

From the clinic to video-recorded go-alongs: connecting milieus

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Understanding the relations between psychosis and urban milieus: an experience-based approach (Swiss National Science Foundation – Interdisciplinary Commission – 2014-2018)

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Outline

1. Designing a common laboratory
2. Doing co-laboration
3. Video-analyses: managing difference
4. Conclusion: on interdisciplinary articulations

1. Designing a common laboratory

Limits of epidemiology as starting point of the collaboration:

- the (old) problem of ecological fallacy
- the absence of the embodied, affective encounter with the urban
- the analytical decomposition (and eventual loss) of the urban
- **Hypothesis:** an analysis of young patients' residential biographies and experience of urban space will generate new hypotheses to advance the understanding of how urban milieus influence the emergence of psychosis



1. Designing a common laboratory (continued)

- An experiment in 'co-laboration' (Niewöhner 2015) as a transformative process rather than interdisciplinarity
- Resulting in a reciprocal unpacking of analytic categories (Söderström et al., 2016)

1. Designing a common laboratory (continued)

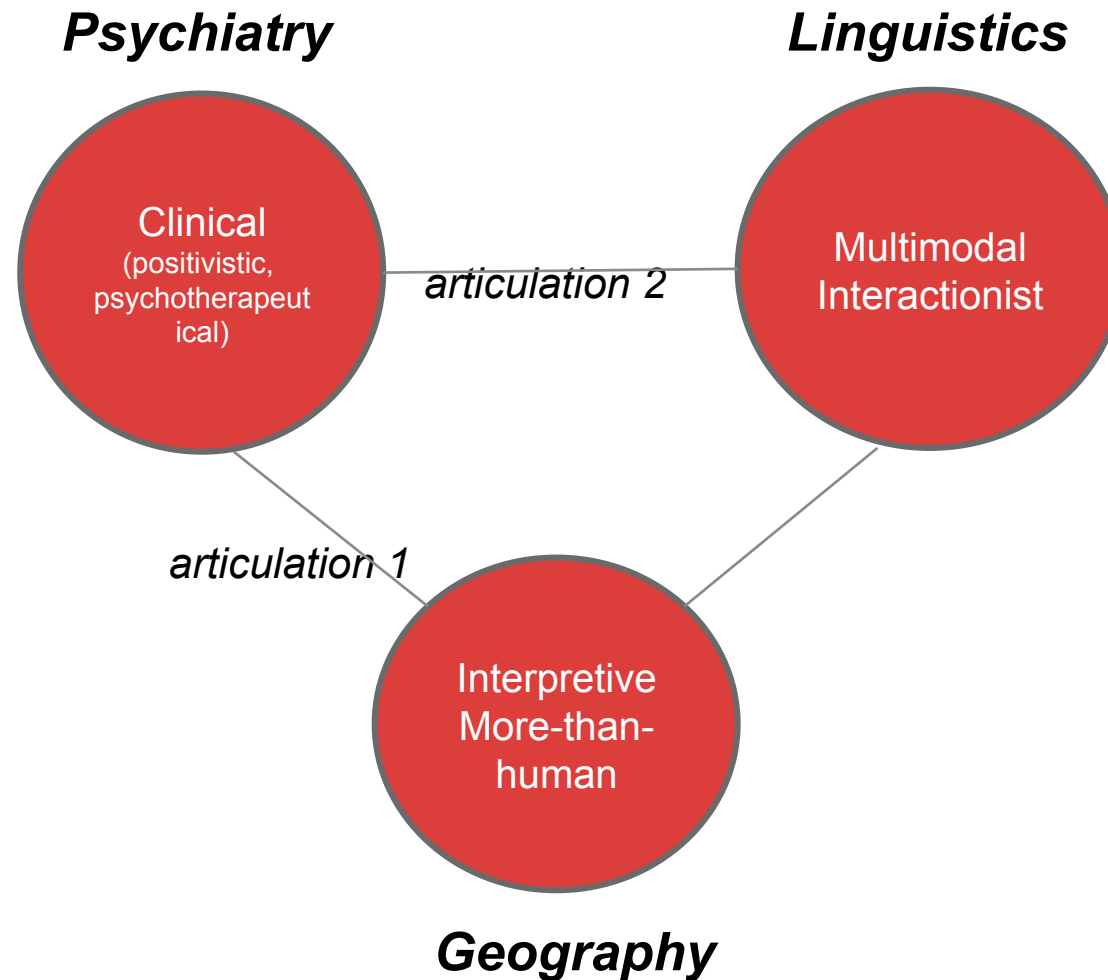
Transformation 1: re-specifying 'schizophrenia':

- Beyond social constructionism: schizophrenia as 'salience dysregulation' (Kapur 2003; van Os 2009)

Transformation 2: res-pecifying 'the city':

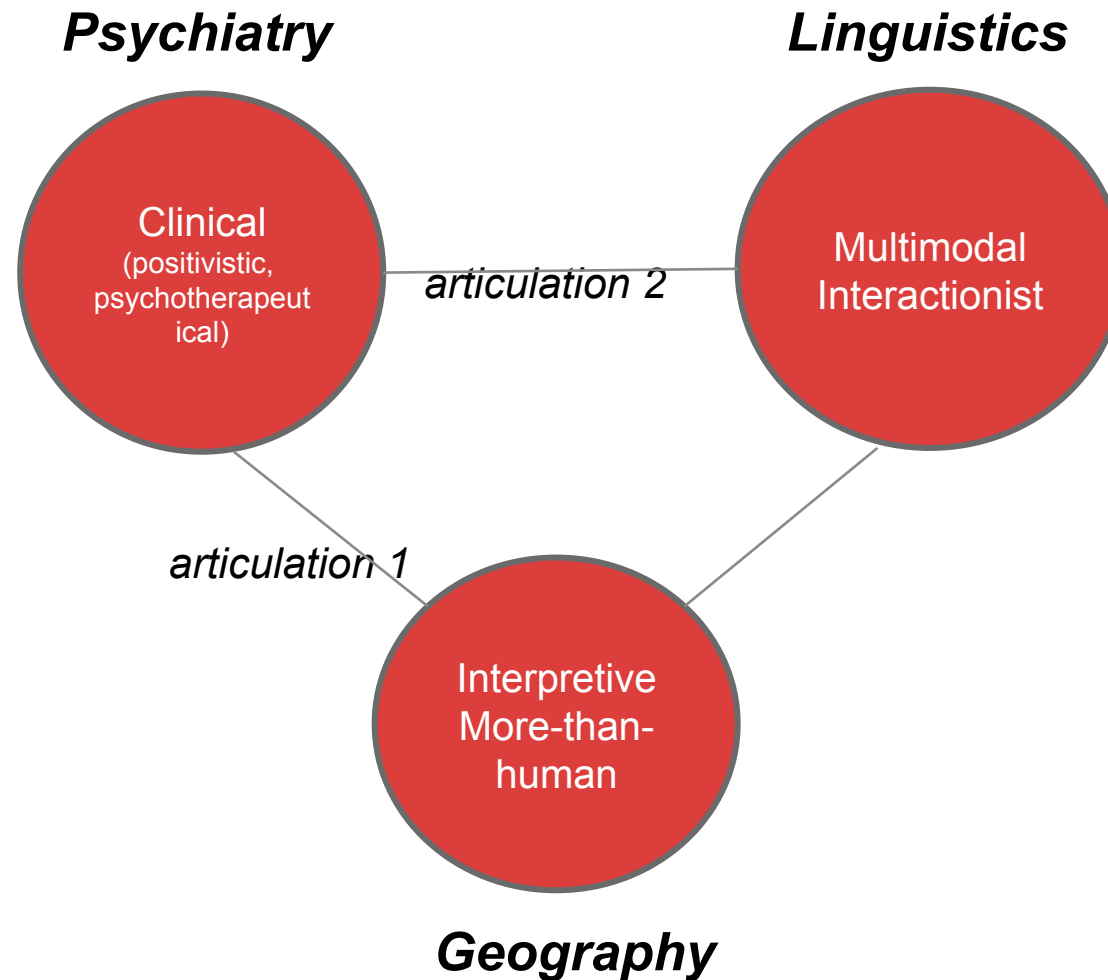
- From 'the city' or 'urbanicity' to the urban as a relational, mobile, and heterogeneous phenomenon
- From 'urban exposure' to the encounter with urban situations

2. Doing co-laboration

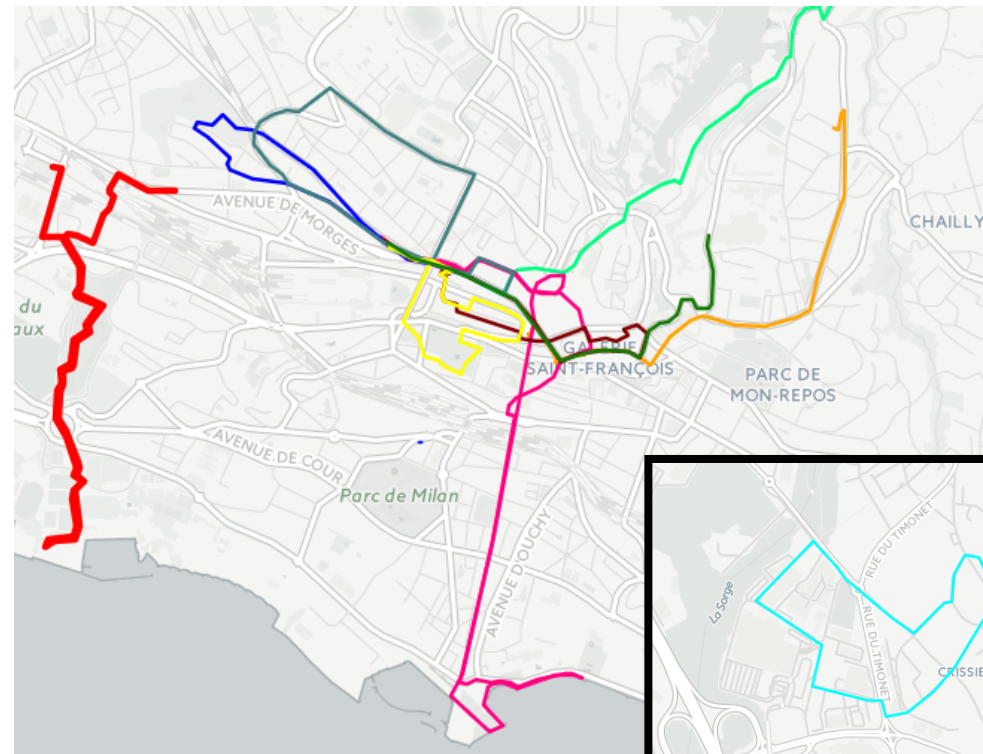


Articulating epistemological difference...

2. Doing co-laboration



Articulating epistemological difference...



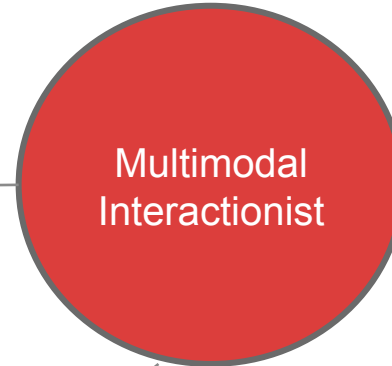
City / psychosis nexus: a “safe place” for an encounter?

- How to get around the lack of spontaneous evocation?
- Are there specific patterns linking salient dimensions of urban contexts and psychopathological indicators?
- Can they be generalized and understood in the light of comprehensive theories?
- How the research findings can be translated into therapeutical interventions: a new insight, a new tool?

Psychiatry

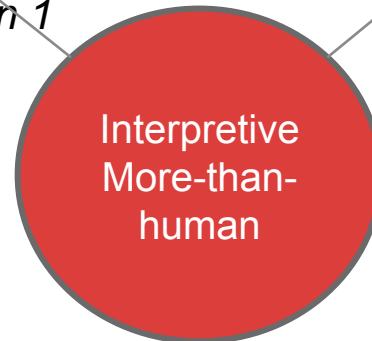


Linguistics



articulation 2

articulation 1



Geography

Articulating epistemological difference...

3.1. Conversation Analysis and the study of walk-alongs

- ❑ **Conversation Analysis (CA) is a sociologically-inspired approach to language and social interaction**
- ❑ **Study of typical and atypical interactions** (Goodwin, 1995, 2003; Wilkinson 1998, 2013; Mates et al. 2010; Egbert & Depperman, 2012; McCabe et al. 2002, 2012)
- ❑ **Based on qualitative analyses of language and body conduct - through audio and video-recordings - it searches for systematic patterns (“collections” of recurrent phenomena)**
 - During the project, a first analysis of the entirety of the corpus (10 patients), made difficult the establishment of these collections (also due to time-consuming microanalyses)
 - We then decided to focus on two patients (A, B) selected according to two different profiles – *neurodevelopmental* (patient A) and *sociodevelopmental* (patient B)
 - These analyses allow for the observation of *systematic and comparable interactional behaviours in patients’ verbal and non verbal conduct*

3.2. Focus on in situ handling of the walk-along



Issues of
*decision-
making,
planning,
coordination*

3.2. Focus on in situ handling of the walk-along



Issues of
*decision-
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3.3. Observing difficulties arising during the walk-along



3.1

3.1

- Large amount of anticipatory work
- Abundant talk about the route: lot of planning and « rehearsing » the route
- Very specific criteria (e.g. avoiding to cross without zebras)

1 VIN et après tu veux rentrer par où?
and then how (from where) do you wanna go back home?

2 (0.4) †(0.3)
vin †looks lau-->

3 LAU ben juste†me:nt ça chuis pas encore sûre #°parce que
well actually I'm still not sure about this because
lau >>looks fwd-->
lau †hand to the mouth-->
fig #im1
vin -->†looks fwd-->

4 °euh:° y::: [y a pas °#de
euh there [there are no
lau -->°points--->
fig #im2

5 VIN [on peut rebrousser chemin
[we can turn back (by the same route)
(0.2)

6 LAU .h::y a pas de::: de #°passages piéton°#il me semble par là
there are no zebra crossings I think over there
lau -->°hand to the chin°retracts hand, mid-high arm-->
lau #im3-----#
fig

7 VIN (non)
•#(0.4)
lau •looks to the L-->
fig #im4

8 VIN (mais) on peut •rebrousser chemin
(but) we can turn back (by the same route)
lau -->•look fwd-->

9 (0.2)

10 LAU oui: il va falloir °ouiH:°
yes we have to yes

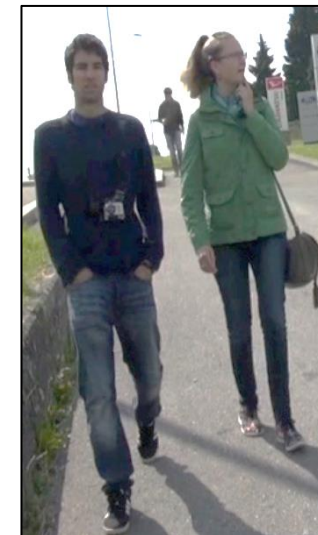
11 VIN bientôt
soon



- Orienting to the task as difficult
- Doing being thinking
 - Solving a puzzle

25 LAU †a•ttends  à moins que::,
 wait unless,
 lau •looks fwd-->
 lau --> hand to the chin-->
 vin †looks fwd-->
 26 •#(0.7)
 lau •looks to the L-->
 fig #im6
 27 LAU .h:: sinon •on peut faire, (.) on peut alle:r à à
 .h:: otherwise we can do, (.) we can go at at
 lau -->•looks fwd-->
 lau --> pointing and rotating gest-->
 28 la migros t' sais?
 the migros you now?
 29 (0.5)
 30 LAU .h: passer •vers le parking,
 .h:: to pass towards the car park,
 lau -->•turn H to the L, looks tot he L-->
 31 •(0.6)
 lau •turn H to vin-->
 32 LAU pour revenir.
 to come back.
 33 (0.5)
 34 LAU comme ça on: on repar- o- on retombe pas sur
 so that we we xxx w- we do not go back
 35 nos pas quoi.
 (by the same way) (concl. part.).
 36 •(0.7)
 lau •turns H fwd-->
 37 VIN on [peut essayer oui
 we can try yes
 38 LAU [(.tskH)
 39 (0.6)
 40 LAU  là-ba::s,
 over there,
 lau  points-->
 41 •(0.8)
 lau •turns H to the L, looks to the L-->
 42 LAU •voilà,
 there you go,
 lau •turns H fwd-->
 43 (1)
 44 LAU et puis on:: on va direction::  euh:  migros,
 and then we we go in the direction of euh migros,
 lau --> pointing--> ,,, 

- The found-out solution is then again abundantly re-discussed
- New alternatives are searched and evaluated in detail (“rehearsing” the route again)



46 LAU il faut juste faire attention quand on traverse la route
 we just have to be careful when we cross the street
 47 (0.3)
 48 LAU parce qu'il y a pas de passages •sauf erreur
 since there are no zebra crossings unless I'm wrong
 lau •H fwd, looks to the L-->

49 VIN ouais
 yes
 50 (0.2)

51 LAU .h:: °si:: y en a peut-être un juste: (là)
 .h:: yes there is one maybe right (over there)
 lau °points

52 (0.4)

53 VIN no:n y a pas
 no there is none

54 °(0.3)°

lau °retracts point gest°

55 LAU (ben déjà) on va regarder
 (well first) we're gonna see
 56 (0.6 *#0.4)

lau *steps to the L-->
 fig #im7

57 LAU #*>oui oui< je crois qu'y a
 >yes yes< I think there are
 lau *steps to the L-->
 fig #8

58 (0.7)

59 LAU [>OUI OUI< †re#°garde [>*y a<
 [>YES YES< look [>there are<

60 VIN [là? [ah oui là
 [there? [oh yes there

vin †points-->

lau °points-->

lau *changes traj-->

fig #9

61 #*†+°(0.7)†°

vin †, , , , , †

vin †changes traj-->

lau °, , , , , °

lau *crosses-->

fig #10

62 LAU on va *là*
 we go there

lau *points*



- In the evaluation of the solution, crossing with/out zebras is treated as a crucial (obsessional?) criterion
- Until a zebra-crossing is discovered – this new solution is adopted
- Abrupt change in trajectory

- Complex and lengthy reasoning about very specific features of the route, conferring specific relevances to environment and traffic details (and relying on a precise knowledge of this very special geography)
- Emerging problems, difficulties and obstacles during the « rehearsal » of the route (absence of z.c. is a recurrent one)

3.2



3.4. Psychopathology of psychosis (PP)

- Psychopathologic description focus on psychotic anxiety, defence mechanism and trauma.
- Psychotic defense mechanisms (against inner or outer reality) is a dynamic process of dealing with a situation (Berney et al. 2009), in this case urban milieu.
- High interest for PP : See in 3.1 how the defense mechanism emerge, the degree of anxiety, and the interaction with the accompanying person.

EX. 3.2 From the perspective of Psychopathology

- Meeting complex stimuli. Negative reactions.
- Psychomotor signs of anxiety.
- Overinvolvement in the interaction

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1      †(6)          †(1)†(14)†(8.2)•(0.8)•†(5) †(5)          †(2) †
   vin †looks down†fwd†down†fwd,R,L          †down†fwd,L,down,R†down†
   lau •looks down-->          •lks fwd•looks down-->
      †(2)†(4) †(6)          †(4) †(2)†(3)•(1)
   vin †L †down†L,dwn,R †down†fwd,L,R-->
   vin          +slows down-->
   lau          •looks fwd-->
2  LAU  .tsk
3      (0.2)
4  LAU  *•AH MINCE:
        oh damn
        *step on the R, walks hesitantly-->
        *looks from R to L-->
5      •(0.9) ††(0.2)
        *looks from L to R-->
        +slows down-->
        †looks R-->
6  LAU  •y a pas de passag.H:es
        there are no crossings
        *looks R-->
7      •†(0.6)•(1.3)
        *looks from R to L•hand to the front, lks fwd-
        †looks from R to L-->
8  LAU  euhm:::
        *chg traj,step tws sidew-->
9      *•(1.5)
        *pivots,
        *looks back
10 LAU  •*(ben) on va traverser là •†alors•
        (well) we're going to cross here then
        *stands in front of the street-->
        *looks in front, points w hand•looks L, retires gesture-
        †looks back-->

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- Concrete analysis of the environment. Crossing is where one crosses.
- Difficulties in dealing with situation because cognitive and emotional stress.
- Disorganisation



3.5. Psychopathological observations

- Psychopathological analysis: when obsessive control to manage anxiety is overwhelmed, appears negativity and traumatic risk for the self
- Consequences : disorganisation and persecution.
- Dynamic observation of the pathological process. The thought process moves step by step from anxiety to perplexity and into delusion.

3.6. Putting together two perspectives on data – preliminary results

Attitudes and choices towards the urban environment and its local handling	<u>Conversation Analysis</u>			<u>Psychopathology</u>
		Patient A	Patient B	
Checking/ controlling, programming/ pre-planning	<p>1.Verbal: comments, instructions, descriptions</p> <p>2.Non-verbal: changes in walking trajectory, gestures, gaze orientation, prosodic features of voice</p>	<p>+ Short instructions, Non-verbal initiatives (change in waking trajectory)</p> <p>Control of the path in case of request for changes</p>	<p>++ Several comments, descriptions, announcements and instructions</p> <p>Abrupt changes in walking trajectory, monitoring gaze and pointing gestures</p>	<p>Coping with urban environment and its stimuli</p> <p>Talking about the route/path as a defense mechanism / coping strategy in front of anxiety</p> <p>Signs of anxiety</p> <p>Over-control of the process, obsessive and sudden acting out.</p>

3.6. Putting together two perspectives on data – preliminary results

Attitudes and choices towards the urban environment and its local handling	<u>Conversation Analysis</u>			<u>Psychopathology</u>
		Patient A	Patient B	
Handling urban landscape: circulation of cars	Verbal and non-verbal conduct <i>Cf. Merlino & Mondada, 2018</i>	- Non problematic	++ Very problematic Deep monitoring of the scene, preparation work (checking through gaze, giving instructions, announcements), Prudence/ Circonspection	Hyper-vigilance
Handling urban soundscape: sensorial stimulations (noise)	Verbal and non-verbal conduct <i>Cf. Merlino, Mondada, Söderström (submitted)</i>	++ In echo places: hesitations, discontinuities in talk, delayed responses, repair-initiators, closing of conversation (silences). More hesitant and solitary walk.	++ In noisy places: Silences, closing down of conversation with irritated tone, gaze aversion.	Vulnerability, fragmentation, cognitive disorganization Autistic withdrawal

3.6. Putting together two perspectives on data – preliminary results

Attitudes and choices towards the urban environment and its local handling	<u>Conversation Analysis</u>			<u>Psychopathology</u>
		Patient A	Patient B	
Interaction	Topic initiations and developments	<p>++ -----> -- (longitudinal observation)</p> <p>At the beginning: very cooperative, long exchanges and topic initiatives. Towards the end: less cooperative (also following a change in path trajectory and noises)</p>	<p>-- Topic fragmentation</p> <p>Minimally answers, does not develop topics introduced by the partner Silences accentuate in proximity to noisy areas</p>	<p>Exhaustion of defense mechanisms, which causes rupture, withdrawal and delusion. First steps of paranoid and autistic reaction.</p>

Interaction protects from stimuli ?

- Interaction as a locus for observing changes in patients' conduct following specific stimuli in the environment
- But possibly also as a resource for handling these stimuli (therapeutic implications)

3.7. Conclusion

- Interactional (verbal and non verbal) conduct can show at work underlying processes of the pathology and of its handling, especially in coping strategies – this suggests an enriching and fruitful exchange between CA and Psychopathology
- Dynamic model for psychopathology: very different from usual static models (questionnaire)
- See continuum between ordinary and pathological process of stimuli. See the psychotic defense mechanism and see disorganisation process (hypothesis city-psychosis)
- But need of keeping perspectives apart not confused

4. Conclusion: on interdisciplinary articulations

- Co-laboration/co-experimentation as a means to explore biosocial entanglements without reducing society to biology or biology to society
- The limits of co-experimentation and the value of epistemological difference