



# Materialities matter

An exploration of supported housing for  
people with mental health problems

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Jan Georg Friesinger

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# **MATERIALITIES MATTER**

An exploration of supported housing for people with mental  
health problems

Doctoral dissertation (Ph.D.)

University of Agder  
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## Preface / Acknowledgements

*‘Nicht die Wahrheit, in deren Besitz irgendein Mensch ist oder zu sein vermeinet, sondern die aufrichtige Mühe, die er angewandt hat, hinter die Wahrheit zu kommen, macht den Werth des Menschen.’*

(Lessing, 1778)

In my own words, ‘the struggle for knowledge is more valued than its assured possession’. This expression from Lessing could be transferred to at least my own last years on the journey to fulfilling this doctoral thesis. Nonetheless, Lessing wanted to tell us more with this expression, because he referred to an existential need for human beings, a process of becoming, whereby multiple ways are present to achieve this – and not only one true way. In postmodern societies, we assume that all our individual dreams are within reach, often overlooking that we do not all have the same chances to achieve them. These inequalities are deeply linked to our societal and material culture, which takes place at the spaces of our everyday lives. Thus, whatever people want to achieve, like a meaningful life or being healthy, is embedded in participation in ‘social circles’, as Simmel (1950) would call it, or in being present in a network of places. Distinctive places are thereby the homes in which we live, nurturing ourselves in ways we wanted to be acknowledged at *other* places. Ordinary materialities that are often taken for granted are co-constitutive on our way to becoming an acknowledged person.

With my doctoral thesis, I wanted to illuminate such materialities regarding homes for people with mental health problems who receive help by community healthcare services, in so-called ‘supported housing’. Especially, my ethnographic approach meant not conducting research *on* people with mental health problems, but rather conducting research *with* them by getting involved in their daily lives. I wished to shed light on taken-for-granted materialities that might limit or expand the living situations of tenants in supported housing. This might lead to an emphasis on those materialities that contribute benevolently to the daily lives of the tenants and that might widen our understandings of them beyond psychiatric stereotypes. In sum, I hopefully contributed with the thesis to obtaining a deeper knowledge about ordinary materialities of housing that might help people with mental health

problems to enjoy better possibilities on their personal journeys to becoming acknowledged citizens.

For my doctoral journey, I am particularly grateful to all the participants of this thesis research and to my supervisors, Professor Inger Beate Larsen, Professor Alain Topor and Associate Professor Tore Dag Bøe. Alongside them, I would like to thank Professor Anders W. Andersen (the dean of the faculty), Associate Professor Siri Haugland (the head of the department), Professor Anne Brita Thorød, Professor Magnhild Høie, Professor emeritus Hans Grelland, Professor Cathrine Melhuus, Professor Åshild Slettebø and Associate Professor Astrid Skatvedt for their scholarly support of the thesis. I am grateful to all my Ph.D. research fellows for sharing their thoughts and experiences, which helped me for this project. In particular, I thank Gunnhild Lindvig, Monica Strømmland, Janne Lund, Bjørnulf Arntsen, Barbara Carvahlo, Saga Pardede, Ann-Christin Bjørke, Thomas Stenqvist and Bård Bertelsen. I would also like to thank the many people from the faculty, department and research group who were so curious about my research. Special thanks to Eli Andås and Tone Dahlsveen for their administrative support, and to the anonymous reviewers who helped me to improve my papers. Thanks too, to my friend Florian Mayer, for his guidance about how not to get lost on an academic odyssey. In particular, I am grateful to my family, to my partner Silje and to my sons, Ola and Einar, who have grounded my life beyond academia. To Silje, I cannot sufficiently express how much I have appreciated all your support.

Jan Georg Friesinger

Arendal

January 2020

## **Abstract**

### *Background*

In the second half of the twentieth century, supported housing was founded as a comprehensive approach to people with mental health problems, who could receive help in the communities. These living places are situated in post-asylum geographies and differ not only in regard to the quality of healthcare services but also in regard to their ordinary materialities, such as surroundings, buildings, rooms and objects.

### *Aim*

The aim of this thesis was to explore and understand how materialities in terms of the human–nonhuman interplay influence the living situations of people with mental health problems as tenants in supported housing. This overall research problem was addressed by three studies, each from a different angle.

### *Methods*

Study I had an international focus and consisted of a mix-method literature review of studies on supported housing and the built environment. Studies II-III had a local focus and consisted of a multi-sited ethnography of seven supported housing settings in Norway. The analysis was informed by Grounded Theory approaches, whereby study II illuminated understandings of tenants expressed in materialities, while study III examined the organisation and influences of materialities with respect to fire safety that were highlighted by the tenants themselves.

### *Findings*

The findings of each study showed how materialities might influence the tenants' living situations in various ways. To begin, the included literature in the mix-method review indicated that the built environment is significant for tenants' well-being, social identity and privacy, and it could thereby have different potentials for them regarding neighbourhood qualities and (congregate or independent) housing types. Then, the multi-sited Norwegian studies demonstrated that materialities of supported housing could present a blurry picture of tenants in a range from stereotypes to individuals. In addition, fire safety in terms of an all-embracing network could have ambiguous influences on tenants' daily lives. Lastly, the studies together pointed out that materialities matter in multiple and contradicting

ways. The materialities of supported housing that are involved in social interactions, relations and practices, as well as how they are experienced, shape the living situations of the tenants in ways that could be both limited and expanded. Nonetheless, the materialities of supported housing could make a contribution by placing tenants in relatively stable living situations and allowing them to create a meaningful place they could call *home*.

### *Discussion/Conclusion*

The thesis illuminated how materialities of supported housing matter for people with mental health problems in their daily lives. For those involved in the planning, building and administration of supported housing, it is important to consider the wholeness of these places in terms of both the inside and outside of supported housing. In other words, the surroundings, buildings, rooms and objects of supported housing are assembled in a broader social geography that could help tenants to express themselves as worth respecting citizens with their own identities. This social geography must therefore include ordinary materialities of supported housing as being arguably meaningful for people with mental health problems in the processes of their own becoming, both within healthcare services and in the spaces beyond them.



## **Norsk sammendrag**

### *Bakgrunn*

På slutten av nittenhundretallet ble det bygget bofellesskap i Norge og i resten av Europa som et nytt, kommunalt tilbud til mennesker med vedvarende, psykiske helseproblemer. Disse bostedene er beskrevet som 'nye psykiatriske institusjoner' og deres materielle utforming relatert til omgivelser, bygninger, rom og gjenstander vil få betydning for dagliglivet til beboerne.

### *Hensikt*

Målet med dette doktorgradsarbeidet var å belyse og forstå hvordan disse bostedenes materialitet innvirker på livssituasjonen til mennesker med psykiske helseproblemer ved å se på samspillet mellom mennesker og de materielle omgivelsene. Tre forskjellige studier med ulike innfallsvinkler belyser studiets målsetning.

### *Metode*

Studie I hadde et internasjonalt fokus og var en litteraturgjennomgang av studier med fokus på ulike boformer for mennesker med psykisk helseproblemer som mottok kommunale helsetjenester i sine hjem. Studiene var basert på kvalitative, kvantitative og multimetodiske undersøkelser. Studiene II-III hadde et lokalt fokus og bygget på et flerstedes-orientert (multi-sited) etnografisk feltarbeid av sju kommunale bofellesskap i Norge. Analysemetoden var inspirert av Grounded Theory. Studie II undersøkte hvordan forståelser av beboere kommer til uttrykk i bofellesskapenes materialitet. Studie III utforsket hvordan en forsterket brannsikkerhet var utformet på en måte som innvirket på beboernes hverdagsliv.

### *Funn*

Studiene indikerte at materialiteten innvirket på beboernes livssituasjoner på ulike måter. I litteraturgjennomgangen kom det frem at bostedenes fysiske omgivelser har ulik betydning for mennesker med psykiske helseproblemer. Naboskap og boligtype (bofellesskap eller eget hjem) har ulik innvirkning på beboernes velvære, sosiale identitet og privatliv. I feltstudien kom det frem hvordan materialiteten i Norske bofellesskap uttrykte et uklart bilde av beboerne, som varierer fra å forstå beboerne som personer med en diagnose til individer med ulike behov.

Brannsikkerheten avvek fra den i ordinære hjem, og de ulike elementene som røykvarslere og brannalarmer hadde sterk innflytelse på beboerne både fordi de representerte en trygghet, men også fordi de skapte en følelse av overvåkning. Til sammen synliggjør avhandlingen at materialitet betyr mye på mangfoldige og motstridene måter. Materialiteten av bosteder for mennesker med psykiske helseproblemer inngår i samhandlinger, relasjoner, praksiser og opplevelser, som både kan begrense og utvide livssituasjonen til beboerne. Alt i alt kan bofellesskap ved hjelp av sin materielle utforming gjøre det mulig å skape stabile bosituasjoner for beboere slik at de kan skape sine egne hjem.

### *Diskusjon/Konklusjon*

Avhandlingen belyser hvordan bosteders materialitet for mennesker med psykiske helseproblemer får betydning for deres hverdagsliv. En helhetlig stedsforståelse, hvor utformingen av omgivelser, bygninger, rom og gjenstander, blir forstått som viktige elementer med innvirkning på menneskene som bor på disse stedene. Det blir viktig at de som planlegger, bygger eller driver kommunale bofellesskap sørger for at bygninger, rom og gjenstander integrerer dette i et større sosialt landskap. Et slikt landskap bidra til at slike bosteder kan ha materielle uttrykk som verdsetter beboerne som medborgere med ulike identiteter. Det blir derfor viktig å nøye vurdere de materielle omgivelsene slik at ulike boformer kan bidra til meningsfulle liv for mennesker med psykiske helseproblemer.

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## List of papers

The thesis is based on three studies, each addressed by its own paper.

- I. Friesinger, J. G., Topor, A., Bøe, T. D., & Larsen, I. B. (2019). Studies regarding supported housing and the built environment for people with mental health problems: A mixed-methods literature review. *Health & Place*, 57, 44–53. <https://doi.org/10.1016/j.healthplace.2019.03.006>
- II. Friesinger, J. G., Topor, A., Bøe, T. D., & Larsen, I. B. (preprint). Materialities in supported housing for people with mental health problems: A blurry picture of the tenants. *Sociology of Health & Illness*.
- III. Friesinger, J. G., Topor, A., Bøe, T. D., & Larsen, I. B. (2019). The ambiguous influences of fire safety on people with mental health problems in supported housing. *Palgrave Communications*, 5(1), 22. <https://doi.org/10.1057/s41599-019-0230-0>

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## **Abbreviations**

BR	Brazil
CAN	Canada
GT	Grounded Theory
NIMBY	Not In My BackYard
NRT	Non-Representational Theory
NSD	Norwegian Centre for Research Data
SA	Situational Analysis
SMI	Severe Mental Illness
STS	Science and Technology Studies
SWE	Sweden
UK	United Kingdom
US	United States of America





## **1 Introduction**

In Western countries, the social geographies for people with mental health problems are characterised by a complex network of places, some of which are related to community-based healthcare services that accommodate and assist them in their daily lives. After the downsizing of mental hospitals in some Western countries, such as the United States (US) and the United Kingdom (UK), beginning in the 1950s, there was a shift towards creating a sense of community that should have led to an improved situation for people with mental health problems, but this was only partly achieved. In many ways, the community dynamic involves both marginalisation (Dear and Wolch, 1987; Knowles, 2000a) and possibilities, such as being understood to be more than a mental patient or survivor, to be seen as a citizen (Parr, 2008). For a person with mental health problems, it seems that having a personal apartment serves as an anchor in the fast-changing geographies where life takes place (Padgett, 2007). I intend with my research to give a contribution to the understanding of the matters of ordinary materialities in supported housing, which are often taken for granted. The thesis was intended to explore and grasp how materialities influence the living situations of people with mental health problems in supported housing.

To emphasise, I prefer to use the term ‘mental health problems’ rather than ‘disorders’, ‘psychiatric disabilities’ or ‘mental illnesses’, which are commonly used in medical and psychological studies. Even though the term ‘people with mental health problems’ seems constructed, it ‘implies that the individuals affected are people first and mentally unwell second’ (Wolch and Philo, 2000, p. 1). I thereby emphasise a critique of medical knowledge as entailing a dysfunctional understanding of mental health, such as brain disorders in recent neuroscience approaches (Rose, 2018). I prefer, moreover, the term ‘tenants’ rather than ‘residents’ because the former emphasises that people with mental health problems have signed a tenancy contract which entails responsibilities for landlords and rights for tenants (Nelson, 2010). In comparison, terms like ‘resident’, ‘client’ or ‘service user’ refer to a person who is located within a housing programme and is dependent on healthcare or welfare services. The term ‘tenant’ might imply the same rights as every other citizen but it still requires practical conduct in local communities in terms of social ‘citizenship’ (Painter and Philo, 1995; Parr, 2008, p. 49). As such, tenants living in supported housing might express a stigmatised

otherness compared to their neighbours, one that might lead to further marginalisation. It is therefore important to perform a comprehensive inquiry into the materialities concerning those homes.

In the following, I outline the structure of my thesis. To begin, I give a brief history of spaces of care for people with mental health problems, from asylums to today's post-asylum geographies in the community. Then, I summarise the field of supported housing research. Because of the main focus on materialities, I introduce theories that conceptualise the co-constitutiveness of materialities in interactions, relations, practices and lived experiences, which all matter for the tenants' living situations. Furthermore, I state the aim of the thesis and explain the research design and methods used for each study covered in the thesis. In chapter 5, I present the findings of these studies as well as a summary of them that point out how the materialities of supported housing matter in multiple and contradicting ways. The chapter is followed by a discussion of the findings of each study as well as those of the whole thesis, in addition to their respective methodological issues. Lastly, I conclude the thesis by outlining some implications for practice and some recommendations for further research.

### ***1.1 Historical spaces of care for people with mental health problems***

I present a brief history of spaces for people with mental health problems in Western countries until the middle of the twentieth century. This history is meant to emphasise the historical roots of supported housing and does not attempt to present a complete picture of past mental health institutions.

From the sixteenth century on, the first institutional spaces were founded across Western European countries to house people who stood out by their inability to fit in with a changing society because of their poverty and/or co-occurring mental health problems (Porter, 2002; Scull, 2015). Such segregation of this outstanding group, from public to 'secure places', was often accomplished by, e.g., poor- or work-houses (Philo, 2004, chap. 4). The latter was often linked to 'madness' in terms of unreason. In the following centuries emerged, as described by Foucault (2006a, 2006b), mental science and its spatial institutions, where madness was placed, as a government of unreason by reason with links to principles of enlightenment and rationalisation (Philo, 1999). In other words, this disciplining process of unreason enabled and legitimated psychiatry as a science as well as its

asylum spaces. The history of these spaces of mental healthcare is therefore always a history of geography (Crampton and Elden, 2016). For example, the madness of people in ancient and medieval times was interpreted by a range of divine or evil possessions that were ambiguously treated without necessarily involving spatial exclusion (Scull, 2015). These ambiguous social responses led Philo (2004, chap. 3) to interpret ancient and medieval times as a form of messy geography.

Philo himself wrote a geographical history of mental health institutions from medieval times to the nineteenth century that accounted for England and Wales but could be further compared to developments in other Western countries (Philo, 2004). The landscape of past mental health institutions is thereby more complex than one would assume when referring to medical and moral spaces that consisted of public, charitable and private asylums, alongside poor- and work-houses. Already in the seventeenth century, private asylums or madhouses<sup>1</sup> had been established for wealthy people (Philo, 2004, chap. 5), which were joined by charitable mental hospitals in the following century for people not necessarily belonging to elite circles (Philo, 2004, chap. 6). A well-known example of a charitable asylum was the York Retreat of the Tukes that opened in 1796 and practised a moral treatment that became a model for many upcoming asylums (Edginton, 1997). The foundation of the moral treatment of the Tukes was the establishment of a therapeutic place in a rural surrounding with a family-like atmosphere between staff and patients, which was believed would encourage recovery (Porter, 2002, p. 104). In the shift between the eighteenth and nineteenth century, public asylums were additionally founded in the UK because of the increasing number of people who were suffering from both poverty and mental health problems but who could not be housed in the other two asylum types any longer (Philo, 2004, chap. 7; Scull, 1989). This asylum development must be seen in the context of the increasing industrialisation of local society at the time, a development that expressed the transfer to capitalism, whereby disabled people became disadvantaged insofar as they could not fit into society (Gleeson, 2002). The public asylums were progressively located in rural and segregated locations with buildings that emphasised the otherness of the patients (Philo, 2004, chap. 7). Despite the positive intentions of the asylum organisers of the early 1800s, a tendency became apparent between the 1850s to 1950s whereby people with

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<sup>1</sup>The terms 'madhouse' and 'asylum' were often used interchangeably.

mental health problems were increasingly ‘warehoused’ in asylums under unhealthy and crowded conditions that separated them socially from the community (Scull, 1989). During this period, asylum spaces became more medicalised, converting into mental hospitals with medical doctors and psychiatrists charged with treating the mental illnesses of their patients (Porter, 2002; Scull, 2005). Similar changes occurred in France, but with an earlier emphasis on psychological and medical treatment, introduced by doctors like Phillippe Pinel around 1800 (Castel, 1988; Foucault, 2006a).

One might ask if asylum development occurred similarly in Norway. The answer would lean towards ‘yes’ because the Norwegian parliament ratified a law for the treatment of mentally ill persons in 1848, but the founding of the Norwegian asylum system was temporally delayed compared to that of the UK and showed a different geography of care (Skålevåg, 2002). As such, the first intentionally built mental healthcare institution in Norway, Gaustad Asylum, opened in 1855 in Kristiania,<sup>2</sup> and was architecturally based on a pavilion system; this system entailed the classification of patients concerning their social status and difficulties in a range from open to closed wards (Skålevåg, 2002). This organization by ward levels introduced the possibilities of ‘the moral career of the mental patient’ as Goffman (1959) would describe a century later. Nevertheless, it is important to be aware of simplistic representations of the historical asylum types with their different locations, buildings and practices. In many ways, all asylum types or mental hospitals refer to a form of ‘institutional architecture’ that involves a sort of ‘care and control’ logic (Philo, 2017). For example, Gaustad Asylum might be seen as a classifying system of social control, but one that offered additionally ‘sane’ situations that could restore patients’ mental health (Skålevåg, 2002). Similarly, the York Retreat might be understood in terms of ‘technologies of (a “soft”) social control’ whereby patients should learn to restrain their mental illness (Philo, 2017). From a geographical perspective, buildings linked to any form of care are based on this logic of care and control, with different potentials to influence how people sense these places (Philo and Parr, 2019). This logic could be transferred to recent geographies of mental healthcare ranging from mental hospitals to community care, like supported housing. Asylums as historical spaces allow us to reconstruct the social orders of times past on the one hand, and to revisit

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<sup>2</sup> The former name of Norway’s capital, ‘Oslo’.

how remaining buildings still matter for our recent understandings of people with mental health problems on the other (Larsen, 2009; Moon et al., 2015).

## ***1.2 Post-asylum geographies***

The walls of the asylums started ‘crumbling’ from the 1950s (Cornish, 1997), meaning that the asylums were gradually downsized and were eventually closed. This de-institutionalisation of asylum spaces started first in the US and UK, followed by other Western countries. De-institutionalisation was basically encouraged by policy changes (Grob, 1991) and critiques of inhuman treatment in psychiatry by scholars (Elias, 1969; Foucault, 2006a; Goffman, 1961; Scull, 2015) and service-user movements (Crossley, 2006; Davidson et al., 2010). In the 1960/70s, people who were discharged from asylums returned to community life, where they could receive support like medication or therapeutic interventions. Those former patients with enduring mental health problems could be transferred to community-based institutions, such as residential homes or supported housing (accommodations), to their families or be left homeless (Kearns and Joseph, 2000; Knowles, 2000b; Wolpert and Wolpert, 1976). Homelessness was particularly prevalent in North American cities, as was the segregation of people with mental health problems into impoverished areas, where accommodations were affordable. In the words of Dear and Wolch (1987), de-institutionalisation could lead to ‘service-dependent ghettos’ for North American cities. This urban process is only partially comparable to that which occurred in UK settings because of different contexts and the latter’s establishment of a welfare state (Milligan, 1996). Moreover, some residents of neighbourhoods opposed having people with mental health problems as their new neighbours in ‘Not In My Back Yard’ (NIMBY) campaigns (Dear, 1992; Dear and Taylor, 1982), a situation comparable to that experienced by other marginalised groups, such as refugees. Poverty and economic boundaries for people with mental health problems was also an issue because of labour and housing market marginalisation (Curtis, 2004; Rogers and Pilgrim, 2006; Sylvestre et al., 2018; Wilton, 2004, 2003).

In the second half of the twentieth century, asylum geographies were gradually replaced by contemporary ‘post-asylum geographies’ (Wolch and Philo, 2000), which produced marginalisations, as outlined, but also new possibilities for people with mental health problems beyond institutional spaces (Parr, 2008). Post-asylum

landscapes are characterised by a complex network of community-based healthcare services and social processes, including but not limited to de-institutionalisation; e.g. trans-institutionalisation, which involves the transfer of people with mental health problems from one institution to another, such as residential homes or even prisons (Högström, 2018; Moon et al., 2015), while re-institutionalisation involves the more recent expansion of mental hospitals (Fakhoury and Priebe, 2007). These processes occurring similarly in Norwegian settings, albeit some years delayed compared to the US and UK (Pedersen and Kolstad, 2009). A national mental health programme between 1998 and 2008 was thereby developed to add community mental health services in Norway, including supported housing (Holm, 2006; Sosial- og helsedepartementet, 1998).

From a broader geographical view on healthcare services, the community shift could be understood as de-territorialisation that resulted in ‘extitutional arrangements’ (Milligan, 2009, p. 22). ‘Extitution’ refers to an all-embracing system of healthcare services in comparison to the exclusiveness of institutions (Vitores, 2002). With the spatial shift towards community, a general debate started about the risk management of people with mental health problems, who were seen as troublesome and should be confined with a stricter policy (Moon, 2000; Rose, 1998). Thereby, Yanos et al. (2017) underlined the dilemma for community mental healthcare services in the US between community protection and recovery for people with mental health problems. The authors contended that such services should rethink themselves in a more transparent way to encourage recovery.

The shift from asylum to post-asylum geographies entailed a hopeful shift from objectification to subjectification for people with mental health problems. Nevertheless, Parr (2008, p. 16) outlined a more complex story by referring to Goffman. Goffman (1961) showed that patients of asylums were at risk of mortification of the civil self on the one hand, but that they also had possibilities to resist the discipline of the ‘total institution’ with a subcultural life on the other. This is important to mention, because former patients of asylums are not simply understood in terms of Foucault’s (1977) ‘docile bodies’. The community life, in comparison, entails not only stories of empowerment and recovery for people with mental health problems (Sayce, 2016). Rather, people with mental health problems still experience stigma within the community, e.g. service users who stand out by their ‘unorthodox normalities’ (Pinfold, 2000), or the ‘facility-based stigma’ of

former asylum buildings, which seem to confirm our simplistic prejudgments of them (Moon et al., 2015). Post-asylum geographies are therefore both exclusionary and inclusionary for people with mental health problems (Parr, 2000; Parr et al., 2004). But, these landscapes also offer opportunities for people with mental health problems to move beyond the ‘enclosed identities’ of being a mental patient to the ‘disclosed identities’ of becoming a citizen (Parr, 2008, p. 27); this could occur by being included in sociocultural spaces that transcend any relation to healthcare services. For example, people with mental health problems could participate in sociocultural spaces by being invited by their neighbours or by churches, or by creating virtual social spaces on the internet (Parr, 2008). In sum, post-asylum geographies consist of different places of community lives for people with mental health problems, including institutional places such as ‘supported housing’ (Carling, 1990), but also marginalised situations (Rogers and Pilgrim, 2006), individual struggles in urban spaces (Knowles, 2000b), and/or empowerment and embodied subjectification in spaces within and without mental health services (Davidson et al., 2010; Parr, 2008; Sayce, 2016).

### ***1.3 Supported housing***

In the second half of the twentieth century, supported housing was founded in Western countries to accommodate people with mental health problems in post-asylum geographies. This started already in the 1970s, for example, with some facilities that remained a part of mental hospitals (Wolpert et al., 1975) or with boarding houses, halfway and group homes that missed any comfort and privacy for people with mental health problems whereby some could even have an custodial character (Nelson, 2010; Ridgway and Zipple, 1990). To address severe homelessness in North American cities, supported housing programmes have been developed since the 1990s; e.g. ‘Pathways to Housing’ (better known today as Housing First), whereby homeless people with mental health problems receive independent apartments without fulfilling the necessary requirements of sobriety or treatment (Tsemberis, 2010). These were usually required in graduated housing approaches, with treatment first, then transitional housing, and lastly permanent housing. In sum, the term ‘supported housing’ (or supported accommodations) is not consistently used in research studies or policies (McPherson et al., 2018a; Tabol et al., 2010). For the thesis, I therefore prefer to use a basic definition of supported housing, one which refers to assistance or support by healthcare

professionals for people with mental health problems, either on-site in congregate settings or off-site in independent settings.

What do we know about people with mental health problems in supported housing within post-asylum geographies? In a literature review of relevant quantitative studies and other reviews, Rog (2004) and colleagues (Rog et al., 2014) argued that supported housing could, as an affordable and permanent approach, decrease hospitalisation and homelessness on the one hand, and improve the tenancy and satisfaction of people with mental health problems on the other. The authors (Rog et al., 2014) stated that tenants in the reviewed studies appreciated having accommodations that endorsed their choices and preferences as opposed to more restrictive accommodations. Newman's (2001) review of quantitative studies underlined that tenants living in independent settings showed arguably more satisfaction with their housing and neighbouring surroundings. In a meta-analysis, Richter and Hoffman (2017) confirmed the preference of tenants for supported housing types in independent settings. In a comprehensive review of quantitative studies on different supported housing approaches, the authors (McPherson et al., 2018b) concluded that despite some heterogeneity in the data, there was some evidence for the improvement of psycho-social factors, such as quality of life, for tenants but also significant evidence for a reduction in homelessness. These conclusions are similar to the findings of Woodhall-Melnik and Dunn (2016), who observed a reduction in homelessness and an improvement in residential stability via Housing First programmes; despite this, they also stressed the need for these programmes to be adapted to local welfare systems and policies.

In an evaluation of the ongoing implementation of Housing First programmes in Norwegian municipalities (Snertingdal, 2014; Snertingdal and Bakkeli, 2015), the housing approach was appraised as positive, but several uncertainties were also outlined. These could be based on the limited transferability of the model because of the specificities of the Norwegian welfare state. Moreover, the municipalities showed a range of Housing First practices and understandings of recovery, which could still remain on medical ideas about mental health. Finally, the implementation resulted in vagueness about tenants' rights to appeal a decision made against them by a supported housing office.

Alongside quantitative literature reviews, other authors (Gonzalez and Andvig, 2015a, 2015b; Krotofil et al., 2018) reviewed studies that used qualitative methods



to explore the (lived) experiences of tenants in supported housing. The qualitative reviews thereby yielded a more in-depth description of the daily lives of tenants than the quantitative reviews, which had a more one-sided focus on the effectiveness of the housing approach. For example, Krotofil et al. (2018) underlined studies that illuminated service characteristics consisting of elements like staff, tenants, support and the physical environment, each of which affected the tenant's recovery and identity differently. Gonzalez and Andvig (2015a, 2015b) showed with their meta-syntheses of studies that people with mental health problems might experience having a home as a turning point, but that their experiences would also depend on the services and housing contexts available to them.

In Norwegian settings, the experiences of tenants living in supported housing could still be considered institutional care due to the use of coercive practices wherein staff act as 'housewives' to maintain the societal illusion of voluntary healthcare services (Pawlica, 2018). This highlights the same dilemma of community mental health services that Yanos (2017) outlined for US settings. But people with mental health problems could also have positive experiences in terms of 'like a hotel, but boring' (Roos et al., 2017, 2016) for those who stay for a short term in transitional supported accommodations in the community. Lindvig et al. (2019) explored the relationship between tenants and staff within institutional settings of supported housing, which could be experienced as helpful *if* the relation referred to friendship and reciprocity and the staff offered practical support in the tenants' daily lives. Additionally, Mækela (2015) showed comparable experiences of tenants but set the focus more on interdependency and responsible cooperation between staff and tenants. Kjøltsdal et al. (2017), in contrast, showed that coercion was practised by Norwegian municipalities against people with mental health problems living in supported accommodations; the authors particularly criticised the violation of the tenants' rights as social citizens. For example, the Norwegian government legitimatised the option to limit tenancy contracts for housing linked to welfare or healthcare services involving people with special dwelling needs (KMD, 2009). As such, tenancy agreements could be limited in supported housing and moreover by specific house rules (Andersen et al., 2016).

In regard to building regulations (DIBK, 2017, 2010), supported housing with congregate settings was grouped with residential care homes concerning their technical requirements. Norwegian studies about the architecture of supported

housing have included participants who mainly belonged to groups of disadvantaged persons linked to homelessness and drug problems. As such, the authors (Wågø et al., 2019) of a recent evaluation stressed the sustainable construction of supported housing as worthy for tenants from a functional view. Another study and technical guideline emphasised, on the contrary, a good housing quality of supported housing, which was appreciated by tenants and affected their identity (Hauge and Støa, 2009; Støa et al., 2007). Turning to a study on explaining the allocation of supported accommodations, the authors (Wiker et al., 2019) focused on (dys-) functionality and diagnosis of tenants lacking any social dimension or context. Alternatively, Holm (2012) described in a comprehensive study across Norway a complex living situation for people with mental health problems in supported housing that is influenced by challenges in organising proper housing services by the responsible parties in the municipalities. The latter consisted of economic and professional obstacles to establishing suitable supported housing, particularly for rural municipalities, which have resulted in a long waiting list for receiving a home.

Turning back to North American settings, Padgett (2007) underlined the need for a home in terms of ‘ontological security’ (Giddens, 1991) for people with mental health problems. In other words, tenants might experience supported accommodations as homes in terms of controllable living spaces that represent safe places in their lives, which are usually characterised by existential uncertainties. In such environments, well-being and personal recovery might become possible, *if* tenants have choices (Piat et al., 2019). This involves choices within supported accommodations, such as the potential to be ‘responsible for one’s life’, to ‘organize one’s social life’ and to create a sense of home (2019, p. 1). In comparison, in a wide-ranging report on the feasibility of supported accommodations in the UK, the authors (Killaspy et al., 2019) concluded that all housing types<sup>3</sup> are required for people with mental health problems and that arguably no statement about effectiveness should be made. Instead, service planners should focus on local requirements and adapt their supported accommodation accordingly, rather than focusing on financial purposes. Overall,

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<sup>3</sup> McPherson et al. (2018a) distinguished between five supported accommodation (housing) types that are characterised by staff (on-site or off-site), support (high, moderate, low, no), emphasis on moving on (strong or limited) and physical setting (congregate or independent).

the research on supported housing demonstrates the importance of choices for tenants both in selecting among different housing types and in the potential to be responsible for one's own life within those types.

While some studies explored single aspects of materialities regarding supported housing, there is a lack of a comprehensive account that involves how the material culture takes place in supported housing and influences the tenants' living situations. Supported housing research needs, moreover, to be linked to the field of post-asylum geographies (Yanos, 2007). For instance, Parr (2008) emphasised possibilities for a social geography that might help people with mental health problems to develop an identity as a citizen beyond medical spaces. Pilgrim (2009) thereby underlined the importance of ethnographic studies in mental health research in order to become more closely involved in the lives of people with mental health problems, to give them a voice, and to grasp taken-for-granted concepts that would only be touched on in other methodological approaches. In sum, I state the relevance of this thesis as a means to explore and understand how the ordinary materialities of supported housing are involved in the tenants' living situations. These ordinary materialities, such as surroundings, buildings, rooms and objects, are often taken for granted but are nonetheless part of a material culture that contributes to how tenants live their daily lives and how they construct a sense of self in need of social acknowledgment.



## 2 Materialities

In our daily lives, we routinely use different kinds of materials<sup>4</sup> as if they have become part of our nature. These taken-for-granted materials range spatially from the built environment, like architectural buildings, to small things like smartphones, vacuum cleaners or dining tables, which all can be found in places of supported housing. What these ordinary materials all have in common is that they are all outcomes of a particular material culture and are used in our social interactions. Elias (2000)<sup>5</sup> showed, for example, how the ‘fork’ was historically developed in a civilising process by some aristocratic circles in the Middle Ages. This was to formalise eating practices as a social distinction by setting standards of manners on how to eat with a fork; standards presumably established to avoid the feeling of shame. Today, the fork has become a significant material within Western culture, one which is used daily but which has a history that has barely been reflected.

For modern societies, Simmel (2004), with his writings about the ‘philosophy of money’, pointed out that already by 1900, material culture had taken on increased importance. Anthropologist Miller (1987) drew on Simmel and Hegel (1977) to describe mass consumption as a sort of ‘objectification’. Nonetheless, increasing interest in social science on materials started first in the 1970s with the writings of scholars like Foucault (1972), who framed non-discursive practices as a matter of materials that affect discourses in a non-linguistic way. Additionally, Science and Technology Studies (STS) has emerged as an interdisciplinary field wherein materials tacitly inform the production of scientific knowledge (Knorr-Cetina, 1999). Some scholars, like Latour (2005, 1988) and Callon (1990), developed Actor Network Theory (ANT), while others established material semiotics (Law, (Law, 2009, 1992; Mol, 2002) or feminist approaches (Haraway, 1991). These scholars criticised linguistic concepts for their one-sided focus on language, which did not account for material culture.

Contemporary postmodern approaches, such as ‘new materialism’ or the ‘ontological turn’, have claimed to rediscover materials – an idea which hardly

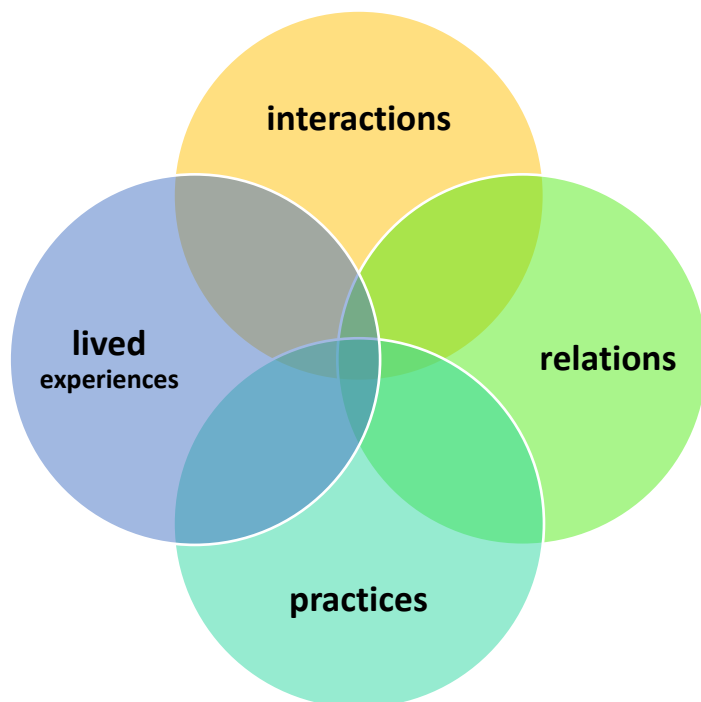
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<sup>4</sup> Several interchangeable terms are used for materials, like objects, things, artefacts or nonhumans.

<sup>5</sup> The first edition was published in German in 1939.

seems new in light of Simmel, Elias or STS (Sismondo, 2015). Thus, what are materialities about? For this thesis, materialities are conceptualised as different *interplays between humans and nonhumans*. I thereby adopt a distinction made by Martinussen and Larsen (2018a) whereby materialities can be theorised as interactions, as relations, as practices or as lived experiences (Figure 1). First, materialities as interactions focus on the constructive part of objects in social interactions by ongoing interpretations; for example, materialities affect our sense of self and how we present ourselves in everyday life (Goffman, 1956). Second, materialities as relations highlight the interconnections between humans and objects in terms of networks or assemblages. Third, materialities as practices focus on the performance of lifestyles or power issues. Fourth, I introduce materialities as lived experiences with a focus on place,<sup>6</sup> where human life is situated and experienced by people such as tenants in supported housing. The four distinctions of materialities are in the following presented by a selection of scholars.

Figure 1. Materialities as interactions, relations, practices, lived experiences.



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<sup>6</sup> In general, places always involve a ‘material form’ in terms of physicality, ‘geographical location’ in terms of a distinction between here and there, and ‘meaning and values’ in terms of a name, representation and identification by people (Gieryn, 2000); places have, moreover, a history.

## *2.1 Materialities as interactions*

Housing materials characterise human interactions in home situations and offer different possibilities for tenants of supported housing to present themselves such as Goffman (1956) described generally in everyday situations. As already mentioned, Simmel (1950) was one of the first scholars to outline how modern societies are reproducing an increasing material culture that is informed and changed by all social forms with a range from micro to macro levels. For Simmel, modernisation referred to more than just the technical progress linked to industrialisation or functional differentiation of societies by divisions of labour. Modernisation also involves individualisation and how people belonging to different social circles have different opportunities to express their identities and be socially acknowledged. This individualisation process contributes to a material culture because persons form and are formed by their social-material environment and by the things they use in their interactions. Simmel's favourite place of observation was the expanding city of the 1900s with its unleashed dynamics and enormous increase of residents, traffic and new technologies, leading to a densification and lack of dwelling places. These aspects established together an urban lifestyle that underlined anonymity even though people had spatially closer contacts with each other in public places. The urban lifestyle entailed, moreover, an individuality that needed to be expressed in those spaces. Beck (1986) pointed out, several decades later, how a progressing modernisation with individualisation and globalisation posed new risks<sup>7</sup> for societies and their people that are made by societies themselves and not by nature; e.g. risks posed by technologies.

In the words of Simmel, meanings of materials are products of a fragile interpretation process that seems to be relatively stable but could change anytime. Simmel (2010) showed that architectural objects, such as bridges and doors, represent solidified forms of our material culture. He argued that the door has a richer meaning and represents separating and connecting sides, while the bridge only accounts for the unity of what is separated. This is also applicable for direction, which matters less if a person crosses a bridge but much more if a person enters or exits a house through a door. Therefore, for Simmel, the door becomes 'the image of the boundary point at which human beings actually always stand and

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<sup>7</sup> From a social-cultural view, risks are always socially constructed (Lupton, 1999).

can stand' (2010, p. 67). This possibility of a door can be differently formed – and is – depending on the situation, such as for gothic churches. Simmel explained that the conical forms of the front doors in churches emphasise entering versus exiting and thereby symbolise the only right (divine) way towards the inside of the church.

Simmel's ideas of interpretation were influential for interpretative sociology and social science generally to oppose positivism. In particular, the Chicago school of sociology elaborated an ecological account drawing on Simmel's ideas and symbolic interactionism to understand urban phenomena as social worlds (Park et al., 1984; Strauss, 1991). Mead and Blumer developed symbolic interactionism with roots in pragmatism. Blumer (1969, p. 2) summarised the following three premises for symbolic interactionism wherein human interpretations of 'things' are crucial:

The first premise is that human beings act toward things on the basis of the meanings that the things have for them. Such things include everything that the human being may note in his world—physical objects, such as trees or chairs; other human beings, such as a mother or a store clerk; categories of human beings, such as friends or enemies; institutions, as a school or a government; guiding ideals, such as individual independence or honesty; activities of others, such as their commands or requests; and such situations as an individual encounters in his daily life.

The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows.

The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters.

In short, for Blumer, things are outcomes of symbolic interactions. This processual understanding of materiality was also proposed by Thomas and Thomas (1928), who showed in their theorem that the definition of the situation by humans is significant for its consequences – a central assumption for the social construction of reality by social constructivism/-ionism<sup>8</sup> (Berger and Luckmann, 1991). Goffman (1963) used symbolic interactionism to develop his stigma concept

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<sup>8</sup> I do not distinguish here between social constructivism and social constructionism such as in some educational and (social-) psychological fields to emphasise radical positions whereby the main interest of social construction lies either in the mind or in interaction (Gergen and Gergen, 2008). Interested in materialities, I represent here no radical positions but the sociological understanding that the social reproduction of knowledge is always situated in a web of humans and nonhumans (Knorr-Cetina, 1999).



whereby people with apparent shortcomings, failings or handicaps are discredited in their social identities. The concept of identity<sup>9</sup> is thereby linked to social status and social acceptance within particular groups, meaning that people need to present their selves to others and for themselves by using masks (Strauss, 1959). Masks can thus be understood as the embodied and material repertoire a person has in the interactive, daily role-play to perform an ‘impression management’ (Goffman, 1956). The ‘spoiled identity’ is then a consequence of a gap between ‘actual’ and ‘virtual’ identity, meaning a gap between the characteristics a person or group actually possess and those they are labelled with by people who have the power to define a situation (Goffman, 1963). This process is linked to both normative expectations about how stigmatised people should act in situations and to lower social statuses, such as for some ethnical groups or persons diagnosed with mental illnesses. For example, Jews had to wear the Star of David during Nazi Germany in the twentieth century, which endorsed their stigma and discrimination. Goffman described, moreover, strategies for how stigmatised people or persons at risk of being stigmatised might manage discrediting situations. This management often involves certain kinds of materials to hide deficiencies, like using clothes to hide shameful tattoos or toupees to disguise a receding hairline. Thus, stigma is always an issue of the ongoing interpretation of situations that entails materialities.

One might ask, what are the differences between interactionists’ views on materialities and those promoted by structuralism? For the latter, the content of a building, e.g., can be read by its semantical expressions or architectural signs. Individuals learn architectural codes during their socialisation, which helps them to understand or decode the content of architectural objects (Eco, 1976). Eco emphasised that ‘architectural objects as significative forms’ (2010, p. 185) have denoted and connoted meanings which are functional *if* they are supported by the process of codification. He thereby differentiated between the denoted utilitarian, primary function and the connoted, secondary function of architectural objects. For example, a throne denotes the use ‘to sit down’ but also connotes ‘sitting in dignity’ (Eco, 2010, p. 187). Architectural codes can change over time and within cultural contexts, which complicates their understanding. For interactionists, materials are

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<sup>9</sup> To clarify, Giddens (1991) developed a concept of self-identity that has similarities to Strauss’s (1959) masks. It involves both a personal identity as perceived in one’s self-image and a social identity as characteristics placed upon one by others.

more than a simple semantical representation (or contextualisation) because they are co-constitutive for social interactions and the process of meaning making. Nevertheless, interactionists usually differentiate between human and nonhuman actors, which Haraway (1991) attempted to develop further by introducing hybrids. In her opinion, people are more or less located on a continuum between humans and nonhumans – such as the android, who is half-human and half-machine. People with medical implants can thereby be understood as hybrids, a conceptualisation which could help us grasp how health and illness concepts are constructed.

## ***2.2 Materialities as relations***

A building consists of several materials, like walls, floors, ceilings, doors, windows, a façade and a roof, all of which have different qualities. All parts are interrelated to each other in a network or assemblage that expresses more than their parts, such as for a house. This relational understanding of materialities emphasises humans and nonhumans as entities or nodes in a web that expresses a ‘relational materiality’ (Law, 1999). In ANT, relational materiality is conceptualised as a network, one which should be explored and grasped empirically. This entails that nonhumans are not acting alone but become parts as possibilities in relational networks (Latour, 2005). An important distinction is, moreover, that relational materialities are not conceptualised as a system approach or as structures. A central premise for relational materiality is that humans and nonhumans are related to each other as ‘flat ontologies’ (DeLanda, 2006), meaning not hierarchically.

For Latour (2005), ANT involves not only the scientific position of a flat ontology but also an epistemology to explore the interwoven entities of humans and nonhumans in a relational network. He compared ANT with Garfinkel’s (1967) ethnomethodology of how people use strategies of common sense to practise their everyday lives,<sup>10</sup> but with the difference that nonhumans are included as parts in networks. Ethnomethodology often involves ethnographic techniques, which are also used in ANT for describing what is happening in the reproduction of networks. Thus, humans and nonhumans can both be actors in the network but in the sense that actions are becoming relational effects (Law, 2009). What is the purpose of

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<sup>10</sup> Garfinkel’s ethnomethodology draws on assumptions of symbolic interactionism and particularly on Alfred Schutz’s (1967) phenomenological sociology.

ANT as a social scientific approach? In short, ANT supports shedding light on taken-for-granted social-material phenomena. Latour called the process ‘that makes the joint production of actors and artefacts entirely opaque’ or invisible for them, and for others as ‘black boxing’ (Latour, 1999, p. 183); the task of ANT is then to open the black boxes.<sup>11</sup> For example, headlines that a ‘man flies’ or a ‘woman goes into space’ are misleading because flying is the concern of several entities in the network, like the plane, the airport, the pilot, the fuel ... (Latour, 1994). Latour showed, moreover, how ‘fastening your seat belt’ is inscribed in materiality by an annoying alarm in your car (1992). He emphasised that such inscription processes might lead to a ‘displacement’ of the purposes behind them, which crosses the line between things and signs (1994); e.g. a speed bump translates the purpose that drivers should slow down their cars to avoid harming people to the purpose that they should slow down to avoid damaging their cars. In another example, Latour (1988) described how Pasteur did not alone discover the cause of anthrax nor singly develop a vaccine against it – rather, relational effects in a network, including bacilli, laboratories, animals, farms, co-workers and statistics, all played a role.

While ANT offers a theoretical frame of relational materialities as networks, assemblages offer a theoretical frame as rhizomes. The term ‘rhizome’ was borrowed by Deleuze and Guattari (1987), who described an organic root that grows chaotically rather than being structured, that has no clear start or end, that generates new associations between its parts and can develop new plants by cuttings. Assemblages between humans and nonhumans serve as a fluid composition of entities, which are emerging, heterogeneous and decentred (Marcus and Saka, 2006). For instance, a university that needs more rooms for students could be understood as an assemblage whereby the campus buildings are rapidly extended by new buildings or floor levels. Because of the urgent spatial demand, the newer constructions are not sufficiently planned to fit into the constructions of the older buildings, and they express together a heterogeneous architecture. Other examples of this pattern include hospitals or elementary school buildings.

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<sup>11</sup> Law (2009) compared ‘black boxing’ as ‘simplification’.

Concerning health, assemblages are moreover used to underline that healthy bodies are assembled by organs together with healthcare technologies, creating ‘multiple bodies’ (Mol, 2002). The latter alludes to body practices being involved in this assemblage view on health, which is a subject in the next section. Another problem is the vague conception provided by Deleuze and Guattari, with oppositional examples like tree/rhizome or stratum/assemblage, which Delanda (2016, p. 3) attempted to clarify as ‘a concept with knobs’ instead. He stated a ‘multi-level ontology’ (2016, p. 7) of reality with assemblages that can be found everywhere versus a distinction between two or three levels of the world (e.g. natural and social). Turning to ANT, Star (1990) and Haraway (1997) criticised the one-sided focus on masculine themes in ANT and the insufficient regard for politics, while Woolgar (1990) raised issues of reflexivity. Law and Mol (2002) attempted, therefore, to adapt ANT as material semiotics, an approach which I present next.

### ***2.3 Materialities as practices***

We perform different practices by using certain materials, such as listening to music with headphones or optimising our fitness with smartphones. One may ask, what kinds of norms are built into these technologies that we use to, e.g., optimise our body fitness? In the words of Lupton (2016, 1995), the norms built into materialities such as (digital) technologies are based on a specific knowledge of public health, one that Foucault (1984) would have linked to ‘bio-politics’. The latter is understood as regulating knowledge on a government level in ways that affect the population. Thus, materialities as practices need to be seen with regard to performance and power issues. While materialities as interactions entail agency, materialities as practice underline performance in particular. In the material semiotics approach by Law and Mol (2008), materialities are understood in terms of ‘performativity’, ‘multiplicity’ and ‘fluidity’ (Law, 2009). The approach explores practices that are interwoven in materials and semiotics (in terms of meanings). This view has similarities to gender studies that distinguish between a biological and material part as ‘sex’ and a social constructive part as ‘gender’ that come together in doing gender (Butler, 2004, 1993). Butler showed by deconstruction how specific gender norms are materialised in bodies by practices. In comparison to Mol’s (2002) ‘body multiple’, Butler’s concept mainly resides in the world of linguistic discourses.

Practices are generally established by an interplay of the following elements: *meanings, materials* and *competences* (Shove et al., 2012). As such, social practices can be used to understand health as an outcome of participation in various sets of practices (Maller, 2015) involving material usage. For supported housing, care is an important social practice. In the words of Puig de la Bellacasa (2017, 2011, pp. 89–90), ‘care’ and ‘concern’ point to being affective, like ‘worry’, but only care entails a ‘sense of attachment and commitment to do something’. For caring situations, materials are co-constitutive, which led Buse et al. (2018) to coin the term ‘materialities of care’. Materialities matter as the performance of practices, e.g., in situations related to gender, health and care. In sociology, practices are significant aspects of social theories, such as those by Bourdieu.

Bourdieu (1990a) stressed practices as elementary acts that are established between two forms of social life: an embodied and objectified form, whereby the former is understood as ‘habitus’ and is linked to socialisation (Bourdieu, 1990a). The latter refers to the social space (meaning a particular society) consisting of subparts, called fields, and socio-material resources, such as types of capital (Bourdieu, 1990b, 1990a, 1986, 1977). People are located in social positions by their resources in terms of a social topography and use their embodied and objectified resources in their daily practices within fields to achieve social distinction and higher statuses. Bourdieu’s concept can be used to explore different forms of (sub-) cultural lives that are embedded in a mix of practices, bodies and skills within a social-material world, such as Wacquant (2004) did with his ethnography about the boxing culture in Chicago. In another example, Larsen (2005) showed that persons in hospitals, like medical doctors, nurses or patients, performed different patterns of activities within their social-material environment. This means that the practices were related to particular rooms in the hospital as well as to certain artefacts, which Larsen interpreted as a sort of social architecture. Similarly, Martinussen and Larsen (2018b) showed a social architecture for institutions for children. Taking a more geographical perspective, Bourdieu and colleagues (1999) underlined the marginalisation processes of residents for urban districts such as Banlieues in Paris. This marginalisation is re-produced in the social-material world by the low social positions of residents together with poor infrastructure, few amenities and substandard housing quality, entailing signs of deterioration. This often leads to a down-drift from the district whereby residents

who can afford to move away, do. Wacquant (2009) showed a comparable process for impoverished people in US cities.<sup>12</sup>

Nonetheless, materialities as practices entails also power in terms of knowledge, such as Foucault (2006b) showed for normalising technologies within societal institutions such as schools, prisons or hospitals and their architecture. Foucault (1977) indicated how the panoptical prison plan<sup>13</sup> of Jeremy Bentham (1995) might not only perform (and intensify) power within a building but might also express a certain knowledge about people. For Foucault, power is relational, multiple and productive: ‘Power does not belong to anyone or even to a group; there is only power because there is dispersion, relays, networks, reciprocal supports, differences of potential, discrepancies, etcetera’ (Foucault, 2006b, p. 4). Within a panoptical building, a guard at the centre can supervise all inmates, who are located circularly around the guard in visible cells. The inmates cannot see whether the guard is present, which creates a ‘condition of permanent visibility’ (Foucault, 2006b, p. 77) that affects the individuals’ situation. The panoptical scheme might lead to a sort of disciplinary apparatus (*dispositif*<sup>14</sup>) that transfers control to self-disciplining practices for individuals in terms of normalising ‘biopower’; normalisation is thereby understood as the ‘distributive management’ (1984) of individuals related to a norm, which is both the creator and the result of a systematic distribution. As already mentioned, Foucault found a panoptical mechanism in other societal institutions and argued that these might be extended in a wider form for the whole society as ‘panopticism’ (2006b, p. 79).

In comparison to Bourdieu’s social topography, Foucault’s concept offers a deeper understanding of the re-production of specific knowledge by practices in terms of the human–nonhuman interplay. Lupton (1995) indicated how knowledge in public health leads to the regulation of our bodies by practices of the self, which can moreover lead by self-tracking technologies to a quantified self that seeks optimisation (2016). For hospital architecture, Prior (2003, 1988) showed how the differently designed wards by sub-disciplines re-produced medical knowledge.

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<sup>12</sup> This segregation reminds one of the development of ‘service dependent ghettos’ (Dear and Wolch, 1987) for people with mental health problems in North American settings.

<sup>13</sup> Bentham invented the model in 1778.

<sup>14</sup> Foucault (2006b) originally used the term ‘*dispositif*’ in French, meaning a technical/strategic configuration of diverse elements, practices, discourses, power and knowledge.

Nevertheless, Foucault can be criticised for his ambivalent use of the terms materiality and panopticism, which can be misinterpreted (Brunon-Ernst, 2012); but as such, the terms are open for use in different ways regarding materialities.

#### ***2.4 Materialities as lived experiences***

Materialities are not only co-constitutive in social interactions, relations or practices, they can also be differently experienced by people with their bodies. Material culture changes over time and takes places which are linked to human lives. In post-asylum geographies, the lives of people with mental health problems are situated at several places in the community whereby supported housing represents for some, supposedly, a home. Because of the important link between human lives and place, I will introduce (post-) phenomenological theories of place. To start with, I need to clarify between the terms ‘place’ and ‘space’, which are both used to describe forms of spatiality. In the words of Casey (1997), things can be found everywhere in space (as a container), while only at a particular somewhere in place.

The philosophers Heidegger<sup>15</sup> (1971) and Bollnow (2011) emphasised with their phenomenology the strong link between people and places. For both scholars, there was an existential need to have a place in which humans could dwell in terms of protection (shelter) and possibilities to grow. Some human geographers (Seamon, 2015, 2018; Relph, 1976; Tuan, 1977) have used these phenomenological ideas to develop their own geographical approaches. From these standpoints, a place refers to an existential wholeness, one that can be experienced from inside or outside, and which consists of parts like surroundings, buildings, rooms and objects. These parts together are experienced by humans as an irreducible phenomenon. As such, architecture can be understood as a built environment that is a part of places and thereby can be understood as a form of materialities.

In the words of architect Norberg-Schulz (2000, 1979, 1974), a place phenomenology is about the relationship between the natural and built

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<sup>15</sup> There is an ongoing discussion about Heidegger’s anti-Semitism and how it influenced his philosophy (Malpas, 2018). Thus, I state first that I oppose every kind of anti-Semitism, and second that I critically distinguish between Heidegger’s political attitudes and philosophy.

environments in which people's lives take place. A place has a particular atmosphere, which Norberg-Schulz (1979) coined as 'genius loci' or 'spirit of a place' by drawing on Roman philosophy. The genius loci represent thereby a particular place identity. For Norberg-Schulz (2000, p. 42), this implies a meaningful place usage (or practice) that the built environment is constituted to *basic aspects*: that people can *orientate*, *identify* and *recognise* themselves. The architecture of a place serves as a form of language: how the place is located horizontally in the landscape, how it is built vertically and how it is understood by people and 'takes concrete form in the outline' (2000, pp. 51–53). The genius loci of a place is influenced by different building styles and cultures and appear to be relatively stable. Nonetheless, a place can lose its meaning, which Norberg-Schulz (2000, p. 225) termed as 'the loss of place'; this happens when people are no longer able to distinguish the atmosphere of a place. The task of architects is therefore to make places meaningful and to emphasise the genius loci to empower people to recognise where they are, to identify who they are, and to experience a home (1979, p. 5).

Turning from architecture to geography, this means that a particular place is always located in a wider landscape and context. In Relph's phenomenological approach, the task is to explore 'the geography of lived-world of our everyday experiences' (1976, p. 6). The experience of the identity of a place can thereby range from an 'insiderness' to an 'outsiderness' (1976, pp. 49–55). On the one hand, 'insiderness' entails that a person has strong feelings concerning a place: feels *inside* the place. On the other hand, 'outsiderness' entails that a person has feelings of not belonging to a place: feels *separated* from the place. Another distinction made by Relph focuses on the term *spirit of a place*, which 'exists primarily outside us', and *sense of place*, which 'lies inside us' (2008, p. 314). With a sense of place, people can experience dis-/similarities between places. Missing a sense of place provokes a 'placelessness' and appears as if places are made to look the same – for example, by standardisation (1976, 2016). Relph (2017) criticised, first, Norberg-Schulz for his term 'genius loci', which focuses less on openness and more on enclosures of places; and second, Heidegger, for understating urban settings by preferring rural sites.

In sum, places as materialities are understood phenomenologically as 'life worlds', 'atmospheres' or 'environmental wholes' (Seamon, 2017, p. 247). To emphasise,



an important aspect of places are the meanings which people derive from them, like their names. As such, places have names and a history. The understanding of place is thereby not a simplistic version of ‘form follows function’ (Eco, 2010), such as assumed in functionalism.<sup>16</sup> The understanding of place is, therefore, in the words of Lefebvre (1991, p. 222), not a matter of ‘texts but texture’. This means that place cannot be read as text but must be bodily experienced to start with.<sup>17</sup>

A recent human geographical approach, non-representational theory (NRT), was developed by Thrift (2008) during the 1990s and later by other scholars, some of whom additionally referred to the theory as post-phenomenological. For Thrift, people are mostly living in a non-cognitive world rather than in a purposeful, socially constructed world. In the words of Andrews (2018), NRT criticises other predominant approaches for not appropriately considering the following issues: the active and changing world, life as excessive and ongoing, performed in terms of continuously constructed. NRT assumes that ‘humans act and communicate without purposefully representing’ in terms of ‘less-than-fully conscious practice, embodiment, materiality and the processual’ (Andrews, 2018, p. 2). While some scholars have criticised NRT for being bewildering and messy, others have been more nuanced in their critique, e.g., Kearns (2014), who argued for a limitation of NRT in regard to understanding the meaningfulness of places without representation. Nevertheless, NRT underlines that, e.g., supported housing does not represent homes but might instead be felt as homes by tenants with all their senses or whole bodies. In the words of Tuan (1980, p. 4), ‘being at home in an unself-conscious way’ is linked to the ‘rootedness’ of people in regard to a place that involves habituation over time.

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<sup>16</sup> The original phrase, ‘form follows function’, was used first by the architect Louis Sullivan, but is also relevant for Le Corbusier’s functionalism.

<sup>17</sup> Lefebvre’s spatial theory consists of three interrelated levels, the ‘perceived-conceived-lived triad’ (1991, p. 40). The latter is based on the philosophy of Cassirer (1944), who differed human experiences within *organic, perceptual* and *symbolic spaces*. Cassirer argued for a cultural approach wherein humans might be better understood as ‘*animal symbolicum*’. Geographers like Harvey (1996) and Soja (2011) drew on both Lefebvre’s (1991) and Cassirer’s ideas and elaborated their own theories.



### **3 Aim of the thesis**

The overall aim of this thesis was to explore and understand how materialities in terms of the human–nonhuman interplay influence the living situations for people with mental health problems in supported housing. This overall research problem was addressed by the formulation of three research questions, with each specifying a different area of interest. These research questions served as the foundation for three studies, each documented by its own paper. The research question of study III was initially more open in that it explored the influences of materialities on the tenants’ daily lives; however, the question ultimately became more concretised during fieldwork on fire safety because the tenants emphasised it as important.

- I. What can studies about supported housing tell us about the importance of the built environment for people with mental health problems? (Paper I)
- II. How do materialities express understandings of people with mental health problems living in supported housing? (Paper II)
- III. What are the elements of fire safety, and how are they organised in supported housing for people with mental health problems? How do the fire safety elements influence the tenants’ daily lives? (Paper III)



## 4 Methods

In this chapter, I introduce the methodologies used for the studies of the thesis. I start with the presentation of a scientific standpoint based on an interpretative approach that accounts for the human–nonhuman interplay. Then, I explain the research design and methods used, whereby paper I is based on a literature review and papers II-III are informed by Grounded Theory (GT) and Situational Analysis (SA). A more detailed discussion of the strengths and limitations of the methodologies used will follow in section 6.3.

### 4.1 *Scientific position*

The scientific foundation of the thesis is based on an interpretive approach to the world rather than a realistic one (Lincoln and Guba, 1985). Nonetheless, there is a need to extend this scientific position<sup>18</sup> to allow a ‘multi-level ontology’ (DeLanda, 2016, p. 7) that takes the complexities of the human–nonhuman interplay into consideration, such as outlined in the theoretical section on materialities. Thus, multiple methods are possible, which might lead to what Law (2004) called a ‘mess in social science’. Notwithstanding, we need to engage ourselves with this complex, messy, social-material and situated world, and we need to accept that the epistemological answers might not be as facile as supposed. In the words of Mol and Law (2002), there is no one right way to practice method. This means that there is no clear distinction between method and theory, and that we are not free from any theoretical framework. As such, scientific assumptions are embedded in an ontological and epistemological package, one which Clarke and Star (2007) called a ‘theory/methods package’ in the case of pragmatism. In the case of supported housing, the theory/methods package of the thesis draws on concepts of materialities as interactions, relations, practices and lived experiences. This complexity does not mean that the methodologies used lack an organised argumentation. In contrast, their logic refers to another way of reasoning in terms of qualitative inquiries, whereby the focus lies on understanding social phenomena, not on explaining of them (Flick, 2009). The criteria of qualitative inquiries are different from quantitative criteria (Steinke, 2004), emphasising in particular the appropriateness of theory and method in regard to the research

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<sup>18</sup> From a scientific view, *ontology* is concerned with issues of *what* can be known, while *epistemology* is concerned with issues of *how* we can understand and know.

problem and with respect to the reflexivity of the researchers. The latter, for the researchers, means grappling with their own concepts, which they co-construct during their data collection and analysis (Charmaz, 2014).

## ***4.2 Research design***

The studies of this thesis were designed to explore and understand how materialities of supported housing influence the living situations for people with mental health problems. The core of these studies was a qualitative research approach backed by a circular research process to gather knowledge (Flick, 2009). This means that the studies can be characterised by modes of sampling and constant comparison, particularly for studies II-III concerning the empirical data. All three studies intended to shed light on the research problem thematically from different angles (see Table 1).

To begin, *study I* reviewed other studies that employed quantitative and/or qualitative methods (Sandelowski et al., 2006) to examine the importance of the built environment for tenants living in supported housing from an international perspective. The findings of the included studies were organised with the help of a thematic analysis (Braun and Clarke, 2006). Then, *study II* explored how materialities of supported housing expressed the understandings of the tenants regarding local settings in Norway. In comparison, *study III* focused on the relational organisation of a concrete issue such as fire safety and how it influenced the daily lives of the tenants in local supported housing settings. The empirical data for *studies II-III* were collected by multi-sited ethnography involving participant observations, unstructured interviews, photographs and other documents (Marcus, 1995). The collected data were analysed with the help of GT (Charmaz, 2014) and SA (Clarke et al., 2018). I must stress that fire safety was already an important issue for the tenants in the first field visits and was therefore elaborated with the aid of theoretical sampling. The studies together present a comprehensive picture of materialities in supported housing and their significance for people with mental health problems in their everyday lives, even how they are understood in materialities, both to others and themselves.

Table 1. Research design of the thesis.

<b>Overall aim</b>	<b>Influences of materialities on the living situations for people with mental health problems in support housing</b>		
<b>Study</b>	I	II	III
<b>Aim</b>	Importance of the built environment for tenants	Understandings of tenants expressed in materialities	Organisation of fire safety and influences on daily lives
<i>-different angles-</i>	International	↔	Local
	<i>(across different spatial scales and themes)</i>		
<b>Method</b>			
<i>Collection</i>	Mix-method systematic literature review	Multi-sited ethnography of Norwegian settings	
<i>Analysis</i>	Thematic Analysis	Situational Analysis	Grounded Theory, Situational Analysis
<i>-based on-</i>	<i>- other studies –</i>	<i>- own data collection –</i>	
<b>Participants</b>	2086 people with mental health problems	107 participants (29 tenants, 70 staff, five managers, two advisers and one architect)	

### 4.3 Study I: mixed-methods literature review

#### 4.3.1 Study design

An approach that combines a systematic search of both quantitative and qualitative studies on a specific topic is called a mixed-methods literature review (Booth et al., 2012). The mixed-methods approach can offer a broader understanding of the research problem, such as the significance of the built environment with regard to studies about supported housing, because of its integration of different methodologies. For this study, the mix-methods literature review was designed as an integrated approach that arranged and analysed the findings throughout the included studies (Braun and Clarke, 2006; Sandelowski et al., 2006).

### **4.3.2 Inclusion and exclusion criteria**

To begin with, studies were included in the review if they were peer-reviewed and published in English. No limits were set for the year of publication. Another inclusion criterion was that those involved had to be adults 18 years or older who had mental health problems and lived in supported housing because of enduring difficulties in managing ordinary lives. Studies were excluded if those involved had dementia or intellectual disabilities. People with mental health problems could live in supported accommodations in either congregate or independent settings, with off-site or on-site support. Additionally, the studies needed to explore the importance of the built environment for the tenants. The built environment was defined as materialities of place that are linked to human life and consist of surroundings, buildings, rooms and objects.

### **4.3.3 Search term and screening process**

Together with my co-authors, I read other reviews and studies concerning the built environment and supported housing to be up-to-date about the field of interest and possible research gaps. Then, we constructed the search terms<sup>19</sup> regarding the following topics: people with mental health problems, supported housing and the built environment. In September 2017, we performed a systematic search in the databases Scopus, ISI Web of Science, PsychINFO, Embase, Medline, Cinahl, Social Work Abstracts and SocINDEX, with an additional search in the RIBA archives for architectural studies.

During the screening process of the articles, I met my co-authors several times to reflect critically about each step, which are summarised in a flow chart (Friesinger et al., 2019a, p. 47). First, the database search resulted in 981 articles and five articles through citation. Second, the duplicates were removed, leaving 661 articles. Third, 487 articles were excluded because of non-relevant titles. Fourth, from the remaining 174 articles, 122 were excluded as they did not meet the selection criteria, according to their abstracts. Fifth, the full text of the remaining 52 articles was examined, which resulted in 39 articles being excluded for either not meeting the participant criteria or not explaining the importance of the built environment. Ultimately, then, we had 13 articles for analysis.

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<sup>19</sup> See supplementary data to paper I (Friesinger et al., 2019a).



The research methods of the studies were evaluated with the help of the Critical Appraisal Skills Programme (CASP, 2017). The quantitative studies could be distinguished by their designs (mainly cross-sectional, with one longitudinal) and by their use of correlation or regression analysis. As such, these studies could not clearly explain the effect of the built environment. Another methodological issue concerned the appropriate measurement of the built environment if collected from questionnaires completed by tenants and staff or from observations by experts. Newman (1995) thereby assessed people with mental health problems as valid reporters with the potential to under-score insufficient housing qualities. The qualitative studies collected data via semi-structured interviews, ethnographic fieldwork and photo-elicitation. These research designs were intended to gather the daily experiences of tenants concerning their built environment in a wider sense. However, not all studies clearly described the recruitment process of the participants or the steps of data analysis. Together, however, the quantitative and qualitative studies mutually compensated for their methodological limitations and as such offer a fresh view on the topic.

#### **4.3.4 Study characteristics**

On the whole, 13 research articles, published in the 2004–2017 period, were included in the review. Their study characteristics were extracted and then assembled in a tabular form (Table 2), whereby eight studies were quantitatively designed, four studies were qualitatively designed and only one study employed a mixed-method design. The countries in which the studies included Sweden, Brazil, the US and Canada. Concerning the housing types, half of the studies concentrated their research on congregate settings, while the other half focused on independent apartments. The studies included in total about 2086 people with mental health problems as participants, whereby some also had alcohol and/or drug problems. Moreover, two studies (Marcheschi et al., 2013, 2015) shared their empirical data, while one study (Boyd et al., 2016) did not state how many participants were involved.

Table 2. Characteristics of the studies (Friesinger et al., 2019a, p. 48).

Authors Publication Country	Aim	Study design & Methods	Setting (housing type)	Participants	Findings
<b>Harkness et al. (2004)</b> US	To determine the costs/residential stability of housing neighbourhood sites for individuals with chronic mental illness	Longitudinal cohort study	150 multi-unit apartment buildings ( <i>independent</i> )	670 individuals with chronic mental illness (342 female)	Fewer units, more residential stability; lower costs in newer buildings with more amenities and no signs of deterioration in the neighbourhood; mixed area with non-residential use
<b>Wong et al. (2006)</b> US	To identify gaps between the principle and practice of supported housing	Cross-sectional	27 supported living programmes ( <i>independent</i> )	536 people with severe mental illness (SMI)	Suggests variation in housing, tenancy and support (the continuum model)
<b>Wright and Kloos (2007)</b> US	To examine the effects of the perceived housing environment and well-being outcomes	Cross-sectional	10 cities and 34 housing sites ( <i>independent</i> )	249 people with SMI (129 female)	Neighbourhood level (self-report) is the strongest predictor for understanding variance in well-being, followed by apartment-level predictors
<b>Yanos et al. (2007)</b> US	To examine the impact of housing type	Mixed-method	1 city ( <i>independent and congregate</i> )	44 people with SMI, formerly homeless, stably housed one year	Integration in the community is multidimensional, and the locus of meaningful activity is linked to housing type
<b>Johansson and Brunt (2012)</b> Sweden	To test the environmental psychology model	Cross-sectional	3 non-/3 purpose-built housing ( <i>congregate</i> )	55 people with psychiatric disabilities (22 women/33 men)	Suggests that experts' assessments measure qualities in the physical environment
<b>Baltazar et al. (2013)</b> Brazil	To investigate housing models	Participant observation, free analysis	3 cities with halfway houses or living alone ( <i>independent and congregate</i> )	12 people with severe mental disorders	Fewer boundaries and more opportunities for participants living alone than in congregate settings
<b>Marcheschi et al. (2013)</b> Sweden	To investigate the quality of housing by the perceived (physical/social) environment	Cross-sectional	20 supportive housing facilities ( <i>congregate</i> )	72 people with SMI 117 staff members	Differences in perceptions of the social climate (staff more positive than tenants); resident/staff perceptions of the physical environment account for variations in the social climate perception, while experts did not

<b>Bengtsson-Tops et al. (2014)</b> Sweden	To describe user experiences of living in supported housing	Interviews, content analysis	4 supportive housing units ( <i>congregate</i> )	29 people with SMI (12 women/17 men)	User experiences are complex and paradoxical
<b>Townley and Kloos (2014)</b> US	To examine the relationship between neighbourhood quality/well-being in the perceptions of participants, researchers or aggregations	Cross-sectional	66 neighbourhoods with supported housing ( <i>independent</i> )	373 individuals with psychiatric disabilities	Individual perceptions of the neighbourhood were more important indicators for their well-being than objective ratings by researchers
<b>Marcheschi et al. (2015)</b> Sweden	To investigate whether the perceived physical, social and environmental qualities influence variation in people's well-being (quality of life)	Cross-sectional	20 supportive housing facilities ( <i>congregate</i> )	72 people with SMI	Perceived physical, social and environmental quality predicted quality of life with place attached as a mediator
<b>Boyd et al. (2015)</b> Canada	To examine measures of control and coercion in supported housing	Ethnography	15 supportive housing sites ( <i>congregate</i> )	People with mental health and addiction problems; lack of further information	Three modes of control: physical surveillance technologies, site-specific coercion and police presence
<b>Marcheschi et al. (2016)</b> Sweden	To examine the relationship between physical affordance of supportive housing and observed interactional behaviours between environmental users	Cross-sectional	4 high-low-quality supported housing facilities ( <i>congregate</i> )	29 people with SMI (14 women/15 men) 27 staff (24 women/3 men)	Dining room and outdoor areas in high-quality housing showed better social interaction support than in low-quality housing
<b>Piat et al. (2017)</b> Canada	To illustrate how places support recovery on a daily basis for people with SMI who moved into supported housing from more structured settings	Photo-elicitation and interviews	5 supported housing sites in 4 cities ( <i>independent</i> )	17 individuals with SMI, previously lived in custodial housing	Offers the understanding that everyday places indirectly and directly support mental health recovery

### **4.3.5 Data analysis**

The findings of the studies included in the review were organised and interpreted in a thematic synthesis (Braun and Clarke, 2006). First, I read through all the studies and wrote down relevant points. Then, I coded the studies and categorised the codes regarding possible themes, which I subsequently discussed with my co-authors. The themes and codes were additionally checked for consistency and in reference to the studies. Furthermore, diagrams were used to clarify and improve the themes, after which analysis was carried out with the help of the qualitative data analysis software, ATLAS.ti. Lastly, I developed, together with my co-authors, three interrelated themes across the included studies with respect to the significance of the built environment for tenants in supported housing: well-being, social identity and privacy.

## ***4.4 Studies II-III: multi-sited ethnography***

### **4.4.1 Study design**

While study I of the thesis was based on international studies, the purpose of studies II-III was to more closely become involved in the daily lives of tenants in supported housing across different local settings in Norway. By selecting a multi-sited ethnographic approach (Marcus, 1995), it was possible to achieve a closeness to the lives of people with mental health problems in their supported homes and to assess how materialities inform and change their living situations. In brief, I could ask them how it felt to live there, I could observe daily practices, and I could experience with my own body how it might feel to be living in supported housing. The ethnographic approach employs participant observations (Hammersley and Atkinson, 2007) to gather rich descriptions (Charmaz, 2014) about what is happening at particular places, and also includes interviews, photographs and documents from the field. The strength of the multi-sited approach rests on the possibility of viewing the research field from different angles. This diversity is attained by spending less time in the field than traditional ethnographers, who gather in comparison more descriptive details about one particular field.

The multi-sited approach assumes that ethnographic fields are situated in a social geography – or in other words, in different social worlds and arenas. This is the reason why Clarke et al. (2018, p. 366) recommended the use of Marcus' (1995)

ethnography together with their own method, Situational Analysis (SA), to grasp the gathered data from the fieldwork. An important issue is, thereby, theoretical sampling, a core strategy in Grounded Theory (GT) that entails abductive reasoning (Reichertz, 2019). This means that who and what are in the centre of the observation are determined by addressing specific theoretical issues in the analysis process. In study III, for example, materialities of fire safety were stressed by tenants themselves as important for their housing situations and were therefore developed as a key concept during fieldwork. Clarke (2009, p. 103) described this abductive process as ‘taking back and forth between the empirical and the more abstract/conceptual’. As such, a GT-informed study entails analytical strategies for both data collection and analysis. Studies II-III were consequently designed in terms of interpretive ethnography (Charmaz and Mitchell, 2001; Denzin, 1997) because of their simultaneous data collection and analysis. The differences between study II and study III concern their respective research aims and data analysis. Both used SA as a further development of the GT method, which focuses on the relationalities of humans, nonhumans, practices and concepts as elements of SA (Clarke, 2019). While study II analysed how materialities of supported housing expressed the understandings of tenants, study III analysed the relational materiality of fire safety in supported housing. In addition, study III emphasised social processes, which are the main focus of GT (Charmaz, 2014). In the case of fire safety, it was important to reconstruct how materialities of fire safety influenced the daily lives of the tenants.

#### **4.4.2 Ethics**

In autumn 2016, my ethnographic research project on supported housing was approved by the Norwegian Centre for Research Data (NSD), no 50067 (appendix 4). Thus, a central requirement was that all participants had to sign an informed consent form, which presented the study and its aim, and which guaranteed the anonymity of the participants (appendix 5). To ensure the anonymity of visual data, I did not take photographs of people during fieldwork, and I reflected on how to use the data in publications in ways that would avoid the identification of participants. Another fieldwork requirement was that tenants who did not want to participate had to at least accept the researcher’s presence, which they did. This is important to emphasise, because people with mental health problems living in supported housing have privacy, which should be respected.

As already outlined, ethnographic research generally involves many ethical issues that might be compounded if the research focus, like in the thesis, is placed on private areas, such as people's homes, which are usually out of sight of the public eye. Ethnographic research can be formally approved by research institutions, but this does not reduce the practical responsibility to treat participants with respect when researching in the field or when publishing the findings. Murphy and Dingwall (2001) recommended, therefore, that ethnographers should always reflect ethically on their research, first in terms of *non-maleficence and beneficence*, second in terms of *autonomy or self-determination* and third in terms of *justice*. Accordingly, in my ethnography, I stressed the avoidance of any harm to the participants (in fieldwork and publication) and attempted to offer a helpful understanding of the daily lives of people with mental health problems living in supported housing. For example, I informed the municipal parties responsible for supported housing about my research results. Ethical conflicts could have appeared if tenants were living in supported housing that was challenging for them. For example, if tenants stayed in dwellings with bad housing quality, I attempted to double-check whether improvements were planned. Concerning autonomy, I already underlined that I respected when people did not choose to participate, as well as their privacy and personal values. To reflect on such ethical issues, I discussed the preliminary findings with my co-authors and with our research group whereby some members have experience as mental health service users.

#### **4.4.3 Data collection**

Ethnographers sometimes struggle with gatekeepers to gain access to their fields, particularly in institutions like care homes or schools (Hammersley and Atkinson, 2007, chap. 3). In my case, I had no problem gaining access to the field from each head of the municipal mental health services. Afterwards, I recruited participants through an information meeting for staff and tenants whereby all who wanted to participate were asked to sign the informed consent forms. Between 2016 and 2017, over a six-month period, I recruited a total of 107 participants (29 tenants, 70 staff, five managers, two advisers and one architect)<sup>20</sup> and stayed at seven supported housing settings in Norway at different times (4–8 hours/stay) over a period of 1-2 weeks per place. I documented my participant observations and

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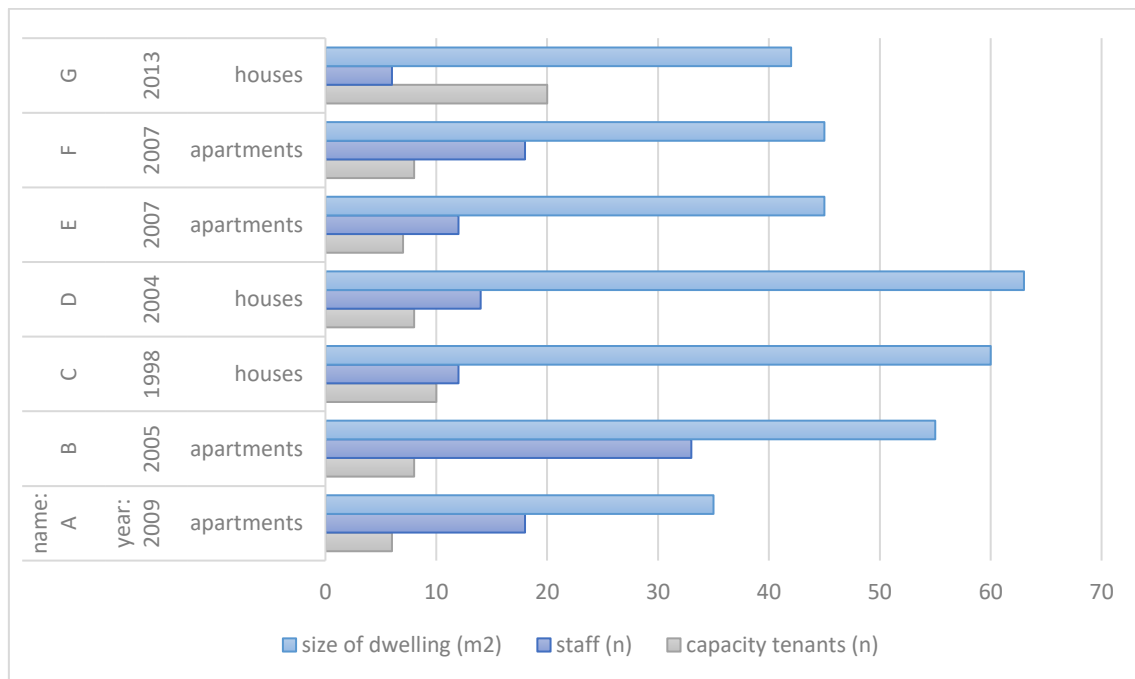
<sup>20</sup> For study III, only 105 participants were relevant (excluding the two advisers).

unstructured interviews during fieldwork in 262 pages of field notes and transcripts. Moreover, I took approximately 900 photos of the surroundings, buildings, interiors and other objects. Additionally, I collected documents like architectural plans or guidelines regarding supported housing.

#### 4.4.4 Housing characteristics

The characteristics of the visited supported housing are summarised in Figure 2. Thereby, municipal landlords operated all supported accommodations for people with mental health problems, who could additionally have addiction problems. Concerning the support, some accommodations had staff present during the daytime, whilst others had around-the-clock support.

Figure 2. Housing characteristics (Friesinger et al., 2019b, p. 3).



The architecture of the fieldwork places conformed more to supported housing with congregate settings than with independent apartments. However, these places could be differentiated into two types: a *facility type* with apartments, a main entrance, and common and staff rooms; or a small *house type* with co-located houses, a staff base and an activity centre. The houses had larger living areas of 42–63m<sup>2</sup> than did the apartments (35–55m<sup>2</sup>). Both types had their own bathrooms and kitchens. The tenants’ ages ranged from 22 to 62 years. The staff were

employed mostly part-time and had no education or previous background in nursing, social work or education. The staff consisted mainly of women, whereas the tenants were mostly men.

#### **4.4.5 Data analysis**

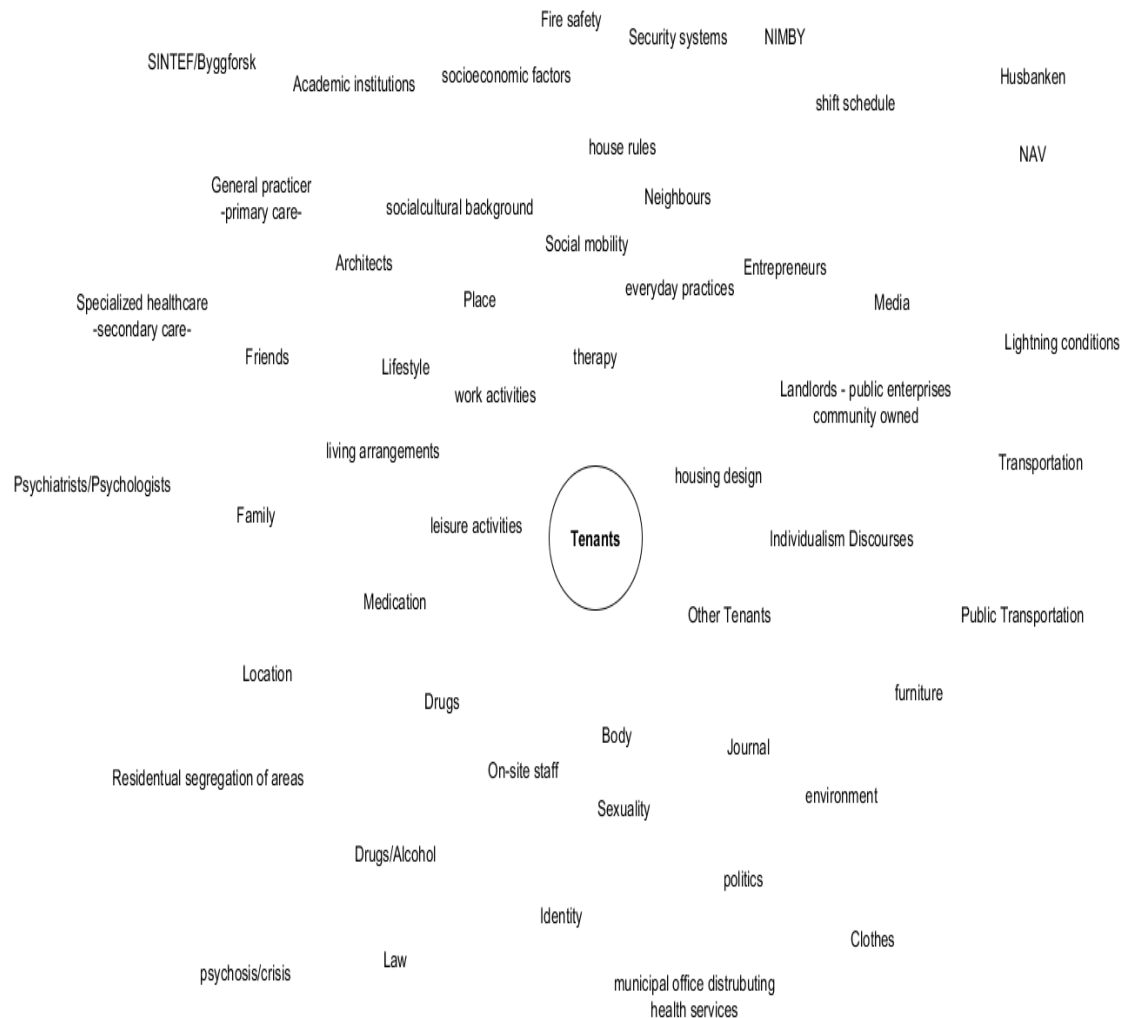
The qualitative analysis of the collected data in studies II-III was based on Clarke`s (2005) SA and, additionally, in study III, on Charmaz`s (2014) constructivist version of GT. Both methods are developments of Strauss and Glaser`s (1967) GT, with symbolic interactionism and pragmatism as their foundation. In the words of Clarke and Charmaz, researchers and participants co-construct in their own GT versions the empirical data during the whole research process – they are not neutral, as assumed in realist or positivist GT versions (Clarke, 2019). In realist or positive versions, the aim of the researcher is to be blank, i.e. a *tabula rasa*, such that the possibility of discovering concepts in the data is improved; this can involve, for example, avoiding a literature review before and during the research process. For Clarke`s SA and Charmaz`s GT, such positions are not relevant because of the ‘theory/methods package’ (Clarke and Star, 2007) on the one hand and the co-construction of data on the other. Nonetheless, all GT versions share theoretical sampling (Morse, 2007), which means sampling to develop or enhance categories and not as a selection already before the research starts. The analytical strategy of GT is to develop concepts about a research problem by staying grounded for as long as possible in the empirical data. The analytical steps consist of different levels of coding, constant comparison and memo writing until a theoretical saturation is obtained (Charmaz, 2014, p. 18). The latter means that collecting new data does not provide new insights or concepts in terms of features of theoretical categories.

As already stated, GT focuses on social processes, while SA emphasises relationalities (Clarke et al., 2018). The overall aim of the thesis was to grasp the supported housing situations of the tenants via a comprehensive analysis that included materialities. As such, SA offered the required assumptions about materialities and, moreover, a ‘thick analysis’ (Fosket, 2015, p. 196). To start with, I drew a messy map, which was continuously updated during the research process. A messy map refers to a situation of inquiry such as that of tenants in supported housing and consists of the main elements of concern, such as humans,



nonhumans, and practices or concepts, which are based on the collected data in the form of field notes, photographs, interviews and/or other documents (Clarke et al., 2018, chap. 5). In Figure 3, I show an initial messy map that was already made at the start of the data collection, when fire safety had not yet been highlighted.

Figure 3. Initial messy situational map regarding tenants in supported housing.



For the next analytical step, Clarke et al. would recommend ordering the messy map in a situational matrix and analysing the interrelationships between the elements in a relational map. For study II, the research question addressed how materialities of supported housing expressed the understandings of the tenants. Therefore, I arranged the situational elements regarding spatial dimensions, e.g., the surroundings, buildings, rooms and objects, and analysed their interrelations. For study III, the first part of the research question addressed how fire safety

elements were organised in supported housing. I consequently drew on a relational map which was revised during the course of fieldwork and resulted in a final map that showed fire safety as an all-embracing network, a conception I present later (Figure 6).

In addition, for study II, I drew maps to stress how the material conceptions of the tenants were embedded within worlds of relevant collective actors (Clarke et al., 2018, chap. 6), such as community-based healthcare professionals. Such ecological maps were termed by Clarke (2005) as social worlds/arenas maps. This represents an important step because such actors negotiate how materialities of supported housing might be designed. Lastly, I drew positional maps for study II to explore the understandings of tenants expressed in materialities (Clarke et al., 2018, chap. 7) as well as those which were not stated in terms of ‘absent positions’ (2018, p. 172). This analysis resulted in a final map which I present later (figure 5). All these analytical steps of making and revising maps (regarding theoretical sampling) were discussed with my co-authors.

For study III, the second part of the research question addressed how fire safety elements influence the daily lives of the tenants. To begin, I analysed the empirical data with initial coding as gerunds (‘-ing’ words), line by line (Charmaz, 2014; Glaser, 1978; Glaser and Strauss, 1967). I met several times with my co-authors to reflect on the preliminary codes and methodological issues. Fire safety had already become an important topic for the participants from the first days of fieldwork and was gradually elaborated with theoretical sampling. Furthermore, the codes were revised in focused-coding rounds into saturated categories by re-coding, comparison and writing memos. Theoretical sampling was challenging to perform because of time constraints per site but could be realised across more sites. The steps were analytically supported by qualitative data analysis software (ATLAS.ti) into which all the data, such as fieldnotes and photographs, were imported. The data were coded with the software and then used to visualise the categories in diagrams. Lastly, I reconstructed categories, such as positive or negative experiences of tenants, in regard to fire safety (Figure 7).

## 5 Findings

The thesis consists of three studies that together aimed to explore and understand how materialities of supported housing influence the living situations for people with mental health problems. The findings of the studies are summarised in the following sections, with each study being covered in its own paper.<sup>21</sup> Paper I shows how other studies stressed that the built environment of supported housing matters for the tenants' well-being, social identity and privacy. Paper II emphasises a blurry picture of tenants, as expressed in materialities of supported housing, in terms of different understandings. Paper III shows that fire safety was organised as a wide-ranging network and had ambiguous influences on the tenants' daily lives. In the last section, I summarise the main findings of the thesis to present a big picture of how materialities of supported housing and the living situations for tenants are entangled.

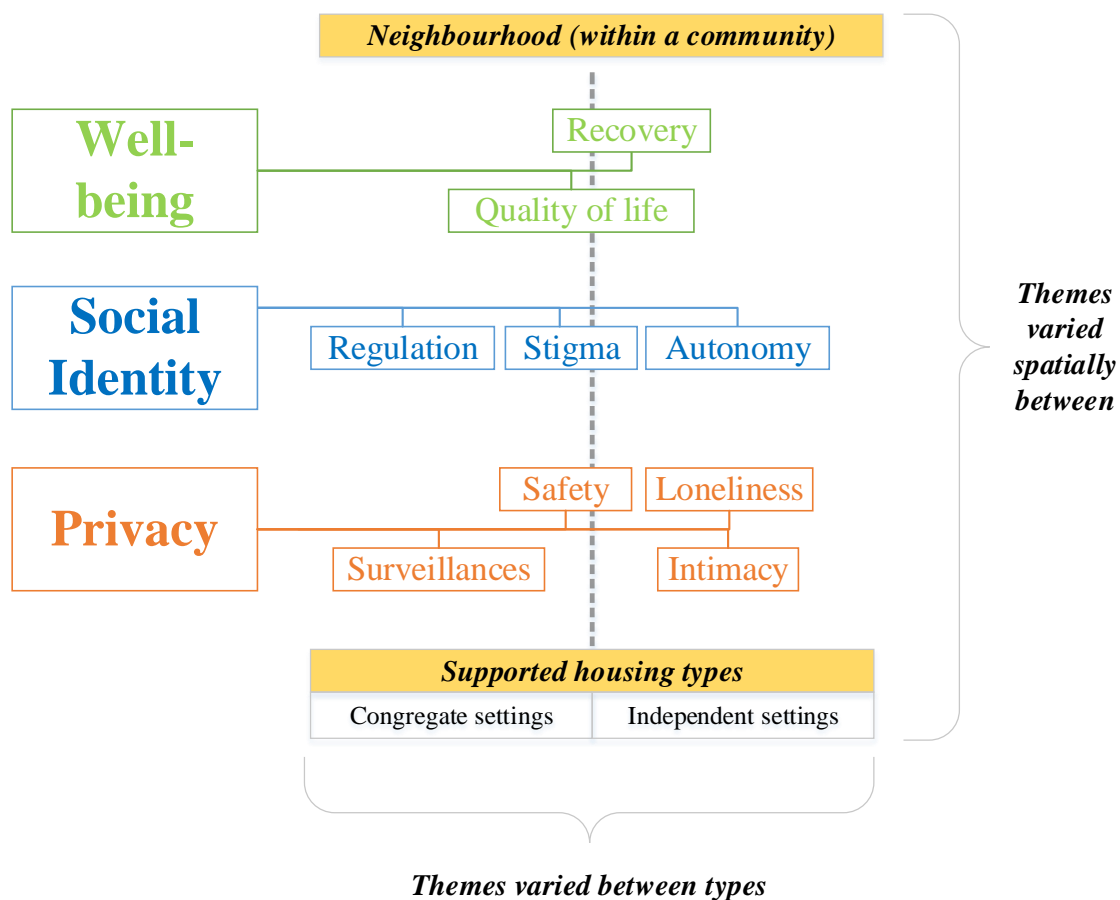
### *5.1 Study I: report on the systematic review of studies on supported housing and the built environment for people with mental health problems*

The studies included in the 13 reviewed articles (see Table 2) covered approximately 2086 people with mental health problems living in supported housing from different methodological angles and indicated how the built environment was important for them. In short, the thematic analysis of the 13 studies resulted in three main themes (and subthemes): well-being (recovery, quality of life); social identity (regulation, stigma, autonomy) and privacy (surveillance, loneliness, safety, intimacy). These themes could be further differentiated between two supported housing types (congregate or independent) and between two spatial scales (building itself or surrounding neighbourhood within a community). Because of these different emphases, I developed a diagram as a topography of supported housing to illuminate how the built environment was important for the tenants (Figure 4). The figure illustrates on the top-down axis whether a subtheme is linked more to the neighbourhood or to the housing type; and on the left-right axis, whether a subtheme is linked more to congregate or independent settings.

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<sup>21</sup> For more details, see appendices 1-3.

Figure 4. A topography of supported housing (Friesinger et al., 2019a, p. 49).

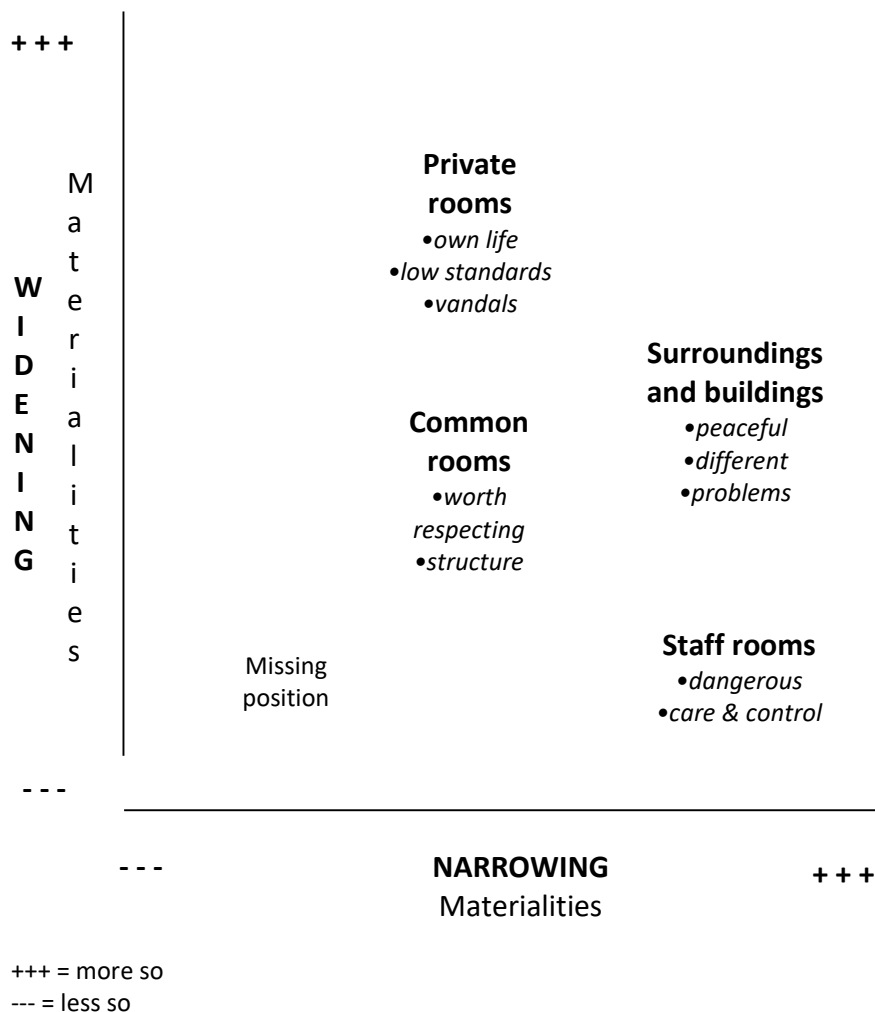


For instance, the findings of the included studies showed that the well-being of the tenants was associated more with neighbourhood qualities, e.g. amenities (Harkness et al., 2004; Townley and Kloos, 2014; Wright and Kloos, 2007). In comparison, the privacy of the tenants was associated more with the built environment of the supported housing types and how it was practically used by professionals (Bengtsson-Tops et al., 2014). The studies showed, moreover, that safety or surveillance issues were a bigger concern in congregate settings for tenants (Boyd et al., 2016), and that loneliness or intimacy was more of a concern in independent settings (Baltazar et al., 2013; Piat et al., 2017). Social identity as a comprehensive theme was identified in reference to the interiors and surroundings of the accommodations (Yanos et al., 2007). These could be, for example, meaningful places located close nearby in the neighbourhood (Piat et al., 2017).

## 5.2 Study II: a blurry picture of tenants expressed by widening and narrowing materialities

During my fieldwork, I stayed in seven different supported accommodations in southern Norway. I met people with mental health problems who were living at these places, as well as other persons, such as healthcare professionals, and the materialities of concern. The SA of study II thereby focused on how materialities of supported housing expressed the understandings of the tenants, both for others and for themselves. These understandings of tenants could be widened and narrowed by materialities (figure 5). A position on the figure indicates if a part of the place is more or less linked with widening or narrowing materialities. A widening understanding referred to tenants as individuals with own lives in private rooms and social lives in common rooms. A narrowing understanding referred to tenants as stereotypes in terms of diagnosis who lived in hospital-like buildings.

Figure 5. Materialities that widen and narrow understandings of tenants (paper II)



I therefore stress a picture of the tenants as expressed in materialities that could be described as blurry. In the following, I present the findings as a journey from the outside to the inside of supported housing, whereby surroundings, buildings, rooms and other objects were important materialities.

Staying outside the place, the surroundings and buildings could portray tenants as *persons who need a peaceful environment* on the one hand, and as *a group with problems* on the other. A safe place was underlined by the tenants more in terms of a safe environment and having a physical shelter to avoid being homeless again. The municipal parties who were responsible for locating supported housing showed the tendency to locate persons with the same problems at the same places, often in rural settings (proposed to be far away from the urban drug scene) and for economic reasons. The buildings, moreover, stood out from neighbouring structures in terms of their colour, architectural design and material construction. This material otherness underlines the tenants as *persons different from their neighbours*, although one architect remarked that they had attempted the opposite when planning supported housing.

Turning from the outside to the inside of the places, I visited staff rooms that expressed tenants as *persons in need of care and control*. The materiality of the staff rooms entails different possibilities of supporting tenants for their various requirements. For example, some tenants receive medicine or pocket money at the doors or windows of staff rooms. The staff rooms also signalled that tenants might be understood as *dangerous persons* because camera and security systems were installed and administrated from these rooms.

Alongside the staff rooms, common rooms like living rooms, kitchens, laundry rooms or storage rooms represented materialities that shaped various understandings of the tenants by offering social arenas for the tenants and their practices in institutionalised settings. Common rooms portrayed tenants as *people worth respecting*. For example, how mealtime is practised – whether the staff eat their lunch together with the tenants at a table or not – could express understandings of tenants as ordinary humans. Nonetheless, common rooms signalled tenants as *persons who need rules and structure* if, for example, spatial access to them was limited (e.g. no access to the living room after 10 p.m.).

Leaving the staff and common rooms behind, I was invited by some tenants to their apartments or small houses for coffee. On the one hand, materialities of the private rooms in supported housing could express tenants as *persons with their own lives* – if, for example, tenants had the freedom to decorate their apartments or houses as they wanted to, like every other citizen on the housing market. Some tenants were involved in the process of designing their apartments or houses, e.g. interiors. On the other hand, the materialities of such private rooms could express understandings of tenants as *vandals* or *persons with low standards*. Some supported housing uses robust (durable) materials for their interiors to prevent destruction by tenants. Moreover, robust materialities were linked to the understanding that tenants could not take care of their homes properly because of mental health problems. Such objects could include steel toilets, sinks, showers or leather furniture. Other materialities were linked to standardisation, meaning that tenants were seen as having low standards. For example, kitchens that were barely operational, tiny sinks in bathrooms or showers, and the small size of dwellings kept tenants from being more socially involved with friends or partners. Nonetheless, soundproof walls were outlined as a materiality that should be standardised further.

### ***5.3 Study III: ambiguous influences of fire safety on people with mental health problems in supported housing***

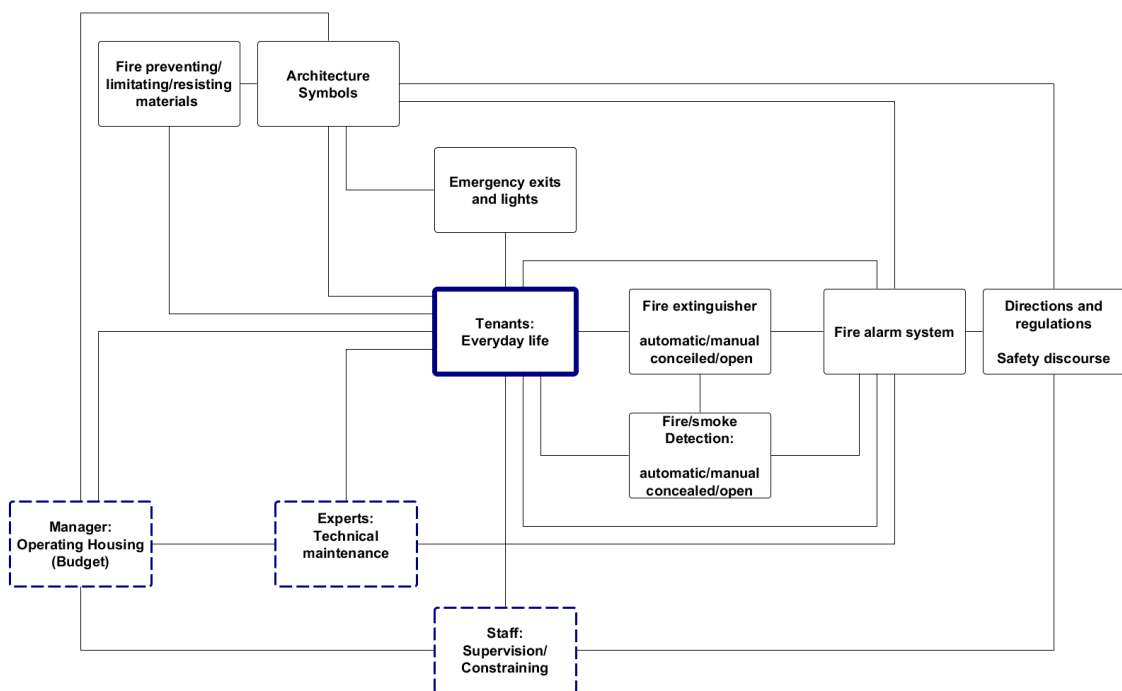
The analysis of study III focused on how fire safety was organized in supported housing as well as how it influenced the daily lives of the tenants. The findings show first that fire safety was differently arranged in the visited supported accommodations compared to most of the common accommodations in Norway, and second that fire safety influenced the daily lives of the tenants ambiguously.

The organisation of fire safety was reconstructed with the help of SA and is summarised by a relational map (Figure 6) highlighting the human–nonhuman interplay. According to Norwegian legal technical requirements (DIBK, 2017, 2010), all the studied supported accommodations had fire protection devices installed, such as fire alarm systems, sprinklers and smoke detectors. These fire protection elements were linked to a system which could be administrated by a control panel. The fire alarm system and devices had to be technically maintained at least once a year. Other technical requirements for the material construction of

the buildings included fire and smoke barriers, fire resistance and limiting materials, and emergency exits and lights. The fieldwork showed that materialities concerning fire safety were differently constructed in supported housing. For example, heat detectors were used for reinforced settings, smoke detectors were moved to technical rooms to prevent damage by tenants, and sprinklers were concealed in other cases. Another example is that of a device used to avoid fires when tenants prepared meals on the stove, which could be installed in the fuse box (the older version) or above the stove (the new version).

Nonetheless, fire safety was not only a technical issue; it was also linked to practices. On the one hand, the staff supervised tenants regarding fire hazard materials, such as electrical devices, which they unplugged in their apartments or houses. On the other, the tenants had to prevent domestic fires by themselves.

Figure 6. Map of fire safety in supported housing (Friesinger et al., 2019b, p. 4).



As outlined in Figure 6, fire safety comprises more than a single element in the tenants' living situations, and these elements together can thereby be better understood as an all-embracing network of the human–nonhuman interplay. This fire safety network had ambiguous influences on the tenants' everyday lives (Figure 7). Fire safety in the visited supported accommodations offered tenants *positive experiences* in terms of feeling protected and, moreover, *possibilities* in



terms of re-defining fire safety materialities for their own purposes; for example, tenants used fire emergency exits to bring in unapproved visitors or drugs or alcohol without being seen by staff.

However, the tenants could also have *negative experiences* regarding fire safety, which were usually linked to annoying and frequent false alarms for many reasons, such as high sensitivity, smoking, misuse and unsuitably situated smoke detectors. Furthermore, many tenants stated that they felt monitored by fire safety devices such as smoke detectors, which blink to signal correct work function. An emerging question to address, then, was *how did the tenants cope* with these disturbances? In brief, the tenants ignored, covered or damaged fire safety devices. For instance, one tenant put masking tape over a smoke detector to cover the blinking LED lamp. The fire safety network could also set *boundaries* for the tenants in terms of *restrictions and marginalisation*. For example, tenants who were blamed for starting fires in the past or who had received reinforced devices in their accommodations were even called ‘arsonists’ by fellow tenants. This discrediting process not only impacted the social identity of those tenants but moreover marginalised them in the housing market. One manager pointed out that it was hard to find new places for tenants in the public housing system who had formerly been involved in domestic fires.

In sum, fire safety is a serious topic not only for public health in general but for people living in supported housing in particular. Study III showed that fire safety had ambiguous influences on the tenants’ daily lives in supported housing. Finally, the persistent relevance of fire safety in supported housing can be viewed in light of new cases of fire incidents that occurred in some of the visited places after fieldwork began.

Figure 7. Ambiguity of fire safety in supported housing (Friesinger et al., 2019b, p. 7).



#### ***5.4 Summary: materialities of supported housing matter in multiple and contradicting ways***

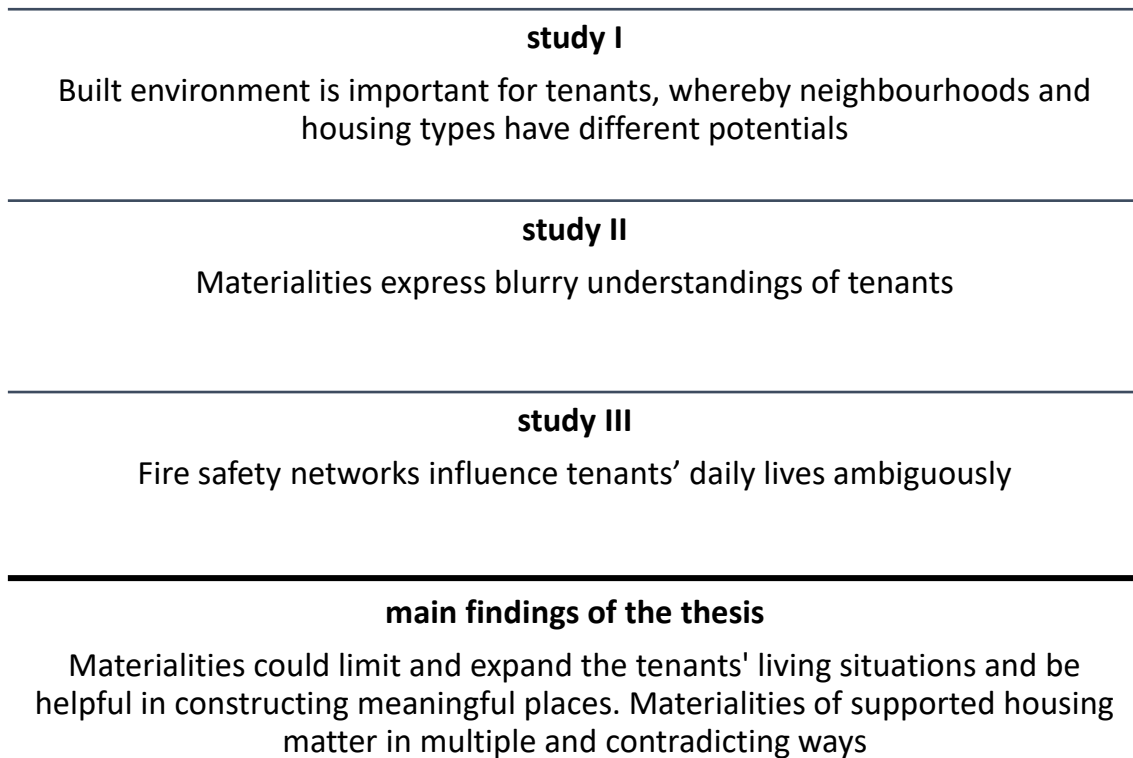
With this section, I attempt to clarify how studies I–III interrelate and create a whole in terms of the ‘big picture’ (Clarke, 2005) or main findings of the thesis. The overall research design (see Table 1) focused on materialities of supported housing across different spatial scales (international for study I, local for studies II–III) and themes (importance, understandings, organisation and influences). These themes are moreover linked to the theoretical concepts of materialities (see chapter 2) as interactions (influences of materialities on daily life) and relations (organisation of materialities as networks), practices (related to a non-discursive understanding of tenants) and experiences (importance of living places).

The summary of the thesis addresses the overall question: What can studies I–III tell us about the influences of materialities in regard to human–nonhuman interplay on the living situations for people with mental health problems in supported housing? The findings from study I – based on other international studies – show that the built environment (with regard to neighbourhoods and supported housing type) was in diverse ways important for the tenants’ well-being, social identity and privacy. Study II shows that materialities of supported housing expressed a blurry picture of the tenants within a range from stereotypes to individuals. Study III shows that the influences of materialities were organised in a broad network of humans and nonhumans, such as in the case of fire safety, which had ambiguous influences on the tenants’ daily lives.

On the one hand, the studies of the thesis indicate that materialities of supported housing might control, limit and narrow the tenants’ living situations. On the other, the studies suggest that materialities might be meaningful for tenants in their living situations, e.g. allowing broader understandings of people with mental health problems, enabling social interactions or relations, and allowing creative usage in daily practices. Concerning the main findings, studies I–III paint a picture of materialities as interactions, relations, practices and lived experiences that is characterised by multiplicity and contradiction in regard to their influences on the living situations of tenants (Figure 8). In sum, materialities of supported housing could both limit and expand the living situations of tenants and be constructive in

the creation of a meaningful place in terms of a home. Therefore, materialities of supported housing matter in multiple and contradicting ways.

Figure 8. Materialities matter in multiple and contradicting ways.





## **6 Discussions**

In this section, I will discuss the findings of study I regarding troubles and opportunities of supported housing; study II regarding narrowing and widening materialities; and study III regarding fire safety networks as a risk-reducing black box. I will moreover discuss the main findings of the whole thesis regarding multiplicity and contradiction, the methodologies of the studies, as well as their strengths and limitations.

### ***6.1 Discussion of the findings***

#### **6.1.1 Study I: built environment involves both troubles and opportunities**

The mix-method literature review regarding studies about supported housing emphasised that the built environment is a concern for the tenants' well-being, social identity and privacy with respect to neighbourhoods and housing types. The included studies indicated that the built environment of places could involve both troubles and opportunities for the tenants.

Despite de-institutionalisation, some congregate settings (Baltazar et al., 2013; Boyd et al., 2016) could still conform to Goffman's (1961) description of mental hospitals as institutions with a strict administration of the patients' (social) lives. Video surveillance technologies could moreover limit the tenants' privacy in supported housing and convey the message that tenants are possibly troublesome and must thus be confined by a safety policy (Moon, 2000; Rose, 1998). Tenants could be at risk of losing their 'sense of place' (Relph, 1976) and even their citizenship if they were to live only inside the walls of regulated and monitored housing settings. Such housing situations could be interpreted as a reverse version of Bentham's panopticon plans (1791/1995), whereby it is not the many who are controlled by one gaze but rather the few (tenants) who are controlled by the many, such as neighbours. From a geographic view, this reminds on a rural panopticon (Philo et al., 2017), whereby neighbours monitor every step of each other.

The latter example with the rural panopticon alludes to the significance of the inside–outside relation of supported housing for the living situations of people with mental health problems, who are more likely to be marginalised (Wilton, 2003, 2004). Locating supported accommodations in residential areas with poverty,

crime and social problems might lead to ‘service dependent ghettos’ (Dear and Wolch, 1987). Such a problematic location has disadvantageous influences not only on the tenants’ well-being but also on their social identities, influences that might be exacerbated by deleterious surrounding materialities and a lack of amenities (Harkness et al., 2004). The tenants could be further stigmatised in NIMBY campaigns. From a broader view, problematic locations for supported housing might be seen alongside the treatment of other marginalised groups (Bourdieu et al., 1999) and could thus be situated in austerity policies that entail a ‘punishment of the poor’ (Wacquant, 2009) by cuts in welfare and healthcare services; e.g. for mental health provisions in the UK (Cummins, 2018).

Despite troubles, supported housing types and their neighbourhood environs could emphasise opportunities for tenants who might need support in their daily lives. As such, supported accommodations must be understood as meaningful places for tenants, who could feel at home in the sense of ‘rootedness’ (Tuan, 1980). Feeling rooted at a home is a process that involves knowing where you are and who you are (Norberg-Schulz, 2000). This means that the supported housing should not remind the tenants that they are troubled or troublesome (Philo and Parr, 2019). Instead, a meaningful home should both protect and allow the tenants to develop themselves (Bollnow, 2011) as citizens that makes personal recovery possible. This implies for the built environment that tenants need to have choices (Piat et al., 2019), e.g. having control in their dwellings and self-confidence that their lives are relatively stable (Padgett, 2007). A central key is thereby to underline the wholeness of places as essential for human beings in the world (Seamon, 2018) and which take explicitly into account the interwoven outsides and insides of places (Relph, 1976).

A constructive place requires an openness for the tenants to identify with it and derive from it beneficial meanings that are situated both inside and outside supported housing. For example, the built environment might enable social interactions with whosoever the tenants have in their apartments or confer the freedom to decorate the insides or other meaningful places in nearby surroundings, such as parks or spiritual places (Piat et al., 2017; Yanos et al., 2007). The parties who design supported housing need to be aware of the wholeness of place and include tenants in their plans. As such, tenants might experience the ‘atmospheres’ (Seamon, 2017) inside the buildings in terms of a home, with opportunities in the

surroundings that convey a beneficial image. The studies included in the review underlined that both congregate and independent housing types could enable ontological security for tenants (Bengtsson-Tops et al., 2014; Piat et al., 2017). Lastly, I stress that supported housing approaches (McPherson et al., 2018a; Nelson, 2010; Tabol et al., 2010) have limits because they involve tenancies.

### **6.1.2 Study II: materialities that narrow and widen the tenants' identities**

Study II showed that the materialities of supported housing regarding surroundings, buildings, rooms and objects could express a blurry picture of the tenants and thereby influence their identities. It might be interesting to discuss materialities that widen and narrow the understandings of tenants; in particular materialities which are linked to architectural functionalism in terms of 'form follows functions' (Eco, 2010).

The narrowing material language of supported housing might be seen in robust or standardising materialities. These materialities, like steel toilets or tiny houses, refer to tenants in terms of stereotypes or 'spoiled identities' (Goffman, 1963) and are influenced moreover by their daily lives. For example, supported housing designed to fulfil only low standards makes it difficult for the tenants to be social with friends and partners at home. The underpinning idea of robust material was grounded in an understanding of people with mental health problems as vandals who are capable of destroying interiors and incapable of living ordinary lives. In the words of Foucault (1977), these materialities could be interpreted as disciplining technologies that re-produce 'docile bodies' of the tenants. However, a constructiveness in the robust materialities for tenants might be possible in individual and supportive cases established by the tenants' own choices. This could be, e.g., soundproof walls that are meant to be sustainable and are not designed to emphasise any form of stigma. The only problem is that robust materialities, as already outlined, are based on a general reductive conception of tenants and are integrated in the built environment based on the architectural functionalism that material forms should be designed for functions (Eco, 2010). This technical reductionism overlooks that tenants are persons with diverse identities first, and who are suffering from individual problems second.

Nevertheless, the study also indicated materialities of supported housing that express conceptions that widen the understandings of tenants in terms of diversity. A central point is thereby how the materialities were used to constrain and enable practices (Bourdieu, 1990a; Shove et al., 2012) in terms of a social architecture (Larsen, 2005). For example, the dining room could be used to express a nice and inclusive atmosphere, whereby tenants and staff have dinner together at the same table, signalling tenants as persons worth respecting. In comparison, mealtimes could also be practised to stress differences among staff and tenants. Thus, materialities are not about caring alone (Buse et al., 2018). Materialities must be seen as part of the interactions, relations, practices and lived experiences of the human–nonhuman interplay.

The study shows moreover that tenants could be understood as persons with their own lives if they are treated as citizens with the right to do as they want within their apartments or houses. This is comparable to the findings of another study of supported housing (Piat et al., 2019), in which choices for tenants were linked to personal recovery. Discussing the findings on institutional architecture, I could underline that materialities of supported housing always involve forms of ‘care and control’ (Philo, 2017). A widening materiality of supported housing allows, then, multiple understandings of tenants and avoids the stress of any stereotypes, such as being ‘troubled’ or ‘troublesome’ (Philo and Parr, 2019).

Study II pointed out materialities that could narrow the tenants’ identities if they were assembled conform to ‘form follows functions’ (Eco, 2010). This functionalism could be increased by the closeness of supported accommodations to mental hospitals. Such a landscape-embedded stigma might portray tenants as patients with medical diagnoses, which could in turn be linked to the re-production of medical knowledge as the (sole) basis for understanding of the tenants (Prior, 2003). Nevertheless, materialities could widen the tenants’ identities within a social architecture if the surroundings, buildings, rooms and objects allow the tenants to be seen appropriately as individuals worth respecting who are able to control their own (social) lives. This entails understandings of tenants beyond stereotypes that acknowledge differences as constructive in terms of Simmel’s (2010) richer meanings. In other word, widening materialities might serve tenants as helpful material repertoire in their daily presentation of their selves (Goffman, 1956; Strauss, 1959).



### **6.1.3 Study III: fire safety network as a risk-reducing black box**

Small things have broader influences than one would expect, as in the case of fire safety elements in supported housing. One may ask why the fire safety network in the studied supported housing should be understood as different from those in common housing?

In response, the ambiguity of fire safety in supported housing could be explained with ANT in order to unbox the materialities as a relational network. A comparison with Latour's illustrations of seat belts (1992) and speed bumps (1994) might be useful, whereby for the latter the intention to prevent harming people is translated to prevent damaging their cars. The prevention of domestic fires is technologically transferred to materialities such as the automatic protection devices installed above the stove. This transfer might lead to a displacement of responsibility in the sense that people might feel they no longer need to care about fire safety themselves. This process resulted in the black-boxing of fire safety technologies in supported housing, which might disempower tenants and leave staff unaware of robust solutions such as smoke detectors in a separated, locked room.

From a broader sociological perspective, the risk of domestic fire can be interpreted as a product of the society itself. This is because such risks are socially constructed (Bauman, 1995; Lupton, 1999) and inherent to a society in which technologies can have unintended consequences (Beck, 1992), such as the flashing smoke detector. Fire safety therefore needs to be addressed in terms of public health, because some groups have a higher risk of experiencing a domestic fire, e.g. older people, children, people with reduced mobility, and people with mental health problems, learning disabilities or substance abuse issues (Halvorsen et al., 2017) – especially if they smoke (Xiong et al., 2017). Fire safety interventions must consequently include the broader social context (Clark et al., 2015), such as the living situation. A one-sided focus on the fire risk-reduction solution only in supported housing might lead to a reinforced setting that harms more than it helps. For example, the idea of installing more fire safety devices without considering the broader situation did not prevent several new domestic fires from happening during the course of fieldwork. Moreover, tenants linked to former fires have problems finding apartments on the common housing market. This means that their chance to move on from supported housing is barely existent.

For Foucault (1977), the fire safety network might be understood as disciplining materialities that intend to normalise the practices of tenants and staff to prevent domestic fires. This is based on a rational model to optimise practices, which can be related to norms of public health (Lupton, 1995). Notwithstanding, a fire safety system that is stricter than common systems might signal to tenants in supported housing that they are more at risk of experiencing a fire, which could lead to victim blaming (Clark et al., 2015). In sum, fire safety is an important case of materialities that distinguishes supported housing from common housing and should be appropriately considered.

## ***6.2 Discussion of the main findings: multiplicity and contradiction of the materialities of supported housing***

The studies of the thesis show that materialities of supported housing involved different potentials, blurry understandings and ambiguous influences for the tenants. Thus, the main findings of the thesis outlined that materialities matter in multiple and contradicting ways in supported housing. Materialities could limit and expand the living situations of the tenants and be helpful in the creation of meaningful places in terms of homes. One might ask, how do materialities matter in multiple and contradicting ways?

The multiplicity and contradiction of the materialities of supported housing can be understood in the light of the logic of institutional architecture that involves both care and control (Philo, 2017). Supported housing constitutes comprehensive places that intend to offer assistance for people with mental health problems in their daily lives at home. Materials associated with these places are thereby not passive but co-constitutive for the living situations of the tenants. The studies of this thesis showed that materialities such as surroundings, buildings, rooms and objects matter for the tenants' living situations and cannot be reduced only to inter-human relationships.<sup>22</sup> The latter always involves materialities in caring (Puig de la Bellacasa, 2017) or other practices (Shove et al., 2012). Thus, it is important to emphasise that interactive support is actually practised within a human–nonhuman

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<sup>22</sup> The research field on supported housing overlooks the aspect of how materialities matter in life, which is common for healthcare studies (Buse et al., 2018). Notwithstanding, human geographers appear to be more aware of materialities (Andrews and Duff, 2019).

relation in places of supported housing which could always be differently performed and experienced. Materialities, such as robust architecture or landscape-embedded stigma, lack possibilities in the care-control logic and are thereby more strictly constructed for use in practices or in situational interpretations (Thomas and Thomas, 1928). This could entail contradictory understandings of tenants as expressed in materialities or frame their experiences. In comparison, the studies of this thesis emphasised materialities that were open to tenants to derive meaning from, such as spiritual places near to the accommodations or materialities that allow multiple expressions of tenants in terms of diverse identities. As such, supported housing should be materialised as ‘enabling places’ (Duff, 2012) with choices for tenants within supported housing to organise the own (social) life and homely feeling (Piat et al., 2019).

One may wonder, how are humans responding to contradicting materialities or environments? Goffman (1961), for example, indicated the resisting power of patients in organising a subcultural life in mental hospitals. Similarly, in studies II-III, tenants showed that they could actively create a safe environment that expresses diversity despite marginalisation and/or coercive situations. Moreover, the tenants could use the rooms or technologies of supported housing beyond their original functional purposes, for their own purposes. As such, human interactions seem to be fragile yet also adaptive (Blumer, 1969), while materialities allow us to portray conceptions in a more durable, but also more passive, way. This could be a reason why the ‘facility-based stigma’ of old asylum buildings is so enduring (Moon et al., 2015). Overall, the tenants could use materialities of supported housing in constructive ways as interactions, relations, practices and lived experiences, especially if the living places were shaped in terms of an ‘openness’ (Relph, 2017) to become rooted in them as homes if needed (Tuan, 1980).

Supported housing with their multiple and contradicting materialities could represent meaningful homes for tenants and are pivotal in their daily lives in terms of an existential ‘rootedness’ (Tuan, 1980). Nevertheless, human life refers to more than being linked to a possible home as a private place. Society shapes our social lives in general and for tenants in supported housing. Being a person with an individual history is the result of our social relations and daily practices in which we use ordinary materials to interact with each other. Simmel (1950) outlined the importance of participating in different social circles that shape our senses of self

and our social identities in public spaces. The home, on the contrary, represents more of a place for personal care in terms of intimacy and retreat (Bollnow, 2011). Supported housing as homes for people with mental health problems need, therefore, its counterpart in public places, such as supportive neighbourhoods with meaningful places. In other words, it is important for the tenants to have opportunities to participate in fields outside supported housing to obtain social-material resources, e.g. social and economic capital (Bourdieu, 2018, 1986), such as in workplaces.

Are these social geographies with multiple and contradicting materialities of supported housing inclusionary for tenants? Both Knowles (2000a, 2000b) and Parr (2008) might answer with both a ‘yes’ and a ‘no’ because of the enduring marginalisation of people with mental health problems. Sayce (2016) revised her monography, ‘from psychiatric patient to recovery’ (Sayce, 2000), to acknowledge that many improvements remain to be made before people with mental health problems are accepted as full citizens. These improvements should move from the ‘enclosed identities’ of patients to the ‘disclosed identities’ of social citizens (Parr, 2008, p. 27). This might be the case for materialities that widen our understandings of tenants, as study II indicated. Such widening materialities of supported housing would be considered as resources in the search of an identity for people with mental health problems (Goffman, 1956; Strauss, 1959).

How are materialities of supported housing seen in a historical context? The public–private continuum of places is a matter of material culture and civilisation processes (Elias, 2000). For example, dwelling places in Western countries in the nineteenth century were often crowded by family members of different generations, avoiding any form of today’s understanding of intimacy (Weresch, 2015). Supported housing is therefore situated in a broader civilisation process of dwelling practices on the one side and embeddedness in a history of former mental healthcare spaces on the other (see chapter 1.1). The latter needs to be considered in discussions about the built environment of supported housing in the lens of the Tukes asylum, which employed arguably soft social control (Philo, 2017). The Tukes ‘moral treatment’ (Edginton, 1997) seems to be at least comparable with supported housing in congregate settings. In a nuanced view, supported housing did not completely break with its historical roots in former mental healthcare institutions, which could be summarised by Larsen’s (2009) claim that psychiatric

knowledge is still embedded in the walls of district psychiatric centres. The shift towards community represent possibilities for people with mental health problems but this shift also led to contradictory understandings were materialities express the tenants as stereotypes or individuals. This multiplication might be explained by the assumption that supported housing belongs to de-territorialised healthcare services in terms of ‘extititutional arrangements’ (Milligan, 2009, p. 22) that cover social geographies widely and represent more than separate places.

### ***6.3 Methodological considerations and limitations***

There are several methodological issues to discuss regarding the strengths and limitations of the research design for the whole thesis as well as for each study. One might ask, first, does the research design of the thesis appropriately address the research question?

To start with, the aim of the thesis was to explore and understand how materialities influence the tenants’ living situations in supported housing. This focus on ‘understanding’ led to a methodology based on qualitative research design. Alternatively, if the aim had been to explain an effect of materialities on the living situations of the tenants in terms of causality, then the research would have needed a quantitative research design, e.g. by using questionnaires or standardised observations. Following qualitative research, the aim of the thesis needed to be addressed by an appropriate theory (linked to a scientific position) and method. This appropriateness between research problem, theory and method is the foundation of qualitative research (Flick, 2009). For this thesis, the primary issue at hand was understanding the living situations of people with mental health problems in supported housing with a focus on materialities. I thereby underline materialities as co-constitutive in the interactions, relations, practices and experiences of living places in order to emphasise their complexities and avoid reducing them, such as in a positivist or realist framework. This ‘multi-level’ (DeLanda, 2006) approach of the thesis needed to be further linked to a method that could account for complexities (Law, 2004; Mol and Law, 2002) and would allow one to grasp the human–nonhuman interplay in the daily lives of people, such as in ethnography (Marcus, 1998; Marcus and Saka, 2006). For studies II-III, I therefore chose a multi-sited ethnography with SA and GT that could work as a

theory/methods package (Clarke and Star, 2007). For study I, I chose a thematic synthesis of the findings of other studies regarding the built environment.

Second, how can the quality of the whole research design be evaluated? Taken together, studies I–III were meant to illuminate the role of materialities in the living situations of the tenants, but each study had its own limitations as part of the whole thesis. With regard to the findings, study I included congregate and independent supported housing types in Western countries, while studies II-III only explored supported housing types in Norway that were closer to congregate settings. The findings are therefore limited to those settings, but they could be transferred to other, similar housing settings because they are based on ‘rich descriptions’ (Morse, 2015). Nonetheless, a key limitation for the transferability of the findings is the welfare context in which the studies included in the review and studies II-III were conducted, which differs a lot. Alongside *transferability*, Lincoln and Guba (1985) outlined criteria for qualitative research, such as *credibility*, *dependability* and *confirmability*. I interpreted the empirical data together with my co-authors to obtain credibility and received feedback in the research group. Moreover, I documented each methodological step and decision made during the research process in a reflexive journal to achieve consistency in terms of dependability and confirmability. Studies I–III can be seen together as a methodological triangulation that emphasises variation towards the research problem and demonstrates a ‘rigor’(ous) (Morse, 2015) conduct of research in terms of trustworthiness. In the next sections, I will discuss the criteria and limitations for each method used in more detail.

### **6.3.1 Systematic literature review**

Several methodological issues need to be highlighted for systematic literature reviews in general and for study I in particular. A significant quality of systematic literature reviews is their selectiveness, including and excluding studies which can be advantageous to provide a synthesis of relevant studies and summarise existing knowledge. However, this logic represents an unwanted reduction of past studies with a claim to be comprehensive on the one hand, whereas the study qualities, on the other hand, are ranked by using evidence levels like Cochrane (Gøtzsche et al., 2013), whereby randomised controlled trial scores highest and qualitative research scores lowest. For paper I, the research design therefore included studies with

different methodologies without scoring any evidence levels but also acknowledging their methodological differences (Sandelowski et al., 2006). Because the findings of the 13 included articles were organised by thematic analysis in a mix-method review, the quantitative studies lost their statistical power, which would have been different if a meta-analysis had been used. That said, the latter cannot be conducted with qualitative studies. As such, a mixed-method review seemed to be an appropriated solution.

Notwithstanding, I underline the limitations regarding the selectiveness of systematic literature reviews and recommend reading more than the articles included in paper I. Other limitations concern the already-outlined divergent social-material contexts and welfare systems in which the studies were conducted (US, CAN, BR and SWE). Alternatively, the review could include articles regarding residential homes for persons with learning disabilities or dementia, because the concept draws on places of care in which people live and stresses a meaningful built environment. The indications of the report from paper I could be compared to similar housing settings.

### **6.3.2 Multi-sited ethnography with grounded theory methods**

I now discuss the methods described in papers II-III by the criteria for qualitative research on the one side (Steinke, 2004) and specific GT criteria on the other Charmaz (2014). First, Steinke (2004) emphasised *inter-subject comprehensibility*, *indication of the research process* and *reflected subjectivity* as important criteria. For the studies, each analytical step was documented in a reflexive journal supported by the Atlast.ti software, in memo-writings, and in in-depth discussions with the co-authors. Preliminary findings were discussed openly in research group and workshops. I furthermore reflected critically on my role as a participant in the field (Hammersley and Atkinson, 2007) and on my beliefs as a former worker in mental health services. Conforming to Berger and Luckman's (1991) assumption that there is no one true reality, I emphasised a situated view for my fieldwork in terms of co-constructing the data (Charmaz and Mitchell, 2001; Denzin, 1997). Fieldwork was generally documented in field notes or photos of materialities, whereby unrecorded interviews with participants were double-checked with them and recorded interviews were transcribed.

In regard to other criteria by Steinke (2004), such as *empirical foundation*, *coherence* and *relevance*, I attempted to be grounded in the empirical data as much as possible in the research process, conforming to GT and SA logic. I double-checked the consistency and relevance of the constructed categories concerning the research problem by myself and together with the co-authors of papers II-III. Concerning *limitation*, the findings accounted for the housing samples and might be transferable to comparable supported housing settings in Norway. Because of socio-cultural and legal differences of the technical requirements (e.g. fire safety) across Europe and other countries, the findings of papers II-III are not applicable to other countries, but they are comparable. The knowledge gathered in papers II-III could additionally be transferred to other places of care or to healthcare technologies for older people. Nevertheless, the findings might allow deeper insights into taken-for-granted materialities in living situations more generally.

Second, Charmaz (2014) listed some criteria for grounded theory studies, such as *credibility*, *originality*, *resonance* and *usefulness*, which are worth discussing here. Both papers II-III cover a wide empirical range that is linked sufficiently to the analytical argumentation. I focused thereby on categories in terms of Blumer's (1954) 'sensitizing concepts' as guidance grounded in the empirical and not on already-fixed, classified concepts. I sought moreover to obtain 'theoretical saturation' (Charmaz, 2014, p. 18) whereby the collection of fresh empirical data about materialities no longer added new properties to the categories that were consistent in the understanding of the research problem (credibility). The ambiguity of fire safety and the blurry picture of tenants expressed in materialities both offer fresh insights in the field of supported housing research, whereby taken-for-granted meanings have been revealed (originality). I attempted to share the findings with the participants, municipal service planners and other parties responsible for building comparable places of care for those in need of healthcare services (resonance). In my opinion, the knowledge gathered from these studies might contribute to the better planning of services and to a clearer understanding of persons with mental health problems living in supported housing (usefulness).

One may ask: What alternative methods could have been designed for studies II-III? For example, I could have visited only one supported accommodation, such as in traditional ethnography, to achieve a more in-depth description of that one single place. I would have then, however, missed the multi-sitedness of the empirical



data, which I needed for SA. Moreover, instead of an ethnographic approach, I could have interviewed tenants and staff of supported housing with semi-structured approaches. This might have generated narratives about materialities by participants, which could have additionally described tensions between them in a focus group interview. But these empirical data would only be narratives (about what people tell that they do with materialities) compared to participant observations, which document practical material usage in daily life. Another possibility could have been photo-voice, such as used in Piat et al.'s (2017) study, that would have allowed tenants to set the focus of the research themselves and be involved in the evaluation process. This would account more for user-led research in the field of mental health, such as by Rose (2015), who proposed it. However, photo-voice lacks the documentation of a process in the field, which is possible via ethnography, and the requirement to grasp materialities of supported housing. I attempted to compensate for the lack of user-led research by discussing my preliminary findings together with persons with user experiences in the research group.

In regard to the data analysis, I could have used a content analysis with a Bourdieu framework comparable to Pawlica's (2018) study instead of SA and GT. Nevertheless, multi-sited ethnography and SA (and GT) make a good fit, as Clarke et al. (2018) outlined. Even though reviewers appreciated SA's methodological range, they stressed the uncertainty as partly challenging (Mathar, 2008; Whisker, 2018). Clarke (2015, p. 141) underlined SA and GT as strong analytical strategies that are less strong in the verbal (re-) representation of lived experiences, which was not pursued here. SA attempts to work against simplifications of research problems in qualitative research and instead emphasises complexities, such as needed in this thesis with respect to materialities of supported housing. Both Charmaz (2014) and Clarke (2015) underlined flexible guidelines in their analytical strategies, i.e. not a strict, step-by-step 'how to' to perform qualitative analysis.



## **7 Conclusions**

Finally, I summarise the thesis with the main conclusions, implications for practice and recommendations for future research.

### ***7.1 Main conclusions of the thesis***

The main findings of the thesis showed that materialities of supported housing could both limit and expand the living situations of people with mental health problems as tenants of these places. The key is to thereby understand materialities as co-constitutive in the social interactions, relations, practices and experiences of living places. The findings emphasised the importance of considering both the inside and outside of supported housing in terms of wholeness of place – surroundings, buildings, rooms and objects – that might evoke images of tenants as worth respecting citizens. Materialities of supported housing were shown to be helpful in the creation of meaningful homes for people with mental health problems that underlined multiple understandings of them and could be beneficial for their personal recovery. Nevertheless, materialities could still portray narrow understandings of people with mental health problems that could negatively influence their daily lives. But materialities could also be positive for tenants in individual cases in terms of a supportive structure that is still open for variation.

A safe place is thus not enough, and a focus should be placed on location in inclusionary social geographies that offer opportunities for tenants to grow, such as meaningful work or other places where they could meet people. The findings indicated that the different supported housing types – congregate or independent – have different potentials for tenants. This variety of housing models might help to create a landscape for people with mental health problems with the possibilities for creating a meaningful social life, whereby materialities should not be overlooked. As such, the thesis pointed out materialities of supported housing that matter for the tenants' living situations in multiple and contradicting ways.

## ***7.2 Implications for practice***

Based on the findings, the thesis provides a better understanding of the influences of materialities of supported housing on the tenants' living situations. The parties responsible for supported housing should take into account the impact of materialities and listen to the people for whom the services are meant. I stress user involvement and participation of people with mental health problems in all organising steps of supported housing. This should already begin in the early planning process of supported housing, then in the building phase, and lastly in the operation of the place. In most cases, the tenants will receive an already-existing apartment or house and should therefore be given the chance to redesign it, e.g. new colours on the walls. The emphasis could thereby lie on togetherness of tenants and health-care professionals in making a meaningful place. A key here is a location in a supportive neighbourhood and an integration of what I have termed 'widening materialities'.

This term means materialities that allow multiple understandings of tenants as individual persons for others and for themselves. As a consequence, municipal service planners should not look at supported housing models or materialities that work best generally or are economical, but should instead start first with an exploration of the local conditions in the community. Second, supported accommodations should be adapted to these local situations and finally to the personal needs of each person with mental health problems. Therefore, narrowing materialities (e.g. robust materials or architecture) are short-sighted as a general solution because they are based on an underlying reductive preconception that avoids individualisation. It is more important to focus on the human–nonhuman interplay, meaning how materialities of supported housing are used in practice, such as a dining table to express persons worth respecting on their way to becoming respected social citizens both inside and outside supported housing. The mobility for tenants between different supported housing types should be better organised, and models of ownership of dwellings should be more elaborated by welfare and healthcare services.

### ***7.3 Recommendations for further research***

The thesis contributed to filling the gap in research on supported housing regarding materialities, particularly for Norwegian settings. However, in the international research field of supported housing, this issue of materialities is still underdeveloped and therefore needs further exploration. For Norwegian settings, it would be interesting to explore the wider social geographies of people with mental health problems in general, meaning how dynamics of inclusion and exclusion are apparent for them. A relevant research design should thereby include a triangulation of methods to allow for the grasping of social-economical dimensions for identifying social inequalities, and should involve qualitative research to elicit deeper understandings of marginalisation tendencies for people with mental health problems. Regardless of study design, future research should consider user-led approaches. A potential research design could be based on action research to develop and evaluate a housing type with service users that performs appropriate support and allows tenants to be citizens in a society. Other future studies could explore similar housing settings for other people who receive healthcare by municipal services.



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## **Appendices**

1. Paper 1
2. Paper 2
3. Paper 3
4. Approval Norwegian Centre for Research Data
5. Information and declaration of consent





## **Appendix 1**

Studies regarding supported housing and the built environment for people with mental health problems: A mixed-methods literature review.

(Paper I)





## Review Essay

# Studies regarding supported housing and the built environment for people with mental health problems: A mixed-methods literature review



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## ABSTRACT

Places where people live are important for their personal and social lives. This is also the case for people with mental health problems living in supported housing. To summarise the existing knowledge, we conducted a systematic review of 13 studies with different methodologies regarding the built environment in supported housing and examined their findings in a thematic analysis.

The built environment of supported housing involves three important and interrelated themes: well-being, social identity and privacy. If overregulated by professionals or located in problematic neighbourhoods or buildings, the settings could be an obstacle to recovery. If understood as meaningful places with scope for control by the tenants or with amenities nearby, the settings could aid recovery.

## 1. Background

### 1.1. Post-asylum geographies

Asylums in the nineteenth and early twentieth century were places for sheltering, disciplining and treating people suffering from mental health problems in segregated and institutionalised environments (Foucault, 2006a; Philo, 2004). These older mental health geographies were replaced by current 'post-asylum geographies' (Wolch and Philo, 2000). Post-asylum geographies are characterised by a complex network of new social spaces such as mental health institutions, facilities and accommodation for housing, caring for and assisting people with mental health problems living in the community within different neighbourhoods and regional contexts. These geographies are the results of several ongoing processes which started in the late twentieth century and are referred to as deinstitutionalisation. Deinstitutionalisation describes the return to the community of people with mental health problems which started when the asylums were downsized in the 1950s in the United States (US) and Great Britain and later in other Western countries. This process of deinstitutionalisation was connected to changes in social policy (Grob, 1991) and critiques of inhuman psychiatric practices by service users movements and scholars (Davidson et al., 2010; Foucault, 2006b; Goffman, 1961; Scull, 2015).

When the walls of the old asylums were metaphorically crumbling (Cornish, 1997), the number of beds in mental hospitals was reduced

and former patients returned to lives in the community. The discharged patients with continuous mental health problems transitioned to different types of community-based support. This support could consist of medication, different therapeutic interventions and housing, but some individuals were in the care of their families and others were even left homeless (Kearns and Joseph, 2000; Knowles, 2000; Wolpert and Wolpert, 1976). Deinstitutionalisation in North American cities led to a concentration of people with mental health problems in poor urban districts with affordable housing and resulted in the downward 'drift' of 'service-dependent ghettos' (Dear and Wolch, 1987). Milligan (1996) considered this concept as partly transferrable to the settings in the UK, after allowing for local differences, and highlighted the importance of the voluntary sector. Several other studies indicated that people with mental health problems also face structural barriers such as poverty, disadvantages in the labour market and housing problems (Curtis, 2004; Rogers and Pilgrim, 2006; Sylvestre et al., 2018; Wilton, 2004, 2003).

To address the downsizing problems at the end of the twentieth century, new types of accommodation were established to support and integrate people with mental health problems in the community, often summarised under the term 'supported housing' (Carling, 1990). Some types of supported housing are custodial, while others are more supportive with on-site care professionals (Ridgway and Zippel, 1990) or characterised by off-site support (Nelson, 2010). Supported housing, described as custodial, can be understood as a new kind of institution in

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the community. Even housing comparable with institutions might be homes for integration in society, but at the same time the staff might focus on sheltering, disciplining and providing care, similar to the older institutions; called trans-institutional (Högström, 2018; Moon et al., 2015) or re-institutional movement (Fakhoury and Priebe, 2007).

Concerning post-asylum geographies, there are ongoing debates about the risks of having people with mental health problems living in the community. Moon (2000) and Rose (1998) emphasised a strong focus on confinement and safety issues in mental health policy. In some cases, people with mental health problems also belong to the group of disadvantaged people who are not welcomed as neighbours, a phenomenon described as ‘Not In My Back Yard’ (NIMBY) (Dear, 1992; Dear and Taylor, 1982). In post-asylum landscapes there is the still-ongoing stigmatisation experienced by people with mental health problems, labelled by their ‘unorthodox normalities’ as service users in the community (Pinfold, 2000). Even when former asylums were converted for other purposes, such as schools, the ‘facility-based stigma’ seemed to be embedded in the walls (Moon et al., 2015). Ideas from older days were still present in the buildings by the way they are built and written about (Kearns et al., 2010). Moreover, Parr (2000, 2008) found that participation in a rural neighbourhood could reduce stigmatisation and increase integration; for example, when neighbours invited people with mental health problems to their homes or joined them in church to make them feel included. Nonetheless, service users experienced both inclusive and exclusive rural settings in daily life (Parr et al., 2004). Yanos (2007) recommends further research on all types of supported housing in post-asylum geographies and how these places affect people with mental health problems.

### 1.2. Supported housing and mental institutions

The post-asylum landscapes consist of a range of small institutions dispersed across the community. Many of them are living places meant to be homes for people with mental health problems. Because of the inconsistent usage internationally of the term supported housing (McPherson et al., 2018; Tabol et al., 2010), in this present article we simply define supported housing as accommodation for people with mental health problems who receive support from either on-site from professionals in congregate settings or off-site in independent settings.

What do we know about the influences of supported housing on the tenants in post-asylum landscapes? Rog (2004) and colleagues (Rog et al., 2014) reviewed quantitative studies and other systematic reviews of housing and concluded a moderate level of evidence regarding reduced homelessness, hospitalisation, increased tenure compared to other housing models or treatment as usual or no housing. Housing with opportunities to accommodate consumer preferences and choices, with few regulations, were rated highly by tenants. These preferences for independent settings were also confirmed in a meta-analysis (Richter and Hoffmann, 2017). A review of qualitative studies (Krotofil et al., 2018) on service user experiences of supported accommodation stressed the interplay of various factors that formed the tenants' lived experiences and affected recovery and identity. Newman (2001) reviewed quantitative studies that measured housing attributes and highlighted that tenants in independent settings were more likely to be satisfied with their accommodation and neighbourhoods. A review of studies on Housing First programmes (Woodhall-Melnik and Dunn, 2016) appraised their outcomes of reduced homelessness and improved residential stability and recommended that these programmes be implemented under local policies and welfare systems. These studies illustrate some positive aspects of living in supported housing, but lack a focus on the surroundings, locations, buildings and interiors in which people with mental health problems are living.

In a comprehensive review of articles on the effects of the architectural design of mental health facilities, such as mental hospitals (Connellan et al., 2013), the authors concluded that the design of security, lighting, the therapeutic milieu, gardens, rooms for patients, and

interiors had benefits for the well-being of the patients and staff and the duration of stay. Other authors (Chrysikou, 2014; Shepley et al., 2016; Shepley and Pasha, 2017) similarly pointed out the significance of architectural design for psychiatric environments and therapeutic outcomes.

In our review, we attempt to contribute to post-asylum geographies by summarising the existing literature on supported housing and its built environment.

### 1.3. Place and architecture

Several scholars emphasise a strong connection between people and places (Casey, 1997, 2003; Donohoe, 2017; Seamon, 2017). They understand architecture as a phenomenology of places where social life is experienced. In this view, architecture is not only referred to as built environment, but as built environment as an element in places.

For Norberg-Schulz (1974, 1979, 2000), phenomenology of places is about the relationship between the natural landscape and the architecture in which human life takes place. Every place has a comprehensive ‘atmosphere’ called a ‘genius loci’: a term that is derived from Roman philosophy and means ‘spirit of a place.’ It expresses a particular identity for a specific place (1979) and an important aspect to consider is the relationship between the surroundings of a building and what is inside that building (2000, p. 191). The meaningful use of a place requires that the built environment is configured in such a way that humans can orientate, identify and recognise themselves in that place (*basic aspects*) (2000, p. 42). The architectural configuration of a place works thereby as a form language: how the built environment is placed horizontally in the environment, how it is vertically constructed and how it is interpreted by humans and ‘takes concrete form in the outline’ (2000, pp. 51–53). Moreover, Norberg-Schulz understood the genius loci as being relatively stable and influenced by building traditions (styles) and sociocultural contexts. In cases where the form language can no longer convey the basic aspects, the local atmosphere of a place becomes undistinguishable for people. Norberg-Schulz called this loss of meaning ‘the loss of place’ (2000, p. 225). Therefore architects should create meaningful places and visualise the genius loci, making it possible for people to know where they are, who they are and feel at home (1979, p. 5).

For Relph, phenomenology of places is about exploring ‘the geography of lived-world of our everyday experiences’ (1976, p. 6). Geography in this context means that a place is always situated in a broader process, despite the particularity of that place. The identity of a place can, thereby, be experienced through either a kind of ‘insideness’ or ‘outsideness’ (1976, pp. 49–55). For example, ‘insideness’ refers to having strong feelings and lived experiences regarding a place, while ‘outsideness’ refers to the feeling of not belonging to a place or feeling alienated. Relph differentiates between the term *spirit of a place* that ‘exists primarily outside us’ and *sense of place* that ‘lies inside us’ (2008, p. 314). Having a sense of place, we are able to experience differences and similarities between places. Missing this sense of place leads to ‘placelessness’, which occurs through the standardisation that make all places look the same. In these cases it is not possible to distinguish between places and the sense of place falls apart (1976, 2016).

The common features between Relph and Norberg-Schulz can be summarised by Seamon (2017, p. 247): that buildings (as dwelling places) can be understood as ‘life worlds’, ‘atmospheres’ or ‘environmental wholes’. Both scholars draw on Heidegger’s ideas of dwelling as an existential need for all human beings, both to protect them and make it possible for them to grow. They also highlight the inside/outside relationship of places, though with different emphases, Norberg-Schulz focusing more on the inside and Relph on the outside. For example, Relph (2017) criticised Norberg-Schulz’s concept of ‘genius loci’, which stressed the enclosure of places in contrast to his own approach, which emphasises the openness of places. Relph (2017) criticised Heidegger for overemphasising rural settings and understating urban life. Places

are therefore important for both the urban and rural life.

In summary, the built environment can be defined with the help of the phenomenology of places and the important aspects are therefore the surroundings, location, built objects, rooms and interiors in which human life takes place. Because we consider dwellings to be important in people's lives, we wanted to learn more about the built environment in which people with mental health problems lived after the number of beds in the hospitals was reduced (Wolch and Philo, 2000, p. 150). Therefore, we address the following question: what can studies about supported housing tell us about the importance of the built environment for people with mental health problems?

## 2. Method

We performed a systematic search for both quantitative and qualitative studies on the topic, which is called a mixed methods literature review (Pope et al., 2007). This method can provide a comprehensive understanding of the research phenomena (Booth et al., 2012). Moreover, we selected an integrated design (Sandelowski et al., 2006) that analysed and organised the findings thematically across the included studies (Braun and Clarke, 2006).

### 2.1. Inclusion and exclusion criteria

We included studies in the review if they were published in English in peer-reviewed journals, without setting limits for the year of publication. Moreover, studies were included if the persons were adults (18 years and older) with mental health problems<sup>1</sup> who were living in supported housing because of salient and persistent difficulties in managing their lives. Thus, people with intellectual disabilities or dementia were excluded.

The participants lived in supported housing, where the housing could be either congregate settings or independent apartments. The support provided by professionals could be on-site or off-site. In particular, we were interested in studies that explored the importance of the built environment for the tenants. The phenomenology of places understands the built environment as part of a context that also includes the surroundings, location, rooms and interiors in which human life takes place.

### 2.2. Search strategy and databases

We read reviews and articles on the topic to become informed about the research field and research gaps. We then chose search terms<sup>2</sup> relating to the topics of interest (people with mental health problems, supported housing and the built environment) and carried out a systematic search in September 2017 in the databases Medline, PsychINFO, Embase, Cinahl, Scopus, ISI Web of Science, SocINDEX and Social Work Abstracts. We also performed a search in the Royal Institute of British Architects (RIBA) archives to cover architectural articles.

### 2.3. Screening process

The database search identified 981 articles and the citation search 5 articles. After removing duplicates, we screened the remaining 661

<sup>1</sup> We chose to use the term 'mental health problems' rather than the terms 'mental illnesses', 'disorders', or 'psychiatric disabilities' that were used in several included studies (see Table 1). The term 'people with mental health problems' seems artificial, but 'implies that the individuals affected are people first and mentally unwell second' (Wolch and Philo, 2000, p. 1). Thus, we are critical of the medical view of mental states-of-being, highlighting that they are problems which a person is experiencing.

<sup>2</sup> An example can be found in the appendix.

articles for relevant titles and excluded 487. We then read the abstracts of the remaining 174 articles and excluded 122 that did not meet the selection criteria. Finally, we read the full text of the remaining 52 articles and excluded 39 articles that did not consider the relationship between the built environment and tenants or that did not meet the inclusion criteria for the participants, such as transitional housing for persons with substance abuse problems. Thus, the final sample totalled 13 articles for further data extraction, quality appraisal<sup>3</sup> and analysis. The overall screening process and selection are presented in a flow chart (Fig. 1). We met several times during the process and discussed each step for selecting the literature.

### 2.4. Data extraction and analysis

The study characteristics (aims, study design and method, setting, participants and findings) were extracted from the articles and compiled in a tabular form (Table 1). Additionally, we used Braun and Clarke (2006) thematic analysis to organise and interpret the findings across the included studies. Initially, the first author read all the studies and noted specific points. The author then coded the articles and categorised them according to potential themes. The author discussed these codes and preliminary themes in meetings with the co-authors. Moreover, these themes and codes were constantly related back to the studies and checked for internal consistency. The interpretation steps were carried out by drawing diagrams to clarify the in-depth analysis and refine the themes. The analytical work was supported by the qualitative data analysis software, ATLAS.ti. From the analysis of the studies, we developed three interrelated themes concerning the importance of the built environment for tenants in supported housing: *well-being*, *social identity* and *privacy*.

In brief, the studies highlighted that well-being was connected to neighbourhood quality (e.g. amenities) and community, while privacy was a matter of the architectural style of supported housing and how it was managed by professionals. Social identity was a broad concept referring to the interior and surroundings of the accommodation, such as having meaningful places nearby.

### 2.5. Limitations

One limitation of the present study is the loss of the statistical power of the quantitative studies due to integrating their findings into a qualitative analysis. Another bias is linked to the different sociocultural contexts and welfare systems described in the studies. A further important limitation is the systematic approach of the literature review, the selectiveness of which in the inclusion/exclusion of studies can be seen as an advantage on the one hand but as an undesirable limitation on the other hand, narrowing the field of past studies and purporting to be comprehensive. As such, we could also have included studies about residential homes for elderly or people with dementia or learning disabilities, because all studies about people and places could be of importance to understand the meaning of the built environment. We acknowledge therefore that our review has limitations and recommend reading more than the included 13 articles to get an overall picture of the field.

## 3. Report on the systematic review

### 3.1. Study characteristics

Overall, 13 research articles published in the period 2004–2017 were included in the review (Table 1). Four studies had qualitative designs, one study had a mixed-method design and eight studies had quantitative research designs. The studies were conducted in the US,

<sup>3</sup> The quality appraisal can be found in the appendix.

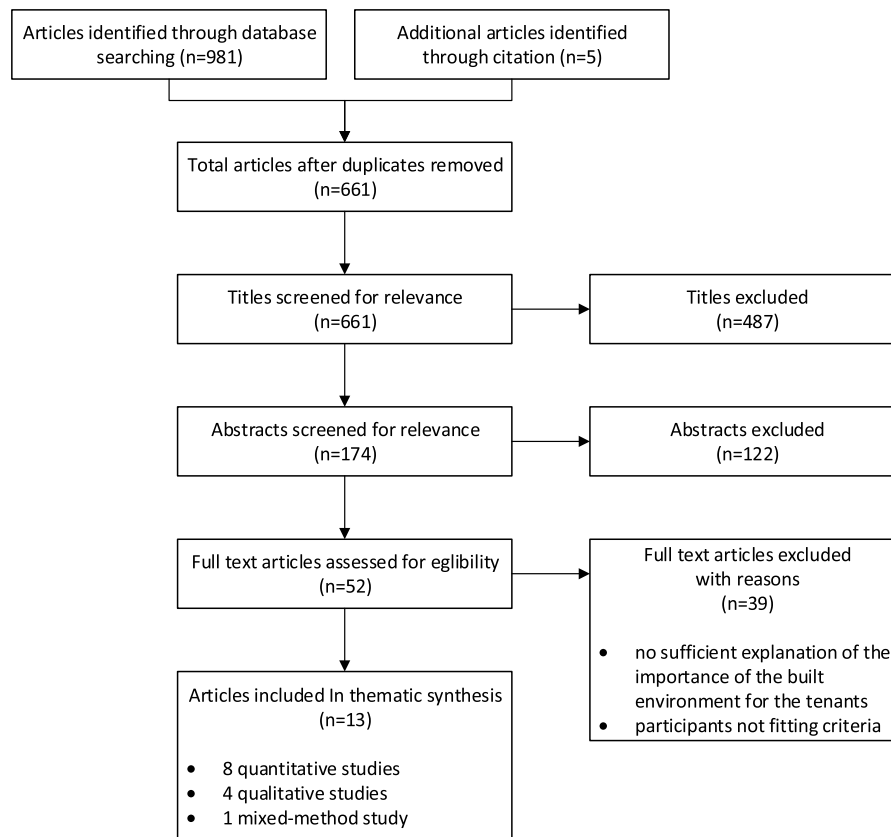


Fig. 1. Flowchart.

Canada, Sweden and Brazil. Half of the studies focused on people with mental health problems living in independent apartments and the other half in congregate settings. One study (Boyd et al., 2016) did not mention the number of participants, and two studies (Marcheschi et al., 2013, 2015) drew on the same empirical data. In summary, the studies included about 2086 people with mental health problems as participants. Some participants also had addiction problems.

### 3.2. Topography of supported housing

The key themes (and subthemes) emerging of the thematic analysis of the 13 articles: well-being (quality of life, recovery), social identity (regulation, stigma, autonomy) and privacy (surveillance, safety, loneliness, intimacy) can be compared across different supported housing types (independent/congregate) and across two different spatial scales, like the buildings themselves and then of their envioning neighbourhoods/communities. We therefore, developed a diagram of what we decided to define as a topography of supported housing (Fig. 2). The diagram shows if a subtheme is more associated with either neighbourhood or built environment of the supported housing types on the top-down axis, and if more associated with congregate or independent settings on the right-left axis. For example, the findings of the included studies pointed out that tenant's well-being are more related to neighbourhood factors, while the tenant's privacy are more related to the built environment of the supported housing type. Moreover, the studies showed that tenants' safety or surveillance are bigger issues in congregate settings, and loneliness or intimacy are more issues in independent settings. Social identity as a theme was a thorough concern.

### 3.3. Well-being

Most of the quantitative studies examined the relationship between

the housing environment and the well-being or quality of life of the tenants. In general, favourable ratings by tenants in independent settings for the housing environment were associated with better ratings of the tenants' well-being outcomes, such as psychiatric distress, recovery, residential satisfaction or adaptive functioning (Wright and Kloos, 2007). In addition, the better physical quality of the building, richer amenities and smaller-scale residential settings were related to low mental health service costs and greater residential stability (Harkness et al., 2004). Harkness et al. (2004) suggested that lower costs and greater stability indicated a mental health benefit for the tenants. By contrast, deterioration in the physical quality of the neighbourhood exacerbated mental health problems. Moreover, the relationship between mental health benefits and social or ethnic segregation was weak. Again, the neighbourhood predictors were most helpful for understanding the variance in the well-being of the tenants in social ecological studies (Townley and Kloos, 2014; Wright and Kloos, 2007). This relied more on the tenants' perception of the social climate in the neighbourhood and less on their closeness to amenities, such as grocery stores or public transportation.

Similarly, in congregate settings the perceived social and physical quality of the environment accounted for variation in the tenants' quality of life (Marcheschi et al., 2015). This variation could also be indirectly understood through the tenants' perception of the built environment or social climate if they felt emotionally attached to the place. Thus, Marcheschi et al. (2015) reflected that congregate settings with areas in the buildings for tenants to rest or to control their environment or to interact socially increased the quality of life as perceived by the tenants. Another study found that these spatial opportunities existed more often in congregate settings with purpose-built architecture than in non-purpose-built ones (Johansson and Brunt, 2012). Moreover, participants in one qualitative study experienced the rooms in congregate settings as healthy if the participants had an available, peaceful and pleasant place to rest (Bengtsson-Tops et al.,

**Table 1**  
Characteristics of the studies.

Authors	Publication year	Country	Aim	Study design and methods	Setting (housing type)	Participants	Findings
Harkness et al.	2004	US	To determine the costs/residential stability of housing/neighbourhood sites for individuals with chronic mental illness	Longitudinal cohort study	150 multi-unit apartment buildings ( <i>independent</i> )	670 individuals with chronic mental illness (342 female)	Fewer units, more residential stability; lower costs in newer buildings with more amenities and no signs of deterioration in the neighbourhood and mixed area with non-residential use
Wong et al.	2006	US	To identify gaps between the principle and practice of supported housing	Cross-sectional	27 supported living programmes ( <i>independent</i> )	536 people with severe mental illness (SMI)	Suggests variation in housing, tenancy and support (the continuum model)
Wright and Kloos	2007	US	To examine the effects of the perceived housing environment and well-being outcomes	Cross-sectional	10 cities and 34 housing sites ( <i>independent</i> )	249 people with SMI (129 female)	Neighbourhood level (self-report) is the strongest predictor for understanding variance in well-being, followed by apartment level predictors
Yanos et al.	2007	US	To examine the impact of housing type	Mixed-method	1 city ( <i>independent and congregate</i> )	44 people with SMI, formerly homeless, stably housed one year	Integration in the community is multidimensional, and the locus of meaningful activity is linked to housing type
Johansson and Brunt	2012	Sweden	To test the environmental psychology model	Cross-sectional	3 non-/3 purpose-built housing ( <i>congregate</i> )	55 people with psychiatric disabilities (22 women/33 men)	Suggests that experts' assessments measure qualities in the physical environment
Baltazar et al.	2013	Brazil	To investigate housing models	Participant observation, free analysis	3 cities with halfway houses or living alone ( <i>independent and congregate</i> )	12 people with severe mental disorders	Fewer boundaries and more opportunities for participants living alone than in congregate settings
Marcheschi et al.	2013	Sweden	To investigate the quality of housing by the perceived (physical/social) environment	Cross-sectional	20 supportive housing facilities ( <i>congregate</i> )	72 people with SMI 117 staff members	Differences in perceptions of the social climate (staff more positive than tenants); resident/staff perceptions of the physical environment account for variations in the social climate perception, while experts did not
Bengtsson-Tops et al.	2014	Sweden	To describe user experiences of living in supported housing	Interviews, content analysis	4 supportive housing units ( <i>congregate</i> )	29 people with SMI (12 women/17 men)	User experiences are complex and paradoxical
Townley and Kloos	2014	US	To examine the relationship between neighbourhood quality/well-being in the perceptions of participants, researchers or aggregations	Cross-sectional	66 neighbourhoods with supported housing ( <i>independent</i> )	373 individuals with psychiatric disabilities	Individual perceptions of the neighbourhood were more important indicators for their well-being than objective ratings by researchers
Marcheschi et al.	2015	Sweden	To investigate whether the perceived physical, social and environmental qualities influence variation in people's well-being (quality of life)	Cross-sectional	20 supportive housing facilities ( <i>congregate</i> )	72 people with SMI	Perceived physical, social and environmental quality predicted quality of life with place attached as a mediator
Boyd et al.	2015	Canada	To examine measures of control and coercion in supported housing	Ethnography	15 supportive housing sites ( <i>congregate</i> )	People with mental health and addiction problems; lack of information about participants	Three modes of control: physical surveillance technologies, site-specific coercion and police presence
Marcheschi et al.	2016	Sweden	To examine the relationship between physical affordance of supportive housing and observed interactional behaviours between environmental users	Cross-sectional	4 high-low-quality supported housing facilities ( <i>congregate</i> )	29 people with SMI (14 women/15 men) 27 staff (24 women/3 men)	Dining room and outdoor areas in high-quality housing showed better social interaction support than in low-quality housing
Piat et al.	2017	Canada	To illustrate how places support recovery on a daily basis for people with SMI who moved into supported housing from more structured settings	Photo-elicitation and interviews	5 supported housing sites in 4 cities ( <i>independent</i> )	17 individuals with SMI, previously lived in custodial housing	Offers the understanding that everyday places indirectly and directly support mental health recovery

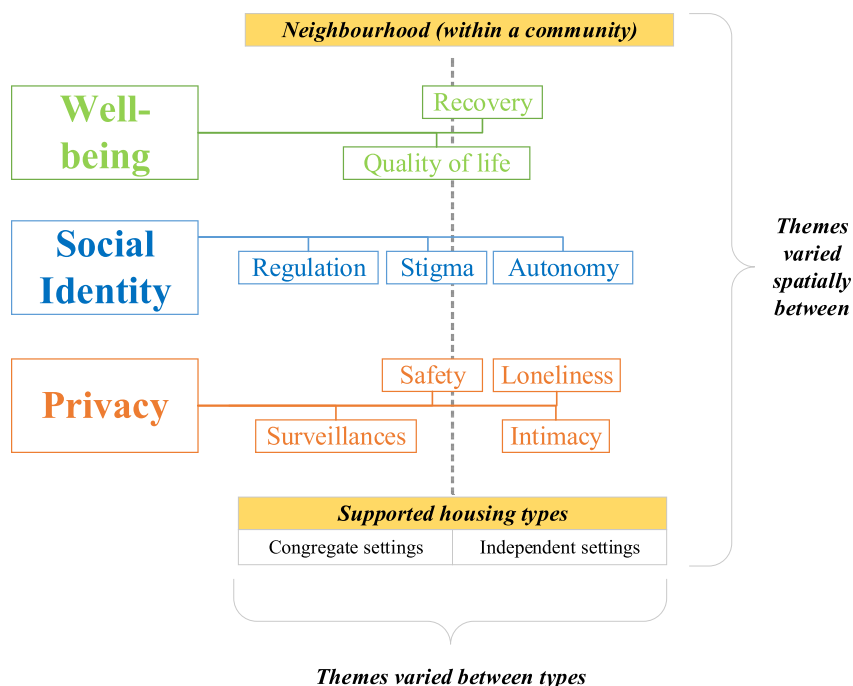


Fig. 2. A topography of supported housing.

2014). This was also associated with privacy issues, which we discuss later.

In congregate settings (Baltazar et al., 2013; Boyd et al., 2016), tenants disliked high regulation by staff of everyday activities, such as day plans or scheduled medication. Piat et al. (2017) studied tenants in supported housing living independently who had recently moved from custodial housing types. The authors suggest that common areas might work for the tenants as therapeutic spaces to support mental health recovery. Examples included apartments with personal interiors that afforded greater comfort; open architectural solutions like balconies or amenities in the neighbourhood; or the tenant having places to visit nearby, such as parks or churches. Yanos et al. (2007) emphasised that people living in independent apartments had higher social functioning than tenants in congregate settings. Tenants in congregate settings had meaningful activities within their building, while tenants in independent settings had meaningful activities related to work situations or their neighbourhood or apartment.

### 3.4. Social identity

Social identity, of course, concerns the buildings themselves, but it also involves the neighbourhood and community. Inside the buildings, the tenants in congregate settings appreciated that they could decorate their apartments as they wished (Johansson and Brunt, 2012). Thus, the tenants were able to express their identity. However, in the common areas, the tenants had to fit in with others (Bengtsson-Tops et al., 2014). In independent settings, tenants valued their freedom to live without sharing space with other people (Baltazar et al., 2013; Piat et al., 2017). This freedom was linked to their identity as autonomous individuals.

However, the tenants' social identity (as a sense of self) must be maintained, built up and acknowledged in social arenas. Supported housing with congregate settings offers such opportunities with common areas being an integrated and institutionalised part of the environment. Thus, the tenants have a social arena in which to meet staff and fellow tenants outside their own apartments (Bengtsson-Tops et al., 2014; Johansson and Brunt, 2012). Marcheschi et al. (2016) tried to address the issue of how the structure and quality of the built environment support social interactions. The authors found that

congregate settings with clear boundaries between outdoor areas and public space encouraged better social interactions, especially if these areas were close to the apartments. These social interactions were also observed in dining rooms designed in such a way that tenants could circulate, interact and communicate with each other in different ways.

However, in congregate settings tenants had to adjust to house rules set up by the professionals for the common areas, and these regulations limited the tenants' personal identities (Baltazar et al., 2013). These regulations were expressed by asymmetric relations between tenants and professionals. The lack of closeness between the two groups emphasised their different social identities (Bengtsson-Tops et al., 2014). The asymmetric relations were illustrated by symbols of power and surveillance, such as 'glass-paned office rooms where staff could easily observe residents and guests' (Boyd et al., 2016, p. 75). Boyd et al. (2016) gave examples of inequality and criminalisation of these living places, such as non-tenants discrediting these places as custodial, tenants' confidential health care information being shared and police often being present inside and outside these places (an 'open-door policy').

Turning to stigma, tenants in both types of housing settings experienced stigmatisation because they had been diagnosed with mental health problems. Some tenants preferred to be with other people with mental health problems, but some found it stigmatising if other tenants in the building (Bengtsson-Tops et al., 2014; Harkness et al., 2004; Wong et al., 2006) or in the neighbourhood (Townley and Kloos, 2014) had mental health problems. Yanos et al. (2007) suggested that a sense of community and integration is associated with the type of housing that offers different opportunities. Thus, tenants' integration into a neighbourhood was related to independent settings and tenants' integration in buildings to congregate settings.

The second finding linked to social stigmatisation was that the poor physical quality of the buildings or visible safety technologies could give the impression of being an outsider living in a problematic neighbourhood (Boyd et al., 2016). The third finding linked to stigmatisation involved tenants living independently. Some were not allowed to include significant others on the leases (Wong et al., 2006), meaning there were fewer chances of living with a partner. Even in neighbourhoods with challenges such as deprivation or crime, places



such as green areas, parks or churches could be found nearby. These places ‘possessed symbolic value’ for people with mental health problems and ‘contributed to positive change’ (Piat et al., 2017, pp. 74–75).

### 3.5. Privacy

The topography of supported housing emphasises privacy. Recovery was aided if the tenants had their own physical place in which to retreat. This particular place was generally their apartment. In congregate settings, a tenant’s apartment should provide safe rooms for living, sleeping, cooking and self-care (Johansson and Brunt, 2012) and is an important counterpart to the common area shared with fellow tenants and staff members (Bengtsson-Tops et al., 2014). Congregate settings could be differently designed, for example, as group homes with shared bathrooms and a lack of privacy (Baltazar et al., 2013). Congregate settings could also be equipped with surveillance technologies that recorded the presence of the tenants and their visitors, even if the surveillance was for safety reasons in a problematic neighbourhood associated with crime and drug trafficking (Boyd et al., 2016). In this study, participants in settings managed by public operators reported the constant increase in cameras, while in settings managed by private operators the authors observed a more open substance policy and thus, less surveillance (fewer cameras).

Tenants living in independent settings appreciated their own apartments with entrance doors that the tenants controlled (Piat et al., 2017). Having an independent apartment was associated with a perceived greater sense of choice and independence by the tenants on the personal and household levels versus congregate settings (Yanos et al., 2007). In particular, the tenants valued bedrooms separated from other parts of their apartment, such as the living room or kitchen, and full access to laundry rooms in their housing complexes (Piat et al., 2017). Despite the privacy benefits, one study indicated that tenants who were living independently had to cope with loneliness (Baltazar et al., 2013). However, these personal places might offer possibilities for tenants to practice intimacy and individuality inside their own walls (Piat et al., 2017), which would probably be absent in congregate settings (Bengtsson-Tops et al., 2014).

## 4. Discussion of the review themes from problems to possibilities

This review analysed studies regarding the importance of the built environment for people with mental health problems living in supported housing in either congregate or independent settings. The methodologies and research questions of the studies differed, but we could identify that the built environment mattered for tenants’ well-being, social and private lives. In summary, the studies indicated that well-being was more likely to be linked to community and neighbourhood qualities than to a specific building. Privacy was connected to the architecture of the supported housing type and its management by professionals. Social identity was a broader topic and linked to both the inside and outside of the housing settings, in particular to meaningful places nearby.

In this section, we discuss the reviewed studies in relation to the research on mental health geographies and place phenomenology. We thereby emphasise the shift from a narrowly architectural understanding to a more expansive neighbourhood-community-social perspective with possibilities for the inclusion or exclusion of people with mental health problems. We start the discussion with more critical issues concerning the built environment of supported housing and move then on to more constructive issues. We conclude the section with implications about a meaningful place-making.

### 4.1. Supported housing as mini-institutions or panoptic sites?

Can supported housing be understood as mini-institutions in post-

asylum geographies? The answer tends towards ‘yes’ with regard to the built environment of congregate settings with integrated common areas that are supervised by on-site professionals offering 24/7 services.

Mini-institutions can, therefore, be understood as minor spatial versions of Goffman (1961) description of mental hospitals as institutions in which the daily lives of the patients are tightly scheduled and strictly ruled by the staff. As a total institution, the site is serving as the one and only place for patients to ‘sleep, play and work’ (1961, p. 17). Separated from broader society and being under surveillance, the patients became more similar to each other meaning the ‘person’s self is mortified’ (1961, p. 14) and they might all feel like being mentally ill.

This limitation of personal identity and social life was also the case for tenants in congregate settings which were described as custodial (Baltazar et al., 2013; Boyd et al., 2016), while contrasting studies described settings which kept a degree of privacy for the tenants (Bengtsson-Tops et al., 2014; Johansson and Brunt, 2012; Marcheschi et al., 2015). Further aspects of a mini-institution might, firstly, include the fact that congregate settings offer tenants few personal spaces in which to dwell and have common areas, such as dining or living rooms, for socialisation with elements of care and control. Life can be ‘experienced as being gloomy and oppressive’ (Bengtsson-Tops et al., 2014, p. 415) in such places, with asymmetric power relationships between staff and tenants.

Secondly, the inside of congregate settings had controllable boundaries with the outside, which allowed the staff to monitor all movements between, in and out. Some settings emphasised, therefore, clear architectural boundaries (Marcheschi et al., 2016), while others were equipped with video surveillance technologies, often justified by tenants’ safety issues (Boyd et al., 2016). We might wonder: who should actually be protected from whom, and what does a housing setting with many cameras and locked entrances tell us about the people inside? One answer might be that video surveillance in housing settings symbolically conveys the message that the people inside are potentially dangerous. This architectural expression confirms visually the discourse of confinement and risk management of people with mental health problems (Moon, 2000; Rose, 1998).

Thirdly, it seems that supported housing with a congregate setting exacerbates the tenants’ lack of interest in their surroundings. For example, tenants in congregate settings stated that their meaningful places lay inside the buildings, while tenants living independently focused on the outside of buildings and on the wider neighbourhood (Yanos et al., 2007). Socialisation might illuminate these statements, meaning that when tenants live permanently in these mini-institutions they gradually lose their ‘sense of place’ (Relph, 1976) and their identity as citizens. When supported housing with congregate settings are characterised by over-regulation and over-surveillance, they might be understood as total institutions where they are rather patients in need of care than citizens. Finally, supported housing might be seen as part of the de-territorialisation of health care services that emphasises ‘the shift from ‘institutional to extititutional arrangements’ (Milligan, 2009, p. 22); the term ‘extitutions’ is contrasting the old institutions and referring to networks of health care services meaning ‘not to leave any person out of the system’ (Vitores, 2002).

When supported housing resembles institutions more than homes and when these places are prisonlike with surveillance equipment and a staff presence (Baltazar et al., 2013; Boyd et al., 2016) they might experience, in terms of Norberg-Schulz’s (2000, p. 225) loss of place. This because such custodial settings make it difficult for the tenants to know where they are: is it a real home or an institution? It seems that custodial settings might strengthen the feeling of otherness for the people inside and also by the gaze from people outside these buildings.

It is almost as though the panoptic view is turned upside down. The *panopticon* was designed by Bentham (1791/1995) as a type of institutional building aiming to control inmates with a single watchman without the inmates being able to tell if they were seen or not.

This idea of a system of constant inspection, seeing everything, all

the time, should endorse self-disciplining practices for people within the institution. Foucault (2006a, p. 79) argued in his lectures in 1973–74 that Bentham's idea can be found in most institutional sites such as prisons, hospitals or schools on the one hand and may be transferable to the whole society on the other. *Panopticism* is the term coined by Foucault himself to cover this wider interpretation of Bentham's panopticon (1977). In the case of supported housing, it is no longer the one gaze controlling the many, but it seems that people from outside, for example neighbours, are controlling the few inside the supported housing. Not being aware of this, it will influence the tenants' well-being, social identity and privacy and might be compared with a pillory in which the tenants are placed. This situation has similarities with the concept of the 'rural panopticon' (Philo et al., 2017) and Parr (2008) study of rural sites in Scotland. Her participants described their situation in the local community as: 'You are living under a microscope' or 'It's very much like living in a goldfish bowl' (2008, p. 68).

#### 4.2. Supported housing as safe havens?

An important question, inspired by Pinfold (2000), is whether supported housing might be understood as safe havens for people with mental health problems? Suffering from poverty and being marginalised in the housing and labour markets (Curtis, 2004; Rogers and Pilgrim, 2006; Sylvestre et al., 2018; Wilton, 2003, 2004), people with mental health problems need meaningful places in which to dwell as much as any other citizen.

A personal apartment would help to fulfil this basic human requirement versus living in institutions or having a rough life as a homeless person, but a home is more than just having a shelter. The way the built environment is constructed matters. As such, tenants in Piat et al. (2017) study valued the separation of sleeping quarters from the living room, having their own entrances and full access to laundry rooms. The quality of housing and the materials used are important, but the neighbourhoods are also pivotal to the tenants' safety and well-being. Studies regarding supported housing with off-site support showed that accommodation should be well maintained and not neglected (Harkness et al., 2004). It is also important to have amenities nearby (Townley and Kloos, 2014; Wright and Kloos, 2007). Placing different people suffering from mental health problems in the same building (Wong et al., 2006) or the same urban districts might lead to 'service dependent ghettos' characterised by social problems, crime and poverty (Dear and Wolch, 1987). Wolpert et al. (1975) showed moreover that 'satellite mental health facilities' as an extension of the hospitals are concentrated within low income communities in US cities that are at risk of 'institutional saturation' and least able to arrange NIMBY movements.

We must therefore ask why today's planners locate supported housing in run-down districts or buildings (Baltazar et al., 2013; Harkness et al., 2004; Wong et al., 2006)? You might assume that it is for economy reasons, but planners also tend to avoid locales that do not want people with mental health problems as neighbours. It seems as though the planners take for granted that people with such problems draw less attention in marginalised districts with their 'unorthodox normalities' (Pinfold, 2000, p. 205). Additionally, such people do not have the resources and/or power to struggle with the planners for better locations. This is similar to congregate settings, where fellow tenants have also mental health problems, just in another geographical scale. Despite a NIMBY study that outlined an increased level of neighbourhood acceptance for people with mental health problems (Zippay and Lee, 2008), several studies (Bengtsson-Tops et al., 2014; Harkness et al., 2004; Townley and Kloos, 2014; Wong et al., 2006) indicated that people with mental health problems living nearby each other had little chance of decreasing stigmatisation.

Locating supported housing in run-down areas could reinforce social inequality problems and dependence on others for people with mental health problems. In this case, supported housing does not

represent a safe haven and a place to grow and the tenants will, in the words of Norberg Schulz, not be able to dwell. Instead, the places will tend to contribute to general processes of impoverishment (Micheli, 1996) and, instead, represent what Wacquant (2009) calls the 'punishment of the poor' as a consequence of neoliberal policies such as unregulated markets and austerity which led to social insecurity.

#### 4.3. Meaningful places for living?

Place and life are strongly connected for tenants in supported housing. From Norberg-Schulz (1974, 1979, 2000) point of view, it is possible to argue that, if you know where you are, you know who you are. Feeling at home implies meaningful places in which you are able to orientate yourself, express an identity and also recognise the place. This indicates that, when you live in supported housing meant for people having a mental health diagnosis, you must have an identity as someone who is more than a diagnosis to make life meaningful. So, we might ask, what are meaningful places for people with mental health problems?

A meaningful place will, in the words of Norberg-Schulz, gratify the need for a dwelling. This idea has to do with being protected and being inspired to develop oneself. Therefore, supported housing should offer the possibility for an expression of identity as a citizen rather than a person with a diagnosis. As a citizen, you are included in society and an orientation toward recovery might be possible. Recovery is problematic without 'meaningful places' to live in, offering the opportunity to interact with whoever you wish in your apartment, to decorate your rooms or to be close to other places such as parks or holy places (Piat et al., 2017; Yanos et al., 2007). Planners should, therefore, cooperate with the tenants in deciding how their homes should look inside and discussing what possibilities the surroundings might offer (Townley and Kloos, 2014; Wright and Kloos, 2007). Furthermore, planners should be aware of the image that supported housing might express, seen from the outside (Harkness et al., 2004).

#### 4.4. Meaningful place-making

We have discussed that the studies from the review showed that the built environment of supported housing offered tenants a range from problems to possibilities.

We emphasise, in the words of Seamon (2018), a meaningful place-making by taken the wholeness of the place into account: service-users, planners, architects and managers of supported housing should, therefore, create constructive places for tenants that are safe havens and meaningful places. People's identification with a place derives from their experiencing from it, either 'as an insider or as an outsider' (Relph, 1976, p. 45). Thus, tenants living in supported housing should feel at home in terms of getting an 'ontological security' (Giddens, 1991). This implies an environment that the tenants able to control such as, their apartment and a confidence of continuity within their daily lives. Place-makers need to consider 'ontological sense' when planning supported housing (Padgett, 2007), otherwise the tenants might be at risk to what Easthope (2017) called 'losing control at home' or not having a home at all. In regard to the supported housings settings; studies from the review indicated that both congregate and independent settings can offer tenants ontological security (Bengtsson-Tops et al., 2014; Piat et al., 2017), which should be preferably developed beyond a tenancy towards an ownership of a dwelling.

We emphasise that over-surveillance and over-regulation of supported housing sites are the shortcoming ways to achieve that tenants feel protected because they do not contribute to the feeling of ontological security. Place-makers have to include how the tenants might experience the architectural atmospheres of supported housing, both from the inside and the outside of the building. In consequence, the location of the supported housing sites becomes a crucial factor in creating meaningful places to grow for people with mental health

problems. We highlight, lastly, that supported housing types should not be located in areas with institutional saturation (Wolpert et al., 1975) or in rundown districts. Instead, supported housing should be located in meaningful neighbourhoods with possibilities that help tenants to create their self-identity as a citizen (Piat et al., 2017).

## 5. Conclusions

The findings of the reviewed studies showed that the built environment in supported housing matters to people with mental health problems concerning well-being, which was linked to the housing location and the quality of the neighbourhood; social identity, which was a broader housing topic and linked to places nearby; and privacy, which was related to the housing style and how it was organised by professionals. Each supported housing type had both pros and cons for the tenants. Congregate settings can help tenants to at least have a minimum standard of quality of life and retreat. They can also be highly regulated and professionalised. In such cases, supported housing with congregate settings becomes more like mini institutions. By comparison, tenants in independent settings have more opportunities for personal development, but the opportunities are threatened when tenants are located in problematic neighbourhoods or buildings. Nevertheless, it seems that independent apartments are better choices of dwelling for people with mental health problems, which they also prefer (Richter and Hoffmann, 2017).

Taking a wider view of post-asylum geographies, we can describe a landscape of scattered housing sites intended more for people with mental health problems than for citizens. A step forward would be to introduce mental health policies that create meaningful supported housing in well-chosen neighbourhoods where the tenants are not permanently reminded of their outsider status by their built environment and the people around them. We therefore advocate user involvement in all planning processes for supported housing on the one hand and the explicit taking into account of the inside/outside relationship on the other. People with mental health problems need meaningful places in which to dwell that offer both protection and opportunities to grow.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.healthplace.2019.03.006>.

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## **Appendix 2**

Materialities in supported housing for people with mental health problems:

A blurry picture of the tenants.

(Paper II)



# **Materialities in supported housing for people with mental health problems: A blurry picture of the tenants**

*(preprint with permission from Sociology of Health & Illness)*

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## **Abstract**

Our daily lives and sense of self are partly formed by material surroundings that are often taken for granted. This materiality is also important for people with mental health problems living in supported housing with surroundings consisting of different healthcare services, neighbourhoods, buildings or furniture.

In this study, we explored how understandings of tenants are expressed in the materialities of supported housing. We conducted ethnographic fieldwork in seven different supported accommodations in Norway and analysed the resultant fieldnotes, interviews, photographs and documents using Situational Analysis.

The analysis showed that supported housing materialities expressed a blurry picture comprising widening and narrowing understandings of tenants, both by others and by themselves. Widening understandings concerned how tenants were living their lives in their own ways in private rooms while maintaining a social life in common areas. Narrowing understandings, pertained to understand the tenants based solely on their diagnosis and need for care and control in hospital-like buildings. The following discussion focusses on the ideas that underlie narrowing materialities and on the importance of striving for atmospheres that entail a sense of belonging.

## **Introduction**

Materiality was a central aspect of the location and organisation of early psychiatric institutions. Alongside the downsizing of psychiatric hospitals, new, community-based institutions were built. One of these new institutions was ‘supported housing’, in which people were offered places to live.

In our daily lives, materialities such as buildings, rooms, furniture and other physical surroundings are often taken for granted. Nevertheless, materiality shapes our practices and sense of self. This human–nonhuman interplay can be arranged and evoked in a multitude of ways. For example, benches in public places are often designed to promote short stays for sitting purposes only while at the same time preventing long-term stays by making it uncomfortable to lie down on them. Such defensive architecture thus has an ambiguous purpose: an invitation to sit down with a simultaneous prohibition against resting for too long. This materiality can be criticised for not permitting homeless people to find a place to sleep – that is, as being both ordinary and having the power to control. In this article, we examine how the materialities of supported housing both represent and cultivate the understandings of their tenants.

## **Materialities and places of care**

Materialities are at once mundane and significant parts of healthcare, something Buse *et al.* (2018) conceptualised as ‘materialities of care’. Materialities of care are physical objects that are ‘active and co-constitutive of care’ (Buse *et al.* 2018: 252) in terms of assembling care – not alone, but rather in relation to humans and objects, such as a nurse measuring the blood pressure of a worried patient with a monitor. Care refers to caring as a practice, one which needs to be performed by both humans and nonhumans. Maller (2015) used this concept to understand health as an outcome of participation in various sets of practices. Caring, moreover, is



associated with being present in a particular place and time. With this in mind, we proceed to a discussion of materialities with regard to the places in which people with mental health problems reside.

Materialities of care involve places of care and thereby the built environment itself, which is often overlooked (Martin *et al.* 2015). For example, the architecture of hospitals matters, not only with regard to how healthcare practices are spatially organised but also with respect to how medical knowledge is produced (Prior 1988, 2003). Nettleton *et al.* (2018) showed how the architectural plans of residential care homes drawn by architecture students were linked to more vital understandings of the ageing bodies of older people compared to experienced architects, who focussed more on bodily (dys)functions (Buse *et al.* 2017). According to Gieryn (2000), a place is defined by its ‘geographical location’ and ‘material form’, as well as by the ‘meaning and values’ which humans derive and create from it. Despite their material form, places are flexible and open in the way humans experience, interpret or imagine them. Places can also be experienced by humans as ‘architectural atmospheres’ (Seamon 2017). Nonetheless, an atmosphere is not solely an individual phenomenon but is also, and perhaps more so, the locus of ‘social intersections of people, places and things’ (Bille *et al.* 2015: 37) that might orchestrate a sense of (not-) belonging to a place. For example, Bille (2015) showed how different lighting can create cosy atmospheres in a Danish residential area. Martin *et al.* (2019) explored, e.g. how non-residential buildings located at hospitals for those with cancer and their relatives create a range of atmospheres by different materials, colours, light and architectural forms.

Caring architecture emphasises the connection between institutional care and the built environment in which care takes place. Philo (2017) underlined the need to be aware of the

oversimplification of caring architecture in a way which uncritically emphasises the benevolent side of care. He showed that care is always linked to control because it takes place within fundamentally institutional architecture (Philo 2004). Foucault (1977, 2006) pointed out the disciplining power of architecture in carceral settings to produce ‘docile bodies’ even beyond the confines of the prison walls. All caring buildings, therefore, entail both forms of care and control and elicit different embedded possibilities that affect how the humans placed within them feel (Philo and Parr 2019). These effects could be more repressive, like in closed wards, or they could (supposedly) be more open or inclusive, like in supported housing.

### **Supported housing in post-asylum landscapes and understandings of tenants**

Supported housing is a type of accommodation located within a complex geography of care for people with mental health problems that geographers have called ‘post-asylum geographies’ (Philo 2000). These accommodations were established during the process of the de-institutionalisation of mental health services that started in the second part of the twentieth century in Western countries and entailed a policy-level shift from mental hospitals towards de-centred community care settings (Grob 1991). This process occurred in Norwegian settings in much the same way as it did elsewhere, albeit later, with the shift towards community-based services beginning first in the 1990s (Pedersen and Kolstad 2009). Nonetheless, accommodations for people with mental health problems in the community were considered necessary because of the downsizing of mental hospitals and the lack of adequate places for former patients to dwell (Wolpert and Wolpert 1976).

Since the downsizing of mental health institutions, most persons with severe mental health problems are now living in their own homes with diverse forms of support (Fakhoury and Priebe 2007). Still, some need more comprehensive places of care; such patients have been offered

other forms of accommodation, such as supported housing. People with mental health problems living in supported housing therefore receive support in their dwellings by healthcare professionals, either off-site in independent housing settings or on-site in congregate settings with a 24/7 staff presence (McPherson *et al.* 2018).<sup>1</sup> Supported housing in terms of a home can affect a tenant's self-identity by offering what Giddens (1991) called 'ontological security', helping individuals to create a 'sense of continuity'. For people with mental health problems who do not have their own homes, dwellings may represent anchors in an otherwise unstable daily life (Padgett 2007). Moreover, Piat *et al.* (2019) emphasised that the opportunities available to tenants within supported housing are important for their personal recovery; for example, the chance to be responsible for their own lives, to organise their own social lives or to create a sense of home.

Regardless of whether one lives in congregate or independent housing, the built environment and the quality of the neighbourhood both matter (Friesinger *et al.* 2019a). On the one hand, congregate settings may architecturally resemble care homes with their added focus on surveillance technologies (Boyd *et al.* 2016) or fire safety (Friesinger *et al.* 2019b), both of which can exaggerate the otherness of tenants, while independent settings could be viewed as more or less ordinary private homes. On the other hand, both housing types could be located in either run-down areas or areas with meaningful places nearby, like amenities, parks, and churches or other spiritual places, which might in turn improve the social identity and wellbeing of their tenants. That said, not all neighbours appreciate living in close proximity to supported housing, a phenomenon referred to as 'Not In My Backyard' (NIMBY) (Dear 1992).

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<sup>1</sup> This classification is suitable for our study, but there are more distinguishable types of supported housing.

Taking a wider look at post-asylum geographies, people with mental health problems confront both exclusion and inclusion tendencies that together constitute our understandings of them (Parr 2008). Despite being included as social citizens in the community, the ‘unorthodox characteristics’ of people with mental health problems are still closely related to the person-based stigma associated with psychiatric patients (Pinfold 2000) or to our memories of former asylums, constituting a facility-based stigma (Moon *et al.* 2015). Finally, the research potential exists to understand people with mental health problems in relation to how their homes are built. In the present study, therefore, we focused on materialities related to supported housing and addressed the following research question: How do materialities express understandings of people with mental health problems living in supported housing?

## **Method**

We conducted a multi-sited ethnography (Marcus 1995) informed by Situational Analysis (Clarke *et al.* 2018) to explore how the understandings of tenants are expressed by materialities in supported housing. With this methodological choice, we first intended to look at supported housing from different angles using participant observations, interviews and photographs from the field. We therefore spent less time in the field than traditional ethnographers, resulting in fewer descriptive details but more sites and various types of empirical data to compare. Second, we focussed on the interlinkage of people, materials, practices and understandings – the key elements of Situational Analysis.

Field access was permitted by the heads of each municipal mental health service. Participant recruitment began with an information meeting for staff and tenants in which all participants signed informed consent forms that apprised them of the study and its purpose and guaranteed

them anonymity.<sup>2</sup> Over a six-month period (between 2016 and 2017), the first author recruited 107 participants (29 tenants, 70 staff, five managers, two advisers and one architect) and visited seven supported accommodations in Norway at different times (4–8 hours/stay) over a period of 1-2 weeks per location. The participant observations and unstructured interviews with the participants were documented in 262 pages of field notes and interview transcripts and almost 900 photos of the surroundings, buildings, rooms and objects.

All the accommodations<sup>3</sup> were operated by municipal landlords intending to accommodate people with mental health problems who could also have drug or alcohol problems. The seven places were rurally located, with one urban exception. Some places had 24/7 staff present, while others only had staff during the daytime. The visited places were architecturally closer to supported housing with congregate settings but could be further distinguished into two types: a *facility type* (with apartments, a main entrance, and common and staff rooms), and a small *house type* (with co-located dwellings, a staff base and an activity centre). The living areas were larger in the houses (42–63 m<sup>2</sup>) than in the apartments (35–55 m<sup>2</sup>). Each had their own kitchens and bathrooms. The tenants' ages ranged between 22 and 62 years. The staff were mainly employed in part-time jobs and either had no education or had backgrounds in social work, education or nursing. The tenants were mainly men, and the staff were mainly women.

In our Situational Analysis (Clarke *et al.* 2018) of the photographs, field notes, interview transcripts and other documents, we asked how materialities expressed understandings of the tenants. The core analysis was performed by making situational maps (Clarke *et al.* 2018). First, we drew a messy map of the tenants' housing situations by filling in the main elements of

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<sup>2</sup> This study is part of a research project about supported housing approved by the Norwegian Centre for Research Data (number 50067).

<sup>3</sup> More details regarding the housing characteristics (Friesinger *et al.* 2019b).

concern (humans, nonhumans and practices). Then, we organised these elements in a spatial matrix ranging from the surroundings to the interiors and analysed the relationships between all these elements. Lastly, we drew positional maps to grasp the understandings of tenants as represented in our collected data and those that had ‘absent positions’ (Clarke *et al.* 2018: 172) meaning not being stated. These steps resulted in a final positional map, which is presented below (Figure 1). We focussed on constant comparison and memo writing to support all steps of the analysis until theoretical saturation was reached.

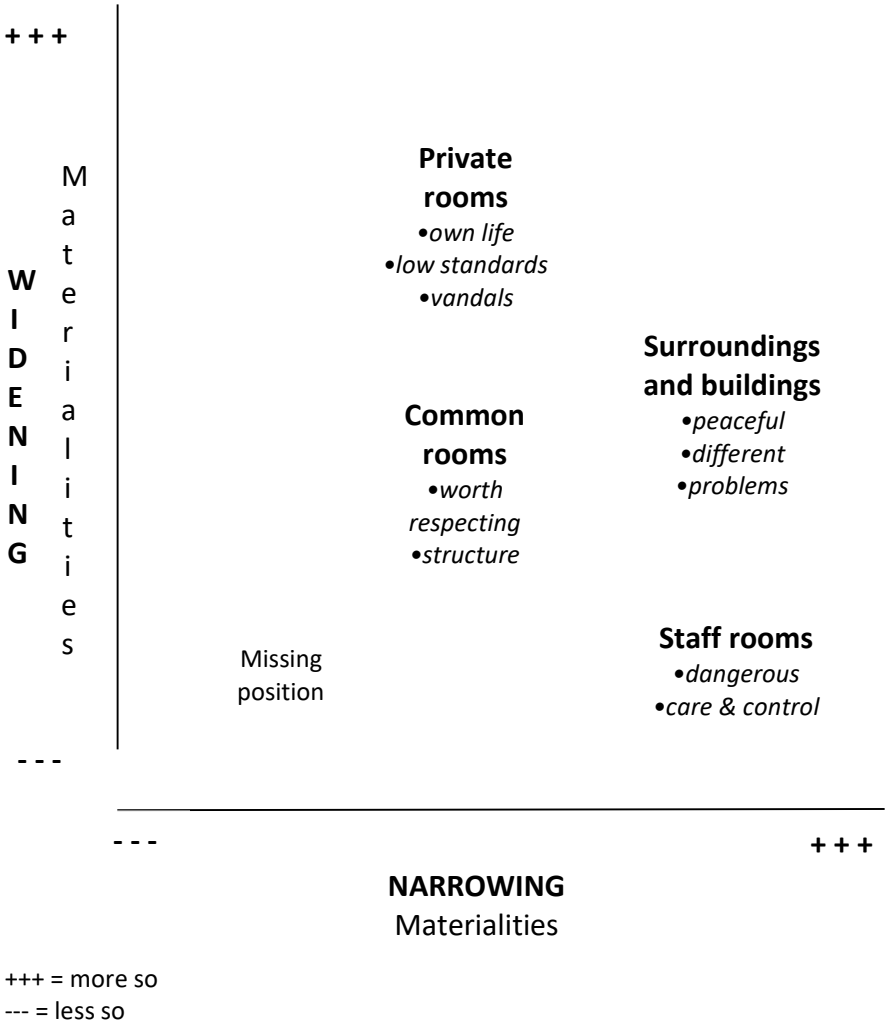
The chief limitation of our ethnographic study was that its findings are related primarily to the housing sample. Nonetheless, the findings could be transferred to comparable settings in Norway or other countries with similar supported housing. The knowledge of how materialities inform and change the understandings of people with mental health problems could also be transferred to people in other institutional care settings, such as patients in hospitals or older people in care homes. Finally, we reflected critically on ethical issues, such as avoiding any harm to the participants.

## **Results**

The analysis showed how materialities signalled a blurry picture of the tenants. On the one hand, the surroundings, buildings, rooms and objects could be interpreted as materialities that represent an understanding of the tenants as individuals living their own lives. On the other hand, the materialities could be viewed as representing understandings in terms of ill people with diagnoses conforming to Goffman’s (1963) ‘spoiled identity’. The first portrayal presents the possibility of understanding the tenants in many ways, and towards this end we named this portrayal as a ‘widening’ understanding of tenants as expressed in materialities. The second image evokes an understanding of the tenants as being different from their neighbours, with

their mental illness signifying the primary differential characteristic. We thus classified this as a ‘narrowing’ understanding. The blurry understandings of people with mental health problems living in supported housing are accordingly organised in a positional map (Figure 1) along two axes: widening and narrowing materialities.

Figure 1. A blurry picture of tenants between widening and narrowing materialities.



As such, a position on the map shows whether a part of the place (surroundings and buildings or different rooms) is more or less associated with materialities that widen or narrow the understandings of tenants. For example, private rooms could widen understandings of tenants as people who are living their own lives, whereas staff rooms with security devices could

narrow understandings of tenants as dangerous persons. We present these findings as a journey from the outside to the inside of supported housing that started with meeting in the surroundings of the places, the buildings, the rooms and physical objects.

### **The surroundings and buildings**

The studied municipalities preferred to locate supported accommodations in rural settings because they understood the tenants as people who needed safe, peaceful environments. One manager stressed that the tenants should be ‘allowed to be left in peace’, a conviction that might indicate a widening understanding of them. Concerning the neighbourhood, several of the tenants expressed that it was important to live in a nice environment close to stores with work and leisure possibilities. The surroundings should offer ‘safety if you need it’, as one tenant stated, meaning, for example, that the tenants should be able to come and go from a bus stop via a sidewalk instead of walking beside a high-traffic road, as some had to do.

Location matters, as one tenant from an urban place repeatedly underlined, ‘There is a risk of being forgotten if you live so far away in a rural place . . . which is not happening here’. However, the most important consideration was ‘to have a dwelling and not to live on the streets anymore’, as one formerly homeless tenant stated. Another tenant indicated that security was important, stating that ‘Safety is not living inside me; it lives in the rooms, things, situations at this place’, meaning that a safe environment makes people safe, not the people themselves. In sum, the tenants emphasised the sense of security and continuity (Giddens 1991) that these living places might offer them.

Nonetheless, the surroundings and the buildings depict, most of all, the tenants as being different from their neighbours. When the first author arrived at Sunny Woods, a supported



accommodation, the small co-located houses clearly stood out from the neighbouring houses in terms of both colour and design. A black-coloured sign on the wall told people not to park there if they were not employees, tenants or visitors. Even when all the houses were located in the same neighbourhood, tension existed between the neighbours' houses and the ones of the tenants. This tension might correspond to Parr's (2008) observations about the social geography of people with mental health problems, a landscape that exudes both inclusion and exclusion tendencies.

The differences between tenants and their neighbours were highlighted by the facility types. These accommodations had more in common with small hospitals than homes because they were designed as multi-storey buildings with wings. In comparison, the small co-located houses had more in common with holiday villages because they all had the same shapes and colours. One tenant regarded these houses as a 'shanty town'. The fact that some accommodations were located close to an institution caused misunderstandings because nearby residents thought that these residences belonged to a mental hospital and parked their cars there. Not surprisingly, several tenants expressed dislike for such misunderstandings. This landscape-embedded stigma was reinforced by road signs with hospital symbols that directed people to ward admission – a stigma (Goffman 1963) that the tenant wanted to remove, but the sign was only replaced by another without symbols but with a hospital abbreviation. Such a distinct materiality narrowed the understanding of tenants to a negative stereotype. An adviser confirmed this, saying, 'Many of those buildings related to mental health services are standing out from the neighbouring buildings'.

However, the stigma could even be increased for tenants by materialities such as the gravel around the houses at Sunny Woods, which contrasted with the neighbours' green gardens. As

one tenant explained: ‘I feel stigmatised because the garden looks like a moon landscape, which isn’t nice for the neighbours as well . . . It is important that the colours of supported accommodations fit into the neighbouring surroundings; otherwise, everybody knows this is a mental institution’. Staff members argued that, in the beginning, there was a garden, but it had been replaced with gravel because gardening ‘was not a part of their working instruction’, as one staff member stated. Some tenants wanted the shrubs back, an idea that was refused by the staff for economic reasons. One tenant expressed that ‘It would be a huge help to be heard once about an issue . . . To be taken seriously’.

Figure 2. Moon landscape in the garden.



Despite the preference for secure environments, the municipal parties seemed to choose locations for economic reasons rather than to benefit the tenants. They opined that people with mental health problems required substantial healthcare services, and as such it was important to build supported housing on a large-enough scale that it would improve the efficiency of such services. However, the latter was a concern for the controlling healthcare adviser of the county

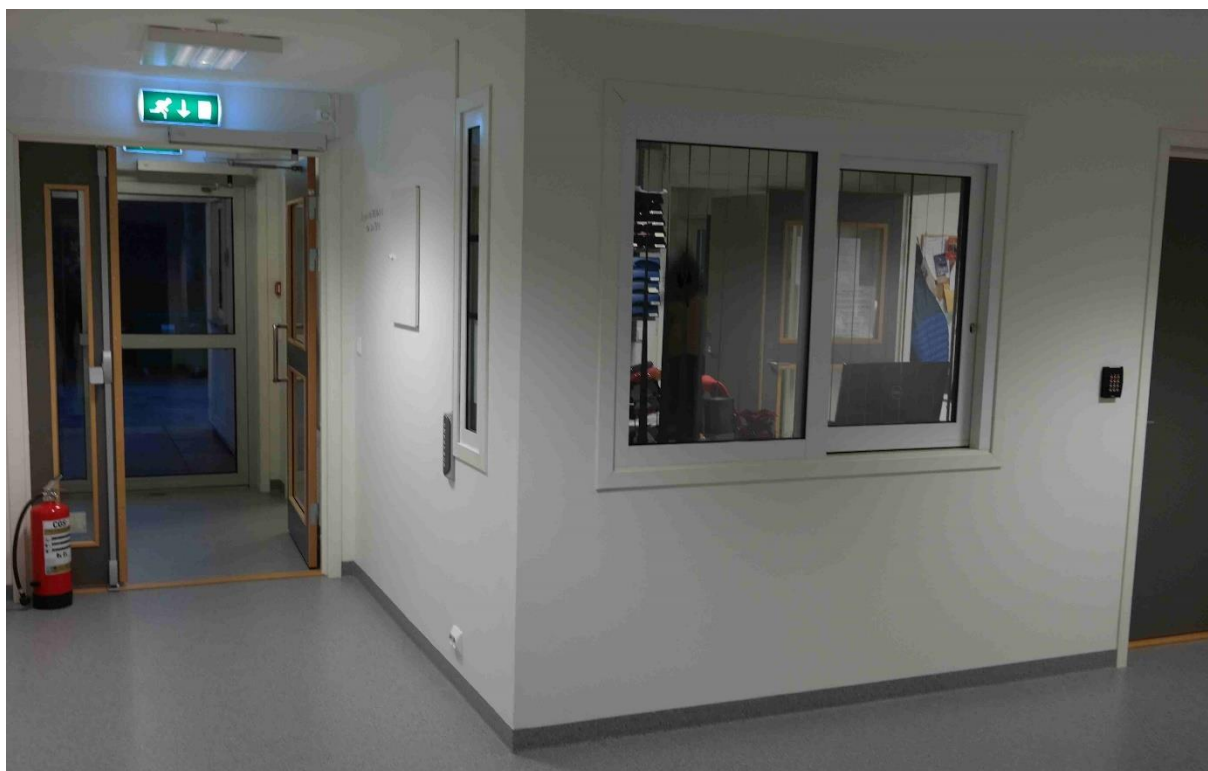
government, who criticised these concentration tendencies in terms of ‘birds of a feather flock together’. The adviser continued, ‘It is more important to reduce the size of the building and to offer more individualised healthcare services’. This issue of scale was also important in a study on buildings used for cancer treatment (Martin *et al.* 2019); the findings of this research suggested that buildings should be domestically scaled in order to ease the lives of cancer patients. Towards this end, the architect remarked that supported housing buildings should resemble ‘a home, an ordinary home concerning expression, surroundings and material constructions in such a way that it looks at least like a home, even though there is more care, supervision and support practiced within than you would believe’.

Nonetheless, the municipalities attempted to rationalise services through the location and architectural scale of supported housing in a way that might narrow the understandings of tenants to difficulties (in terms of medical diagnoses, physical disabilities or drug problems). Despite these narrowing grouping tendencies, managers had to deal with economic pressures and could not afford to keep an apartment empty; moreover, they struggled to find a drug-free location to accommodate tenants after rehabilitation.

### **Staff rooms**

The staff rooms were mainly associated with materialities that narrow the understandings of tenants as dangerous persons in need of care and control. Control was already signalled by two different entrances to the supported housing, one of which was accessible only to staff. For example, at Riverside housing, an employee explained that the staff-only entrance was built as an emergency exit after a violent incident occurred with a tenant, and that a thick window made of tempered glass had been installed. Another aspect concerned the material qualities of the staff room, which resembled a cross between a business office and a nursery room (Figure 3).

Figure 3. A staff room viewed from inside a supported housing.



In many places, the staff rooms had huge windows and glass-panel doors which helped the tenants identify when a staff member was available if they needed assistance. The tenants disliked staff rooms constructed without such built-in visibility. This example of staff room visibility indicated differences in materialities which were additionally grounded in the way in which managers organised their housing sites. In some accommodations, no medicine room or cabinet was available; medicine was instead distributed by community nurses, and therapy was performed by assertive community treatment teams. However, many staff rooms were reminiscent of institutional settings, expressing a hospital ‘ward atmosphere’ (Martin *et al.* 2019) instead of a domestic one.

The location of the staff rooms also allowed the staff to monitor the tenants. The staff rooms could be placed in a separate building or in the main building. At one site, the staff room was

situated far from the tenants' houses to avoid the appearance of monitoring 'because each accommodation is an individual and private matter', as the manager explained. In the opinion of the tenants, this staff room was appropriately located, which could in turn be interpreted in terms of a more widening materiality. Alternatively, at facility-based housing, the expectations could be different, as some tenants prefer the staff room to be located in the middle of the building, closer to their apartments, especially at night. Regarding care practices, during the course of fieldwork, the first author observed many situations in which tenants received services (or medication, pocket money, etc.) through an open door or a window in the staff room, or simply waited outside. This particularly applied to tenants who were under financial guardianship, namely those who were determined to be incapable by law of controlling their own economic decisions. One employee described how tenants would queue up in front of the staff room 'almost like a hot dog stand'. This situation underscores the institutional character of this residential setting in terms of narrowing materialities. As such, the tenants' identities are at risk of being narrowed to solely users of healthcare or welfare services.

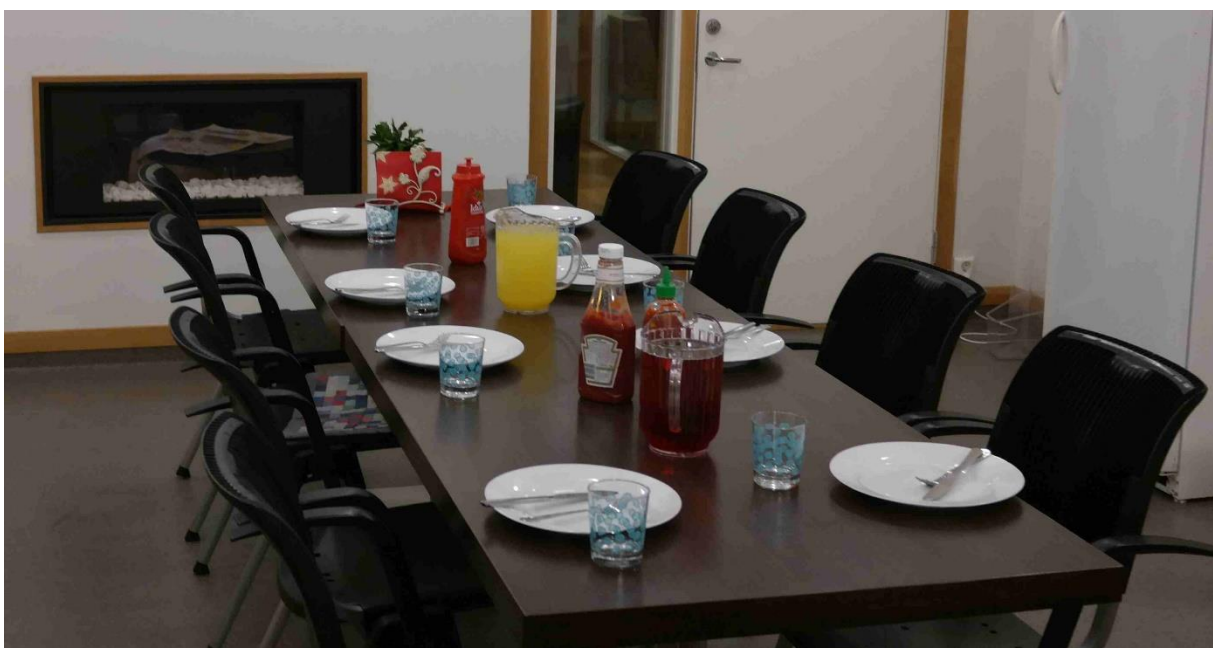
This narrow understanding could be exacerbated if tenants are seen as potentially violent persons. In response, the staff could install security alarms in supported housing, although most of them believed such equipment was unnecessary, even though they did offer alarms to cleaners and caretakers. Cleaners also had the option of being followed by staff if they were afraid of some tenants. However, some managers and staff were indeed concerned about safety. Some housing had no emergency exits, while others had narrow halls or stairways, which would make it difficult to escape if a tenant became violent. The understanding of tenants as dangerous was also connected to the surveillance systems, which were supervised from the staff room. For example, in one supported accommodation, a camera system with a rising bollard at the entrance was installed. When the staff were not present, the bollard was raised to prevent

unwanted car traffic and visitors. Managers in another municipality defended a no-camera policy to maintain the privacy of the tenants.

### **Common rooms**

Although the common rooms, such as kitchens, living rooms, dining rooms, laundry rooms, storage rooms and workshops, did portray tenants as persons worth respecting, they also suggested that such tenants required more structure than others. This in turn indicates a tension between widening and narrowing materialities. Several common areas could be assembled to cultivate a ‘cosy atmosphere’ (Bille 2015), like, for instance, the dining rooms (e.g. Figure 4), through which the smell of food from the nearby kitchen permeated the air. At Riverside housing, the first author also observed that the staff lit candles, dimmed the lights and set tables to evoke a cosy atmosphere, as the manager later clarified. Consequently, an increasing number of tenants showed up, washed their hands, sat down at the table and ate together with some of the staff. During dinner, people were observed chatting nicely with each other.

Figure 4. A dining room.



In other words, how mealtimes are spatially practised in supported housing – that is, whether they are shared or not – is also linked to the understandings of tenants. For example, in one place, the staff wanted to eat together at a dining room table with tenants during their lunch break to maintain good relations with them, signalling a widening understanding of the tenants as ordinary human beings. One staff member reflected on this, stating, ‘We try to create a heart room to increase mutual respect which goes beyond feeling safe and offering food’. In another place, the staff were not concerned about eating together with the tenants and instead prioritised on-duty service. Some places offered free meals, which made some staff fear that this provision would enable tenant dependency. Others argued that free meals were necessary because tenants with drug addictions could easily starve.

Despite the benefits of being served food, one tenant criticised the practice: ‘Nobody is explaining how to do it. We rather need training in household and cooking in the apartment. It is important to be seen under normal circumstances. It is not OK that people get positive attention [by getting free food served] when they are drugged’. Many tenants agreed and expected meaningful activities outside the supported housing. One tenant missed ‘the small things in life’ that were meaningful to her/him rather than the activities that the staff arranged, such as cutting trees. These statements show the limitations of common rooms in widening the understandings of tenants. Notwithstanding, tenants and staff could make ‘cosy places’ by themselves or together in common places. For example, for Christmas and birthday parties, the rooms were nicely decorated by the staff at some accommodations. One tenant lit the fireplace because a fellow tenant appreciated the atmosphere it created. The tenants and staff made food together in the kitchen, or paintings made by the tenants were hung on the walls to create a pleasant ambience.

Even though common areas offered tenants guarded social arenas in an institutionalised setting, the tenants often criticised them for enforcing overly strict rules and imposing restrictions in narrowing ways. For example, the tenants had limited access to the living rooms after 10 p.m. They also had restricted access to the laundry room and common kitchen because, according to the staff, some tenants had left messes in these rooms. In one case, the staff decided to exclude a tenant from the common area because of previously violent acts. To do so, the staff programmed the tenant's electronic key to permit access to only to his/her apartment. The tenant's reaction to such spatial limitations could be summarised as a feeling of disrespect, such as being 'treated like a child', as one tenant stated. A manager explained that the rules for common areas should 'create a secure environment and an opportunity to be oneself as human'. In other words, common areas could portray specific versus generalised understandings of tenants that are narrowing for some but yet widening for others.

Several tenants and staff members described similarities between common areas and psychiatric wards, not only because of their restrictions but also because of their 'institutional architecture' (Philo 2017). For example, some tenants criticised the inside of the building because the spatial structure reminded them of a hospital with its sterile, white halls. The staff agreed and had consequently painted them. This act could be interpreted as an attempt to create a less narrowing materiality by generating a more homely atmosphere, which reminds on the created tensions when institutional care settings are transferred to homes or reverse (Martin *et al.* 2015). Further, one tenant expressed 'the need to have an additional social space for private conversation', while a manager emphasised the room structure that tenants 'need to go through' in order to be seen. This example again demonstrates a tension between materialities that could widen and narrow understandings of tenants, such as between private spaces in common areas and room structures designed for the supervision of tenants. Unfortunately, some planning processes



without user involvement resulted in small, inaccessible common areas. In one case, the tenants had to use the staff room as a common living room.

### **Private rooms – apartments and small houses**

The apartments and small houses of supported housing could frame understandings of tenants as persons who have low standards or who could potentially destroy interiors. However, the overall emphasis seemed to lie more on widening materialities for private rooms that could express tenants in terms of individuals living their own lives. For example, one tenant invited the first author over to his/her apartment at Valley Road housing. The house was beautifully decorated inside by the tenant with family pictures and inherited furniture. The host offered coffee and explained that the tenants could decide on the interior, even where the walls should be, before moving in. The quality of the used materials was good, but the bathroom was outdated and needed an upgrade. Being satisfied with the house, the tenant claimed to have even learned to cope with mental distress without medication by ‘dwelling in my own home’.

Similarly, many tenants stressed that their housing should provide more than just shelter; as one tenant stated, ‘A place is more than a building’, referring to a sense of home. Accordingly, if tenants are more thoroughly involved in the planning of the interiors as well as the general house design, then the housing materiality may better emphasise understandings of the tenants as individuals with their own lives. If the tenants were provided with their own entrances to their accommodations and could ‘do as [they] want to’, they might feel more at home and obtain a greater sense of ownership over their own lives. For example, if the tenants were permitted to personalise their apartments by decorating them and choosing their own furniture, the apartments would ultimately not ‘look like a part of a hospital’. To their credit, the staff did help the tenants discard older furniture or clean up their accommodations. Most of the staff and

managers allowed and even encouraged the tenants to decorate their own apartments, although the tenancy contracts did not technically allow for it.

Nevertheless, the understandings of the tenants were at risk of being narrowed by robust and standardised materialities. For example, another house at Valley Road looked more like a standardised, tiny, Lego-brick house than an ordinary home. Inside, the atmosphere was gloomy, and the air was humid. The design did not allow one to appreciate the interior, and noise intruded from the road outside. It seemed like a water-resistant, faux-wood flooring was installed on every surface. The tenant was upset over what she/he called ‘unworthy materials’ which were hardly maintained. For example, the tenant pointed out that a bathroom with a steel shower (Figure 5) had been installed, a design often used in public baths to portion water and tolerate rough usage.

Figure 5. A robust steel shower.



As mentioned, the shower was made with durable material to prevent it from being destroyed. Such ‘robust materials’ could also be found in the flooring, brick walls, leather furniture, steel toilets and sinks to avoid deterioration from use by the tenants. Another solution was attempted that involved removing all non-durable materials, such as one case in which all technical installations were removed, such as smoke detectors (Friesinger *et al.* 2019b). Some architects attempted to cover the material robustness by designing materials to look ordinary, such as faux-wood flooring. The term ‘robust’ is used by architects to refer to the ability of materials and/or built environments to maintain their original forms against external influences. Supported housing conceptualised as ‘robust’ is linked to the understanding of tenants as people likely to destroy interiors. In some technical drawings, robust materials or architecture, such as steel toilets or ‘vandal-safe’ designs, were even termed ‘prison solutions’. Some tenants were thereby understood in narrowing ways as incapable of taking care of their homes or themselves because of their mental health problems. Nonetheless, tenants in supported housing wanted to be taken seriously and not be reduced to their psychiatric diagnoses. For example, when tenants reported issues such as broken heaters in their apartments, they were sometimes not trusted, receiving responses by staff members that the problem was ‘just a mental issue’, as one tenant explained.

Another narrowing issue was standardisation — that is, the quality of the apartments was low compared to the overall housing conditions of the Norwegian population at large (Revold *et al.* 2018). Some accommodations were tiny, ready-made and cheaply constructed, meeting the lowest housing standards. For example, the sink in the bathroom at one place was as small as a toilet sink and ‘could hardly be used for washing my face’, as one tenant stated. The kitchens were barely operational in other places, which many tenants did not mind because they were served meals anyway. For some tenants, the worst experience was not being able to live together

with a partner or host friends because of the small size of their quarters. In such cases, many tenants stated that they would prefer to sleep at their partners' apartments or wanted to move to bigger accommodations, which seldom happened. Nonetheless, 'Having a partner is the best help', as one couple stated. Many accommodations additionally lacked soundproof walls, even though the tenants often felt annoyed by noise. While one manager explained that the low standards were because 'Some tenants are in such bad condition that they cannot take care of their own hygiene or their apartment', another manager acknowledged that a design with minimum standards 'reduced the living quality for the tenants'.

## **Discussion**

The materialities in these studied supported accommodations expressed a blurry picture of people with mental health problems living in supported housing that both widened and narrowed understandings of them (Figure 1). The tension between these widening and narrowing materialities in supported housing orchestrates architectural atmospheres that might manifest as homely or hospital-like atmospheres, which in turn influences how tenants are seen by others as well as how they see themselves. First, we will discuss which ideas might underpin narrowing materialities in order to identify and avoid them in the future. Second, we will discuss how materialities can together produce atmospheres in supported housing that might influence the tenants in different ways.

### **Understanding the ideas behind narrowing materialities**

We might ask which kinds of knowledge or ideas could underpin narrowing materialities of supported housing? First, an economic rationale for organising mental health services seemed to be a major reason for grouping people with similar problems together. In regard to scale, the municipal administrations showed a tendency to establish supported housing at larger scales in

an effort to save money by locating more tenants in the same neighbourhood, same place or even the same building. Other features, such as the gravel in the garden or the faux-wooden flooring or other robust materials were used to keep maintenance costs low, consequently signalling that these residences were supported housing. Thus, important aspects behind such narrowing materialities of supported housing might be linked to general cost minimisation and recent austerity policies implemented in community mental health services (Cummins 2018; Pedersen and Kolstad 2009).

Second, the adviser of the county governor claimed that ‘narrowing’ tendency for tenants was related more to the belief that people with related challenges should ‘flock together’ than to simple economic reasons. This ‘flock together’ idea is inscribed in all materialities of supported housing. As such, the surroundings, the buildings, the rooms and the objects, all meant for a specific group of tenants, communicated an image of them as being incapable of living ordinary lives. This image encourages the facile classification of tenants in terms of their medical diagnoses (Prior 1988, 2003); after all, supported housing is built for people with mental health problems. However, this material language appears to constantly reinforce the stigma that these tenants possess ‘unorthodox characteristics’ (Pinfold 2000) and that their abilities to present themselves at home in their daily lives are limited (Goffman 1956). Inside the buildings, the use of robust materials could be associated with the stereotype of tenants as destructive persons. This kind of ‘robust materiality’ could also be seen, however, as a method to help tenants lead as ordinary a life as possible. A steel sink might be better than a broken porcelain sink. Nevertheless, the stereotypes expressed by these surroundings and robust materials might reduce the diversity of the tenants’ self-identities.

Another issue referring to medical notions of tenants' incapability was the small sizes of their apartments and kitchens, which made many tenants feel like they could not have a partner or could not cook properly. This 'standardising materiality' goes beyond stigma because it limits the tenants' practices, in a way comparable to that of the park bench designed as defensive architecture against homeless people. Both robust and standardising materialities might limit the choices of tenants in supported housing and make personal recovery difficult (Piat *et al.* 2019).

One may ask, why are these underpinning ideas that lead to such narrowing so difficult to identify? An answer might be found in the concept of 'inscription' (Akrich 1992), which implies that particular understandings and patterns of usage could be involved in the development and further use of technologies, such as standardising and robust materials, in supported housing. The inscription process makes the production of materialities hard to understand, a process that Latour coined 'black boxing' (1999: 183). As such, technical oversimplification in terms of 'form follows function', e.g. tiny houses or steel toilets, can have such an identity-spoiling effect on tenants. The economic and medical ideas behind these narrowing materialities are taken for granted and might lead to the disciplining of tenants and to the gradual production of 'docile bodies' (Foucault 1977). It is therefore an important task to describe (or unbox) materialities in supported housing in order to identify their narrowing dynamics, which might otherwise remain unnoticed.

### **Materialities that stage different atmospheres**

The journey into supported housing was, in many ways, a journey away from society and into another world. In society, all kinds of people live in their own houses or apartments with unique interiors. The world of supported housing possesses other qualities, whereby the tension

between widening and narrowing materialities stages different ‘atmospheres’ (Bille *et al.* 2015) that might lead to blurry understandings of tenants. These atmospheres of supported housing, between homes and hospital wards, might appear to contradict the promise that people with mental health problems should be offered ordinary homes in the context of the national mental health programme in Norway (Pedersen and Kolstad 2009). Materialities that express solely institutional atmospheres pose the risk of further marginalising tenants. However, in a more nuanced way, institutional atmospheres structure people’s practices and expectations in terms of ‘care and control’ (Philo 2017) and might help them in their daily lives. Common meals arranged by caring staff in dining rooms, for instance, are an important social activity that can bring tenants together with staff in a cosy or family-like atmosphere.

Notwithstanding, materials are not caring alone (Buse *et al.* 2018), meaning a thoroughly designed, located place does not guarantee the empowerment or health promotion of tenants. Staff and tenants perform practices together within their environment and its related materials to contribute to mental health recovery. For example, we showed how eating lunch together might create a sense of community between tenants and staff in terms of an inclusive atmosphere. Being trusted in all steps of preparing a meal and being seen as equal participants around a table might significantly empower tenants.

The question, then, is how materialities may be formed in supported accommodations in ways that can be helpful for tenants in terms of cultivating an atmosphere that orchestrates a sense of belonging. The answer, in the words of Philo (2017), is ‘vague’; materialities should represent a ‘new play between care and control’ to account for multiple understandings. Piat *et al.* (2019) indicated that tenants on the path to personal recovery should be responsible for their own (social) lives and home creation. Similarly, our findings showed that private, personalised

homes widen the understanding of tenants as individuals. The task should rather be to create secure environments, as one manager stated, who valued individual diversity for being oneself and even being somebody different the next day. The material environments of tenants should be formed by all participants to create an inclusive atmosphere that emphasises understandings of tenants that transcend stereotypes.

## **Conclusion**

We have shown that materialities might both widen and narrow the understandings of people with mental health problems living in supported housing. These understandings could include a variety of views, such as seeing tenants as persons who need peaceful environments, have similar problems, differ from their neighbours, need care and control, are dangerous, need structure, deserve respect, are vandals, have low standards, or can live their own lives. The portraits of tenants materialised by their surroundings, buildings, rooms and objects are therefore blurrier than they are clear. In any case, what we have termed ‘widening materialities’ in this study are preferable to their ‘narrow’ counterparts because accommodations should signal that all people are diverse and unique.

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## **Appendix 3**

The ambiguous influences of fire safety on people with mental health problems in supported housing.

(Paper III)







## ARTICLE

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OPEN

# The ambiguous influences of fire safety on people with mental health problems in supported housing

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**ABSTRACT** Over the last few decades, various housing types for people with mental health problems have been developed for use in the community. These housing types differ in their objectives, staff support and design. In this study, we focus on how fire safety influences the lives of tenants in supported housing. The qualitative study was designed with a multi-sited ethnography approach. Fieldwork was conducted in seven different Norwegian supported housing settings in 2017 with 105 participants (29 tenants, 70 staff, five managers, and one planner). The empirical data consist of field notes, recorded interviews and pictures, which were analyzed with grounded theory and situational analysis. The analysis reconstructed how fire safety was organized and tenants' experiences of it. These experiences could be positive (such as feeling protected) or negative (such as feeling annoyed or under surveillance). The tenants coped differently with these situations, and fire safety sets boundaries for tenants. Overall, fire safety was organized differently in the supported housing settings we looked at compared to in most of the common housing units in Norway. The influences of fire safety on daily life can be understood as ambiguous and can be interpreted as a normalizing factor in a risk society. Thus, we emphasize the need for appropriate and well-considered fire safety as a public health intervention in supported housing.

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## Background

Community mental health has been a growing sector since the 1990s, where organizing supported housing for people with mental health problems is the main concern. In this article, we describe how fire safety as a public health intervention is designed in this type of housing and how tenants experience fire safety positively and negatively.

**From psychiatric hospitals to supported housing.** The mental health sector in Norway and other Western countries has been de-centralized since the 1960s with a move from psychiatric hospitals to new institutions spread throughout the community, resulting in new housing arrangements for people with mental health problems (Ridgway and Zippel, 1990). One goal of this change was to empower patients to become citizens in an inclusive society (Davidson et al., 2010). This implies that people with mental health problems may acquire their own homes to help them develop a sustainable social identity without being marginalized (Borg et al., 2005; Rog, 2004). However, the practices and discourses of psychiatry seem to have been transformed rather than de-institutionalized (Högström, 2018; Parr, 2008; Priebe et al., 2005). New types of interventions and institutions have replaced or supplemented the psychiatric hospital, such as day and activity centers (Larsen and Topor, 2017), and different forms of support in one's own home or in residential settings, such as supported housing (Nelson, 2010). The settings of supported housing, then, can be either 'congregate' with on-site support from staff as in residential facilities or 'independent' with off-site support from professionals as in apartments (McPherson et al., 2018; Tabol et al., 2010). In the present case, we looked primarily at supported housing in congregate settings. Within these settings, fire safety is an important issue for tenants.

**Building and tenancy regulations.** Supported housing differs from standard housing for legal reasons. The first concerns technical requirements for buildings. In Norway, the type and frequency of fire protection devices (e.g., smoke detectors, sprinklers, and fire alarm systems) are regulated in buildings (DIBK, 2010, 2017). Buildings are ranked in hazard classes according to the following aspects: The more complex and larger the buildings, the more the use of fire protection is required and automatized; similarly, the higher the number of people the buildings are meant to house and the lower the escape capability they have, the more fire protection is automatized (DIBK, 2017, pp. 27–33). Thus, hotels and care homes are ranked in the highest hazard classes and must have a fire alarm system and sprinklers, while common housing units require only smoke detectors. Most of the housing settings in this study are defined in architectural and technical plans as care homes.

The second reason is that the housing is described in tenancy contracts as service or adapted housing for people with special dwelling needs according to the Norwegian Tenancy Act (KMD, 2009). Tenancy agreements are limited for this group and even more by the specific house rules written by the staff for that particular place (Andersen et al., 2016). Tenants living in these specialized buildings may be understood as unable to manage daily life in the same way as people in general. This point is relevant when looking at fire safety and is why this topic seems to be a bigger issue regarding supported housing than in other types of accommodation with similar fire safety installations. Therefore, a closer look at domestic fire risk and public health interventions in general is needed.

**Domestic fire risk and public health.** Some vulnerable groups, such as children, older people, people with reduced mobility and

people with mental health problems or learning disabilities or substance abuse, have higher risk of experiencing a house fire (Halvorsen et al., 2017). An Australian study concluded that the risk of a fatal accidental residential fire is higher for smokers, especially if they fall asleep and use alcohol and/or other substances compared with non-smokers (Xiong et al., 2017). Concerning fire risk management in mental health services, one study recommended increased awareness for psychiatric patients (Phelan and Fisher, 1993), while another recommended early intervention to prevent fire settings among young people (Dolan et al., 2011). Other studies focused on technical solutions for reducing the risk of fires (Doughty and Orton, 2014; Schulz et al., 2008). In sum, the studies emphasized that people with mental health problems are at a greater risk of experiencing a domestic fire and discussed different strategies for reducing the risk of fires. However, the literature does not address fire risk in supported housing as a separate research subject. Researchers focus on groups who are more likely to start a fire.

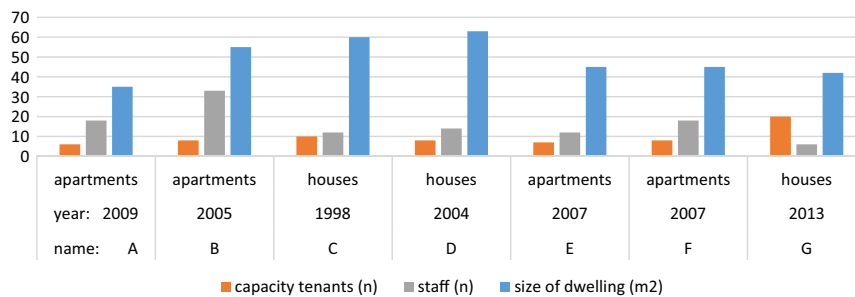
Reducing the risk of domestic fire incidents is a substantial task in public health interventions. Therefore, the questions of how fire safety as an intervention is better understood and how it is experienced in daily life should be addressed in a wider social context as the authors of a review recommended (Clark et al., 2015). Accordingly, a framework with multiple levels ranging from the individual to societal provide as a more complete understanding of fire risk than traditional fire risk research. Clark and Smith (2018, p. 759) demonstrated this "wider understanding of contextually situated risk knowledge and practices" in a recent study on daily experiences of owning, maintaining and testing smoke detectors in the United Kingdom (UK). We agree with their approach and with this study aim to contribute to improving the understanding of fire safety experienced by people with mental health problems and how it is organized in supported housing.

Therefore, we addressed the following research questions: What are the elements of fire safety, and how are they organized in supported housing for people with mental health problems? How do the fire safety elements influence the tenants' daily lives? In the following, we introduce the study method, present our findings and discuss the ambiguity of fire safety.

## Methods

**Data collection: multi-sited ethnography.** To address the research questions, we selected ethnographical fieldwork to gather rich descriptions (Charmaz, 2014)—as far as possible—of tenants' daily lives (Hammersley and Atkinson, 2007). In comparison with traditional ethnographies, which intend to obtain a comprehensive representation of a cultural phenomenon by collecting data over years, we favored multi-sited ethnography (Marcus, 1995). We chose participant observations in the field (Lüders, 2004), took photographs of the buildings, rooms, interior and objects (Harper, 2004) and conducted unstructured interviews with tenants, staff and managers during fieldwork in which we asked them to describe the daily practices in the dwellings (Spradley, 1979). Despite the benefits of multiple sites, this type of ethnography loses descriptive details compared to traditional single-site ethnography because the field visits are shorter (Nadai and Maeder, 2005). Consequently, we took the position of interpretive ethnography (Charmaz and Mitchell, 2001; Denzin, 1997; Prus, 1996) by simultaneously collecting data and analyzing them.

The project was approved by the Norwegian Center for Research Data (number 50067) in autumn 2016. Then, over a six-month period, the first author recruited 105 participants (29 tenants, 70 staff, five managers and one planner) and beginning in



**Fig. 1** Characteristics of the housing sample

January 2017 visited seven supported housing sites in southern Norway at different hours. During the fieldwork, there were twice as many staff as tenants present, a ratio that corresponds to the housing characteristics (Fig. 1).

The duration of each field visit varied from four to eight hours over a period of between one and two weeks at each dwelling. The first author participated at mealtimes, played games and watched television with the tenants and helped them with their computers. The observations were documented in 212 pages of field notes during the visits, six recorded interviews and almost 900 pictures. The data from this study on fire safety are based on these overall empirical data. Access to the housing was approved by the head of the community mental health service and by each manager of the housing site in question. All participants signed informed consent forms, which presented the study and its aims, and anonymity was guaranteed to all participants. The recruitment process started with a presentation for the staff, and later for the tenants in the common area or activity center of each housing site. Some tenants did not participate, but they accepted the researcher's presence. In sum, we based this study on the ethical issues identified by Murphy and Dingwall (2001) to avoid harming participants and to offer a beneficial understanding of their daily lives.

**Data analysis.** The collected data were analyzed with the help of Clarke's (2005) situational analysis and Charmaz's (2014) constructivist version of grounded theory. Both are developments of Strauss and Glaser's grounded theory and have roots in pragmatism and symbolic interactionism. In addition, a central premise of both analyses is that researchers and the researched co-construct the empirical data meaning they are socially involved in the research process. Grounded theory focuses on the analysis of social processes; situational analysis focuses on relationality. The analyses can be used together and are recommended with multi-sited ethnography (Clarke et al., 2018 p., 366). Moreover, critical reviewers have appraised situational analysis's multi-site concept as positive but thought that its uncertainty might be a challenge (Mathar, 2008). Clarke herself (2015, p. 141) saw grounded theory and situational analysis as being analytically strong but weak in re-representation. To conclude, for the purpose of this study, multi-sited ethnography and postmodern assumptions are appropriate because of the need for "thick analysis" (Fosket, 2015, p. 196).

In this study, we first analyzed the field notes, transcripts of the interviews and photographs with the logic of initial coding (Charmaz, 2014; Glaser, 1978; Glaser and Strauss, 1967). During the fieldwork and later, the authors met several times and discussed preliminary codes, interpretations of the data and analytical issues. From the beginning of the data collection, fire safety was an important theme for the participants, and we coded it frequently. Theoretical sampling was challenging because the time for fieldwork per housing site was limited. Increasingly, the

codes crystallized into saturated categories in focussed coding rounds by re-coding, constant comparison and memo writing. In addition, qualitative data analysis software (ATLAS.ti) in which we imported all the data, including the photographs, supported these steps analytically. We coded the data with the software, and visualized and sorted our categories. We created the categories a) organization of fire safety, b) positive experiences of fire safety: protection and possibilities, c) negative experiences of fire safety: annoyance and irritation, d) how to cope with annoying fire safety objects and e) boundaries created by fire safety: restrictions and marginalization.

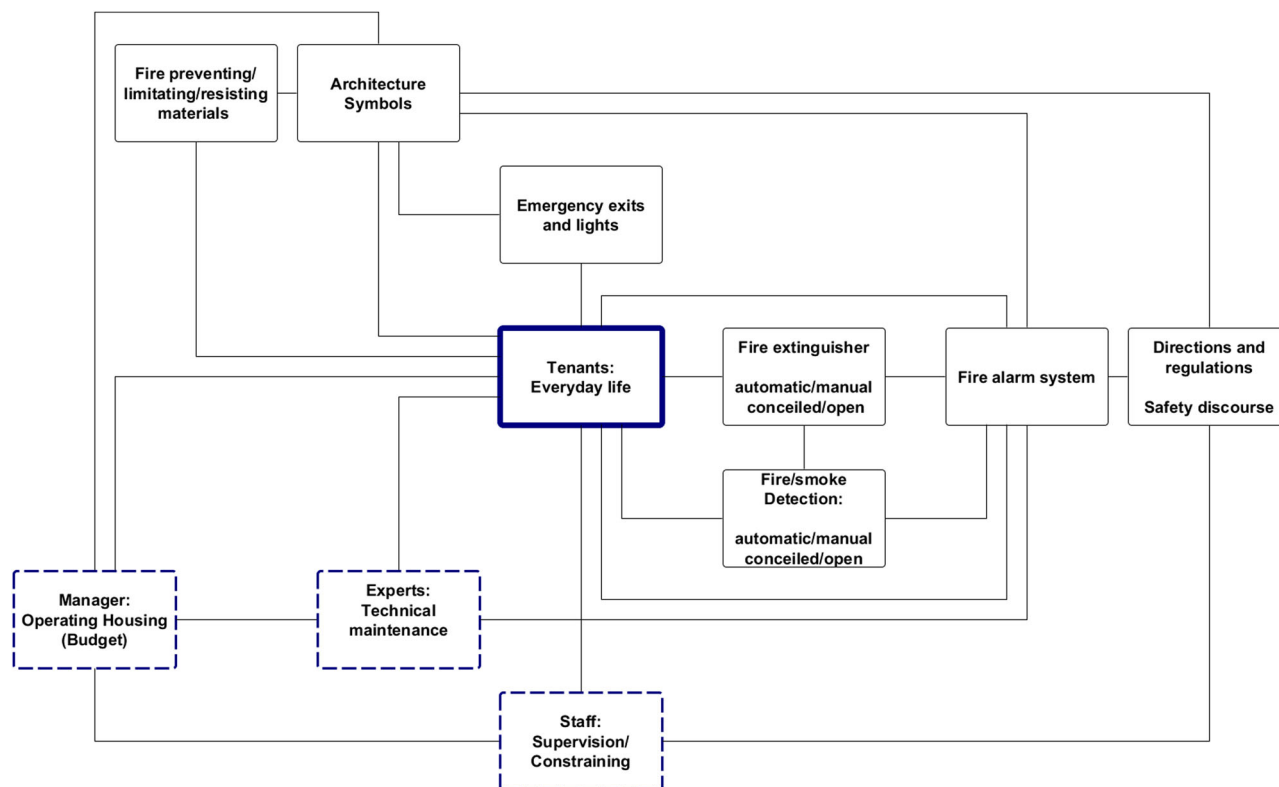
In addition, the analytical work was carried out by re-making situational maps (Clarke, 2005; Clarke et al., 2018). In particular, we drew a map of the tenants' housing situation, focussing on fire safety by filling in the major elements (human, nonhuman, material, discursive, and symbolic) in a messy way. Then, we ordered these elements according to the situational matrix and analyzed their interrelationship. Finally, we created a relational map that revealed the all-embracing network of fire safety elements in the supported housing settings, which we present later.

**Limitations.** According to qualitative research criteria, the findings of this study are limited to the housing sample (Lincoln and Guba, 1985; Steinke, 2004), but could be transferable to similar Norwegian settings for people with mental health problems living in supported housing. Although the European Commission planned in 2017 to regulate fire safety in buildings for member states, there is no consensus about international standards for fire safety in buildings yet. In addition to these legislative differences, cultural and societal differences across Europe are important limitations. Therefore, the present findings are not applicable to other countries but could be compared to findings for other countries. In addition, the insights of this study on fire safety as a public health intervention could be transferred to other people at high risk of experiencing a domestic fire or other public health interventions, such as healthcare technologies in the care for older people.

Other limiting considerations are linked to the research role we took in the fieldwork, our previous understanding as former workers in mental health services and the translation of the participants' quotations from Norwegian to English. We emphasized the need to reflect critically about these issues in our research journal, discussions and memo writings.

## Results

**Housing characteristics.** In Fig. 1, we present the characteristics of the participants' supported housing settings (named from A to G). First, all housing sites had been built within the last 20 years (1998–2013) for the purpose of offering a home to people with mental health problems (with and without substance abuse). The housing settings were all operated by municipal landlords and



**Fig. 2** Map of fire safety in supported housing

had staff support. There were two types of housing: a facility with congregate *apartments*, a main entrance, staff and common rooms and co-located small *houses* with a staff base and an activity center adjacent. The living spaces were generally smaller in the apartments (35–55 m<sup>2</sup>) than in the houses (42–63 m<sup>2</sup>). The youngest tenant was 22 years old, and the oldest was 62. All housing settings were located in southern Norway and had different types of fire alarm systems.

**The map of fire safety in supported housing.** In the tenancy contracts, the tenants were described as having special housing needs, and their housing settings were labeled as care homes. Many of the tenants were smokers, and some had used alcohol or drugs, which increased the risk of experiencing a domestic fire. The tenants were not seen as fully capable of living by themselves in terms of being responsible. This perspective was applicable to fire safety as well. The situational analysis revealed a network of fire safety elements (Fig. 2), which had ambiguous influences on the tenants and their practices. In the following sections, we present the organization of fire safety, and then the different types of influences on daily life in the buildings, such as the tenants' positive and negative experiences.

**Organization of fire safety.** All the supported housing sites we visited had fire alarm systems (Fig. 2) installed in accordance with Norwegian legal technical requirements (DIBK, 2010, 2017). However, this had not always been the case. For example, newer buildings met this standard, while the older dwellings C and D did not. C and D were not automatized until two years before after the manager pointed out this deficiency to the landlord. In this process, fire protection elements, such as smoke detectors and manual fire alarm call points, were electronically linked together in a fire alarm control panel, usually placed in the main entrance of the housing. Beside this panel, an evacuation and

orientation map of the building was posted, which indicated the location of the connected elements. If a sprinkler is triggered in a room, the water pressure falls, and a sensor signals this to the panel, which activates the alarm.

Turning to the technical work of planning housing, architects had to integrate fire and smoke barriers, appropriate emergency exits and lights, and fire resistance and limiting materials according to the technical requirements for construction works in Norway (DIBK, 2010, 2017). The planners thus not only met the requirements for fire safety but also affected aesthetic perceptions with their choice of materials and design. One of the planners for housing G stated, “The small houses are designed to fulfill the common housing standard and are constructed as fire barriers each to prevent a fire from spreading.” Furthermore, they used bricks to achieve better building quality instead of concrete. Similarly, the manager of housing B saw “fire safety as a leading concept for re-designing the housing after a domestic fire. Even though you have the freedom to plan rooms.” This last expression was in accordance with the tenants and staff of the housing, who criticized the reconstruction of the rooms because it degraded the housing standards. They experienced fire safety as an excuse by the planners to accomplish their latest version of house design.

The managers of the supported housing sites tried not to exceed their budgets, although some had to cover the extra costs of repairing technical installations that were broken by tenants, such as fuse boxes, water meters, and fire safety elements. As a result, the housing G planners transferred these objects to a maintenance room inaccessible to tenants. Instead of the visible smoke detector in the units, there was a small almost invisible hole on the ceiling. Through this hole, air from the living area was extracted to the smoke detector in the maintenance room. Two of these houses had reinforced fire safety with a heat detector and a differently designed smoke detector in the living area. Concealed sprinklers were installed in the ceilings of housing G, which would pop out when activated. A similar sprinkler design was

installed in housing E and F in contrast to the remaining housing, which had a visible design. Another example of interior materials is the device used to prevent fires when a meal is prepared on the stove. This device could be installed above the stove (the new version) or in the fuse box (the older version).

These systematizations of fire safety resulted in legally required maintenance of the fire alarm systems by experts such as authorized electricians. Thus, the level of dependency on experts was generally increased. During the fieldwork, several fire alarm systems were checked by electricians during the annual inspection. Thus, the staff or the managers had to announce the check by means of an information letter to the tenants because the electricians needed to be let into the apartments. The check was conducted whether the tenants were present or not, and the electricians were often followed by staff. Another interesting finding concerning the systematization was that most of the staff was unaware of the fire safety solutions in the housing. Although each site had one person responsible for operating the fire protection system, most of the staff and tenants had no idea how it functioned. As an example, in housing G only the architects and planners knew the details of the hole extraction smoke detectors in the ceiling. Despite the fire alarm system, several employees supervised tenants to prevent fires. Accordingly, in housing C staff helped a tenant unplug electronic devices that were a fire hazard, and in housing E, staff removed a broken electrical stove. Generally, the tenants had to take care of fire safety by themselves. They had to follow advice provided on the information board—how to act in the case of a fire—and practice in an annual fire drill.

#### Positive experiences of fire safety: protection and possibilities.

In the previous section, we showed that the organization of fire safety in the supported housing sample had a common pattern but differed according to the design and configuration of individual elements such as the smoke detector or sprinkler. In many cases, the tenants, of course, appreciated the fire safety systems. After the systematization process, these tenants felt safer because of the fire alarm system. A tenant said, “We feel happy with the new fire safety.” Tenants who had experienced a domestic fire in particular appreciated the system. Without this system, a recent domestic fire in one dwelling could have resulted in serious damage.

The tenants did not talk about bad experiences with some of the fire safety elements such as the newer version of the fire prevention device for the stove, the open sprinkler version and the hole in the ceiling solution with the smoke detector. Moreover, the tenants had their own creative ways of using elements of fire safety. The emergency and fire exit doors on the ground floor were used to bring in unapproved visitors. These visitors could easily bring in alcohol and drugs without being seen by staff. This redefinition practice was used to avoid being controlled.

#### Negative experiences of fire safety: annoyance and irritation.

At the same time, tenants had difficulties with the fire alarm system and stated that they were annoyed by frequent false alarms. There were several reasons for these false alarms, such as smoking, high sensitivity, and inappropriately located smoke detectors, which could be activated by showering or cooking. Other reasons were simply testing the functionality of the detector by smoking near it or abuse of the fire alarm call point. A tenant said, “I never had such a call point before in my living room. It feels strange. When they installed it there, I wanted to push the button. I never had such a feeling before” (see Fig. 3).



**Fig. 3** Fire alarm call point in the living room of an apartment

In addition, the staff said that a few tenants pulled out the concealed sprinklers to see what was behind them. Other tenants stated that they were suspicious of the visual alarm unit in their apartment. Several tenants reported that they felt monitored by the smoke detectors, which blinked periodically to signal proper function. A tenant said, “I feel that I’m monitored. Various colors are flashing from the smoke detector in my apartment.” Another tenant also disliked the electronic installations and felt under surveillance, in particular by the emergency light that indicated the emergency exits in the event of a fire. Staff reported that they observed that some tenants “became paranoid due to the blinking smoke detector or emergency light.” A manager generalized that “when they are under the influence of drugs, they get paranoid about these objects. They feel they are under surveillance by us and destroy them.”

**How to cope with annoying fire safety objects.** How did tenants react to these annoying situations caused by the smoke detector? As mentioned, several tenants damaged the detectors. In the case of a former tenant, the staff had to protect the detector with a metal cage. Another tenant removed the internal parts of the detector and put the empty case back in the ceiling. A staff member tried to explain to the tenant several times how fire safety and the detector worked, which helped for a while and prevented the tenant from damaging the detector. In general, most of the tenants had no comment, and they just coped with the annoying situations by ignoring the false alarms or blinking smoke detectors. However, several tenants used a different strategy: They covered the disturbing objects. Thus, one tenant who also removed bulbs in the ceilings placed masking tape over the LED lamp of the smoke detector to conceal the blinking light (see Fig. 4).

A staff member mentioned that some tenants put plastic bags or plastic gloves over a sensitive and annoying smoke detector to disable it. For example, one did this in the kitchen when cooking to avoid activating the fire alarm. Some participants said that only the concealed sprinkler version was a concern, and it was pulled



**Fig. 4** Masking tape on smoke detector

out by a few tenants. However, the sprinkler was not generally a cause of concern.

**Boundaries created by fire safety: restrictions and marginalization.** The staff were concerned about fires, and they tried in different ways to protect tenants. At the same time, this protection affected tenants' privacy. First, their privacy was invaded, and the fire safety rules restricted tenants' daily lives. Even if the tenants' privacy was respected in general, the staff could unlock doors because of fire safety issues to check who was actually in the building. This was usually practiced only in the case of fire drills or fires. One manager also used the risk of fire to support their argument for checking on tenants during the night. They needed to know who was in the building because of fire safety requirements. Alternatively, the tenants could also protect their private dwelling units by denying access to others, as one tenant did with the fire fighters who came to maintain the fire extinguishers. In several renovated housing units, smoking was prohibited, and tenants had to smoke outside, even after a modern fire alarm system was installed. Furthermore, one tenant was not allowed to have a lighter because of he or she started a fire previously. Instead, the tenant had to come to the staff room to light cigarettes. Another issue was that tenants were prohibited from using fan ovens because of fire safety issues.

One tenant felt disempowered by the fire prevention device for the stove and said, "My apartment looks like a psychiatric hospital because of safety issues. But why is there a device installed in the fuse box to prevent a fire while cooking?" The device allows cooking on the stove for only 30 minutes, and then the tenant has to activate it again. The tenant also stated that this was paradoxical because they were not being trusted to use the stove in the proper way, and the fire prevention device was accessible in the fuse box, and thus, was also a dangerous object. In contrast, tenants had no comments about the fire prevention device installed above the stove, which automatically checked the temperature with sensors. Moreover, tenants in another supported housing building referred to fellow tenants who lived in houses with reinforced fire safety as "arsonists." This statement could be interpreted as a kind of stigmatization and was also applicable to the system of public housing as one manager reported:

The municipal landlord demands that sober tenants with previous problematic tenancies can only live in apartments with a fire alarm system including sprinklers. There are only some newer buildings which fulfill these demands, and that is the reason why the transfer process is so slow, and

they are held back in their current housing [with drug abuse problems].

In other words, people who had several problems in previous housing that included starting domestic fires were marginalized in the public housing system.

## Discussion

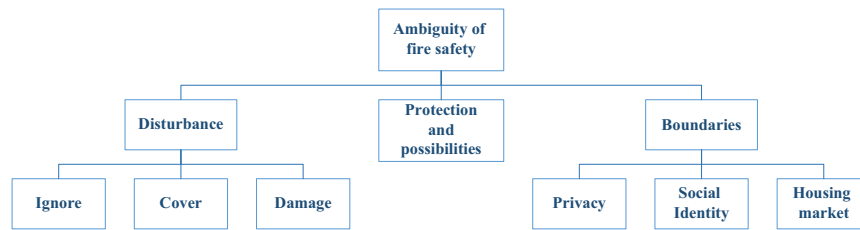
**Ambiguous influences of fire safety: some reflections.** None of the literature on domestic fire risk discussed in the introduction mentioned that fire safety could be seen as a double-sided phenomenon, which affects tenants' daily lives in various ways. In comparison to this one-sided view, this study identified that the influences of fire safety can be described as ambiguous (Fig. 5).

The ambiguous influences of fire safety on tenants' daily lives were characterized by positive experiences concerning protection and by experiences of discrimination and disturbance, which the tenants handled differently. In addition, the fire safety in the supported housing sample differed from that in standard Norwegian housing units, and the tenants did not have the same opportunities to move in the closed system of public housing. Some tenants had been involved in domestic fires, and were at a higher risk of experiencing a domestic fire again. Thus, high standards for fire safety were considered reasonable by managers, planners, and other tenants and were necessary to fulfill legal requirements. Nonetheless, the planners had to configure fire safety as a public health intervention as the findings show. For example, the planners had different alternatives for concealing fire safety elements, which reduced annoyance and still fulfilled the requirements for proper fire safety. In comparison, Clark and Smith (2018) pointed out in their study on smoke alarms in the UK that annoyance at repeated false alarms was a common experience for participants who had been recruited from the general population. Some participants said that they disabled the alarms by removing the battery, but in most of the cases, "once installed, smoke alarms remained out of sight" (p. 760).

The understanding of fire risk in supported housing is framed by multiple levels (Clark et al., 2015), which might be one reason for the ambiguity of the influences of fire safety. For example, tenants who are smokers or alcohol or drug users individually have higher fire risks and live near each other in congregate housing settings. Even fellow tenants stigmatize tenants associated with previous domestic fires as "arsonists." Those tenants have difficulty finding other housing.

If fire safety focuses only on reducing fire risk in supported housing without seeing the bigger picture, we will miss the importance of how these small material objects might have a significant influence on tenants' daily lives. We also might ignore that these types of fire safety systems might create discrimination by overemphasizing the risk of fire. Therefore, reinforced fire safety might harm tenants or be dysfunctional. For example, one of the supported housing sites we visited was partly damaged by a fire one year after the fieldwork despite the highest fire safety standards and strict rules prohibiting smoking inside. We continue this critical discussion in regard to two key aspects—risk in postmodern society and normalizing biopower.

**Risk in postmodern societies.** Overall, fire safety elements are designed to reduce the risk and harm of fires, but these elements seem to influence tenants in other ways than intended, which could be interpreted as side effects. These unintended consequences conform to the theory of reflexive modernization (Beck et al., 2003) and share the descriptions of postmodern societies that risks are socially constructed (Lupton, 1999). Reflexive modernization refers to the "second-order rationalization" (Beck et al., 2003) of modern industrial societies resulting in risk



**Fig. 5** Ambiguity of fire safety in supported housing

societies, which reduce and produce risks. In risk societies, individualization and globalization multiply not only choices but also boundaries (Beck, 1992), causing unexpected and unintended consequences, such as some tenants feeling watched by the blinking smoke detector. In postmodern societies, knowledge increases expansively, which must be handled by expert systems, and results in an increased dependency on them (Giddens, 1991). Thus, experts such as engineers who develop, install, and maintain fire alarm systems are required. To sum up, as Zygmunt Bauman (1995, p. 279) stated, “The risks are our own products.”

Similarly, actor network theory (ANT) offers an explanation frame for the fire safety elements, which explores their complexities rather than simplifying them (Mol and Law, 2002). ANT also shares assumptions about materiality with Foucault, but is more concerned with “possible modes of ordering” in modernity than with “limits of the conditions of possibilities” (Law, 2002). Latour (2003) criticized Beck for his modernization concept because it is narrowed to describe the shift between first and second modernity. In ANT, modernization is only a question of interpretation, because “we have never been modern” (Latour, 1993). Thus, fire safety in the supported housing sample can be compared with Latour’s illustrations of seat belts (1992) and speed bumps (1994), in which driving slowly or fastening your seatbelt is inscribed in materiality. In other words, avoiding fires is transferred to nonhuman elements such as the fire prevention device for stove use or other humans such as the staff. This shifting process causes a moral displacement by rational issues of modernization. As a result, taking care of yourself is abandoned. This aspect can be seen with the tenant who felt disempowered because of the fire prevention device in the fuse box and the employees who were unaware of the fire alarm solutions. However, from an external perspective, it does not matter as long as the risk of fire is reduced. To summarize, we wanted to highlight the ambiguous findings with the angle of ANT and Beck, “because it shifts attention from the mainstream” (Latour, 2003, p. 46). Next, we discuss the findings further with Foucault’s biopower concept, understood as a kind of double risk related to fire risk itself and to the fact of having mental health problems.

**Normalization and biopower.** Above all, the organization and practice of fire safety in supported housing can be interpreted as a normalizing process for tenants. With normalization, we do not mean the adjustments for equal rights for marginalized groups. Instead, we connote normalization as Foucault did, as a sort of “distributive management” (1984) of individuals related to a norm, which is the outcome and producer of this systematic distribution. This system is effected by “biopower” that transforms the human body, and “bio-politics” (1984) that regulates the population. For Foucault (2006), this normalizing regime of surveillant power and knowledge affects all domains, from law to science, and leads to self-regulation. Rabinow and Rose (2006) identified key aspects of the transformative knowledge of biopower today. These concern vital processes of humans being treated as objects and working on themselves by subjectification.

Transferring this idea to the aspects of fire safety, one might understand its ambiguous system of protection as influences on the living human body, its objectification as calculation of the risk of starting a fire, and fire safety practices as self-fulfilling purposes. These aspects become part of tenants’ lives through internalization processes, which are barely reflected.

Tenants become clients and regulate themselves within a “culture of life” (Knorr Cetina, 2005). Similarly, fire safety in their dwellings can be understood as disciplinary technology, which normalizes and optimizes the tenants within a rationally organized scheme of fire reduction. A stricter regulatory system than the ordinary tells them that they are more likely to cause a fire. Such a system might create an identity as sicker and more abnormal than they necessarily are. This also conforms to the process of victim blaming for groups who appear to be more at risk of fire, which Clark and colleagues (2015) outlined in their review. To refer to the present findings, having a fire alarm call point in the living room of a supported housing unit can then remind you of this sort of double risk.

In this study, we have seen that small changes in the organizational or technical implementation of fire safety can turn a negative experience into a positive one. The following points from the findings have valuable implications for practice: First, fire safety in supported housing should be organized to guarantee appropriate fire protection and to avoid unnecessary annoyance. Thus, planners and landlords might prefer the installation of smoke detectors without blinking LED lights in supported housing, and they should be careful about the location of the smoke detector in the ceiling to avoid false alarms. Second, planners and landlords should be aware of the choice of fire safety devices to avoid the increase in limitations caused by the fire safety system. People with mental health problems already face many limitations in their daily lives because of their personal problems and because of the way they are treated by others (Moon, 2000). Thus, tenants should be offered a safe good-quality home that is not decreased by the design of fire safety devices or by fire-resistant materials, which make tenants feel abnormal or marginalized. The automatic device installed above the stove to prevent a fire is a good design example, while the device installed in the fuse box is not. Third, health care professionals engaged with supported housing should be aware that fire risk and protection might result in discrimination and marginalization of tenants. The professionals should balance house rules and tenants’ own responsibility for preventing domestic fires, which is framed by the installed fire alarm system. Finally, tenants’ experiences should be heard in planning and organizing supported housing, including fire safety.

## Conclusions

To conclude, fire safety is organized differently in supported housing for people with mental health problems than in most standard housing units in Norway. Furthermore, the influences on tenants’ daily lives can be protective and annoying, or limiting. This ambiguity of fire safety in housing can be interpreted as

having unintended and unexpected consequences in a risk society and as biopower strategies for regulating living human beings. Nonetheless, we do not want to minimize the importance, for saving human lives, of fire safety as a public health intervention in housing in general. In particular, we emphasize the need for appropriate fire safety in public housing. Fire safety should be taken seriously by landlords and should not be affected by economic factors. However, this study showed that tenants may have negative experiences of reinforced fire safety and inappropriate installations, such as the fire alarm call point in the living room, that make them feel abnormal. Fire safety installations as public health interventions should also be well considered and match user involvement. Thus, normalization should involve tenants in creating a home, as all citizens do, including how fire safety should be managed.

### Data availability

All data generated or analyzed during this study are included in this published article.

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### Additional information

**Competing interests:** The authors declare no competing interests.

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## **Appendix 4**

Approval Norwegian Centre for Research Data



Jan Georg Friesinger  
Institutt for psykososial helse, Grimstad Universitetet i Agder  
Postboks 509  
4898 GRIMSTAD

Vår dato: 28.10.2016

Vår ref: 50067 / 3 / AMS

Deres dato:

Deres ref:

## TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 19.09.2016. Meldingen gjelder prosjektet:

<i>50067</i>	<i>Levekår og verdige liv for mennesker med psykiske problemer</i>
<i>Behandlingsansvarlig</i>	<i>Universitetet i Agder, ved institusjonens øverste leder</i>
<i>Daglig ansvarlig</i>	<i>Jan Georg Friesinger</i>

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 11.09.2019, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Kjersti Haugstvedt

Anne-Mette Somby

Kontaktperson: Anne-Mette Somby tlf: 55 58 24 10

Vedlegg: Prosjektvurdering

*Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.*



### FORMÅL

"Å undersøke hvordan boforholdet til mennesker med psykiske problemer (voksne) som bor i kommunale bofellesskap innvirker på deres levekår. Dette skal besvares med etnografisk feltarbeid".

### FELTARBEID

Datainnsamling skal gjennomføres ved feltarbeid i ca. 6 ulike bofellesskap over en periode på ca. 2 uker. Observasjonene og etnografiske intervjuer blir dokumentert gjennom lydopptak og notater. I tillegg vil det bli tatt bilder av interiøret i boligen.

### REKRUTTERING OG SAMTYKKE

Utvalget trekkes i samarbeid med kommunene og ansatte som arbeider med og kjenner beboerne. Beboerne skal få skriftlig informasjon om prosjektet og samtykker til deltakelse. Informasjonsskrivet er godt utformet.

I telefonsamtale 27.10.2016 presiserer forsker at hans tilstedeværelse i bofellesskapet forutsetter at alle beboere samtykker, og at det ikke skal gjennomføres feltarbeid der samtykke ikke er gitt av alle. Forsker presiserer at alle vil være samtykkekompetente.

### SENSITIVE OPPLYSNINGER

Det kan behandles sensitive personopplysninger om helseforhold.

### INFORMASJONSSIKKERHET

Personvernombudet legger til grunn at forsker følger Universitetet i Agder sine rutiner for datasikkerhet. Dersom personopplysninger skal lagres på mobile enheter, bør opplysningene krypteres.

### PUBLISERING

Personvernombudet har lagt til grunn at publiseringen ikke vil kunne identifisere enkeltpersoner. Vi minner om at bilder av interiør, beskrivelser av omgivelser og andre opplysninger må presenteres slik at bofellesskapet eller beboerne ikke kan gjenkjennes.

### PROSJEKTSLUTT OG ANONYMISERING

Forventet prosjektslutt er 11.09.2019. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:

- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger som f.eks. bosted/arbeidssted, alder og kjønn)
- slette digitale lydopptak og bilder.

## **Appendix 5**

Information and declaration of consent







## FORESPØRSEL OM DELTAKELSE I FORSKNINGSPROSJEKTET

# LEVEKÅR OG VERDIGE LIV FOR MENNESKER MED PSYKISKE PROBLEMER

Dette er et spørsmål til deg om å delta i et forskningsprosjekt for å få kunnskap, om hvordan boforholdet til mennesker med psykiske problemer som bor i kommunale bofellesskap innvirker på deres levekår. Du er valgt ut fordi du bor/jobber i et bofellesskap. Prosjektet er en del av min doktorgradsavhandling ved Universitetet i Agder som jeg, Jan Georg Friesinger er ansvarlig for.

### HVA INNEBÆRER PROSJEKTET?

For å forstå mer om hvilken betydning bosituasjonen har på livskvalitet til beboere, vil jeg oppholde meg i rommene i bofellesskapene i en periode for maksimal 14 dager. Kort sagt søker jeg kunnskap om faktorer som hjelper beboere i hverdagen, og hvilken betydning det er å ha et sted å bo.

I min oppholdsperiode kommer jeg til å ta noen notater av det jeg ser og hører. I tillegg vil jeg kanskje snakke nærmere med noen av dere, og da ønsker jeg å bruke båndopptaker. Jeg kunne også tenkt meg å ta noen bilder, særlig av bygningen, uteareal, rom, leilighet og interiør. Men jeg vil ikke ta fotografier av deg som person. Alle registrerte opplysninger (notater, bilder eller lydopptak) blir anonymisert slik at det kan ikke peke tilbake på enkeltpersoner.

### FRIVILLIG DELTAKELSE OG MULIGHET FOR Å TREKKE SITT SAMTYKKE

Det er frivillig å delta i prosjektet. Dersom du ønsker å delta, undertegner du samtykkeerklæringen på siste side. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke. Dersom du trekker deg fra prosjektet, kan du kreve å få slettet innsamlede opplysninger, med mindre opplysningene allerede er inngått i analyser eller brukt i vitenskapelige publikasjoner. Dersom du senere ønsker å trekke deg eller har spørsmål til prosjektet, kan du kontakte meg.

Adresse: Campus Grimstad, Jon Lilletunsvei 9, 4879 Grimstad

Telefon: 37 23 34 29

Epost: [jan.g.friesinger@uia.no](mailto:jan.g.friesinger@uia.no)

#### HVA SKJER MED INFORMASJONEN OM DEG?

Informasjonen som registreres om deg skal kun brukes slik som beskrevet i hensikten med studien. Du har rett til innsyn i hvilke opplysninger som er registrert om deg og rett til å få korrigert eventuelle feil i de opplysningene som er registrert.

Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjenner opplysninger.

Prosjektleder har ansvar for den daglige driften av forskningsprosjektet og at opplysninger om deg blir behandlet på en sikker måte. Informasjon om deg vil bli anonymisert.

#### GODKJENNING

Prosjektet (nr.50067) er godkjent av personvernombudet for forskning, NSD - Norsk senter for forskningsdata.

#### SAMTYKKE TIL DELTAKELSE I PROSJEKTET

#### JEG ER VILLIG TIL Å DELTA I PROSJEKTET

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Sted og dato

Deltakers signatur

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Deltakers navn med trykte bokstaver