



FORENSIC LIFE SPACES: SENSATION AND MOVEMENT ON THE SECURE PSYCHIATRIC WARD.

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FORENSIC PSYCHIATRIC SPACES: FROM ASYLUM TO IKEA

Investment in the physical spaces of psychiatric inpatient services.

Clean, modernist spaces

'Healing gardens'

Private bedrooms.



BUT... little activity, patients complain of boredom and limited interaction.

Dominated by risk management.

LIFE-SPACE (LEWIN, 1936)

- “[T]he life-space of an individual, far from being limited to what he considers the present situation, includes the future, the present, and also the past. Actions, emotions, and certainly the morale of an individual at any instant depend upon his total time perspective” (Lewin, 1948: 104).
- Space is defined by relations, rather than metric properties.
- Expanding the focus to include ‘quasi-social’ causes – hospital life, sounds, smells, interpersonal communication, the ‘outside’.
- Action at a distance.
- What kinds of relations are afforded by the physical spaces of the ward and the activities that take place there?

FORENSIC SETTING

- A redesigned forensic psychiatric inpatient facility with varying levels of detainment: medium and low secure where male patients were placed into a stepped recovery system depending on their readiness to be re-integrated into community life.
- Female patients detained in a single ward.
- Those diagnosed with Personality Disorders housed in a specialised ward

METHODOLOGY

Research Questions

- What is the space like to live in, as an everyday experience?
- Have the new spaces shifted the relationships and practices of the ward?
- How does experiences on the ward relate to lives before the institution, and projected lives upon leaving?
- How does the space interact with experiences of distress?
- What kinds of activity are afforded by the space?

40 participants – 20 service users; 20 staff.

Service users: photo-production interviews.

Staff: semi-structured interviews.

LOOKING AT LIFE-SPACE: SENSATION AND MOVEMENT

Ward environments are sterile, stripped down and emptied of activity. What are the implications for living in these spaces?

1) Sensation

Sound, feeling and being on the ward.

2) Movement

Experiencing and creating movement in ward spaces.

DESSICATED LIFE-SPACES



"There's no clothes around the place on the floor, nothing, nothing dirty all round the place. And it just seems, as I say, like tranquil and peaceful. Because there's not much going on, apart from doing the cleaning, nothing really here. (laughs) nothing to do here. There's activities, there's a food group during the week, but I want, - you have you have to do them to get out. So it doesn't matter how you feel about it, you have to do it. [...] And I done them about four or five times,...facilitating one group...it's been quiet and nothing, what's going on. The only thing that really goes on between the patients is watching TV, having dinner together."

"Yeah, just everyone just eats and things like that. [...] they [staff] – they usually stand – this is the corridor coming down here. They usually come via the seats for the television, to make sure that everybody's getting their fair share, there's no arguments or fighting or anything like that. They just supervise. [...] I wouldn't have anybody standing over me or whatever, while I finish my – while I'm eating my food and things like that. But that's the way it is here. You know, that's the way it is. You get used to it after a while"

"The sweetcorn's so frozen and cold and everything, and I'm going off eating. [...] You with us, because I just – you know, you just get fed up with the same thing. And it's not presented properly so when you get a shepherd's pie, you get a bit of the ingredients and one mashed potato on top of it. So it puts you right off after a while [...] er, well I've gone off the veg [...] I normally get, er, a side salad to eat the salad first and then I could eat the, er, well I took a bit of the meat out of it. I would eat the meat, sort of thing. But I've gone off the salad because it's all – well, but that's only that. There's [mustard] and there's kind of bland, there's no taste to it, you know what I mean?"

SENSING IN HIGH DEFINITION

Well that armchair is next to the pool table.

Right.

And people usually sit there... You sit there and watch people, watch each other play. So I take a turn and I get up and play pool and someone else sits there. When I finish, he gets up and goes and plays pool and then I sit down. It depends if I win. The winner stays on.

Oh. So when you're sitting in this—

Well you can sit down and watch the TV or — 'cause it's there, you can see who comes in and comes everything from outside and inside and down the corridor. Then they go in the office or they go in the [inaudible]...or if it's a doctor or a nurse or whoever.

(Male Patient)

The staff are fine...on all the wards in here the staff will leave you alone, but it's just, it's like external stuff like maybe stuff you can hear, like through the window or through the door, you know. And, and you can't see the person... I know that behind the curtain there's a, there's a peephole but I normally block it up. And they complain about that, saying you're not allowed to. But I don't, I don't like being like — feeling like though I'm being looked at, it's not my — I normally block up my peephole, yeah.

(Female Patient)

GETTING CAUGHT UP IN FORENSIC SPACES

Forensic spaces have their own sounds; keys clinking, doors slamming, muffled conversations, telephones ringing (Brown et al., 2015) unfamiliar (Rice, 2003).

Soundscape theories applied to hospital spaces (Lacey, 2013; Truax, 2001).

Patients spend a lot of time alone either in bedroom or communal spaces.

What happens during this time?

- Focussing inwards and listening/sensing in high-definition.
- 'Getting caught up' as beings do (Heidegger, 1953) because the ward has become the everyday space for patients, but becoming super attuned.

Mimics distress, loss of control from past experiences, not prepared for life outside.

INSIDE/OUTSIDE

EXTRACT 1

How do you think about that? What do you think about that system?

Um, it's not too bad. The only thing about it is sometimes you're sort of starting – when you get – when you move 'em, you're sort of starting a little bit from the beginning...

Right.

•...because – because the team – the team that are sort of the primary nurses change and no one seems to know you. So they have to get to know you a little bit. The notes may be there, reading the notes and stuff, but, um – but it's the team getting to know you and everything. So it's – so you're losing a bit of time there by, um, being discharged. I think it takes – it takes a while. It takes a while. Cos like we're now looking at having a tribunal in September for being discharged, but, er, by the looks of it, I'm not sure if it's being supported or not being supported. But – but then – but then again, if they move [31:02], once I have the tribunal, er, for being discharged, they might recommend moving to more secure, which is Sparrow, which is another ward here called Sparrow in the building next door. And once you – if that were to happen, then you'd move in there and be starting all over again. (Male patient)

EXTRACT 2

There's a mirror here which reflects that, so you have the triangular kind of, er—

So that's your contact with the outside world?

Yeah. So – but I'm lying on my bed, there is a mirror there which reflects what's going on there, so I'm – I'm always reminded of what's going on out there because it's reflected in the mirror, yeah.

Yes. Yes.

And then it's sometimes reflected on the TV as well, when the TV's off, you know, so it's – you know, there is – there is some movement. And, er, and here's a gate. There's – but I can see the trees. So when I'm sitting here, I'm looking at – although there is, you know, slight – slightly obscured, you've got fifty percent. It's fifty/fifty. So you've got a fifty/fifty chance so – so I'll make the decision on how far I want to go beyond that. So, um, yeah, that's why I kept it there because I'm sitting here and there's another life here and there's another life there, so whatever's going on here is mirrored out there, so it's a reflection really.

Yes. Yes. It sounds like quite a hopeful – sounds like quite a hopeful connection to make as well.

Yeah. It's – it's – it's – it's, um, here's an orchard. This is an orchard. I'm aware of it's a hospital but it's a – I'm also conscious of the fact that what's happening here is also happening out there. There's not too – there's not – there's not a different so completely different world. It's not so alien. It's not that different, you know, so – so – so there's a mirroring. And I – and I can experience both. (Male patient)

MOVEMENT AND PATHWAYS

No fixed sentence

Institutional logic of pathways to discharge

How is movement in a contained space experienced?

Role of fantasy and imagination in connections to outside space

“[T]o each path in the life space corresponds a locomotion. However, there are cases where one can connect mathematically two different regions of the life space, but when the corresponding locomotion can actually not be carried out. For instance, in our example the prisoner cannot carry out bodily locomotion from the region within the prison to the region outside. Nevertheless, in this case other objects in the life space of the prisoner can carry out such a locomotion and he himself can move in his thoughts from one region to the other.” (1936: 95)

CONCLUSIONS

Forensic psychiatric spaces are experienced as empty of life, interaction or movement.

Within the spaces of the ward service users create richness of sensation and movement.

Becoming attuned to the fine details of sensory experience.

Projecting, imagining and mirroring movements outside.

Implications for rehabilitation:

Detuning needed to move outside?

Build on sense of connection; beyond the imaginary?