The role of place in mental illness

By Uni Han

*Place has multiple meanings, all of which are important to health...*Place can be understood as the sum of resources and human relationships in a given location... place sets the conditions for human consciousness. [Places provide] the physical structures within which human relationships unfurl. Place is, on the one hand, the external realities within which people shape their existence and, on the other hand, the object of human thought and action. (Fullilove 1996, pp.1517-1518)

Introduction and Background

It is self-evident that we are not just bodies and minds operating as closed systems, rather that we are bodies embedded in multi-dimensional social and physical environments. We are bodies that are ceaselessly moving within and navigating shared spaces and places, and our internal mental states are constantly shaping, and being shaped by, the states of these physical and non-physical places. In defining and demarcating the boundaries of these places, we also learn how to define ourselves and others. Thus, it can be said our core sense of identity and belonging are inextricably intertwined with our sense of place, and moreover, that we all grapple with similar fundamental existential questions about our space and place in the world. Psychiatry perhaps has not yet fully come to terms with the significance of a more nuanced understanding of place, or how to apply place-factors, in formulation or in other areas of practice. By borrowing concepts such as place-attachment and place-identity from areas of interdisciplinary research (i.e. environmental psychology, human geography), I aim to demonstrate how our cognitive-emotional bonds with place and our sense of place are crucial determinants of mental wellbeing as well as mental illness.

Psychoterratic Syndromes; On Changing Climate and Changing Place

In the last decade, there has been a burgeoning awareness that both acute environmental change, such as that which occurs in natural disasters, and the cumulative or chronic anthropogenic and environmental processes underlying climate change, have very tangible effects on mental health. Bourque and Willox (2014, p.416) found that climate change is leading to “elevated rates of anxiety and mood disorders, acute stress reactions and post-traumatic stress disorders...increased drug and alcohol abuse, strong emotional reactions such as despair, fear, helplessness and suicidal ideation.” Researchers are also beginning to recognise the spreading phenomenon of ‘eco-anxiety’ and ‘environmental grief’ (Kelly 2017). As we enter an era of escalating ecological crises, so arising are dynamically new forms of environmentally generated distress owing to the irreversible effects climate change has on how we interact with our environments and experience them at an affective level. Environmental philosopher Glenn Albrecht has described the mental health impacts of these disruptions in our relationships with the places we inhabit as ‘psychoterratic’ syndromes, coining the term ‘solastalgia’ which describes the “feeling of dislocation” and loss of place-based “solace” in the face of environmental degradation (Albrecht et al. 2007; Clayton 2020). Meanwhile, the way climate change has destabilised our sense of self and agency and precipitated a precarity of place and being has been linked back to growing global threats to ‘ontological security’ as conceived by sociologist Anthony Giddens (Farbotko 2019).

The importance of developing our place-related understanding of mental health is especially relevant in the context of Indigenous and First Nations people. While psychiatry may be familiar with attachment theory as applied to human-human relationships, environmental psychologists hold that human-place relationships can parallel human-human relationships in the way that they are similarly influential to the development and psychosocial wellbeing of individuals. Indigenous cultures are rooted in a deeply spiritual
and emotional connection to land and interdependence on its ecosystems in all areas of living. This intimacy and oneness with land is the wellspring of a rich cultural lore and cultural inheritance that underpins a collective ancestral history and identity. Various qualitative and narrative studies have highlighted the loss and disempowerment Indigenous communities experience due to climate change, as well as the historical and ongoing trauma of colonisation wherein Indigenous people have had to deal firstly with dispossession, and then with the ongoing devastation of their land; of the anguish and suffering brought by the “violation of connections to place” (Albrecht et al. 2007 p.96; Middleton et al. 2020).

Comparably, where the strength of their place-attachment relationships belies a sensitivity to changes in climate and the environment, a similar foregrounding of place and its role may also provide enhanced insight into aspects of rural mental health and the adversities facing those who make their living off the land. Ellis and Albrecht (2017, p.166) have documented rural farmers’ visceral and innate sensitivity to the state of land, where drought and erosion bring about despair and self-doubt in one’s ability to uphold the ‘good farmer’ identity, while rainfall is a buoy of jubilation and hope. Therefore, a place-identity based, and place-sensitive approach may help create new interventions in combatting the epidemic of depression and suicide amongst Australian farmers.

Not Just Trauma; On Displacement and Exclusionary Spaces

According to the philosopher Yi Fu Tan, spaces are more primitive and unlike places, in that places can be defined as “centers of felt value” and possess a quality of “permanence” (Tuan 1977 cited in Vandemark 2007, p.242). Place enables meaning-making, and place is the setting that grounds our past, present and future. While so far, we have focused on the impacts on human-place relationships that originate primarily from the changing physical dimensions of place, the significance of space and place being in part, social and cultural constructions, cannot be overlooked. This is especially true for communities which experience alienation, discrimination and are pushed into marginalised spaces within our societies.

Various academics have expressed the desire to “move beyond trauma-based understandings of refugee mental health and consider factors within the environment in which resettlement occurs (Mude and Mwanri 2020, p.3; Murray et al. 2008).” We should hence deliberate the environmental factors which might contribute to the experience of displacement. After all, to be displaced means to lose one’s place; to experience an ongoing loss of reference points, the social capital of one’s community and the protective factor that is a sense of belonging (Correa-Velez et al. 2010). For refugees and asylum seekers their experience of displacement is manifold. Not only are they displaced from their home countries, but displacement can persist even after resettlement if there continues to stand multiple barriers obstructing refugee and asylum seekers from finding and creating their own place. Even those fortunate enough to be granted asylum must face the challenges of navigating exclusionary spaces lacking in social and institutional support, as well as the struggle of assimilation and of re-establishing their identity within place. However, as it stands, there is little research on place-identity as a long-term predictor of mental health outcomes for refugees and asylum seekers.

A place-based understanding of mental health is also useful as it acknowledges the potent symbolisms that are attached to space and place and the effect this has on the human psyche. For example, Australia’s policy of mandatory offshore processing and detention of refugees epitomise how we have rejected and excluded from our spaces those we see as fundamentally different and “out of place”, as inherently Other (McLoughlin and Wari 2008, p.258). Under detention, we expose refugees and asylum seekers not only to cruel material living conditions, but also to the dehumanisation of being suspended in a ‘liminal’ space (O’Reilly 2018). Liminal space can be said to be the antithesis of place as it describes only the limbo of an “in-between” existence in a space devoid of all that is conducive to the flourishing of human beings (O’Reilly 2018, p.824). Left to languish in these liminal spaces, refugees are denied for indeterminate periods of time, the very place of asylum, refuge, and safety that they seek. They are also deprived of the right to re-establish and reconstruct places as foundational to human existence as a home which provides the basic means for self-actualisation and self-determination (Padgett 2007). Whilst only a minority of the suicide and self-harm cases occurring under these conditions come to media attention and public awareness, there is ample evidence that details the extent to which such environments systemically undermine mental health, with Steel et al. (2004, 2014) finding a threefold increase in adults and in children a tenfold increase in rates of psychiatric illness, with the severity of disturbance in mental health increasing with longer terms of detention.
Conclusion

To respond to the challenges posed by our dynamically changing world, psychiatry in the 21st century must take into greater consideration the micro and macro-geographies of our physical, psychic, and social landscapes in the management of population-wide mental health. Ultimately, we all must realise the role we have in ‘placemaking’, in transforming exclusionary spaces into ‘safe places’ and therefore in uncovering the protective factors associated with place. Adopting such an expansive approach to understanding place will guide us in redesigning and restructuring our worlds, both interior and exterior, in ways which better foster and promote psychosocial wellbeing.
Bibliography


