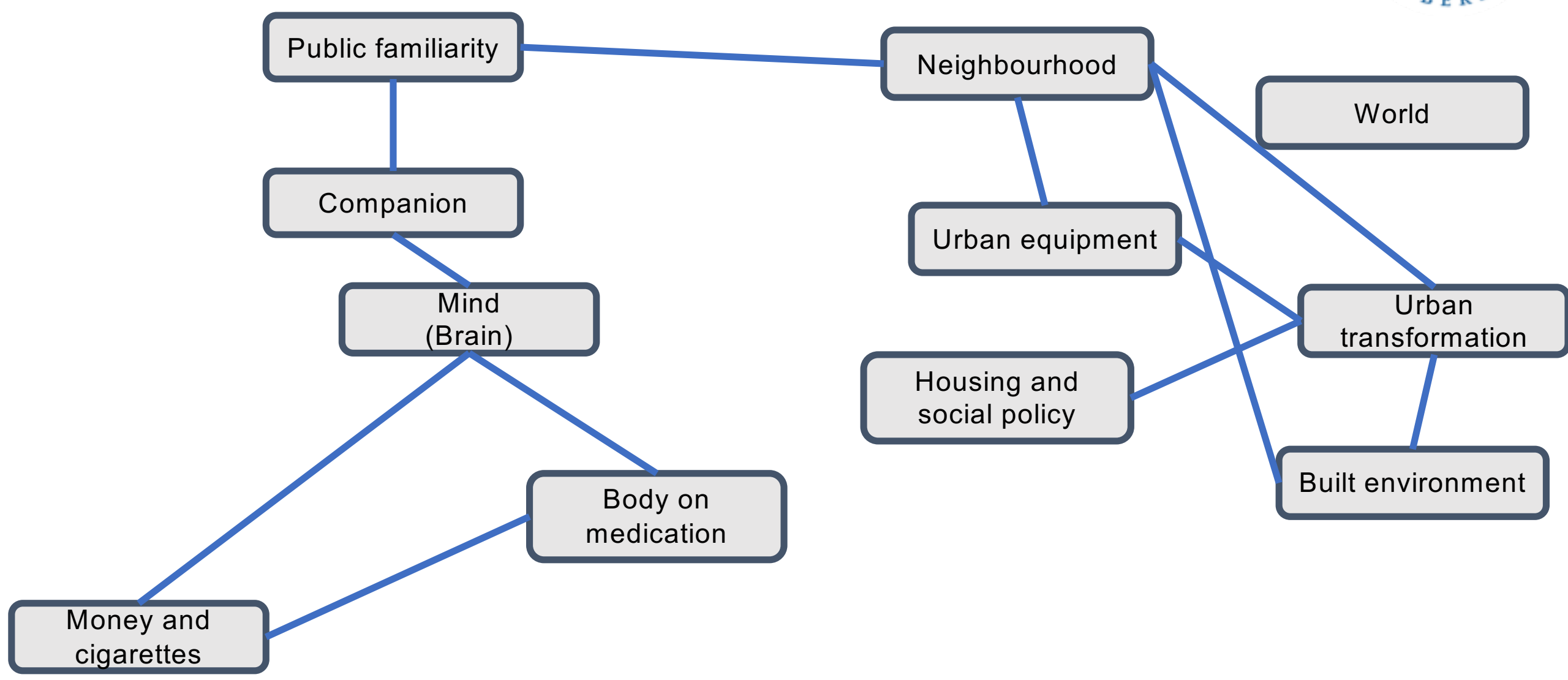


# Epistemology: Umwelt and Affordances





# Grids and layers



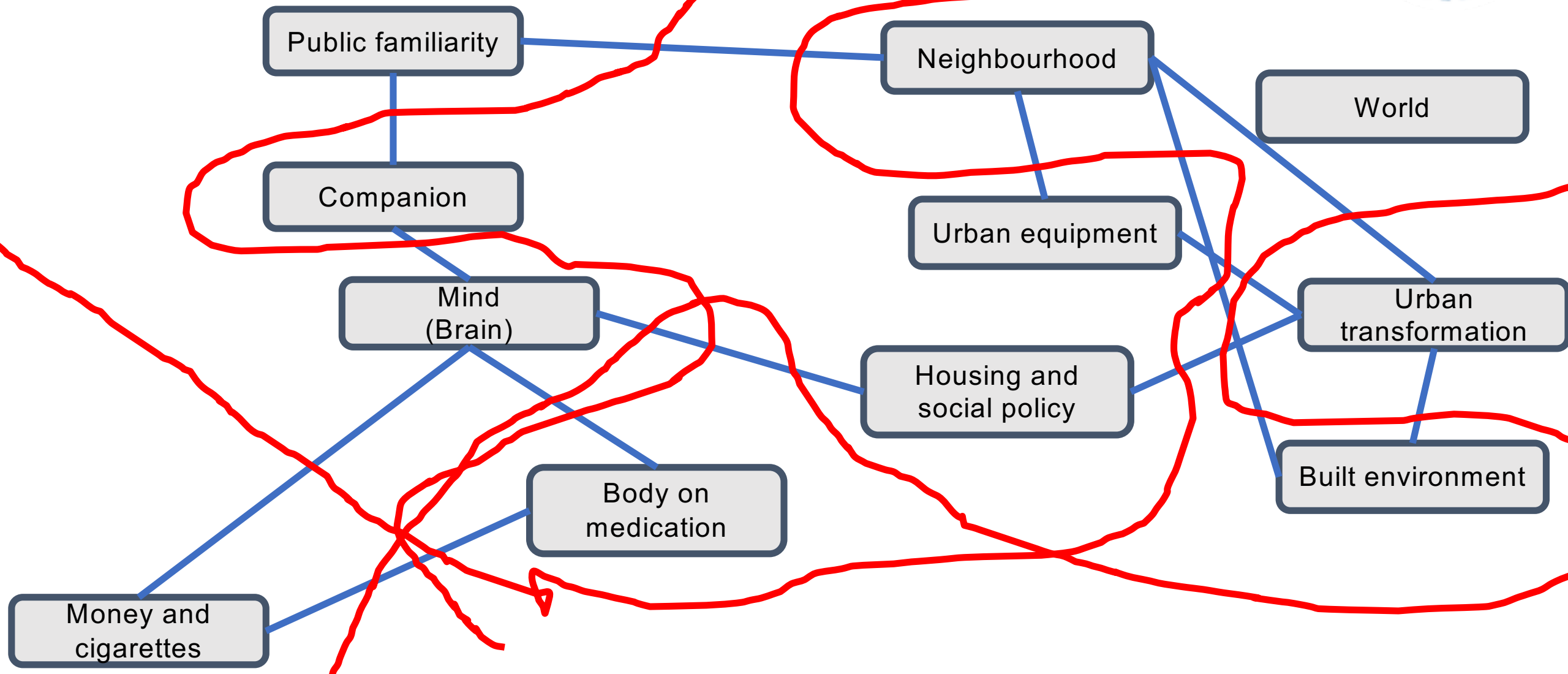
# Layers



Here lifted from: <https://the-global-educator.com/tag/global-citizen/>  
really just a generic depiction of standard Western cosmology



# Lines of flight/becoming



# Lines of flight



FIGURE 6.2 “Loose” ligament tissue of the rat’, reproduced from an unspecified source Wassily Kandinsky’s essay of 1926, *Point and Line to Plane* (Figure 74).

taken from:  
Ingold (2011) *Being Alive*: 87



# Conclusions

1. How 'psychiatric' the lines of flight really are and ought to be is in question
2. Complex situational analysis (Beck 1997) relating to main effects
3. Situating psychiatry as practice: explore tension between psychiatric phenomena as local and as universal (or heavily patterned)
4. Situating 'the urban' as practice: coarse indicators only reach so far
5. Mobile methods (longitudinal and 'alongly') for erratic trajectories
6. Co-laborating within ecologies of expertise & idiocy



# Thank you for your attention

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