

Robert Faris & H. Warren Dunham, *Mental Disorders in Urban Areas. An ecological study of schizophrenia and other psychoses*. Chicago: The University of Chicago Press (1939)

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Introduction

Robert Faris and Warren Dunham met as undergraduates in the mid 1920's in Chicago. Ernest Burgess, who wrote the preface to their 1939 monograph, *Mental disorders in urban areas* (henceforth: *Mental Disorders*), guided them to the study of 'insanity' as a form of social disorganization. The book which is generally not considered a classic of the Chicago School, is nonetheless seen as inaugural for two sub-disciplines: the geography of mental health (Philo and Wolch 2001) and medical sociology (Bloom 2002). It is the first systematic analysis of the relation between social, economic and housing conditions, on the one hand, and psychosis, on the other. It brought at the time of its publication rich empirical material and a subtle interpretation of results in the context of an ongoing and often schematic discussion about urbanization and mental health: the so-called urban hypothesis (Bloom, 2002: 69).

Interestingly *Mental Disorders* has recently resurfaced as an important touchstone in psychiatric work on psychosis and in recent discussions around possible new alliances between the human sciences and biology. Since 2000, there is a flourishing literature in psychiatry on 'urbanicity' (standing for dense urban areas) and psychosis often citing *Mental Disorders* as a pioneering work (Kirkbride *et al.* 2007; Mortensen 2001; van Os 2004; Vassos *et al.* 2012) but rarely digging into the details of the study. Interest for *Mental Disorders* has also come from scholars who consider its methodology as a testimony of a time when biology and the human sciences could exchange without the mutual diffidence that developed within those disciplines after World War II (Fitzgerald *et al.* 2016; Rose 2013).

This paper intends to develop this recent discussion around *Mental Disorders*. To that effect, I will first briefly summarize the methodology and main arguments of the book and put them in the context of the scientific conversations taking place at the time of its publication in Chicago and elsewhere about urban life, social disorganization and psychosis. Then I will consider its ir/relevance to present work on the city/psychosis nexus referring also to my own work on these issues, which proposes to move beyond the shortcomings of the social epidemiology pioneered by Faris and Dunham.

An ecological study of schizophrenia and other psychoses

Prior to *Mental Disorders* there had been some rare studies concerning the geographical distribution of mental illness in Scotland and in the US (Bloom 2002). Comforting a bourgeois moral discourse on cities – seen as places of vice and corruption – these studies fed an 'urban hypothesis' regarding mental health. While psychiatric research had been dominated for decades by purely biological explanations, the urban hypothesis reintroduced the role of the social and physical environment. It is in this conversation that Faris and Dunham's study

intervenes. As Samuel Bloom (2002, 70), a historian of medical sociology, puts it: their study was “part of the slow climb in search of the truth about the urban hypothesis” and “became the most influential work in the development of the ‘ecology’ hypothesis”.

Faris and Dunham describe their work in their preface as the first application of refined ecological technique to the problem of mental disorder. Their ambition with this technique was to study the causal relations between social structure and mental disorder. They frame their inquiry in the classic Parkian idiom of urban natural areas “resulting not from human intentions but from the interaction of natural forces” (Faris and Dunham 1939, 5). This theoretical frame provides the structure of the book: it starts with a description of Chicago’s natural ecological organization, continues with a series of chapters on the geography of mental disorders and their relation to a series of social phenomena and concludes with a theoretical interpretation of the results. However, in its methodology the study is influenced by Burgess’s focus on statistics and mapping rather than by Park’s taste for ethnography.

Two elements are particularly striking in *Mental Disorders* for today’s readers. The first is the discovery of a major difference between the urban geographies of schizophrenia and of the other major form of psychosis: manic-depressive psychosis. This finding is according to the authors themselves the most ‘provocative’ (p. 172) in their study. The geography of schizophrenia follows a center-periphery pattern with the highest concentration in Hobohemia (see figure 1). On average there are two times more cases in the central areas of the city.

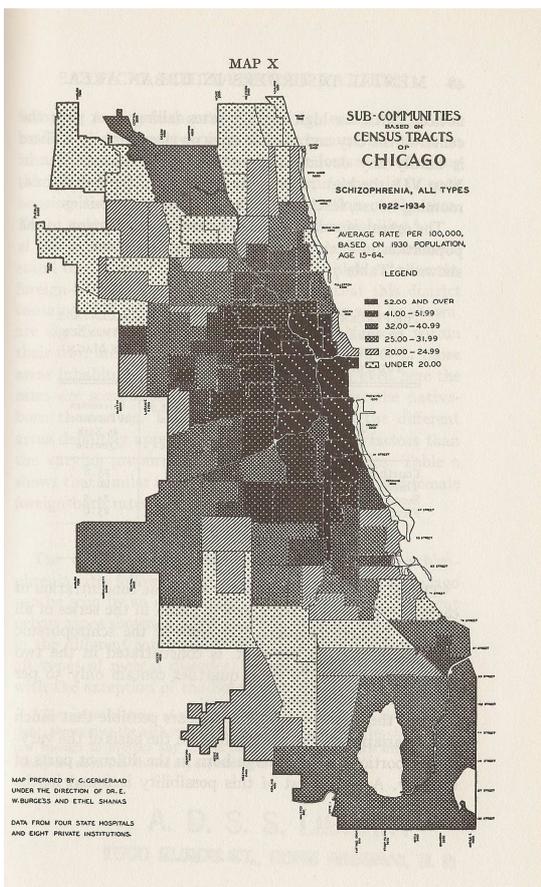


Figure 1: Map of schizophrenia rates

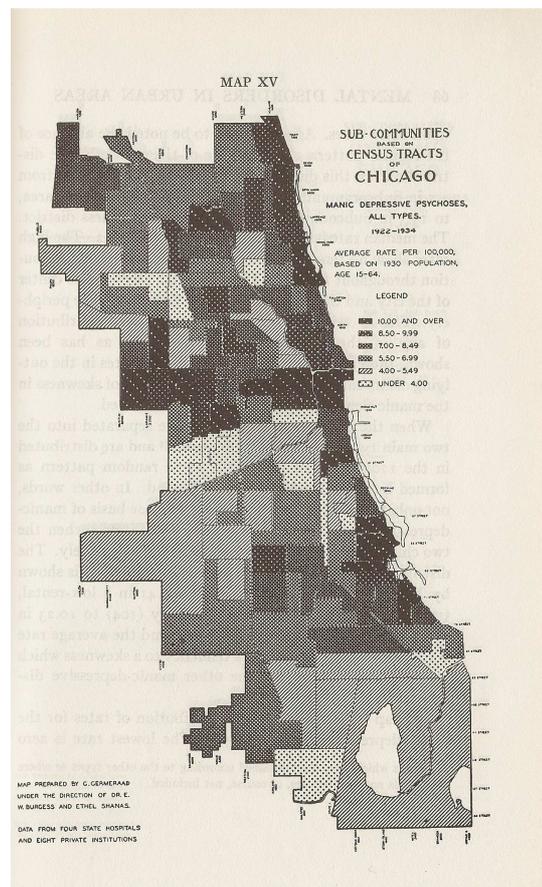


Figure 2: Map of manic-depressive rates

The cases of manic-depressive psychoses have a quite different geography (see figure 2). There is no marked concentration in the city center and there are high rates in certain central areas but also in certain areas in the periphery.

The second central point lies in the arguments developed in the interpretive chapters (10 & 11). Referring a.o. to Dewey, Mead, Park they write that “The mind, built on a physiological base, is a product of a process of social interaction. Mentality, abilities, behavior, are all achievements of the person, developed in a story of long interaction with his surroundings, both physical and social”. They thus reject the physiological reductionism current in the psychiatry of their time. They do so without replacing it with a sociological determinism which will become fashionable in a series of social studies of psychiatry in the 1960s and 1970s, and sometimes beyond. Given the different urban geographies of different mental disorders, they hypothesize that these social factors play a particularly important role in the development of schizophrenia. Schizophrenia is clearly correlated to poverty, while manic depressions display a random geography.

Interesting is also how they explain the mechanisms producing this social geography of schizophrenia. They first exclude the so-called ‘drift hypothesis’, still discussed in the literature today (Hudson 2012). People living with a diagnosis of schizophrenia are not in poor areas because of their illness which drove them there, notably because that would also be observed for persons with manic depression. Their ecological hypothesis for schizophrenia is rather that “extended isolation of the person produces the abnormal traits of personality and behavior” (p. 173). Isolation, they argue - referring to a series of classic studies of the Chicago School (The Hobo, The Ghetto, Suicide, etc.) - is much more frequent in disorganized communities. Disorganized communities, a central concept of the School of course, do not mechanically produce mental disorders. They provide less resources for social integration, simply because life is harder in those parts of the city : “successful transmission of the essential standardized cultural view of the world, and therefore successful production in the person of a sufficiently normal mental organization, requires a normal family life, normal community life, reasonable stability and consistency in the influences and surroundings of the person, all supported on a continuous stream of intimate social communication. In the disorganized areas of the large industrial city many of these necessary conditions are lacking” (158).

In a nutshell, this is what we learn from *Mental Disorders*.

How does Faris and Dunham’s monograph speak to contemporary research in urban studies and psychiatry ?

There are three domains where the findings and the interpretations of Faris and Dunham are still remarkably relevant today: ‘urbanicity’, sociological explanations of psychosis, and the relations between biology and social sciences.

First, the urban hypothesis or the question of ‘urbanicity’ as it is often called in contemporary psychiatric research. Since 2000 an important number of studies in psychiatry have looked at rural/urban difference in the prevalence of psychosis. They all show that the prevalence is higher for schizophrenia with rates corresponding to what Faris and Dunham discovered in the 1930s. A meta-analysis of those recent studies shows that in average the rate is 2.37 times higher in cities (Vassos *et al.* 2012, 1118). So, the ‘urban hypothesis’ to which Faris and Dunham gave a first detailed empirical substance is back on the agenda again in a time when there has been a movement from bio-bio-bio to bio-psycho-social models in psychiatry (Read *et al.* 2009).

The second point is the explanation provided for these findings. There is a rich body of recent work at neighborhood level on psychosis, mainly in British and US cities. These studies explore different possible explanations for a higher prevalence of psychosis: notably, the lack of social capital, the role of social deprivation, of criminality rates and of social defeat (Bhavsar *et al.* 2014; Freeman *et al.* 2015; Selten and Cantor-Graae 2005). Many of these factors of explanation are congruent with the findings of *Mental Disorders* even though the terminology has sometimes changed (lack of social capital instead of social isolation, for instance).

Third, and more generally, *Mental Disorders* is relevant today in its indifference to a series of disciplinary and categorial divides which cristallised during the second half of the twentieth century. The references used by Faris and Dunham are remarkably interdisciplinary. They quote an abundant literature in psychiatry and move seamlessly across disciplinary borders. It is not surprising therefore that in a recent essay on the necessity to revitalize sociology or, in other words, to create new alliances between the life sciences and the social sciences, Fitzgerald *et al.* (2016) comment *Mental Disorders* at length. While they criticize Faris and Dunham’s conservative view of the city and especially of its poor areas, they also want to “draw attention to the remarkable way in which these authors simply – even naively – refused to take organic psychiatry and social life as separate domains of inquiry”. They consider the study as an excellent example of a fruitful connection between the life sciences and sociology that was severed in the 1960s and should be restored today in the context of what has largely become a post-determinist biology (Rose 2013).

These are three testimonies of the continuing relevance of *Mental Disorders*. However, my argument in the concluding part of this paper is that the persistence of ways of thinking from Faris and Dunham in contemporary work also seriously limits our understanding of the city/psychosis nexus. Methodologically, present research hits its head on the ceiling of the social epidemiology that *Mental Disorders* pioneered. Most of the recent work on the same issues uses a strikingly similar methodology, albeit technologically more sophisticated (i.e. Bhavsar *et al.* 2014). There are different problems with this dominant approach. The first is ecological fallacy, a problem well known to geographers where individual process is deduced from aggregate data. The second problem is the lack of an analysis of persons’ embodied and affective encounter with the city. Work in psychiatry based on a ‘first person perspective’ has shown that the sensorial and interactional dimensions of daily life, which cannot be captured by classic epidemiological approaches, are crucial in the experience of psychosis (Lysaker and

Lysaker 2008). Finally, social epidemiological approaches analytically decompose the urban into a set of variables such as pollution or criminality. This is of course important in order to move on to a possible causal testing of hypotheses, for instance on the relation between pollutants and the biochemistry of schizophrenia. However, what is lost is an understanding of the urban as a milieu, or assemblage of heterogeneous elements. Thereby the urban, I would argue, is lost as such.

This is why in my own ongoing research with a team of psychiatrists we switch perspective. We look at urban situations and mobile trajectories in cities by video-recording go-alongs and using video-elicitation interviews with persons living with a diagnosis of schizophrenia (Söderström 2016; Söderström *et al.* 2016; Söderström *et al.* forthcoming).

The second problem with Faris and Dunham's legacy is conceptual. Social disorganization is the master concept used to explain social and mental health problems in *Mental Disorders* as in many classic studies of the Chicago School. This concept is both abstract and normative. What organization and disorganization actually mean is hard to grasp. However a reading of the interpretive chapters of *Mental Disorders* shows that it implicitly refers to bourgeois white norms of family and social life. This is of course heuristically not very helpful today when we study the social life of schizophrenia.

This brings me to a third and final aspect of the ir/relevance of *Mental Disorders* which is both methodological and conceptual. The monograph is a case study of Chicago. What goes often unnoticed is that it also includes a comparative chapter where results from Chicago are confronted with results from the city of Providence, Rhode Island, 13 thirteen times smaller than Chicago. This was probably, in the idea of the authors, a way of comparing Chicago with a 'most different case' to see if they found the same 'ecology of insanity', which they did. This 'comparative gesture' (Robinson 2011) is very interesting and justified by the fact that they could access similar kinds of data in Providence. However bolder comparisons are needed today in a field dominated by single case studies or meta-analyses searching strictly for generalizations. South-North comparisons could in particular destabilize the old urban hypothesis in interesting ways. In medical research, urbanicity or 'the urban' is an unproblematic category. To introduce the idea of differing types of urbanity, as hypothesized by the Southern urbanism perspective, can bring a significantly renewed vision of how schizophrenia and urbanity are related. What is 'social defeat' in Lilongwe, Mumbai or Ouagadougou? Does this concept make sense at all? If we look comparatively at the city/psychosis nexus we also might have to forge other concepts and categories to understand how these phenomena are connected.

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