

Philo, C., Parr, H., and Burns, N. (2002) *Inclusionary Social Relations and Practices (Findings Paper #2)*. Project Report. Geographical & Earth Sciences, University of Glasgow, Glasgow

Copyright © 2002 The Authors

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge

Content must not be changed in any way or reproduced in any format or medium without the formal permission of the copyright holder(s)

<http://eprints.gla.ac.uk/96753/>

Deposited on: 05 September 2014

# **Inclusionary social relations and practices**

**Chris Philo, Hester Parr and Nicola Burns**

---

**Social Geographies of Rural Mental Health  
(ESRC Funded Research Project, Award No.R000 23 8453)**

**Department of Geography and Topographic Science,  
University of Glasgow, Glasgow G12 8QQ  
&  
Department of Geography,  
University of Dundee, Dundee DD1 4HN**

**Findings Paper No.2, 2002**

Can be cited, but not to be quoted from without permission

# Inclusionary social relations and practices

## Introduction

Thinking about whether or not individuals with mental health problems become included within Highland ‘communities’<sup>1</sup>, it is possible to consider two principal if closely aligned dimensions of interaction: firstly, in terms of the attitudes and workings of these communities which may foster a more-or-less inclusionary ethos; and secondly, in terms of how the attributes and accomplishments of the individuals affected may enable them to avail themselves of inclusionary opportunities on offer. Obviously, the latter are in part shaped by the former, since however positive an individual may feel, possessing self-esteem and a readiness to engage with wider social life, it will be difficult for them to become socially included in communities that remain suspicious and even hostile to people with mental differences. Alternatively, even in the presence of accommodating communities, social inclusion may not be the outcome for some individuals who are too unwell, too bothered by previous negative experiences, or completely lacking relevant material resources (such as access to transport or through being very poor) facilitative of their ability to participate. In this findings paper, we begin by discussing the community angle, albeit as seen through the eyes of our user<sup>2</sup> interviewees, and then we proceed by discussing the individual angle, highlighting different axes of their possible inclusion in the grain of everyday community existence. Any explicitly comparative comments that people have made to us on such questions, comparing what they think happens in different places, are rolled together at the end of the paper.

## Community: attitudes and workings

### *Understanding and empathy*

At the heart of the issue here is the levels of understanding and empathy shown to individuals with mental health problems. Perhaps revealingly, our interviewees tend not to identify much of a ‘formal’ or ‘technical’ understanding of such problems on the part of the local ‘community’, although Cameron [SL, 25/9/01] suggests that *‘[q]uite a good percentage of the locals understand all about mental health’*, referencing meetings on the subject that locals had attended and where they may have asked questions about the condition. Liam’s [SL, 10/9/01] view is arguably more typical, since he *‘think[s] people just have a basic knowledge that people vary and [that] people have different problems and are willing to abide by each other, [a] very down-to-earth kind of thing’*. Similarly, another user comments:

*I think it’s understood that everybody ha[s] mental health problems to some degree. It might just be an irrational fear of spiders, but that’s a mental problem. They [local people] do understand that there isn’t a normal person. ... I think they appreciate that everybody has problems, and I don’t know how else to put it. [Barry, SL, 18/9/01]*

---

<sup>1</sup> At various points in the documentation resulting from this project, we will explore, and be critical about, what is and can be meant by ‘community’, especially in the Highlands settings for the research.

<sup>2</sup> Throughout the document we refer to ‘users’, denoting users of mental health services.

From several interviews, there is the notion of a broader community familiarity with the problems of mental ill-health, although this does not necessarily translate into tangibly inclusionary relations and practices. It is nonetheless intriguing to hear the views of one user, who reckons that *'people up here are quite accepting'* [Liam, SL, 10/9/01]:

*I don't think there is an aggressive attitude towards people with these problems here. ... What you could say is this is a remote area and various people will break down or have an alcohol-related problem, something like that [leading to] hospital. Probably a lot of people are related here, even in a distant way, to someone that had had a problem ... so I think that there is more of an acceptance.*

One user, though, adds the important caveat that acceptance is not the same as understanding: *'I don't think the general public [on Skye] ... understands. I think that they accept it. I mean, they don't pass you by on the other side of the street, but I don't think they understand'* [Sally, SL, 20/8/01].

The picture of a measured tolerance of people who are mentally and behaviourally different hence starts to emerge in some, but by no means all (see findings paper on **Exclusionary social relations and practices**), of the user interviews. Barry [SL, 18/9/01] speculates that *'I don't think [mental ill-health]'s got so much of a stigma up here, [and] people aren't ostracised'*, while Leo[ER, 6/12/01] is sure that *'[t]he local people would be more tolerant of anything that is wrong, because the local person is a much more tolerant, reasonable person'*. Jodie [ER, 1/12/01] declares that mental ill-health *'is accepted as being part of life up here'*, in that, having little knowledge about the treatability of many mental health problems, local people *'get comfortable with it in an odd way'*. Clara [ER, 27/11/01] talks of *'local notable characters'*, individuals with mental health problems or learning disabilities, who *'are accepted, [who] go wandering into the charity shops and have a blether, ... because it all is very much part of the community way'*. Greg [INV, 18/6/01], positioning himself as someone who can *'smile'* about the eccentricities of others, puts it like this:

*How can you describe it? We have a few characters in North Kessock! [starts smiling] You've only got the odd snigger but generally they're not shunned. Well, we have a cross-dresser. Whenever his wife is away, Gloria comes out. But everybody knows and no-one bats an eyelid, that's just him and he's lived there since year dot. We've got all sorts, but no-one really shuns anybody ..., it's just like that's their quirk.*

It may be that Inverness and the larger centres in Easter Ross – Clara is evidently speaking of Inverness; North Kessock is in Easter Ross – are distinctive in their civic tolerance of difference, but in our research we heard similar claims associated with communities elsewhere. Indeed, continuing the theme of Greg's quote, we encountered an instance of a cross-dresser, someone known to the Community Psychiatric Nurse, living in a remote northern settlement but seemingly being quite readily tolerated by the local community. (Anecdotally, we were told that one of the prime reactions when this individual started dressing in women's clothes was not one of horror, but one of advice to him about which hats might go with which shoes.)

The further hints that arise are of understanding, or at least of tolerance, maybe translating into supportive caring actions. Jodie [ER, 1/12/01] remembers the situation in one small Highland district, containing farmers, stalkers and some well-to-do residents, where two or three people endured episodes of poor mental health: *'the community helped them out. They are isolated cases, but everyone rallied round; when they got down, they [the community] picked them back up'*. It is therefore heartening to hear of the positive personal experiences in this respect of the likes of Paul (see below) and Thomas [INV, 23/5/01], the latter of whom reflects that:

*To be honest they [local people] were very kind. I don't know of anyone who had a bad word of me when I came out ... all the times. I had something like six or seven admittances to Craig Dunain, two to Gartnavel and one to St. Bernard's in Ealing.*

A few users elaborate on such positive experiences in the remoter Highland context:

*... most people in Cannon Bridge ... I didn't come straight out and say I've got a mental illness. As I've got to know them they've found out and none of them have backed away or shied off, they've just accepted me for what I am.* [Connor, NWS, 16/7/01]

*... I've been up at my auntie's on the West Coast, and that's like really remote where she lives up in Shieldig, and like I wasn't long out the hospital when I went there, and all her neighbours were phoning me every day to see how I was and inviting me over to tea, you know. They were totally different [to how people had treated her in other places, including in the Highlands].* [Charmaine, ER, 22/11/01]

As the same user continues, *'It was just total concern, you know. It wasn't like sort of stay away from here, we don't want anybody that's been in Craig Dunain'*. Such concern can of course go together with a certain wariness: *'There was people standing back to see how I would react when I came back, but quite a lot of them came up and said 'oh how was it? how did you get on? did you get it all sorted out?'* [Cameron, SL, 25/9/01].

Perhaps even more important for individuals is less the overarching reaction of the whole 'community', vital as this is, and more how specific community members – family, friends and immediate neighbours – deal with the more detailed information about an individual's condition that they (in many but not cases) acquire. A selection of inclusionary instances with this intimate dimension are documented as follows, the first two of which neatly underscore that what is most valued is practical assistance embedded within understanding and empathy:

*The neighbours I had in those days when I was up in Strathglass ... [had a] caring and wonderful way of realising my situation and exploiting it. Many people exploit these situations, no on the contrary [they] were so understanding, so really, really understanding. Wherever they could, they would help me along. The post office was miles away and we all need a post office at times, or I had to see a doctor in Inverness, or food: all sorts of things, they were absolutely marvellous. I couldn't have survived without them. For the rest of my days, I will always carry them in my prayers, you know.* [Kyla, INV, 1/6/02]

*Not all of them [neighbours have found out about my condition], but there's a pocket there that have. I mean one example, lots of examples. I needed some architectural plans and my neighbours drew them out, or when I first moved in someone put in a bird table. If I'm away for a few days, people who are worried about me, they notice. ... I have very, very caring [neighbours]. ... I don't really know that they know how involved I am with 'the mental', I don't really. The ones I'm thinking of, I wouldn't find it a problem them knowing. I think they look at me as a person. [Roisin, ER, 21/11/01]*

*Immediate people know. Yeah. We've always been very sort of open about it and I've found that people have been very good, you know. Since I've been here about eleven years ... people have always been very kind. If you say that, somebody will say something like, 'oh yes, I know someone who had a nervous breakdown', or, 'oh yes, my uncle had a nervous breakdown or my brother had or my wife', you know. I've just found that people have been very sympathetic. [Eleanor, SL, 20/8/01].*

*[T]here's a couple of people that know about my past, but they wouldn't cast it up to me. ... They understand how severe my depression was. But they understand that I'm also getting better and I'm trying to move forward. [Stephanie, NWS, 17/7/01]*

*It was nice that she [a friend] was trying to understand how I felt, she actually said to me 'how do you feel?'. And I explained to her how I was actually feeling, and it was 'oh right', and it was nice that she was genuinely interested, you know. I felt she walked away thinking, she thought about it, I could tell she was thinking about it with the questions she was asking me. [Karen, ER, 20/11/01]*

Numerous short remarks from our interviewees speak of tolerant neighbours, with a comment such as this – *'I mean the two neighbours that I've been closest to me, they've just taken it in their stride'* [Judith, INV, 26/8/01] – being typical, and it is telling that the speaker of this remark then emphasises how important it was for her that one of her neighbours, *'somebody elderly and knowledgeable, and someone who had been in the village since she was thirteen'*, could be understanding.

Certain key figures in the local community such as this elderly women do appear to matter in this respect, notably the likes of priests and school teachers, and one individual in particular mentioned an old maths teacher as someone who went out of her way to show concern: *'Two minutes with her and [I] get cheered up about it'* [Keith, ER, 15/11/01]. Too often, though, as we document elsewhere (see findings paper on **Exclusionary social relations and practices**), previous friends, neighbours and people known in other ways, such as from school, cease to be 'close' once an individual becomes mentally unwell: *'Some [our emphasis] of the folk who were good friends stayed good friends'*, comments Michelle [INV, 11/05/01], thereby indicating that other friends did not.

### *Feelings of being included in the community*

Some individuals feel that they are part of the local ‘community’, included within it, yet even here there are qualifications to be made about why someone might be able to ‘fit in’, and not be excluded, and about aspects of the community that might be less welcoming and more problematic:

*I feel part of the community* [our emphasis]. *The community are good to me. Maybe it's because I am from another island they associate themselves with me, or [because] I am positive and do like positive things ... . Everybody knows I've got a mental health problem and they accept me.* [Paul, SL, 10/9/01]

*I am happier here ... and everybody knows I go daft now and again, so they accept it basically.* [Jason, NWS, 19/7/01]

*I feel Portree is the most comfortable place to live, for me. People have been willing to accept me into their lives, but it depends where you are in your life as well [ie. the stage of one's mental health problems and one's own learning about how to cope with them].* [Paul, SL, 10/9/01]

*I'm as much a part of the community as I want to be. I don't feel shut out from any in the community. I don't mind if I was sort of shunned by the busybodies, because I don't want to know them anyway.* [Edward, ER, 03/12/01]

Some users voice positive thoughts about how the ‘community’, if not exactly welcoming them, still shows some interest and concern: ‘*[P]eople will say ‘where do you come from and what are [you] doing?’, and will take an interest in you*’ [Liam, SL, 10/9/01]; ‘*People do take an interest in you and what you are doing, and are more caring*’ [Phillip, SL, 9/8/01]. Natasha [NWS, 17/7/01] reckons that, ‘*if you want to be a part, you're more than welcome*’, adding that, ‘*yes, there is a good sense of community*’. The ambiguities for individuals in not really knowing the extent to which they are or are not socially included are brought starkly into focus, though, by the following quote:

*I've been to my sister's house, she'd a birthday party in her house [with] all her friends, and, although they've known me for a long time, it's [his mental health problem] still sitting there you know. You talk away, you carry on and all this, but in the morning you wake up, know you're like ‘I wonder if they really ... Was I really part of this, was it all right? What are they saying?’ ... [Y]ou always get the feeling in the back of your mind, you know: [am I] really accepted as one of the community? Although I have a mental problem, I am quite normal. I don't talk to trees and stuff.* [Adrian, INV, 11/6/01]

Many of the interviews with users actually betray the sorts of uncertainties voiced here by Adrian: they arise whenever people in the locality stop the person with mental health problems and ask ‘how are you?’; indeed, they arise whenever it becomes apparent to this person that others in the locality are inquiring about their well-being and seemingly wanting to help or look after them. We explore in more detail below the features of these caring acts, but we will just add here that we do suppose such uncertainties to be exacerbated in the decidedly non-anonymous world of the rural

and remote community. In the town or the city, most people encountered everyday and living nearby would simply pass by, not knowing the person ‘from Adam or Eve’, and so what they think – the genuine nature of their concern and acceptance, or otherwise – is not an issue.

The story here is not only about inclusion, however, it is also about feelings of *re-inclusion* after someone with a mental health problem has been diagnosed and, particularly, if they have ‘been away’ to receive treatment. Most of the users who we interviewed have received a diagnosis or at least been told by their GP that they are suffering from, say, ‘depression’, and many of them have experienced periods – longer or shorter – of in-patient treatment (notably at Craig Dunain or New Craigs: see below). In most cases this labelling and ‘official’ recognition of an individual’s condition has served to transform both their social relations with others and their involvement in local social life, this being a two-way process involving changes on both sides, by the individual and by the wider community. For users who had been ‘hospitalised’, the process of returning ‘home’ is remembered as a particularly significant and on occasion difficult step to take. For some, they feel that the process was wholly inclusionary:

*Very supportive. The whole village. You know, I got letters and telephone calls, and people who don’t normally shop with me would come in to say ‘nice to see you back’. ... And I came home, when I came into the shop I used to come up the stairs first, because I couldn’t [face working at the counter]. I used to have severe panic attacks, and then people would call upstairs and shout ‘hope you’re okay’. [Seamus, NWS, 9/7/01]*

Seamus’s key role within the community, as a storekeeper, may have played a part in this positive re-inclusion (and we discuss the importance of such roles presently). Frances [ER, 10/12/01], meanwhile, states that ‘*they [neighbours and others locally] were quite keen to help us the first time [I] had been to hospital*’; and Phillip [SL, 9/8/01] indicates that ‘*I’ve noticed in particularly when I have been in hospital and I’ve come out, people do a lot for you*’.

#### *Caring acts by the community*

It is possible to itemise certain ‘caring acts’, as we call them, that are performed by members of the local community with respect to people experiencing mental health problems. Examples of such acts have already been referenced above, when discussing community understanding and the like, but it is useful to consider a few more examples. Key among these are visits to people during periods of hospitalisation, particularly given the fact – as documented by us elsewhere (working paper on **Craig Dunain**) – that hospitalisation has tended in the past to entail stays at the old Craig Dunain hospital on the edge of Inverness, an institution that, dating back to its inception as a district asylum in the 1860s, has cast a long shadow of fear and suspicion over the Highlands and Islands. Even New Craigs, the acute facility that has replaced it ‘just down the road’, alongside the handful of related specialist (e.g. alcohol treatment) facilities now present in Inverness, has continued to be tarnished with much the same perceptual brush for many, if not all, longer-term residents of the region. It is hence heartening to find incidences of hospital visits, not only by family but by other people from the locality as well:

*When I first went into Craig Dunain, my parents were inundated with people asking for me. Everybody came to see me, dozens of people coming to see me, old friends, school friends, the place was packed with people coming to see me, I was inundated with people.* [Frances, ER, 10/12/01]

*... well my Dad, he stay[ed] in Inverness at the time, so he would ... come every day, and I'd be phoning him up every hour, 'Dad, come and see me'. I felt bad, but he didn't mind. My Mum came up to see me, and my friend Victoria and friend Fiona and two lassies that worked in the Co-op down here, they came to see me as well. My mum would come once every week. My sister as well, [and an] auntie.* [Rebecca, SL, 16/9/01]

*Well, I think when I first went into hospital in Aberdeen only one person from my work, my boss, no and another guy, came to see me, two people. I was in and out of hospital mainly for five years. Some people were very good to me and kept coming for many years.* [Maria, INV, 21/5/01]

One user states, when speaking about visiting other people who have been hospitalised, *'if anybody went down to Inverness, they could make a point of popping [in to] visit them, because they were, sort of, in hospital'* [Darren, NWS, 18/7/01]. The same user then adds that *'[t]here wasn't a stigma attached to being in the Craig'*, although it is clear to us that for many in the Highlands and Islands, if not for users such as Darren, the Craig very definitely had been – and to some extent remains today – a place of stigma. It should also be realised, moreover, that in most cases visits from non-family members to individuals in the Craig or its successors have been and still are relatively limited: *'I didn't really see anybody from Skye. My brother came to see me once, and my younger sister, and my mother came to see me another time'* [Hazel, SL, 13/8/01]; *'I was in hospital twice, ... and nobody came to see me, not one person came to see me'* [Jack, ER, 16/11/01].

The caring act of visiting someone in mental hospital can hence be practically non-existent in some cases, and can of course be a moment of troubling encounter (for all parties involved: see below). Another issue is that hospital stays may cease to be noted locally as anything out of the ordinary for given individuals, leading them to go un(re)marked:

*Tracy has been in Craig Dunain three times and people visited her and sent cards. The first time everybody sent cards, ... but after that nobody bothered. 'She's gone in again' attitude. Tracy. felt it was accepted and routine sort of.* [Tracy, SL, 31/8/01]

Finally on this specific theme, writing to someone in hospital gets a mention from one or two users: *'When I was in hospital, there were different people that wrote, different friends'* [Michelle, INV, 11/5/01]; *'Well, when I was in hospital, I got cards from nearly all the neighbours and people from the Cabin'* [Sally, SL, 20/8/01].

One user reflects further on the whole process of the hospital visit, picking out the psychological unease that many might feel about such a visit, and in effect highlighting why it *does* constitute an important caring act when it occurs (notably in a region where such a visit can require the input of considerable time, effort and even planning, given the distances involved):

*People came to see me in hospital. There was one chap, the chap who came to see me first, he was an ordinary working chap, [and] two of the bosses [also came]. One of them said he hadn't been in the place before. It's enough to put the frighteners on you if you're not comfortable with a place, if you are not comfortable like that, and not many people are. I suppose I have ... had some experience of it [a mental institution] in the sense of one of my brothers, he was a Down Syndrome. I knew when I was quite a young boy, I know I went to pick him up, he wasn't too bad, some of the others were worse. That's not the right word to use, I know. You are instinctively not comfortable with the abnormal, just a basic thing in you. Unless they are exceptional, most people are uncomfortable with the abnormal ... if you look at it intelligently, then you realise that they are still the same person. [Edward, ER, 3/12/01]*

This quote also clearly ties in with many theories about fear of 'the abnormal', of wishing to exclude from oneself what is different while denying any traces of 'sameness' in what is different, and of wishing at the same time to exclude oneself from settings such as a mental hospital where it is feared that 'the abnormal' resides.

Caring acts of other varieties are mentioned by some of users, including such mundane acts as people just 'popping in' or phoning to see if 'you are alright': *'Some people did, just visiting me'* [Connor, NWS, 16/6/01]; *'the stalker, he used to drive past our house to get his mail, so everyday he would make a point of knocking at the door, [and] he would bring in a bar of chocolate for myself and my wee girl. Or he would phone'* [Jodie, ER, 1/12/01]; *'oh they would phone me and whatever, aye, definitely. Sometimes it's a pest, but it's good like'* [Peter, ER, 12/11/01]; *'She was phoning here in the morning, even though she had cancer. She was phoning here every other morning to see how I was, and if I needed to go to the doctors, if I could get the car out, things like that'* [Katy, NWS, 9/7/01]; *'If someone sees that you're having a struggle ..., they might phone up Janet, my other half, and say 'Greg's struggling to get home, he's dithering', because that's me'* [Greg, INV, 18/6/01]. On the subject of phoning, another user explains that there are always people that she knows she can phone if things get bad: *'I did have the people in the church, so it was like three different people in the church who were of great benefit. I used to phone them, and they were very, very helpful'* [Jessica, NWS, 18/7/01]. The practice of 'keeping an eye' on someone appears commonplace – *'his sister, several sisters, I think three or four sisters, keep an eye on him'* [Darren, NWS, 18/7/01] – as too does that of 'checking up' in the more tangible sense of going around to a person's home if it was sensed that something was amiss - Natasha. [NWS, 17/7/01] suggests that *'if you were missing from the community, if you lived on your own and you were missing from the community, people would go and check on you'* [NWS, 17/7/01]; and Guy [ER, 13/12/01] suggests that *'oh, the one that's very ill, if she's not seen on a Sunday [at church] somebody goes and sees her during the week'*. The simple practice of 'asking after someone' also seems similarly widespread, in that family, friends and Community Psychiatric Nurses all appear to be asked on many occasions, by all sorts of people resident locally, 'how is such-and-such getting on?' when in hospital or if known to have been taken unwell: *'and [the CPN]'s told me ... they were always asking for me, how I was getting on'* [Connor, NWS, 16/6/01]; *'I think people in the village ask if any members of the family is ill ... People are always inquiring'* [Pauline, SL, 20/9/01]. All of these varied but related practices, which might be cast

as caring acts, are subjected to a more critical inspection in our findings paper on **Visibility, gossip and intimate neighbourly knowledges**.

On various occasions in interview, individuals reflect on the ‘understated’ support that does seem to be available locally, one specific instance of which is ‘going shopping’ for someone with mental health problems: *‘[F]rom what I know and [from] other people that have struggled, someone else has gone for the shopping for them ‘cos they know they were having problems, different things like that’* [Greg, INV, 18/6/01]. Giving someone lifts is another possibility: *‘yeah, they came to visit me, given me lifts’* [Michelle, INV, 11/5/01]. It is perhaps unsurprising to find evidence of this support being interpreted as ‘naturally’ arising in what academics might term *Gemeinschaft*-type communities with plenty of opportunities for face-to-face contact and detailed interpersonal knowledge of one another:

*That’s one of the great things about this community, you see people, you see the same people. That, I suppose, can be a bit boring to a point, but then again you can see the changes and the differences in people. One of the beauties about this place is [that] ... the bigger towns and cities have to have a structured safety net, [yet] in a small community like this the safety net is built into the community. You don’t get the total drop-outs sleeping rough in boxes and what have you.* [Ken, SL, 19/9/01]

Interestingly, another user starts to make similar claims, but ends up backtracking in the context of thinking specifically about caring acts directed at people with mental health problems:

Interviewer: *I guess, from an outsider’s point of view, one of the things you think about rural communities is that they’re close-knit, they’re very supportive, very sharing.*

Darren: *Yes, we are.*

Interviewer: *So that’s all true in any case?*

Darren: *It’s like, if somebody’s broken a leg, you immediately go to their house and help them as much as you could and make them meals, make them comfortable, make them cups of tea, and this sort of thing. You would do that as a good neighbour, just automatically. But with mental health problems, it’s not seen, it’s not visible. You possibly don’t even know they’re ill. So it’s difficult, it’s strange.* [Darren, NWS, 18/7/01]

As it happens, we reckon that mental health problems *are* seen, they are noticed and commented upon, although local knowledge about people and the exact character of their problems will often be unsure, conjectural and sometimes prejudicial. The difference between such problems and an obvious physical difficulty like a broken leg is nonetheless central: the latter is apparent, readily understandable, and there is an obvious repertoire of local conduct in a small rural community that can be called upon to suggest appropriate responses; but the former is more ‘shadowy’, unsettling to grasp, and there is no such shared (acknowledged, discussed) repertoire of local conduct upon which to draw. The caring acts that do result, therefore, are indeed low-key, variable in their provenance, and, even if *‘the supportive element [is] there’*, it is *‘maybe not necessarily always in the right form’* [Ken, SL, 19/9/01]. In other words, caring acts may not always be ‘in the right form’ best-suited to helping an individual through their particular set of mental health problems.

The possibility that a *Gemeinschaft*-type situation, where most people have local knowledge about everybody else, can have positive benefits for an individual with mental health problems is raised by some users. One succinct statement runs as follows:

*Generally speaking, people up here [in the Highlands] care about each other a lot more, there is a general kind of care. If anything happens to people, they are very sensitive. ... People know a lot about, they watch other people's lives and they know a lot of what goes on, and they get very involved with people. It can be quite intimidating to you if you have been brought up in a situation of anonymity, but what you find out is when the troubles come round, they are there for you. [Gill, SL, 5/9/01]*

Various considerations framed by this quote, to do with surveillance, knowledge and involvement, will be examined at greater length in our findings paper on **Visibility, gossip and intimate neighbourly knowledges**. A related claim, although ostensibly tackling a very different and specific matter, is made by another user, who also draws a fascinating urban-rural (or large community-small community) contrast in the process:

*People care, people really do care. Until recently I was buzzing gas, until last week. I gave myself a shock, I buzzed gas and drank in the same day, and did my kidneys in. I mean I have been giving them [his kidneys] a lot of abuse recently, and that was the last straw. Really freaked myself out. People have stopped serving me gas in the shops. They didn't in the city, ... [where] I could buy as much gas as I liked, they wouldn't bat an eyelid. [Barry, SL, 18/9/01]*

It may be that in somewhere like Portree on Skye local shopkeepers attempt to protect an individual with mental health problems from themselves. Knowing this individual in the non-anonymous world of a village or an island, and probably having some sense of their difficulties, shopkeepers, bartenders and the like perhaps feel – and are prepared to take – some responsibility for this person's 'care': *not* selling someone glue or drink may, then, be interpreted as a meaningful caring act. Alternatively, in remote places which really are sparsely populated, there may simply be insufficient people around for *Gemeinschaft* to work, to release caring resources on the part of neighbours, shopkeepers or whoever: *'I think if I had been ... more in a community, in a more populated area, I probably would have got [more and better] support'* [Geraldine, SL, 18/9/01].

### *Gossip*

One user offers a fascinating reflection on the dual character of community, its potential for being at once both inclusionary and exclusionary (obviously a broader theme of this project), and in so doing also outlines the central role played by 'gossip' or banter in creating inclusionary and/or exclusionary situations:

*They [people in Skeabost] like to have a good slagging match, but at the same time there is part of them that does care. Part of them, you know. I would say that I am fairly well liked in the community, I've been here quite a while now. So they will slag me off behind my back, but a lot of it is in,*

*half in, fun. If they really don't like someone, they will soon let you know.*  
[Patrick, SL, 20/9/01]

A similar sense of this duality occurs in remarks by Edward [ER, 3/12/01] when talking about a local woman who *'was a bit of a busybody'*, yet acknowledging that *'I suspect she had her good points, [and] she certainly said nice things to me when I left [to go to hospital]'*. The point about people 'asking after' an individual, as elaborated earlier, might perhaps be interpreted in this manner too: these questions of family, friends and local professionals probably blurring genuine concern with gossiping intrigue. Linking to claims below about individuals with mental health problems being asked 'how they are' in public spaces, it may be instructive to hear Rebecca's [SL, 16/9/01] observation that *'I would get people that hadn't spoken to me in my life before, they would come up to me and say 'are you feeling better now?', and I was saying 'yeah, feeling fine', but I wasn't really ...'*. We have much more to say about such matters in our findings paper on **Visibility, gossip and intimate neighbourly knowledges**.

### *Interactions in public spaces*

Of especial interest to this project is the character of everyday interactions in public spaces between individuals with mental health problems and members of the wider community, particularly in the context of Highland places where possibilities for retaining anonymity, and hence for concealing the 'story' of one's condition from others, are always limited. Isaac [INV, 6/6/01] mentions his experience of interactions in the public house: *'Like my local pub, most of them are regulars and most of them know I've been in hospital for so many years, and they've just taken it as an everyday occurrence'*. In some public spaces, therefore, an individual's problems, if known about, may not give rise to any alteration in how that person is treated on a daily basis. In other public spaces, however, the dynamics of everyday exchange may shift in subtle ways, not always bad, although this can undoubtedly occur (see our findings paper on **Exclusionary social relations and practices**). Sally [SL, 20/8/01] mentions her experience of interactions in the local shop – *'you go to the wee shop for the paper in the morning, and they say 'you're looking better, you're not so shaky' – and within this deceptively simple remark are embedded a range of issues to do with how a person such as Sally can become the object of 'commentary' and 'inquisition' within the everyday sites of small rural places. Such a development can totally alter how people with mental health problems inhabit the public spaces of such out-of-the-way (as we say elsewhere, *Gemeinschaft*-type) communities.*

Thinking very much about the kinds of encounters that take place 'on the street', Clare [INV, 14/6/01], for instance, states that *'some people will go out of their way to speak to you, like say 'how are you doing today?' and 'what sort of stuff have you been doing', just conversation to keep things going'*. Fred [NWS, 24/7/01] retells an incident when *'one person actually went as far as stopping and looking directly at me, and saying 'are you alright?'*'. Kyla [INV, 1/6/01] is aware that she is noticed on the bus or going to the post office, and that people *'kind of ask, meaning well, 'how are you?'* – *'[t]hey are very understanding about it'* – although the impression conveyed at this point in her interview, when she laughs, is that such questions are not always welcome and may perhaps be asked out of a sense of duty (not necessarily out of real concern). Jessica [NWS, 18/7/01] recalls being asked such a question by a shopkeeper, and going *'Aaagh'* and running out, since she just could not face

answering the question, however well-intentioned, while May [ER, 12/11/01] mentions liking being served by *'one girl [who] is really nice'* and whose inquiry *'how are you'* seems *'genuine'* rather than, as May implies may often be true in other cases, more artificial and forced. Pauline [SL, 20/9/01] adds a related thought: *'[People] just come and speak to you and say 'oh I hear [someone for whom Pauline cares] is in hospital', but 'I don't know whether it was out of politeness or genuine concern'*.

Rebecca [SL, 16/9/01] provides a more developed account in this connection:

*[People] you were friends with before [are] ... coming up and speaking to you and that, but sometimes they don't know what to say to you, you know. They find it hard and you find it hard as well. ... [T]hey would come up to me and ... say 'how are you feeling?', and I'd say 'fine', but I didn't really feel fine, just put a front on everything. It was quite intimidating as well going up and saying to you. I know I was ill and that but I didn't want people reminding me of it.*

This eventuality, of people who might be acquaintances or more casual friends 'coming up to you', something occurring on the streets, in the shop, in the bar, and the like, is one discussed at length by users; often with the compound sense of their being pleased by the ostensible expressions of concern, but also aware of how awkward the interactions have become (and conscious that they can therefore be less than helpful to their mental health). Clare's comment above about *'just conversation to keep things going'* can be usefully recalled in this regard, as too might Sally's remark (also quoted above) that local people *'don't pass you by on the other side of the street'* – there is not necessarily such a primitive level of spatial avoidance, although we have found examples of this – *'but I don't think they understand'*.

## **Individuals: attributes and accomplishments**

### *Circumstances*

For some users, it is evident that their level of inclusion is bound up with specifics of their present situation, notably their own family, social and related circumstances. As Natasha [NWS, 17/7/01], remarks, *'I've found that [being welcomed into the community] more so since I've had my children: that's taken me into the community more'*. Pauline [SL, 20/9/01], however, indicates that having a baby led her to *'take[] a step out'* from the active youth community work in which she has been involved previously, and for her the issue was one of *'[j]ust getting back into the community'* after time away with a very young child. It is not obvious from her comments how her own mental health condition has intersected with these developments.

An intriguing series of reflections arises from one user who may be describing a more general pattern of how sociality works in remote Highland public spaces, although it could be that this is something that both affects and is more acutely recognised by people with mental health problems. The micro-social geographies of social inclusion appear to be accented in this case:

*[W]hen I am out walking my dog, people will stop and chat to you. It's amazing: actually people will stop and chat to somebody walking a dog, people will stop and chat to somebody pushing a pushchair you know. But*

*see if you're out walking on your own, you know you don't get the same acknowledgement and [people] pass you by, you know. There tends to be a bit more conversation, even though it tends to be repetitive ... . But you can strike up a conversation if you've got a dog or a child. People acknowledge you and carry on, but if you've got a dog or a child they tend to stop.*  
[Catherine, INV, 14/6/01]

Leading from these reflections, Catherine muses that the answer to a question about feeling part of the local community is both 'yes and no', it being contingent upon whether or not the particular circumstances are right for her to be acknowledged, talked to and thereby included: certain details must apparently be 'right' before the routine interactions, the groundswell of social inclusion, can occur.

#### *Partaking in community activities*

Other users indicated that they felt comfortable partaking in community activities, Darren [NWS, 18/7/01] stating that '*you could be out every single night if you wanted to be*', and adding that, '*if you don't, you would just sit in the house and vegetate*'. Morag [NWS, 11/7/01], meanwhile, speculated that '*you can go out and join in*', and recalled her own experience of first being in the Highlands and '*sort of whizzing to go to so many things*', which helped her to be happy in her new surroundings. What she admitted, though, was that the recurrence of previously-experienced mental health problems made this activity much harder for her: '*now since this [condition] has cropped up again, ... I've not found it easy, I don't find it easy to mix with people now, [I am] quite stressed by it*'.

#### *Performing community roles*

Quite a few of the users to whom we talked held down local employment, in hotels, bars, shops, as estate workers, and so on, and, while it could often be tough to keep these jobs going – in terms of both the practical activities required and maintaining the associated social relations – such formal inclusion in the local economy doubtless have benefits for the individuals concerned. Such benefits are obviously financial, through keeping an income, but are also to do with self-esteem and also retaining social inclusion:

*Well I did get a sense [of inclusion] because I was working in [a] hotel in Lybster one day a week for a couple of hours every Thursday, and I get on the bus at 11am and I was speaking to all the locals, and I got to know them very well, but the residents of Forres House [ a residential home where Isaac used to live ] didn't, not as much as I did. ... I was a bit freer to go places, I could go to Wick when I wanted to, I could go to Lybster when I wanted to. But I felt a bit more confident meeting people because of that.*  
[Isaac, INV, 6/6/01]

Feelings of being included within the local community probably arise more readily for individuals if performing what is regarded as an important local role, as in the case of Paul [SL, 10/9/01]: '*I'm part of the mountain rescue team even though I have a mental health problem*'. Paul was kept on as a valued member of the mountain rescue team, despite certain reservations that the team leader may have had about Paul's ability to cope, because '*they realised I has skills that they can use and I look after myself ... They call me a tank!*'. Another individual – we will not say where we lives

so as to preserve anonymity for someone who is not open about his exact difficulties – provides a similar example, indicating his good fortune in being already ‘*established here*’ in his locality before becoming unwell, and acknowledging that, ‘*being a [well-known person in a notable local occupation], I had a more positive image in the community before I started, so people are more tolerant to me than [to] someone else with similar problems*’. Seamus [NWS, 9/7/01], as a storekeeper, found himself at the heart of a supportive network that was clearly related to his key role in the community.

Some of our users emphasise that they could feel included in certain circles and activities, such as charity work, and it is clear that a feeling of inclusion can emerge when a user feels that they themselves are doing something useful in the wider community (echoing Paul and his contribution to the mountain rescue team):

*I did use[] to volunteer in the charity shop and Crossroads in Portree. I did use[] to do an afternoon or a morning once a fortnight there, so I suppose if you do something like that you feel a bit more involved really.* [Eleanor, SL, 20/8/01]

*[I feel included] [b]y being able to speak to people and do things with them, work in the community ... on a voluntary basis, not going out to work, and just doing things for people.* [Ken, SL, 19/9/01]

One user even talks about what appears to be a fairly conscious strategy of undertaking ‘community work’ as a way of, as it were, *re-engaging* with the community after a period when he ‘*just packed it in*’:

*[T]hen I saw a need for community work, I did it myself, I did a barbecue once for junior football ... they wanted it for the children’s group, they wanted it for the lifeboat, Guy Fawkes, the hospital, so I went out and bought myself a barbecue. To this day, I do barbecues for different voluntary groups, this is one of the ways of keeping me going.* [Robin, ER, 7/11/01]

Revealingly, he adds that ‘*I am getting more confident*’, since local people now ‘*know me as Robin who does the barbecue instead of Robin the head case, and they can see I do a good job for this community, for their different needs*’. He also states that ‘*[i]t regains your confidence when you meet people in the next street and [they] say ‘good job yesterday’*’, a comment that opens a small window on the differing possible interactions in public spaces between ‘Robin’, the person with mental health problems, and other local people in such spaces.

Miriam [ER, 13/11/01] talks about being part of a residential community association and also working with an initiative called *Mothers Against Drugs*: ‘*both groups ... knew that I had a mental health problem, but ... it wasn’t discussed or made a fuss of*’. This quote obviously links into how community organisations and the like respond to someone with a mental health problem: if their condition is acknowledged, but not seen as any reason to discourage the individual from participating, then the situation can definitely be described as one of inclusionary social practice. More generally, Collete [SL, 19/9/01] believes that she has a role to play that may be of wider value, which seemingly benefits her own mental health: ‘*[P]robably because I voice my opinions more and come up with wee ideas more, I feel that I am giving*

*something to the community*'. More specifically, Charmaine [ER, 22/11/01], Miriam [ER, 13/11/01] and Michelle [INV, 11/5/01] all hint at being pleased, maybe even surprised, that friends in the locality are happy to let them carry on performing the roles of baby-sitting or child-minding; a seemingly small point, but the emotional effects of someone being *debarred* from this informal role on account of becoming unwell, rather than allowed to continue with it, should not be underestimated.

#### *Active involvement in different 'communities'*

Revealingly, users – notably in Inverness - often answered our questions about 'inclusion' with specific reference to their inclusion in the local *mental health community*, in relation to the sites, personnel and other 'clients' at day centres and drop-ins, rather than with reference to a wider community: *'I feel very much part of the community in Bruce Gardens and in Cairdeas, they know me and I know them'* [Thomas, INV, 23/5/01]. One telling quote quite effectively pulls out a contrast between being part of the mental health community, here associated with the Cabin on Skye, and being part of a wider network of everyday neighbourliness:

*You're not part of the community unless you take part in the community. I go to the Cabin, I took part in the pantomime and I am going to take part in the next one. Yes, I say I do. I don't talk to people much, I don't talk to my neighbours very often ...* . [Barry, SL, 18/9/01]

To some extent this may be a preference of the individual concerned – Barry is clear that he prefers his own company to that of others – but potentially this observation hints at the 'double-edged sword' of facilities such as the Cabin: they are excellent in facilitating one form of inclusion, but possibly in so doing insulate individuals against cultivating (against having to cultivate) wider patterns of inclusion. See also our findings papers on **Drop-ins** and **User networks**.