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

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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).[1] 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).

[1] 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.[2] 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[3] 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^2) than in the apartments (35–55 m^2). 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

[2] This study is part of a research project about supported housing approved by the Norwegian Centre for Research Data (number 50067).
[3] 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.

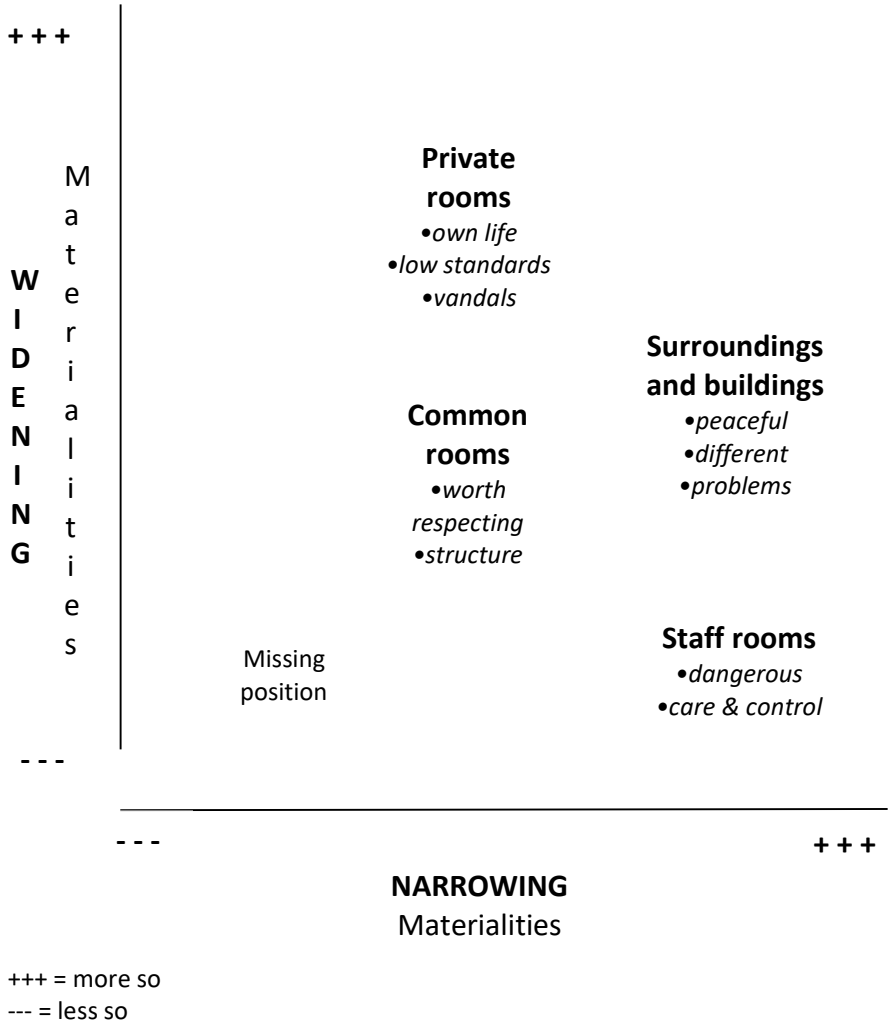
The chief limitation of our ethnographic study was that its findings are related primarily to the housing sample. Nonetheless, the findings could be transferred to comparable settings in Norway or other countries with similar supported housing. The knowledge of how materialities inform and change the 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 made 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 inscripted 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 descript (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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