



'Living needs a landscape': A qualitative study about the role of enabling landscapes for people with mental health and substance abuse problems

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ABSTRACT

The deinstitutionalization of mental health institutions has enabled service users to live in the community and search for what Duff coins 'enabling places.' These places were explored through walking interviews, in which service-users led the way. This analysis revealed features which made places promote liveable lives: places help people explore, places help people stand out, places give people responsibilities, and places dare people. An adverse feature was also identified: places define people by their problems. Overall, we suggest that 'living needs a landscape' to capture how a diversity of places form an 'enabling landscape'. This suggests a shift of focus in research and treatment, from internal to external landscapes.

1. Background

Historically, research on mental health care has taken a social-geographical perspective and has focused on treatment settings (Curtis, 2010). The asylum was introduced during the era of Enlightenment, and until recently it was the primary place for mental health care. However, these institutions failed to accommodate the growing number of citizens with mental health problems and did not function as therapeutic communities (Castel, 1989; Scull, 1984). As a result, policymakers adopted deinstitutionalization as the solution to these inadequacies, arguing that life in the community and access to new places are therapeutic (Mezzina, 2017; Topor, 2020).

Thanks to a developed general welfare state, people with severe mental health problems in Scandinavian countries are guaranteed a basic income, housing, and access to different forms of health and social support (Bambra, 2006). Thus, citizenship includes access to various parts of society's culture (cinemas, concerts, etc.), consumption (shopping malls, etc.), and recreational offerings (coffee houses, natural recreation, etc.). This landscape was especially important during the push to downsize mental hospitals, as this kind of welfare is in stark contrast to the former total institutions and what Smith et al. and Knowles refer to as 'the landscape of despair,' where people are discharged from the institution without sufficient alternatives (Knowles, 2000; Smith et al., 1988) in neo-liberal states.

In his classic article, Gesler (1992) introduces his notion of therapeutic landscapes, defined as 'places which have attained an enduring reputation for achieving physical, mental, and spiritual healing' (Gesler, 1993, p. 171). This resulted in a growing body of research investigating health-geographic and place-focused approaches to mental health (Andrews et al., 2014; Curtis, 2010; Duff, 2011, 2016b; Milligan and Wiles, 2010; Parr, 2008). These studies on therapeutic landscapes have often been site-specific, focusing on geographical settings such as hospitals (Bates, 2018; Curtis et al., 2007; Hickman, 2013), ancient historic healing sites (Bignante, 2015; Foley, 2011; Gesler, 1993), traditional wellness sites (Foley, 2014), parks (Cheesbrough et al., 2019; Parr, 2008; Plane and Klodawsky, 2013), community gardens (Abramovic et al., 2019; Parr, 2008; Pitt, 2014), and new micro-institutions such as meeting and activity venues (Larsen and Topor, 2017; Parr, 2000), among others.

The literature has since expanded Gesler's (1992) concept through both empirical research and theoretical developments. Conradson (2005) developed the notion of the self-landscape encounter, arguing for a relational dimension. In this study, we regard places as shaped by a socio-material relational process (Andrews and Duff, 2019; Olwig, 2019). In other words: the material, social, and affective recourses and forces that are gathered at a specific location and time comprise a place (Duff, 2011). In this way, places can be understood as nodes in a network of socio-material relations rather than merely geographically localizable

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specific sites or territories (Duff, 2010). Following such ideas of place, Duff introduces the notion of ‘enabling places’ (2011) to suggest how access to these socio-material resources and forces that places offer is vital for the everyday work of finding a liveable life (Duff, 2012). The term “place” encompasses elements of stability and dwelling, but even more, fluidity and relational processes of becoming: ‘We say that an event “takes place”, but the event also creates place.’ (Dovey, 2020, p. 26). In our account, “place” describes a dynamic and fluid (Cummins et al., 2007) socio-material relational setting that, as in the terms of Massey (2005, p. 9), is ‘always in the process of being made’, defined, and redefined (Curtis, 2010). Place can be attributed to specific locations, community sites, organization offices, or even scenarios, like a group gathering around a campfire in various forest locations. Place is then constituted through the material, corporeal, and social interaction that this specific situation makes possible, like around the fireplace, at the office of a service provider, or at home among others.

A place in a landscape is not separate from the whole. Instead, every place is a specific intersection with a landscape, and it is in this respect that a place distinguishes itself from other places (Ingold, 1993). ‘Landscape’ has primarily been considered as a visual idea, with the viewer outside of it (Cresswell, 2011). However, in this study, we build on a relational understanding of landscape in line with Ingold (1993), which implies that ‘the landscape becomes a part of us, just as we are a part of it’ (Ingold, 1993, p. 61). Our methodological choice of conducting walking interviews (Evans and Jones, 2011) in this study offers the opportunity to explore the landscapes of the participants from the inside and together with them. The method provides a more-than-representational account of the landscape (Carolan, 2008). This study investigates the interaction between people and their environment - the socio-material interaction of the human-place encounter.

Landscape has the potential to create conditions for what Duff and Hill (2022, p. 2) refer to as ‘liveable lives’ (2022). A life is liveable, according to Duff and Hill, when individuals are supported by the community in their pursuit of a ‘good life’ (2022, p. 2). Butler (2009) originally introduced the term and suggests the difference between liveable and unliveable lives, and that the question ‘what makes a life liveable?’ (Butler, 2022, p. 18) should form the foundation for contemporary practices of care. By adopting the term ‘liveable lives’, the discussion shifts from a medicalized and service-oriented language to a focus on everyday relations (Duff and Hill, 2022, p. 3).

The shift in mental health care from total institutions towards a more community-based approach has contributed to creating a new landscape. This study aims to explore the role of these places and landscapes in the lives of people with mental health and/or substance abuse problems.

2. Method

2.1. Qualitative design

We chose to address the research questions with a qualitative approach, employing walking interviews and the stepwise-deductive induction method (SDI; Tjora, 2018). Our study is inspired by a realist ontology position, which takes the socio-materiality of our research aim into account (Delanda, 2006; Duff, 2016a; Price-Robertson, 2015). A realist ontology position implies that social phenomena have a reality independent of human perspectives (Delanda, 2006, pp. 3–4). As a result, this study approaches places as relational gatherings that encompass both social and material elements and forces (socio-material).

2.2. Participants

The study was recommended by Sikt (Norwegian Agency for Shared Services in Education and Research)¹ and by FEK (the Research Ethics Committee of the authors’ university).² Participants were recruited by contacting several places linked to welfare services and user-driven organizations in different urban and rural parts of Southern Norway. Next, informal letters were distributed that explained the research project and stated that participation was voluntary, that anonymity was guaranteed, and that participants could withdraw from the study at any time. Recruitment was based on purposive sampling (Robinson, 2014), and the participants’ mental health and/or substance abuse were self-reported. In total, 13 of the 18 individuals we contacted agreed to participate, representing both women and men of different ethnicities, and across an age range of 18–68 years. All participants provided their written informed consent.

2.3. Data collection: walking interviews

The first author collected data in late 2021 and early 2022 in the Agder region of Southern Norway using semi-structured walking interviews (Evans and Jones, 2011). Evans and Jones (2011) emphasize that the data gathered during walking interviews is deeply influenced by the surroundings in which they take place. The practice of walking interviews enhances our socio-material understanding of how we perform interviews and how we understand the resulting data. Notably, the interviews were conducted near places our participants considered to be significant for living ‘liveable lives’ (Duff and Hill, 2022, p. 2). Participants selected mostly outdoors settings, though two were completed indoors for religious reasons and convenience. The interviews started with the following questions: ‘Imagine yourself on a Monday morning sitting with your cup of coffee or tea and thinking about the coming week. Where do you want to go? What places do you want to visit that have a positive impact on your life?’ The outdoor interviews lasted between one and 3 h with short breaks, while the two indoor interviews lasted just under an hour. A total of 13 interviews were recorded and transcribed.

2.4. Data analysis

The analysis of the data was informed by Tjora’s (2018), SDI method. SDI involves working in steps towards the development of concepts by using upward and downward loops between data production and analysis. The upward step is understood as inductive, while the downward step is understood as deductive, checking the coherence of preliminary concepts with the data. This stepwise process consists of different levels of coding and was performed using NVivo 12. First, the interviewer conducted empirically close coding that was close to the words and phrasing in the data from the interviews. This resulted in the identification of several codes linked to 137 distinct significant places. Each participant mentioned a range of three to 20 significant places. Second, the interviewer grouped the codes so that the most frequent and substantial codes were sorted by different features. During the analytical process, the authors met several times to discuss the preliminary findings. Finally, our analysis revealed four features showing how the places were significant in establishing liveable lives for the participants: places help people to explore, places help people stand out, places give people responsibilities, and places dare people. In contrast, a fifth feature hindered participants from living liveable lives: places defined people by their problems. Overall, to capture how a diversity of places work together to form an ‘enabling landscape’, we constructed the following proposition: ‘Living needs a landscape.’

¹ Approval nr. X.

² Approval nr. Y.

2.5. Methodological considerations

Doing walking interviews in public spaces raised ethical and methodological considerations. Among these concerns was the possibility of third parties overhearing sensitive information, which might make participants more reluctant to share information. To address this issue, the participants and the interviewer took occasional short breaks in the interviews if they felt they were too close to other people. To strengthen the validity of the study, we also discussed preliminary findings with a reference group consisting of members of user-driven organizations and leaders of municipal welfare services. Additionally, the interviews were conducted during the COVID-19 pandemic. Since most interviews took place outdoors during shared walks, they were not notably impacted by social distancing restrictions. However, some participants mentioned closed or restricted places. For most of them, closures were temporary with limited consequences, except for one participant (Asta), whose education was interrupted by her school's closure. This incident had implications and led her to seek mental health assistance.

3. Findings

We first present the five features that made places significant for participants, highlighting the main characteristics of each feature before concretizing each characteristic through one or two examples from the lives of the participants. Subsequently, we present the proposition 'living needs a landscape' to show how the plurality of places formed shifting and dynamic personal landscapes for the participants.

3.1. Places help people explore

Participants found places especially helpful when they encouraged participants to explore not only that one place fully but also additional spaces. Often, this feature of exploration was mentioned in contrast to the isolation experienced and a lack of relations, both spatial and social, during periods of poor mental health. The participants also described how interactions at a certain place encouraged them to be curious. Through such an exploration, the place offered a new space for relational interactions.

In one of the walking interviews, the interviewer together with the participant went to a peer resource centre, which was situated in a building in a business area outside of a small town. This place had two offices and a lounge furnished as a living room. Two employees and several volunteers worked there. The opening hours were mostly irregular and linked to the activities.

One of the centre's main goals was to direct service users to additional places where they could develop their skills and competencies. Mari, a woman in her late fifties, claimed that this goal matched her experience when visiting the centre. In addition to joining some activities at the centre, like a literature club and a walk-and-talk activity, Mari had been encouraged to explore various external courses and seminars that were relevant to her. Mari was especially enthusiastic when discussing her plans to attend an education programme for peer workers and how people at the centre helped her find the right formal education opportunity. Through this programme, Mari planned to find a career that utilizes her experiences as a user of mental health and substance abuse services to help others in similar situations. What was initiated at the peer resource centre led to the exploration of her vocation: 'For me, work means being normal ... and suddenly I feel that, yes, imagine at the age of 60, I can suddenly get a vocational certificate.'

Places and the interactions they offer encourage the participants to explore new places or further explore old ones, which is a major step towards participation in the community and thus towards finding a liveable life. Through such an exploration, their landscape is expanding, and the opportunities to shape a liveable life multiply.

3.2. Places help people to stand out

One important feature of the places described was how they helped the participants *stand out*. In this study, to 'stand out' refers to how participants expose themselves as unique individuals with a personality, with values, ways of being, abilities, and unique contributions to places. This is often in sharp contrast to individuals' former experiences of being a burden or useless to others. We will observe below how Peder, a man in his early twenties, experienced being put in a physically visible unique position, that in his own words, made him cool, offered him exclusiveness, and thus made him 'stand out.'

Peder took us to a creative arts centre. Originally a military building, the centre was old and small, located on an island connected to the city centre by a bridge. The studio seemed cramped, with a seating area and various scattered workstations. Artworks filled the walls and were also stashed in piles on the floor. We, the interviewer and the participant, met one of the two employees outside as we briefly visited the studio. As a part of its programme, the centre also staged street art projects in the town.

Peder discussed how he had ended up at this place that was significant to him. After contacting the youth social services, he was asked to intern in a shop with the brand name 'Normal'. He played with the brand name: 'I almost choose to live a normal life. That would have been kind of a major mistake, working at the Normal shop for the rest of my life'.

However, his case manager had recently heard about a creative arts project and suggested this instead. To Peder, this became a choice between a normal life and standing out as a person through creative art expressions that were shaped by interacting with the people, materials, and surroundings offered by the creative arts project.

After Peder's training in the project, he was hired as an assistant by a professional artist. His work consisted of assisting visiting famous artists with projects by picking them up at the airport, doing practical preparations on-site, and communicating with customers and the public. When he was working with a world-famous street artist near the town's cultural centre, preparing a wall for street art production, total strangers would approach him, asking for access to the celebrity. He strongly expressed his feelings: 'The work puts me in a unique position. I am cool, sort of. It gave me an incredibly good feeling, a sense of power and authority, a little bit like, hm, it gave me an exclusiveness.'

Staging art works in public spaces opened opportunities to live out some of his potential and his creativity. People were surprised and impressed when he, who had experienced mental health problems and dropped out of school, suddenly managed complicated and successful projects. This gave Peder a nudge to further explore his options and take practical steps toward testing out new business opportunities within the art field.

When places give people the opportunity to stand out, then these places can also often give people a place and a social 'platform' from which they can advance even further in life. In this way, their personal landscapes can expand, and they are presented with more opportunities to live liveable lives.

3.3. Places give people responsibilities

In some places, being *given responsibility* had a powerful impact on participants, as it is a forceful way to engage the participants. This could involve asking users to give their opinion on plans and strategy development, which traditionally was reserved for management, put up or hand out PR material for an activity at a place, stand in the doorway, welcome visitors to the place, or prepare and serve meals. Through ad-hoc responsibilities, the participants felt relied upon, and through long-term responsibilities, the participants had the experience of being considered trustworthy and reliable. Additionally, responsibilities also led to increased involvement in the interactions related to the places' materiality (work, production, service, etc.) and at the same time interactions that were social (involving several persons at the same time).

Self-respect and self-confidence also emerged from being granted responsibility. In this way, giving responsibilities is an important aspect of how places are significant for establishing liveable lives.

Sonic, a man in his thirties, took us to a 'recovery farm' that was significant to him. The main building provided accommodations. Across the courtyard, a small conference centre and the stables were situated. Further into the forest, he showed the interviewer riding arenas and paddocks. The farm area appeared to be both calm and busy, as it was the starting point for hikers, horse riders, and runners exercising in the forest area around the farm. The farm delegated a wide range of possible tasks and responsibilities to its participants. Some teams worked on maintaining and developing the farm and its buildings; some did stable work or traditional farming; and some took on assignments from the public, developing gardens or doing related work.

Sonic said that he was asked to become a foreman for his work team at the recovery farm, and under his leadership, his team had developed the driveway in front of a private house. The customer had told all his neighbours and friends about the team because they did impressive work. As a foreman, Sonic was responsible for the welfare of the others on the team and for the team's production goals. Through these responsibilities, Sonic became more involved with the other team members and the work occurring at the farm and experienced being considered trustworthy and reliable.

Notably, Sonic was given responsibility but he also, as a foreman, delegated responsibility and encouragement to others. He enjoyed giving the team members compliments and small rewards when they were being positive and doing high-quality work. In fact, one of the rewards Sonic used was the assignment of ad-hoc responsibilities, like appointing someone as a temporary foreman when Sonic was absent. He said:

I think they liked being appointed foreman. They become happy and, I think, motivated. ... Like today, he didn't really say anything, but he showed it very clearly in his body language. He sort of smiled with his whole body and started laughing.

Being able to be relied upon or seen as trustworthy and dependable are qualities for which individuals with severe mental health or long-term substance abuse problems rarely receive recognition. The responsibilities Sonic gave the others on his team at the recovery farm also allowed them to feel relied on. Moreover, at places where responsibility is given, participants tend to perform up to expectations. Gerhard, a man in his fifties, expressed it this way: 'I like to see myself as a person who stands by my word'.

Responsibility increased involvement in a place, leading participants to feel counted on and trustworthy. This process built social confidence and inspired them to broaden their horizon and expand beyond this one place, which helped them live liveable lives.

3.4. Places dare people

In this context, the verb 'to dare' describes how a place gives participants a demanding or intense challenge. When the participants are dared, this emboldens them to enter new places (or old places in new ways) or inspires them to participate at unfamiliar places or become involved in interactions in new ways. Such a dare evokes an element of fear or resistance; this resistance must be overcome, and a physical step must often be taken by the person for they to become involved in the socio-material interactions at a place. Some participants described how they were tempted to turn down the dare.

Olai, a man in his fifties, took the interviewer to a local peer resource centre. The centre was in an old school building in the old town area. Apart from several workshops, it contained a café furnished as a living room. A few of the service users received a small compensation from the municipality for their responsibilities at the centre, which was run by the users themselves. This centre had the term 'service user' in its name.

Olai explained that during one period of his life, he was isolated because of his health. It was at this time that he was 'dared' (although

this is not his own term) by this local peer resource centre. On a tour of the centre, Olai felt threatened by the thought of adopting the identity of a 'service user'. This was linked to his fear of being seen as 'mentally ill' and as a psychiatric patient, a fear that stemmed from his negative experiences of having a grandmother who lived most of her life and died in a psychiatric ward. Olai said, 'She was insane'. He referred to his thinking at the time as defiant: 'I didn't want to become a service user. I will never start going to this place, no way!' He described how being exposed to the prospect of becoming a service user provoked acute physical discomfort.

However, on the tour, he experienced an odd feeling: 'I got this strange sensation, almost like a calling: "you are going to start going to this place you don't want to go to!"' He cried a little as he spoke about this. So, despite his initial resistance, Olai soon joined the centre, where he enjoyed painting in the workshop and felt part of the centre's community.

A dare is challenging; it may evoke resistance, and when the participants are dared, they are tempted to withdraw. At the same time, there is also an attraction to the dare, as it may lead to new actions and desired experiences. During the evening walking interview with Svein, a man in his mid-forties, there was a disruption; he slowed, stopped walking, and paused speaking. This disruption was unexpected, as the interviewer did not know what caused it and did not know that they were approaching Svein's workplace. This moment of hesitance prompted a discussion about the place's importance. Svein revealed it had been a dare for him to return to his workplace following a period of mental health problems. This disruption led Svein to describe how the place had both stressed him and provided support through his physical access to it and the interactions he experienced there.

These interviews revealed how the participants were dared, accepted challenges, and, in this way, took new steps which they and their associates would not have imagined. Thus, the participants in this study expanded the range of places in their personal landscapes.

3.5. Places define people by problems

The participants reported a tendency by professionals and helpers to view the participant in the light of their diagnosis, deficits, or problems, using the problems in the participant's life as a vantage point to determine how to support them. This approach did not satisfactorily capture the participants' opportunities and inherent abilities. Instead, the professionals did not consider the unique and complex reality of the participants and therefore classified them as objects so that they were easier to handle. This focus on the participant's problems also confirmed some of the person's own negative self-prejudices.

Asta spoke about her visits to the local clinic for a urine drug test. She felt that the appointments – specifically having to attest to not using illegal substances – defined her negatively. The physical situation at the local general practitioner (GP) centre, as she describes it, contributed to her feeling defined by her problems.

How gross, with an open door to the hall where elderly people sat waiting for their consultation with their GP, with endless time to stare at us, a bunch of exhausted 'junkies' standing in a corner queuing for our pee. Oh my God, please! This just wasn't for me!

Asta, who just turned 20, also described the mirror window in the testing room, through which someone watched her while she was peeing. Adding to her negative feelings, she did not associate herself with the 'exhausted junkies' she was queuing with. According to her, she was not yet marked by a hard life of substance abuse, as she was only a teen at the time. In this way, by defining people by their problems, places can be an obstacle to attaining liveable lives.

3.6. Living needs a landscape

During the analysis, after having described the places and suggested features that made these places significant to the participants, we, the authors, became interested in how a ‘personal landscape’ made from a variety of places also materialized. We discovered that it was not one specific place that helped participants, but several places together, making a landscape that helped them find liveable lives. Inspired by Duff’s notion of ‘enabling places’ (Duff, 2012), we suggested that this landscape could be referred to as an ‘enabling landscape’. To capture this, we formulated the proposition that ‘living needs a landscape’. Such an ‘enabling landscape’, which is necessary for living, is a landscape in which a diversity of places allows the participants to move, act, and be alive in their everyday lives.

In Fig. 1, we illustrate a composite visualization of several towns in the county of Agder, Southern Norway, showing some of the places the participants highlighted. We include examples of routes the interviewer traversed with three of the participants. During the walking interviews, the interviewer together with the participants passed both recently discovered and previously abandoned places. Certain places along the routes induced shifts in the pace of our walk, akin to the disruption witnessed during the experience with Svein. Similarly, the interviewer was able to discern the significance of places through various physical cues, such as heightened gesturing, alteration in the participants’ breathing rhythm, moments of hesitation or pauses, and even acceleration in our pace as we got closer. For instance, as we approached the street art to which Peder had contributed, his gestures became more pronounced, and his voice grew louder. During the ensuing

conversations, we attempted to decipher the meanings behind these often subtle reactions. Was it considered a good place? In this manner, the participants guided us through their personal landscapes. The walking interviews and the resultant sketches of the routes suggested that the places together formed personal landscapes that were necessary for the participants to act in their lives. These ‘enabling landscapes’ are not static; they shift, develop, and often expand.

An example of such an ‘enabling landscape’ of places in constant formation and reformation is found in Asta’s account (the different places emphasized in italics):

But then I took hold of the situation. I started to go to the *Job School Centre* and spoke to a case manager there who helped me a lot; she is still helping me. ... Then I contacted the *youth social service*. ... I was referred to an *activity centre*. ... I got help applying to the *addiction clinic*, so I go there now, talking to a psychologist. ... Yoga. I have joined a *yoga class*. Started a month ago. ... And a *youth brass band*. But that was a while ago. I don’t have my own trumpet yet, but I want to start playing again in a few years.

Later in the interview, Asta discussed how she enjoys playing jazz music. She explained why, despite this, she decided to stop playing in the brass band: ‘I had to take a break because I had an experience of that particular brass band not being good for me. ... So, I lost the joy of playing.’ In this account, Asta described new places that she had found herself or discovered with help and other places that she had paused or stopped visiting, a process which shaped her personal enabling landscape.

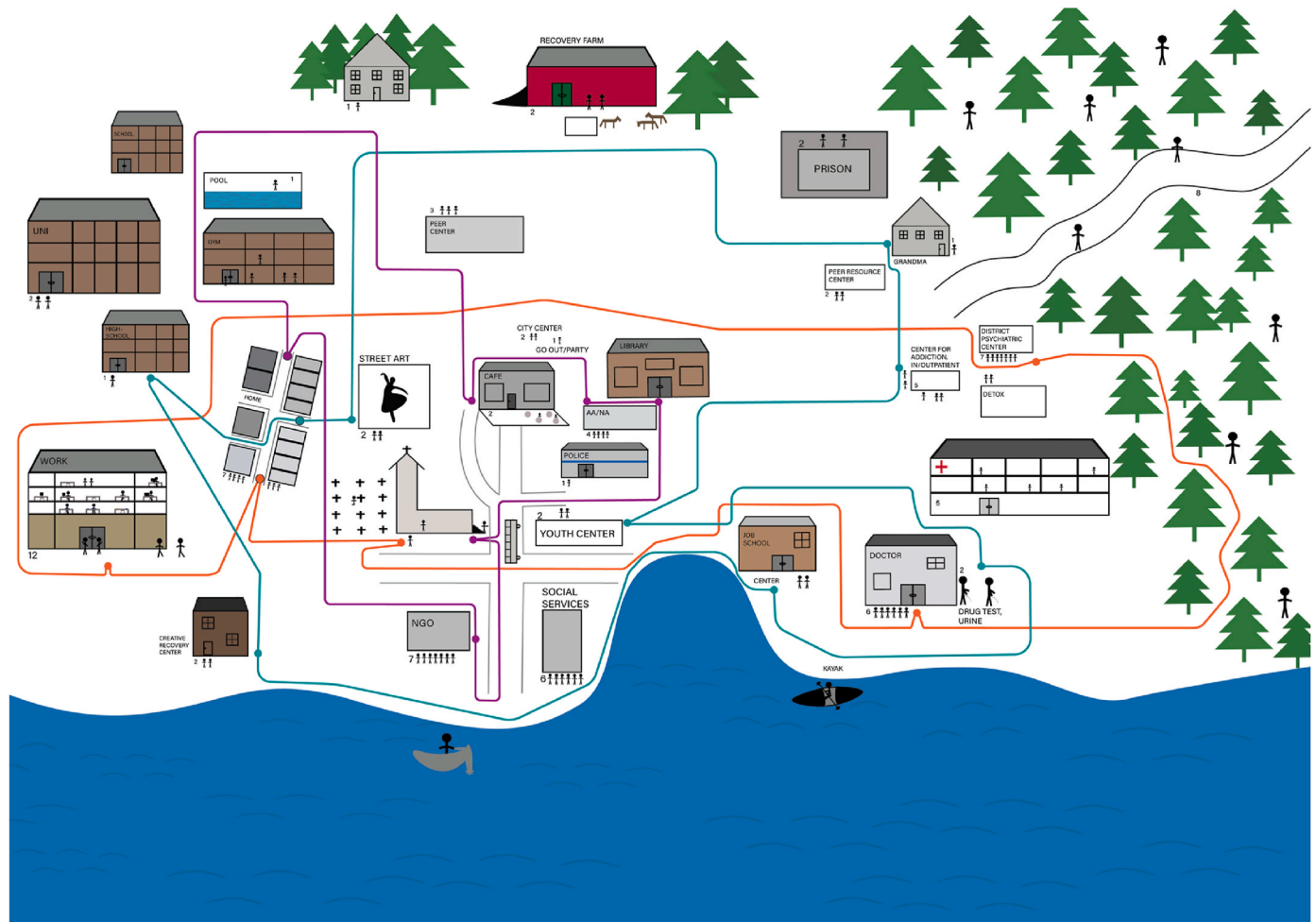


Fig. 1. A composite visualization of several towns in Agder county showing selected walking interview routes.

4. Discussion

In the discussion, we examine our findings in light of Duff's (2012) concept of 'enabling places', which refers to a relational combination of a place's material, social, and affective constituents. We will discuss how our proposition 'living needs a landscape' implies the need to supplement enabling places with the concept of an enabling landscapes. Using these models, we explore how the approach to addressing mental health problems has shifted from a focus on the metaphorical inner landscape - what occurs within our minds - to the relational dynamics occurring in the external landscape.

At the places described in our findings, we observe socio-material gatherings in line with Duff's (2012) relational account of places, where a web of associations, processes, transactions, and forces, both human and material, create enabling places. For example, we see these webs exemplified in Peder's account of his workplace, wherein he can 'stand out', at his job. Peder describes how the place of the art production contributed to putting him in a very visible and unique position, offering him exclusivity and thus ensuring that he can 'stand out'. In his role as an art assistant, he actively engaged in on-site practical preparations of artworks at a busy intersection in a downtown environment, collaborating closely with visiting artists and stakeholders, as well as interacting with the public. In line with Dovey's (2020) notion of place, that specific event created place at a busy downtown intersection through the relations created between material elements and social interaction involved in the street art production. Additionally, the temporality and fluidity of the place become evident through this record (Cummins et al., 2007; Curtis, 2010; Massey, 2005), as the people involved and much of the materials vanished or were cleared as soon as the art production was over. Later, the art itself, together with other socio-material factors, had the potential to be reconstituted in a new place without Peder.

In a highly specialized society, individuals who are involved in mental health care - including the person experiencing mental health and/or substance abuse problems, their next of kin, service providers, providers of related activities, and decision-makers - tend to think that only experts can really help (Coleman, 1999). This attitude is reflected in Asta's comments, where she evaluates the role of the school nurse and social worker in contrast to a more specialized psychologist she later consulted: 'The first time, I just talked to a school nurse. It didn't go well because I didn't feel like I was taken completely seriously by this. ... So, I talked to a basic social worker, an assistant low-threshold level, which I felt didn't help at all.' When problems surface, individuals tend to prefer official professional health services like hospitals, psychiatrists, psychologists, and professional therapies, among others. However, this study reveals that help can be found elsewhere: at a peer resource centre, at a creative art project, or at a recovery farm. In fact, help is more present in these relational places - where access to socio-material resources in a wider context is available (Duff, 2012) - than in the limited and restricted environment of the therapy room. This is because the relationships present in these places, including the material, social, and affective constituents, in line with Duff's description of the enabling place (2012), are more lively and broader due to the socio-material diversity of relations in the space. These places, characterized by the five features, are vital for establishing and sustaining liveable lives. This indicates that places outside of specialized health services are highly significant in people's struggle to find ground for liveable lives. Thus, this study calls for a higher status for these places.

What does the term 'supportive' mean when Duff uses it to explore 'how and under what circumstances' a place supports liveable lives (2012, p. 1388)? Duff suggests that enabling places are perceived as good and beneficial from the very start for those who engage in them. Our findings suggest that engaging in places may be difficult, and a kind of resistance to engage in them must sometimes be overcome to 'get into' an enabling place. For instance, during Asta's urine drug test, she felt defined by her problems (substance abuse) during brief encounters with elderly patients in the waiting room while waiting in a secluded corner

and in the testing room where someone behind a mirror was monitoring her. During the interview, she exclaimed, "This just wasn't for me!" However, choosing to stay in the situation opened the door for beneficial therapy.

Despite his original resistance, Olai eventually accepted a dare and joined the peer resource centre he visited. By accepting this dare, he committed to attending the peer resource centre regularly, which in turn led him out of social and spatial isolation. A dare may induce physical discomfort, as in Olai's case, or evoke a feeling of fear, inner resistance, doubt, or even anxiety. However, despite these challenges, such an environment can still serve as an enabler, as it evokes the potential for positive outcomes. These experiences of a place are an important aspect of the discussion about what constitutes an enabling place.

By focusing on features, we discovered how relational forces acted together in the social, material, and affective formation of places, which together made what we call enabling landscapes. We observed through the walking interviews and the analysis that participants were not solely reliant on individual places for support; rather, it was the collective combination of multiple places that contributed to their ability to find liveable lives. Drawing inspiration from Duff's concept of 'enabling place' (2012), the formation of enabling landscapes in the form of networks of enabling places was reported to be essential to shaping liveable lives. From this, we formulated the proposition 'living needs a landscape'. Related to Duff's term enabling places, we suggest that such places together form enabling landscapes.

Enabling places promote the formation of enabling landscapes when they encourage users to explore. When individuals are introduced to new places and opportunities, their trajectory and landscapes change, such as when work at the peer resource centre directed Mari to an education opportunity. As she recalls, Mari transitioned from drinking red wine from her coffee mug in her caravan in solitude to getting an education in another part of the country via the peer centre. This process clearly illustrates an expansion of the participant's horizon or landscape. In Mari's case, she was introduced to a new arena - a school with the potential for novel social relations with fellow students as well as the possibility of entering a career where she could use the whole span of her experiences and her new competence.

This proposition represents a departure from the conventional focus of psychotherapy and psychiatry, which typically emphasizes internal processes occurring hidden within our heads (Shotter, 2014). The enabling places and landscape framework shifts away from what has been described as the psychiatrization of mental health (Topor et al., 2022), and towards recognizing the significance of relational processes happening out there in the landscapes of the material world. In Shotter's work, we find an intriguing statement:

If Barad's account of agential realism is correct, then the psychological 'things' that we name as 'thoughts', 'ideas', 'theories', 'knowledge', or 'observations' and study as the products of processes hidden within the heads of individuals, are better talked of as emerging within material intra-actions occurring in activities out in the world at large. (2014, p. 305)

Here, he is referring to Barad's agential realism (Barad, 2007), which aligns with our realist ontology and our relational notion of place, building on Cummins et al. (2007) and Duff (2012). Taken together with Shotter (2014), we propose that mental processes are better conceptualized as emerging from material interactions occurring in the external landscape and places than from neuroscientific 'brain processes' (Brinkmann et al., 2023, p. 3) or as 'products of processes hidden within our head' (Shotter, 2014, p. 305). Through places characterized by the five features, people can become oriented toward places and a landscape that is outside of themselves, something which in turn is beneficial to finding footing and grounds for liveable lives.

5. Conclusion

The aim of the study was to explore the role of places and landscapes in the lives of people with mental health and substance abuse problems. This work reveals that ‘living needs a landscape,’ and that when individuals sit down with a coffee or tea on a Monday morning, they are closer to discovering liveable lives when they have prospective places to look forward to visiting in the week ahead. We suggest that both ‘enabling places’ and ‘enabling landscapes,’ - as nodes in a network of enabling places – are needed for finding liveable lives. Duff’s concept of enabling place, and by extension, our concept of enabling landscapes are valuable for analyzing real-life scenarios. This is found in how relational forces at places and across places have acted together in the social, material, and affective formation of new enabling landscapes for the participants. This study suggests that mental health treatment and research should shift from an interest in what goes on inside the mind to focusing more on the outside opportunities that may be found in the socio-material landscape, where a liveable life can be realized. If living needs a landscape, then the individualized approach that dominates mental health services might miss many of the vital resources that are found in a socio-material landscape. Is the current, individualized approach to our mental health services a sustainable practice, fixing the individuals one after the other (and often failing), when communities need a comprehensive landscape for people to find liveable lives? The shift from an inner mental ‘landscape’ to an outer real landscape in our study warrants further research exploring how an ‘enabling landscape’ can improve mental health challenges.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the first author used ChatGPT (Open AI, 2023) in order to improve readability and language in a few selected sections. After using this tool/service, the authors reviewed and edited the content as needed and takes full responsibility for the content of the publication.

Data availability

Data will be made available on request.

References

- Abramovic, J., Turner, B., Hope, C., 2019. Entangled recovery: refugee encounters in community gardens. *Local Environ.* 24, 1–16. <https://doi.org/10.1080/13549839.2019.1637832>.
- Andrews, G.J., Chen, S., Myers, S., 2014. The ‘taking place’ of health and wellbeing: towards non-representational theory. *Soc. Sci. Med.* 108, 210–222. <https://doi.org/10.1016/j.socscimed.2014.02.037>.
- Andrews, G.J., Duff, C., 2019. Matter beginning to matter: on posthumanist understandings of the vital emergence of health. *Soc. Sci. Med.* 226, 123–134. <https://doi.org/10.1016/j.socscimed.2019.02.045>.
- Bambra, C., 2006. Health status and the worlds of welfare. *Soc. Pol. Soc.* 5 (1), 53–62. <https://doi.org/10.1017/S1474746405002721>.
- Barad, K.M., 2007. Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning. Duke University Press [Book]. <https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=599313&site=ehost-live>.
- Bates, V., 2018. Sensing Space and Making Place: the Hospital and Therapeutic Landscapes in Two Cancer Narratives, vol. 45. *Medical Humanities*. <https://doi.org/10.1136/medhum-2017-011347> medhum-2017.
- Bigonate, E., 2015. Therapeutic landscapes of traditional healing: building spaces of well-being with the traditional healer in St. Louis, Senegal. *Soc. Cult. Geogr.* 16, 1–16. <https://doi.org/10.1080/14649365.2015.1009852>.
- Brinkmann, S., Birk, R., Lund, P.C., 2023. Is another kind of biologization possible? On biology and the psy sciences. *Integr. Psychol. Behav. Sci.* 57 (3), 719–737. <https://doi.org/10.1007/s12124-023-09757-0>.
- Butler, J., 2009. *Frames of War. When Is Life Grievable*. *Vero*.
- Butler, J., 2022. A livable life? An inhabitable world? Scheler on the tragic. *Puncta: Journal of Critical Phenomenology* 5 (2), 8–27.
- Carolan, M.S., 2008. More-than-Representational knowledge/s of the countryside: how we think as bodies. *Sociol. Rural.* 48 (4), 408–422. <https://doi.org/10.1111/j.1467-9523.2008.00458.x>.
- Castel, R., 1989. The regulation of madness. The origins of incarceration in France. *Br. J. Psychiatr.* 154 (5) <https://doi.org/10.1192/S000712500017597X>, 744–744.
- Cheesbrough, A., Garvin, T., Nykiforuk, C., 2019. Everyday wild: urban natural areas, health, and well-being. *Health Place* 56, 43–52. <https://doi.org/10.1016/j.healthplace.2019.01.005>.
- Coleman, R., 1999. *Recovery? an Alien Concept*. Hansell.
- Conradson, D., 2005. Landscape, care and the relational self: therapeutic encounters in rural England. *Health Place* 11 (4), 337–348. <https://doi.org/10.1016/j.healthplace.2005.02.004>.
- Cresswell, T., 2011. Defining place. In: Himley, M.F. (Ed.), *Critical Encounters with Texts: Finding a Place to Stand*, vol. 7. Pearson. A.
- Cummins, S., Curtis, S., Diez-Roux, A.V., Macintyre, S., 2007. Understanding and representing ‘place’ in health research: a relational approach. *Soc. Sci. Med.* 65 (9), 1825–1838. <https://doi.org/10.1016/j.socscimed.2007.05.036> (Social Science & Medicine).
- Curtis, S., 2010. Space, Place and Mental Health. *Space, Place and Mental Health*, pp. 1–299.
- Curtis, S., Gesler, W., Fabian, K., Francis, S., Priebe, S., 2007. Therapeutic landscapes in hospital design: a qualitative assessment by staff and service users of the design of a new mental health inpatient unit. *Environ. Plann. C Govern. Pol.* 25, 591–610. <https://doi.org/10.1068/c1312r>.
- Delanda, M., 2006. *A New Philosophy of Society: Assemblage Theory and Social Complexity (Continuum)*.
- Dovey, K., 2020. Place as assemblage. In: Edensor, T., Kalandides, A., Kothari, U. (Eds.), *The Routledge Handbook of Place*. Routledge, pp. 21–31.
- Duff, C., 2010. Networks, Resources and Agency: on the character and production of enabling places. *Health Place* 17. <https://doi.org/10.1016/j.healthplace.2010.09.012>.
- Duff, C., 2011. Networks, resources and agencies: on the character and production of enabling places. *Health Place* 17 (1), 149–156. <https://doi.org/10.1016/j.healthplace.2010.09.012>.
- Duff, C., 2012. Exploring the role of ‘enabling places’ in promoting recovery from mental illness: a qualitative test of a relational model. *Health Place* 18 (6), 1388–1395. <https://doi.org/10.1016/j.healthplace.2012.07.003>.
- Duff, C., 2016a. Assemblages, territories, contexts. *Int. J. Drug Pol.* 33, 15–20. <https://doi.org/10.1016/j.drugpo.2015.10.003>.
- Duff, C., 2016b. Atmospheres of recovery: assemblages of health. *Environ. Plann.: Econ. Space* 48 (1), 58–74. <https://doi.org/10.1177/0308518x15603222>.
- Duff, C., Hill, N., 2022. Wellbeing as social care: on assemblages and the ‘commons’. *Wellbeing, Space and Society* 3, 100078. <https://doi.org/10.1016/j.wss.2022.100078>.
- Evans, J., Jones, P., 2011. The walking interview: methodology, mobility and place. *Appl. Geogr.* 31 (2), 849–858. <https://doi.org/10.1016/j.apgeog.2010.09.005>.
- Applied Geography - APPL GEOGR, 31, 849–858.
- Foley, R., 2011. Performing health in place: the holy well as a therapeutic assemblage. *Health Place* 17 (2), 470–479. <https://doi.org/10.1016/j.healthplace.2010.11.014>.
- Foley, R., 2014. The Roman–Irish Bath: medical/health history as therapeutic assemblage. *Soc. Sci. Med.* 106, 10–19. <https://doi.org/10.1016/j.socscimed.2013.12.030>.
- Gesler, W.M., 1992. Therapeutic landscapes: medical issues in light of the new cultural geography. *Soc. Sci. Med.* 34 (7), 735–746.
- Gesler, W.M., 1993. Therapeutic landscapes: theory and a case study of epidauros, Greece. *Environ. Plann. Soc. Space* 11 (2), 171–189. <https://doi.org/10.1068/d110171>.
- Hickman, C., 2013. *Therapeutic Landscapes: A History of English Hospital Gardens since 1800*. Manchester University Press.
- Ingold, T., 1993. The temporality of the landscape. *World Archaeol.* 25 (2), 152–174. <https://doi.org/10.1080/00438243.1993.9980235>.
- Knowles, C., 2000. Burger King, Dunkin Donuts and community mental health care. *Health Place* 6 (3), 213–224. <https://doi.org/10.1016/j.healthplace.2000.00024-1>.
- Larsen, I.B., Topor, A., 2017. A place for the heart: a journey in the post-asylum landscape. *Metaphors and materiality*. *Health Place* 45, 145–151. <https://doi.org/10.1016/j.healthplace.2017.03.015>.
- Massey, D., 2005. *For Space*. Sage.
- Mezzina, R., 2017. Paradigm shift in psychiatry: processes and outcomes. In: Ramon, S., Williams, J. (Eds.), *Mental Health at the Crossroads*. Routledge, pp. 97–110.
- Milligan, C., Wiles, J., 2010. Landscapes of care. *Prog. Hum. Geogr.* 34 (6), 736–754. <https://doi.org/10.1177/0309132510364556>.
- Olgw, K., 2019. The Meanings of Landscape : Essays on Place, Space, Environment and Justice. <https://doi.org/10.4324/9781351053532>.
- Parr, H., 2000. Interpreting the ‘hidden social geographies’ of mental health: ethnographies of inclusion and exclusion in semi-institutional places. *Health Place* 6, 225–237. [https://doi.org/10.1016/S1353-8292\(00\)00025-3](https://doi.org/10.1016/S1353-8292(00)00025-3).
- Parr, H., 2008. *Mental Health and Social Space*. Blackwell Publishing.
- Pitt, H., 2014. Therapeutic experiences of community gardens: putting flow in its place. *Health Place* 27, 84–91. <https://doi.org/10.1016/j.healthplace.2014.02.006>.
- Plane, J., Klodawsky, F., 2013. Neighbourhood amenities and health: examining the significance of a local park. *Soc. Sci. Med.* 99, 1–8. <https://doi.org/10.1016/j.socscimed.2013.10.008>.
- Price-Robertson, R., 2015. Realism, materialism, and the assemblage: thinking psychologically with manuel Delanda. *Theor. Psychol.* 26 <https://doi.org/10.1177/0959354315622570>.
- Robinson, R.S., 2014. Purposive sampling. In: Michalos, A.C. (Ed.), *Encyclopedia of Quality of Life and Well-Being Research*. Springer Netherlands, pp. 5243–5245. https://doi.org/10.1007/978-94-007-0753-5_2337.

- Scull, A., 1984. *Decarceration: Community Treatment and the Deviant : a Radical View*. Polity Press. <https://books.google.no/books?id=yiO-QgAACAAJ>.
- Shotter, J., 2014. Agential realism, social constructionism, and our living relations to our surroundings: sensing similarities rather than seeing patterns. *Theor. Psychol.* 24, 305–325. <https://doi.org/10.1177/0959354313514144>.
- Smith, C., Dear, M., Wolch, J., 1988. Landscapes of despair: from deinstitutionalization to homelessness. *Econ. Geogr.* 64, 284. <https://doi.org/10.2307/144077>.
- Tjora, A., 2018. *Qualitative Research as Stepwise-Deductive Induction*. Routledge. <https://doi.org/10.4324/9780203730072>.
- Topor, A., 2020. Deinstitutionalization, the welfare state, and social engineering: basaglia in the Swedish context. *Basaglia in the Swedish context*, 333-346. <https://doi.org/10.1093/med/9780198841012.003.0020>.
- Topor, A., Bøe, T.D., Larsen, I.B., 2022. The lost social context of recovery psychiatrization of a social process. *Frontiers in Sociology* 7, 832201. <https://doi.org/10.3389/fsoc.2022.832201>.