

Preface

There are three main ways in which ‘space’ is considered in mental health care and policy – and in other care settings, too. The first is in terms of ‘regional space’. In the context of long-term mental health care, regional metaphors frame care institutions as existing ‘outside’ society. Psychiatric hospitals started booming in the western world at the turn of the 20th century. They represented a therapeutic optimism and a medical approach that aimed to cure people suffering from severe mental health problems. When this optimism gradually proved wrong, patients got stuck in these institutions.

Over the course of the 20th century, psychiatric hospitals were increasingly seen as disciplinary spaces and asylums rather than places for treatment. This is a second way of thinking about space, alongside geographic location. Quality of care was questioned both from outside and from within the profession. The critique as well as the demand for change used metaphors of regional and disciplinary space to orient themselves. Patients were seen as physically excluded from society, and treated as ‘inmates’ rather than patients. They had to reintegrate in society, to become citizens among other citizens.

The third way of thinking about space in long-term mental health care is closely related to this thinking about citizenship and what it means to be part of society. It is about the space around a citizen. Citizens are then seen as autonomous beings, who should be left with enough space around them to make their own decisions about their lives. This space for autonomy is not merely metaphorical. Its practical implications are to guarantee people their freedom to not be disciplined

by institutions, and to allow them to do whatever they want, as long as they are not obstructing the freedom of others. The ideal of citizenship requires a policy of leaving people alone.

A lot has been written about deinstitutionalization and citizenship for the disenfranchised, but this book adds an original angle to the debate. Ariane d'Hoop carefully explores how the *material space* in a care practice for teenagers with mental health problems is actively involved in their care. The notion of material space may sound counter-intuitive when thinking in terms of regional space, or may evoke images of a panopticon where the materiality of buildings adds to the disciplining of 'inmates'. However, by foregrounding the materiality of concrete buildings and the 'stuff' within them, d'Hoop provides new angles from which we can understand spaces, their materiality, and their inhabitants. The book takes us on a fascinating ethnographic journey to show how caregivers make the material space of the building of the day center part of the teens' care. This space does not emerge in the book as disciplinary space (although there are these kinds of spaces, too), nor as a place to move away from, nor a *tabula rasa* for these stranded young people to shape. The author analyzes the material space as *potentialities*: invitations or possibilities for doing things. These can be affordances, suggestions or more explicit proposals meant to materially evoke what these young people like, what they are interested in and how they may be enabled to live together. Even the most subtle cues (a nice painting, a spot that is 'chill' for hanging out) may provoke an interest or possibility to explore.

In line with the therapeutic vision of the caregivers, invitations honor peoples' preferences, but may also be rejected or ignored, failing to engage someone. The space does not *determine* what happens. Hence, the author paints a picture of subtle interactions, of small seductions, of persistent and shifting laps of support for interests, and of temporary or failing relationships. Her analysis shows how material space and social environment open a range of possibilities for people to respond to their invitations in their own ways.

The analysis of these subtle workings of inviting material spaces is thought-provoking to providers of mental health care and of other forms

of care in communities. Moving ‘psychiatric space’ away from institutional buildings and into patients’ homes and appointment offices cuts off many repertoires for helping young people with mental health problems recover. Inventive forms of institutional space provide patients with invitations to find ways of life marked not only by attempts to contain tumultuous family life, the management of psychiatric problems or failure at school, but also by the things they enjoy, find interesting or want to explore. This is an urgent call in times of deinstitutionalizing mental health care.

The insights from this book are, however, not restricted to the particular mental health care buildings analyzed in the book. Her analysis invites readers to think about care for and through space in other places, too. How is the architecture of public spaces inviting people to act? How does this happen in teaching situations, in cultural centers, or in municipalities that increasingly use digital means for communicating with its citizens? What actions do public spaces invite, what ways of acting do they make possible, what do they forbid, who do they reject? The book fuels imaginative reflections about these questions, not in terms of “letting the individual decide to leave or not” nor of “how social order may be enforced”, but in terms of imagining what public spaces may afford, invite, and make possible. This is a relevant and urgent call at a time when our common way of materially and socially living together is challenged by pandemics and environmental problems. The book makes clear that material spaces act. The question is not how to keep them from doing this, but how they may act in the best possible ways.

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