

## Chapter VII

### MATERIALITY TALKS. INCLUDING MATERIALITY IN MENTAL HEALTH RESEARCH

by IngerBeate Larsen

#### *Introduction*

*At a mental health research gathering in Norway recently, the group was discussing various methods of research on dialogues – both external and internal. What about interviews? Or observations? We discussed the importance of collecting knowledge of the interaction between people, of what we speak out loud, and what we keep inside our minds. The next meeting was to take place some weeks later and we planned where to meet. Somebody said that a certain place would be the most convenient, others suggested going to a place they found more intimate and cosy. Probably (I was not there) the chosen place both influenced how they talked and what they talked about.*

Why am I telling you this as an introduction? I do so because I want to focus on the inclusion of materiality in mental health research, and how to do it. And when I joined the gathering referred to above, I noticed that nobody thought of materiality as part of a dialogue and consequently as part of the research, but still everybody was active in finding an appropriate place to arrange the next research gathering. In this chapter I will argue for the importance of the connections between people and materiality in general, and especially in the mental health field. Further on I will demonstrate how to include materiality in the research. In order to do so, I will:

- introduce the Norwegian architect and phenomenologist Christian Norberg-Schulz who has made important contributions to the understanding of the connections between people, places and materiality. With reference to his works, I shall examine his phenomenology of places.
- explore how this theory can be useful in mental health research by discussing what his philosophy may contribute.
- exemplify how to analyse photos as a useful research method in the mental health field by examining three photos from

a mental health hospital showing a living room, a medication box and a handwritten note.

### 1. *Christian Norberg-Schulz: Phenomenology of places*

The Norwegian architect Christian Norberg-Schulz (1926-2000) married the Italian Anna Maria Dominicis in 1955. He lived in Italy for many years, and in this country he also took his architectural degree. He wrote books on architecture, both in Norwegian, English and Italian. His philosophy of architecture is a part of a phenomenological tradition and referred to as the phenomenology of places<sup>1</sup>. Norberg-Schulz<sup>2</sup> writes:

At the same time, phenomenology appeared to me as a method well suited to penetrate the world of everyday existence, since architecture is in fact at the service of totality, which the term “world life” implies, a totality that eludes scientific procedures.

Norberg-Schulz<sup>3</sup> understands architecture as the physical setting in which social life takes place. A place is, however, not only a part of a geographical space in which something is located. People live in places, and in the meeting between people and the physical structure life takes place.

What is then a place? Place and life are strongly connected. From Norberg-Schulz’ point of view if you know where you are, you know who you are. When you tell people where you are living, you will at the same time tell them more about whom you are. If the place has been in use for a while, it will thus connect us to our ancestors. You will be rooted and you will feel at home. A real place will, in the words of Norberg-Schulz, gratify the need of dwelling<sup>4</sup>. This has to do with both being protected and inspired to develop oneself. Therefore, a place is an expression of identity and meaning – it is about presence and makes orientation possible.

---

<sup>1</sup> Several Norwegian health researchers are inspired by this philosophy: Kari Martinsen, Inger Beate Larsen, Eivind Berthelsen.

<sup>2</sup> Norberg-Schulz C., *Architecture. Presence, Language, Place*, Milan, Skira, 2000, p. 15.

<sup>3</sup> Norberg-Schulz C., *Principles of modern architecture*, London, Andreas Papadakis Publisher, 2000.

<sup>4</sup> Norberg-Schulz C., *Genius Loci. Towards a phenomenology of architecture*, London, Academy Editions, 1980.

The language of architecture, as Norberg-Schulz claims, is both a “basic language” and a “material language”. The first one is universal and applies to everybody; it is an embodied, strong and stable language. Despite its strength, it is difficult to describe or to picture because it is not concrete. This language is about the *genius loci*, the spirit of the place, which represent a kind of atmosphere which makes us feel that we are “present”.

The second one is the material one. The appearance tells us what kind of building it is: Is it a private house, a church or a hospital? The material language of a place is not only consisting of buildings. In addition, location, the interior, furniture and other things are talking. If you enter these kinds of buildings mentioned above, the spaces within confirm our expectations. This second language can be more easily described both verbally and with photos because it is concrete. And as we know the material language can change by tearing down walls or building new ones, by buying new furniture or paintings. Therefore places are not an ever-present stable entity. In the words of Norberg-Schulz<sup>5</sup>: Constancy and change are characteristic of a place.

When feeling at home, both these languages should be in harmony with the language people speak – the verbal language. Relations between these languages mean a good atmosphere and health (*genius loci*). When you are inside a church where the languages are in harmony, because of the atmosphere you will feel at home whether you are the priest or the congregation. Some of the materiality will talk to the priest, so he will know where he is and who he is. The same will happen to the congregation: other kinds of materiality will talk to them.

The loss of place expresses that there has been a loss of meaning in our physical environment. Christian Norberg-Schulz<sup>6</sup>, argues for example that the changes in the structure of our cities have resulted in the loss of a sense of place and meaning in human settlements. There are no longer connections between the basic, the material, and the verbal languages. The results are lack of identity and health. People are getting confused and stressed, “a loss of place implies a loss of life”<sup>7</sup> The following story illustrates the loss of place:

---

<sup>5</sup> Ivi, p. 79.

<sup>6</sup> Norberg-Schulz C., *Genius Loci*, cit.; Id., *Architecture. Presence, Language, Place*, cit.

<sup>7</sup> Norberg-Schulz C., *Principles of modern architecture*, cit., p. 76.

In a small, Greek village old, retired men used to meet in a tavern every morning for a cup of coffee, a glass of ouzo and a chat. Their fathers and their grandfathers had done the same. Togetherness, regularity and a well-known place makes life worth living. But one day a decision was taken by the authorities: The tavern had to be sacrificed to a new, four-lane motorway. One year later the old men no longer had a place to meet. In short, the genius loci evaporated. The loss of place weakened the sense of belonging and participation.

## 2. *Mental health research and materiality*

Let us agree with Norberg-Schulz' statement that materiality is strongly connected to people. It is then obvious that we need somehow to include material surroundings in mental health research because they are an important means through which social life happens. When doing research in mental health institutions, day centres or the homes where people with mental problems are living, we might look at them as places. Doing this will give us new approaches to understand people's identities; both that of the staff and of the health service users. Including materiality will give additional knowledge about how people are talking, thinking and moving – how they behave.

In fieldwork in five District Psychiatric Centres in Norway, originally built as tuberculosis institutions, I found that the materiality represented an authoritarian understanding of mental problems as illnesses. This view seems inherited from the understanding of tuberculosis and seemed embedded in the walls. Remote locations, guardrooms, and medicine dosage systems were important elements that supported this view<sup>8</sup>. Thus the material language (and the basic language) gave knowledge of how to understand, describe and treat mentally ill people. A “medical language” refers to different forms and these forms represent and produce special knowledge. Gillian Rose<sup>9</sup>, a professor of cultural geography, claims that knowledge is articulated through all sorts of visual and verbal images and texts, specialized or not, and also through the practices that those languages permit.

When, for example, doing research on practices in the mental health field, we have to look upon the material surroundings in

---

<sup>8</sup> Larsen I.B., *Det sitter i veggene. Om materialitet og mennesker i distriktpsykiatriske sentra*, University of Bergen, PhD Thesis, 2009.

<sup>9</sup> Rose G., *Visual Methodologies*, London, Sage, 2007.

which the living have “taken place”. This is because: “[World life] refers both to work of nature and work of man. [A]nalysis of place must take into consideration both aspects, and explore the interaction between them in the same degree”<sup>10</sup>.

As long as Norberg-Schulz<sup>11</sup>, states that the basic language of a place, the atmosphere, is universal and applies to everybody, it becomes important to observe the similarities rather than differences between groups even when it is a working place for some, a recovery place for others, or even a research place. To get access to the atmosphere, as a researcher you have first and foremost to be present yourself. That means what I as a researcher consider important, must be important for the users and the employees of a day-care centre as well. Using participant observation as a method, the researcher will get valuable information: Is the atmosphere good? Why is the atmosphere good? What are the people doing? How are they talking and moving in these specific material surroundings? How are they using this specific object?

At the same time the material language may talk in different ways to different groups. As a researcher you have to ask if there are rooms just for the staff. Are there separate toilets? Who has a key to the entrance door? Who does not? This of course gives valuable knowledge of a part of the mental health field and the way staff and users understand each other and themselves.

By including materiality in mental health research, we also have the possibility to get knowledge of how materiality can either support a healthy or a bad feeling, either dialogues or monologues, either possibilities or hopelessness, either normality or abnormality, and so on. Thus researchers will contribute to knowledge for planners that create places for people with mental health problems. In that way, it might be possible to construct places that support people’s recovery from mental illnesses, instead of places that represent a loss of place and then no recovery. Rose<sup>12</sup> states:

It is possible to think of visuality as a sort of discourse too. A specific visuality will make certain things visible in particular ways, and other things unseeable, for example, and subjects will be produced and act within that field of vision.

---

<sup>10</sup> Norberg-Schulz C., *Architecture. Presence, Language*, cit., p. 59.

<sup>11</sup> Norberg-Schulz C., *Genius Loci*, cit.

<sup>12</sup> Rose G., *Visual Methodologies*, cit., p. 143.

### 3. Materiality talks

This last part of the chapter will first and foremost exemplify how to include the material language in mental health research. Of course, it could also be useful to describe how to take into consideration the basic language, but here you will just get a glimpse. This is because, in respect to the phenomenology of places, it is impossible to separate these languages.

Among various methods, I analysed photos of buildings, rooms and objects as a part of my own fieldwork in the five District Psychiatric Centres<sup>13</sup>, in answering the following research question: What kind of meanings do the material forms of the District Psychiatric Centre have for patients and staff?

I included photography because I am of the opinion that a written text not is necessarily the only valuable research method. Pictures contain the possibility of conveying something that is not possible for a text<sup>14</sup>. What is important about photos, or other images, is not simply the photo itself, but how it is seen by particular spectators who look in particular ways. I did not use the photographs as evidence of “what was really there”, but as another possibility to interpret and understand practice. Nevertheless, I also used visualization to verify or deny other sources, and at the same time the photos helped a lot in memorizing the different places.

The social anthropologist and professor of Cultural Geography, Susan Sontag<sup>15</sup>, claims that photography illustrates a glance position to the world. By taking pictures, you interrupt other peoples’ life and places. You are also able to ignore what is important in their lives. The photo is both a kind of pseudo-presence and an absence. Making photos is a way to get in touch with, or make a claim to, another reality. The Norwegian historian, Knut Kjeldstadli<sup>16</sup>, emphasizes that photographers do not “take” pictures, they construct them. Photos are therefore what they have become<sup>17</sup>.

Including materiality in mental health research, we have to follow

---

<sup>13</sup> Larsen I.B., *Det sitter i veggene*, cit.

<sup>14</sup> Rose G., *Visual Methodologies*, cit.

<sup>15</sup> Sontag S., *On photography*, London, Penguin, 2002.

<sup>16</sup> Kjeldstadli K., *A analyse skriftlige kilder*, in Fossåskaret E., Fuglestad O. L., Aase T.H. (eds.), *Metodisk feltarbeid. Produksjon og tolkning av kvalitative data*, Oslo, Universitetsforlaget, 1997, pp. 207-233; Kjeldstadli K., *Fortida er ikke hva den engang var. En innføring i historiefaget*, Oslo, Universitetsforlaget, 1999<sup>2</sup>.

<sup>17</sup> Rose G., *Visual Methodologies*, cit.

the things themselves, for their meanings are inscribed in their forms, their uses and their language. Appaduri, in Rose<sup>18</sup>, claims that:

[...] things, objects, no less than people, have a social life. Treating photos as objects means paying attention to their specific, physical qualities, their complex sensuality, their materiality: how they look and feel, their shape and volume, weight and texture – their social and cultural context.

I will now introduce an analytical framework inspired by Rose and Norberg-Schulz<sup>19</sup>, illustrated with three photos from mental health institutions in Norway, answering the following three questions step-by-step:

a) *What does the photo show?*

This is about the obvious. It is about what the photographer wants you to see. Moreover, it is about what kind of material, colours and shapes are seen.

b) *What is the meaning of the obvious?*

This is about the material language and its relation to human beings. It is both about the unsaid and hidden, and at the same time outspoken.

c) *What are the functions of the obvious and the meaning of it?*

This is about establishing contexts. It is about what kind of culture and knowledge the material language support or not.

In the following you have to read the text about the photos you find attached in the end of this article.

#### 4. *The living room*

a) *What does the first photo show?*

The obvious are the furniture consisting of a dark green sitting

---

<sup>18</sup> Ivi, p. 217.

<sup>19</sup> Norberg-Schulz C., *Architecture. Presence, Language*, cit.; Id., *Principles of modern architecture*, cit.; Larsen I. B., *Det sitter i veggene*, cit.

group made from leather and a wooden coffee table. Things like a floor lamp, a pillow on the sofa, and three paintings at the walls are also seen. On the table is a tablecloth, two candlesticks with white candles, a fruit tray with apples and pears, napkins in a napkin holder and a small, yellow notebook. Under the table is a blue carpet decorated with a flower pattern along the sides. High up on the wall you see a ventilator. It is obvious that the furniture is from the eighties but the more romantic paintings are much older.

b) *What is the meaning of the obvious?*

The material language of the room tells people to sit down, to be together, to relax and have some fruit.

c) *What are the functions of the obvious and the meaning of it?*<sup>20</sup>

In the context of a mental health institution the patients are understood as persons who need to rest, to socialize and to eat healthy food. Thus, we can make the interpretation that mentally ill patients are seen as having the same needs as everybody else, and that at least a part of the institution is homely.

##### 5. *The medicine bottles and the medication box*

a) *What does the second photo show?*

Here you see five medicine bottles made from white and brown plastic, two paper packages of medicines also showing the tablets inside, and some loose medicines. The red medication box seen in the picture consists of 28 small compartments with windows you can see through. Inside the compartments, you find brown, white, yellow and red tablets with different rounded shapes.

b) *What is the meaning of the obvious?*

The material language of the medication box may say that taking a great quantity of medicines can be a mess and difficult to remember and sort out. However, with a little help from the boxes

---

<sup>20</sup> Here I confine question 3 just to concern the patients. Nevertheless, of course, the living room, the medication box or the handwritten note could have been meant for the staff. This you do not know from the photo.



you can easily organize the tablets and know what to take and when to take it.

c) *What are the functions of the obvious and the meaning of it?*

A medication box in the institution means that mentally ill patients are in need of medication (at least some of them), and that they use different kinds of tablets, which they easily forget to organize and take correctly. The medication box first and foremost represents an understanding of people with diseases as someone who need assistance to organize their own medication. In this respect, the box offers them valuable help.

6. *The hand written note*

a) *What does the third photo show?*

You obviously see a white square paper written on with red marker. The handwriting says (translated by the author): “Hi! Did you remember to tidy up your own stuff?” The note is pinned to a white lace.

b) *What is the meaning of the obvious?*

The note tells us that somebody might be untidy. In spite of the romantic and homely room, somebody does not leave it in a proper condition. In addition the note gives an ambiguous message. On the one hand, it has a friendly tone starting with the “Hi” and ending with an exclamation mark. On the other hand, the tone is commanding, and the two question marks give the impression that the author of the note does not really believe that the addressee will tidy up.

c) *What are the functions of the obvious and the meaning of it?*

The note says that the patients in this room are behaving badly even when they are among others. Their manners are bad and they need discipline. The note also talks about people with mental health problems as untrustworthy, and in need of someone to keep an eye on them. On the other hand, the hand-written note protects the staff from telling the patients face-to-face that they are making a

mess of things.

Photography as a method in mental health research opens up new ways of understanding in the mental health field. Photos say something that field notes do not. Both photos and objects talk. In addition, objects are able to talk with the help of a photo. When looking at separate pictures of materiality, each photo tells something you might easily miss when you make live participant observations. If you did not know that the pictures are from a mental health institution, you might get another perspective on the institutions' life and how its materiality influence patients and staff.

The first photo tells us that this is a quite ordinary living room. There are no material signs telling us that the living room is inside an institution. However, once you are inside the institution, you easily forget the normality of the room and instead look for specific signs of abnormality.

The second photo shows an ordinary medication box. Within the institution, the box is present all the time. Then you take the box for granted and forget its strong message.

The third photo of the handwritten note also has a powerful voice. It is present all the time and then you will see it without really seeing it. The note on the lace is surely taken for granted until the photographer makes it special again.

There are of course limitations to using photography of the material surroundings in mental health research. Without combining it with other methods, you will lose information about the interactions between people and place, about how they are talking in different rooms and the general impression of the institution.

### *Conclusion*

Back to the research meeting mentioned in the introduction: I assert that we now are able to say that consideration of the material surroundings will influence the findings of research on dialogues. If you are sitting around a table with a medication box located in the middle, it is more likely that the dialogues will turn to diseases, than if you have a photo showing a happy family. The medication box represents in a way the medical language and the medical culture. The forms produce special knowledge and a special way of talking and understanding. Materiality talks for sure. Photos of materiality will therefore give valuable information. A photo of materiality

helps to focus on the taken-for-granted objects, so they become special. By turning the taken-for-granted into something special our perspective changes.

## REFERENCES

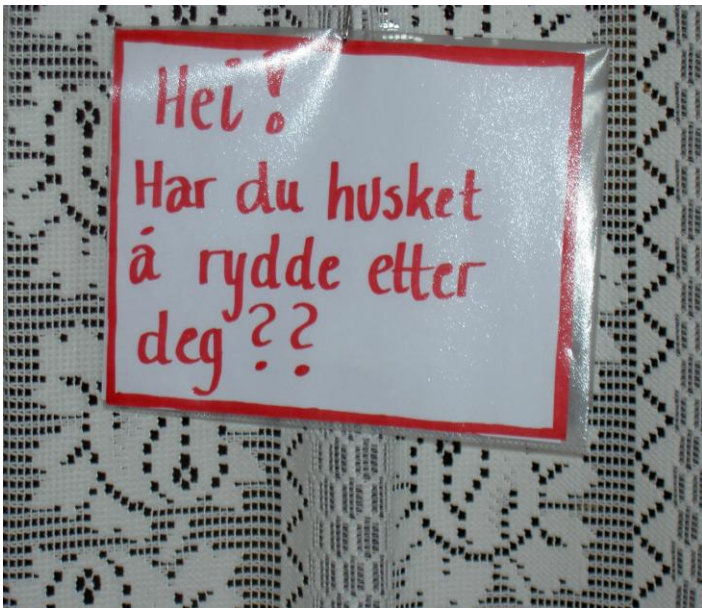
- Berthelsen E., *Far vel. En fortolkning av pleiepersonels erfaringer med å pleie døende og å stelle døde*, University of Tromsø, PhD Thesis, 2010.
- Jakobsen K., *Bildet beveger seg*, in “Morgenbladet”, 23.06-29.06.2006, pp. 26-27.
- Kjeldstadli K., *Å analysere skriftlige kilder*, in Fossåskaret E, Fuglestad O. L., Aase T. H., (eds.), *Metodisk feltarbeid. Produksjon og tolkning av kvalitative data*, Oslo, Universitetsforlaget, 1997, pp. 207- 233.
- Id., *Fortida er ikke hva den engang var. En innføring i historiefaget*. Universitetsforlaget, Oslo 1999<sup>2</sup>.
- Larsen I.B., “*Det sitter i veggene*”. *Om materialitet og mennesker i distriktspsykiatriske sentra*, University of Bergen, PhD Thesis, 2009.
- Martinsen K., *Huset og sangen, gråten og skammen*, in Wyller T. (ed.), *Skam. Perspektiver på skam, ære og skamløshet i det moderne*, Bergen, Fagbokforlaget, 2001, pp. 167-190.
- Norberg-Schulz C., *Genius Loci. Towards a phenomenology of architecture*, London, Academy Editions, 1980.
- Id., *Architecture. Presence, Language, Place*, Milan, Skira, 2000.
- Id., *Principles of modern architecture*, London, Andreas Papadakis Publisher, 2000.
- Rose G., *Visual Methodologies*, London, Sage, 2007.
- Sontag S., *On photography*, London, Penguin, 2002.



The living room



Medicine bottles and a medication box



The hand written note

