Epilogue
On subtlety

Listening to the stories of others, anthropologist Deborah B. Rose writes, "is to be drawn into a world of ethical encounter: to hear is to witness; to witness is to become entangled" (Rose 2004: 213). This is what she designates an "ethics of connection" (ibid: 32). Far from formulating general prescriptions, this ethics "requires a 'we' who share a time and space of attentiveness, and who bring our moral capabilities into the encounter" (ibid: 30; see also 213–214). I'll end this book by pointing to some of those ethical implications of the issues and challenges brought up in the stories told in the preceding pages. More precisely, those ethical implications touch upon the *subtlety* that the stories contain.

These pages have provided a sense of how institutional spaces, thanks to their specific arrangements and to caregivers' practice, enable teenagers' affinities to emerge from their slightest degree of existence and, in turn, how those spaces can incorporate these attachments in their materiality. Both the care interactions and material arrangements that allow these slight attachments to emerge have ethical implications because they are subtle. These things and ways of doing are subtle since they imply delicate yet complex values, easily overlooked by those who haven't developed the skills needed to notice and play with them. Therefore, their subtlety raises ethical implications for a "we" that goes beyond my encounter with the members of that particular therapeutic community. Their subtlety holds accountable, too, researchers and practitioners involved in the future of psychiatric care and the spatial organization of residential care institutions, perhaps even more if they

are unfamiliar with the daily stakes of these places. In attending to the subtleties of these spaces and attachments – or the lack thereof – it becomes possible for us to pinpoint some of the ethical challenges they raise for psychiatric and institutional care.

When I first met the team and teenagers of the day center, something happened that left me perplexed. I came to a community meeting to introduce my research to them, joining their jagged circle in the dining room of the old house. It was striking how much the participants paid close attention to what was going on during the discussion. The next point in the agenda was the rearrangement of the yard. I wasn't supposed to start ethnographic observations yet, but I couldn't help quickly jotting it down in my journal. A youth glimpsed this gesture, and then looked towards the yard on which the patio doors opened. He let out, visibly tickled by the idea: "Hey, why don't we take advantage of our new trainee in architecture to arrange the yard together with her?!" Without clearly understanding what sounded so uncommon in that response to my gesture, again, I couldn't resist noting it. A few months later, we found ourselves building new benches for the yard. But this is not the consequence that I would like to emphasize with this anecdote. Today I better understand what that teen did and what was puzzling to me. He handled a contingency. That is, he seized a contingency, an occurrence that was both unexpected and unusual, and he responded to it by testing if it would spur others' interest, therefore opening up more possibilities for certain appreciations to be realized. To some extent, the teen had learned to engage in this subtle technique that seems intuitive and implicit in the hands and words of caregivers. The latter handle contingencies when they take advantage of the material space, the social environment, and the unexpected occurrences that happen in a moment when a person is responding to that milieu, with their affinities or dislikes, and then they adjust to those responses. This ability to work with instant contingencies does not mean that caregivers are fully permissive or celebrate teenagers' freedom. Rather, their subtle technique and material surroundings leave room for trying things out with different persons, without guarantees and in unpredictable ways. Two aspects of that care technique help to grasp its subtlety.

First, trying to induce the teenagers' affinities demanded a special attentiveness to everyday occurrences. Caregivers needed availability and time to allow their noticing of the instant emergence of appreciations in day-to-day interactions with the surrounding spaces. They noticed everyday familiar bonds or involvement in workshops when spending time with teens, whereas these affinities appeared trivial to outsiders. Their awareness of teens' sensitivity, even in its minimal expression, permeated their care practice with subtlety. Caregivers' empirical attention was radical, leaving open the question as to from which threshold an attachment might be recognized as sufficiently holding someone to some things.

This special attentiveness to everyday occurrences could be misunderstood as a form of diluted surveillance, as if the panopticon once inscribed in the building had now shifted to an attentive copresence. The team was conscious of this point. They knew well that too much attention, that constantly "being after the teens," as they said, could devastate the equilibrium of their casual relationship, oscillating between invitation and letting go. For instance, when teens' disinvolvement on a sport field led them to recall the framework of the activity, this risked shifting their relationship to a formal and disciplinary one. The team remained aware of that risk, and frequently debated it. The caregivers' ability to perceive teens' affinities and dislikes necessitated keeping that risk in sight, because an excess of attention would undermine the subtle invitations to position themselves and to elicit their affinity.

Second, the handling of contingencies is subtle because it engages the creation of attachments through a play of responses, not only of material spaces or objects when encountering them, but also when teens and caregivers adjusted accordingly. When a teen 'responded' to, say, a displayed painting, or went to a corner to withdraw, other things and group members were reengaged differently. Through this play of responses, streams of personal and collective appreciations varied over time in an unpredictable manner. Imagine, if you will, who could have known that Kevin might be able to "slow down in his bubble" when caring for animals? No one, but Maud eventually proposed for him a traineeship in bird rehabilitation. Or why would a group of girls, at some point,

take over a previous teenager's interest in bead creations, and then start customizing clothes? Who knows, but it spawned a wave of *Stylistique* and the erosion of a material variation. And what could predispose Gregory, Etienne, and Sylvie to come across a video game all of them could enjoy? There was no clear idea, but the poster that enfolded the story must stay on the wall. And so on. Whereas the creation of attachments always happens on an unpredictable path (Hennion 2005), here it was especially so because it moved through plays of responses that were both relational – including to a material environment – and personal. In the course of this 'responsive care', caregivers' attentiveness to small and contingent occurrences gives room to what moves teenagers, to what matters to them. This leads caregivers to respond to these unpredictable affinities by envisioning a therapeutic path, adjusting their attitude, or relaying information to the group. Even the most tenuous inclinations can become of greater interest, and bear larger consequences for the care work, institutional life, and its place. Moreover, as I suggested in the first chapter, this play of responses informs and enacts what each youth may become as a relational person, given the possibility to take a position and to experience the consequences of this positioning for others.

These intuitive techniques of crafting attachments from everyday contingencies call for recognition and articulation. Where they still exist in the current psychiatric field, they are vulnerable because the effects of this mode of therapeutic intervention are hard to prove in clear and direct terms. The therapeutic effects of shifting attachments are not suited to be quantified in terms of 'evidence', which is the language of medical discourse. While psychiatric teams often mingle psychodynamic with biomedical practices, this problem of scientific legitimacy renders caregivers' informal knowledge highly vulnerable when confronted with the scientific discourses of biomedicine. At one extreme, by underestimating its subtleties, community work risks not being considered as care at all, instead dismissed as a mere occupational activity. Plus, as public reforms favor the establishment of ambulatory care and mobile teams, this shifting context seems blind to the spatial mediations that, as we have seen, remain crucial in community psychiatry. Ultimately, I see the

predominance of biomedicine as a risk to the handling of contingencies and informal learning: it leaves little room for the flourishing of personal affinities, nor for a much more livable and enriched therapeutic care work.

The subtlety of responsive care doesn't only exist in caregivers' attentiveness and intuitive techniques but pervades the material spaces. It is thanks to subtle details of the building and its spaces – a corner, a semi-open kitchen articulated to living spaces, a displayed object – that caregivers can work with the attachments of teenagers. However, the building is not alone in fostering the emergence of appreciations. As time passes, variations of interests and of artworks modify the spatial arrangements. This is how the psychiatry building is made livable and lively: it invites its inhabitants to develop modest attachments, and some of them come to materialize in the space. The transition to the new care building made these subtleties palpable. This vibrant moment of indeterminacy required the caregivers to relay their sense of the place, and this taught us many lessons about their matters of space. But every spatial arrangement was not equally easy to transport from the old townhouse to the new building. It required effort to relay the subtle dimensions of the environment to external people, for those doing the conveying and for those listening. I can now appreciate the importance of many moments when caregivers hesitated about details, whether in the numerous meetings with architects or the contractor, staff meetings, community meetings, visits to the building sites, when sharing their apprehension of the move, or during the installation phase, in the caregivers' shared office or in other nooks. These moments allowed them to pay attention to the old townhouse as an existing material place crowded with values. They allowed them to carefully transport the subtleties of its space and the different forms of attachments it carried to the new building.

By looking at those spatial details retrospectively, we can better perceive the vivid contrast they afford with settings where residents' attachments hardly come into being. Throughout my research, I encountered such places, from acute care units to long-term housing, and caregivers and patients described others to me. Like the desk at the entrance and the long white corridor of the new building that opened

this book, their spaces are often woven differently to daily care: they disable the creation of personal affinities, and they enable other sorts of situations, values, and relationships. Bluntly portrayed, these places are sites where everything that is arranged is purely functional, and few objects exceed this functionality. Few spaces are left for unpredictable occurrences like adjusting one's distance. Few displayed things prompt people to tell stories or open the imagination. These places sometimes look like hotels, where settings for comfort are similarly reproduced floor after floor. I heard this referred to as the "serial bedrooms" pattern. Walls may be bare, or decorated with indifference, with paintings that are supposed to meet everyone's taste but actually meet nobody's, giving an impression of waiting rooms. In these places, patients rarely go to the dining room (or rather, the cafeteria) before the precise time to start a line to receive food in plastic boxes. The omnipresence of technological devices displays and enacts the prevalence of security norms over other concerns. The odor of antiseptic products covers other possible smells. And these spaces appear sterile; few variations are noticeable over time. At least in these details, still existing today, many care institutions lack the subtle play of attentiveness and response that animates a place with attachments, that are always personal and collective, and so always specific and temporary. The perspective I offer in this book does not tell us all that we want to know about matters of space in psychiatry, or more generally in care institutions. But I hope it helps us recognize the subtle ways in which these material environments can hold space for their people as persons, and this, from the slightest of their attachments.