



Where is the citizen? Comparing civic spaces in long-term mental healthcare



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ABSTRACT

This paper explores the spatial properties of several notions of citizenship used in long-term mental healthcare. We claim that speaking of citizenship is a way of drawing borders: some people fall inside and some fall outside the civic domain. Informed by Science and Technology Studies, we use topological methods to see where borders are drawn by different notions of citizenship and analyse the notions of space that are co-produced with them. With this study we develop a new way of thinking about citizenship: citizenship as 'being-in-place'. Being in-place can emancipate clients and help them expand their social networks.

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1. Introduction

The general objective of Dutch mental healthcare is to promote the citizenship of its clients. Over the last few decades citizenship was largely defined in terms of deinstitutionalisation: the reduction of psychiatric hospital beds and the promotion of community living. Worldwide, the process of deinstitutionalisation started in the 1950s (Fakhoury and Priebe, 2007). The Netherlands however was rather slow to follow international developments: the implementation of deinstitutionalisation as a policy goal was most prominently marked in the Netherlands by the creation of Regional Institutes for Community Mental Health Care in 1982 (Schene and Faber, 2001). Here, the decline in hospital beds still is a slow, but continuing process. In some countries, lacking alternatives to institutional care has over the years resulted in the formation of so-called Service Dependent Ghettos in inner city areas (Dear and Wolch, 1987, p. 60). These ghettos draw in clients with affordable shelter and nearby social and commercial services. In the Netherlands however, deinstitutionalisation is largely effected by the creation of alternative types of care (Schene and Faber, 2001), preventing Service Dependent Ghettos from forming.

In spite of the creation of alternative care settings, recent studies do indicate that the decreased service provision by Dutch psychiatric hospitals is balanced by an increase in admissions to other institutional settings in the country, like forensic psychiatry and the prison system (Fakhoury and Priebe, 2007). As a consequence, today the total number of institutional beds in the Netherlands is actually growing (Fakhoury and Priebe, 2007). This seems to indicate that once out of the hospital, clients lack a social structure in which to successfully re-build a life. Therefore Dutch mental health policies more and more associate citizenship promotion with enhancing clients' social inclusion in the community.

In this paper we analyse the different mental health policy objectives in the Netherlands. The way in which these kinds of policy objectives are framed defines how individuals like mental health clients (but for equally other individuals who 'deviate', see Foucault, 1977; Lister, 1997; Tronto, 1993) relate to their environments; it defines what contingent norms of citizenship individuals converge to. Given that norms of citizenship are local and changing, citizenship itself is a highly normative notion. Over time, it seems that the citizenship definitions mental healthcare aspires to have also changed. In order to analyse the changes in citizenship definitions we start from the observation that both the goals of deinstitutionalisation and social inclusion draw borders between who is included in the civic community and who is not. To gain citizenship seems to imply a re-localisation of clients: either a re-localisation to a physical community location, or a re-localisation

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into a social community. In other words, mental health policies define citizenship in terms of spatial metaphors. These spatial metaphors produce cut-outs of the general population to demarcate what citizenship is. We aim to articulate definitions of citizenship implicit in the spatial metaphors used by mental health policies and ask in what way these spatial metaphors organise citizens: where the borders are drawn between inside and outside the civic community.

2. Background: mental health, citizenship and spaces

A survey of the human geography literature shows that questions of space have for some decades been brought to bear on the topics of both citizenship and (mental) health, but seldom on a combination of the two. Geographies of citizenship, on the one hand, focus primarily on spaces in which more 'mainstream' types of social exclusion are brought about, like sexism or racism, although a review by Painter and Philo does briefly touch upon the citizenship of mental health clients (1995). Geographies of mental ill health, on the other hand, have over the past decades led to micro-level geographical analyses of the everyday world of clients by relying on ethnographic research (e.g. Parr, 2000, 2007; Pinfold, 2000; Tucker, 2010b). Wolch and Philo warn us that these micro-level geographies risk being "disengaged from real life politics or the policy-making process" (Wolch and Philo 2000, p. 149): they fear that political consequences are out of the scope of micro-level geographical descriptions. In focussing on client mobility, recent quantitative mental health geographies have led to aggregated data on clients' lives that might inform policy processes (DeVerteuil et al., 2007; Tulloch et al., 2011). However, from these quantitative data alone it is difficult to see what differences in mobility mean for the quality of life and the citizenship of clients. Nevertheless, the citizenship of mental health clients is an important topic that deserves a place on the human geography agenda.

This study fills this gap in human geography literature by taking a different tack on investigating spaces from human geographers. For this, we take a lead from developments within Science and Technology Studies (STS). STS is known for studying the agency of non-human actors or 'actants' (Latour, 1987; Callon, 1986). Its methods have been brought to bear upon human geography by emphasising the way in which non-humans and humans influence each other reciprocally. Geographies of cases like wild-life, property, and food, for instance, demonstrate the hybrid nature of the 'natural' and the 'social' (Whatmore, 2002): in these cases we should not look for agency in humans only, but also acknowledge non-humans as actors, which make associations in the world. These are classic STS arguments. However, after the initial 'discovery' of the agency of non-human actors, STS has progressed by studying the spaces that are co-produced with scientific and technological objects. These studies into (the multiplicity of) spaces allow STS researchers to comment on the conditions these spaces set on the kinds of objects that can be enacted within them. In spite of their interest in everything spatial, this line of thinking has only marginally affected work in human geography (e.g. Bingham and Thrift, 2000; Hetherington, 1998).

The present study, therefore, takes the STS argument one step further in human geography by making use of John Law and Annemarie Mol's ideas on the multiplicity of spaces (Law and Mol, 2001; Law, 2002; Mol and Law, 1994). Their analyses draw on topology: a mathematical sub-discipline that distinguishes spaces on the basis of the properties that are preserved when objects in them are deformed. Using concepts from topology, we explore what notions of 'space' appear in the objectives of mental healthcare and what notions of citizenship these entail. In other words,

we investigate what notions of citizenship are co-produced with the spatial metaphors of mental healthcare. In order to perform our analysis, we draw on a number of literatures, particularly on STS, human geography and ideas about citizenship developed within Nussbaum and Sen's 'Capabilities Approach' (Nussbaum, 2011). We show that thinking in terms of capabilities is useful for discussing the citizenship of long-term mental healthcare clients.

3. Method

We describe policy objectives in mental healthcare and juxtapose these against ethnographic material drawn from 5 months of fieldwork in a mental health facility. This ethnographic fieldwork was conducted in two rounds of 2 and 3 months at a mental healthcare centre in the south of the Netherlands. This centre offers clinical care, ambulatory care, day care, part-time treatment, home care, and a day activity centre, and is located in the outskirts of a semi-large city. Given on-site permission for participant-observation, SO studied all types of long-term care settings receiving support from the centre's professionals. She had many informal conversations about the research topic with the actors involved, and also gained insight in the perspectives of participants via in-depth interviews with 6 clients, one 'expert of experience' (twice), the manager of a buddy project for mental health clients, 8 buddies and friends of clients, 10 family members (8 of which in a 'double interview') and 7 care professionals. In sum total 32 audio-taped semi-structured interviews were conducted in Dutch, for which all participants gave informed consent.

This ethnographic material inspired our thinking about the mental health context. In order to make our argument we use examples from this fieldwork. Our article however does not qualitatively analyse specific fieldwork examples, but rather uses fieldwork to illustrate and enlighten the (otherwise) abstract theoretical argument that we set out here. We work from a 'Foucauldian approach' to human geography (Philo, 2000): we combine a philosophical analysis of spaces with more tangible geographical accounts provided—in our case—by fieldwork. Like in Foucault's work the distinctions we make, in our case between three kinds of space that structure how three notions of citizenship are framed, are analytical distinctions instead of strictly separated empirical realities. We relate the different spaces we analyse to shifts within a single case. Therewith, we are able to make comparisons between these spaces without differences in the contexts of clients obscuring our argument. This case stood out in the ethnographic material as a case in which a client's behaviour changed notably in response to different places he visited. By giving this much ethnographic detail we aim to prevent 'overplaying space and underplaying place' (like Foucault risked doing: Philo, 2000, p. 231) and arrive at a substantive geographic account.

In a way, this study is similar to geographic work informed by critical theory, like that of Tim Cresswell. Like us, Cresswell analyses ideals at play in contexts in which the transgression of norms is in some way problematic (Cresswell, 1996). Indeed, projects of citizenship for mental health clients for a large part depend on disciplining clients to converge to prevailing norms of citizenship (Foucault, 1977, 2001). But contrary to what is customary in critical analysis, our interest lies in analysing what kind of relationships between individual and environment these norms prescribe and in thinking about how new ideals may be framed. Our goal is to develop a new spatial metaphor and a new notion of citizenship—a notion, which may be useful to professionals in long-term mental healthcare as well as elsewhere.

4. Becoming acquainted with Mr. Lenferink

Mr. Lenferink is a client who was admitted to the mental health facility I [SO] am researching three weeks ago. He was admitted here once before – nearly eighteen years ago – and has since been struggling with his mental health problems largely outside of the mental healthcare circuit, supported by his family. Recently, however, his behaviour at home became so excessive and aggressive that he received a court order to stay at the mental health facility for a maximum of six months. He was initially taken into custody at the crisis intervention ward, but when the court order came through, he was moved to the semi-long stay ward and was allocated to the care team for long-term clients I am studying.

John, his new psychiatrist, Daisy, his social worker and appointed case manager and I visit him today. It is the second time I will meet him. I ask whether Mr. Lenferink has settled in a bit at the new ward and John answers that at least he has found the smokers' room, where we go to look for him. The room is empty but for Mr. Lenferink. A cigarette defies gravity by sticking to the outmost edge of his lips. Mr. Lenferink is covered with the ash that has fallen from his cigarette and which he hasn't dusted from his clothes. As we walk to a different, more airy room, Daisy comments on a burn mark on Mr. Lenferink's clothing.

Two weeks later I have come to know Mr Lenferink as a withdrawn, reproachful person, who spends his days in solitude, smoking one cigarette after the other. We are about to visit his home with him, where he lives with his sister and his aged mother and where, ultimately, he should return.

Mr. Lenferink's life, as the ethnographer came to be familiar with it over the months of her visit to this mental health facility was starting to become a classic example of institutional life. In the 1960s, the anti-psychiatry movement extensively criticised large-scale psychiatric institutions for providing poor living conditions for their 'inmates', for reducing patients to a state of dependency and passivity (Goffman, 1963) and for the systems of micro-power (disciplinary power) employed (Foucault, 2001). These criticisms resonated with sentiments inside the sector and conjointly have since led to momentous changes in the organisation of mental healthcare worldwide. Deinstitutionalisation was the primary focus: patients were moved out of large-scale institutions into the general community. In Italy, closure of mental health institutions has been statutorily enforced since 1978 and as of 1998, state mental hospitals no longer exist (Burti, 2001).

The Netherlands were rather slow to follow suit, but during the 1980s, the principle of providing care outside of institutional walls was combined with older ideas about mental hygiene and the prevention of mental illhealth to produce Regional Institutes for Community Mental Health Care, or RIAGGs (Schene and Faber, 2001). The formation of the RIAGGs was one of the first steps in the Netherlands in the transition from long-term hospital care towards ambulant community care. In the 18 years since his first admission, Mr. Lenferink was treated by one of these RIAGGs, receiving home visits from a RIAGG mental health worker every couple of months.

In the Netherlands, the idea of deinstitutionalisation was originally embedded in a broader context of ideals such as self-realisation and equality and tied to a phenomenological interest in the experience of spaces (Tonkens and Weijers, 1996). However, over time the idea of deinstitutionalisation increasingly became tied to the citizenship ideal of individual independence. Together, the ideal of individual independence and the idea of

deinstitutionalisation translate the goal of citizenship into a reorganisation of the geographic location of clients. The policy is that clients should not live 'here-in-the-institutions', but 'out there': outside institutional walls in the 'real world' and, ideally, independently. This reorganisation also entails a change of living environment. The old institutions were frequently placed in remote surroundings, which were believed to have a therapeutic effect on patients (Parr, 2007). These landscapes can, however, have specific anti-therapeutic effects, too (Pinfold, 2000; Milligan and Bingley, 2007). Today, in preference, mental health services are provided in less isolated, community, or even urban environments. Reformers hoped that community care as opposed to institutional care would produce better living conditions for long-term clients and that problems of dependency, learned helplessness and other unwanted or adverse behaviour would be avoided.

4.1. In what kind of space are clients deinstitutionalised?

One of the most striking effects of striving for citizenship in the logic of deinstitutionalisation is the reorganisation of a common-sense notion of space: Euclidean space. In this logic, becoming a citizen depends on changing xyz coordinates, because these coordinates attest that citizens are living independently, outside of institutional settings. If we were to use a map to point out where mental health clients ought to become citizens, we would not point out large institutions, or geographically isolated areas. Instead we would advocate community living and point out community neighbourhoods in towns and cities. We would, therefore, point out certain regions on the map and not others. In this logic, some sets of xyz coordinates – for instance, those designating an apartment on the second floor of a three storey building in a neighbourhood in a semi-large city in the Netherlands – imply citizenship, while others—for instance, those designating a room on a long-stay ward at a mental health hospital on the outskirts of a semi-large city in the Netherlands—do not.

This Euclidean conception of space is also implicit in citizenship debates outside the scope of mental health. For instance, discussions about national citizenship versus the newly emerging concept of 'global citizenship' contest the importance of Euclidean space. One of the central questions in these debates is whether it is possible to give meaning to a concept of citizenship outside the framework of a territorial nation. Indeed, some authors contest this idea (Isin and Turner, 2007). In Euclidean space, specific ingredients of general conceptions of citizenship are highlighted: Euclidean space territorialises and atomises citizenship. For Euclidean citizenship, citizens are independent individuals and societies are an aggregate of these within a territorially defined nation. Being a citizen within that territory subjects one to a relationship with national powers, but not with other citizens. Civic rights and obligations accrue to individuals on account of this relationship between nation state and citizen. In order to obtain civic rights, all citizens need to do is to be in the right location.

5. A community home—and now what?

To a certain degree, deinstitutionalisation has reached its objectives: at present, a large proportion of the long-term mental health population lives in the community among other citizens, avoiding the problems of hospitalisation and dependency. In this new environment, however, other ingredients of citizenship become problematic. We will focus on two of these. Firstly, clients living in the community experience difficulty in organising their daily lives. A strong emphasis on independence has professionals navigating between the pitfalls of paternalism and neglect (Tonkens and Weijers, 1999). Where does

stimulating independence end and neglect begin? An alternative to focussing on independence is to focus on sociability. Clients can obtain help and support from social contacts who care for them. Indeed, this is an important part of what is at stake in the formation of community support systems. These systems strive to bring under one header all sorts of professional social and psychiatric services and the social support provided by friends and family (Weeghel and Dröes, 1999).

Social relations can provide support, but in mental healthcare, having social contact – like contact with colleagues or neighbours – is of value in its own right. This is because social contact is an answer to the second major problem with community living: loneliness. Having social contact can decrease feelings of loneliness and contributes to a higher sense of self-esteem; it improves clients' quality of life. Indeed, one of the objectives of projects like the Dutch Vriendendiensten – a buddy project for long-term clients – and Kwartiermaken – an initiative that stimulates participation of mental health clients in ordinary social life – is to remedy clients' social isolation. As an answer to problems of both neglect and loneliness, regular day-to-day care focuses on clients' sociability. This focus is also evident in our field notes:

We drive over to Mr. Lenferink's home in Daisy's van: she and Mr. Lenferink in the front seats, me in the back. Daisy tries to strike up a conversation along the way. She talks about the things we pass: how they are building roundabouts everywhere, and does he remember that old manor that used to be here but was demolished some time ago? Because he knows I'm not from around here, Mr. Lenferink points out the American cemetery to me, and an abbey in the distance, but he stays in a rather subdued mood and most of the drive passes in silence.

At our destination, Daisy and I find ourselves sitting in the sun in the courtyard of Mr. Lenferink's farmstead. Adjacent to it looms a mansion, which was bought by a judge and his partner and is currently being renovated by Polish migrant workers. It's a shame the workers went on holiday yesterday, Mr. Lenferink's sister tells us, since Mr. Lenferink has built up a friendly relationship with one of them, called Jozef. Mr. Lenferink sits alone some feet away from us. Every now and then he interrupts us to tell his family how angry he is about them having had him admitted and for making changes to the house in his absence.

Later on, after coming home from the trip to Mr. Lenferink's house, Daisy explains to me that she would like to work on how the family interacts. Mr. Lenferink has to learn to trust the people around him again: to be made to understand that they act with the best of intentions. After the long years of inactivity caused by his condition, Daisy would like to find out which activities and relationships Mr. Lenferink enjoys and 'practise' these with him. She will make an inventory of Mr. Lenferink's social network, including people like Jozef, the Polish worker. Given time, she will try to find out whether Mr. Lenferink would like some kind of support in maintaining these relationships, or enlarging his social circle.

5.1. In what kind of space are clients part of social networks?

In this field note, Daisy is attentive to Mr. Lenferink's sociability and intends to make an inventory of his social network. In a Network Chart (Smit and Van Genneep, 1999) for instance, professionals and clients can together chart what social contacts a client has in a graph consisting of concentric circles, where the

innermost circle represents intimate contact and the outermost circle mere acquaintances. Through the Network Chart, clients can gain insight into their own social position and, for instance, re-evaluate their sense of loneliness (Broer et al., 2011). Social network analysts in many disciplines make use of this kind of 'social accounting' (Mukherjee, 2007). Social epidemiologists, for instance, stipulate size, range, density or homogeneity of social networks, or count the frequency with which contact is established and then go on to study how social inclusion, via these characteristics, leads to ill-health (e.g. Berkman and Glass, 2000). Individuals' social networks can be used to analyse the structure of communities. Cumulating information about individual social networks produces images of community networks in which network density indicates where social connectivity is strong. Implicitly, this network connectivity is a normative notion: it is good to have many contacts.

The idea of citizens as part of social networks implies a notion of space, which, like Euclidean space, makes use of an inside/outside logic. With few social contacts, one is exterior to the civic domain. But in this case, the civic domain is conceived in terms of social network connectivity rather than Euclidean coordinates. This spatial metaphor resonates with other network metaphors that are currently used in public and scientific discourse, like that of the Network Society that sustains the travel of information (Castells, 2004) or the human/non-human actor-network that sustains the existence of scientific and technological objects (Law and Hassard, 1999). Conceiving of citizenship in network space results in an understanding of citizens as nodes in a network. While high connectivity in a social network designates a civic community, poorly connected 'nodes' do not count as citizens. It is the connectivity between nodes that is pivotal: having relationships with other citizens is the essence of citizenship in network space. The network understanding of citizenship is reproduced in discussions on the alleged decreased connectivity of (civil) society (Putnam, 2000) and in debates about whether 'network-clustering' on the basis of social and ethnic backgrounds is desirable.

6. Topological interlude: comparing notions of citizenship

So we now have two notions of space that structure how citizenship is framed as an objective in mental health discourses: Euclidean space and network space. What we can deduce from this analysis is that to become a citizen is to re-locate: clients either have to change geographic location, or become embedded within a social network. In the field, these goals may co-exist in one empirical context, but making this analytic distinction may tell us something about the notion of citizenship. It therefore becomes important to ask how these spaces relate to each other. In order to answer this question we shall take a detour to the mathematical field of topology. Topology is the sub-discipline of mathematics that deals with objects and spaces. It can compare objects by examining whether objects remain continuous when they are changed into each other. An object is said to be continuous when stretched, bent, or squeezed, but not when broken or cut, because breaking and cutting indicate the crossing of the borders of an object. In topology, continuity between objects is called homeomorphism.

Science and Technology scholar John Law explains the concept of homeomorphism using examples of shapes in a two-dimensional plane (Law, 2002). A slightly moderated version of his example goes as follows: let us say we take a circle and a square. The circle can be bent and stretched in order to produce the image of the square, resulting in two squares: circles and squares, then, are homeomorphic. From our original position in a two-dimensional plane,

however, our circle cannot be moved into the square, because for the circle to move into the square would require that the square be cut. In other words, moving the circle into the square produces a different object: a circle-in-square that is not homeomorphic to circle plus square.

But, Law continues, if we allow for more types of space, new possibilities for stretching and bending ensue. For instance, in three-dimensional space, a circle-in-square is homeomorphic to our original situation of a circle plus a square. If we place the circle and square next to each other and think of the place where they connect as a hinge, our mind's eye can rotate the square along this hinge in the z-dimension and place it onto the circle. Thus, and this is one of the central points derived from this topological detour, objects should be evaluated within a spatial context. Objects and spaces are – as STS scholars say – co-produced. In two-dimensional planes we have objects that become manifest as either circles or squares, and we have the circle-in-square object. In three-dimensional space, the circle-plus-square (circle-plus-circle, square-plus-square etc.) is – topologically speaking – actually the same as the circle-in-square: they are homeomorphic.

6.1. Comparing Euclidean citizenship and network citizenship

Let us see how we can now use this topological frame to look at the notions of citizenship we have found so far. We are studying the object citizenship. We know that one of the main tenets of the deinstitutionalisation movement is a Euclidean notion of citizenship and that the attention for clients' sociability implies a notion of citizenship as a network. But are these citizenship 'objects' homeomorphic? Can both concepts of citizenship be stretched, bent, or squeezed so that they will mean the same thing? Looking at it from the perspective of deinstitutionalisation, we find that research indicates that processes of social inclusion and exclusion of mental health clients are both at work in community settings, outside the institutions (Parr, 2000). In other words: sociability (network citizenship) can be realised in Euclidean civic space, but network citizenship can also be completely absent in Euclidean space. The other way around, research describes how social inclusion can be realised institutionally by creating a mix between residents receiving and others not receiving care provided by a facility (Marrewijk and Becker, 2004; Tonkens, 1999). Thus network citizenship can be realised while Euclidean citizenship is compromised. In other words: Euclidean citizenship and network citizenship sometimes overlap, but not always and not necessarily. Parts of both concepts can never be made to coincide. What follows is that the two notions of citizenship – deinstitutionalisation and social inclusion – are not homeomorphic: they draw different borders between people to demarcate citizenship. Instead, the two kinds of space come with two distinct notions of citizenship.

The two notions of citizenship draw different borders between inside and outside the civic community and this may lead to problems. The disparities between the two notions can result in fragmented or even conflicting practical goals for mental health-care (cf. Ootes et al., 2010). Should primacy be given to living outside of institutions? Or would we rather concentrate on clients' social networks? What happens when there is interference between the two values? How, for instance, should social networks inside an institution be evaluated against a lonely but independent community life? Both spaces thus produce ways of fostering citizenship, but both also prescribe limits on the possibilities of doing so and these possibilities and limits do not necessarily coincide between the two notions. In order to make both values fit into one framework we use a classic topological trick: we add a new space.

But what should this new space look like? Human geography provides us with clues about how to conceptualise this new space: it describes a kind of space that is relevant to mental health clients' quality of life. Below we describe this space and show how it affects clients' lives. From there, we develop citizenship theory by connecting this space with Nussbaum and Sen's Capabilities Approach. But first, in order to get a feel for the kind of space we refer to, we return to Mr. Lenferink and the home visit we accompanied him on.

7. The agency of places

While chatting with his family, I incidentally glance at Mr. Lenferink, who is still sitting a couple of feet away from us smoking his cigarettes. He looks like he's had it up to here with everyone and would prefer to be left in peace, just sitting there smoking. But then, suddenly, he looks up and asks me: "Shall I show you around a bit?"

Together with Mr. Lenferink and his brother who has joined us, I pass through the stables to the rear of the house, to the pastures where some of the Lenferink family's cattle are grazing. We cross a ditch and from there have a nice view over the meadows. Mr. Lenferink's brother points out where their land borders municipal grounds in the distance. As we are looking in that direction, Mr. Lenferink loses his temper, because in the meadow there's a bull standing among the cows while there shouldn't be – or there's no bull while there should be, I can't really follow the argument or the dialect. Before things get out of hand, Daisy catches up with us and asks Mr. Lenferink to show us his vegetable plot.

We walk on over and Mr. Lenferink points out the pits of potatoes, the rhubarb, the columns of peas and the rest. I contribute to the discussion by debating the best place for rhubarb, since I always thought they did really well on the banks of ditches. But Mr. Lenferink will have nothing of it: his rhubarb has done very well on a stretch right here in the middle of the plot for years. Daisy asks if he's had to divide the rhubarb in the past, but apparently that was never necessary. [...]

As we get in the car to head back to the mental health facility, we sit in the same seats as on the way over: Daisy and Mr. Lenferink in the front, me in the back. Unlike on the outward journey, however, there is no need to laboriously strike up a conversation; Mr. Lenferink does all the talking himself. He talks about the surrounding countryside, but also about what happened to him when he was taken from his home to be admitted to the facility all those weeks ago.

As we enter the ward upon our return, Daisy introduces Mr. Lenferink to a new nurse who is on duty. "She's Belgian," Daisy says, and to the nurse: "Mr. Lenferink has just shown us his farm." I am amazed to see the subdued, angry Mr. Lenferink actually joke with the nurse, saying that because she's Belgian she probably wouldn't know what a farm is and that she can come over to his farm if she wants to know what a real farm looks like.

This field note demonstrates how the material environment can have a potent effect on people and the way they interact. Although Daisy tried her best, when we set out on our home visit to Mr. Lenferink's house, there was little contact between us. But this changed upon entering Mr. Lenferink's home environment. He opened up: at home, he showed us his interests, what angered him and what made him proud and in the end it inspired him to be

quite sociable with the nurse back at the mental health facility. What Michel de Certeau first described as ‘place’ – that is: the material environment at a specific location (De Certeau, 1984) – thus appears to strongly influence human (inter-)action. Places have agency of their own (cf. Latour, 1987). At times, professionals cleverly use this potential afforded by the material environment. For instance, in projects such as a comfortable and homey ‘comfort room’ for angry, agitated and scared clients (de Veen et al., 2009), or in the idea of arty ‘conversation pieces’ that stimulate social interaction in institutions (Marrewijk and Becker, 2004).

Reports from human geography confirm our finding that the material environment affects mental health clients. We give three examples. Firstly, health geographers have shown that specific places can be therapeutic in that they hold the potential for people to recover from health problems (Gesler, 1992; Williams, 2002). For the case of mental ill-health, this is demonstrated by Hester Parr’s research on nature and gardening work, in which she shows how nature can have a calming effect on distressed clients (2007). In addition, Vanessa Pinfold shows that by creating ‘safe havens’ of familiarity with surroundings, auditory hallucinations can be abated (2000). Secondly, places can enact relationships. Ethnographic research in a secure psychiatric unit shows that relationships with others outside of institutions can be maintained through display objects such as pictures and postcards (Parrott, 2010). Gardens are also a good places for creating and maintaining relationships, because the work they require gives rise to regular visits and conversational exchanges in the gardens (2007). Thirdly, material objects capture present and past identities. For instance, research shows that people living in institutional wards have several repertoires for identity maintenance at their disposal: they can decorate their rooms (albeit in often very inconspicuous ways), or dress in distinct, personal styles (Parrott, 2005). Also, research in clients’ homes shows that in the habits that are peculiar to people’s own homes, identities are continually re-enacted (Tucker, 2010a). To sum up: specific places can have powerful effects on clients because the material environment can be “imbued with emotions, relations, and histories” (Tucker, 2010a, p. 532).

Human geography thus provides a new perspective on the objectives of mental healthcare. In addition to their Euclidean location and social networks, human geography stresses that the places in which clients reside are important to their well-being. In Mr. Lenferink’s case, being out of place in the care facility deprived him of his capacity to relate to others, to control his environment and, in general, to act. Only in relation to his own place, the farm, was this capacity reconstructed. All sorts of discontinuities between people’s own places and care settings can add to people’s sense of being out of place in care settings. In our research, for instance, lights on wards and in interview rooms that were operated by motion sensors were criticised for having a disorienting and alienating effect on clients. The criticism centred on the idea that clients already in a state of anxiety may suffer even more from such technologies, even though they were installed to be helpful and efficient. Frequently, there is no relationship between long-term mental health clients’ identities (their emotions, relations, and histories: Tucker, 2010a) and their material environment. The absence of such a relationship constructs clients as out-of-place and compromises their capacity to act.

7.1. In what kind of space do clients need to be in-place?

What kind of space is congruent with the necessity of being in-place? The human geographic perspective on places centralises the intimate relationship between humans and their material environment. Heidegger claims that this relationship is constitutive of

being. To dwell in and cultivate places is the essential mode of being itself (Heidegger, 1991). Sloterdijk builds on Heidegger’s ideas and in his work we find clues about the topological properties of the relationship between humans and the places in which they dwell. To understand this relationship, Sloterdijk uses the image of the sphere (Sloterdijk, 2003). His concept of a sphere has a dual nature. Spheres can designate both the geometric properties of globes and properties of social settings, usually described as *atmosphere*, or *ambience*. For Sloterdijk, all relationships – be they with the material environment or with people – that protect from potential threats and allow humans to develop, constitute spheres. Spheres can thus range from uteri to igloos, from friendships to political institutions. Essential to all these “inside spaces” is that their production is a relational effect between humans and their environment. In order to preserve a human way of life, the relationships that constitute spheres need to be nurtured.

For people to enact citizenship in spherical space, it is crucial that they be in-place. It is crucial to preserve a relationship of identification between citizens and the places they are in: between them (their identities and abilities) and their human and material environment. Through continuity in the relationship between people’s identities and abilities and their human and material environment, they are able to function in intrinsically human ways: to act, to relate to others, to enact appreciations etc. Without a sense of being-in-place, people are incapable of leading a dignified human life. Disrupting the relationship between citizens’ identities and their environment disrupts their capacity to act. This argument can also be demonstrated at the group-level. The (socio-cultural) citizenship of all kinds of marginalised groups hinges on the ability of these groups to act like they belong in places with which they cannot identify, because these places are constructed to the identity and capacity of the majority culture (Painter and Philo, 1995).

Citizenship as being-in-place ties in with the Capabilities Approach to human development as espoused by Nussbaum and Sen (Nussbaum, 2011). This is a perspective on justice that claims that we should not strive for a certain state of development in all people, but for equal opportunities for people to develop their idiosyncratic (intrinsic) capabilities. The realisation of these capabilities allows them to function in intrinsically human ways. Both the Capabilities Approach and the idea of citizenship as being-in-place are related to other citizenship perspectives in the sense that they claim (equal) rights for citizens. These rights, however, are not classic rights in the sense that they refer to specific resources or to recognition; they refer to something more abstract: the right to function in a dignified human manner. Moreover, the way a person should be able to function is not a universal given, but is defined by a person’s identity and intrinsic capabilities and thus varies from person to person. In both the Capabilities Approach and our own citizenship perspective, different people have equal rights to realise their varying capabilities. Both perspectives are attempts to overcome the tension between ‘equality’ and ‘difference’, which is a central problem in many citizenship discussions.

8. Comparing the three notions of citizenship

So far we have established that there are three notions of citizenship that are co-produced with three forms of space: deinstitutionalisation in Euclidean space, social inclusion in network space and being-in-place in spherical space. Deinstitutionalisation and social inclusion are not homeomorphic: they draw different borders between being inside and outside the civic community. This is risky, since it can result in conflicting practical goals for mental health clients. But now we have a new form of

space, spherical space, which produces a new concept of citizenship: citizenship as being-in-place. How does being-in-place compare to deinstitutionalisation and social inclusion? Is spherical space a good space in which to make this comparison? And does spherical space create a deeper understanding of long-term mental health clients' citizenship?

In fact, we find that spherical space can function much like the third dimension that was the solution to our circle-in-square problem, since being-in-place combines properties from both Euclidean space and network space. On the one hand, places have a distinctly Euclidean character: they are geographically localised. This is also recognised in human geography, where scholars encourage each other to study geographic and experiential aspects of places in combination (Kearns, 1993; Cummins et al., 2007). Places and their experience are in part defined by geographic location. Coming back to mental healthcare, this means that institutional borders can indeed influence clients' sense of being in- and out-of-place. However, not decisively: some clients may feel in-place in institutional settings and display a variety of relationships with the institution that enable them to realise their capabilities. Conversely, clients may not be able to realise their capabilities in community settings if they do not feel in-place there. On the other hand, citizenship as being-in-place also shares properties with the social network concept of citizenship: both are influenced by social interaction. We have already noted that relationships can be enacted in places and through the material objects in these places. Sloterdijk's definition of spheres already implies the social aspect of spherical space. He defines spheres as relationships (Sloterdijk, 2003): these relationships can be either social or material. Therefore, in his definition, the close relationship between material places and social relationships is already present.

Thus citizenship as being-in-place can function as a bridge – or indeed a hinge – between the citizenship notions of deinstitutionalisation and social inclusion: combining the properties of both into one integrated notion. Citizenship as being-in-place accumulates within its borders citizens of each of the three notions of citizenship: Euclidean citizens, network citizens and citizens-in-place. However, this does not make the three notions homeomorphic. Not all citizens conceivable in Euclidean and social network space are citizens-in-place. People who do not live in institutions, for instance, with no strong want for social relationships, can be citizens in-place, but not if they lack a relationship of identification with their material environments. Analogously, through the citizenship notion of being-in-place, citizenship can be achieved within an institutional setting by having a good social network, but – again – not if clients lack a relationship of identification with their material environment. Thus citizenship as being-in-place draws a new border, and thereby excludes, yet again, certain people from citizenship. The areas outside of this notion indicate which aspects of the goals of deinstitutionalisation and social inclusion may not be desirable after all. We claim that only if deinstitutionalisation and working on social networks lead to a sense of being-in-place do these goals contribute to clients' citizenship.

9. Discussion

Citizenship as being-in-place is an integrated notion of citizenship, since it combines aspects of citizenship that have a tendency to disconnect in citizenship theories. Citizenship as being-in-place shares this multiformity with the Capabilities Approach (Nussbaum, 2011): one of the essential features of the Capabilities Approach is its commitment to a plurality of values. Unlike the Capabilities Approach, however, citizenship as being-in-place

instantly draws attention to concrete, material environments in everyday contexts. Some of the questions this notion raises are beguilingly simple. Would clients like to display pictures or postcards from relatives? Or some form of art that they appreciate? Are there a lot of buttons, switches, or controls in clients' living areas, in day activity centres or places of work and do clients know what these are for? These questions may seem bland, but they point in a general direction, via which the more charging objectives of deinstitutionalisation and social inclusion can be achieved and leave aside aspects of these objectives that may not be desirable after all. Working with these questions helps make a connection between clients' environments and their identities. It results in a sense of being-in-place for clients, which we have seen to be important to realising their capabilities. By being-in-place, people are able to have relations, enact appreciations etc.

Whereas we introduce 'being-in-place' as a positive ideal, similar concepts, such as 'belonging' and 'being-at-home', have been developed as critical concepts. Although further research will need to be done to study the exact relationship between being-in-place and other concepts; some preliminary comparisons between being-in-place and related concepts can be made. Firstly, like the concept of belonging, being-in-place also speaks of citizens' relationships with other people and groups. However, a central and innovative aspect of being-in-place is that in addition, it refers to citizens' material environment, too. This material environment is for a large part constitutive of the degree to which clients and other citizens are in-place. As such, being-in-place not only speaks of clients' social inclusion, but also addresses clients' inclusion in the material world. Another distinction between being-in-place and other concepts is the dynamic nature of the notion of being-in-place. While, for instance, being-at-home always indicates one static point of reference (the home), being-in-place refers only to being a citizen in relation to one's environment and, as people move, they can establish new relations to this environment at different locations.

Being in place stems from a relationship in which clients experience a sense of familiarity with other people and the material environment. Points of departure for fostering citizenship in spherical space are manifold, but they will always try to create continuity in this relationship. This can be attempted in both clients' living areas and other places in the community. Clients do not have to know the specific people and things around them, but in them should experience some things they already know. To give some concrete examples: clients may be in-place in large, but unfamiliar shopping malls because they have visited similar malls before. Clients could be in-place in public transport simply because they are in the company of a friend. For living environments, we suggest that it could be important that these environments are, in fact, homely—rather than resembling office spaces. It might also add to clients' being in-place if they have some control over how these living places are decorated, because by decorating their material environment themselves, they can bring in objects and decorations that have meaning to them. For environments other than living environments, it might help if the environment offers clients familiar points of reference. For instance, if clients start working, it might be advisable to start working in neighbourhoods they know. Or, if clients wish to explore new territories, they may appreciate going in the company of a buddy, a friend, or a care professional they know well.

Citizenship as being-in-place trains focus to clients' identities and the places in which these identities are expressed. Mental health professionals have launched the term 're-historisation' to promote taking an interest not just in the *medical* histories of clients, but also in their *life* histories (Petry and Nuy, 1997; Petry, 2005). The purpose is to recapture clients' identities by creating continuity between what life was like before falling ill and how it

is led now. In analogy, this article has introduced the term 're-localisation' and specified a new way of relocalising that promises to foster clients' citizenship. Paying attention to clients' identities and recapturing those identities in the places they live, work and play can make them feel more in-place and thereby help them realise their capabilities.

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