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**Exclusionary social relations
and practices**

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**Social Geographies of Rural Mental Health
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Exclusionary social relations and practices

Introduction

There are various ways in which the notion of 'exclusion' is elaborated by interviewees, but in general they point to various negative aspects of community life. This summary includes interviewees voices from all four case study areas and reflections on a lack of community spirit and their positions of outsidership in the places they reside. These voices also document specific exclusionary practices relating to people with mental health problems, self-exclusionary tactics, explanations for exclusion and the consequences and actions that spring from exclusionary social relations.

Community life and exclusionary relations

Working very much against the *Gemeinschaft* ideals of peaceful and harmonious rural communities, many interviewees explain their locatedness to others through rather negative visionings of community life. Interviewees questioned whether senses of 'community' existed at all in the places they lived and in a social and cultural sense they inferred that there are clearly different rural communities in the four case study areas. There is a clear sense in which places are inhabited by particular groups which are often socially divided along various social axes (young, old, 'incomer', 'local'), but for our group it was their mental health issues and community responses to these which contributed to their sense of social division in place (see also findings paper on **Social differences**). Many people said *'there's not a real sense of community here'* [Louise, NWS, 5/7/01]. Others make general comments about *'everyone keeps themselves to themselves'* [Karen, ER, 20/11/01] or *'people are busy doing their own thing'* [Morag, NWS, 11/7/01]. These general comments are combined with specific observations about specific rural places *'It's all little cliques, and everyone just seems to get on with their own lives and to hell with you sort of attitude. I find it's a hard wee village. Hard wee village with very little caring.'* [Deborah, NWS, 23/7/01]. Combining these general observations about rural community life explicitly with reflections on mental health issues, leads some interviewees to begin to comment on their own situations in which they may experience isolation, loneliness or even exclusion from wider community life, such as it is:

Perhaps because I'm an incomer. Perhaps that's why. Perhaps because of my illness. [Siobhan, NWS, 25/7/01]

They don't have the community spirit where they rally round somebody that wasn't well and try and help them along you know. They would just tend to leave you to get on with it yourself kind of way. [Kyla, INV, 1/6/01]

I don't fit in here because I'm not an alcoholic or a pisshead ... basically ... Everybody round here drinks themselves stupid and I don't drink at all, that's what makes me different to everyone round here. [Nigel, NWS, 11/7/01]

It should be noted that many of our interviewees (64%) are incomers (with a range of migration periods from 30 years ago to a few months) and their understandings of

exclusionary community reactions to mental health problems is coloured by this status:

They look after their own up here. That's why I say I will never be a local. No matter how long I live here. I will never be a local. [Collete, SL, 19/9/01]

However, local people could also point to feelings of exclusion. As a member of the Skye discussion group points out, *'it was many years before I could walk through the street and hold my head up and feel like you know ... I belonged .. for many years I felt ... erm ... I felt that I didn't belong here you know ... I didn't feel like I was part of the community'* [Skye discussion group, SL, 3/9/01]. These points help establish that people with mental health problems in the Highlands have ambivalent relationships with, and understandings of, 'community', and these are partly configured through sense of social difference and outsidership. In general terms interviewees are placed in positions of social difference through axis such as 'incomer-local' which do not pre-determine community experiences, but certainly affects them. Generational ties and migration issues are politically and culturally sensitive issues in Highland contexts in ways which do influence the day to day acceptance and inclusion of Highland residents, especially in remote rural locations. The feelings of 'outsidership' which many interviewees discuss when asked about community life, can be argued to be related to how community 'works' in rural and remote places in terms of everyday routines, social relations, cultural norms and so on. These elements, which constitute the social experiences of places, are given a particular edge when understood through the lens of mental health issues. The general comments that interviewees make about feelings of 'not belonging' to local places can thus be related to their feelings about exclusionary stigma that surrounds them once their mental health status is known about in the community.

Community understandings

There is a widely held belief amongst interviewees from all areas that community understandings of mental health problems and mental health care is limited and that this fuels some of the exclusionary social actions that they experience as part of their everyday lives:

The local community are probably so frightened of becoming ill themselves that they tend to stigmatise it. Something you are frightened of, they are going to stigmatise. Probably before I became ill, probably before half the people in here [TAG unit] became ill, they thought of people with mental health problems probably as lunatics or whatever, they put this image in their mind and they became very, very afraid. [Gary, ER, 12/12/01]

There is a big stigma problem still on Skye, because they don't understand it. [Patrick, SL 20/8/01]

Here the lack of understanding is equated with fear and stigma, but often interviewees make the point that unless illness is experienced personally or a close family member has been affected, then people do not have access to a real basis of understanding. There is a discernible sense from some interviewees that rural Highland places are particularly inadequate at developing inclusive community attitudes as compared with urban Scottish and English communities:

I think a lot of people up here like to keep mental health problems swept under the carpet. I think the population up here is possibly slightly backward in coming forward about mental health. They have big problems with alcohol up here and that sort of overtakes everything else. If you mention schizophrenia to one of the locals, they'd just think dangerous mad person. But I mean, I think you get in England and possibly in other parts of Scotland you would get a better community, that's a community looking after the mental health part of the community. [Hazel, SL, 13/8/01]

While others make distinctions within Highland Scotland about levels of understanding:

I would, I would say that this [Inverness] is far ahead in understanding mental health problems in Inverness than they are in Fort William for example. [Thomas, INV, 23/5/01]

Or between particular social groups within rural Highland communities:

Like I said the more professional people in the community they probably know more about it than the people in the bars and that, the people in the bars, the up and coming drinkers, the 18 and 19 year old, they just hear what they hear from their friends and they form opinions based on what their friends have told them. They have not had any teaching in school or that, same as myself what I heard from other people about the loony bin you know? [Patrick, SL, 20/8/01]

There is a sense in which for some interviewees their mental health problems are understood as something else entirely in rural communities – other ‘deficiencies’ maybe that are the result of immoral behaviour or inappropriate substance abuse. As a ‘local’ user¹ in North West Sutherland relates about the community understanding towards a young man with mental health problems in her locality:

Sometimes when he starts on his manic He's been all right for quite a few years but He does things like get up and take the television aerial down and cut all the wires and the telephone wires and ... you know, he really does do crazy things. And the poor soul, you know, that's what worries you. He can't help it but they don't think that he's got an illness. He's just a drug addict. That's it! [Deborah, NWS, 23/7/01]

Mental health here is not seen as an illness, it's seen as a weakness, it's a lack of moral fibre. [Phillip, SL, 9/8/01]

The recorded levels of depressive illness in the rural Highlands has historically been very high,² although many interviewees point to even higher levels of undisclosed illness, even suggesting the existence of ‘depressed communities’ at certain points of the year. Perversely, this perception is partly used as part of an explanation for why depressive illness is not well understood by community members, as it is largely conceived as part and parcel of everyday life (only it remains unspoken, hidden and unacknowledged):

¹ Throughout the document we refer to ‘users’, denoting users of mental health services.

² See Brown and Prudo (1981).

Depression doesn't qualify as mental illness in most of the public's eyes, like mental illness is schizophrenia or whatever, manic depression maybe, if somebody gets hyper. You know somebody that goes into hospital, they have a mental illness, but depression is just dealt with in the community, and just doesn't seem to have the same connection. [Miriam, ER, 13/11/01]

Some simply do not equate rural Highland places with disturbing emotional and psychic feelings:

Somebody who came up to the lodge said to me 'I can't understand why you still have depression, you're married, you have a baby, you live in the most beautiful place. [Maureen, NWS, 26/9/01]

The lack of understanding of mental health problems in Highland localities can be seen to fuel the social divisions that were hinted at earlier. These divisions are not just perceived, but are also experienced, by people with mental health problems as other community residents introduce discriminatory social actions into the daily routine interactions that characterise and constitute place.

Practices of social exclusion

Feelings and perceptions of social exclusion are not just imaginative constructions, but can result from concrete social practices. These exclusionary practices, constructed and worked through by individuals and collectives from the wider community clearly show that people with mental health problems are 'made different' through deliberate social actions that reference their mental health status. This exclusionary 'referencing' can be articulated in many different ways: through verbal and physical abuse, avoidance, changed social interactions, reporting to medical/social authorities, ridicule, hate mail, petitions and labelling. These practices of exclusion as experienced by some of our interviewees are related below.

One user (Susan) tells a story below about a friend with mental health problems who became labelled by her neighbours as problematic and hence unwanted in the local area. The practice of exclusion here is made clear by Susan's reference to the collective decision-making process by a group of neighbours about Susan and her trust of her friend with mental health problems:

If something doesn't suit them or they don't agree with then it's not ... a chap who goes to the Cabin, he's a bit weird, he's a bit eccentric, he's not your stereotype next door neighbour. He kind of puts you in mind of Worzel Gummage. He gets drunk and says things and whatever. I started gardening because I found that a way if easing tension, but I got this bit I couldn't do and needed a man, so I asked Dennis to come along to the house. I said I'll not be there but there's the keys and he went and did a couple of days for me. I was speaking to a neighbour a couple of weeks ago and said I'll need to get Dennis back round and she said 'I was going to say to you', I said what were you going to say? 'All of us neighbours don't really like you having him in the house' I said why? 'oh he gets drunk and he's been exposing himself and he might interfere with the children'. I said, hold on a minute have you seen him do this? She said 'no, I was told by someone' and I said who told you? His next door neighbour who just so happened to be this person wanted the house that I got! All tied in, this is

the mentality. I said, well I think he is okay, he's had the keys to the house and hasn't touched anything and let's face it we all get drunk and make an arse of ourselves, he no different. 'Well all the neighbours are going to complain and get a petition round'. I said they want to rename this place Petition Valley, not [village name]. [Susan, SL, 20/9/01]

'All of us neighbours ...' makes clear to Susan that she is different anyway and outwith some aspects of local community relations and communication. These relations resulted in decisions about quite punitive social actions (the petition), without the agreement of Susan, further emphasising here difference and how exclusion works in rural communities. As Susan concludes about this aspect of community life '*people in small areas ... it can be good and helpful ... but they can also be like hunting packs*' [Susan, SL, 20/9/01]. The raising of a petition about a person with mental health problems and their place in a rural community can be seen as an extreme attempt to officially protest about and ultimately to exclude an undesirable presence. More commonly, for some people, the lack of anonymity about mental health issues can result in other community members reporting them to social or medical authorities for unusual behaviour:

A lot of the neighbours are scared of her and we have one ex-nurse who phones up social work and reports her when she's having bad days. She shouts and she screams, but its pots and pans she's screaming at, not people. But this ex-nurse goes up and reports her. [Melissa, INV, 14/6/01]

Apart from quite organised and official attempts to exclude people with mental health problems from local area, there are more subtle ways in which practices of exclusion are evidenced in the Highlands. These examples are related to changed social relations for interviewees in which their interactions with others are markedly different to what they were before or perhaps related to the ways in which new relationships take a distinctive shape because of the disclosure or knowledge of mental health problems. For some interviewees exclusionary relations are expressed in obvious ways relating to verbal abuse which marked their presence in public space as odd and threatening to others. This occurred in all four areas, but was particularly common in small places, where the visibility of illness experiences is more pronounced and hiding mental health problems more difficult:

When I was coming out of hospital, I just stayed in the home for about a month ... it was hard to go out of the door you know, but one day I was walking down the street past the school and there's a kid screaming at me 'there's crazy Eddie from Craig Dunain', and I just fell to pieces. [Group discussion ER, 23/11/01]

Still to this day I have a brother who'll say 'here's the loony from Kyleakin', ... that hurts. I just let him carry on and say nothing, still I feel ouch! [Sophie, SL 8/8/01]

But we got about halfway down the High Street and there was these two women standing blethering and pointing at me, you know. And that was it, I just had to go back home. I couldn't continue to go down the street. [Charmaine, ER, 22/11/01]

Well I remember walking, the first time I was in Craig Dunain, I remember walking back down the road here and I felt still quite rough like and there were two or three of them on the corner there - I remember it quite well - there was a different person living there and she was part of the clique, a nosey old lady like. And I remember them saying 'oh there goes mad Alex', and that made me feel awful. [Alex, INV, 11/05/01]

For some interviewees this verbal abuse means their withdrawal from public spaces. The nature of very public comments on streets means that walking about in community spaces is more difficult for people labelled with stigma. Although rare, for some interviewees, this community gossiping led to violent social actions:

There's this girl in the next block to me and she's been persecuting me for over four months and that persecution has been ... I've had a brick through my window ... I'll get confronted ... I'll get threatened ... I've been taken to the ground and had my eyes blackened. [Eve, INV, 30/5/01]

For some interviewees rejection of them in everyday social spaces is not quite so obvious, but there is still a litany of social interactions that told interviewees of their outsider status. For some interviewees who have lived in their communities for some time, this was marked by friends and neighbours treating them differently:

People would tend to give them the body swerve I would say. Be suspicious of them. I know that for a fact because my neighbour has problems, just looking at the reaction of people around us, comments that been made, they certainly don't treat him in the same way. [Phillip, SL, 9/8/01]

This difference is expressed in various ways, sometimes by normal conversational exchange being stopped or reduced, also by people avoiding interactions by crossing the road, entering houses, looking away and expressing negative feelings or rejection through their body positions:

He asked about TAG et.c and I was explaining and I said about mental illness and I just seen a physical change in him. It was like put the shutters down don't want to know. I could feel him pushing me out. Whether it clicked with him, whether he thought ... he could catch it, I don't know but that was the feeling I got. I was totally stunned because he was a well-educated man I thought I can't believe your reaction, but it's as if I have this disease that he may catch which was very sad to see. [Karen, ER, 20/11/01]

You could almost see people visibly drawing back from you. [Lisa, NWS, 11/7/01]

I can see them take a step backwards. I can see them visibly take stock. [Phillip, ER, 9/8/01]

For some, the explanation for this lay again in cultural attitudes to mental illness, and the expectation that it would not be openly discussed:

You could visibly see that, they could see them draw back because they don't expect you to talk about it. [Alex, INV, 11/5/01]

Many interviewees discuss how members of the community began to ignore them in public space once knowledge of an illness experience, diagnosis or hospital stay had become common knowledge. Ignoring someone on the street of a small rural village or a crofting township is a powerful social act, and quite unlike avoiding the eye of someone on a busy city street. Avoidance in rural public space leaves no room for misinterpretation, it is an unmistakable act of rejection, and also carries additional risks for the intended recipient of such actions, as it signals to others in the rural community that their status has changed. Not only are acts of avoidance ‘public’, in the sense that they happen in public space, they are ‘public’ in the sense that there is more potential for other significant community members to witness the act and to form or alter their behaviours towards the person with mental health problems as a result:

You’re very much isolated. You’re ignored, walked past, you’re not acknowledged. [Catherine, INV, 14/6/01]

Well some people just couldn’t ... people that I’d known all my life couldn’t ... I would say hello to them if I met them. And they’d look straight though me. And walk away, or talk to somebody else. They couldn’t actually ... they couldn’t ... some people couldn’t say hello to me. It was as if I didn’t exist. [Fred, NWS, 24/7/01]

A lot of my peers just didn’t want to associate with me. [Julia, SL, 7/9/01]

I can walk into my local bar on a Friday night and people will move away. [Alness group discussion, ER, 23/11/01]

Fred notes that people ‘*just couldn’t*’ engage with him, noting the struggle that people had to understand and to deal with emotional and psychological problems. The rejection here is almost recognised as a flaw with other community members: it was *they* that couldn’t deal with social interaction, not Fred, who showed himself capable of continuing to observe social norms ‘*I would say hello to them if I met them*’. Interviewees in general show themselves to be very attuned to social and cultural norms, acutely aware of how others function in social spaces, and always watchful for ways in which they stand out as different (either through their own behaviour or through the behaviour of others). Many comments are made about the observed reactions of other community members to their presence or disclosure about mental health problems. As Adrian notes, ‘*You always get the feeling if you say you’ve been to Dunain, you always get the ... it’s not paranoid ... you look for the wee eyebrow you know ...*’ [Adrian, INV, 11/6/01]. These comments reveal how much the ‘look’ or ‘gaze’ of other community members carry social significance, ‘*I definitely feel that people will look at you as though ... you’re contaminated in some way*’ [Judith, INV, 28/8/01]. For many interviewees, it is not just neighbours who turn against them following illness experiences, but also family members who are implicated in exclusionary social relations. Family relations are particularly significant in Highland rural contexts, as long family-place associations are seen a key markers of belonging to a locality. Family relationships between immediate family, but also cousins, aunts and uncles and grandparents are important ties in sparsely populated areas. Support, reciprocity and acceptance from these networks is hence desirable, but for some interviewees are sadly lacking, and even more disturbing than rejection from non-family members:

Doesn't matter about the non-members of the family, but the members of the family never walked across my door, never picked the phone up and say 'is there anything we can do for you?'. My children always went into foster care, they never helped and they won't come to the house now when I am there. They won't come to visit when I am there. That's how they respond, that's why I wanted to get away [our emphasis]. [Eve, INV, 30/5/01]

As is indicated in the above quote certain consequences of such exclusionary social actions by families may include migration decisions, a point explored further below. Although it is mainly in public spaces where interviewees experience social rejection, the increasing lack of visits by friends and family to private home space also is implicated in exclusionary social relations. In some parts of the Highlands, private space is particularly important for socialising, drinking, gossiping and so on, given the lack of other viable venues for such activity, particularly for women:

People I'd known for years found it incredibly difficult to come to the house. [Jessica, NWS, 18/7/01]

People I thought were quite good colleagues have distanced themselves and that's very obvious and I've been quite saddened by that. [Judith, INV, 28/8/01]

The use of the phrase 'distance' is used many times by interviewees and signals both the geographical and social separations that can characterise exclusion. While interviewees' homes are avoided, they also receive less invitations to spend time in other people's houses. In places where community life does not always happen on streets and in cafes and bars, this can be a very isolating element of social relationships:

She wasn't comfortable having Janice in the house, because she didn't know how she'd react and how she would be. [Jackie, INV, 22/6/01]

Interestingly, the use of humour, sarcasm and ridicule is noted by many interviewees in discussing experiences of social exclusion. As the butt of many jokes, the role of humour for rural interviewees is of particular significance. Humour can be used as a distancing device from situations and people that provoke fear and anxiety, however it may also be used as a controlling mechanism. By making jokes about mental illness and those who suffer from it, the joker establishes themselves as sane, as able to laugh at something they are unlikely to experience. At the same time, the joker may also be entering into a dialogue with someone who has had problems. In a cultural climate where emotional talk is limited (see our findings paper on **Highlands, economy, culture and mental health problems**), joking may well be a strategic way of acknowledging and relating experiences of mental health problems:

They talk about me behind my back. I know that. Then again it is par for the course here, part of the culture. Some will think it's funny probably that I have a mental health problem, so people would be quite amused. [Alistair, SL, 17/9/01]

Well Stephen's now a friend of ours, and he suffers from depression, and they laugh at him. I mean, I don't mean they laugh at him, but they, they make a joke about it. You know, or they call him Prozac Pete, oh, it's Prozac Pete, you know. [Natasha, SL, 17/7/01]

They laugh and joke about me being in a mental hospital and I just laugh back with them. [Patrick, SL, 20/8/01]

Although interviewees are subject to avoidance and jokes, they sometimes still do engage with other aspects of collective community life, such as engaging with various community groups. However, if interviewees do enter community groups they may be treated badly as they might not be able to conform to usual group rules:

Well my mental breakdown went religious, some people who are mentally ill do go religious it helps them to get through it. I went to this bible group and they were quite nasty to me Not nice at all. My father said they were horrible people because they were laughing at me and wouldn't speak to me. One day I was crying in the group and they said go to the bathroom and wash your face ... just plain nasty. [Frances, ER, 10/12/01]

Here emotional reactions are censored by the group, who made Frances feel unwanted and that her actions were inappropriate. For some, group membership is not possible, especially for incomers to an area who had to cope with multiple layers of 'outsiderness'.

From my point of view I would say the groups were very hard to get into. [Thomas, INV, 23/5/01]

I find it a very negative thing for me - the kind of closed shop, the lack of friendliness in certain areas and yet the comfortable bit in others It's not as comfortable as folk like to think and it's not as nice as would like to think. [Clara, ER, 27/11/01]

Although it is rare for interviewees to be directly confronted about their illness experiences, for some it is a topic of discussion with neighbours and friends. On these occasions the illness experience itself can be rejected, adding to the sense of worthlessness for some, as their symptoms and feelings are dismissed:

What have you got to be depressed about? You've got nothing in life to be depressed about'. And I was like, you obviously don't understand. And she was like, 'I think I understand perfectly, there's nothing for you to be depressed about'. And I was like, 'oh get out of my face', you know, you just have got no idea. And she was very bitchy about it as well. And I was like, just because she didn't understand, but the fact that she didn't even want to understand, you know. And that hurt me as well [Stephanie, NWS, 17/07/01]

One of my friends in Tain always puts me down, always goes 'you're ill, stop being ill' and stuff like that. In a way they are trying to be a friend and trying to get me to snap out of it but when it comes to mental illness you can't snap out of it. He always puts me down, I always try and avoid him, as much as possible. [Keith, ER, 15/11/01]

The experiences of exclusionary social relations that are described above are ones that are gradually accumulated through the routines of everyday life for people with mental health problems. However, exclusionary social actions can also be associated with an 'event' like an illness experience, a hospital stay, from which flow

discriminatory processes and attitudes. Significant events can be understood as defining social interactions with powerful community figures, people who give cues to other community members who then follow their lead in terms of prevailing attitudes towards the person affected by mental health problems. Below a user talks about his son who had mental health problems and who was the subject of public concern by a new headteacher at the primary school:

I went up to the school and I went through her like a dose of salts because that ended Mark up with a lot of baggage ... word got round that he was a danger and that was it. That destroyed it. Kids used to come round and play with him. One day I had 11 or 12 kids in the house And all of a sudden 'bang' ... none of them would come anywhere near. And the ones that did, they just came and taunted him. [Glenn, SL, 6/9/01]

Many interviewees accounts of exclusionary differencing emerge from their accounts of everyday life within their communities, but sometimes exclusionary social relations are experienced at a distance, such as when staying in hospital:

Well, one time I'd been in hospital, and for years ... I'm a player in a group of fiddlers and I know them all, known them all for years and nobody has ever visited in a psychiatric hospital, in all the time that I've been here from that group. [Maria, INV, 21/5/01]

One user, from Lewis, explains why social, cultural and religious beliefs can fuel such social inaction towards someone who has mental health problems:

Something we noticed in the hospital too in the mental health site, the Western Isles hospital is a very social visiting place, they all go visiting people who are ill but they don't come visiting if they are in the mental health site. They can't deal with it, they cannot deal with it. Because of their religious background, they're not supposed to feel sorry for yourself, you're not supposed to want to take your own life. You're not supposed to be sad about life your supposed to be thankful for God giving you this life, because there is a tremendous, tremendous religious thing. They believe if you pray to God that is the answer to it all. [Eve, INV,30/5/01]

User understandings of why exclusion occurs

Some interviewees make general claims about the ways in which Highland society has changed over the years as part of an explanation for why they experience exclusionary social relations, and why they don't perceive there to be a more caring and inclusive and distinctively rural community spirit:

I think society in general has changed. Years ago society used to be made up of families and family was really important, but over the last ten-fifteen years there is this individualism has come out, it's everybody is sort of out for themselves. Years ago it was very family oriented, I suppose there are so many marriage break-ups, life is so totally different now ... everybody is really busy and we maybe don't have time for people the same. But generally speaking up here what I have found is people do have time for you, but it is getting more like the towns. [Ralph, SL, 18/9/01]

Gaining support and experiencing inclusion as a person with a mental health problem in a rural Highland environment is difficult for many, but different groups experience social exclusion for different reasons and in different ways. For some interviewees, their status as an 'incomer' is an issue, as Connor, a 'local' user, articulates:

Connor: *So, say if an incomer came up, you know, to move here, they'd find it very hard to get into the community. So, they're kind of shut out for a long time because they don't know that person. Somebody new coming in, so they just shut them in.*

Interviewer: *So, and especially if they've got any kind of mental health problem, that would be a double reason ...*

Connor: *That would be the double reason to stay away from them.* [Connor, NWS, 16/7/01]

Connor expands to explain how social networks are configured for locals: 'small communities they're kind of clannish, if you know where you have groups of people, they socialise in groups and fitting into that can be quite difficult' [Connor, NWS, 16/7/01]. Incomers who have had mental health problems do attribute part of their feelings of exclusion to this migrant status, which also disadvantages them in terms of cultural norms and language:

There's also a Gaelic thing. I found that working at the sheep fanks, they would speak Gaelic. They might not have been talking about me, but at the same time, they were speaking Gaelic, they would not explain what they were talking about. [Alistair, SL, 17/9/01]

The uncertain status of a community member who has had mental health problems and who may be enmeshed in ambiguous social relations is further complicated by the cultural separations engendered by Gaelic speaking. Here an interviewee can inhabit the same spaces as other community members (working the fank), but experience social separation as a result of migrant and language status combined with suspicions about mental health status.

Many interviewees recognised that within their localities their mental health problems serve as a label which sticks and that is difficult to lose with time:

I don't know. I just feel a bit of an outcast to everybody obviously as maybe Skye is ... if you've done one little thing wrong, then you carry that on through the rest of your life. That's why I don't feel part of the community [Emma, SL, 5/9/01]

And I mean I'm still getting it casted up to me to this day about my depression and being in hospital and about the drinking as well. You know. And you know you can try and do, you know, like I've been doing really well and things like that, but you always get, you know, some people that'll turn round and say oh aye but she'll go back down again. You know. And you just think oh leave me alone. You know, will you just let me get on with my life. And then I do that. They actually refuse to let you get on with your life. They're that determined to keep your past going, you know. And I don't know, it's just very, very difficult. [Stephanie, NWS, 17/7/01]

Just at the fact that they will not accept I'm getting better with depression. They've got to keep bringing up the past. And I think it will always be like that. They won't give you that chance to make things change [ibid.]

At the same time, community memory can be selective, and even community members who have had mental health issues in the past can distance themselves from these:

I don't think there is enough support for people, people who understand, that's the feeling I get you know, and there are lots of people, relations and older people have actually been through it themselves, they forget. [Charmaine, ER, 22/11/01]

For an incomer like Maureen (below), some of the reasons for the lack of acceptance and understanding of psychic and emotional difficulties lie in what she perceives to be cultural norms about socially supportive interactions. In the following conversation between the interviewer, her husband (a Highlander) and Maureen, the cultural norms surrounding 'caring talk' is explored:

Maureen: *Why don't you ask people about themselves Frank?*

Frank: *Well I was taught it was bad manners if you asked ... it's seen as being nosy ...*

Maureen: *They just don't ask anyone about anything.*

Interviewee: *And yet that can be an expression of care.*

Maureen: *Exactly ...*

Frank: *I was also told not to ask questions.*

Maureen: *His parents won't ask me anything at all, about me, my family or anything ... and it's extraordinary .. it's about wanting to know about the person ... so if you saw someone in the street ...having a problem .. well Frank might intervene ...*

[later]

M: *I have struggled hugely with the culture difference and like you say the expression of care ... it is ... they don't seem to care for each other ...*

[Maureen and Frank, NWS, 26/9/01]

For Maureen, part of her 'sense of community' requires regular enquiries about her health and welfare, which in turn would translate into an 'expression of care', which perhaps would also engender a sense of belonging. The lack of such enquiries as part of her everyday experience of rural place, is clearly attributed to the culture of the region and Maureen's difference as an incomer: '*it's like living in a foreign country here ... they are a different lot of people ... they are a different breed of people who are born of the earth here*'. [ibid.]. However, it may not be just incomers who feel this type of cultural disadvantage, as Deborah, a North West Highlander points out:

I suppose you try and cope on your own really, especially up here [our emphasis] it still exists of course, it exists even in my own household because my husband doesn't understand emotional problems at all. And a lot of people don't. You know sometimes, oh God, if I just had a broken leg or something and folk could see, you know, but folk here aren't terribly understanding [Deborah, NWS, 23/7/01]

Overall, however, many interviewees recognise that fear and ignorance of the reality of mental health problems are the main reasons for exclusionary social actions:

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. [Edward, ER 3/12/01]

Actions/Consequences of exclusionary social relations

Exclusionary social practices can have devastating effects on an individual's sense of well-being, belonging and recovery from illness experiences. Disentangling reactions to social stigmatisation and illness symptoms is distressing for many interviewees, who find it difficult to be sure of themselves when their positioning in rural communities is so obviously threatened:

I felt hounded to the extent that I felt quite suicidal about it all because you begin to believe what they are saying. [Susan, SL, 20/9/01]

I felt completely stigmatised when I left Tain, I felt totally and utterly worthless and awful [Roisin, ER, 21/11/01]

One consequence of witnessing social exclusion, then, is the hiding of illness:

There was also a man in the village where I grew up and he was mentally unstable. The adult had a funny attitude to him, they hid things from him, they didn't tell him things, they didn't trust him. And he was someone we were told to stay away from, so he was 'different'. He wasn't like a normal adult. So I suppose I imbued all that and know I could become other. So I hid it. [Melissa, INV, 14/6/01]

One key consequence of exclusionary social relations and practices then is the perpetuation of cultural norms of silence about mental health problems. Small rural communities in particular are places where mental health problems remain unacknowledged because of the fear of exclusionary social actions.

While some people with mental health problems in rural communities can experience various forms of differencing and rejection as part of exclusionary social relationships, others contribute to this process by exercising a kind of self-exclusion from community life. This may be because of illness experiences themselves. For example, acute depression often means that people only wish to remain in the home and cannot face social interactions outside of private space. However, it also may result from a fear of social rejection, and a withdrawal from everyday public spaces where any remaining symptoms, or absences through hospital stays cannot easily be explained away:

I think the community can isolate people, but in my particular case, I have isolated myself. [Jack, ER, 16/11/01]

I don't want to take the risk of having new relationships. I don't trust people. [Hazel, SL, 13/8/01]

I've been very embarrassed about my illness and I withdraw myself from the community ... I just try and keep social contact a wee bit shorter than I

would. I don't embrace social contact at the moment. [Justine, INV, 14/6/01]

The withdrawal from everyday geographies of community life is underpinned in interviews by interviewees who discuss distinctively 'unsafe' spaces in their local areas, spaces they feel at risk from exclusionary social actions:

I don't go to the pub. I don't make friends with anyone, I don't want the hassle. I don't want to go anywhere. I don't go out to the pub. [Stephanie, NWS, 17/7/02]

I find it harder to go to the pub. [Rebecca, SL, 16/9/01]

I don't feel safe ... to go anywhere in Alness. [Sophie, ER 8/8/01]

I would avoid the High street. [Charmaine, ER, 22/11/01]

In the rural Highlands, streets, pubs and shops are where the highest concentrations of people would be, although relatively speaking these do not hold 'crowds' in the same ways one would encounter in city spaces. However, these are the populated spaces that people with mental health problems begin to avoid. Solutions to this restricted geography of everyday life involve huge emotional and imaginative strength in order to re-occupy such spaces:

I remember walking through the village of Portree and I mean I used to get through, get by, by imagining I was anywhere else but Portree, walking through the streets. I used to have my head hung low because I felt stigmatised here by all corners [Julia, SL, 17/9/01]

As mentioned above, the retreat into private space for people who feel unsafe in rural communities is a double-edged sword, as the meaning of the home can change from a haven to a prison:

For an awful long time it [home] was a safe place, but then it was tying me down and probably increasing my fear of outside. [Clara, ER, 27/11/01]

In the few rural communities which have drop-in centres and other designated spaces for people with mental health problems to meet with each other, there is some evidence that such exclusionary relations within the wider community facilitate the formation of new group ties and the experience of a different kind of community; one that may transcend the geographical boundaries of valleys, townships and villages (see our findings papers **Drop-ins** and **User networks**). This is in part due to the common support and shared sense of identity that people may begin to have as interviewees of mental health services, but it is also as a result of rejection from other community networks:

Those who hang around the cabin ... they all seem to band together. People won't associate with them really. They'll speak to them, but I don't see them going up to them and visiting them ... they sort of hang about by themselves really. [Pauline, SL, 20/9/01]

Apart from the effects upon interviewees themselves, which may include social isolation, withdrawal from social life, exacerbation of symptoms and general feelings of loneliness and rejection, the social exclusionary relations which surround mental

illness in rural places can also have an effect on other family members who can be also be rejected by other community members:

My daughter said to me ... when I got ill again I phoned her up and she said 'oh mum' she said, 'I lost all my friends in Bather because of you when you were ill ... but I don't know how it affected her really. [Eleanor, SL, 20/8/01]

My daughter was off to boarding school by then because she'd been ostracised by other children. [Roisin, ER, 21/11/01]

It is important to note that people with mental health problems do not always passively experience exclusionary social relations and practices, but seek in various ways to challenge or circumnavigate the negative perceptions that others have of them. Hence, for some interviewees, there have been moments where they can directly challenge the exclusionary actions of others:

... but so called friends have to wait until they've had at least 3 or 4 drinks inside them before they have the courage to come and speak with you and then they say 'we don't know how to speak to yer' and I said 'just because I've got an illness, just to do with mental health doesn't mean to say I'm going to harm you in anyway. [Alness Group Discussion, ER, 3/11/01]

Or attempt to change their view points:

Nobody knows, nobody knows I have got a problem and you know you hear people talking, even down there we were out one night and this woman was on about you know 'I can't understand people who take overdoses and I said 'well I did', and she looked at me as if ... you know I am perfectly fine and healthy, they just have no idea. I said 'you've to be in that position to know', never mentioned anything about me but that's the way people talk [Siobhan, NWS, 25/7/01]

Interviewees can make moral and value judgements about the community they live within, so as to shift blame from themselves about their social isolation and exclusion:

I am fed up, they are beneath contempt as far as I am concerned. They pick on the weakest member of the community. [Susan, SL, 20/9/01]

For some interviewees there have necessarily been attempts to change their social circle, in ways which provide social opportunities away from original friendship networks which may have broken down. For younger, more mobile members of rural communities this is perhaps easier than for older ones, who may have more responsibilities or be tied to the home:

I've got different friends now and people that I was friends with before and that, they speak to me, but they never ask me if I want to go out with them or anything, to the pub or whatever ... it's hard. [Rebecca, SL 16/9/01]

In other ways some interviewees have tried to utilise the local authorities when faced with exclusionary social actions. After litter was strewn on her garden by neighbours, Susan in Skye phoned the police who said 'don't react to it' [Susan, SL, 20/9/01].

A key consequence of experiences of social exclusion for some interviewees is migration away from communities and places in which usual social interactions have broken down:

The only way I could be treated like a normal person again is to go somewhere that nobody knows me and no one knows my history and I totally hide what I have. I can't live in any community I think with my history and be just normal. [Fred, NWS, 24/7/01]

Here a user points to the need to lose his past, as in rural communities and small places it is difficult to reinvent a social identity that is free from the stigma of mental illness.

Conclusion

Exclusionary social relations are widespread in rural communities, but may be expressed in quite subtle ways. The impact of exclusionary social practices on people with mental health problems are profound and can be damaging to already vulnerable people.

References

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