Re-placement of selves –

An anthropological study of place-based engagement in a Danish community health center

Master's thesis

Simon Ewald Kay

Division of Social Anthropology

University of Lund August 2016

Supervisor: Steven Sampson

Abstract:

This thesis is an anthropological study on how a group of people suffering from Posttraumatic Stress Disorder [PTSD] construct meaning in a community center in Copenhagen. The specific aim of this thesis is to investigate how place can be understood as a factor that plays into well-being and recovery. Based on a case study of a Danish community health center, this study shows how users construct significant lives through stories of their past. The accounts of their past are a way of escaping their present, and, the social practice is mediated by the place. Applying the Foucauldian concept of Heterotopia, the community center is seen as a refuge – a counter place to societal order - and takes on emancipatory character for its users. However, it is precisely this counter-character of the place that prevents the users from rejoining the world outside.

Key words: Place, Heterotopia, Anthropology, Mental illness, Refugees, Healthcare system, Denmark

Chapter 1: Introduction

*A place has no feelings apart from the human experience there. But a
place is a location of experience. It evokes and organizes memories,
images, feelings, meanings, and the work of imagination. The feelings of
a place are indeed the mental projections of individuals, but they come
from collective experience and they do not happen anywhere else.
(Walter 1988: 21)*

This thesis is about how immigrants and refugees diagnosed with a mental
illness find solutions to their problems outside the formal treatment system.
The "treatment" which they use is a community center in Copenhagen. The
center offers no formal mental health treatment, but it appears that those
who use it, many of them suffering from a combination of psychological
illnesses and social problems, feel better almost from the moment they
enter this place. How can it be that a group of people who are classified as
mentally ill, who are considered to be socially marginalized and
disconnected from the rest of society, can experience a profound degree
of contentment and collective identity in the setting of a modest community
center which does little more than provide some meals, coffee some table
tennis, and a place to relax? I argue here that the answer to this riddle is to
see the center as a kind of Heterotopia. I use the term Heterotopia in order
to explain what could be described as an alternative order, counter to the
norm. The guests of the community center are at large represented by the
mass media, civil society and in political discourse as the "cultural others",
as ones whose suffering is a burden to the welfare system. I will show here
that the center's relative success is that it allows the guests to construct
meaningful everyday lives through nostalgic narratives and routinized
everyday activities. The center is a place for storytelling at an individual
and collective level. Looking at treatment in terms of "the place of
treatment" rather than a formalized treatment protocol can perhaps give us
a clue as to why certain types of treatment unexpectedly succeed, while

other well-tested methods do not. I will therefore argue that looking at place as a social product, within community healthcare, can help us understand why certain healing paths have a positive impact for otherwise traumatized individuals.

The nature of trauma

Trauma is an experience of profound powerlessness, often associated with being a victim, witness or perpetrator of violence (Fassin 2009, Wineman 2003: 16). For people who have experienced trauma, recuperation is primarily about recapturing the feelings of power in one's own life (Wilson, Drozdek & Turkovic 2006: 124). Since place can be understood as produced by social interaction, place also gives the opportunity for control and can therefore serve as a tool for recovering control over one's own life and life narrative. But presenting the center as a place of emancipation is not enough. The center, as I will show is also a place of constriction. While it allows people to construct their own realities in a free-form fashion, it also prevents them from returning to the reality that lies just outside the door of the center. In this thesis, I will try to show how one particular place, ostensibly just a place for recreation or free time, fulfills a therapeutic function for a group of severely traumatized, marginalized people who have no other spaces to use for their narratives. The study shows how the use of nostalgia and life narratives help informants into well being, but are also a barrier to future adjustment and integration.

Background

The road curved right from the main road and the small square appeared behind the row of parked cars and the large municipal garbage shed. The square felt more barren and naked than the night before where the lazy yellow streetlights and the buzzing crowd from the arena across gave some comfy energetic atmosphere. I went up to the doors, whose blinds were closed, and entered the community center as agreed with Ebirna the night before. The entrance hall was empty and the stools where Ebirna, the volunteer employee, and I sat and made the appointment, was stacked on top of the washed off table. In general the entire place had a markedly different feeling than the night before, when appearing without guests. Walls, chairs and empty rooms deprived life.

Primarily, I wanted to make an investigation on traumatized refugees' and immigrants' journey through the Danish healthcare system, with a specific focus on mental health treatment. Through my job with the Danish Red Cross, I had an idea of the high level of suffering refugees go through, as I had been in contact with both newly arrived refugees and people who had come to Denmark years before. I saw a field ripe for an anthropological investigation. Most notably, what caught my interest was the fact that the atmosphere in the community center was much less tense than I expected. The sense of grief, distance, isolation and hopelessness that I had witnessed in my work outside the center, was replaced by hugs, jokes and a feeling of collectivity. The guests at the community center came from all over the world, with the predominance of people being from the Middle East and East Africa. The age range was from 25 to 75 and with an overrepresentation of men. The extent of time they had been in Denmark and their journeys to this particular place in Copenhagen were extremely varied. Likewise, the staff of the center came from different countries in the Middle Eastern region. None of them were born in Denmark, except for the co-founder and the administrative worker. What I observed and

participated in during my four-month fieldwork was not only the daily joy and vicarious contentment of those who dropped by the center, even though they were not receiving any form of treatment or counseling there, but also that they did not escape the community healthcare despite the their 'recovery'. Most people came alone, joined the atmosphere of the community center, and after a few hours left by themselves. Sometimes they engaged in playing board games like *backgammon* or had conversations, and sometimes not. Through my role as a volunteer, I came to be a part of their daily routines and a trusted face among my informants. Most of those who were not well acquainted with the Danish language knew English, or shared their stories and thoughts through others who served as interpreters. We spent most of the time in the community center or at the plaza just outside, drinking strong tea and smoking cigarettes. Occasionally, I accompanied my informants as they did various errands around town and in other community centers. This gave me the chance to observe them in other settings and in other contexts.

Throughout this thesis *places* will take a central role, as I investigate how immigrants and refugees gain control over their history by being members of a community center. The people described here have been diagnosed with mental illness, anxiety and depression. However, within the four walls of the community center, their sickness seemed to be placed on hold, or vanish completely, at least for a few hours. Through my informants' actions and stories, I will seek to answer the following research question:

In what way can individuals' experience of place act as a healing tool in the community healthcare? And how do we explain the positive role of this particular place in the informants' everyday life?

In order for me to answer my main research question, I will have to answer a number of sub questions:

How do diverse senses of place function to include or exclude people in treatment?

How can everyday routines and rules sustain control, possibility and collectiveness?

How can one place have different meanings?

In what way can we understand positive progress as constraining?

These are some of the sub questions I will pursue in the chapters to come. But first, I will outline the larger context of this thesis as well as the theoretical and methodological framework.

Context of this thesis

In recent years, there has been a considerable amount of focus on ethnic minorities within the Psychiatry of the Danish healthcare service and the specific problems related to mental illness and culture.

The increased attention and focus on the health of this particular group has led to a variety of initiatives in Denmark in order to acquire further knowledge on the topic. The main focus has been on the general overrepresentation of people who express a feeling of illness (Singhammer 2008), cases of forced hospitalization (Helwig-Larsen & Kastrup 2007), and on transfer income from the national state (Danmarks Statistik 2015: 81). In this light, the Danish mental health system can be seen as an important place where the encounters between immigrants and refugees and the Danish state take place. In Katrine Schepelern Johansens PhD. thesis, under the title *Kultur og psykiatri* (2005), she made one of the first larger anthropological contributions to mental illness, culture and treatment in a Danish context. More specifically, she focuses on the psychiatric staff and their encounters with patients with non-Danish ethnic background, looking at the everyday perceptions and treatment of non-Danish clients. In this thesis, my informants did not receive adequate treatment, and at times no treatment at all, but were still emplaced in the system due to their detachment from the labor market and their diagnosis of illness.

Mental illness is a complex social phenomenon and the anthropological literature on the subject has contributed to a broadened understanding of the matter by focusing on culture specific disease patterns (Kleinman, Das, & Lock (red.) 1997), different illness perceptions (Obeyesekere 1981) and distinct linguistic connotation of the pathological state (Brody 1987) with a special interest in the phenomenological and narrative analyses. The focus in this thesis will be *place* and especially how the experiences of the individual can be inscribed in these structures and how human attachment

9

to a geographical site can create an identity of place. It could be argued that this approach focuses on the social organization of sickness, taking on the work of French philosopher Michel Foucault (Foucault 1965, 1979) and the American sociologist Erwin Goffman (Goffman 1961) in the form of institutional criticique, as these places historically have been seen as places of structural power and forced compliance. This thesis does not offer this kind of institutional critique for two reasons. First, Denmark is no longer required to keep people with mental illness hospitalized, especially with the deinstitutionalization effectuated by the social reform of 1 July 1998 (Madsen 2009), the approach of this thesis is different. Societal control over deviants lies outside, or beyond the walls of a pervasive institution. Second, I will argue that some places can serve as a refuge form these structures, as a site of individual control. Places, then, are not only constraining, they may also be emancipatory. Such is the case with the community health center described in my case study.

**

While immigrants and refugees may achieve the same legal status as Danish nationals, 'foreigners', never appear to be fully integrated and inserted into the Danish society and in everyday life. Immigrants and refugees, especially those with social or psychological problems, remain 'out of place' (see also Cresswell 1996). This implies distant ontological or phenomenological views on the world. Such a view would question the individual's place in society, and consequently answer why people cannot function in the space created for them, and as in this case, also created for their treatment. For Casey (1993), *embodied implacement* is important to conceptualize if we are to understand how some people can be seen as 'being out of place'. Geographers Heidi J. Nast and Steve Pile argue in their book *Places Through the Body* (1998:1) that place making and the human body can't be separated, even though the differentiation between

the material and physical entity of a place and the biological unit of the body can be easily thought of as two disjointed categories. They elaborate on this idea in the introduction of the book, stating that:

> *Both bodies and places need to be freed from the logic that says*
> *that they are either universal or unique. Instead, it would be better*
> *to think of the ways in which bodies and places are understood,*
> *how they are made and how they are interrelated, one to the other*
> *– because this is how we live our lives – through places, through the*
> *body (Ibid.).*

Take my cue from Nast and Pile's attention to the interconnections between body and place, I have chosen to focus on place in order to show how my informants experience their life in the healthcare system and cope with trauma through being at a particular community center. My focus here was stimulated by the guests' surprising degree of hope and optimism, positive character and rejection of stigma, expressing meaning in life, which I observed during my fieldwork. In short, people who were classified by the system as mentally ill seemed – from a layman's perspective - to become incredibly healthy and well adjusted almost from the moment they entered the setting of the community center. How did this happen? Why did this happen? And what made them keep coming back if they were 'cured'?

The guests at the community center were labeled not only as 'deviant', but also as 'others' - a form of social identity - as in reference to Ian Hacking's concepts of *Making of people* and *looping effects of human kind* (Hacking 1986, 1995a, 1995b). This is why I previously suggested that my informants could be seen as "falling out of place" due to their representation and their place in the community healthcare.

In this thesis *place* refers to more than a geographical destination, but more as a 'sense of place'. To phrase it in a different way, places, rather than simply 'being there', are in fact created. I argue, based on my observations at the center, that 'sense of place' – the collective act of creating a place, may have a positive influence on the mental state of the people involved. Place making is a form of cultural creativity.

Thus, I suggest that the social drop-in center are not just community born, local building of transitory care, but a place to escape from the repressive demands of the job centers and psychiatric treatments and where my informants could catch their breath and bypass welfare state realities for a few hours. Simply put, the community center became a refuge and a place of emancipation.

How does this refuge/emancipation manifest itself? I argue that through nostalgic stories of their lives before their time in Denmark and in the community healthcare, my informants retreated and made a *counter place* of the societal requirements and reality outside of the community center where I conducted my fieldwork. Hence, instead of perceiving the progression of life as a motion through predetermined stages, visiting the community center provided for a life with a personal depth and acceptance of life no matter how it was presented. Paradoxically, this same refuge aspect also prevented them from full integration into society.

<div align="center">**</div>

This thesis is an exploration of how a group of refugees and immigrants diagnosed with a mental illness experience life in a community center in Copenhagen. My effort is to demonstrate how a group categorized as being out of place in society construct meaningful everyday lives and alternative modes of constructing reality. By showing how the meaning of place changes, I attempt to define the aspects that establish the community

center as a place that is occurring, open and created by social practices of its guests.

I do not attempt to discuss the details of the mental illnesses nor the community healthcare in general; I make no claim that what follows is representative of all the guests in the particular community center. Instead, this thesis seeks to generate an understanding of a fragmented slice of life, during which a group of people are temporarily given the opportunity to control their own stories and thus their 'own place'. The center becomes a place where the guests can construct their own stories for people who really listen to them.

Chapter 2: Theoretical framework

For this thesis, I am interested in how a sense of being out of place, in societal objective, is turned into being in the right place, and how preliminary classifications of the welfare state temporarily are bypassed by practices originating from nostalgic experiences. Therefor, the theoretical perspective of this thesis is drawing on both philosophical and geographical work on places, with a special focus on Tim Ingold's understanding of place and the making of place. In the next section, I will present the theoretical framework of my research, which I took to be the basis of my understanding of the social life of the community center.

Heterotopia and border zones

Place and Space have been the focus of a wide group of social scientists in their quest to understand how people ground themselves and form their sense of belonging in the world. The anthropologist Setha Low (2014) uses the term *Spatializing Culture* when studying the human connection to the everyday place where lives are lived and community are constructed.

In Denmark, the community healthcare system can be seen as a form of social threshold that is to be transcended in order to unify the patient's' mental state and the expected societal requirements for community citizens. Within the system is a created space with a specific culture for recovery. This is a special way of making people as Ian Hacking (1995a, 1995b) has described, but also a specific way of making citizens as "an effect and an instrument of political power" (Cruikshank 1999: 5), and as a way of ordering the world, through the use of control (Deleuze 1992) all of which affects the spaces people live and move in. Foucault (1986) uses a 'mirror' as a metaphor to describe the parallel space created in reaction to the ordered spaces of society, which he names *Heterotopias* in the article

Of Other Spaces (1986). I will use this concept to explain how a specific place can provide people with life-supporting meaning, giving them enhanced social value. In this lengthier paragraph, Foucault, elaborates on the mirror metaphor:

> *A heterotopia in so far as the mirror does exist in reality, where it exerts a sort of counteraction on the position that I occupy. From the standpoint of the mirror I discover my absence from the place where I am since I see myself over there. Starting for this gaze that is , as it were, directed toward me, from the ground of this virtual space that is on the other side of the glass, I come back towards myself: I begin again to direct my eyes towards myself and to reconstitute myself there where I am. The mirror functions as a heterotopia in this respect: it makes these place that I occupy at the moment when I look at myself in the glass at once absolutely real, connected with all the space that surrounds it, and absolutely unreal, since in order to be perceived it has to pass through this virtual point which is over there (Foucault 1986: 24).*

A heterotopia, thus, is a space of illusions, counter movements and of otherness, as well as a disruption of rule where new social organization is formed, and where "the taken-for-granted mundane idea of social order that exists within society" (Hetherington 1997:40) is put on hold. Such a space is not fully imagined and not fully real, but lays in-between the psychical world and the psychological utopia of imagination. But as several scholars have noticed, such counter sites also have dangerous qualities, such as questioning already established spaces (Saco 2002), resisting those spaces (Hetherington 1997: 51) and hence destabilizing (Heynen: 2008). Indeed, the space created at the community center had heterotopic traits, as it can be seen as emancipatory, empowering and as a place on the outside of the usual order. The advantages of the concept of

heterotopia are, that it can be uses to describe a space's connectedness to other spaces and thus highlight the juxtaposed experience of my informants regarding the healthcare system. Such a place can also be precluding, which leads me to the concept of border zone.

**

In this thesis, I use the concept of 'border zone' to describe the way my informants were positioned in society and how by their 'movement' in this non-therapeutic landscape within the community healthcare system, they reconstructed their place.

The image of borders and boundaries has extensively been used within anthropology to demarcate ethnic group membership, social organization or social identity. You are either one or the other, in or out, as Barth (1969) showed in *Ethnic Groups and Boundaries*. Spatial boundaries are constructed to be crossed as a part of the collective identity making process. Hence, boundaries are highly relevant when it comes to place making. I find the image of the border zone applicable, as the characteristics of the community center, in my view, were clearly ones of a demarcated place with established borders, defined by those entering and leaving the center, the initial words of greeting and how they treat each other in their everyday interaction. The concept of border zone is not geographically defined but instead provides the opportunity to study alternate ways of being, or what we could call 'the others'. Renato Rosaldo (1993) states that our daily lives are "crisscrossed by border zones, pockets and eruptions of all kind" and that these " should be regarded not as analytically empty transparent zones but as sites of creative cultural production" (Rosaldo 1993:207-208). His views are somewhat shared by Liisa Malkki (1992), who takes notice of this during her exploration of a refugee camp on the borders of Tanzania and Burundi. Malkki shows how the homeland of the people in exile was imagined as true without claiming

particularity to the places and further argues that these social practices reconstructed the meaning, in the place of the camp (Malkki 1992: 25-35).

Likewise, the present state of marginalization and categorization among my informants, was put aside in order to re-create themselves in a bordered space. With the boundary starting at everything that was outside of their control, my informants could justify other orders and social actions. For Escobar (2001), this would be regarded as the social production and cultural construction of place, and further identify place as "a significant extent produced by, spatial logics" (Escobar 2001:147).

Hereby, I pursue the argument that cultural meaning and social practices are constructed, and seek to explain the different spatial representations experienced at the community center, as several scholars have exposed in rather dissimilar contexts. We have to see spaces as being mediated by the social process of imagining communities (Anderson 1982), social norms of fantasy play (Weiss 2011) and "excluded" spaces of power relations (Muun 1990).

What I'm interested in is the tangled connections between the different understandings of space and place, but especially where the ideas of boundaries are diluted and reality must be understood in an altered way.

I'll try to establish a perception of what Tim Ingold (2007) describes as *habitation* of places.

> By habitation I do not mean taking one's place in a world that has been prepared in advance for the populations that arrive to reside there. The inhabitants is rather *one who participates* from within in the very process of the world's continual coming into being and who, in lying a trial of life, contribute to its weave and texture (Ingold 2007: 80-81 emphases added).

Ingold's idea of place is that the spatial assumptions are directed towards movement and how places *occur* (Ingold 2008: 1808). Habitation is an act of cultural creativity and inhabiting the world goes in sharp contrast to what he calls *occupying* of the world. This occupation of space is somewhat understood as having enclosed categories with no room for interpreting the space around. Hence, places are produced in the life paths of beings. But as I will suggest, inhabiting can also be understood as a state of permanency, thus making the community center a border zone where people did not cross 'the border' and got re-integrated in the outside society.

Nostalgia and phantasm

Although it surely can be argued that the guests at the community center had some performative features, the aim is not to make use of a frame of analysis based on concepts from role-play. In contrary to sociologists such as Erving Goffman (2005, 1992), who has developed extensive frameworks for analyzing human interaction based on role-play (impression management, back stage/front stage, face work), these metaphors do not fully encapsulate the place where I carried out my fieldwork. Rather, in the thesis I employ the concept of phantasm in order for me to explore the sense of place (see also Feld and Basso 1996). To use Michael Taussig's phrase, sense of place emerges, in the space between "the real and the really made-up" (Taussig 1993: xvii). The identity work of my informants was phantasmic as they were placed in the social environment of the community center. I use the concept of phantasm because, as the Italian philosopher Giorgio Agamben (1993) states, nostalgia can be brought to life when the "phantasm of sensation is being considered as a reality" (Ibid., 86, n5). My informants spoke of themselves as if they were remembering themselves to be but also as real. By looking at these

behavioral patterns as 'phantasmatic constructions', we can better explain how the place occurred. My point is that the many individual phantasms in the community center changed the place through social practices. The guests of the community center demarked the place as juxtaposition to the contemporary society and community healthcare by the exchanging of stories. Hence, the experience of themselves goes in line with Bourdieu's (1990) notions that displacements within a structured space starts with what he suggest as symbolic manipulations of body experience (Bourdieu 1990: 77).

**

The reason why I find the concept of the phantasm fitting as an approach to explain the behaviors of my informants is due to the fact that it denotes agency and movement, as Victor Alneng (Alneg 2002: 465) also suggests. Thus, the representation of reality can be understood as both in the mind of the individual and as manifested through agency and practices. It allows people to construct their own nostalgic worlds, making the place emancipatory, freeing my informants from their categories. I call this 'storied behavior'.

In the modern society, nostalgia is a problem as it can be seen as questioning modern categories of people and as a longing for the past in response to feeling misplaced (Bonnett and Alexander 2013:392). In the community center, the phantasms of the guests took form of a restorative nostalgia in order to reconstruct what was lost, I argue. In this thesis, the processes I have described above became a force of being in the form of stabilization act of their former selves. In the community center, categories of deviant and otherness were excluded in the reiteration of other stories.

By using the concepts presented, I will show how the stories constructed by my informants are in fact acts of place making. Places are indeed constructed by the narratives.

The Place as a phenomena

In the community center, the everyday practices and social interactions I saw among the participants in my study were time real world situations and a phenomena of the empirical world of the community center. This is what Patterson & Williams (2005) suggest as being the person-world intimacy of place and can help in explaining place as central the human experience of being. As Tilley (1994) also states:

> Personal and cultural identity is bound up with place.
> Experience begins in places, reaches out to others through
> spaces, and creates landscape or regions for human existence
> (Tilly 1994: 18).

This statement supports the idea of place to be looked as a constructive product of the interaction between location and experience. In this thesis, I am following the idea that an open place occurs through nostalgia; I will argue that this construction would not succeed without the human involvement in the community center. The place of the community center cannot be understood simply as a spatial container of a constructed order, but has to be understood in relation to other spaces in society. This is why I use the concept of 'refuge', which denotes a location created through people's actions. These actions by the guests are of a particular type – they are emancipatory. They are freeing themselves from the categories imposed upon them by the welfare system, which sees them as ill, marginal, different. The experiences, of the guests of the community center, placed them *in* the environment, as Steven Feld also recognizes (Feld 1996: 94). When I visited the center, it was not just a case of me seeing the guests there and sensing the environment, but rather a complete experience of being *in* this specific community center, taking in the noises, scents,

sights and atmosphere as a whole. Engaging in the field gave me the opportunity to experience my informants' day-to-day reality in the community center. As anthropologist Bruce Kapferer (1986) notes:

> The reality of one self and the reality of individual self-experience..[..].. a consciousness of being in the world-in formed within an experiential reality composed of consociates and contemporaries with whom individuals assume both a degree of commonality in experience and a shared framework of understandings through which they become aware of their own and other's experience (Kapferer 1986: 189).

I became a part of my informants' reality as they became a part of mine while being in the community center. I observed the guests through their cultural and social commonalities and how they make sense of the place through general features of cultural otherness rather than the social otherness situated in the classifications as patients. Both Edward Relph (1976) and Christian Norberg-Schulz (1979) have applauded the phenomenological notion of place and 'placelessness' in order to reason with the human experience, meanings and the intersubjective descriptions of the world. Applying the concept of refuge, I will try to capture the place-person relationship, focusing on what Trigg (2012) calls the affectivity of place (Trigg 2012:6). Trigg suggests that people experience place in a sentimental manner because, as he writes "bodies orient us in place, and in doing so become the primary source of how we apprehend a given environment" (Ibid.) and further elaborates:

> Not only is the body highly specific to a particular place—we are seldom in two places simultaneously— but the relation we have

to any given place is unique and irreducible. Experience, affectivity, and particularity are at the heart of place (Ibid.).

Hence, the concept place, as used in this thesis, is not only a matter of natural surroundings, but also the human attachment to it and to other places, as Cecilia Lowe (2003:15) also has noticed.

This also means that places do not exist exclusively without interaction. Places occur through the lived life of interacting people. In order for me to understand how people `live with marginalizing classifications – and live well´ while making sense of their world, I will look at the community center as a counter place - counter to societal order and control. The relational people-place dynamics create a sense of consistency and control, but also otherness and collective identity. In the community center, a simpler reality was created where the complexities and difficulties expressed by the guests towards the system was bypassed. The guests, viewed as 'cases' by the welfare system, had little control over key aspects of their lives. At the community center, however, they were able to construct a very different reality in which their agency was at the forefront. It was not just a nostalgia about having been normal before they became sick, but also about being in control over their lives before they lost this control to the welfare system.

I made the choice to focus on the community center through the concept of place since it served as a place of 'refuge' that was made meaningful by the guests. I will argue that focusing on place in the light of the constructive forces of the heterotopia is a way to understand the on-going social representations and social actions of everyday life beyond the regular understanding of community

**

To quickly sum up the concept of place used in this thesis, I will use the phenomenological sense of place, of life and human experience, making the place occurring due to the experience of being there. I have chosen to see the users as *inhabiting* the community center, that is, engaging in life by going backwards, towards something that they once created and being part of a open place of individuals, each carrying with them a personal history and behavior that is viewed as marginal or deviant by the Danish society, but not necessarily by the informants themselves. By looking at the community center through this phenomenological lens, I had the opportunity to sense the place like a landscape that can only truly be experienced by moving through it, drawing on the theoretical frameworks of Tim Ingold (2000, 2007, 2008, 2011). For Ingold, life is what constitutes the ground, making a place (Ingold 2007: xii) and thus:

> A place owes its character to the experiences it affords to those who spend time there – to the sights, sounds and indeed smells that constitute its specific ambience. And these, in turn, depend on the kind of activities in which its inhabitants engage (Ingold 2000: 192).

In line with Ingold, in this thesis I will use the term movement as a cognitive practice used by my informants to go outside the fixed boundaries of their categorization of the present moment. We could say they stepped out of reality by stepping in the community center. My informants' engagement in what I have chosen to see as moving back in history through mirrored representation of themselves in order to have control over their life, I argue, creates a counter place for social and cultural stigmatizing. I call these phantasms, as my informants became

their stories. Place, in this thesis, is seen as open, occurring while moving through it, generating knowledge *of* and *in* place.

Hence, ethnography is an obvious methodological choice because we, as anthropologists, do not necessary orient ourselves through the established representations of how thing are, but rather acknowledge the relativistic and the situated in order to develop new ways of understanding the world and to allow us to tell its story (see also Augé 1995: 42-45). In that sense, the field is open for possibilities and for the ethnographer to develop new knowledge when the world suddenly does not make sense. With these descriptions of the theoretical framework of place, heterotopia and nostalgia, I now turn to the chapter of methodology in order to demonstrate how my data was collected.

Chapter 3: Methodology

In the following chapter, I will elaborate on the methods and the difficulties in gathering the data for this study. Based on my reflections of the anthropological, methodological and ethical nature, I will discuss the challenges of doing fieldwork amongst mentally ill, debate the topic of the spoken word and elaborate on the ethnographic understanding and accessibility of the field.

**

At the time I conducted my fieldwork, I was living in Copenhagen only fifteen minutes by bike from the community center. This could indicate a lack of "authentic others" on the basis of the traditional anthropological premise that "home" is a place of sameness (Gupta and Ferguson 1997a: 32-33). But as I soon came to realize, the field was a place of difference instead of sameness. Even though the distance, speaking in terms of location, was not great, I had to explore the culture as an "outsider". Other anthropologists such as Sue Estroff (1981) developed a special methodology in order to obtain the intimacy and the insider-perspective anthropological epistemology is so dependent on. In her study on psychiatric clients in America, Estroff self- medicated herself with the same anti-psychotic medication as her informants in order for her to gain perspective and experience the social world of the others. Nevertheless, as Paul Rabinow's (1977) states in his deeply personal accounts, *Reflections on Fieldwork in Morocco:* "However much one moves in the direction of participation, it is always the case that one is still both an outsider and an observer" (Rabinow 1977: 79). So entering the world of social action in the community center, participant observation was my tool to get "insider" information, but from a distance.

Recognizing the difficulties that arise from *being there* (Borneman & Hammoudi 2009), participant observation and the ethnographic knowledge has been criticized and debated due to the subjective representation of the people studied (LeCompte & Goetz 1982), the uneven power dynamics between the researcher and the researched (Ahearn 2001), and the socially constructed ways of investigation and of writing (Clifford and Marcus 2010[1986]). But the experiential encounters that come from being in the field also function as first hand encounters of cultural difference, not only as visualization and observation, but as Borneman & Hammoudi (2009) suggests:

> Through linguistic exchanges, (mis) translations, feelings of attractions and repulsion, discussion and arguments, and fights and power tactics, as well as through the study of knowledge that societies have produced about their past and present (Borneman & Hammoudi 2009: 19)

Put in another way, my ideas of doing fieldwork as a controlled experience with my fixed position as a volunteer was impossible, as Hastrup & Ovesen (1995), also suggest. Participant observation is not natural science with constants and controlled variables; the researcher can't change as needed. But what the researcher can do is to change roles according to context and be reflexive about the ethnography (Watson 1987, Davies 1999) and the positionality (Robertson 2002).

I came to the community center with the plan to "hang out" at the center, to volunteer at the daily activities and interact with the guests, not necessarily as a professional researcher, but as something beyond the role of the professional. According to Bernard (2006), hanging out is a skill and a

perfect method to not only create acceptance and to show people that you are there for them, but also to find out exactly what to look for (Bernard 2006: 368-369). This dialectic role as active and passive, or observer and participant, is also ideal for choosing informants, or being chosen as Charlotte Davies (1999) argues. I found this practical and important, taking my informants mental state into consideration. Some of the guests at the center were suffering from severe mental illnesses and were under the influence of strong pharmaceuticals. Several times I had to re- introduce myself and my purpose of being there to the same people, as my informants had no or little memory of the day before. It is clear that this affected the conceptual premise and the reality presented to me. What they told me and how they told me (Metcalf 2002:1) was thus dependent of various factors. I had regular contact with approximately 35 guests and staff during my fieldwork, with 8 becoming key informants. During my fieldwork, I conducted 6 structured interviews of descriptive character and many more during informal conversations of semi-structured character. I was interviewing both guests and professionals of the community center. I tried several times, unsuccessfully, to persuade those agreeing to an interview to give me first their story and then their experience with the community healthcare system. An example was Irman, a 63 year old Iraqi man diagnosed with Post-Traumatic Stress Disorder [PTSD].

> "I have got a lot of treatment from various psychologists and have
> been associated with Dignity [the Danish center for rehabilitation
> of torture victim] for a long time. Even though I can't get my
> breath and have chests pains, they say it's my brain that causes
> the problems. One time I what admitted to the hospital, the chef
> doctor came and pulled of all the tubes just attach me, saying that
> there was noting that they could do as my conditions was of un-
> psychical charter that it was in his head. Now my kids don't
> wanna to talk to me – my wife took them when she divorced
> me…..[long pause]..". (Irman)

Irman interrupted the interview and left the table we were sitting at, apologizing for his inability to continue. I quickly came to learn that being part the practical physical environment of the community center was much more than mere permission (Hammersley & Atkinson 1983: 56). My interactions with people were usually fragmented and diffuse with many different agendas. Some were brief, others more profound, but all placed me in an ethical dilemma about personal boundaries.

The site of the study was not fixed nor had all the questions been previously thought of. Key aspects of the interrelations were the different juxtapositions of the informants in the field, which formed the data for analysis in order for me to develop a holistic understanding of the place (Dewalt & Dewalt 2002: 92). But it was only later that I figured all of that out.

On the one hand, the method of fieldwork and participatory observation is what makes the anthropological knowledge valuable and authentic (Gupta & Ferguson 1997a:1). On the other hand, it is a theme of much difficulty within the discipline, and as Hume & Mulcock (2004) describe as *awkward Spaces, productive places.*

I had chosen this particular field site from an idea that it was easy to get in touch with people as of the status of the center as a voluntary offer from the welfare system where people came without referral. In the beginning, my presence at the center received little attention from the guests. Within the group, I found it hard to get in contact with the social action I was attempting to document. My project did not seem to interest them too much and I did not have the chance to really establish a reciprocal relationship. I was being there constantly trying to measure my position. The concept of 'becoming' the field, as Hastrup (1995) suggests, was difficult for me.

The in-collectable and the focus

Many of the informants came to the community center with a personal baggage of traumatic experiences that ranged from torture to having to leave their country, family and belonging behind. According to Cathy Caruth (2014), " the traumatized ..[..]..carry an impossible history within them, or they become themselves the symptoms of a history that they cannot entirely possess (Caruth 2014: 5).

The reason I bring this up is to emphasis that the anthropological data is sometimes hard to obtain, as also Steven Lee Rubenstein (2012) has emphasized. He underlines the importance of "ethnographers to acknowledge that our informants may have experiences and their cultures may involve practices, that resist representation" (Rubenstein 2012: 41).

My informants never talked about their present situation in a negative way, other than in terms of fluctuations in mood and blaming the healthcare system for their distress. To me this indicated the unambiguous aspects of the culture at the community center. Being mentally sick was part of the premises of the center, an explicit element. But as I realized, this was not all the place was about. The tactic elements, such as "largely unarticulated contextual understanding....often manifested in nods, silences, humour and naughty nuances" (Altheide & Johnson 1998: 297), became my vantage point, and thus the leading element of my participatory observation, became participating bodily in the everyday activities of the community center. This phenomenological approach helped me to discover the common ground of the community center and as also mentioned by Michael Jackson (1983:340-341), through that I was able to avoid seeking the truth "at the level of disembodied concepts and decontextualised sayings" (ibid.). Since I used my body in the same environments as my informants, I was able to experience the place like those who inhabited it, informed by the places practical activities.

These circumstances that I outlined led me to shift my focus from the clinical communication of mental illness to the experiences of everyday life at this specific place. Therefore, the data of the thesis juxtaposes my experiences and observations of actions alongside the practices and stories of my informants.

I was spending time in the kitchen learning to cook, drinking tea on the porch and playing backgammon and ping pong and while doing so, had conversations about the everyday lives of the guests and observed my informants in their being. We went to monthly parties together, laughed, joked and I became part of a very informal milieu. I ate over 40 dinners with my informants, cleaned up, did handyman tasks and walked around the town with them. By doing these "normal activities", or sometimes by doing nothing, I will argue, I got access to some sort of a "save" space of the informants and gained intimate knowledge about the reality of the community center.

I followed Gupta and Ferguson's (1997a) "focus on social and political processes of place making, conceived less as a matter of 'ideas' than of embodied practices that shape identities and enable resistances" (Gupta and Ferguson 1997a: 6). In other words, bodily movement can do much more than the spoken work can (see also Jackson 1983). The things outside of our awareness were the things I was given access to, and as James Spradley (1980) instructed, that can include *Spatializing Culture,* which phenomenologically can "transport [the ethnographer] from the quotidian world of verbal distinctions and categorical separations into a world where boundaries are blurred and experiences transformed (Jackson 1983: 338). This indicates a multi-local ethnography, as the guests of the community center, for the most part, did not take on the cultural identity of the sick and of the deviants, reproducing the 'official' knowledge of them self.

Philosopher Edward Casey suggests that emplacement as a concept can capture the lived body's activities of a place (e.g. getting into, staying in, and moving between) stating this to be *the gathering powers* of place

(Casey 1996:44). Gathering is seen as such an event, according to Casey, which I claim is multi-local ethnography, because as Marcus (1998) suggest:

> The idea is that any cultural identity or activity is constructed by multiple agents in varying contexts, or places, and that ethnography must be strategically conceived to represent this sort of multiplicity and to specify both intended and unintended consequences in the network of complex connections within a system of places (Marcus 1998:52).

Hence, I followed the concept of place as it moved alongside my informants. As a final methodological consideration, I will touch on concerns about the ethical aspects of my study. The ethics of listening emerge from the vulnerability of embodiment – a shared human characteristic, as Joel Robbins states (Robbins 2013). The community center had an anonymity policy and was neutral in regards to politics and religion which in practice meant that these subjects was rarely, if ever, a topic of conversations in larger crowds. Being at a place like the community center could easily leave one in a state of pessimism, as regular treatment and codetermination, in a democratic sense, were absent. Undoubtedly, my informants could be seen as a lonely gathering of lost causes, but the anonymity and solitude was part of the social representation of my informants. This is why I also use pseudonyms instead of their real names, just as I have changed their nationalities and gender, unless it had special analytical significance, as I see this as a part of the movement beyond judgment.

Conducting an anthropological study is always a delicate matter for both the researcher and the researched. This is first of all due to the intrusive nature of the ethnographic fieldwork and the method of participatory

observation. The researchers are interfering directly into people's' lives and personal spheres in order to understand and examine how and why people behave and experience the world the way they do. According to the American Anthropological Association (AAA), one of the basic points of ethical consideration is the concern of harmful potentials of the research. This is articulated not in terms of "doing good", but rather "to avoid harm to dignity, and to bodily and material well-being, especially when research is conducted among vulnerable populations" (AAA 2012 : Art. 1). It is underlined that research may be linked " to promote well-being, social critique or advocacy" (Ibid.). My project falls under this description, not necessarily by means of doing good, but rather to have good reasons for conducting my ethnographic research. As I have already stated, the aim of this project is to generate knowledge that can lead to new and different ways of understanding human actions of diagnosed trauma victims diagnosed in the western paradigm of biomedicine. I believe there is good reasoning in raising awareness in Denmark to the subject, as the number of refugees from war-torn countries is the highest it has been in half a century. This is a situation in which Denmark must also take responsibility in, especially since it also comes down to individuals under the Danish healthcare system.

Overview of this thesis

In the remaining chapters of this thesis, I will discuss the following issues in order to answer my main research question.

Prior to **Chapter 4,** I will present a short account of the general context of the healthcare system in Denmark, before I focus on the specific community center of my fieldwork. In this chapter I will describe how the place materialized itself to me, as well as the guests. I put special focus on greetings and how the practice of care can serve as a threshold of place.

Chapter 5 describes the daily routines at the community center as a very valuable condition of 'being' in the place. I will analyze these practices using ritual theory in order to show how the everyday dinner made the place controllable, giving the guests consistency while they are there.

In **Chapter 6,** I discuss different ways of social action in the community center. I will put forward two cases of social presentations in the community center. First, I will show how one of my informants presented himself as mentally ill and thus 'reproduced the story' of his category, which excluded him from representing the outside order of things. The second case I will present is representative of the nostalgic sense of being that the community center mediated. I will analyze the general sense of nostalgia as an explanation of the guests' general well-being.

Finally, **Chapter 7** presents conclusions and perspectives on how to use concepts of place to better understand vulnerable populations and mental health. Furthermore, I will elaborate on the possibility of why the guests at the community center were to stay in the position of marginalization despite their well-being, putting into use the theoretical framework of this thesis in consolidation with the empirical background.

From Total Institution to Recovery

Since the beginning of the '70s, the welfare system in Denmark and the supportive social sector of the municipality have played an increasingly important part in the lives of mentally ill citizens who are in the process of becoming an integrated part of the Danish society (Madsen 2009). Starting in the 1970's, when psychiatry was transferred from the state to the counties, the development has gone from prolonged admissions, similar to Goffman's (1991) total institution, to psychiatric wards for shorter hospitalizations and more outpatient and community mental health treatment combined with social psychiatric day and residential facilities.

The concept of the community center can be thought of as an umbrella of offers targeted at vulnerable and marginalized people who are unable to comply with the societal demands for jobs, behavior and democratic involvement. According to the government, a person is vulnerable and marginalized if he or she experiences health and social inequalities and has substantial resource and functional limitations, as well as the need for support to recover, either through networks or socially oriented measures[1].

The community centers go by the Danish word *værested,* which translates to' a place to be' or 'place to stay'. The centers take a central position in the overall effort to familiarize socially vulnerable people with the community healthcare system of Denmark. They cooperate with and receive financial support from a variety of governmental authorities and function as the link between hospital mental health treatments for in- and outpatients and the period of time when the patient is discharged from the institution but is still in need of help in becoming entirely re-integrated in society. Broadly, the community healthcare refers to social work and mainly employs educators, social workers, healthcare assistants, and

---

[1] The Social Agency webpage

volunteers. Some places offer psychiatric treatment, group therapy and other rehabilitating methods.

In 2007, the Knowledge Center for community mental healthcare (Videncenter for Socialpsykiatri) published a magazine with an editorial focus on Law and Practice. According to case management consultant Preben Bøgelund, a good personal plan of action is based on the person's dream for his life. "The dream is the petrol" (Loveless 2007), and it can be seen as the starting point for a recovery process.

The official government plan of recovery focuses on factors such as hope for the future, identity building in a positive manner, meaning of life and empowerment, e.g. to regain power over ones own life[2].

Priority is placed on getting the mentally ill person to experience reciprocal social relations, to get social support from like-minded persons and professionals and to create networks of belonging in social communities. All can be mastered by following the personal plan of action for returning into society (ibid.).

This description of the healthcare system throughout this thesis, is intended to show what the healthcare system normally represent: namely, the progression of life as a step by step program towards 'normality'. In the chapters to come I will show, how an alternative order was created at the community center and how dreams of life in the past can function to generate a temporary situation of well-being. Instead of focusing on their recovery in the future, informants temporarily recover by invoking their past. But first, I will introduce the community center where this research was conducted.

---

[2] This is the official guideline of the Social Agency

Chapter 4: Inclusion/Exclusion

I will start out this section by describing the features specific to the field, presenting both my entrance onto the field and the general entering into the community center. This will be achieved through several ethnographic vignettes in order for me to show how life in the community center proceeded when the guests entered and when they left. I want to give the reader a clear idea of how the place was managed and of its exclusive nature, simultaneously serving as a neutral, open for all ground for people in distress and in need. I will specifically try to show how comings and goings relate to the material aspects and sense of the place, as well as how the embodied practice of greetings served as a thresholds of non-material nature, making the place bounded in a world otherwise blurred by categories of people. My aim here is to show how the specific place was created, or inhabited, by my informants' social practices. Drawing on this phenomenological perspective as the contextual basis of action, I draw on the concept of border zone in order for me to understand how people re-make themselves and to elucidate how my informants lived on the borderline of normal society. Using their wayfaring in the community center, they momentarily stepped outside of the dominant order. By utilizing the border zone concept, we can show how places function as a counter site (Foucault 1986) and as a site of unequal power, as several scholars of cultural border zones also have noted (Ortner 1996; Gupta and Ferguson 1997b; Rosaldo 1993). This indicates, as I have stated earlier, that people can be in or out of place as "we are, in short, placelings"(Casey 1996: 143, see also Relph 1976).

Hi, how are ~~you~~ doing?

A few weeks had passed since I had started as a volunteer. I spent my time at the community center learning the work routines, making the regular guests comfortable with my presence and just trying to find my way into the field. While spending time in the kitchen, I was slowly learning the names of the staff; I became familiar with the hustle and bustle noises of the people walking in and out, as well as with the smell seeping out of the big pots boiling on the stove. Even though the selection of activities was minimal, the large room buzzed with life. It wasn't the same type of buzz you hear in a bar, for example, where everyone has gathered for a festive evening, but rather the sound of calm interaction of bodies in dispositions. The community center is a 300 square meters, old factory building located in the outskirts of Copenhagen. It is tucked in between a public library and a youth counseling service that is operated by the municipality of Copenhagen. Diagonally is a *Muay Thai* club and to their left - a large sports center, which had created a plaza like scene filled with youthful energy and a constant flow of people. The Plaza rarely stood completely motionless - a sensation which drastically changed when you entered the community center. Entering through the main door, you walk along a bar counter surrounding the kitchen, pass the office and a small computer area, and arrive straight into the main room of the center.

Anyone who enters or exits has a slight chance of doing so unnoticed. The kitchen is the heart of the center; It is from there that the two daily meals are served. The black Turkish tea that the guests enjoy drinking is also prepared in the kitchen, while music from the stereo fills the room with "middle eastern" soul. The kitchen became my comfort zone for the first week and a half. It was from there that I strategized how to approach the guests out in the main room, as it was their perceptions, connections to the healthcare system and place making practices I was there to observe and study.

From the kitchen, all corners of the large main area could be seen. The main area is furnished with eight large tables and four small ones. The tables are all covered with floral oilcloths, small tea candlelights, and nothing else. In the corners there are two sofas and soft chairs standing on Persian carpets. The ceilings are high and allow plenty of sunlight into the room, creating a soft atmosphere. The walls are decorated with pieces of artwork from all over the world and various artifacts can be seen all over the shelves. On top of a rickety Ikea bookcase, situated approximately in the middle of the room, is a large fish tank, some board games and a messy pile of international newspapers. Almost everyday, the current newspapers are brought to the center and distributed on the table in the corner, where the large sofa stands, for general use.

I had an predetermined understanding of the people in the healthcare system similar to what Abdelmalek Sayzd (2004) describes in *The suffering of the immigrant.* They were socially marginalized, as well as, economically and culturally since they avoided taking advantage of the healthcare system and the services it offered them. In addition, they were politically excluded from both their homelands and Denmark, even if they had:

> the right to have rights, to be a subject by right .[…]. to belong to a body politic in which [they have] a place of residence, or the right to be actively involved — in other words the right to give a sense and a meaning to [their] action, words and existence (Sayzd 2004: 227).

To make the situation even more challenging, in addition to their refugee hardships, the guests at the community center were all, in some way or another, perceived as mentally ill and as unable to manage their social disorders. In general, the guests found themselves to be in opposition to

the dominant perception of normality in what we could call a pathological space of the community health. As one of my informants - a young, Iranian man struggling with his housing situation - told me:

> "I'm not sick, I'm just a bit down, and I need help to get back up... when they [the municipality] let me remain living amongst those people [drug users and other substance abusers], I can never return to a normal life... so I just sit there [in his room] and do nothing... It is killing me". (*Bahadur*)

From the kitchen I could observe the welcoming procedure of the contact people, social workers and family members who were accompanying their clients or loved ones on their first visit the community center. It was always the same routine. A small table was set with tea, coffee and biscuits. There, *with a calm voice and slow gesticulation*, the daily manager, *Nezha, would introduce* himself, the concept of the center, and maybe some people that he found suitable to orientate the new guests until they feel comfortable there. The people selected for company could be determined by age, gender, ethnicity or just sheer coincidence. I never really could figure out a pattern, but the action of interrelation illustrated to me the idea of a collective way of *being in the place,* with a friendly front-face (see also Blackshaw 2008: 326).

While the new guests were being greeted and familiarized with the community center, their accompanying person did not take any notes on the shared information. I could not tell whether they were nervous or relieved, but smiles were often being shared. According to Duranti (1992), greeting exchanges are "complex cultural practices that exploit a number of semiotic[...]. and material[...]. resources towards the goal of the constitution of actors via-à-vis a context for their social existence" (Duranti 1992:660). In other words, being welcomed and invited to sit down is a way

of managing the relationship between the host and the guests of the community center, verifying to enter the social space. Thus, the greeting is a form of identification and is " closely associated with the ability (and willingness) to recognize and hence "socially see" others who come in the "vicinity" of one's body or territory" (Firth 1970, cited in Duranti 1992: 658). This is not to imply that only verbalized greetings can establish such a connection, as silence in some cultures is regarded as respectful (see Gardner 1966:398). Instead, I'm trying to suggest that the non-verbal (e.g., hugs, high fives, handshakes) and non-temporal and non-wellbeing greetings and farewells, such as "friend, nice to see you" and "you take care!" as opposed to: "Good morning, how are you?", and: "Have a nice evening", which materialized the place to seem as if it is something else outside of it. Other similar sites I visited on a few occasions had a different approach. The staff all carried phones and keys and socialized with each other - not with the guests and residents that were sitting isolated in the small living room, watching soap operas. The jargon there was distant and ironic "Well Mr. Madsen, how are we feeling today then?" and their relationships toward the users was cold. When I visited with one of my informants to collect information regarding sports activities in the community, I was the one being address while Kelvin (my informant), was hardly noticed even though he was standing right next to me and was fully capable of understanding what we were talking about.

Even though new guests at the community center received a more formal greeting than those who came on a daily basis, there was in general little reference to the outside or a specific way of being or doing. Put in other words, there was no social control (see also Deleuze 1992).

Those entering the community center were always noticed. Not because any of the people would ever make any noise or trouble, but so to keep an eye on who is there or if there was someone who shouldn't be there. . Hence, in the greeting, exclusion was naturalized in the relationship of making common space. Exclusion is not atypical within the healthcare

system and community health care as an institution has excluded spaces[3] designed for patients not to enter, but in contrary to physical limitations of locked doors and fenced in gardens, the threshold of the community center was of non-physical kind. Instead, it was made socially to establish a specific version of the social world, and to sustain it, by recognizing some while not others.

> "This place targets a specific group of people. We don't serve free dinners for everybody just because they feel bad, or haven't got the same opportunities as you and I... Just because you are homeless, doesn't mean that you should come here... Just because you Roma (i.e. Gypsy), doesn't mean that you should come here…. Turks, Somalis, Iraqis – we are not an immigrant club." (Nezha)

It happened from time to time that people came and were denied access, but this was always done in a decent manner and people rarely left before they had eaten a plate of food or at least had a cup of tea. The center was a day center with opening hours from 12 pm to 5 pm where people could drop by with or without reference from other treatment facilities or municipal offers. The core values of the center, as presented to me when I first came, were that the place is neutral, inter-religious and impartial and open to all, regardless of who they are. Further, it's free of case management and evaluation. The statement, made by Nezha, could therefore seem paradoxical, as to the outside, the community center should be an inclusive place for vulnerable and marginalized, but in fact became something else and much more. Instead I argue for a common space of lived bodies culturally organized as open for some by the initial

---

[3] Excluded space, a term used by Nancy Munn (1996) to describe the controls and limits of Australian Aboriginal landscape.

greetings. In the next section, I will try to connect these interrelations to the concept of care, in order for me to further denote how borders of the place were constructed and how what I have called a refuge was created.

We care!

The community center is an independent institution with a Community aid scheme from the municipality. The aid is mainly spent on the daily operations, such as rent, and wages. The food comes from a local NGO that collects surplus food from food manufacturers, farmers, supermarkets and wholesalers and then distributes it among organizations working for and with the socially vulnerable. Once or twice a week, the community's larder and refrigerators are filled with fresh halal meat, fruits and vegetables from all over the world, grocery products and ready-to-eat meal boxes. As I stated before, I spent a lot of my time in the kitchen, much of which with a man just a few years older than myself named Nasraw. Nasraw was a Turkish born Kurd but grew up west of Copenhagen since his parents came to Denmark as guest workers in the 1970s. Whether because of his background as a self-employed worker in the food industry or just because someone had to do it, Nasraw was given the responsibility of the kitchen, when Nezha wasn't around. In addition to his years of running a small restaurant, which in reality was a take away pizza, he was a trained educator. The mood was always high when he was around. I would joke around with him, telling him that I failed to see how his pedagogical and didactic skills came into play when he was sweating in front of the pots all day.

In contrast to the normal practices of the community healthcare system, there were no empowering practices or self-development in this particular community center. In other words, the act of taking control of one's life, which according to Karen Baistow (1994) is part of the empowerment

discourse that exists, was not present in the traditional sense. The guest's habitual ways of being was largely accepted and tended for by the staff, using the pedagogical practice of care.

The discursive formation or reformation of the self (Ibid.) was actively rejected, as Nezha, the daily manager, didn't think much of it. Since the guests of the community center were classified as vulnerable, with little control over their life, Nezha upheld that the demands and control mechanisms of the municipality reflected "unrealistic expectations of people". As he rhetorically said, "a man who has sat 20 years in captivity [in the Middle East] may have other needs than to have a full time job!".

**

The staff of the community center consisted of three workers on the floor and one administrative worker[4], as well as a multitude of different volunteers, friends of the house and old guests. The staff all have an ethnic origin other than Danish and all of them had pedagogical training. Similarly, a lot of the senior volunteers[5] had similar background. Pedagogy referrers to the specialization of dealing with education, training and upbringing under certain norms of society, which could imply that the ideologies of empowerment was practiced and conceptualized. However, when I asked Nasraw how he himself saw his educational background coming into play, he was not sure:

---

[4] It must be said that these positions were not fixed, but sometimes liquid, as the floor staff also had administrative duties, and the administrative worker also had a daily base among the guests; talking, eating and assisting in various bureaucratic problem solving

[5] In the community center there was a fairly large group of seniors volunteering. A quite homogeneous group of elderly woman driven by humanity and pathos. This group had time on there hands and got involved in various networks regarding immigrant concerns. Many of them were with pedagogical or educational background and were very active in the networks.

> "well, I guess it is the caring aspect.[…] here we care for the
> guests in through acceptance and understanding. We try not to
> change their way of being and do not try to make them do all
> sorts of things. You know, here they get a hot meal, as at home[6],
> and we show a simply compassionated interest in them.[…] in
> here you can just relax and be yourself.." (*Nasraw)*

For Nasraw the feeling of someone caring about you and your well-being
was an important aspect of being in the community center - much more so
than the educational features that the community health care has.
According to medical anthropologist Arthur Kleinman (2009), the practice
of caregiving is "a practice of empathic imagination[…].that makes
caregivers, and at times even the care-receivers, more present and
thereby fully human."(Klineman 2009: 293). "Fully human" shall in this
context be understood as a connecting act of linking the guests to the
place, integrating them into a whole of particular vision of coherence
through care. A link that Janelle Taylor (2014) has also noticed. Among the
people in the community center, hugs, friendly squeezes of the wrist and
shoulder, or other physical touch of non-sexual character was an
integrated part of their everyday social practice. I view this physical
contact as a gesture of offering the shared space, as accepting the humans
behind their illness.

The following excerpt emphasizes the character of the physical touch
between myself and two of the guests. This particular episode occurred
after a regular day at the community center, while drinking tea on the
porch and talking with the guests about family relations.

---

[6] Referring to their home country where a hot meal is served for lunch. This goes in contrary to the
Danish traditions of cold serving of rye bread with cold cuts.

**

Amid and Ghanim are both from the Middle East and are both divorced fathers of two boys each. Amid is in his 50s, employed part time as an interpreter and very interested in football. He has a thoughtful look and a firm handshake. When I was around him, I always had the feeling that he was trying to read my mind in order to predict my next question or move.

Ghanim, a Palestinian man in his 60s, on the other hand, was quite the opposite. He always had a self-satisfied smirk on his face and was always up for a prank. Ghanim came to Denmark as a fugitive when, according to him, it became less attractive to work in Tel Aviv during the 70s . I never figured out If this was a political or an economical statement. He worked in the hotel industry and was very good at it. " I used to flatter the English ladies with my curls and nice smile" he would tell me. Symptomatic, none of those features existed anymore as he had gone bald and had lost almost all of his teeth besides one in the top and some black stumps in the bottom. He always wore an old jacket with the logo of a auto repair shop and a basketball cap of recent date. Of his two sons, as he told me, the younger one was a bum and a no good troublemaker while the older one was studying to become an engineer. None of them was living at home, except for when the younger son was in trouble. I told Ghamin and Amin about my toddler, and how I, to a certain extent, could tell her what to do and what not to do and that I would bring her to the community center one day in order for them to meet her.

Ghanim : "Yes, you should do that – I would very much like to kiss her!"
Simon: "I guess you would like that, you old villain" (laughing)

Ghanim: Laughing, threw his cigarette on the ground and walked inside.

Amid: Looking a bit confused "no no no it is not like that at all . We are Arabs, that is how we greet each other, with three kisses". He pulled me toward him and starts to kiss me on the cheeks. One kiss on the cheek, followed by another and another.

Simon: "I know, I know – I was just kidding", giving him a huge smile. "It's no problem – don't think about it".

We said goodbye, and agreed to talk again the following day.

**

In this example, there are several aspects of importance. The first is the sequence where Amid misunderstands the joke made by me implying that Ghanim has sexual motives by stating that he wanted to kiss a toddler. Amid's first reaction was to explain and justify that this is a traditional Arabic way of greeting and not of deviancy and sexual motive. This can also be seen on a larger scale of what we might call " to be in the margin", on the outside of the main body of societal behavioral norms. Most of my informants were of Middle Eastern origins, mentally ill and part of the community healthcare, hence, a part of a whole outside the normal. As Entrikin (1991) notes: "As agents in the world we are always 'in place', much as we are always 'in culture'"(Entrikin 1991:1). What I would like to bring attention to is the process of developing a sense of place organized around care. As an action of meaning making, care contributed to the creation of sense of belonging in the place and constructed a form of psychical coherence, a form of counteraction to the otherwise social distance that my informants experienced in the surrounding system. The point is not to argue that my informants denied the social reality outside the community center, which is why I also chose to give an example that referred to the outside of the center, but to show the ways in which my informants understood the place. By focusing on greeting and care I hoped to show that the relationships created can be seen as extended beyond the

physical hours people were present at the community center, thus creating a stability of the place. As Goffman (2005[1967]) argues:

> Greetings compensate for the weakening of the relationship caused by the absence just terminated, while the enthusiasm of farewells compensate the relationship for the harm that is about to be done to it by separation (Goffman (2005[1967]: 41).

The place was continuously created and recreated through sociocultural processes, which also meant that some were excluded and did not became a part of the community center. Those who were part of creating the sense of place did so through a system of opening and closing through greetings and care and by managing the continuity of the relationships to each other, staff and guests in between. This is the last part that I will show being of specific importance in regard to the people-place connections and the argument of this thesis. The staff and the guests were part of the making of a place that isolated the guests from the hard reality of the world through constructing a refuge where my informants could set aside their daily struggles. What I have shown is that the place was penetrable for equivalent categorical entities made up firstly by the manager and secondly by the guests of the place, whom did or did not intersubjectively engage, thus what was in the place and not in the place was constantly changing. These sociocultural processes created a collective sense of place in relation to others that were categorized as something else, as Gupta and Ferguson suggest (1997a: 20). I will come back to this subject in chapter 6.

As I will show in the following chapters the meaning ascribed to the place gave my informants the opportunity to set aside the surrounding society marginalization. In the next chapter I will show how the guests gained agency and was empowered by other means than the regular

empowerment discourse. A few of my informants were in job training and some of them even had part time jobs that they tried to maintain. Hence, in order for me to explain how a place that has no clinical treatment and no user involvement can succeed in empowering and providing a meaningful everyday for its inhabitants, whom in the eyes of society are struggling with themselves and their life, I will demonstrate how routinized everyday activities can bolster human possibility and a sense of collectivity. I will do so by using theories of rituals put forward by Bruce Kapferer (2004), using his concept of thoroughgoing reality as a way for my informants to evoke control over space, hence making the community center predictable and creating a specific being-in-the-world in the particular place.

Chapter 5: Routines as rituals

In the previous chapter I have presented ideas on how the particular place, by the social practice of greetings and care, was materialized and how the participants in this study were accepted into the bounded reality of the community center. In the next sections, I make use routines to show how social possession in the place and control of the place can reveal what we could call a renewal of self and the move towards "the right place" in societal optic. As Edward Relph states: "To be human is to live in a world that is filled with significant places: to be human is to have and know your place" (Relph 1976:1). In the chapter, I will discuss the reality and experience of the place through the phenomenological concept of embodiment. I will show that the daily event of the dinner, which I was a part of on a daily basis during my fieldwork, served as a very valuable understanding of the basic conditions of 'being' in the community center. I will elaborate on the routinized behaviors in continuation of the dinner, applying theories of the ritual, which historically has been a cornerstone in the anthropological understanding of human practice. In particular, I find the structuring of life compatible with the place making theory, which I will also expand upon by applying the concept of sense of place.

In the following excerpt, I will establish the connection between daily routines, security and empowerment, which created a dynamic consistency of the place and made it controllable for my informants.

Rituals of the everyday – you are where you eat

I arrived at the community center one Tuesday morning. The daily duties started at 10 am., but I came a bit early in order to see if anything happened before 'opening hours'. I almost always arrived early and would, sometimes see some of the regular guests strolling around in the neighborhood, waiting to get in line for the 12 o'clock breakfast served at the community center.

This particular morning I was the only one who was present. Normally, there were other volunteers and a few of the permanent staff, but now the staff were all in meetings and the community center stood empty and deserted, with only a few dirty tea glasses left from the night before. The Chief Executive, Karen, came out from the office when she heard that I turned on the music and put the kettle on for tea. The morning had been somewhat chaotic, messing up my personal home routines, which, among other things, meant that I had brought some breakfast of my own. I had started to unpack and eat it slowly, which Karen noticed immediately when she entered the kitchen area. I clearly noticed her glance shifting between my lunch bag and me as she greeted me good morning. "Did you bring your own lunch?" she asked. Before I could tell her about my crazy morning and explain myself, she continued, "here it is not allowed to bring your own food, we eat together".

There were not many rules at the community center, but the basic greeting and the respect for the dinner were some of the few fixed procedures that I experienced. I remembered what Nezha had told me during one of my first visits to the center - "What are we if we cannot eat together?". This daily routine of formal behavior gave the place a constancy and rhythm. Everyone in the community center had to deal with the social configuration around the table and in the kitchen. There was no getting around it. It was a fixed routine, which is why Karen reacted the

way she did about my bringing of food. The daily routine did not have any prescribed sociality, solidarity and certain food etiquette, as the dinner and food traditional has been understood within anthropology (Douglas 1975; Mintz & Du Bois 2002), or even a function of a social barrier, as those who were not welcomed at the community center almost always were welcomed at the table[7], as I showed in the previous chapter about care, inclusion and exclusion.

Karen got me started with the daily doings and I quickly set up the breakfast table, which always consisted of French toast and some yogurt and coffee, before getting started on cooking the warm lunch. Today the meal was boxed noodles with chicken, different local vegetables and pre cooked falafels, in addition to the soup of the day, which was different everyday.

Since I was alone in the kitchen, preparing the things took time and soon it was noon and the guests began to show up. But I still had things to do. This meant that the time usually spent sitting down with the ones who had showed up, eating, talking and participating in the morning routine of breakfast, this day, was postponed.
A few of the guests that I did not know well joined me in the kitchen and started to ask questions about what I was doing, which perplexed me, as it was obvious in my perspective. I was acting out my role as a volunteer taking care of the guests, which at the moment had pushed my thoughts of my research project a little aside.

But instead of returning the reciprocal relationship of care and respect that Nezha and the rest of the staff talked so warmly about and that I was trying to establish, the guests began to make demands, requirements and

---

[7] The only food taboo I experienced was the general absence of pork meat. But this did not receive any notable attention by the many Christians, ethnic Danes or other groups with no religious or cultural prohibition against consumption.

complaints. Normally, the warm lunch was a strict structure of formalized actions, something that I was not able to keep up.

The warm lunch is always served at 2 pm. and people know this, which is why the number of people coming in increased starting at around quarter to two. During the meal the guests sit where there is an empty spot or, if they come after 2 pm., they take whatever seat the manager assigned to them. The exception is the older women, who always sit together in a large group at one of the two large tables, but otherwise patterns were hard to notice. The food is served the same way every day. Platters are prepared in the kitchen by staff and are distributed by volunteers (and sometimes also staff, when short on volunteers). First serving is the soup of the day. The periphery tables get served first and then the center tables, with the distributing of plates happening from the outside and in. When the last bowl of soup is delivered, the main courses are then served immediately. Same procedures, outside-in. Gradually, when the guests finished their plates, the clearing begin. The guests bring the plates to the kitchen where leftovers, typically the greens, are thrown out and the cutlery and plates are being washed by a volunteer.

But this day the food was being served too slow. In the absence of staff and regular volunteers, two of the guests took control of the serving as I could not keep up. A guest named Hakim dismissed my servings several times. This was the same man that I had played backgammon against so many times before and whom I regarded as friendly. The two guests covered the table, making sure that every thing was how it normally was. Hakim accepted the meal when one of the other guests gave him the exact same plate that I had just offered him.

After lunch, another pair of guests washed and cleaned. Again, I was reprimanded. This time I had not washed the plates and cutlery properly and I was putting them away too slowly. The reprimanding was not done with words and sentence, but by depriving me of the opportunity to do

the task by taking over, get in the way or by putting me up to something else in order for the daily routine to be carried out as usual.

**

My focus on an everyday activity such as the dinner in this excerpt is inspired by Anthropologist Gilbert Lewis's (1988) notion of the meaningful significance of ordinary things in the study of rituals (Lewis: 1988:30), in his study of the Gnau people in West Sepik Province, Papua New Guinea. The key analytical point here is that the formal behavior of the place during lunch resembles the formalized symbolic order of a ritual.This definition contrasts with the more restrictive definition contained by Victor Turner (1967) who writes rituals as being a:

> Prescribed formal behaviour of occasions not given over to technological over to routine, having reference to beliefs in mystical beings or powers. The symbol is the smallest unit of ritual which still retains the specific properties of ritual behaviour; it is the ultimate unit of specific structure in a ritual context. (Turner 1967:19).

Both Turner and Lewis stress the importance of rituals as some sort of formalized symbolic order with deeper meaning attached, especially when applied to routines, as everyday practices of the daily lunch. The important point in the analytic focus is the attention to the dynamic of the ritual and the human possibilities, or processes as Bruce Kapfarer also notices (kapfarer 2005: 37). Kapfarer uses the term thoroughgoing reality to describe the virtual space of social and personal construct that the ritual force upon the situation (ibid.). The possibility of the ritual practice is foremost within the mind of the human being in the ritual action. The

subject's sensitivity thus becomes both the ground and the force for the meaning and effect of the ritual practice. Commensality involves a social order of bodily participation as a form of being-in-place. What I have strived to show is the fact that there was always a sense of coherence in the bound space of the ritualized dinner routines. We could call this ground and effect, and sense of being there, which leads me to Sarah Pink's *sensory ethnography* (Pink 2015)*,* and the *lived space (*Lefebvre 1991*)* of the ritual. Following Edward Casey, she states that "*lived bodies belong to places* and *places belong to lived bodies" (Pink 2015: 34),* and by that also acknowledges that the ritual can constitute our being-in-the-world, I would add. Hence, my informants were being in the place not only as agents that created and modify ritual space, but also as place depended. Seeing the dinner as an everyday ritual gives us an opportunity to see it as an investment in people by the managers and staff at the community center, but also as a subjective opportunity - what Kapfarer (Kapfarer 2005) calls human possibilities. What I am trying to emphasize is that if we see the routinized everyday in the theoretical frame of rituals, it also allows us to think of the construction of place as some kind of safe space – a little bit like we would think a home, which according to Mary Douglas starts "by bringing some space under control" (Douglas 1991:289). Thus, through the guests' conduct and agency, the place was being recreated and modified within the situation of the dinner.

The guests' actively choose to come and to attend the dinners, hence to become involved in the environment of the community center. This implies, I would say, that my informants pursued the particular possibilities and the particular transformative order I have argued for. The manner my informants obtained their agency and control over the daily practices was through their routines producing what Lewica conceptualize as 'existential insidedness' that is "belonging within the rhythm of life in place" (Lewicka 2011:226). Through the everyday rituals, the human bodies of my

informants structured life and transformed it into place, a form of space plus significant value (Tuan 1977).

**

What we have seen in this chapter is that by focusing on the concept of place as a way of understanding the on-going social representations and social action of everyday life at the community center, and by seeing the dinner as a ritual act, we can explain how the sociocultural surroundings transformed a somewhat regular community center into a place of emancipation with a distinct sense, occurring day after day as a symbol of continuity and order.

Furthermore, I would argue, in order for this argument to be of any significance, the place needed to open and occur through intersubjective interactions mediated through the place and its routines, similar to Doreen Massey's *meeting place* (Massey 1994:155). Even though there are certain problems associated with applying Massey's understanding of place, I like the concept of meeting place, as it, in my view, is also capable of capturing the informality and passivity I observed in the community center. I will further explain this in the next chapter.

**

I have previously argued that my informants lived under the classifications of illness and otherness, something that can be seen as *vertical integration.* Vertical integration is used by Ingold (2011) in order to explain the epistemological foundation of *things,* where everything is categorized within one of classes using the same yardstick, with no regards of the individual. Ingold describes this classification as networks of experts who

"single out persons on the plane of humanity as it does places on the surface of the earth; the classification groups of things on basis of their intrinsic attributes, irrespective of where they stand" (Ingold 2011: 67). But as I also have argued, making reference to Hacking (1986), it is not just the experts' from above who create the reality of people. Ian Hacking emphasizes on this statement:

> One is the vector of labeling from above, from a community of experts who create a "reality" that some people make their own. Different from this is the vector of the autonomous behavior of the person so labeled, which presses from below, creating a reality every expert must face. The second vector is negligible for the split but powerful. (Hacking 1986: 229).

But as I will show, these vectors can be of past experiences and replication of cultural patterns of being-in-the-world different from conceptual knowledge of biomedicine and welfare rationalities. This is especially important in regards to my purpose with this thesis, as sense of place is formed through contrast and by looking at the place in a broader context (see also Cecilea Lowe 2011). In the next chapter, I will show how the community center can be understood as a border zone of health and disease, Passivity and Activity, hope and forfeiture, as well as rational possibility and social & cultural limitation, hence a counter site where my informants represented mirrored selves (Foucault 1986:24).

Chapter 6: Storied behavior and classificatory presentations

Using the phenomenological approach to describe informants' particular view of the world, I will start this chapter by giving a short excerpt of what Gupta and Ferguson (1997b) would describe as *the friction of cultures,* where different world views encounter each other. They emphasize how some phenomenons are seen as occupying, causing the places' natural inhabitants resist association (Gupta and Ferguson 1997b: 7). In relation to this thesis, I will show how my informants, who I have categorized as inhabiting the community center, construct boundaries around themselves through social practices. In this border zone, people from 'the outside' would occupy the place with the experience of being sick. This is not an argument of looking at sickness as simply being place-dependent, as I have argued that the binary opposite clearly exists between this community center and the therapeutic institutions. Those who reproduced the everyday knowledge of themselves to be similar to the knowledge *made up[8]* by society represented somewhere else. By taking the phenomenological approach, I will elaborate on how my informants presented their life stories in order to explore the accumulation and gathering of the experience they engaged in the world with and how it affected everyday life in this particular community center. I do so, in the next section of The Dane, to further discuss how the social practice of what I have called 'storied behavior' is distinct from the classificatory presentation of the social context of experts in the established mental healthcare system. In the section of *Ace your space,* I will show how my informants re-situated themselves by what I have called moving back in time. Using the concept of phantasm as an identificatory act, I will argue that my informants reconstituted themselves as other categories, instead of the categorically others being out of place in society.

---

[8] See Ian Hacking (1986)

By spelling out the juxtaposition between labeled disorder and counter order, I can show how the time spent at the community center constitutes a break in time, and by doing so acknowledge the potential of human experience, thus understand the reality of the place as somewhat imagined, but not *imaginary*, as Gupta and Ferguson also suggest (1997b: 39), unfolding the local phenomena of well-being as experienced by my informants. I hope to give the reader an idea of these nostalgic representations, as mediated by the community center.

"The Dane"

Before dinner, Asis, a couple of other guests and I were drinking tea and smoking cigarettes on the small porch in front of the community center. We talked about football, which was always a topic when Asis was around. After awhile on the porch came a Danish man in his mid thirties after parking his old scooter near where we were standing. His mood stood in sharp contrast to his tattered appearance. He was ecstatic, perhaps even manic, but looked like a man who had lived most of his life in the streets, dressed somewhat uncaringly in soiled clothing. He greeted us loudly and came directly towards where we were standing.

Brian: "Hi, I haven't seen you around before – I'm Brian and I'm a bit of a crazy one"
Asis suddenly went inside.
Simon: Hi, Brian. I'm Simon. I'm volunteering here at the community center as part of a research project…"
I briefly introduced the aim of my project, after which Brian replied, "I'm on disability retirement - the old plan. High rate. Maybe you would like to talk to me?"

We went inside together and sat down at the dinner table. Brian stood out in many ways, compared to the rest of my informants. He was an ethnic Dane, something which could only be said about 2 out of 50 visitors of the center. The other thing was that he was very explicit about his place in the welfare system, " I'm a little bit of a crazy one" he kept on saying, while pointing out others with whom he had spent time in a mental institution.

Brian: [approaching the lady next to him] "You, I know you, we were hospitalized in the secure ward together, right?" To her great displeasure, the woman nodded in agreement, slowly eating her food, saying nothing.

During my time at the community center, I developed a methodology where instead of directing my questions towards their personal state of mind, as my informants in general did not care to talk about this subject, I aimed the conversation toward the place and their attachment to the community center. Brian answered quickly and without hesitation.

Simon: "Why do you come to the community center?"

Brian: "I'm here because of the free meals. I've been coming here for a whole lot of years. The other centers in town charge you 40 kroner for a meal and 10 kroner for a cup of coffee". He was referring to the other sites within the community healthcare system, where he allegedly spent his time when he is not here.

Brian: " What do I when I am not being here? Well, I hang with my friends. We go around to different place and have fun..[..] I am pretty well off [referring to his pension] but some of the others, they are struggling – they are on another rate".

Progressing in this conversation, which in total lasted about an hour, Brian kept on disrupting our conversation, either by starting a new conversation with someone else also sitting at the table, loudly commenting on events happening in the community center in which he was not involved or simply leaving the table to go outside and have a cigarette. Afterwards, looking through my fieldnotes, I realized that the whole session was fragmented and bewildering, as well as his constant consumption while being at the

community center. "*…smoke, sandwich, smoke, sandwich, smoke, sandwich[…].*".

As Brian took off immediately after he finished eating, the staff did not greet him goodbye as they did with other guests – in general they showed little care in what he said or did. I had seen this reaction when other guests exposed opinions or behavior that broke with the norm of the place. The staff would simply ignore what was said or neglect it as 'crazy talk', distancing themselves with irony and not getting into the conversation, but not stopping it either.

**

What I would like to stress is that Brian had a different perception of the community center and of himself than the majority of my other informants. As I have showed in the previous chapter, eating at the community center was essentially a social act. The routines concerning breakfast and dinner were all subject to a range of norms and rules, which Brian did not follow. He identified with being "crazy", accepting his diagnosis and saw the community center as a place to get a free meal and thus saving some money. Obtaining the highest pension payments could arguably be seen as acting strategically, using the role as a client (see also Mik-Meyer & Villadsen 2013:43), or as an authentic self, practicing from back stage, but also as he had found acceptance in his narratives about himself.

For Brian the place of the community center was an offer as part of the community healthcare, where he as diagnosed ill could attend. Brian represented himself as ill, living up to the pre-existing sorting and matching of the healthcare system. He accepted his place in the community healthcare. His knowledge of himself led to the social practices he conducted at the community center, I will argue, granting himself the right to be present on the basis of the larger social classifications as a passive endurance and acceptance of the events in his life. Following

Ingold (2011), this process can be understood as conceptual knowledge establishing parallel structures of the mind and of the world. This form of knowledge is, according to him, somewhat problematic as the corporeal experience that goes beyond explicate order of things are neglected - *an experience* can have formative and transformative powers, as Victor Turner explains (Bruner & Turner 1986:35).

Viewing the community center through Brian, it became a fixed *where* of something that he was not in control of, meaning that the collective 'feel-good' sense of place influenced by most of the others, that I argue existed, was momentarily replaced by the one, which shifted the atmosphere at the community center and was clearly discomforting for the other guests present. C.W Mills (1959) suggests that a social problem is what is deviant from the regular ways of life and not in line with principal order (Mills 1959: 102). By revealing the reality of things that no one else did, Brian interfered with the principal order of the place. Brian did not conform or adjust to the collectivity of the place, but rather applied his experience of the system to the specific social order of the community center, making meaning of the place in terms of what happened elsewhere, counter to nothing, as he reproduced the outside in the community center. He bragged about his highest pension payments and used the community center for free food and cigarettes, using the place to represent his qualities of the self to the self and to others (Cuba & Hummon 1993: 112). His social interactions maintained people as bound categories of clientele disconnected from the surrounding society. As I will show in the next section, many of the participants in my research told stories of what they used to do and who they were before. This is not to be taken as denial, but just as Brian acknowledged that he was mentally ill, that the system's classification of him was indeed correct, reproducing who he was in the eyes of society, others told and represented other qualities of themselves. As I have suggested, places are made collectively by shared meanings and by presenting Brian as being in contrast with my other informants, we can accept his behavior as external', in some way. By doing so, I can

explain why Brian stood out in the community center, as something other, but also why the friendly atmosphere, which was usually sensed, changed as he entered. As he referred to the other guests in regards to their medical history, he placed them alongside him, occupying my informants' space of control where people otherwise brought their own experiences and narratives. Normally, the place mediated a going beyond the commonplace experience of self, demarcating the specific identity of the place and creation emancipation. By re-affirming his "official" place in society, he exclude himself from the collectivity, as well as he was executed by being overlooked. He was largely ignored by the staff, and when I asked about him, I got a short reply that he was just someone that came by once in a while. This was in contrast to the answers I received when I asked about other guests. For them I usually got their life story and personal history in the community center.

**

The accounts of this section may have left the impression of a very unstable place, but as I have also argued in the analytical introduction chapter, the place had inclusionary and exclusionary mechanisms to secure the stability, making it a refuge by the many and their relations to the place instead of being a predetermined location, as I have just showed. By making the place enterable to some and less to others, some sort of order is ensured. I have argued that Brian was out of order in the specific place, hence did not get fully accepted, as I have tried to show by juxtapositioning different ways of identification not going together in the place. The staff's reaction patterns can be seen as proof of that, as well as Asis's reaction when Brian came to the center.

If we see this excerpt in a larger objective, Brian showed no signs of a wish to change. He was content with his situation, presenting himself as being in

control, without remorse or shame about his hospitalization or situation. He presented himself as having control over his life, as he presented the feeling of a man being heard.

Likewise it shows that the community center was an actual place-to-be for people suffering from mental illness, a real site within society (Foucault 1986: 24). But as I will show in the next section, the place was also ground for practices of dreams and stories of the past, and not only by categorically accumulation of mental content, as I have just showed. In order for me to explain the relative well-being in the community center, I will apply the concept of phantasm to show how the nostalgic representations of my informants emancipated them from their categorically selves. I hope to show how the space in the community center can be seen as something between the concrete and the abstract, between the real and the really made up, as argued previously. In the previous sections, I have showed how it is possible to understand place as occurring, concretely as a community center for mentally ill people, but as I will show in the forthcoming section, the place was also created with boundaries distinguishing between actual order and one of re-situatedness. One of the fundamental arguments is that the confrontation with the normal treatment standards, allowing 'time of nothing', gave people the place to re-create to and re-situate themselves in the world, in this, playing with categories of healthiness and sickness, now and before and the imagined and experience. Anthropologist Ellen E. Corin (1998), who has written extensively on the subject of mental illness, in regards to being by yourself, states that:

> Generally speaking, withdrawal is described as enabling the person to find inner peace, to settle things with oneself; in solitude, one is left with oneself, one is able to move at one's own rhythm, one takes the time to master things, to advance slowly (Corin 1998:139).

63

Particularly, I will focus on solitude as the potentiality assembling the place to something more than the mere geographical. Looking at the community center from the outside, it could seem as a very unified, homogenous place of marginalized, lonely people, but as Gupta and Ferguson (1997a) explain, " boundedness and coherence of 'a culture' [are] made rather than found; the "wholeness" of a holistically understood object appears more as a narrative device than as an objectively present empirical truth" (Gupta and Ferguson 1997a: 2). I state this because, as I will show, the community center was immediately far more heterogeneous when deciphering the material aspects of the place. Every individual brought his or hers story to life, which made the place segregated, as the phenomenology of places is depended on how people engage in the world, as different persons bring with them a distinctive set of stories affecting their experience.

Back in Kurdistan – the heart space

I have in the previous chapter analyzed how some of my informants presented themselves in the community center through classifications (Ingold 2011, Hacking 1985a), and the experience of being in the world, observing their connections to the place and the social practice in the place. The primary experience of the social world can, by the phenomenological critique presented by Bourdieu (1977:3), limit the world to a self-evident and taken for granted reality as the wider structures of the world always must be taken into considerations (Ibid.,81). What Bourdieu is arguing for is his concepts of *doxa* and *habitus* to be looked as an analytic tool to capture the true meaning of interpersonal interactions. Even though I am not directly taking into use the Bourdieusian concepts, I will try to avoid reductions by presenting my informants' social situation as it was presented in the community center. In this section, I will start out by presenting how solitude can be understood as a potential for something beyond well-known sociological and philosophical concepts such as *backstage* and *the private* (Goffmann 1992 [1959]; Arendt 1998[1958]). I will show how this 'time of nothing' can be understood as something building up togetherness and collectivity of the place.

By doing so, I hope to avoid this phenomenological difficulty and to explain how my informants formed new representations of themselves that counter to the constraining categories of society. Furthermore, I hope to put forward an understanding of why many of my informants were nostalgic about their past lives no matter how horrible, harsh and traumatizing they in fact were. Nezha, the daily manager, had expressed it otherwise, though, stated that the reason why such a high number of the guests had become mentally ill was due to the structures of the welfare system, long processing time and universalistic approach to people – "These people [referring to immigrants and refugees with mental illness] get sick of waiting – this is people without a past and with no future". This was a somewhat paradoxical statement, as during my time in the community

center, I spent time talking with opposition politicians, war veterans and religious minorities. What I'm trying to stress is that my informants engaged in the place not through classificatory knowledge, like Brian, but instead through stories that convey life into places. The center was a venue for nostalgia, a site for stories from the past and a place for personal autonomy. The reason I mention this is that if we want to understand how the place was made meaningful, we need to understand how people engaged in the place. Tim Ingold calls this form of engagement *lifelines* or *storied knowledge* and further states that this view of the world goes beyond classification and vertical integration (Ingold 2011:168). The life paths of my informants thus were a key aspect in making the place meaningful and constructing the world as inhabitable, binding the place together (Ingold 2008:1808).

In order for me to combine my empirical foundation with my argument of the community center as a place with heterotopic traits, I will present an extract of how guests of the center presented themselves in the place using stories that contested the way in which the health system categorized them. I will show how embodied experience of life in the community center was promoted by the sense of place in line with Feld and Bassos (1996) "as places make sense, senses make place" (Ibid.,91). Finally, I will be arguing that the place enabled my informants to transcend or momentarily free themselves from the norms others present for them. I am not arguing here that the center is a kind of reformatory, which forces a certain kind of behavior. Rather, I am arguing that by being in control and being part of the routinized constancy of the place, my informants were given the possibility to tell their own stories and hence make a reality of other orders. They could be whom they remembered.

Looking through "a social window"

As I have accounted for above, there were absolutely no user involvements in the community center. The daily manager had made it very clear that he perceived the empowerment discourse of the regular community healthcare as a compelled, forced behavior of social correctness. When people did not eat, they would withdraw from the 'center stage' and go near the corners of the main room with different activities - some passive and others active. Some of the guests did what I would regard as social activities when engaging in conversations, playing table football or backgammon. Others would read the daily paper or look at their smartphones or the computers. A large part of the guests sat alone or together with others without any form of interaction, as a form of being alone together (See Coleman 2009). They sat by themselves with their thoughts and feelings, or as one of my informants (Irman) stated. "Normally I spend as much time as possible out on the street or here as I can. I can't stand to be alone in my apartment! It is when I'm by myself, my head gets the worst of me". This statement can seem somehow paradoxical as one could argue that he did just that in the community center when sitting alone. Leo Coleman (2009), in his ethnography on places of solitude in India, describes how we can see this kind of aloneness as solitude and communicative silences is to be understood as expressions of sociality, rather than seeing it as anomie and comparing it with loneliness, isolation and separation (Coleman 2009:768).

At the community center, the guests were sporadically dispersed in the open area of the main area. People were, in general, to get into contact with, which meant that staff and volunteers, as well as others guests, could involve them in conversation or activities. But habitually, they would pull away from sociality that is understood as individual-to-individual interactions. This goes beyond the mere possibilities, which according to Agamben (1999), presents itself as purely logical "above all as things that exist but that, at the same time, do not exist as actual things; they are

present, yet they do not appear in the form of present things" (Agamben and Heller-Roazen 1999: 14). Agamben elaborates further that potentiality is existence irreducible to actuality (Ibid.), which supports my argument that by engaging in specific activities and 'pastivities', those who spend time in the community center contributed to the ambience and sense of place.

The simultaneously aloneness and togetherness could indicate a 'lack' of connectedness, but as Coleman (2009) also notes, co-presence in these other-places can be understood, not only as social but as movement beyond judgment, away from the " political vision - one in which place, personhood, and full political identity are bound together" (Coleman 2009: 758). Or to rephrase as a refuge.

As I will elaborate in the next section, my informants created other categories of themselves and thus other realities. The storied behavior that I will present in the next section begins as something nostalgic in solitude and becomes shared and performed out in the open through inter-subjectivity. As I will show, this is essential if we want to understand how the community center can function as emancipatory and counter to the requirements of society.

Ace your space

Hogir was a small man, about 5 feet 2 inches, always dressed in decent clothes. Typically, he came to the community center in a shirt with a cardigan on top, gabardine trousers and shiny shoes. He had a heavy grizzled, brushed-back hair and small glasses. He looked more like a casual dressed banker than your idea of a victim of torture diagnosed with PTSD. Hogir is an Iranian Kurd who has spent his entire adulthood fighting for Kurdish separatism in Iran. He had both been a member of a party - fighting the democratic way - but had also been part of a more militant movement. The combination of the thickness of his glasses and his disproportionately large smile made it hard to actual see his eyes from a distance. This detail changed when you talked with him. Hogir was a very forceful man, always keeping eye contact when talked to and even though he was laughing and smiling, he rarely talked about other topics than his brutal history and hopes for the future, which comprised of two elements of equal importance - 1) to return to Iran and to continue the fighting against the enemies of the Kurdish autonomy and 2) Paradise, if he was to get killed in the effort to achieve just that. Hogir always came alone. The time he spent in the community center was, like a lot of the others, a mixture of passivity, where he would sit by himself, and activity, engaging in gameplays, conversations or dinner routines, tea drinking - the rituals of the day.

It's around 4.30 pm. The clean up and closing of the community center had begun. Typically a few guests helped by putting up chairs, doing superficial cleaning, tidying up and taking out the trash before 5 pm. when the blinds were pulled down, the lights turned off and the door locked until the next day at 10 a.m. This afternoon, Hogir accompanied Nasraw and me, while a small number of men still sat in the corner chattering and empting their glasses. At the other end of the room, a couple was finishing up their game of backgammon not that far from where we stood. Nasraw knew of

Hogir's past and had heard his stories of his time in Iran, how he had lived many years in prison, being tortured and his "challenges with the Danish system" as Nasraw described many times before. He did not seem to notice much when Hogir began to tell me about his life in what we can call body language, as his Danish, as well as English, was deeply flawed. As we were talking about Iran and his time in prison, Hogir stepped back a few meter and to my big surprise started kicking and hitting the air towards the empty floor. For me, Hogir was this small, quiet man whom I sometime played ping pong against. I was familiar with his acrobatic movement, as I had seen him do amazing things playing ping pong, but in some way his intensity was different as he showed how his bones were crushed. He began flapping his limbs outlining his captivity; he had been incarcerated for 16 years. " He was tortured throughout four years - at one point 46 days in a row", Nasraw said while we were watching Hogir 'lying in his small cell', not much bigger than the size of his body, in the middle of the floor. As he was getting up from where he had been lying 'in his cell', he started to walk towards where we were standing, But instead of standing up to full height and walking normally, he stayed down in the squat down position and started waddling round in circles. He said something in Kurdish while keeping his eyes fixed on me. Nasraw translated what Hogir was saying while he walked across the floor." I had to go to the toilet like this for much of my time there, because they had crushed my legs and broken many bones". "But now I'm better", he said in a very poor Danish. "But not good enough to get to *Daesh*[9]", laughing. He made some further comments about Islamic State as we continued our work. " He is a tough one, this guy" Nasraw said, patting Hogir on the shoulder before translating into Kurdish. Hogir responded, and Nasraw translated: " He just needs to collect himself, then he will be as good as new".

---

[9] D.A.E.SH is an acronym for at Arabic sentence meaning what we in the western world know as Islamic State, IS, ISIS or ISIL. But the word *Deas* has different meanings if you look at the work in it's own right. In generally it is a swearword, but can also mean 'to trample or to crush' and can explain why Hogir use the term.

**

This form of representation of self was repeated the next day at the monthly party. The last Friday of every month, the community center held an elongated opening and named it *café night*. The concept of café night was that guests could come accompanied by family members or children for a night of casual gathering. The management made a great effort in keeping it familiar, not changing the concept of the place too much. In practice, this meant that there would be live music instead of the stereo and a more elaborate meal with dessert. On this night, a West African music orchestra was playing for the 80-100 people who had come for this evening of fun and family relaxation. As always, the place was filled with a mixed group of new and old volunteers, the friends of the house as well as old guests e.g. people who had reestablished their lives, overcome their mental illness or in other ways found no more need for what the place offered[10].

The orchestra, consisting of seventeen musicians, was very active. Not only towards each other, getting carried away by the rhythms in an accumulated interplay of multi-vocal percussion symphony, but also targeting the audience, who sat still. A wall of passivity and no visible sensation by the audience met the musical rhythm.

Hogir was standing at the bar in the kitchen eating cake as the speaker announced the song and that if someone wanted to dance, now was the last chance. As the orchestra slowly started, nothing happened. Some of the staff had stood up, encouraging the guests to participate in this last dance, but nothing happened. The orchestra did not appear to mind that the open space in front of the scene made for dancing still stood empty. After a while, Hogir started to take off his jacket and sat out onto the dance floor to the great enthusiasm of the staff, some of the others guests and the

---

[10] I never myself talked to any of these people face to face, or heard any of their stories as told by them, but some of them were pointed out for me, and their stories told by the staff.

orchestra, who seemed to tap their drums and play their instruments a little louder. The majority of the audience did not take much notice before Hogir raised his arms to begin dancing a classic Kurdish folk dance. Small characteristic steps, right foot, left foot, right foot, cross over, cross over, static step, static step. One could slowly sense that Hogirs arms loosened up and his upper body began to swing in symbiosis with the accelerating shoulders. While becoming familiar with the African rhythms, he gradually expanded his range of movement, snapping his fingers in line with the pulsation of the music. This seven-stroke frequency was looped over and over again to great comfort for him and to the contentment and visible response from the otherwise passive audience. People gave both smiling glares and encouraged applause to the one man on the dance floor, giving the place a sense of community. As he came back to claim his jacket, I congratulated his performance. He smiled and touched my shoulder and sat down. Thrilled about what I had just experienced, and knowing a little bit more about Kurdish folk dance, I asked him if it was the custom that the front man waved a napkin while dancing. "Yes" he said and pointed to the ground "It symbolizes home - the area where you are from".

As the night came to an end, a few of us were on the porch with some of the guests and some of the band members. One of the musicians, a big guy from Guinea, commented on the concert of the night. He was allegedly a big name within his genre and had played in festivals all over Europe, but had also played in the community center several times now.

"It is always something special to come here, you know…
Denmark is a very nice place to be n' all, but there is something
missing [clapping on his chest]…people are distant –they have
enough in themselves, you know.. they are in a general lack of
heart space.. that is why I like to come here [the community

center] – it is the feeling of warmth, you know.. [..] you can just be you, you know" (Amadou)

**

There are several aspects of this case that are of particular importance. First of all, as Royce has noticed "Dance is a powerful, frequently adopted symbol of the way people feel about themselves." (Royce 1977: 163). This is mentioned in regards of my statements of well-being among my informants. What I would like to emphasize is Hogir's behaviours and how he presented himself. Hogir was a 'labelled' person. He was diagnosed with PTSD by the healthcare system. Along with the other guests (almost all immigrants, refugees, foreigners, mentally ill) he was identified with classifications defined outside of what we could define as normal.

If we see Hogir's actions as practice of phantasm that was mediated by the place, we can understand these representations of self not just as a symbolic reality, but also his lived reality of bodily experience (Jackson 1983 citing Best 1978:137) *in* the place of the community center. When he moved on the dance floor or told his stories via body language, Hogir was *controlling space* in what I would describe as a fantasy of nostalgia, which mirrored past experiences of familiarity.

Instead of focusing on categories that turn people into objects of knowledge and intervention, I have suggested that we should instead focus on movement which goes against the *explicate* order (David Bohm 1980, cited in Ingold 2011: 160) of classification. In other words, I argue, that an individual can have `a different story´ if we unfold the relations of things, explaining why I have chosen to focus at the community center as a counter place. Instead of sticking to a specific paradigm of biomedicine and social organization, Hogir was a Kurdish freedom fighter expressing his being-in-the-world at the place. The actions of phantasm were mediated by the

place as relationships to the past were given life. Both Hogir and Brian were technically clients of the community mental health system. But Hogir did not adjust[11] to the category in which he had been placed, as had Brian. Instead of 'just adjusting' Hogir, like the majority of the center's guests, presented what they were not in the eyes of society using the actions of phantasm. They constructed boundaries around themselves by behaving based on the past, making their way in the world and simultaneously, making the world in their way. This also reveals the heterotopic traces of the place, as the embodied experience of nostalgia can be seen as an absolute break with traditional time (Foucault 1986:26).

In interviews and in regular conversations throughout the daily activities in the community center, my informants would commonly present themselves in a form of double negative relationships (Schechner 1985: 27), presenting themselves as not ill, but at the same time as not not ill. They instead presented themselves as lawyers, freedom fighter, professors or simply just Arabs or Kurds, i.e. beyond the given situation as clients of the Danish mental health system. This was not an act of denial, I will argue. My informants were well aware of their present situation. However, they allowed themselves to have not simply the 'ill clients' reality, but also another.

For Deleuze (1990), the Phantasms transcends inside and outside, "since its topological property is to bring "its" internal and external sides into contact, in order for them to unfold onto a single side." (Deleuze 1990: 211). For Hogir, his Phantasms had the constructive force of bringing together the dichotomies of "here" and "there", (Denmark and Iran), "now" and "then" (deviant and normal), but also the "experienced" and "imagined" (client and freedom fighter). The later (Iran, Normal and freedom fighter) not being purely imagined, but imagined as pure, to use Alnengs (2002:465) phrase.

---

[11] Adjustment here are used in similar way as emphasized by Edward Sapir (1932) as superficial because "it regards only the end product of individual behavior as judged from the standpoint of the requirements, real or supposed, of a particular society" (Sapir 1932: 240).

**

The longer I spent in the field, the clearer my main ethnographic riddle became. The experience of the well-being amongst my informants could seem somewhat utopian, considering their diagnosis and life stories, making them both what I have clarified as deviant and in need of communal help to recover. But the paradoxical reality of my informant was, as I have tried to outline in this chapter, that they were in a juxtaposition in society, living under different order and appreciating the time in the community center. What caught my attention was the sense of the place that gave the impression of some sort of counteraction to the community healthcare in general. As I have showed, there is a wide range of acceptance of passivity and user involving and empowerment the in traditional sense did not happen. Despites these facts, there was a sense of collectivity and the otherwise passive people appeared active and alive, we could say. For Cassey (1996:24), lived bodies belong to places, and as I have showed, the place had potential for the experiences of my informants to re-situate themselves. Bruce Kapferer elaborates on the note of potentialities:

> It is, in effect, a self-contained imaginal space - at once a
> construction but a construction that enables participants to break
> free from the constraints or determinations of everyday life ..[it]..
> may be described as a determinant form that is paradoxically
> anti-determinant, able to realize human constructive agency
> (Kapferer 2005: 47).

People who could not live up to the required means of norm of the labor market and society in general were placed in the community healthcare. I have used what I have called storied behavior to explain how nostalgic

representations can make sense of place counter to the outside categorizations of people and how this *life,* according to Ingold (2011), binds the place together. This also means that we can see the community center as becoming what my informants made of it and thus seeing them inhabiting place through their engagements (Ingold 2000).

In the final chapter I will seek to sum up the main argument of this thesis that the specific community center where I did my research had to be understood as both as emancipator and constrictor. I attempt to explain why my informants experienced the relative well-being I have argued for, while at the same time, not turning that well-being into total recovery, leaving the healthcare system behind.

Chapter 7: Free to be enclaved

During the time spent in the community center and following my informants around town, very few of them talked about anything that could be interpreted as a working life in Denmark with careers, job and all that follows, or even the interest in pursuing one. As I had spent months amongst these people, getting to know them and some of their daily routines, it kind of surprised me that none of my informants were able to find their way back onto the labor market. Some had part time jobs, up to 10 hours a week, while other held jobs years ago. However, most of the people I talked with regarding this subject had never had any form of employment in Denmark. How could this be, taking into considerations the well-being of the people in the community center? Several of my informants seemed to show excellent mental health over periods of time in the community center while I did my research. In this final chapter, I will present two cases of my informants' connections to the socierty and labor market. What I will show is that although the community center permitted my informants to re-situate themselves, making them regain control over their life, the place also prevents them from rejoining the outside reality of ongoing society. Instead of trying to attach the guests comfortable to the surrounding social structure, which is the model of the community healthcare, the place became an enclave. It closed around itself. Hence, in this last chapter I will seek to answer the question why none of my informants transferred their relative well-being into formal contact with the system. In other words, I will try to show why they remain locked into the welfare system even though they appear to be healthy and well adjusted while in the center.

Looping jobs and the tricky system

I never saw Telel and Majd talk together or interact in any way, although they had many of the same routines in the community center, spending a tremendous amount of time in the same room and facing many of the same difficulties regarding their connections to the system.

Telel is an Egyptian man at the age of fifty-two. He came to Denmark in 1993, when he was twenty-nine years old. Originally educated as a lawyer, he failed to get his education transferred into a similar degree and had to start a new education with lower entry requirements. He began training as a social and health assistant, but had to quit the job after years of stress and violent assaults on the institution where he had worked. Now, he was unable to find a job, even though the municipality kept on wasting his time with silly attempts, as he put it.

Majd is an Arab man forty-five years of age, and when I met him he was applying for a larger rental housing in order for him to get entitled to spend time with his four children. He was currently living in a one-bedroom apartment, with no possibility for extra space or privacy for his oldest children, who he was only seeing every 14th day. If he wanted to see his children more, he has to get a larger apartment, even though he can hardly afford it, he says. He fled from Lebanon in the 1990s and taught himself to cook when he came to Denmark so that he could get employed and make a living. But due to mental illness, he is only able to hold a part time job and spends the other four days of the week in the community center, even though he lives nearly fifty kilometers away.

Telel was always one of the first to come when the community center opened in the morning. Regardless of the weather, he always wore a thick jacket and hat. He always smiled and displayed a happy and content attitude when he was in the community center, often handing out hugs and laughs, speaking in his mother tongue, laughing and joking with other guests. His abilities in the Danish language had formerly been better, but

now he rarely talked with Danes, except when being called into a meeting with municipal social workers or the job center. He had recently been required to attend job training (or 'activation' as it is called in the Danish job system). Allegedly he was to go to somewhere in the suburbs every day for one hour. What was expected of him, he did not know. But it was clear that he did not like the idea of job training.

> "Why do they want me to go? It was the same last time [Referring to the same job training two years ago] They make me go somewhere. Ask me how I feel – I say good or not so well. And nothing more[…]..they take me for a fool. It is a waste of my time – this won't get me to work". (Telel)

Before Telel's most recent meeting at the job center, he had just finished an examination at the hospital, where a surgery for hernia had been planned in the beginning of March. He was infuriated with the expectations, as he saw them as being against him instead of for him. He couldn't comprehend why he had to comply with all of the rules and demands, when he had clear signs of a weakened body and a mental illness. He had tried for years to explain his situation to he case manager, but had failed to get approved for a pension. So in order for Telel to review his unemployment benefits form the state, he had to follow order.

The story was of a different kind with Majd. He understood the system – and very well actually. We had just about finished breakfast and I was drinking tea, small talking to the daily manager, Nazha. The Chief Executive, Karen, came and asked me if I could help Majd to fill out an application form for the municipality. We sat and began to undergo his pensions papers and paychecks, step-by-step filling out the three- page-application form. I could not quite understand why it was necessary for me

to help him. He understood these matters better than I did and was also technically skilled, fixing thing on the computer making it all ready for us.

Afterwards I went out on the porch, wondering what had just happened. There were several others tucked together outside smoking cigarettes, enjoying the midday sun and gazing out at the plaza in front. There wasn't much conversation going on. Majd brought me a cup of tea, joining me on the porch. I asked him about his opinion on the Danish welfare system. After a few considerations, he lit a cigarette and answered:

> "Denmark is a great place to be if you are Danish and if you have a job. For us here [referring to the people of other ethnic background than Danish] this is a hard country to live in. We don't understand all the demands we have to comply with[…].. take my situation for an example. If I want to see my kids I have to get a bigger apartment. But I can't because they [the municipality] say that I have to have a certain amount of money for myself every month, which then would have the consequence that I could not pay rent, if I were to get the apartment" … long pause, inhaling smoke from his cigarette, gazing into empty space "..sometimes the war [in Lebanon] was easier to cope with than life in Denmark. It [the system] just does not make any sense" (Majd)

When I asked what he meant by that, he continued:

> "People get sick when they come up here [Denmark]. They have all sorts of expectations about how life should be with work, friends and wealth.[..].. they get sick when they, still, years after they have come, still do not have any of them. People cannot get

employment, they cannot speak the language - they sit just outside of society and wait for the invitation to get in.[…] The war in Lebanon was nothing - it is the Danish system that gets you in the end" (Majd)

Majd thereby confirmed the attitude towards the system, which I had become familiar with during my many talks, dinners and interview with my informants. The order of things in society was viewed as destructive, causing negative feelings, not only in them, but also towards the system, which they all were a part off. As I have already been arguing, the community center served as a compensation for being out of place in society, and gave my informants a sense of control by momentarily undoing who and what they were on the outside.

What I will argue in the following and final section is what could appear as refuge for people experiencing personal crises, can instead be understood as an enclave precluding the regaining full control as my informants could freely choose to be in or out of societal order. At the community center they were being in control of their stories, as opposes to in the system.

As I have shown the guests presented their past in a positive manner and found recognition through the materialized aspects of the place in the community center. This specific behavioral pattern associated the place "with stasis and nostalgia, and with an enclosed security" as geographer Doreen Massey (Massey 1994: 168) identifies as a geographical place. I will use this approach to discuss why change over time did not occur, in order to show that besides the progressive sides of the community center, it also had the characteristics of an enclave, the boundaries of which were hard to cross. In the next section, I provide a brief summary of place as I have presented it, before elaborating on the notions of the community center as a foreclosed border zone.

Final stop?

So far, I have argued that in order to control the space, the community center was created as the articulation of nostalgia that acts to repress, sickness, deviancy and otherness. This made a flexible line between ill and not ill, where the line between staff, volunteer, friends of the house and guests crisscrossed each other, making the place occurring in open terms of the experience in it. Through the routines and rhythms, the greeting and care, the place became counter to the societal norms. What I have suggested is that the community center succeeds in providing a refuge for its guests from the larger networks of society, making an alternative order of the particular place, freeing the guests from their given reality.

**

At the community center, the place was not about a network that connected people with different places or to other people outside the community healthcare. Rather, the community center was limited and particular, as I have showed, and indeed a place of *gathering power*. But in contrary to network thinking, the space was more fluid, and as Ingold (2008: 1806) states, fluid does not connect anything.

Viveiros de Castro and Goldman (2012) state: "Network is diffuse; it moves through various places that are not located anywhere" (Ibid., 423). This way of seeing networks is comparative with Radcliffe-Browns (1940) social structure, where human beings are connected via complex networks of social relations and where the relational network can be studied as a structural system "connecting the inhabitants amongst themselves and with the people of other regions" (Ibid.,2, 5).

Other theorists who have explored sense of places and people's attachment to their social environments have also examined performing acts as meaning making. Hence, places and meaning are woven into the fabric of social life (Feld and Basso 1996:57; Ingold 2011: 168).

When Hogir explained to me his notions of home in context to the dance and his storytelling, this provides us an on-site experience of the place, and when Talel and Majd identified their negative attitudes towards what we could call life in categories, they represented the community center as a place where they were in control, in contrary to the healthcare system and system in general. The administrator explained his view of the guests as follows:

> " we are not the police and do not interfere in what people are doing or what they are thinking of themselves. Our guests are human beings, which are our starting point. They have the same needs as you and I, basically, no matter what they have been through in their life ..[…]..it doesn't matter what they are seen as or called by the doctors and people at the municipality" *(Nezha)*

Nezha, as the community center in general, can on this consideration be said to abolish the homogeneity of society, hence generating the opportunity for a 'real' heterogeneous place allowing every individual they own system of meanings '' in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life." (Geertz 1973:89).

Since the starting point for this thesis is the phenomenological sense and place, I choose to see the culture concept in terms of the lived experiences of my informants. In this sense, the phantasm of nostalgia, as evidenced by the interaction between person and environment. For urban researcher Talja Blokland (2003), whose focus is on social relationships in

neighborhoods as a community-building tool, nostalgia is used as a way to create community in the present above simulation the 'real' of the past. What I'm trying to highlight is the meaning of the place rather than the actual past of my informants. This is not to state that the past revealed to me by stories and representations never existed. Instead, I recognize the imperfect and damaged truth that many of the guests had to live with every day outside the community center and outside of societal control. As one of my key informants, Irman, suddenly said during one of my life story interviews:

"I can't stand to tell you more about it [his lifestory] than I already have. I get ill if I talk more about it. I can feel it coming[…].. I am sorry about that. It's better if I just don't say any more" (Irman)

But in contrast to Bloklands analysis, I argue, that the participants in the study did not imagine a better world in a broad sense. Rather, the community center became a place of nostalgic protection, where the reality of the "outside" was paused for a few hours on an individual level, by the terms made possible by the place. For Sapir "'society' is itself a cultural construct which is employed by individuals who stand in significant relations to each other in order to help them in the interpretation of certain aspects of their behavior"(Sapir 1949:151). I would argue that the same goes for the community center.   Instead of being a space of becoming and recovery, it was a place of quiet movement back, forward, up and down in personal history and individual mood - because the rhythm and atmosphere allowed this -which can also be seen as capturing. My informants undertook the routines of daily life, which is when they found their identity best mediated, inhabiting the cognitive environment of the community center (see also Rapport & Overing 2000: 161). If we see this special atmosphere as a counter order legitimizing my informant's passivity against the demands of the system, we can

understand the sense of place as enclaving. This goes in line with the argument of Heterotopias put up by Diana Saco (2002). She argues that Heterotopia is as an in-between space of contradictions which contests other lived spaces, such as outside the community center "in such a way as to suspect, neutralize, or invert the set of relations that they happen to designate, mirror, or reflect" (Saco 2002: 14). If we employ these notions of the concept of heterotopia with the concept of nostalgia to the behavior of Hogir and the quote on the war in Lebanon as stated by Majd, we can understand the social practice in correlation to the sense of place at the community center as preventing the guests from becoming fully healthy, understood as 'in no need of the community healthcare'. I have argued that the center is a site of emancipation, but also apparently a place of constriction. It allows people to construct their own nostalgic worlds, but prevents them from rejoining the present world outside the doors of the center. My point is that the deep nostalgia in the community center changed the place from the physical to the heterotopic through social relation practices. The participants of this study enclosed the place as juxtaposition to the contemporary society and community healthcare by changing the stories and hence the experience of themselves according to a nostalgic view of their past. Anthropologist C. Nadia Seremetakis takes nostalgia as freezing of the past, preventing any social transformation in the present (Seremetakis: 1996: 4), which can explain why adjustment did not follow the results of the positive well-beings I have accounted for. People were lost in the system. And they came to the community center to be lost. Foucault formulates the heterotopic as a space "which draws us out of ourselves, in which the erosion of our lives, our time, and our history occurs. " (Foucault 1986:23). By focusing on the community center as a form of *Heterotopias of deviance (Ibid.)*, we could see how the guests at the community center engaged in the world from a particular place as Foucault explain as "those in which individuals whose behavior is deviant in relation to the required mean or norm are placed" (Foucault 1986: 25).

I have showed how this could be considered to be a positive and progressive way of thinking within the community healthcare, while at the same time understanding the place as occurring in the open, hence making it flexible or even *self-closing,* as the concept of Heterotopias can be sites of hegemonic oppression, resistance and subversion as suggested by Hilde Heynen (Heynen 2008: 311, 319).

In order to explain this dichotomy I have presented, I find it meaningful to visualize it in a model using the concept of border zone.

Mental illness
(Sick)

Border zone
(community center)

Model 1.: Recovery chart

"Normallity"
(Not sick)
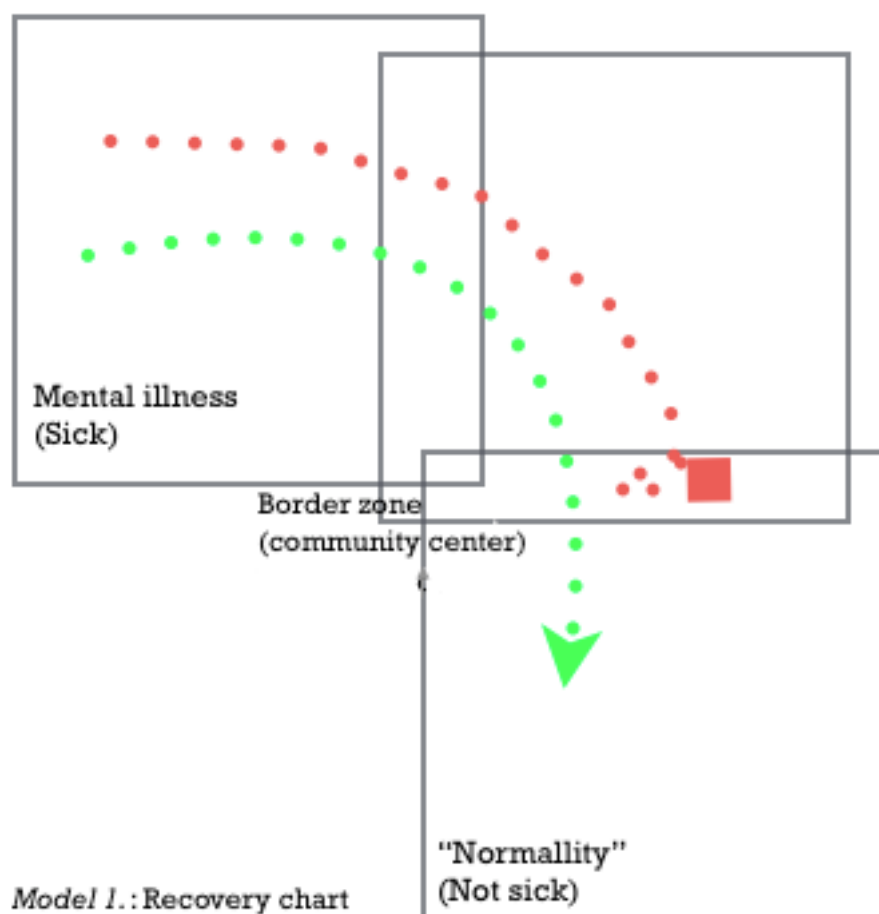
As I have argued in the beginning of this thesis, we can use the concept of border zone to understand how people within the community healthcare are positioned in society. Throughout the foregoing chapter, I also showed how border zones could be use to re-make reality and root experiences in a particular place. In this Model (1): Recovery chart, I presented, there is a

green line going straight through the zone I call the border zone. This implies the idea behind the concept of recovery, where a sick individual follows a personal plan of action (determined by the professional welfare social worker or psychologist) for returning into society and was also the progress for some of the people at the community center where I did my study (the former guests). I never got to know any of their stories and therefor their reality is not part of what I have attempted to describe. The red line shows how the place also enclaved people inhabited instead of pushing them to cross the blurred line into 'normality' and outside of treatment. Some, like Brian, did not become part of the making of the place, as he was not included in the space.

**

In regards to this final question about the lack of progress in societal objective, the most interesting aspect of Foucault's heterotopia is that it needs to have connection and significance to places and spaces outside of it. What I have tried to show is the dichotomy of the community center 1) as a alternative healing pathway, and 2) as a venue and instrument which maintains the uses on the outside of the social structures. I have used the term emancipatory in order for me to explain the sense of place made by the inhabitants and described it as an awakening of something lost, something more than a pause from a harsh reality so I can explain how local relations of passivity and lack of user involvement create a sense of control and some sort of well-being. In this sense, the community center was very progressive. This is also why I would argue that recovery is a misused conceptual tool in the context of this particular group of people with whom I conducted my study. Instead, I would cautiously suggest that recovery is replaced by transformation. By transformation I do not mean a divergence from the self - as the fantasy of recovering the subject's 'true' identity as a citizen - but rather a change of the community healthcare

towards the open and controllable space I have attempted to unfold in this thesis. But as I also have discussed in this last chapter, counter order can get rooted in place when certain meanings are inscribed in the space by likeminded individuals. Thus, it is important to keep in mind that boundaries of place are not fixed nor exist in a "real" sense, nonetheless the construction of such limits is an important part of materializing and culturally producing *place* (Escobar 2001:153).

I have showed that places are not necessary neutral, although they could at first appear that way, and that borders occur through symbolized social practices.

Final conclusion

As Cassey observes, it is not possible to know or sense a place except by being in that place paying attention to the phenomenon of place (Cassey 1996:18). By being in a position to perceive it, the researcher can only hope that the human experiences of the place point towards the more general features and characteristics that describe the phenomenon "as it has presence and meaning in the concrete lives and experiences of human beings" (Seamon 2000: 159). On regular terms, community centers within the community healthcare can be seen as instances of control within the empowerment discourse of contemporary society (Baistow 1994, Deleuze 1992).

Instead, I have argued that in the particular community center where I did my research, the experience of the place was different. Majd, Hogir and the other guests of the center came to 'lose themselves' in terms of coping with the everyday experience of being perceived as sick and in order to gain control over their bodies. For Foucault (1986), such a place would count as a Heterotopia of deviance. I debate this, as we can see that the guests placed in the community healthcare do not live up to the required means and norms (Ibid.). The guests were seen as deviants and were positioned in juxtaposition to the discursive habitus, thus leaving them to carry a stigma of 'being out of place'. But what I found in the community center was that people represented themselves through their past. A restorative nostalgia helped them to reconstruct what was good and positive in their lives, contrast to the present, which was seen as negative. The center was a place of 'recovery' but a recovery of a quite different kind than that envisioned by the system's recovery plan.

Following the implications of Tim Ingold's notions on place making, I have seen these social practices as phantasms and as a stabilizing act of control and argued for the space mediated by the place as being in-between the real and the really-made-up –as a refuge from reality. On the notion of

phantastical worlds, Brad Weiss (2002) states that 1), they must be meaningful for the people who imagine them, and 2) make sense to those they elaborate and share them with them (Weiss 2002: 99-100).

I have argued that the continually of the place emerged through the stories and experiences of the guests and by their agency and social action as a thoroughgoing reality. This 'movement' is how places occur in relations to the human activities (Ingold 2007, 2008), and thus, place making is a reciprocal relationship between people and place. Through the concept of inhabitants' I have acknowledge the stories given to me by the guests of the center as a force of meaning making, but also as place depended. Their representation of themselves can be understood as an everyday tool for emancipation that the guests of the community center used to undo their present categories of sick and to replace themselves back in control. These sociocultural processes created a collective sense of place, as in relations to others sits and individuals categorized as sick. Or to rephrase, in context to the community center, there was a sense of well-being.

Therefore, to explain what caused the guests not to progress in a systemic sense, despite these signs of well-being, I challenged the progressive sense of place by elaboration on Foucault's notions on Heterotopias as counter sits (Foucault 1986: 24). Using the concept of border zone, I showed how the community center, in relation to the surrounding society, was in fact a bounded place of other orders, which prevented the guests from rejoining the present world outside the doors of the center. This is in line with Hetherington (1997), who notes that:

> Heterotopia are not about resistance or order but can be about both because both involve the establishment of alternative modes of ordering(Hetherington 1997: 51).

Following the phenomenological perspective of the experiences of place and the constructed knowledge and attitudes toward life outside of the community center, I suggest that the concept of place is not to be taken as neutral. Place construction is a social act, and a social act can have system-challenging aspects. I think this is what the center is, even if it has been created by the very system it comes to challenge.

This is why, I have tried to show how meaning can be understood as rooted in place, and how this meaning making can appear as a counter order towards the otherwise established space in the community healthcare system. I would agree with Peter Davis (2011), when he states that" Place is a chameleon concept, changing colour through individual perception, and changing pattern through time" (Davis 2011: 22)

Indeed, it would have been interesting to follow the place and its guests for a longer period of time in order to see how a different clientele would make meaning *in* and *of* the place. Further, I would have liked to have followed my informants during their time outside of the community center to a greater extent. It would have provided me with some valuable insight of the perseverance of the mental state I observed in the community center and further, what stories they told about themselves when being elsewhere. Unfortunately, this change was only given to me in a very small scale, which is also the limitation of this study. The access given to me to other sits of relevance was very limited for two reasons. First, the municipal social departments and the job centers I was in contact with were not interested in my project. Where my project finally came through, the bureaucratic procedures for approval were so long and intricate that my fieldwork stopped before I could get started. This was also why I selected the particular community center in the first place. It appeared as of another order as I also have accounted for, in contrast to other similar offers I sought out in my pre-study. Second, my informants were reluctant towards me following them for visits of a more 'official' nature. But their reluctance to have me with them also says something about the place of the community center and my role there. I became a part of their reality; which

in the center was of nostalgic character. Could it be, that they found no need for me to see them in the present?

For further research, it could be useful to apply the finding of the present study to other spheres of the welfare system. I am thinking particularly of other public places that, like the community center, engage in daily routines on what is conceived as neutral ground (neutral in the sense that it is not subject to welfare bureaucracy controls or demands). How can we explain the use of public places amongst the youth growing up in ghettos? And do shopping centers play an important role in forming the identity and life of individuals through their role as meeting places? Is it possible to think in some of these ideas in the planning of playgrounds, nursing homes and hospitals?

On a last note, I would like to go back to Trigg (2012:6) who states that people rarely find themselves in two places simultaneously. In this thesis, I attempt to capture the sense, feeling and identification in, and of, the everyday. I strived to give epistemological depth to the concept of place by connecting it to the subjective body as anthropological, sociological, human geographical, philosophical and other phenomenological scholars before me. With this thesis I hope to have given some ideas on how different places can occurs simultaneously on one geographical location.

Bibliography:

Agamben, G.

(1993) *Stanzas: word and phantasm in Western culture*. Minneapolis: University of Minnesota Press.

Agamben, G.

(1999) On potentialities. In D. Heller-Roazen (Ed.), Potentialities: Collected essays in philosophy, Giorgio Agamben: Standford University Press, pp. 177–184.

American Anthropological Association.

(2012) Statement on Ethics: Principles of Professional Responsibilities. Arlington, VA: American Anthropological Association.

Altheide, D. L. & **Johnson**, J. M.

(1998) Criteria for assessing interpretive validity in qualitative research. In Norman K. Denzin and Yvonna S. Lincoln (Eds), *Collecting and Interpreting Qualitative Materials.* Thousand Oaks, Sage, pp.283-312.

Arendt, H.

(1998[1958]) *The human condition*. (2. ed.) Chicago, Ill.: University of Chicago Press.

Augé, M.

(1995) *Non-places: introduction to an anthropology of supermodernity*. London: Verso.

Baistow, K.

(1994) Liberation and regulation? Some paradoxes of empowerment. *Critical Social Policy*, *14*(42), pp.34-46.

Barth, F. (red.)

(1969) *Ethnic groups and boundaries: the social organization of culture difference*. Oslo: Univ.-forl.

Bernard, H.R.

(2006) *Research methods in anthropology: qualitative and quantitative approaches*. (4. ed.) Lanham, MD: AltaMira Press.

Blackshaw, T.

(2008) Contemporary community theory and football. Soccer and Society, 9 (3) , pp.325– 345.

Blokland, T.

(2003) *Urban bonds: social relationships in an inner city neighbourhood*. Cambridge: Polity Press.

Bohm, D.

(1980) Wholeness and the Implicate Order. London: Routledge and Kegan Paul.

Borneman, J. & **Hammoudi**, A., (red.)

(2009) *Being there: the fieldwork encounter and the making of truth*, University of California Press, Berkeley.

Bourdieu, P.

(1977) Outline of a Theory of Practice. Cambridge: Cambridge University Press.

Bourdieu, P.

(1990) *The logic of practice*. Stanford, Calif.: Stanford University Press.

Brody, H.

(1987) Stories of sickness. New Haven: Yale University Press.

Bruner, E.M. & **Turner**, V.W. (red.)

(1986) *The anthropology of experience*. Urbana: Univ. of Illinois Press.

Caruth, C.

(2014) Listening to trauma: Conversations with leaders in the theory and treatment of catastrophic experience. Johns Hopkins University Press.

Casey, E.

(1996) 'How to get from space to place in a fairly short stretch of time; Phenomenological prolegomena', In: Steven Feld and Keith H. Basso (eds), *Senses of place,* Santa Fe, NM: School of American Research Press, pp. 13-52.

Clifford, J. & **Marcus**, G. E. (red.)

(2010[1986]).*Writing culture: the poetics and politics of ethnography*, 25th anniversary ed., University of California Press, Berkeley, Calif.

Coleman, L.

(2009) Being alone together: From solidarity to solitude in urban anthropology. Anthropological Quarterly, 82(3), pp.755-777.

Corin, E.

> (1998) The thickness of being: Intentional worlds, strategies of identity, and experience among schizophrenics. *Psychiatry*, *61*(2), pp.133-146.

Cresswell, T.

> (1996) *In Place, Out of Place*. Minne- apolis, MN: University of Minnesota Press.

Cuba, L., & **Hummon**, D. M.

> (1993) A place to call home: Identification with dwelling, community, and region. *The sociological quarterly*, *34*(1), pp.111-131.

Davies, C.A.

> (1999) *Reflexive ethnography: a guide to researching selves and others*. London: Routledge.

Davis, P.

> (2011) *Ecomuseums: a sense of place*. (2nd ed.) London: Continuum.

Deleuze, G., **Lester**, M. & **Stivale**, C.

> (1990) *The logic of sense*. London: Athlone.

Deleuze, G.

> (1992) Postscript on the Societies of Control , October, 59, pp. 3–7.

DeWalt, K. M., & **DeWalt**, B. R.

> (2002) *Participant observation: a guide for fieldworker*s. Walnut Creek, CA: AltaMira Press.

Douglas, M.

(1975) Deciphering a meal. Implicit meanings: Essays in anthropology. New York: Routledge.

Douglas, M.

(1991). The idea of a home: a kind of space. *Social research*, pp.287-307.

Duranti, A.

(1992). Language and bodies in social space: Samoan ceremonial greetings. *American anthropologist*, *94*(3), pp.657-691.

Entrikin, J. N.

(1991) *The betweenness of place: Towards a geography of modernity.* Baltimore: Johns Hopkins University Press.

Estroff, S.

(1981) *Making It Crazy: An Ethnography of Psychiatric Clients in an American Community*. Berkeley and Los Angeles, California. University of California Press.

Fassin, D. & **Rechtman**, R.

(2009) *The empire of trauma: an inquiry into the condition of victimhood*. Princeton, N.J.: Princeton University Press

Feld, S. & **Basso**, K.H. (red.)

(1996). *Senses of place*. Santa Fe, N.M.: School of American Research Press.

Firth, R.

(1970) Postures and Gestures of Respect. In Echanges et

Communications: Melanges offerts a Claude Livi-Strauss a l'occasion de son 60eme anniversaire. The Hague: Mouton, pp. 188-209.

Foucault, M.

(1965) *Madness and civilization: a history of insanity in the age of reason*. New York: Pantheon books.

Foucault, M.

(1979) *Discipline and Punish*. NY: Vintage Books.

Foucault, M.

(1986) "Of Other Spaces," *Diacritics* 16,pp.22-27.

Gupta, A., and **Ferguson**, J.

(1997a) "Culture, Power and Place: Ethnography at the End of an Era" in Gupta and Ferguson eds., Culture, Power, Place: Explorations in Critical Anthropology, Duke University Press: Durham, pp.1-29.

Gupta, A., and **Ferguson**, J.

(1997b) "Beyond 'Culture': Space, Identity and the Politics of Difference." In Gupta and Ferguson eds., Culture, Power, Place: Explorations in Critical Anthropology, Duke University Press:Durham, pp.33-51.

Gardner, P. M.

(1966) Symmetric Respect and Memorate Knowledge: The Structure and Ecology of Individualistic Culture. *Southwestern Journal of Anthropology*, *22*(4), pp.389–415.

Geertz, C.

(1973) *The interpretation of cultures: selected essays*. New York: Basic Books.

Goffman, E.

(1991) *Asylums: essays on the social situation of mental patients and other inmates*. Harmondsworth: Penguin.

Goffman, E.

(1992 [1959]) Presentation of the self in everyday life, London: Penguin Books.

Goffman, E.

(2005[1967]) *Interaction ritual: essays in face-to-face behavior*. New Brunswick, N.J.: Aldine Transaction.

Hammersley, M. & **Atkinson**, P.

(1983) *Ethnography: principles in practice*. London: Tavistock Publ..

Hacking, I.

(1986) "Making Up People." in Reconstructing Individualism: Autonomy, Individuality, and the Self. In Western Thought, edited by Thomas C. Heller, Morton Sosna, and David Wellbery. Stanford, Calif.: Stanford University Press ,pp. 222–236.

Hacking, I.

(1995a) The looping effects of human kinds. In Causal cognition: A multidisciplinary debate, edited by Dan Sperber, David Premack, and Ann J. Premack. Oxford: Clarendon Press.

Hacking, I.

(1995b) Rewriting the soul: Multiple personality and the sciences of memory. Princeton, NJ: Princeton University Press.

Hastrup, K.

(1995) *A Passage to Anthropology: Between Experience and Theory*. London: Routledge.

Hastrup, K. og **Ovesen**, J.

(1995) Etnografisk grundbog. København: Gyldendal.

Hetherington, K.

(1997) *The badlands of modernity: heterotopia and social ordering*. London: Routledge.

Heynen, H.

(2008) Heterotopia Unfolded, in Heterotopia and the City: Public Space in a Postcivil Society, ed. Michiel Dehaene and Lieven De Cauter. London: Routledge,

Hume, L. & **Mulcock**, J. (red.)

(2004). *Anthropologists in the field: cases in participant observation*. New York: Columbia University Press.

Ingold, T.

(2000) The Perception of the Environment: Essays in livelihood, dwelling and skill. London Routledge.

Ingold, T.

(2007) Lines A Brief History. London Routledge.

Ingold, T.

(2008) 'Bindings against boundaries: entanglements of life in an open world' Environment and Planning A 40, pp.1796-1810.

Ingold, T.

(2011) Being Alive. London Routledge.

Jackson, M.

(1983) "Knowledge of the body" in Man, New Series, 18(2), pp.327-345.

Johansen, K. S.

(2005). *Kultur og Psykiatri: En antropologi om transkulturel psykiatri paa danske hospitaler*. Phd-række nr.37- Institut for Antropologi.

Kapferer, B.

(1986) Performance and the Structuring of Meaning and Experience. In: Bruner, E.M. & Turner V.W. ed., 1986. The Anthropology of Experience. Chicago: University of Illinois Press.

Kapferer, B.

(2005) Ritual Dynamics and Virtual Practice: Beyond Representation and Meaning. In: Handelman, D. & Lindquist, G. (red.), 2005. Ritual in its own right: exploring the dynamics of transformation. Paperback ed. New York: Berghahn Books.

Kleinman, A., **Das**, V. & **Lock**, M. (red.)

(1997) *Social suffering*. Berkeley: University of California Press.

Kleinman, A.

> (2009) "Caregiving: The Odyssey of Becoming More Human." The Lancet 373, no. 9660, pp.292-293.

LeCompte, M. D., & **Goetz**, J. P.

> (1982) Problems of reliability and validity in ethnographic research. Review of educational research, 52(1), pp.31-60.

Lefebvre, H.

> (1991). The Production of Space. Oxford: Blackwell Publishing.

Lewicka, M.

> (2011) 'Place attachment: How far have we come in the last 40 years?' Journal of Environmental Psychology 31(3) pp.207–230.

Lewis, G.

> (1988) Day of Shining Red: An Essay about Understanding Ritual. Cambridge: Cambridge University Press.

Lowe, C.

> (2003) The magic of place: Sama at sea and on land in Sulawesi, Indonesia. *Bijdragen tot de Taal-, land-en Volkenkunde*, *159*(1), pp.109-133.

Madsen, A.

> (2009) Psykiatriens historie i Danmark. *Dansk Sociologi*, *20*(1), pp,87-100.

Malkki, L.

> (1992) National Geographic: The Rooting of Peoples and the Territorialization of National Identity among Scholars and Refugees.

Cultural Anthropology, Vol. 7, No. 1, Space, Identity, and the Politics of Difference. Feb, pp. 24-44.

Massey, D.

(1994) *Space, place and gender*. Oxford: Polity Press.

Marcus, G.E.

(1998) *Ethnography through thick and thin*. Princeton, N.J.: Princeton University Press.

Metcalf, P.

(2002) They Lie, We Lie: Getting on with Anthropology, London & New York: Routledge.

Mik-Meyer, N. & **Villadsen**, K.

(2013). *Power and welfare: understanding citizens' encounters with state welfare*. London: Routledge.

Mills, C.W.

(1959) *The sociological imagination.* New York.

Mintz, S., & **Du Bois**, C.

(2002) The anthropology of food and eating. Annual Review of Anthropology, 31, pp.99–119.

Munn, N.

(1996) 'Excluded spaces: The figure in the Australian Aboriginal landscape.' Critical Inquiry 22 (Spring), pp.446-465.

Norberg-Schulz, C.

(1979) Genius Loci: Towards a Phenomenology of Architecture. New York: Rizzoli.

Obeyesekere, G.

(1981) *Medusa's Hair: An Essay on Personal Symbols and Religious Experience*. University of Chicago.

Ortner, S.B.

(1996) *Making gender: the politics and erotics of culture*. Boston, Mass.: Beacon Press.

Patterson, M.E. and **Williams**, D.R.

(2005). Maintaining research traditions on place: Diversity of thought and scientific progress. *Journal of environmental psychology*, *25*(4), pp.361-380.

Pink, S.

(2015). *Doing sensory ethnography*. (2. ed.) London: Sage.

Rabinow, P.

(1977) *Reflections on fieldwork in Morocco*. Berkeley: Univ. of Calif. P..

Radcliffe-Brown, A. R.

(1940) On social structure. *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, *70*(1), pp.1-12.

Rapport, N. & **Overing**, J.

(2000) *Social and cultural anthropology: the key concepts*. London: Routledge.

Relph, E.

(1976) Place and Placeness. London: Pion

Robbins, J.

(2013) Beyond the suffering subject:towards an anthropology of the good. In: Journal of the Royal Anthropological Institute. (N.S)19, pp.447-462.

Robertson, J.

(2002) Reflexivity redux: A pithy polemic on" positionality".*Anthropological Quarterly*, *75*(4), pp.785-792.

Rosaldo, R.

(1993) *Culture and truth: the remaking of social analysis*. Boston: Beacon.

Rubenstein, S.L.

(2012) On The Importance of Vision among the Amazonian Shuar. Current Anthropology 53(1), pp.39-79

Royce, A.P.

(1977) *The anthropology of dance*. Bloomington: Indiana U.P..

Saco, D.

(2002) *Cybering democracy: public space and the Internet*. Minneapolis: University of Minnesota Press.

Sapir, E.

(1932) "Cultural Anthropology and Psychiatry". Journal of Abnormal and Social Psychology, Vol.27, No.132, pp. 229-242.

Sapir, E.

(1949) *Culture, language and personality: selected essays*. Berkeley: Univ. of California Press.

Sayad, A.

(2004) *The suffering of the immigrant*. Cambridge, UK: Polity.

Schechner, R.

(1985) Between theater & anthropology. Philadelphia: University of Pennsylvania Press.

Seamon, D.

(2000) A Way of Seeing People and Place: Phenomenology in Environment-Behavior Research. In S. Wapner, J. Demick, T. Yamamoto, and H Minami, eds., *Theoretical Perspectives in Environment-Behavior Research*. (New York: Plenum), pp. 157–78.

Seremetakis, C.N.

(1996) "Memory of the senses." In The senses still: perception and memory as material culture in modernity, edited by C. Nadia Seremetakis. Chicago: University of Chicago press.

Spradley, J.

(1980) *Participant Observation*. New York: Holt, Rinehart and Winston.

Taussig, M.T.

(1993) *Mimesis and alterity: a particular history of the senses*. New York: Routledge.

Thrift, N

> (2008) Non-representational Theory: Space, Politics, Affect. London Routledge.

Trigg, D.

> (2012) The Memory of Place: A Phenomenology of the Uncanny. Athens: Ohio University Press.

Turner, V.

> (1967) The Forest of Symbols: Aspects of Ndembu Ritual. Cornell University Press.

Viveiros de Castro, E., & **Goldman**, M.

> (2012) Introduction to post-social anthropology: Networks, multiplicities, and symmetrizations. *Hau: Journal of Ethnographic Theory*, *2*(1), pp.421-35.

Walter, E.V.

> (1988) *Placeways: a theory of the human environment*. Chapel Hill: Univ. of North Carolina Press.

Watson, G.

> (1987) Make me reflexive, but not yet: Strategies for managing essential reflexivity in ethnographic discourse. *Journal of Anthropological Research*, pp.29-41.

Weiss, B.

> (2002) Thug realism: Inhabiting fantasy in urban Tanzania. *Cultural Anthropology*, *17*(1), pp.93-124.

Weiss, M.D.

> (2011) *Techniques of pleasure: BDSM and the circuits of sexuality*. Durham: Duke University Press.

Wilson, J. P., **Drozdek**, B., & **Turkovic**, S.

(2006) Posttraumatic shame and guilt. Trauma, Violence, & Abuse, 7(2), pp.122-141.

Wineman, S.

(2003). Power-under: trauma and nonviolent social change. Self-published: Cambridge, MA. Online at http://www.traumaandnonviolence.com/

Reports:

Indvandrere i Danmark.

(2015) Udgivet af Danmarks Statistik. November 2015

Helwig-Larsen, K. og **Kastrup**, M.

(2007) *Etniske forskelle i kontaktmønstret til psykiatrisk behandling*, Videnscenter for Transkulturel Psykiatri og Statens Institut for Folkesundhed.

Singhammer J.

(2008) Etniske minoriteters sundhed. Aarhus: Center for Folkesundhed, Region Midtjylland, og Partnerskabet for undersøgelse af etniske minoriteters sundhed.

Web sources:

The Social Agency.

URL 1: http://socialstyrelsen.dk/handicap/psykiske-vanskeligheder
(Accessed 02.08.2016)

The Social Agency.

URL 2: http://socialstyrelsen.dk/handicap/psykiske-
vanskeligheder/rehabilitering
(Accessed 17.05.2016)

Loveless, L. E.

(2007) Stor videbegærlighed blandt ledere.
IN: Bjerborg, Marianne/. Socialpsykiatri; TEMA: Lov og praksis. 10.
årgang, nr. 3, Datagraf AS. [Online]. Avaliable at: http://www.
http://knudramian.pbworks.com/f/2007-3-_lov_og_praksis(2).pdf
(Accessed 06.05.2016)

Taylor, J. S.

(2014)"Care: Integration.", Cultural Anthropology website, April 30,.
http://www.culanth.org/fieldsights/525-care-integration (Accessed
14.04.2016)