Neighbourhood participation of people with a psychiatric background

Case study: Nijmegen, Willemskwartier

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Preface

Eventually, this is my master thesis on neighbourhood participation of people with a psychiatric background in the Willemskwartier. This thesis is the final part of the master of science 'Human Geography' at the Radboud University of Nijmegen. I would to thank all the professors who made the courses during this master every time interesting. As I did my bachelor in Cultural Anthropology and Development Studies, this master was enriching and expanded my knowledge in ways I would not expect.

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ABSTRACT

The objective of this qualitative study was to gain a better understanding of how people with psychiatric problems are participating in the neighbourhood and experience, present and manage themselves. Thirteen residents who are no health service users were interviewed to grasp the sense of community and seven mental health service users were interviewed to obtain the insiders perspective. Those narratives combined with mobility maps illustrated how personal, social and environmental characteristics were converted to participation in and belonging to the neighbourhood.

Furthermore, this study showed that people with a psychiatric background are differently attached to the neighbourhood. Some of the respondents with a psychiatric background would like to participate more, but could not overcome their personal attitude to make the socially required 'first step'. Some public spaces were outlined as facilitators of contact. When the preferences of those spaces are kept in mind and the residents with a psychiatric background are actively involved by the residents without a psychiatric background, more neighbourhood inclusion is expected. As such, those explanations may enlarge our understanding on how people with psychiatric problems position themselves and participate in local communities.

INTRODUCTION

Background
On the 24ᵗʰ of March 2015 Germanwings flight 4U 9525 from Barcelona to Düsseldorf went down. The co-pilot appears to have crashed the plane intentionally, killing himself and 149 others. In a desperate attempt to make sense of the plane crash many people and media were focussing on the mental health of the co-pilot, who had a history of depression (The Guardian 27-02-2015). On the one hand, many people argued that a person with a psychiatric background should not be permitted to have such a responsible job. On the other hand, many countered this stressing the problematic stigmatisation of people with a psychiatric background as a group. A question which arises is to which extend people with a psychiatric background could participate and how they should be included in our society. It is remarkable that the people who are actually living with a psychiatric background are not asked how they present, experience and manage this background in our society.

This psychiatric background is not always foregrounded. We all belong to different, multiple and heterogenic groups which can vary over time. A social role is a "socially defined behavioural pattern that people show in certain circumstances or groups" (Zimbardo, Weber and Johnson, 2005, p. 547). In her dissertation *Kwartiermaken* (2001), Doortje Kal shows by the use of statements by people with a psychiatric problem how they have to struggle against society's negative images of chronic illness or disability. Someone could have a disability, but "it becomes a handicap through the societal position of their disability" (Steglich-Lenz and van Loon, 2012, p. 29). The image of how people with a psychiatric background are perceived, both by regular residents and patients, is essential to involve them into society. Social exclusion is present as a feature of all societies when different rules and policies, formal and informal, enable some and constrain others in gaining access and entitlement to goods, services, activities or resources (Correll and Chai, 2009, p. 39). When those constraints are incorporated in the (unconscious) views and behaviour of residents, social inequalities could become structural.

The policy in the Netherlands is moving towards participatory citizenship. Tonkens (2009) generally describes the development of citizenship in the Netherlands after the Second World War. The last decade there is something special going on. She links the recent decline of the welfare state to the emphasis on active citizenship. The word 'participation-society' (participatiesamenleving) was chosen as 'the Dutch word of 2013' (Pelleboer-Gunnink, van Weeghel and Embregts, 2014) and is representative for this development in the Netherlands, which implies a shift from a collective welfare state to the individualistic responsibility of citizens in society. Thereby, a central question arises how someone should contribute to society.

Government policy in the Netherlands is directed to include people with disabilities 'as much as possible' into society (van der Zwan and Smits, 2012). The government could make policy, but this inclusion needs to carried out in local communities. The responsibility for this inclusion in the communities is now in the hands of local municipalities (Companje, 2013; van der Zwan and Smits, 2012). In September 2014 the project 'Attention for Everybody' (2014) (Aandacht voor Iedereen) asked patients and caregivers what their experiences were about the information distribution around the decentralisation, their accompaniment and

protective living. Especially the people with a psychiatric background stand out, they did not receive the information or do not fully understand this information (Aandacht voor Iedereen, 2014). It is therefore not always clear what people with a psychiatric background should do when there is a expectation of living more independently.

The ideals of citizenship in this current period are caring, active and responsible for organizing themselves in citizen initiatives to solve their own problems (Tonkens, 2009). For certain groups those ideals of citizenship are hard to accomplish. Research suggests the social network of people with a disability is much smaller and consist mostly of other people with disabilities, supervisors and family (van Lieshout and Cardol, 2012; Pelleboer-Gunnink et al., 2014). As a result of the declining welfare state and the pressure on social networks, some groups are more disadvantaged than others. Network disadvantages effect people with psychiatric problems, who often know fewer people, are more likely to be unemployed and are more likely to depend on welfare benefits than the population at large (Field, 2003). These network disadvantages are problematic because of the declining welfare state, especially where the direct social environment often acts as the most important source of care and support.

We see the trend of self-support with the change in the care of psychiatric patients, where aid is preferably provided on outpatient basis (e.g., does not require an overnight admission) to those who are not confined to a hospital but who are 'ambulatory'. Ambulatory care means the professional is going to the patient, so a certain degree of independency and self-sufficiency is expected of that patient. This independency only works when a full transition to society is offered. The current Dutch government gives preference to this ambulatory care and makes extra effort for the economic participation capabilities of people with mental health problems, but does not pay special attention to social exclusion (Hoff, 2014). If people with a psychiatric background are going to live independent in normal neighbourhoods and the full well being of this group is put in mind, there is also a need to look how people with a psychiatric background could integrate in those neighbourhoods in the social, cultural, political and functional spheres.

This research will be a source of information about how people with a psychiatric background are experiencing, managing and presenting their identity in light of these recent changes. The governments' idea was to give a person aid near their home, so that everyone could live in their trusted surroundings as long as possible. This idea of ambulatory care sounds nice and the Dutch municipalities are giving the responsibility of organizing this. At the moment, however, the municipalities do not have immediately solutions and policies to answer the needs of their residents, because they need to come up with new solutions and have less money to spend (Attention for Everbody, 2014). Thus, active citizenship has become part of normative political discourses, which need to be viewed critically in relation to the consequences of the identity perception of people with a psychiatric background on neighbourhood participation.

There is a difference between the physical integration (e.g. people with a psychiatric background living in the neighbourhood) and full integration (e.g. people are participating in all ways) (Smit and van Gennep, 1999). "Social integration is understood as the processes addressing the social disparities and the exclusion of people who are denied equal access to necessary social services, benefits and rights enjoyed by others in society" (Correll and Chai,

2009, p. 39). This does not mean that everyone must participate equally or that this is the same for everybody, the realistic capabilities to do so should be present. This could result in that vulnerable groups should get more means to get the same 'basic' level of integration. Thereby could personal, social and environmental factors be of influence on how certain means are translated into real capabilities.

Not only the personal and social factors play an important role on how the identity role of people with a psychiatric background is experienced, the environment has also importance. The spaces in the neighbourhood are important in how these identity roles are presented.

Community centres are spaces that emphasize human interaction. As such, these encounters are not completely incidental to meetings on the street, but neither are they as organized and purposeful as 'micro-publics' (Valentine, 2008). These 'micro-publics' include: "sports or music clubs, drama/theatre groups, communal gardens, youth participation schemes and so on" (Amin, 2002, p. 959). These organized group activities where people from different backgrounds are brought together provides them with the opportunity to break out of fixed patterns of interaction and learn new ways of the other. Social encounters in these spaces are relatively informal and can quickly become familiar through repeated visits.

Amin (2002) favours what he terms the 'micro-publics of everyday social contact and encounter' rather than engineered through larger-scale events like public festivals or policies framed in terms of rights and obligations at the national scale. Through the methods of the drawing of a mobility map and pair wise ranking there will be a distinction made of the power relations of these micro-publics, public spaces and community centres. This offers insight on how the identity roles of people with a psychiatric problem are presented in the different neighbourhood spaces.

Research question
The central question in this research will be as follows:

> *How do the identity roles of people with a psychiatric background influence their neighbourhood participation?*

To answer this question the concepts of 'identity roles' and 'neighbourhood integration' will be used. Subquestions arise as:

1. How are the social networks of people with a psychiatric background positioned in the neighbourhood?
2. To which extend influence (public) spaces and facilities contact in the neighbourhood?
3. How is the identity of people with a psychiatric background perceived by both regular residents and themselves?

Methods
To answer these research questions different interviews and mobility maps were conducted by both 'normal' neighbourhood residents and residents with a psychiatric background. A research with a mixed group will provide more information about knowledge, attitudes and practice than a homogeneous group (Mikkelsen, 2005). The social norms and social divisions

residing in a community could the best grasped as the sample is as homogenous as possible. To get more insight in the social networks of people with a psychiatric background a network circle was made.

The history of integration is known for the ambition to make the population more in balance. Each decennia there are some differences on the categorisations of people, but there are also some similarities. As Verplanke and Duyvendak (2010, p. 36) mention is integration policy never focussed on "good neighbourhoods, but mainly on class neighbourhoods" (volkswijken). Therefore, the research setting was a class neighbourhood of Nijmegen, the Willemskwartier.

Scientific relevance
There has much been written about the changing views of citizenship, but not specifically about the perceptions, experiences and presentation of people with a psychiatric background. Some research has already been done on social networks (of people with disabilities), but the measurement on capacity is strongly related to activity, primarily built on normative standards (frequency and/or duration) and is based on the assumption that 'more is better' (Oldenkamp, de Klerk and Wagemakers, 2013). Piskur et al. (2014) are seeing possibilities for future research in the attention for the social roles people fulfil. However, as Piskur et al. (2014, p. 216) argue is the domain of satisfaction of the patients not sufficient included in most of these instruments. Therefore this qualitative research should be an addition to those researches. One could have a large social network, but it really matters how people can use them and are engaged in their environment.

It is not always clear what the different dimensions and varying consequences of social networks are. Research on social capital has been a major influence on this (Putnam, 2000; Field, 2003). Social capital in this thesis is perceived as "social norms, social networks and trustworthiness" (Putnam, 2000) One could assume that social capital arising from associational membership has different result than that derived from friendship ties, and this presumably reflects the qualities associated with the ties themselves (Field, 2003). A focus on the informal network could make a contribution towards specific research on social capital and social networks of people with a psychiatric background.

The given importance and attention to the overall well being of this identity groups makes it a valuable contribution to a more philosophical scientific discussion. As Smit and van Gennep (1999) state participation is a basic need and the promotion of it will contribute to the persons full well-being. The subjects of well-being and the quality of life have gained popularity the last decades. Most of the literature is now addressing the importance of factors other than just economics. Widely acknowledged philosophers like Amartya Sen (2006) and Martha Nussbaum (2006) have also contributed to this domain, but these theorists are sticking for instance with their capability approach to a more theoretical model. Local data is required to further develop such ideas. Martha Nussbaum (2006) has made a list of ten capabilities that need to be a threshold for a qualitative good life. Especially for migrants and people with a disability our society can be unjust. One of the ten capabilities is social affiliation in which peoples' need for participation and struggle against discrimination is captured. The conversion factors of 'available means' play a major role in their theory. This

is interesting for a relative rich country as the Netherlands, because the availability of certain goods does not mean that people have the real capability to improve their lives with this.

The policy discourse in the 80s and 90s did not focus on questions whether the neighbourhood has to have specific conditions to integrate people better (Verplanke and Duyvendak, 2010, p. 32). An adaption of the public spaces in the neighbourhood for the facilitation of contact of people with a psychiatric background was therefore absent. The link with spaces of contact makes it interesting for geographers, public planners and policy makers. This research will show how people with a psychiatric background experience facilities and spaces in the neighbourhood, so this could lead to insights how public spaces can be used to stimulate future participation.

Societal relevance
Tandem Welzijn (from now called as just 'Tandem') is a welfare organisation rooted in Nijmegen, that supports social vulnerable people, and tries to make them directors of their own lives. Tandem believes in the qualities and the talents of people in contrast to their limitations. They have addressed the need for data on participation of people with a psychiatric background and gave advice during this research. Tandem is known for their knowledge of the local cultures and networks in the neighbourhoods, wherein this research profited.

In recent years there were many decentralisation policies, combined with budget cuts made it different for vulnerable groups to participate in regular life. Give the recent refugee crisis in Europe, media attention on integration has largely focused on the integration of migrants. However, there are many other groups for which integration can also be an issue, including people with a psychiatric background. The ambition to integrate people with a psychiatric background or an intellectual disability in the neighbourhood, is comparable with the will to mix migrants with white middle- high income Dutch citizens (Verplanke and Duyvendak, 2010). The ambition of integration is to make the Netherlands more inclusive for vulnerable groups, although the intentions for this ambition could differ.

The Dutch municipalities are implementing different solutions from each other, so there will be different outcomes in the local settings. This thesis is written with the assumption that there is a need to include all citizens and at a regional scale Dutch municipalities could learn from each other. The results in this research are not generalizable to other municipalities, but offer a case study of how one approach is playing out.

Two of the leading organisations in the Netherlands, the Dutch Association of Mental Health and Addiction Care (GGZ) as well as the Trimbos Institute, pointed out prior to the recent budget cuts and decentralisation policies, that enacting such policies would lead to many problems (Volkskrant 26/05/2015). Not only would this affect the vulnerable groups, but it could have a translation on the society as a whole. When groups are lacking in development, the resulting underdevelopment or unbalanced development causes political and social unrest (Kotze, 2007, p. 32).

That people with a psychiatric background already cause more social unrest is stressed in an interview of the police chief of the Dutch National Police (Zorgwelzijn 2/4/15), in which national police chief expressed the need for a community mental healthcare worker

next to the community police. The number in which the police needs to act according to the group of people with psychiatric problems is significantly increasing. As Ten Have, de Graaf, van Weeghel and Dorsselaer (2014) make clear, most people with psychiatric problems are not violent, although they are more likely to be violent than people with no psychiatric problems.

Ten Have et al. (2014, p. 1494) stress also that even though psychiatric problems are related to violence, "other factors contribute more strongly to violent acts especially for prior victimization". This prior victimization has not necessary to be direct violence. Structural violence has many definitions, but it can broadly be defined as "discrimination, oppression and suffering caused by structural relationships such as the civil, social and economic relations" (Crawshaw, Scott-Samuel and Stanistreet, 2010, p. 3). As Field (2003, p. 79) argue, people with a psychiatric background suffer direct discrimination as a result of other peoples' attitudes towards disabilities.

The need for participation has appeared from an ideological shift in the way society perceives people with disabilities, which considers a disability as a socially-created problem and not as an attribute of an individual (Piskur et al., 2014, p. 212). This may cause (self) stigmatization and underdevelopment or unbalanced development. We should therefore investigate how the psychiatric identity role is perceived by people with a psychiatric background and the regular residents, as this problem concerns they society as whole.

Structure of the thesis
This first chapter was a general introduction and the proposition of the research question. The second chapter is going into the 'theoretical concepts' so that there is sufficient scientific surface in which the third chapter elaborates on with the 'research methods'. The fourth chapter consists of a 'case study' of the Willemskwartier, where theory and practice will meet each other. The last chapter consists of the 'conclusion' and recommendations.

THEORETICAL FRAMEWORK

Identity

To which extend a person identifies to a group or a place depends from person and time. Amartya Sen (2006, p. xiii) sees that identity could lead towards conflicts around the world where "violence is promoted by the cultivation of a sense of inevitability about some allegedly unique identity." He sees an approach were identity is perceived as something homogenous as a good way to misunderstand anyone, because we see ourselves as members of a variety of groups. The same person can be, without any contradiction, a Dutch citizen, a woman, a vegetarian, a musician, a historian, a believer of lesbian and gay rights, a rugby fan, someone with a psychiatric background and a Muslim. Each of those multiple identities can belong to the same person. When everybody keeps that in mind, many conflicts can be resolved according to Sen (2006). Although having multiple identities, belonging to a group could also provide social positioning. These social positions are constructed by different power relations.

The identity role of a psychiatric background is not the only role that could have an influence on discriminating practises. Kimberlé Crenshaw (1989) uses the experiences of black woman as example to show how dominant conceptions of discrimination condition us to think about identity occurring along a single categorical axis. According to her there is more to it, as social positions (e.g., gender, class, race) could work together in creating an overarching structure of discrimination, creating different outcomes for individuals and groups at where a particular position meets another particular position. For instance, black women could be differently discriminated than black men. Her point is that these problems of exclusion cannot be solved simply because the "intersectional experience is greater than the sum of the categories" (Crenshaw, 1989, p. 58). This means that research on the discrimination of blacks could not added to research on the discrimination of women, to create new outcomes for black women. When we look at this example, black women could be discriminated differently as these social positions of race and gender intersect.

The concept of intersectionality, the interaction of multiple identities and experiences of exclusion, has been described according to Kathy Davis (2008, p. 67) as one of the most important contributions to feminist scholarship. She also argues that intersectionality is a broad concept used in different ways. Long before the term 'intersectionality' was deployed by Crenshaw, the concept it entails had been employed in feminist work on how women are simultaneously positioned as women and, "for example, as black, working-class, lesbian or colonial subjects" (Phoenix and Pattynama, 2006, p. 187). Bulmer and Solomos (2010) position intersectionality as the way in how we address the intersections between gender relations, race and religion in our society. As they add the social positions of race and religion to the gender question, they emphasis that intersectionality is generally linked to other situated social relationships (Bulmer and Solomos, 2010, p. 215).

Cho (in Carbado, Crenshaw, Mays and Tomlinson, 2013) agrees with this statement by arguing that it is not true that intersectionality has focused solely on Black women's experiences, and arguing that there is no reason intersectionality cannot engage other categories of power and experience. According to Cho (in Carbado et al., 2013, p. 306), "race and gender intersectionality merely provided a jumping off point to illustrate the larger point of how identity categories constitute." In other words, intersectionality is not fixed to any particular social position. The theory can and does move.

Carbado (et al., 2013, p. 306) mention that Alfredo Artiles' (2013) contribution of "*Untangling the Racialization of Disabilities: An Intersectionality Critique Across Disability Models*," broadens the reach of intersectionality in precisely the way that Cho's essay suggests. Artiles (2013) argues that special education scholarship recognizes the importance of the "racialization of disability," but that scholars have been slow to frame this racialization as an intersectional project. He shows that with the indication of disabilities racial factors have an influence. He made also an useful distinction of the benefits and problems of a biological and social model examining disability.

The biological model has the assumption that disability is located in biological impairments in the individual. Connor and Walle (2015) link this to Foucault's 'birth of the clinic' addressing a societal shift away from the symbolic understanding of (dis)ability as a moral or spiritual condition to a medical understanding of (dis)ability as a disease to be ''prevented, cured, corrected, or rehabilitated'' (Connor and Walle, 2015, p. 1105). This general view is based on binary assumptions of ill and healthy. Such ascribed identities could change real people in stereotypes. Receiving a label has many individual and social consequences as it could refer to: "hospitalisation, medication use, receiving a psychiatric diagnosis, facing continuous risk of relapse into mental health distress and/or becoming a long-term mental health service user" (Tholen, 2013, p. 2). The addition of the label of abnormality could be carried for the rest of their lives and have a major impact on the view of the self.

On the other hand, the social model regards disability as a social construction, thereby locating disability in society, and drawing distinctions between disability and impairment. In this view, the presence of an impairment does not necessarily constitute a disability. Disability arises out of society's assumptions and practices about what is considered normal (Artiles, 2013; Connor and Walle, 2015; Roberts and Jesudason, 2013). Thus, it is a social environment that 'disables' a person in a wheelchair, if stairs are the only means to reach different building floors. The "wheelchair user is disadvantaged not by her inability to walk but by the way in which buildings are designed and constructed" (Artiles, 2013, p. 335).

Citizenship
Belonging may be differently experienced and felt by people of different races, sexes, sexualities, classes, and histories of affiliation to the state, yet citizenship is supposed to capture how all of them belong to the state (Weber, 2008, p. 129). Full citizenship is the central concept of empowerment and these days we can speak about active citizenship (van Regenmortel, 2009). A central concept in this thesis is that of citizenship, but the concept of citizenship is not new. The roots of citizenship can be traced back to Thomas Hobbes book 'Leviathan'. For what is expressed by this frontispiece is that citizens literally form the body politics. The citizens gave their right to violence to the sovereign, who in his turn would protect the citizens from harm. This social contract ought to be an improvement, because according to Hobbes every man had the power to kill another man. Characterized by a relationship of repressive power in which the sovereign ruled absolutely over his citizens, sovereign society meant that citizens are fully accountable to their sovereign, while sovereigns are accountable to no one.

With the growth of nations, authors began to think how people relate to each other. Benedict Anderson (1991) argues that nations are 'imagined communities', because one can not meet all his fellow members face-to-face. Although men can not meet all their fellow members, there is still a sense of community. A way on how this community was created, was through the print capitalism. Since profits were important to the printers, the books were increasingly published in vernacular languages and thereby standardising national languages (Eriksen, 2004, p. 153). When we see or read images and relate to them as members of the same group, a group identity is created and recreated.

Billig (1995) sees this also in our modern society, were the media could play a role in the normalization of nationalism. Those symbols of belonging to a nation could be clear (e.g. the national flag), but also in more subtle ways (e.g. the weather forecast in the news) (Billig, 1995, p. 9). Through those symbols and images we learn who belongs to our nation.

In the last decades, the policies in the Netherlands to tackle exclusion are summarized as socialization (Tonkens, 2008). The key element of this policy is to transform the care in institutions towards support in the society. Socialization is not the same as normalization or integration, although the concepts are sometimes used simultaneously (Tonkens, 2008, p. 99). Normalization concerns the effort to let people with a psychiatric background live a normal life like any other. Integration is the process to mix vulnerable citizens and others as much as possible. Normalization is performed throughout the various fields of practice (e.g. education) to the citizens, and in this way the current ideas of citizenship could be implemented (Anderson, 1991; Billig, 1995). Normalization is therefore used to stimulate the socialization of integration. The view of normal creates also the view of abnormal. Thus, normalization could work the other way around. People with a psychiatric background could be left alone with their problems as they are perceived as not normal (Tonkens, 2008, p. 100).

Other theorists, such as Ferdinand Tönnies (in Eriksen, 2004, p. 25), established distinctions of the communities social cohesion between small scale traditional societies and our large, modern, complex societies. The 'Gemeinshaft' is a local community where shared experiences create a sense of belonging. The 'Gesellshaft' is the anonymous large-scale society typical of modernity, "where the state and other powerful institutions have largely taken over the roles of family and neighbourhood" (Eriksen, 2004, p. 24). The distinction between Gemeinshaft and Gesellshaft should be viewed as ideal types, so a society should be positioned in a spectrum between those two concepts.

What is new in our modern age is the new set of information technologies. A fundamental feature of social structure in this information age is its reliance on networks as the key feature of social morphology. With the concept of social morphology, Durkheim (Field, 2003; Law, 2011) classified the underlying layer of society according to how human populations are distributed and organized across space. While networks are old forms of social organization, Castelss (2005, p. 5) stresses they are now empowered by new information technologies, so that they become able to cope at the same time with flexible decentralization, and with focused decision-making. Here the network society is born (Weber, 2008). Castells (2005) has spoken of the coming together in the rise of a network society, where fixed and direct relationships of all kinds are being replaced by open systems of coordination based on what he calls 'network of networks' (Field, 2003, p. 91).

Although networks are old forms of organization, now the networks binary logic of inclusion/exclusion is accentuated. All there is in the network is useful and necessary for the existence of the network. What is not in the network does not exist from the network's perspective, and thus must be either ignored (if it is not relevant to the network's task), or eliminated (if it is competing in goals or in performance) (Castells, 2000, p. 15). If a node in the network ceases to perform a useful function it is phased out from the network, and the network rearranges itself. Identity was first something you were born into, where a network is created. The difference between a community and a network is that you belong to a community, but a network belongs to you. You are in control who takes part in your network. Therefore is the analysis of social networks not enough, as a community has also to do with the feeling of belonging.

Social capital
The last decades there has been more attention for someone's role in the community and the levels in which they can participate. Tönnies made the distinction between Gemeinshaft and Gesellshaft (Eriksen, 2003). So has for instance Durkheim (Field, 2003) shown that suicide rates were higher in populations with low levels of social integration and Putnam (2000) has been able to draw on a large number of subsequent studies that generally confirm the importance of social capital.

As it is important to include everyone in society, the general well-being of people with a psychiatric background needs to be at an acceptable base level. The outcomes of interventions that seek to improve the well-being of an area, such as a city, are highly likely to be affected by the specifics of its community social capital (OECD, 2010, p. 14). Social capital could be defined as "a way of conceptualising the intangible resources of community, shared values and trust upon which we draw in daily life" (Field, 2003).

Social capital has achieved considerable currency and has been taken up as a means of explaining the decline of social cohesion and community values in many western societies. Social capital has been variably conceptualized, ranging from definitions focusing on the resources embedded within social networks that can be accessed or mobilized for purposeful actions, to definitions encompassing both social structures and associated resources such as trust and reciprocity (Kim and Kawachi, 2006, p. 813-814). For my purpose, a working definition of social capital from Putnam is adequate: 'trustworthiness, social networks and norms' residing in a neighbourhood (2000; Tampubolon, Subramanian and Kawachi, 2011).
According to Steglich-Lenz and van Loon (2012) is membership of organised relationships like churches or other associations declining, and the community is found in the personal network. While social networks could comprehend many actors, a further conceptualisation is desirable. I will use the distinction into formal and informal social capital (e.g., participation in neighbourhood associations and visits with friends)(Field, 2003; Kim and Kawachi, 2006; Putnam, 2000).

Although the focus of this research will be on informal social capital, the aspect of civic engagement is also important. Civic or politic engagement, as reflected in electoral and non-electoral activities to attempt to address public concerns, is considered another integral component of social capital (Hanibuchi, Murata, Ichida, Hirai, Kawachi and Kondo, 2012; Kim

and Kawachi, 2006). Hanibuchi et al. (2012) defined civic engagement as engagement in "vertical organizations". Vertical organizations consist of "political organization or group, industrial or trade association, religious organization or group, and neighbourhood association, senior citizen club or the fire fighting team", while horizontal organizations consist of the "volunteer group, citizen or consumer group, sports group or club, and hobby group" (Hanibuchi et al., 2012, p. 226). Although I expect that most people will participate in horizontal organizations, the vertical organizations give a insight how people are political engaged. In this research we will also look how people with a psychiatric background are political engaged without organisations, for example in cleaning up litter and improving their neighbourhood.

Another important distinction of social capital is made by Puntnam (2000; Mogendorff, Tonkens and Verplanke, 2012) between bonding social capital and bridging social capital. Bonding social capital is important for participation, it shapes the supporting social network of people. Members of this network know each other and are mostly having many things in common. Bridging social capital, on the other hand, are the people in other networks than that of yourself. Characters of those other people could differ in social positions for instance race, age or religion. The former helps people of similar backgrounds 'get by', while the latter helps people from different backgrounds to 'get ahead' (Field, 2003). Not only could those forms of capital reside next to each other, they could also strengthen each other (Mogendorff, Tonkens and Verplanke, 2012).

Although the literature is clear on the importance of social capital, there is also a dark side of social capital to mention. This could be the formation of an 'old boys network' or how the mafia is operating. Another example of this can take place in the political sphere, where engagement in consultative political processes can be dominated by small groups of community leaders. Although Uitermark, Rossi and van Houtum (2005) agree that integration will have to be met on the urban rather than the national level, they warn that the endeavours to incorporate groups into institutions could lead to the formation of an elite of leaders who pretend to represent their respective communities. In these cases, the community leaders are able to use their own extensive networks to ensure that others are excluded, or their views discounted as illegitimate (Field, 2003, p. 86). In those ways social capital could exclude people instead of that the degree of social capital could offer neighbourhood attachment. As social capital reflects the 'trustworthiness, social networks and norms' in a neighbourhood, it could reveal how people are connected to each other and the neighbourhood.

Meaningful Contact
There are in general two ways how research could be viewed regarding social ties. One can look for the actually existing social relations or the social relations perceived by the actors (Marsden, 1990). It is sometimes difficult to conceptualise 'social ties', because it is not always clear when a relation starts or ends. The focus of this research is on the perceived social ties, because it is important what the individual's perception is of meaningful contact. One could argue that there are some aspects as frequency or appreciation that are important in a relation, but this does not have to mean that someone relates to this contact.

This research tries to look at how the identity role of someone with a psychiatric background is presented and experienced through their neighbourhood participation. This is

done through the measurement of the individual's social capital (trust, social norms and social networks) and how this is converted to meaningful contact in the neighbourhood.

Allport (Scarberry, Ratcliff, Lord, Lanicek and Desforges, 1997; Tredoux and Finchilescu, 2007) has gain much credits for the development of the contact hypothesis. He argues that with appropriate intergroup contact prejudices could be reduced between majority and minority groups. His hypothesis left some space for more research, especially the formulation of the four necessary conditions leave some space to elaborate. The positive effects of this intergroup contact could occur only in situations marked by four key conditions: equal group status within the situation, common goals, intergroup cooperation, and the support of authorities, law, or custom (Scarberry et al., 1997; Tredoux and Finchilescu, 2007). Mogendorff, Tonkens and Verplanke (2012) suppose that the importance of these conditions varies in particular contexts. During contact between people with and without disabilities these conditions are, in general, not met. An equal group status is rarely found between people with and without disabilities, there is no functional need to cooperate and support from the authorities is not applicable (Mogendorff, Tonkens and Verplanke, 2012, p. 13).

The contact hypothesis proposes that there are positive effects on the interaction in groups of people with different group identities. However, it does not explicitly deal with the possibility that people have multiple group identities and allegiances, and that the effects of intergroup interaction in terms of one identity may be dependent on the presence and/or salience of other group identities (Deschamps and Doise, 1978 in Tredoux and Finchilescu, 2007, p. 673). Moreover, the recognition of homogeny communities as such is perceived as problematic: to that extent, attempts to negotiate with those people tend to reify culture by overemphasizing differences between groups and underplaying diversity within groups (Uitermark, Rossi and van Houtum, 2005). Also for the effects of contact to generalise, group identities of participants need to be salient, and group representatives must be seen as typical group members to represent a certain group (Tredoux and Finchilescu, 2007, p. 670). This could be difficult for the group of people with a psychiatric background, because background could vary greatly and it is not always visible for outsiders.

In many parts of the world, there is a deep-rooted stigmatization of disability and discriminatory practices against people with a disability (Correll and Chai, 2009, p. 40). People with disabilities are sometimes insecure about their roles and don't have the feeling that they can make a positive contribution. This stigma does not even have to be experienced by members of the perceived others to exclude the disabled from participation in social life, and push this group further in isolation. The resource distribution for minority organisations could support a stigma of the useless spending of taxpayers money on 'lazy minorities', who are perceived to receive more than they contribute to society.

Participation of people with psychiatric problems is a topic in which social workers will focus on how the clients could integrated in normal life. Therefore, social workers are always looking at possible solutions. A central aim of a leading policy is *kwartiermaken*, that of working towards involvement and solidarity, is to some extent realised in multilogue (Kal, 2001, p. 190). A conversation takes place between people from diverse backgrounds, who can take part in the discourse on an equal footing. Van Regenmortel (2009) sees that those

meetings does not arise naturally in today's segregated society, so this need to be prepared and arranged.

Amin (2002) does agree with van Regenmortel that meetings do not arise naturally. Diversity is thought to be negotiated in the city's public spaces. The reality, however, is that in contemporary life, urban public spaces are often claimed by particular groups or they are spaces of transit with very little contact between strangers (Amin, 2002, p. 967). The city's public spaces are not natural stimulators of multicultural engagement. What happens in places are not achievements of community or consensus, but openings for contact and dialogue with others as equals, so that misunderstanding may be overcome and that new attitudes and identities can arise from engagement. If common values, trust, or a shared sense of place emerge, they do so as accidents of engagement, mostly not from a feeling of community. We should therefore look how these public spaces facilitate incidental contact, and how this could be translated to repeated contact.

As social and civic participation are based on meeting of everyday interactions in public spaces, there is a need for planners to consider how public spaces in neighbourhoods can promote the performance of informal relationships and social integration (Ziegler, 2012). A difficulty could arise when we want to look at the different aspects of identity, because people sometimes themselves tend to cluster in their own perceived identity groups. According to Sennett (2008, p. 138) the most direct way to knit people's lives together is through necessity, by making people need to know about each other. What should emerge is the occurrence of social relations, and especially relations involving social conflict, through face-to-face encounters. When the positions in encounters are distinct, the relations eventually will be formed.

Where Sennett sees opportunities for the direct organizing of peoples' communities in ways in which they can live properly, Matejskova and Leitner (2011) note that one should be cautious of overoptimistic assumptions about how encounters across difference can contribute to decreasing intergroup conflict, as these are underwritten by much deeply entrenched power relations. Encounters are not simply reducible to face to- face contacts, but they are "bound up with distinct histories and geographies, and thus are embedded in broader relations of power" (Matejskova and Leitner, 2011, p. 722). Matejskova and Leitner share Sennett's view that because social and civic participation are based on everyday interactions in everyday public spaces, there is a need to consider how public spaces in neighbourhoods can promote the performance of informal relationships. Ziegler (2012, p. 1301) originates the building and maintenance of neighbourhood relationships through daily encounters in the street where informal chats and gossip among women in particular enacted social relationships and controlled social norms among the working classes.

Social norms in the neighbourhood are important to comprehend the specific setting. Although people can gossip or make small talks, this sometimes reinforces pre-existing stereotypes and often fails to provide opportunities for deeper contact (Matejskova and Leitner, 2011). Tolerance is according to Valentine (2008) a dangerous concept, because it conceals an implicit set of power relations. It is a courtesy that a dominant or privileged group has the power to reach to others. In doing so, he identifies a paradoxical gap that emerges in geographies of encounter between values and practices. Valentine (2008, p. 325)

acknowledges this by emphasising on 'meaningful contact', which means contact that actually changes values and translates beyond the small talk into a more general positive respect for, rather than merely tolerance of, others. To improve the well-being of people with a psychiatric background, I will have a look what they experience as (lack of) meaningful contact.

Even when contact with others is perceived as meaningful, it not always contributes to a better image of the supposed other. Matejskova and Leitner (2011) give an example that sustained and close encounters are enabled in spaces of neighbourhood community centres, where immigrants and native residents work side-by-side on common projects. These sustained encounters result in more positive attitudes toward individuals, but these are in the short-term not converted to the group level. Positive encounters with individuals from minority groups do not necessarily change people's opinions about groups as a whole for the better with the same speed and permanence as negative encounters (Valentine, 2008, p. 332). When you notice that someone deviates from the people in your in-group, you distance them more than people from your own group. You are then less likely to see the person as social equal (Turner and Oakes, 1989 in Zimbardo et al., 2005, p. 568).

Trust plays a vital role in gaining access to benefits of the social network. A number of commentators doubt whether trust is to be treated as an integral component of social capital or as one of its outcomes (Field, 2003). Yipa, Subramaniana, Mitchella, Leeb, Wangc and Kawachia (2007, p. 35) find that trust affects health and well being through pathways of social network and support. Field (2003) argues that trust is almost certainly best treated as an independent factor and favours more towards a consequence than an integral part of social capital. In this research trust is therefore used to how contacts and they community is perceived.

Tonkens (2009) sees a paradox emerge in the participative role of citizens, because people are connecting with people of the same social economic, ethnic or religious background. The active citizens are mostly the higher educated citizens, so this means that in general nice neighbourhoods will become better. Social capital acts as a complement to education, meaning that educated individuals also have more robust networks and social participation (OECD, 2010, p. 31). The vulnerable position of low educated people is also shown in previous research by the municipality of Nijmegen which contains: more unemployment, less culture- and sports participation, more health problems and chronic diseases, more psychiatric problems and a lower income (Gemeente Nijmegen[a], 2014, p. 26).
     Not only is education an important aspect in someone's' personal circumstances. Personal characteristics have the strongest influence upon attachment, with the length of residence in an area consequently reported as most important (Livingston, Bailey and Kearns, 2010, p. 411). Longer residence is associated with the development of stronger bonds or ties of family, friendship and association and these aid in the development of attachment. Being older, being a home owner and being more highly educated are also positively associated with place attachment (Livingston et al., 2010, p. 411).

There is now much policy interest in mixed housing. Mixed housing is a policy in which the neighbourhood is recreated as a site where people from various backgrounds can engage as a community with shared interests. The distinctive feature of mixed neighbourhoods is that

they are according to Amin (2002, p. 972) communities without a sense of community, each marked by multiple and hybrid affiliations of varying social and geographical reach, and each intersecting momentarily (or not) with another one for common local resources and amenities. They are simply mixtures of social groups with varying intensities of local affiliation, varying reasons for local attachment, and varying values and cultural practices.

Neighbourhood attachment
When we talk about a neighbourhood, we expect that it contains a local community. Although we all live in a neighbourhood, it is not always clear what to expect of this concept. What are the boundaries of this community? A specific, physical area may be identified as a community on the basis of class or status (Eriksen, 2004). As explained earlier is the categorisation of groups difficult, because groups are not homogeneous and people could belong to multiple groups. Residents may utilize different levels of reference by using physical structure and/or a cognitive map to distinguish neighbourhood boundaries (Austin and Baba, 1990, p. 65). This will show what the physical boundaries of the neighbourhood are, but it does not show how people are bound in this neighbourhood.

Chan et al. (2006, in Green and Janmaat, 2011, p. 18) have adopted a definition of social cohesion, they see social cohesion as "a state of affairs concerning both vertical and horizontal interactions as characterized by a set of attitudes and norms that includes trust, a sense of belonging and the willingness to participate and help, as well as their behavioural manifestations." It shows in this sense much resemblance with social capital, but there is a difference. Social capital refers originally only to the social resources of individuals and families, or to the bounding of individuals in bounded communities or groups (Green and Janmaat, 2011, p. 18). As they argue could some groups have a high degree of social capital in a society, but this does not make it necessary a cohesive society.

Place attachment is generally viewed as having positive effects for individuals, "helping to enrich people's lives with meaning, values and significance, thus also contributing to people's mental health and well being" (Livingston et al., 2010, p. 411). As described by Putnam (2000), the decline of social capital is used to explain the decline of social cohesion in Western communities. The concept of social cohesion is not sufficient to describe the processes in the neighbourhood. It says something about the general social cohesion, but not specific within a local context. Individual residents are carriers of this social cohesion, but social cohesion could not be measured on the individual level (Lupi et al., 2007). Therefore the empirical focus of this research is on attachment rather than on cohesion.

Lupi et al. (2007) argue that the concept of social cohesion describes the invisible relations defines that people bind in society. They researched the attachment of specific Dutch neighbourhoods (Vinex neighbourhoods) that were built in the 90s to unburden the big cities. Although my research will take place in a pre war neighbourhood, their forms of neighbourhood attachment are still useful. Lupi et al. (2007) distinguish five dimensions of neighbourhood attachment (economic, functional, social, political and cultural).

Functional attachment refers to the extent residents make use of facilities in the neighbourhood. Examples of facilities are schools, shops, sport or recreation facilities (Lupi et al., 2007, p. 17). Not only the question of which facilities will be used is important, but

also how they are used. This also fits into the environmental conversion factor of the capability approach as described later. Environmental factors as crowding, the existence of trees, public school or local safety have an influence on neighbourhood attachment (Austin and Baba, 1990, p. 64).

The second form of attachment is social attachment (Lupi et al., 2007). This does not only enclose the construction of neighbourhood ties, it is also about the management of contact between residents in the neighbourhood. Austin and Baba (1990, p. 62) state that the general community attachment is influenced by participation in social networks and the length of residence. They see that local community sentiments are strongly influenced by local friendships and kinship bonds, and informal and formal associational ties. Social capital can only provide access to resources where individuals have not only formed ties with others, but have also internalised the shared values of the group (Field 2003, 139). Therefore, social attachment is also about the social norms and values of the groups in the neighbourhood.

Political attachment is the third form of attachment (Lupi et al., 2007). It refers to the involvement of residents in their neighbourhood when it comes to taking care of it. This could be as formal social capital through participating in the neighbourhood committee or as informal social capital, for example voluntary cleaning litter in the streets.

Lupi et al. (2007) state that cultural attachment deals with issues as to what extend residents feel at home in and identify with the neighbourhood as well as whether they are proud of it. This form of attachment is the only form that is not about time-space behaviour, but on the identification of the respondents with the neighbourhood and his members.

Another dimension mentioned by Lupi et al. (2007) is economic attachment. Indicators for this form of attachment are distance between work and home or the overall aspect of income generation. This indicator is of less importance when we look both at people with and without a psychiatric background, because not everyone with a psychiatric background is able to fulfil a regular job. If the participants are working in the neighbourhood, this will also be reflected in the mobility maps. Economic attachment is therefore not used as a specific dimension in this thesis.

Real capabilities
The most common approach to evaluate the quality of life within the development economics and in international policy is to rank nations according to their gross national product (GNP). The term 'wealth' ranking implies a materialistic focus on assets. It has therefore been questioned for having a eurocentric bias (Mikkelsen, 2005, p. 105).

Evaluating well being instead, encourages a reorientation towards 'quality of life'. Being poor in material terms does not necessarily indicate an absence of well being, or being rich in material terms does not necessarily indicate a presence of well being. Well being is culture specific and difficult to quantify. Nowadays we know that the GNP number does not say enough, because it does not address the inequality in income and what people own in the same country (Nussbaum, 2006). There is also no attention for crucial elements of a humane life "which include human rights, and which do not always correlate nicely with for instance

life expectancy, child mortality, chances for education, work, political freedoms and the quality of race- and gender relations" (Nussbaum, 2006, p. 72).

If we would imagine all people to be the same, an index of primary goods would result in similar freedoms for all, however, if we take human diversity in account, the comparison of primary goods will fail to explain that different people need different amounts and different kinds of goods to reach the same levels of well being (Robeyns, 2005, p. 97). In real life two people with the same capabilities are likely to end up with different types of achieved outcomes, as they make different choices following their different ideas of a good life. As it is a liberal philosophical framework, the capability approach respects people's different ideas of a good life. This is why in principle capability, and not achieved functioning, is the appropriate goal (Robeyns, 2005, p. 101). People have, for instance, the choice to not participate if they do not want to. It is, however, important to question to what extent people have access to all the capabilities. When people choose not to participate and are not able to, the achieved outcome is the same. The basic assumption of the capability approach is that human development depends on the freedom to achieve a life that one has reason to value. Freedom is an essential concept because it coincides with development; if there is no freedom there can be no development (Sen, 2006). Freedom is seen in a positive way, emphasizing the power and resources to realize one's own potential (den Braber, 2013, p. 67).

The capability approach arose in the fields of development and economics and is primarily associated with the work of Amartya Sen and Martha Nussbaum, although it has been broadly adopted in both theoretical work regarding quality of life and human flourishing. The approach highlights the difference between means and ends, and between freedom (capabilities) and outcome (achieved functionings). According to the capability approach, the ends of well-being, justice and development should be conceptualized in terms of people's capabilities to function; that is, their effective opportunities to undertake the actions and activities that they want to engage in, and who they want to be (Robeyns, 2005, p. 95). The distinction in the capability approach between achieved functionings and capabilities is between the realized and the effectively possible. This aspect of freedom is important for my research, because some people with a psychiatric background may be able, but not willing to participate more.

Looking at all the core concepts of the CA together, the theory can be recapitulated as follows. People want to live the lives the have reason to value. To achieve a good life, they need commodities as well as the freedom and capacity to convert these commodities into valued functionings. Obviously, not all people are able to succeed in their ambitions. Knowing the goods a person own or can use is not sufficient to know which functionings this person can achieve; therefore we need to know much more about the person and the circumstances in which this person is living (Robeyns, 2005, p. 99). "The impairment of human life is built into political, economic and social systems and is expressed in the unequal distribution of power and, as a result, unequal opportunities" (Dubee, 2007, p. 252). People's ability to access resources to participate in the neighbourhood could be measured through their social capital. In so far as the state is expected to intervene in the distribution of resources more generally, social capital represents a tool of policy. In so far as social capital can itself be seen as a public good, it represents a goal of policy. Policies which

promote social capital can therefore directly influence the well being of the wider community (Field, 2003).

The capability approach arose out of dissatisfaction with the available tools for evaluating and monitoring development, in particular those derived from utilitarian agendas and aggregate measures, and those based on asserting a list of 'primary goods' (Law and Widdows, 2008; Nussbaum, 2006). The capability approach rather provides a tool and a framework within which to conceptualize and evaluate phenomena such as poverty, inequality or well-being (Robeyns, 2005, p. 94). It can serve as a framework for inequality measurement in affluent communities (Robeyns, 2005, p. 101), because as den Braber (2013, p. 71) argues is the most important point of reference for social policies and actions the extent to which people are free to live the lives they have reason to value.

      Den Braber (2013) goes even further and adds two more functions to the capability approach. First, the capability approach can serve as a theory of action for professional social workers, because for every strategy used by social workers the capability approach offers direction. Second, the capability approach can serve as an imperative normative framework that legitimizes the strategies and tools of the social workers. The social worker's professional agency focuses on enhancing people's freedom to lead the lives they want to live with reason (for social workers, vulnerable and deprived people in particular). This applies to the micro level of individuals, the meso level of organizations, and the macro level of society as a whole (den Braber, 2013, p. 71).

The relation between a good and the functionings to achieve certain beings and doings is influenced by three groups of conversion factors (Robeyns, 2005). First, personal conversion factors influence how a person can convert the characteristics of the commodity into a functioning. If a person is physically disabled, then a bicycle will be of limited help to enable the functioning of mobility. Second, social conversion factors (e.g. public policies, social norms, discriminating practises, gender roles, societal hierarchies, power relations) and third environmental conversion factors (e.g. climate, geographical location) play a role in the conversion. If there are no paved roads with the example of the bicycle or if a government or the dominant societal culture imposes a social or legal norm, then it becomes much more difficult or even impossible to use the good to enable the functioning (Robeyns, 2005, p. 99).

      These conversion factors are of utmost importance for this research, because people with a psychiatric background could given money or commodities to participate in society, but this will not mean that it automatically will be a success. Social capital must be understood as a relational construct as people have different roles in social networks, and are influenced by those three conversion factors.

METHODS

Research population
Research on identity means that one looks at categorisations. A characteristic of a psychiatric background is the person's inability to cope with 'normal' life for a longer period of time. It is hard to give solid definitions of psychiatric problems due to the many different mental health problems people could have. In order to provide structure, The Trimbos Institute has developed multidisciplinary guidelines on depression, anxiety disorders, personality disorders, attention deficit and hyperactivity disorders (ADHD), schizophrenia and eating disorders. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM- IV) adds somatoform disorders and the dissociative disorders to the general classification of people with a psychiatric background (Zimbardo et al., 2005, p. 469).

For the sake of comprehension this research looked at people with a psychiatric background as people that have received an indication. This indication means that one could make a claim of the 'law for long term-care', which mean that they could receive care and assistance from institutions for their psychiatric problems.

Research strategy
Given the interactive aspect of relations emphasized in this research, qualitative analysis is more adequate than quantitative. As a result of the shifting and multiple identities of individuals, everyone has their own unique stories and experiences that shapes their lives. McCall (2005, in Valentine, 2007) addresses that case studies represent the most effective way of empirically examining the complexity of the way that the intersection of categories are experienced in subjects' everyday lives. She suggests starting with an individual, group, event, or context, then working outward to unravel how categories are lived and experienced. This method includes asking questions about which identities are being formed, when and by whom, thereby evaluating how particular identities are weighted or prioritized by individuals at particular moments.

Quantitative research tries to generalize statements to groups often with the use of statistics. This research also looks at categorisations, but mainly at the tension of intersections that arises between categorisations. Qualitative research is intended to approach the world not in specialized research setting such as laboratories, but to understand and describe social phenomena 'from the inside' by analysing experiences of individuals or groups. Empowerment looks at vulnerability from the perspective of the ones concerned: the insiders-perspective. Insights of people's lives and the diminishing of dependency of patients to ask for help could accomplished through this insider's perspective (van Regenmortel, 2009). To further clarify this concept Doortje Kal (2001, p. 187) states:

> *"To make a plea for space for 'the other', a space for saying the unsayable where a new vocabulary can be developed, or an integrated space where people can live together and where one can feel at home."*

It could also be difficult to work with a concept as identity, because it is not a fixed, static concept. To do this research a paradox emerges, because with the research question the dichotomy to classify people with a psychiatric problem as a 'group' is inevitable. To overcome this, this research will be looking at identity as a whole. One could use different

roles in different situations and this depends on the self and the other, both ingroup as outgroup.

The notion perceived in this research is that things do not have fixed or stable properties but rather that these emerge in practice, and that identity is more of becoming instead of being (Law, 1994, in Valentine, 2007). This way of looking at identity consists of the multiple, shifting, and sometimes simultaneous ways that the self and others are represented. The emphasis will be put on the ways in which individuals identify and disidentify with other groups, how one category is used to differentiate another in specific contexts, and how particular identities become salient or foregrounded at particular moments in specific places of the neighbourhood.

Field selection

In research on participation there is often a criteria of urbanisation (Verplanke and Duyvendak, 2010; Mogendorff, Tonkens and Verplanke, 2012). One could imagine that there is a difference between rural and more urban areas. As it could be difficult to speak with people with a psychiatric background, it be more easy to find enough respondents in an urban area. Therefore the neighbourhood as a geographical bounded place is taken as the field for research. There is a discussion of ethnographic research as we are living in a network society, and "people no longer live exclusively in small, self-contained, localized communities" (Angrosino, 2007, p. xvi). This provides an extra challenge, because people are mentally and physically bounded to a neighbourhood in different ways than before. However, as stressed earlier this does not mean that living in a neighbourhood has less significance.

On the Dutch national level, there is a renewed interest in decentralisation where the emphasis is put on the municipalities. Citizens who live in the local communities are encouraged to actively participate and meet each other in different contexts. A renewed kind of urban citizenship might help to build more dynamic, equal, democratic and inclusive forms of intercultural dialogue and exchange, but this will not happen automatically. "Urban life as such is viewed as the context in which identities are encountered, created and contested through a wide range of everyday spatial practices, enabling minorities to negotiate from 'bottom-up' the complex politics of citizenship and identity" (Uitermark, Rossi and van Houtum, 2005, p. 625). The focus of this research will be a neighbourhood in the provincial city of Nijmegen.

My point of interest is the city of Nijmegen in the east of the Netherlands. Every two years the city of Nijmegen conducts a survey with their Research and Statistics department on the resident's perception of their city and neighbourhood. The latest survey was conducted in the year 2014. General trends are visible, such as the consequences of the economic crisis and an increased number of low-educated persons who are unemployed (Gemeente Nijmegen[a] , 2014). As the municipality stresses, each neighbourhood has their own identity and meaning for the city, with their own problems and opportunities.

Field (description)

My point of interest is the city of Nijmegen in the east of the Netherlands, consisting of around 170.000 inhabitants, which position it as the tenth biggest city of the Netherlands. To look at how people live at a certain area, some focus is recommended. Nijmegen-Middle

(figure 2; darkblue) has several districts, as well as the district of Nijeveld (fig. 2; number 10). The district of Nijeveld consists of three neighbourhoods: Muntenbuurt, Landbouwbuurt and Willemskwartier. The neighbourhood that will function as my case will be the Willemskwartier.
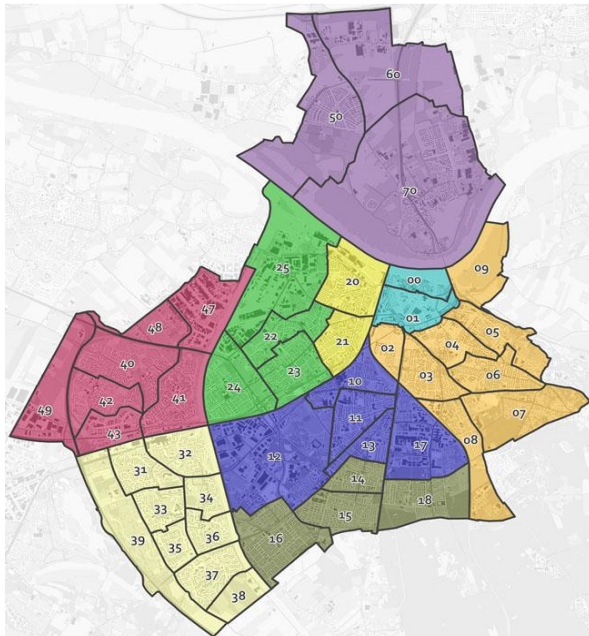

Figure 2: The map of Nijmegen with the different areas. Middle Nijmegen is darkblue, wherein the district Nijeveld is numbered as 10 (Gemeente Nijmegen[b] , 2014)

The Willemskwartier is the biggest and best known of the three. It is a pre-war neighbourhood with a high level of rental houses. In the Willemskwartier there are some protected houses for people with a psychiatric background, who are able to receive all day assistance. The focus lies on to act independent, but there are during the day some professionals who assist wherever is needed. There are also some people who are living ambulant and receive help at their own place. The frequency of the assistance is supposed to be less than living in a protected house.

The Willemskwartier was known for the high number of low educated working people, but it has changed over the years. Nijmegen has tried to make it more multi-cultural with the influx of migrants and students. Now there are plans to renovate the old houses and stimulate home ownership, so that there will be more people with a higher income. In figure 2 we see the results of the city survey in the area of Nijeveld. Especially the Willemskwartier is seen as a problem neighbourhood, where the development lagged behind last years (Gemeente Nijmegen[b] , 2014) as shown in figure 3.
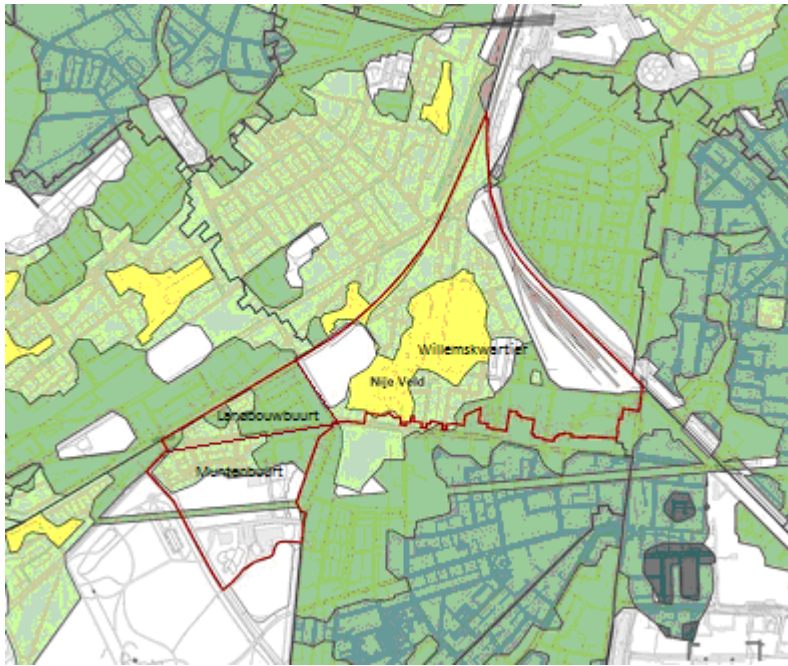
Figure 3: Map of the liveability in Nijeveld. The colours in this neighbourhood represented as yellow is moderate, light green slightly positive and green positive (Gemeente Nijmegen[b] , 2014)

Data collection

Getting the amount of respondents who want to talk about their neighbourhood proved to be an investment. On several days, on different times, I tried to talk to people on the street. I gave them also my written invitation to participate with my research, but this did mainly result in participants from the student group. The idea of snowball sampling is that the informants are asked if they know any other relevant participants for the research. Eventually, more people were willingly to participate as I also participated with some activities in the community centre and found there people willingly.

To do this research, multiple methods were used. The semi-structured interviews gave insights in how the respondents were positioned in the neighbourhood. The Participatory Learning and Action (PLA) methods gave an overview which places in the neighbourhood were important to them and invited them to talk how contact is managed. PLA is a set of techniques for gathering, sharing and analysing information (Mikkelsen, 2005). Analysis of difference is an important underlying theme of PLA. For that reason PLA methods are particularly relevant to the study of social differentiation for instance of exclusion/inclusion and access, empowerment and poverty reduction. The network circle of people with a psychiatric background put their social networks more in perspective, while the participatory observations gave insights in activities organised in the community centre. By using these methods it is possible to see how identity roles are perceived, what the quality of contact is and the different ways how identity is intersecting. The use of these different methods does not have to be perfect, it is an invitation to talk about the network, as the production of these methods is not the final goal (Smit and van Gennep, 1999, p. 54).

Participatory observation

This research also made use of the technique of participatory observation. I had the

possibility to participate from September till December 2015 with three returning activities in the community centre of the Willemskwartier. Firstly, a weekly dinner activity was organised for both people with psychiatric problems and intellectual disabilities to meet people from the neighbourhood. The activity could simply be described as an eat and meet activity. One fixed volunteer would cook and for a small fee people could participate. Secondly, a card playing evening was organised by a group of elderly. This activity took place once every two weeks. It seemed that this group did not have members with a psychiatric background, but some members could gave some background information about the Willemskwartier and it even resulted in an interview. Thirdly, every week another eating activity was organised for who was interested. The difference was that volunteers would start cooking in the afternoon, so that people just could walk in around dinner time. The volunteers consisted of both people with a psychiatric background as other people from the neighbourhood. The people who joined for dinner consisted mostly of people who were using some other facilities of the community centre that evening and elderly people. For some of those elderly people it was a nice opportunity to eat a proper meal, because they were not able to cook for themselves.

In this way, I was able to see to which extend people with a psychiatric background were actually participating in these activities. This participatory observation led to many informal talks and a general view of the use of the community centre, but also resulted in interviewing some respondents with and without a psychiatric background. Interesting to notice is that not everyone participating in the community centre is living in the neighbourhood. Many people lived in or around Nijmegen and were using the facilities of the community centre.

It was also an opportunity to speak to some local social workers. Every area of Nijmegen has a social neighbourhood team. Employees of those teams conduct talks with the residents with an indication to determine what kind of assistance is needed. These individuals are not direct employees of the municipality Nijmegen, but experts from institutions that have experience with those kind of conversations, like nurses or social workers. Although there is put more emphasis on the participation society, children, friends or neighbours are never obligated to help. An employee of the social neighbourhood team has the task to look what the client and his/her network can mean to each other. So they provided entrances to respondents with a psychiatric background to participate in this research.

Interviews

Interviews lasted in general between 30 and 60 minutes, and were conducted in a semi-structured manner in the respondent's home or the community centre. The researcher gives with the semi-structured interviews clear guidance to the storyteller or informant on how to structure the story, if structuring is at all desired. The interviews were started with some general questions about age, education, ethnicity and how long they have been living in the neighbourhood. Those answers formed the basic descriptive results of the participants.

Following questions were concerned with how the respondents experience living in the neighbourhood and the respondents were asked to put this in perspective with their former neighbourhoods. Information about how the participant perceived their neighbourhood could sometimes be sensitive, because it could reveal positive of negative feelings towards specific individuals or facilities. Information obtained from individual interviews is more personal than from group interviews, and is more likely to reveal conflicts

within the community since respondents may feel they can speak more freely without their neighbours present. In semi-structured interviews questions are open-ended. Unexpected, relevant issues are followed up with further questions or probing (Mikkelsen, 2005).

The involvement of normal residents would validate the research more through triangulation. Triangulation: looking at things from different points of view, or multiple strategies, is a method to overcome the problems that came from studies relying upon a single theory, a single method, a single set of data from a limited sample (Mikkelsen, 2005, p. 96). The normal residents could tell how and which social norms prevail in the neighbourhood from their perspective and to which extend they thought that people with a psychiatric background could participate. In this way, triangulation helped to validate the observations and information.

Network circle

The conceptualisation of the social networks of the respondents with a psychiatric background is done by using an network circle (Redeker and Calis, 2015; Smit and van Gennep, 1999), in which the respondents are asked to position themselves and draw their contacts around them as how close they are with them. Here the distinction is made between family, professionals, society/neighbourhood and other people with a psychiatric background to see how homogenous the network is (Smit and van Gennep, 1999). This will not only show the network of the respondents, but it will also invite them to tell about the different kind of contacts they have, how they relate to them and to which extend they are satisfied. Figure 4 illustrates this, but is left blank due the privacy of the respondents.
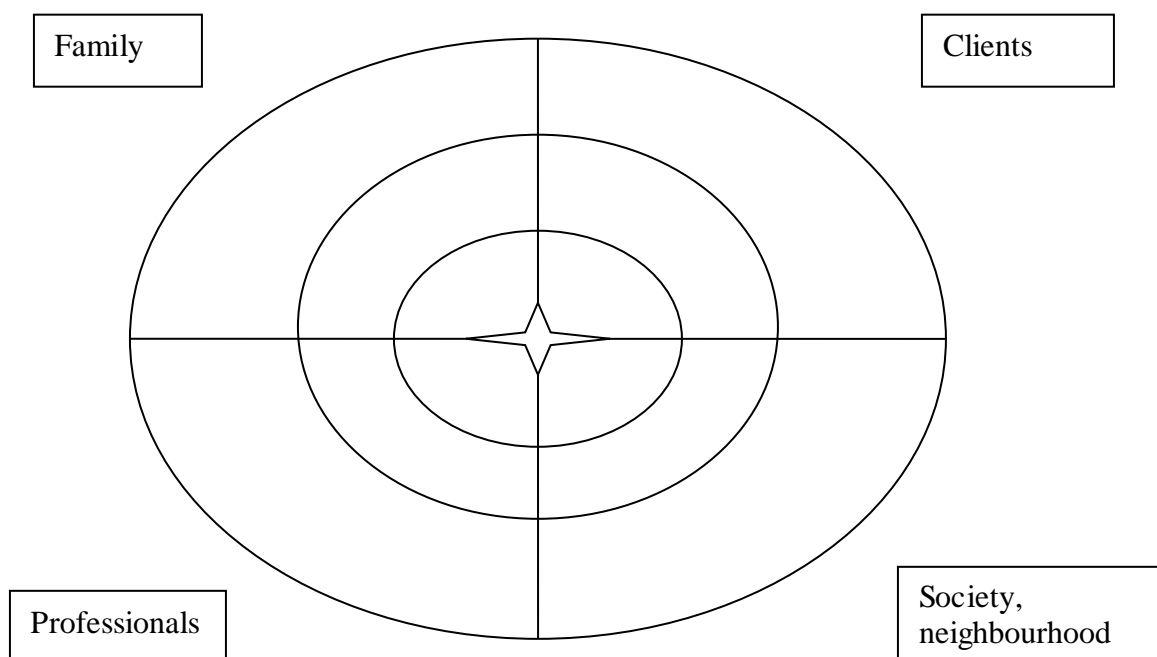

(Figure 4: Network circle)

Mind map/ Mobility map

Where traditional ethnographers went to faraway places or isolated islands, in the present we see a change in these research locations. The world is through globalization not only more interconnected, but the distinction where a community begins and ends is harder to

make. This is not only on the perception how people are living together, but also on the actual place people live in. A city or a neighbourhood, is not only a place with houses, but for many also a home. Feeling home has to do with belonging and differs from person to person. How could you grasp the opinions on how people perceive their neighbourhood the best?

Gert Oosterhuis (2014) states in his thesis '*The use of differentiated maintenance in the public space of Nijmegen*' how mind maps are used to collect people's opinions about the neighbourhood and could be translated to actual policies. Although Oosterhuis (2014) research was also conducted in Nijmegen and emphasizes on the importance of public spaces, there are few differences with this research. He focussed on the maintenance of public spaces, whilst this research focuses on how contact is managed by residents with a psychiatric background using those public spaces.
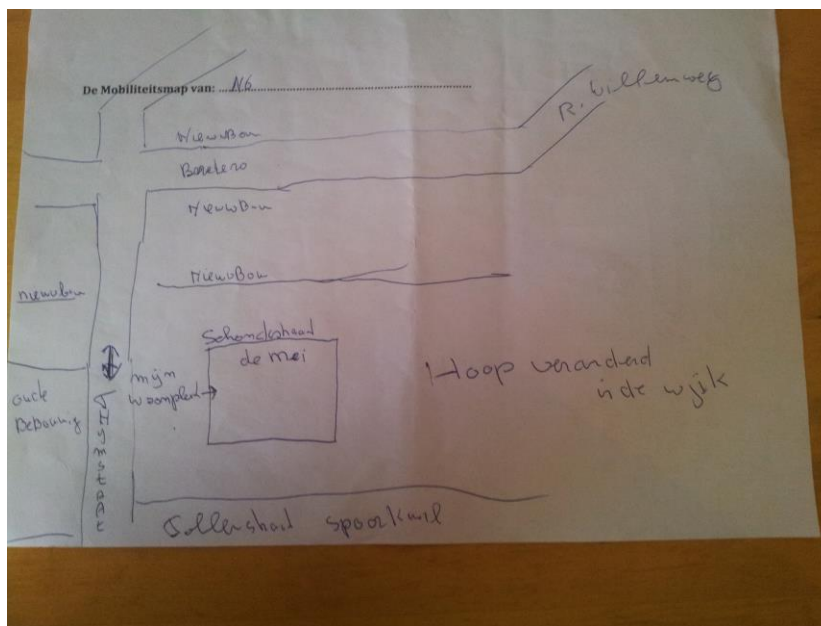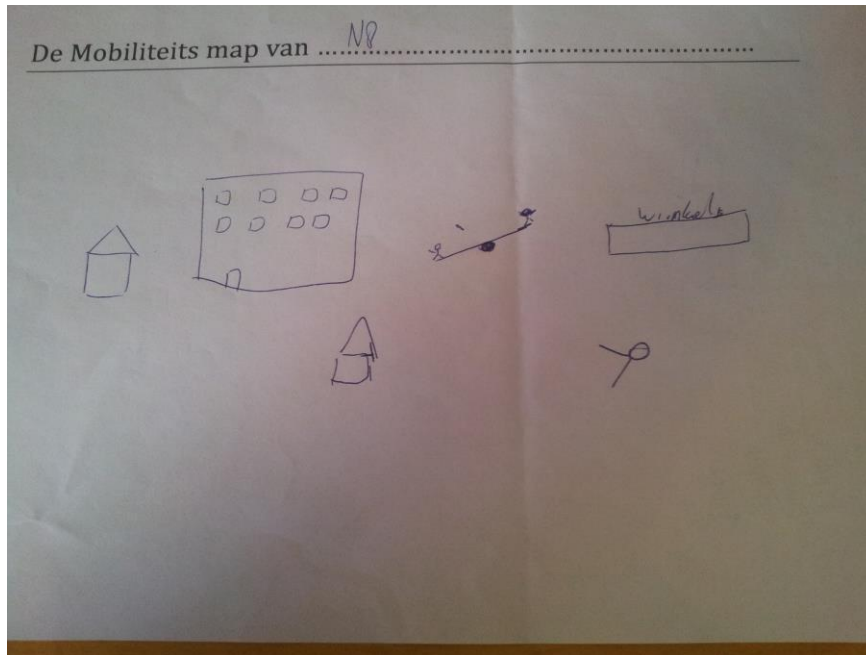

(Figure 5: the mobility map of Kees)

Mind maps are a way to invite respondents to tell and draw how they perceive their neighbourhood. The visualisation of the neighbourhood and the drawing of it, could lead to different outcomes than just an interview about the pros and cons of a neighbourhood. The concept of mobility map instead of a mind map suits this research slightly better. The respondents were not only asked how they perceive the neighbourhood and think what was important, but also what they make use of. Streets and facilities that did not bear any value to them or were not used, could be left out of the mobility map.

Making such maps can be done in several ways. Some participants thought it was very difficult to draw, so when they were not comfortable with the task, I would draw the map myself on their instructions. The probes asked on the drawing are therefore guiding. Probes were for instance on if people could think of stores, restaurants, green spaces, the community centre, playgrounds, or specific streets. The social differentiation of urban spaces are according to Moser, Ratiu and Fleury-Bahi (2002) done in two ways and are also useful. Firstly, demarcations are based on natural elements such as rivers or artificial limits like railroads or regular roads. Secondly, there are see demarcations in homogeneity (e.g., style, atmosphere) of each urban zone. Not only could the interpretation of the

neighbourhood differ, the ways in the respondents made the drawings could as well, as shown by Figure 5 and Figure 6.

(Figure 6: The mobility map of Maikel)

Pair Wise Ranking

Out of these drawings some facilities and streets were mentioned. Problem or preference ranking can be used to quickly identify main problems or preferences as experienced by those individuals. In pair-wise ranking, items of interest are compared pair by pair. Informants are being asked: "Which is the preferred or dominant of the two items? Why? What is good and bad about each" (Mikkelsen, 2005, p. 99)? Using these rankings, a matrix can be produced (see figure 7).

(Figure 7: the pairwise ranking of Jochem)

Analysis

The semi structured interviews were recorded so that no information would be lost (with the permission from the respondents). The interviews were transcribed in the original language (Dutch) and also received Dutch codes so that in the transcript trends and particularities would show. Interviews were recorded and transcribed, with analysis conducted using the Atlas.ti software package. All transcriptions were coded and content analysis was used to identify relevant themes in the data. To serve as foundation for generalizations, case studies should be related to a theoretical framework, which in turn may be adjusted as case study results provide new evidence (Mikkelsen, 2005, p. 92). This is a process that develops when more information becomes available. The relevant parts of the interviews are translated in English and put in the analysis. The network circle was a method to invite the respondent to talk, but also showed the features, the number and the diversity of contacts. This is shown in the research of Smit and van Gennep (1999, p. 60) as the number of contacts were drawn, their subdivision into four groups of contacts and the respondents position in this network. Not only the quantity of the ties, but also the strength and the expectation of the ties are considered in this analysis.

Limitations and ethical considerations

The Willemskwartier is a relative small part of Nijmegen. A high number of participants does not automatically makes the sample a good reflection of the population. For the selection of participants, the use of informants and snowball sampling was set to get enough participants. Snowball sampling however, has the disadvantage that only certain groups are targeted, resulting in a possible bias in the (available) contacts.

The data collection of this research is done in a few months. This is a relative short period for a research. Traditionally fieldwork is conducted for a longer period of time. The research is explorative and will give a representation of the current views and perceptions of this specific neighbourhood in Nijmegen. A discussion could be started to which extend it is possible to generalize to a broader setting. This could be said about all the small scale research, but research specialized in such a small group and setting is necessary to give a complete view of the respondents lives. With such a small amount of participants this research can only make statements about the Willemskwartier at this specific moment.

Ethnographic research necessarily involves the direct interaction of researchers and those they study. Such close interactions can produce situations in which members of the study population are inadvertently harmed in some ways. As a result, contemporary researchers are very concerned with proper ethical conduct of research (Angrosino, 2007, p. 84). One cannot legitimately discuss data collection in the ethnographic setting without also discussing the ethical dimension of research. Therefore are these considerations not an ultimate solution to tackle problems, but it could prevent abuse of the data.

Ethical codes prescribe that the participants must be given complete information about the aims of the research, so that they can decide whether or not to give their consent for participation (Gobo, 2008, p. 137). Not every theory needs to be explained, but the general aim of the research needs to be stressed. So, the role as researchers towards their participant is important. The choice of words for the research population is important, because it sometimes implies power relations. Ethnographers are increasingly inclined to

think of the people they study as research 'partners' or 'collaborators' rather than as 'subjects' (Agrosino, 2007, p. 88). This implies that you always have to offer the respondents the possibility to withdraw from the research.

This research's focus is on personal networks. This could mean that not everybody might be willing to participate with the research, since this is a personal subject. Presumably, some people are already more isolated and have a smaller personal network, resulting in less chance to participate in this research. To counteract this, some of the social workers in the neighbourhood were informed of this research, so that they had a general idea of this research and could make suggestion or remarks.

It was possible to meet with some of those social workers and observe what they are already doing concerning neighbourhood participation. The observation and contact with the social workers was also a possible entry to get some participants.

Another principle is that the anonymity of participants must be guaranteed. The usual practice is to use pseudonyms and to alters details so that respondents cannot be identified (Gobo, 2008, p. 138). Especially when the research could contain sensitive information wherein the participants put their trust towards the researcher. However, this does not ensure complete anonymity for several reasons: on reading the research report, the participants may recognize themselves or other people. This is especially so in the small research setting of the Willemskwartier in which this research operates. So the respondents age and gender were mainly used, but throughout the analysis more information could be retrieved.

Specific event were left out of the analysis. Their names are replaced by pseudonyms. There were also pseudonyms used if the respondents mentioned other contacts, so that it could not be traced back to the participants in that way. If they addressed the street they are living in, this also was altered. Consequently, there are no names that could lead back to the participant.

The researcher should maintain a position of impartiality towards all the participants they meet in the course of research. This principle however is impossible to apply in practice. Our emotion and inclinations make us prefer some relationships to others: we find some participants more likeable than others; we feel affinities with some of them but may be entirely indifferent to the rest (Gobo, 2008, p. 141). By being aware of these impartiality issues, the researcher can try to account for these objectivity issues. In comparison with the social workers, a researcher got a different job. It is not the task of the researcher to adapt negative perceived attitudes, behaviour or statements.

Although the respondents were sometimes asked several times to give an answer to the asked question, I made sometimes the choice to go on. Especially with the participants with a psychiatric background I noticed that they had sometimes difficulties to answer personal questions.

The position of partiality could also lead to biasing the response. Biasing the response can be anything the interviewer does or says that tends to make the response less true than it could be. Through biasing, the interviewer contributes to the invalidity of the response. There are two general ways this could be done: firstly, the interviewer desires or expects a certain answer and secondly, the probe can suggest one possible answer more forcefully than

another (Gordon, 1992, p. 148). Since the goal of the research is to give insights in the life of people with a psychiatric background, collection of specific answers could be done less eager or by biasing a response.

Aware of this possibility I was really careful to not interrupt or steer the respondents towards certain answers. Although the topics of the interview were pre-determined, the sequence was not. So the interviews differed much from each other, although in the end they all answered the same questions. This sometimes also let that some respondents were difficult to get back to the question.

Because there are ethical problems for which there are no clear solutions, all the researcher can do is draw on situational ethics to invent solutions which at least fulfil the criterion of "not doing to others what you would not want them to do to you" (Gobo, 2008, p. 145). The critical thinking of ethical dilemmas contributes towards a measured response in different situations.

THE ANALYSIS
In this part there is a reflection of the qualitative data obtained from the respondents. There will be an elaboration of the concepts neighbourhood attachment, social capital and participation. In the end, the combination of the partial conclusion will answer the question to which extend the identity of people with a psychiatric background will influence their neighbourhood participation.

Basic descriptive results participants
In total, there were twenty respondents willingly to participate in this research. Of the twenty participants, fourteen were men and six were woman. Seven interviewees receive assistance from an organization for their psychiatric background, the other thirteen interviewees do not. Of those participants with a psychiatric background are four men (Chris, Eduard, Ferry and Gerard) and three women (Anna, Beatrijs and Debbie). Respectively, the participants who do not receive assistance are consisting of ten men and four women. In the next part I will describe more of the personal characteristics, but I will be careful in giving to much personal information and therefore compromising the respondents anonymity.

The age of the interviewees varies between 20 and 75. There are ten participants to the age of 40, and ten participants above the age of 40. For men varies their age from 20 to 75, while this varies for the women from 23 to 74 years. Of the participants with a psychiatric background their age lies slightly higher from 29 till 73. The range is large, but there is a middle segment where four of them are between the age of 35 and 45.

Looking at the nationality of the respondents, only three of the twenty are not native Dutch. Bilal was born in Morocco, Hendrik was born in Germany and Yasmin has lived her youth in Turkey. Both Bilal as Yasmin have lived most of their lives in the Netherlands, where Hendrik moved to the Netherlands for his study. All the participants who have a psychiatric background are Dutch natives.

Of the twenty participants, five people are a homeowner, while the remaining fifteen rent. The group of people with a psychiatric background consists of three (Anna, Beatrijs and Chris) who are renting and four (Debbie, Eduard, Ferry and Gerard) are renting in a protected house. Those last mentioned four participants are renting a room in the protected house, where the cost of the present professional accompaniment is included in their overall rent. Of the five homeowners, three are men and two are women. Two people are living in a newly constructed house, while three are living in an older home.

The household size of the interviewees differs greatly. The four people with a psychiatric background living in the protected house have twenty-one roommates in total. The students (Imke, Hendrik, Jochem and Lars) have also a lot of roommates. One students lives with ten roommates, one lives with five roommates and the other two students are living in total with four roommates. One man stands out, he lives with his wife and four children. Victor lives with three friends in a house. Then we see some families, as two participants are living with their partner and two children. One woman is living with their partner and kid and one woman is living with just her kid. Kees, Nico and Tim are living with their partner, but have

children who are moved out because their age. Anna, Chris and Willem said that they lived alone and did not have children.

The years that the interviewees are living in the Willemskwartier are ranging from 1,5 year till 67 years. This is a wide range, but some trends are visible with eleven people who are living less than 8 years in the Willemskwartier. Four of the eleven participants were students, so they are expecting to just live a few years in the neighbourhood ranging from 1,5 year up to 4 years. Also the four participants with a psychiatric background living in the protected house are just living there for 3 years, because that is when the house was finished. Victor is a former student who is living in the Willemskwartier for 2,5 years and came there when he was studying. The two other from those eleven people moved 6 and 7 years ago to the Willemskwartier, when they could move in their newly build and bought house.

The overall education ranges from night school to university. For the students I measured their current education. Two interviewees said they did not finish any education. One man did auto mechanics at a night school. After primary school, children in the Netherlands go directly to high school or also called secondary school. Informed by the advice of the elementary school and a test a choice is made for VMBO (preparatory middle-level applied education), HAVO (higher general continued education) or VWO (preparatory scholarly education). Six persons got their degree in high school. Three participants got their VMBO degree, two participants got their HAVO degree, and one got her VWO degree. In the tertiary school in the Netherlands one can choose for MBO (middle-level applied education), were many students from the VMBO will go to. Two of the participants went to the MBO, one with a degree in the lower technical school and one from the middle technical school. Of the people with a psychiatric background one person has no education, five have their high school degree and one has a MBO degree. In the tertiary school in the Netherlands there is also the possibility for higher education. Higher education in the Netherlands is offered in two types of institutions. The first type is the Universities of applied sciences (higher professional education) which will get you a HBO degree after graduating. The second type are the research universities (scientific education) which will get you the WO degree after completion. Two men have the higher professional education and six went to the scientific education. Two of those six are woman. With those numbers the four students are included. Imke, Hendrik and Jochem are going to the research university, while Lars is going to the university of applied sciences.

When the respondents were asked how much they earned, the people with a psychiatric background were not asked this question. As argued earlier, most people with a psychiatric background are not able to fulfil a regular job. Of the thirteen interviewees without a psychiatric background, three people answered that they earn above the average income. The average income is measured around the 35 thousand euro's a year, but for some people it is a sensitive subject to talk about. So the interviewees got the question if they were earning above the 40 thousand euro's, between the 40 thousand and 30 thousand euro's, or beneath the 30 thousand euro's. Two participants said that they earned as average and eight people said that they earned beneath the average income. The two persons who are earning the average income are both of non native origin.

Feeling at home, being proud of and identifying with
Lupi et al. (2007) state that cultural attachment deals with issues such as to what extend residents feel at home in and identify with the neighbourhood as well as whether they are proud of it.

The participants were asked how satisfied they were with their neighbourhood. Their grades differed from 6,5 till 10 with an average of 7,75. It is safe to conclude that all the respondents are in general content with the Willemskwartier. The people with a psychiatric background grade their neighbourhood on average a 7,4 which is slightly lower than the general average, but the difference is not really significant. These respondents all gave a 7 or 8, so there are no outliers.

      Although the participants are in general positive about their neighbourhood, they also mentioned some negative points. There was no difference between participants with and without a psychiatric background. Although it seems quite minor to me, the point that was most frequently told is the nuisance of dog feces. The half of the respondents did say this and for some it was the main thing how the Willemskwartier could be improved.

      Some respondents said that they saw drug dealers by night. This has a effect on the feeling of safety, but they had to admit that no one had personal experiences with this. Near the playgrounds, in the old part, there is much disturbance of youth. There is also a hangout for youngster, so it is not strange that the problems are concentrating in that area. According to Maikel there are already plans to tackle this problem with the building of a new apartment next to it.

      Some experienced traffic problems at the side of the Thijmstreet with the St. Annastreet, some got noise complaints from companies (e.g. the gym and the transformer factory), and general unrest. There were also some complaints about the garbage on the streets, but also some compliments of a solution to tackle this. There are some volunteers who are going with some kids from the neighbourhood through the streets to clean it. The kids get a small allowance for their effort to improve the neighbourhood.

The respondents were asked to which extend they identify themselves as a 'Willemskwartierder'. Four of them answered that they identified as such, which all of them have or had children. Two of those four identifying with the Willemskwartierders were born and raised, including one participant with a psychiatric background. As Kees explains: "In this neighbourhood my family has lived and died, so I'm really attached. I have met my wife here, and I do not know something else than the Willemskwartier. I'm always happy when I went down on the Willemsweg, I then know I'm home." The other two who identify themselves with the Willemskwartierders are grown into it. As Maikel said: "I see myself as a Willemskwartierder because I participate more, therefore people know me and I know more people. That has for me to do with being a Willemskwartierder."

      Five of the respondents said that this was difficult to answer if they feel like a Willemskwartier. They identify themselves in a certain way with the Willemskwartierders, but two of them said that they identify themselves more with the city instead of the neighbourhood. Two others argued that they felt part of the new neighbourhood, but not relate to the old habitants with their specific customs.

      The half of the respondents said that they do not identify themselves as a Willemskwartierder. Here we find another respondent, Tim, who does not identify himself with the old customs of the Willemskwartierders. According to Tim he will never be a

Willemskwartierder although he is living there for more than 50 years, because he was born elsewhere. In this majority group of respondents who do not identify themselves with the Willemskwartierders we also find all the students and most of the people with a psychiatric background. The students are aware that they live their own lives and see the house just as a place to sleep. Imke: "It feels if I live there as a student. I feel a certain distance when I look at them. It is nice to live with them in a neighbourhood, but it is their neighbourhood. That is stupid of me, because I put myself outside the community."

The main reason why the respondents with a psychiatric background living in the protected house do not identify themselves with the Willemskwartier, is that they have lived in different protected houses. According to them, they have not lived long enough in one place to feel attached. When we look at the other people with a psychiatric background who lived longer in the neighbourhood, they do not feel evidently more attached. Gerard said that he probably would identify with the neighbourhood if he felt connected to his neighbours. Now they, residents of the protective house, get almost never visits from other people. The aspect of contact could play a bigger role in the identification as a Willemskwartier.

The half of the respondents stated that they are proud of the Willemskwartier. They see many positive changes in the last years and have the feeling that the neighbourhood is really improving. Five participants are directly encountering the improvements. Of these five are three respondents with a psychiatric background. Although they encounter these improvement, they are also critical of the things that should be changed in the future. Eduard said that he is happy in the way they are accepted as living in the protected house in the neigbhourhood. Two of the four participants who are not proud of the neighbourhood are students and relate to the bad name the neighbourhood has. Therefore they say that they could not be proud.

All the respondents spoke positive about the Willemskwartier in the way that they felt at home, trust their fellow members and feel safe. Some mentioned that in the evening some drugs dealers would appear, and that they felt somewhat less safe. Even then the respondents would walk across the street, so it would not influence their direct actions. One participant with a psychiatric background said that she did not felt home at the Willemskwartier, but that was due her general state of mind. She thought of the Willemskwartier as not to bad, and she argued that that is enough for the moment. The two participants who were both born and raised in the Willemskwartier, were both enthusiastic about the recent changes although they referred also positive to the old situation. Then, the Willemskwartier was more a closed community than now days.

Partial conclusion
The participants of the Willemskwartier are in general satisfied with their neighbourhood. There have been major changes over the last years, with the influx of young, higher income families. The diversity of groups and cultures in the neighbourhood is a recurrent view. It would appear that through this diversity, it is more accepted to be different. In this general view, there are no significant differences in the neighbourhood satisfaction.

Some residents with a psychiatric background do not have much contact with others in the neighbourhood and are not identifying themselves with the Willemskwartier in particular.

Some of the respondents said that this has to do with the side-effect of moving often, because of the psychiatric care. The conclusion of duration of stay is not endorsed by the data. The people with psychiatric backgrounds living independently are having a longer duration of stay, but do not identify themselves more towards the neighbourhood. Thus, although the respondents with a psychiatric background are satisfied with the neighbourhood, they identify themselves less with the neighbourhood and are less cultural attached than neighbourhood members without a psychiatric background. Although this can be concluded out of the data, it should be noted that the sample is relatively small.

Improving the neighbourhood

Political attachment refers to the involvement of residents in their neighbourhood when it comes to taking care of it. This could be as formal through participating in the neighbourhood committee or as small as the cleaning of litter in the streets.

Taking care or the will to improve the neighbourhood means also to ask what kind of negative experiences the respondents had, and if they did something about it. Most of them said that they did or would do something about it. It is not possible to check if those answers were really true or biased as politically desirable answers, but the respondents said with those answers that they felt free enough to address perceived negative behaviour.

The neighbourhood also organize that a group of small children is picking up litter in the streets. This is on supervision of a volunteer and the children are receiving a small amount of money once a month. This is organised to give the neighbourhood a better expression. Although they are praised as a good contribution to the neighbourhood, there is still space for own initiative. As Beatrijs made the nuance: "Clean? Cleaner!". The partaking of these children in this initiative could be viewed as formal participation, because it is a done through a neighbourhood organization.

It is interesting to notice that almost everyone is willingly to take care of the neighbourhood, except for the students. The students see their houses as merely a place to sleep and are busy with the construction of their own lives. Most other respondents help with organizing neighbourhood parties and/or other informal activities. When we look at the distinction between vertical and horizontal organizations, we see that the respondents with a psychiatric background only are participating in horizontal organizations. A few of the respondents without a psychiatric background are also participating in vertical organizations such as a neighbourhood committee.

The respondents with a psychiatric background are no exception in the volunteeringscene. They are all volunteer, but only Beatrijs and Gerard do some of their volunteering in the neighbourhood. This could be explained through the small amount of suitable volunteer jobs in the neighbourhood. Beatrijs says that because of her volunteering, she knows everyone in the neighbourhood. Gerard helps cooking once a week for people from the neighbourhood. He does not know everyone, but he now knows someone who does not receive assistance. The work for the respondents with a psychiatric background differs from bar service to taking care of the elderly. This work offers them some structure in their life. The shifts consist mostly of a few hours because longer hours would be too strenuous. They want to help others and contribute to society. As Eduard explains that he is applying for a volunteering job at the city's refugee centre, because he wants to help people who do not have anything.

Partial Conclusion
Except the students, all the respondents are showing much political attachment in addressing their personal neighbourhood problems. As the residents without a psychiatric background are more helping with the selective organisation of neighbourhood activities, the respondents with a psychiatric background are more structural volunteering outside the

neighbourhood. So the respondents with a psychiatric background appearing in this case to have less political attachment than the residents without a psychiatric background.

Social factors

This part is about how the contact between residents is managed in the neighbourhood. There is a general trend in who has contact in the neighbourhood. The students, people with a psychiatric background and the people living in an apartment are having less diverse contacts in the neighbourhood. Of the participants with a psychiatric background there is one exception. Beatrijs is situated central in the neighbourhood, as she argues that: "it is not funny to do the groceries with me. When I walk towards the Willemsweg, I will chat with everybody."

The other participants maintain good contact with their neighbors, with their street and contribute(d) to some activities in the neighbourhood. The students state that they speak only with their roommates, some superficial contact with the neighbours and mention the contact with the small stores as the bakery or the foreign grocery shops. The students all note that they do not have a need to meet more people from the neighbourhood, because they are living their own lives.

The regular participants were asked if they knew anyone with a psychiatric background. Most of them said that they did not knew any, but two of them had some prejudices of people in the neighbourhood. Just a few knew someone with a psychiatric background or talked to them.

With the description of how the respondents saw the other members of their neighbourhood, three said that the other members were friendly, were seen as equal and elude further comment. The other respondents mentioned the large diversity of cultures in the neighbourhood, and three groups were foregrounded: the immigrants, the old and the new.

One might ask oneself why those divisions in the neighbourhood are important. It could be correlated to the social cohesion of the neighbourhood and to which extend people with different backgrounds could participate. Nico got the feeling that "in this neighbourhood one has the actual need to come along." Imke sees this the same: "It is not a neighbourhood were everything is perfect. People do not have a broad income or are rich. In that way it is easier to be accepted, as everyone has it hard." That this should not be different for people with a psychiatric background states Victor with a fluid conceptualization of (dis)ability: "I think it is easier to participate in our neighbourhood than in others, because here there are much different people with different backgrounds." He experienced the most freedom of all the places he has lived before. "With the different backgrounds, there is something 'wrong' with all of us. Then you blame each other less." According to Connor and Walle (2015, p. 1113) it can be argued that everyone has a degree of (dis)ability, able-bodiedness, and extraordinariness, based upon a context, an expected task, and degree of interactions. This fluid conceptualization of (dis)ability contrasts to the ''fixed'' notions of (dis)ability directly associated with cultural determinations of normalcy.

Other respondents see sometimes tension emerge. Bilal notices that there are residents who always blame immigrants. He experienced that from his own youth in this area. He is not resentful, because he sees that everybody is living individual at their own homes. When it is directed at him personally he will confront them with arguments in perfect Dutch to stop this stigmatization. Yasmin sees certainly some changes in the last years: "There are now more higher educated people who are making contact. In former times there were only a few who greeted me when I picked the kids from playgroup. I'm glad

that this is changing. By talking to each other many walls are broken down." This talking is essential to developing good relations, but it is not always going as it should be. Nico feels often invited to participate. On the other hand he sees some elderly people with a veil. He hears them talking in Turkish or Moroccan, and does not think it is bad, although he does not think that he could have a conversion with them. "There are some language barriers. That is a division. The divisions are like the people divers. Like people with no job, or a psychiatric background. Diversity is not only in skins and sounds, but also in societal positions."

The German man Hendrik sees the Arabs and the poor Dutch as the main groups in the neighbourhood. "I don't want to judge, but I think that they do not have a high education or much money to spend. Enough to live, but not much extra. That is why the Willemskwartier is called the Labourersquarter. Those are real people, who need to work hard for their money." This is not inherent seen as problematic as bridging social capital refers to how people from different social groups bond. Imke thinks that it is great to see something else than the university. "There everyone is white, highly educated and from a high class. It is great to see this side. They are also people." As it is described as different groups, it could also lead to less identification as people do not feel related to each other. Hendrik states that "Those are separated worlds as one makes his money with his hands, and another with his head. It is also a choice in which extend one wants to identify with the other." The students identify themselves less with those other groups in the neighbourhood.

As stated earlier, Ziegler (2012, p. 1301) originates the building and maintenance of neighbourhood relationships through gossip, that would enact social relationships and control social norms among the working classes. Bilal would not agree with this statement. He helped with the organization of some activities, but he was bothered with the gossip. He felt backstabbed and alienated, so he decided not to help anymore. It maybe could reveal in some cases the social norms. It could also strengthen the social divisions in the neighbourhood which lead to (self) segregation. Beatrijs also sees the gossip as a potential problem. If you want to go to social services situated in 't Hert, you need to cross the whole building. If you need to ask the directions, the women from the community centre will talk. Therefore, as Beatrijs says, are some people not getting the help they need.

There were some changes in the last years, according to everyone who has lived here for more than 5 years. The dynamics of the neighbourhood changed. As Tim describes it: "With the building of new homes, the old houses were torn down. With this, the old problem makers disappeared for young couples. The old residents could not afford to live in those new houses, so there automatically appeared a new neighbourhood." The old houses that were rented disappeared, and new expensive houses that could be bought appeared. That there is a difference between renting and owning a house, has not to be explained difficult according to Maikel. If you purchase a house, you are intended to stay there for a longer period. Roanne sees some general differences between the people who are renting and owning. The renters are in general the 'old' Willemskwartierders and some groups of immigrants who are living relatively in their own groups. Maikel thinks it is nowadays a better reflection of society. Especially when a few years ago the new residents decided to put their children on the local school instead of a privileged white school outside the neighbourhood.

Most who know the Willemskwartier will agree that it is a formerly deprived area. Kees remembers it well. "People knew real poverty, sometimes you did not know if you would eat. That is so different than nowadays. So you can see it back in the habits of the old

residents. It used to be that one could walk inside every house for a talk, drink of something to eat. Beatrijs said something similar, that everybody lived on the street. In front of the door the potatoes were skinned and men was sitting on a box of beer. Nowadays notices Kees that "Everybody is living independently, got two cars and an attitude like they know everything". It is not only the way they talk, as Beatrijs stands out: "Next to me there are living some new ones, those are not Willemskwartierders. They talk with a posh accent." It is also a distance as Tim feels it. He went from the primary school to a craft school. When the new residents for instance meet foreign people, they could communicate much easier. He says that he looks up to those young, highly educated people, because they have learned more and are further in life.

Maikel believes that there is a difference between the two sides of the Willemsweg. According to Beatrijs who identifies herself as a Willemskwartierder, is the one side posh and the other asocial. Kees mentions that the 'posh' side had more people with jobs. In the interviews it was clear that many respondents still stayed on the 'posh' side, as this division still lives in peoples' lives. As Anna explained: "They said that when it is dark in the evening, one should not walk in the back of the Willemskwartier."

Although most respondents see the diversity of groups in the neighbourhood as positive, there were also a few respondents that made a nuance in the cohesion of the neighbourhood. Roanne: "The mixture in the neighbourhood works positive. You do not see that everywhere in the city. You notice that only when you are standing right in it. We should not romanticize this, but the composition of the neighbourhood is more a reflection of society." Roanne means that the neighbourhood is not a closed community, but that there are several groups living together and at the same time independently. "It is with most processes that integration is dependent of the energy to connect of individuals or groups. It is not something of all members. There is nothing with all members in the neighbourhood." Maikel agrees that it is impossible to describe 'the' Willemskwartier, because it is such a mixture of people.

Perception of others
Roanne thinks that she is seen as a new resident. "How different we are if you look for example at the old and new residents. In how different worlds one can live. It has also to do with manners. It takes some time to understand each other. It takes some time, because you literally communicate differently." Willem and Eduard mention the same, but do not necessary experience it as negative. Willem: "They are rude, insult you for fun. Someone else would mean it." Beatrijs who identifies herself as a Willemskwartier explains that the most asocial are the most social. This has to do with extreme directness, that sometimes could perceived as blunt. "Sometimes I yell at my son and then you see the newbies looking scared. That is not who I am. It is also offering the street workers coffee or put the door key with a rope out the mailbox (the mailboxes are integrated in the door of the house in most parts of the Netherlands) so that everybody could enter. Or greeting each other on the street." Although the Willemskwartier has a bad reputation, it has its particular culture. Imke: "There is something like a street culture. People are sitting in their front yard with beer. I think it is nice. I have never felt unsafe, although people maybe could imagine that."

The respondents with a psychiatric background feel accepted in general. Debbie thinks this neighbourhood has a good mixture of a class neighbourhood with individualism: "I feel this neighbourhood is more friendly than where I lived before. People accept you." Eduard is also a little bit proud of the neighbourhood and how they are accepted: "Those

people let you be who you are. I think that is really great. They don't judge on how you look. Sometimes they are rude, for example that they say on an angry tone that there was some disturbance at the house with the police. You need to see that in perspective. One day they could insult you, but the next day they will greet you as normal. Or you say something in return and that is also okay. I think that is really pleasant."

The general view of the respondents is that they are seen as positive, concerned members by other members from the neighbourhood. The four students referred clearly to their identity as a student. Bilal also referred to his foreign looks and stereotype as: "they think I'm the only working migrant in the street." Roanne and Beatrijs, who are roughly the same age, referred that they are both seen as actively involved. They differed in that Roanne thinks she is seen as 'new' and Beatrijs as an 'old' Willemskwartierder. Kees said that he would be seen as an 'old' Willemkwartierder by others. The distinction between old and new residents is therefore an active one in the neighbourhood.

Six of the seven participants with a psychiatric background reflected on how they were perceived by others in the neighbourhood. Most of them said it is difficult to know how other people from the neighbourhood will perceive you, if you do not know much people from the neighbourhood. Chris think he is seen by his other flat members as a musician, because a couple years back there were some complaints about his musical ambitions. Two referred specific to their psychiatric background. As Debbie says feels it one way or another: "They think of me as a nice, friendly girl or as someone who is crazy." Eduard tries to put this stigma in perspective. He feels that you need to prove that you are normal. He explains it as "show them that there are no nuisances or drugs users." As he lives with twenty other people with a psychiatric background, he could imagine that it could be shocking at first. This is a large number and they are all relative young, which could have resulted in disturbance.

Most respondents agree that people with a psychiatric background should be able to participate in the neighbourhood. Maikel: "It depends on the psychiatric problems. The fact that they have some does not mean that they are excluded. They first need to participate, and then it could develop." This is also confirmed by Beatrijs: "Everybody could participate in the Willemskwartier. Although people need to be seen on the streets. One needs to make contact, the color of your skin does not play a part." Kees adds that "if you just participate you can become a Willemskwartierder. When you act normal, than you are accepted. When you do not do this, people are going to talk about you. That happens everywhere." So people with a psychiatric background could participate, but must make a first step to do this.

Network Circle
As the introduction suggests the social network of people with a disability is much smaller than people without disabilities. This network consist also mostly of other people with a disability, supervisors or family (van Lieshout and Cardol, 2012; Pelleboer-Gunnink et al., 2014). When we look at the network circles of the people with a psychiatric background, their contacts were divided into four categories: family, other people who receive assistance, professionals and the society/neighbourhood. They were also asked to describe if they would see those contacts as intimate, friendship or acquaintance. Some respondents mentioned directly that they did not knew many people or as Gerard said: "I got a small circle around me". Although they were particularly asked to name everyone they know, they probably left out the shallow acquaintances that did not mean much. The making of the network circle is a exercise, which only reveals the contacts the respondents could think of

during the interview and in particular with this exercise. It therefore gives only information about how the respondent is perceiving his or her own ties.

First, if we look at the category of the family, which include parents, partner, siblings, children and possibly other relatives. Only one respondent has a partner, and he sees her children as family too. We see that the frequency of family contact greatly depends on the person. When the respondents have family, they mostly describe this relation as intimate. Two respondents do not have contact with family, because both the parents are deceased and they do not have any siblings. One respondents has limited contact with his family, because there were some tensions related to his psychiatric problems. Two have regular contact on the phone, because their family is not living in the same city. As Ferry explains it is different than for regular people: "it is really difficult for me to go by train. It is something I want to work on". Two respondents see their family at least every week and gaining much support from this. Their families are living in or near the city. Beatrijs: "I am from a really close family. In the winter I see them every week, and in the summer every day. We go swimming. Even my second cousins will join." Gerard goes every weekend to his parents home to eat. "We are also going out for drinks or other fun things to do."

Second, the category of other people who receive assistance is by number the largest. One respondent did not feel free enough to discuss this category. No particular reason was mentioned. The respondents knew other people who receive assistance mostly from their direct environment such as the protected house or the flat they are living in, as also through former houses or hospitalizations. Eduard: "I came here by the psychiatric care. My world consist almost only of psychiatry, so my contacts are different. I want to know people outside the psychiatry". Those contacts are described as friendship and sometimes as intimate. Gerard sees it as "just eating with the roommates". Ferry sometimes want to watch a movie with his roommates. Both Eduard and Debbie explain that the contact is non-committal, and that you can chat about ordinary things. In contrary, Beatrijs, who has much contact with her family and the neighbourhood, has only some acquaintances who receive assistance through a cooking project.

Third, the category of professionals is for the respondents varying. For all the respondents it is obvious that professionals are close and play an important role in their lives. How this relation is described differs greatly, where personal characteristics do not seem to have an influence. That a professional is should be something different than an intimate, friend or acquaintance is Debbie trying to explain. "I depose all my problems at the professionals. I should not want to establish a friendship. If I see this completely separated, I probably could see them as friends. They are standing around me as a circle. Because of them I am still standing." She explain that when she comes to them with her problems, she wants a professional and not a friend. Eduard tells that you need to keep in mind that they are working, otherwise you get expectations they cannot fulfill. "For instance when you are having a bad day, you cannot expect of them that they will help you when they got a day off." Other respondents described the professional as a friend. Ferry: "I would certainly describe her as a friend. I can talk with her so nicely". Anna does not agree with this statement. She sees her professionals not as a friend. "I am not so connected to them. I won't get drinks with them or make fun".

The last category in the network circle, that of the contacts in general of society and the neighbourhood, consisted with half of the respondents of just a single person. This person could be an old friend or colleague, who was spoken to regularly. The contacts in the neighbourhood were often limited. Eduard explains that all the people he knows in the

neighbourhood are from his house. Debbie does care about her fellow neighbourhood members, although she does not know them well: "I do not know their name, but I am connected to them. To the dog owners and the bakery." Therefore, superficial contact can become meaningful.

Partial Conclusion

The neighbourhood is known for the diversity of groups, which sometimes leads to tensions. The respondents are in general pleased with the diversity and that there is space for people who are different. The directness in acting towards others is perceived as pleasant by the respondents with a psychiatric background. The norm in the neighbourhood is that everyone is welcome to participate, but that this should be done through the 'first step' of the participant. This does not happen, as we see that there is limited contact between people with and without a psychiatric background. More specific, people with a psychiatric background need sometimes a extra stimulus to leave their homes for everyday activity like doing the groceries, going to the library or participate with social activities (Groot en Vernhout, 2006 in Mogendorff, Tonkens and Verplanke, 2012, p. 14). This is also seen in this research. Also when we look closer at the network circles of the respondents with a psychiatric background, we see that just a few respondents are intimate with their family. The most contacts are with other people with a psychiatric background. The professionals play also an important role for support, but this relation is differently experienced by the respondents. The network circle also confirms that there is not much contact with people from the neighbourhood. So although the regular residents are open towards people with a psychiatric background, there is yet not much contact. Due the lack of social contact, people with a psychiatric background showing to be differently socially attached to the neighbourhood as superficial contact could be perceived meaningful. Social attachment and social networks are in that way not the same. Dekker (2007) argues that residents can feel socially attached to a neighbourhood, but do not have social contact with other residents.

Environmental factors

Another dimension is functional attachment, referring to the extent residents make use of facilities in the neighbourhood. Examples of facilities are "schools, shops, sport or recreation facilities" (Lupi et al., 2007, p. 17). Not only the question of which facilities will be used is important, but also how they are used. The extend in which people with a psychiatric background could convert the environmental factors into the functional use of facilities shows partly to which extend people with a psychiatric background could participate.

The respondents were asked to make a drawing of what they perceived as the neighbourhood. This method of the mobility map was about their perception of the neighbourhood, so they did not have to make a realistic representation of the neighbourhood as for instance a cartographer would provide. They were allowed to leave streets or facilities out of their drawing when they did not use them or gave meaning to them. This resulted in 20 drawings of the neighbourhood.

After those drawings the respondents were asked to make a pair wise ranking of the most important facilities that they mentioned. This could be either important for themselves or for the neighbourhood. The facilities that were mentioned frequently (more than 5 times) were: the community centre 't Hert, the two largest supermarkets, one of the local fast food shops, a new park, the Spoorkuil 'train track pit' (a green place next to the train tracks) , and the places were friends live. When we look at the top three of facilities most important to the individual respondents, the two supermarkets and the community centre stand out. It is not only interesting to see what is mentioned, but also why. I will elaborate further on those spaces.

The participants all mentioned what they think is important in a neighbourhood. Some made a direct link to the Willemskwartier, but most said what they thought to be of significance in general. Most of the respondents mentioned as safety, enough facilities, the distance to the city centre and green spaces. The participants without a psychiatric background have a slight preference for the facilities available in a neighbourhood such as shops, the bakery or a play garden for kids. Interesting to see is that these facilities have a more functional use, than when it becomes to facilities that give a sense of community feeling. Although, some add that there could be a pub or more green spaces to improve the appearance of the neighbourhood.

The participants with a psychiatric background put slightly more emphasis on safety and social contacts in the neighbourhood. This has more to do with the livability in the neighbourhood. As Eduard states: "It is really sad when you hear on the news that someone deceased and lies unnoticed in the apartment for a while before the neighbors notice anything. Some extend of social control is nice. To great each other of have a small talk. That you know each other's face."

Spoorkuil
When we look at the participants from the protective house, most of them emphasize the importance of the green place next to the train tracks. On the contrary to the respondents with a psychiatric background living independently. They mention their lawn or apartment as

important. The people who live in the protected house also have a lawn, but this is not mentioned. The difference could lie in the need for contact.

Figure 8: the Spoorkuil, Train track pit (www.willemskwartiernijmegen.nl)

The green space next to the train tracks is used to walk with dogs. More than the half of the respondents with a psychiatric background mentions the social skills activated by walking with a dog. As Debbie states: "I do not have many contacts in the neighbourhood, although I make small talk with other dog owners. That is nice. If you have a dog it is easier to make contact." Eduard has just bought a dog and also mentioned this. Ferry even does not have a dog, but he likes to walk with his roommates who have a dog because "you learn to know some other people on the street". Anna does not like dogs. Although Anna had a friend who owned a dog, the contact shattered when the dog died. Anna: "I am quite lonely. You may know that. It is important that you go outside. Then you will see people. If you have a dog, than you got lots of attention".

Supermarket
Another place what was mentioned as important out of the pair wise rankings were the supermarkets. This was mentioned by both the residents without a psychiatric background, but especially by the people with a psychiatric background. How could something like the use of supermarkets in the neighbourhood have an influence on people's perception of the neighbourhood?

The people in the supermarkets could give an overall impression of the residents in the neighbourhood. This does not have to be a valid reflection, but it could also entail stereotypes. As Imke says: "It is really a class neighbourhood. You can see it when you walk in the supermarket with those unshaved, smelly people." Although most respondents state the importance of good supermarkets, some also add that they could take the car to go to a better one outside the neighbourhood.

When the respondents with a psychiatric background told how they perceived the supermarkets, some different meanings of the supermarket were emphasized. It is a public space were contact is fostered. Eduard compared the use of supermarkets with the place he has lived before. Before he lived more in a group, now he has to do his own groceries. "It looks maybe something obvious to do, but that was a big step for me. I thought it was difficult to go to the supermarket. These encounters are new contacts that I did not have before". Also Debbie find it sometimes difficult to go to the stores: "One store is to small, and the other is too crowded. You also do not have baskets there to put your groceries in." That supermarkets could foster contact as Eduard mentioned, is also confirmed by Anna: "In the supermarket there is a wall with ads. Someone asked to baby-sit her children. I did that, and they were really nice. I got that vase from them for my birthday. You do not think of it in

that way, but it really establishes a connection."

't Hert

When we take a look at the respondents with a psychiatric background more than the half mentions the community centre as an important place in the neighbourhood. There is a difference in accidental meetings in the supermarket or in the streets, or organised in the community centre. When the respondents talk about the community centre, 't Hert, they mean a large building with multiple facilities as Yasmin explains: "There are many facilities in the building of 't Hert. There are groups for youngsters that can play sport in the halls. There is a consultation bureau, a woman groups, a school. People come together and see each other. That is really good." So people are coming together in 't Hert, through all sort of different facilities.

Figure 9: Community centre 't Hert (www.willemskwartiernijmegen.nl)

By participating in 't Hert with various activities, the participants could also have various reasons to come to this community centre. So comes Bilal and Maikel only to the community centre, because the school is part of 't Hert. The students only use 't Hert when they need to vote. Roanne explains this clearly from her stance as a new resident: "If I participate, it depends on what is offered. I look as resident of this neighbourhood if there is something that I like, otherwise I will not come to the community centre. It is not a goal per se to go to the community centre. That is maybe for the older residents more a habit or tradition." According to Roanne, the community centre did have a function of a meeting point in the past. The groups that came did their own things. She still sees those groups. "I think that we, as new residents, have a different view on that. If you like the specific activities, you will participate." The link with the functional use of 't Hert and the feeling of the old Willemskwartier is also articulated by Nico: "The community centre is for me thematically bound. I only come there for functional motives. I do not walk in and listen to what the people would tell me. In that way, maybe I'm not a Willemskwartierder." The appreciation for the functional use is for example also shown in the pair wise ranking of Nico. As he states: "If I need to choose between the supermarket or the community centre, I will go for the supermarket. Again, I look at the functionality. It is good to have such facilities, but I won't go there to play billiards. I prefer getting the groceries close to home than meeting new people."

There are participants who did not participate in 't Hert with activities, or only went when it was in their personal interest. When I participated with some activities, I noticed that simultaneously other activities were also taking place. How could 't Hert constantly been filled, while some of the respondents told me that they did not participate?

Roanne explained this to me: "You can see that the community centre is filled. This does not have to mean that people from this neighbourhood became more active. The people participating are coming from further than this neighbourhood." Tim confirmed this as he once tried to start a badminton club in the community centre. When the interested people could not participate anymore, he quit the effort. He explained that only one of the group lived in Nijmegen, outside the neigbhourhood. Yasmin has a same story when she talked about her dancing activity: "I can say that I'm the only one from this neighbourhood. Most of them come from Elst, Oosterhout, Lindeholt, Grootstal or Hatert."

Although 't Hert is to many respondents important, individually respondents use 't Hert only when there is an activity that addresses their personal interests. Thus, 't Hert could be perceived as a facility centre or does fulfil a task as community centre.

Yasmin sees it definately as a community centre. She thinks it is nice to meet people. When she walk into the building, she has contact with various residents. "It is nice to talk about things that happen in the Netherlands. Some of the women are of an older age. This is a reason for them to come outside the house once a week." Maikel sees 't Hert also as an opportunity to get to know new people. "They eat sometimes together in the community centre. If you do not have many social contacts, your professional should alert you. Like, have a look there!".

The respondents with a psychiatric background value 't Hert not differently, but are even stronger in their opinion when it becomes the functional use and the role as a community centre. Chris knows that one can eat at the community centre, but he likes it more at his own place. Ferry participate with an eat activity, but describes it as "solely eating and doing the dishes". Therefore Debbie favours the bakery more, "as he gives me something to eat every day, whereas 't Hert only once a week does."

Not all respondents with a psychiatric background do agree with the functional role of 't Hert. Anna thinks 't Hert is doing well. First she experienced it was different, but a few years ago they renovated it all. "Now everybody is participating and it does not matter if you are a little bit different." Eduard sees 't Hert as a facility that helps and that invites you to have contact with other residents. According to Eduard, this extra contact could also be facilitated with a resident party or with the organizing of a sport activity such as a 60 metre sprint contest. Anna now comes every week for coffee in 't Hert. First she did this in another neighbourhood, but now she feels belonging to this neighbourhood: "When I now see those people on the street, I will make a small talk with them. That is social, right? First I did not know them, I was a stranger." Eduard asked why they do not organize more eating activities. He would like eat there to several times a week, especially when they are encouraged to sit on different places. This last sentence was an interesting addition to the activity, because I observed with one of the eating activities that there were several groups in the dining room. The people who came to this activity consisted of people who received assistance from different organizations and regular residents from the neigbhourhood. The people who received assistance were clustered on the same table with the people who received assistance from the same organisation and they had even a fixed division of seats. Schrieff, Tredoux, Dixon, and Finchilescu (2005, in Tredoux and Finchilescu, 2007, p. 670) reported

that black and white students in university residences self-segregated in a shared dining room, both at macro-spatial and micro-spatial levels. Thus, this phenomenon of self segregation is not strange, although it could lead to less intergroup contact. Eduard sees this and would like to see it differently. Eduard explained to me: "it is actually a shame that we are always sitting in the same groups. I think it is really admirable that you are switching tables. I would not dare. I also would like to learn different people, and that is not possible when you are sitting always on the same table."

Larger scale events
Amin (2002) favours what he terms the 'micro-publics of everyday social contact and encounter' rather than engineered through larger-scale events like public festivals. Although larger scale events do not immediately mean that they will constitute enduring contact, this could be a 'first step' to repeated contacts.

Roanne sees larger scale events as an opportunity for the new residents. The houses were at the same time completed. There are some resident parties. She told that they are not coming over to each other's houses, but that they know each other. She adds that with those resident parties only home owners are present, which illustrates again the division between the new and the old. Victor lives in the old part of the Willemskwartier. He has sometimes helped with the construction of tents or an air castle. He thinks it is really nice that these event are organized, although they are mainly for people with children. Maikel agrees with both Roanne as Victor, in the way that activities are mainly organized for children and does only contribute to superficial contact. Jochem identifies himself as student and misses sometimes the bond with the neighbourhood. He think you need to invest more if you did not grew up in the neighbourhood. Jochem sees some opportunities to participate more, for instance when the national soccer team has a game and residents from the neighbourhood are going to watch together. When there is this soccer game with some large screens put on the squares, such an activity is good approachable, and he probably will join.

The respondents with a psychiatric background told less about these neighbourhood events than the residents without a psychiatric background. Most of them stress that they would walk down the yearly neighbourhood market, but do not really go to other parties. Eduard thinks that such activities could contribute to neigbhourhood contacts. Anna is less positive. She told me that she has not much to do with children, and because of that street games are perceived more as a nuisance than a contribution.

Except for Beatrijs, the respondents with a psychiatric background could be divided in living in a protected house or living in an apartment. Although they did not participate with regular neighbourhood activities, they appreciate contact with their roommates or flat mates and stress the importance of a residents party. The apartment block of Kees organizes a residents party every year. The wife of Kees says: "Because our apartment is built next to their house, the residents living in the protective house are every year invited. The professionals are also coming companionable with them. They all drink a glass of wine with us." Willem lives in the same apartment and says: "It is fun . We have contact with them. They are nice. Just some small talk. You do not notice any difference."

The people with a psychiatric background living in the protected house are positive about this resident party. Debbie: "I think it is awesome. It is really nice and it is also close." Eduard: "In our former home I lived across people who never said good morning, while you

saw them every day. Now we are already a few times invited. I think it is just great. They just dare it to invite us, or just doing it. They just accept us for who we are."

The people with a psychiatric background living in a flat say that their resident party is gone since a few years. Anna : "They gave a barbecue for the residents, nowadays we even do not have a board for the flat. First there were only elderly living here. Now I do not know many residents." Chris agrees with her: "The resident parties is gone because of budget cuts. The people are now more on their own. I did the music. I kept one contact. She has a muscle disease. I help her with the garbage. It is a terrible disease."

Partial Conclusion

When we look at the use of facilities in the neighbourhood, we see that a distinction could be made in why people use these facilities. There are some people who only make use of the facilities when it is in their personal interest. This is reflected in how people use 't Hert. It could be seen as a facility centre, where people go to because their children are attending school over there, or they need to go voting. This is put across the habits of the old Willemskwartierders, who for instance used 't Hert as community centre and a meeting point. The use of 't Hert was not differently seen by people with a psychiatric background, but the distinction between the facility centre and community centre was perceived even more. Public spaces as the train track pit and the supermarkets are places that facilitate contact. Although regular residents would label those contacts as superficial, for people with a psychiatric background this could be meaningful. Although for instance the names of the dog owners are unknown, it could give a sense of community. Larger neighbourhood parties are seen as a positive contribution to the neighbourhood, but does not result in enduring contact. The respondents with a psychiatric background were not involved in these events. On the other hand, resident parties are perceived as a major contribution to neighbourhood contact. Some respondents with a psychiatric background are more to the neighbourhood attached, although other respondents are not. There is no explanation found for this difference, therefore more research or a bigger sample is needed.

Personal Factors

All the respondents were asked if they thought if they could the live the lives they value. They all feel free to be and act how they please. They also think that this is the same for everyone else in the neighbourhood, although a few respondents think they appreciate more how life is unfolding for them.

How the respondents can participate in the neighbourhood, depends on what they receive about the possible events in the neighbourhood. There are several ways they mention the information was made available: with notes, through the local newspapers, on a wall in 't Hert, from others in small chatter and through a monthly newsletter. The respondents with a psychiatric background living in the protected house, get extra information from their professionals, who could tell about activities or put some information on the hallway. Also there is information available at the city's day activity center for people with a psychiatric background called Phoenix.

Living in the information age with our modern technology could provide also entrances for the reception of digital information. The neighbourhood committee has made a Facebook account for the Willemskwartier, where information is provided about upcoming activities. There is a website of both the Willemskwartier and 't Hert. Interesting to notice is that the two oldest respondents with a psychiatric background, Chris and Anna, told me that they were experiencing difficulties, because they do not have a computer. When we compare this with the regular residents of that age, nobody mentions this. This is interesting to notice, but the sample is to small too see if this is just coincidence. I could imagine that people with a psychiatric background could adapt slower to new circumstances than people without a psychiatric background.

Almost all the respondent say that they get enough information about the activities or know where they could get this. Only Gerard would like to get more information about the neighbourhood activities. He sees this as task of the municipality.

When we look at the demand for activities, most respondents say that there is already enough to do in the neighbourhood. Some of the respondents with a psychiatric background would like to participate more with activities, therefore there is only some demand for more activities by this group. Most of them stress that 'just participating' is not that easy. Eduard feels that an open attitude is essential, both for the individual as for the group. Ferry feels the same way, and personally need the confidence to tell people when he does not feel right. Gerard thinks that the residents in the neigbhourhood are too individualistic, therefore he could not make any contact. Chris does want to participate, but the activities are not suiting his interest and he does not have money to spend on activities. Although Anna is participating in some activities, she does not get the quality of contacts she wants. Therefore she remained lonely, so she mentioned.

Many respondents mentioned that they did not have any ideas how people with a psychiatric background were participating in the neighbourhood, because they knew too little about this group. Maikel thinks it is a great idea that the professionals look how people with a psychiatric background could connect to the neighbourhood. Although, with the recent policy changes, he thinks it would take years to accomplish this change. People are used to the ways they are living right now. Nico thinks that the best way in how participation of people with a psychiatric background could be managed is through informal activities.

According to him do regular residents not know this group, but an information evening should not be that effective as informal activities.

The residents without a psychiatric background also told what they thought to be restricted if neighbourhood members would like to participate. Bilal sees also some difficulties with the finance situation of the members of the neighbourhood. He also knows some people who do not speak Dutch, so they feel a need to connect to other migrants. Imke and Nico have also experienced this language barrier. Nico also thinks the inability of people to think before they speak is a major problem. Jochem and Tim do not agree in their opinion with each other. Jochem identifies himself as a student, and feels that students are excluded. He sees that all the activities are for parents and elderly. On the other hand, Tim sees with the stimulus of young people to live in the neighbourhood himself as elder. He experiences that the elderly could not participate in many activities, because their body is ageing. There are just a few activities left like eating, playing bingo or playing billiard. Therefore are the young people more advantaged.

Partial Conclusion

Although the provision of information about activities is in general well-managed, people with a psychiatric background do not find the connection to the activities. This has to do with both their own open attitude as with of the other neighbourhood residents. Most of the regular residents do not have an idea of how people with a psychiatric background are participating or to which extend they perceive obstructions in their attempts.

CONCLUSION

As a starting point this thesis described the decline of social capital and social cohesion in our modern age society. I think it is safe to conclude that the neighbourhood still has an important role, because people are still attached to their neighbourhood. This thesis was not focussed on the explanation of the decline in social capital or social cohesion, as it only shows data from one particular neighbourhood at a particular time. The data shows therefore only a singular moment in time. This research has shown how people with a psychiatric background have personal, social and environmental conversion factors in the translation of their means in real capabilities of neighbourhood participation. In this way, we have seen how the identity role of people with a psychiatric background influence their neighbourhood participation.

We have seen how the identity of people with a psychiatric background is perceived by both regular residents and themselves. Also were the social networks of the respondents with a psychiatric background positioned in the neighbourhood. The network circles of the participants with a psychiatric background showed that they know little people without a psychiatric background in the neighbourhood. Their contacts consist most of other people who receive assistance, family or professionals. Most of the regular residents told that they not knew someone with a psychiatric background, therefore should be thought how people with a psychiatric background could made more visible in the neighbourhood.

Although there is not much contact between people with and without a psychiatric background, there seems to be an open attitude towards the various people in the neighbourhood as also towards people with a psychiatric background. It seems that everybody is tolerated in the Willemskwartier, but if there is no extra effort taken to include people with a psychiatric background this is not respectful. A prevailing social norm is that people need to show themselves and that they could just participate with activities. Therefore, the people with a psychiatric background should 'just take the first step', where afterwards contact could become frequent. We see that this first step is a the problem for the respondents with a psychiatric background that would like to participate more, when they told that this takes an open attitude from both sides and much courage. Through their personal attitude and feelings, they could not comply with the social norm of just participating.

If we look to which extend influence (public) spaces and facilities contact in the neighbourhood could influence, we see some opportunities from the data. Some public places function as spaces where engagement lead to meaningful contact. The perception of meaningful contact is sometimes only be experienced by people with a psychiatric background as regular residents would see it as superficial.

Spaces that allow dogs could support superficial contact, when dog owners have small chatter with each other. Although this small chatter could be perceived as superficial, some of the respondents with a psychiatric background told that they feel a connection with the other dog owners. Therefore could contact in these places contribute to the feeling of belonging.

The contact in the supermarket is also stressed as valuable by some of the respondents with a psychiatric background. Although this is seen by regular residents as a

functional use of facilities, some respondents made clear that it was a big step towards independence for them.

We have seen that the 't Hert has a special function. It is difficult to describe the contact situated in 't Hert, because it is clearly both a facility centre and a community centre. Future research could make a valuable contribution as these roles are separated.

Suggestions for further research

The qualitative data has give a view on how people with a psychiatric background are participating in the neighbourhood. The small sample, however, makes it hard to generalize to all people with psychiatric background. This is anyway difficult, because there is much difference in the background of these psychiatric residents. The goal of this research was explorative, but future research could use lager research group.

When a bigger sample is used, statements about intersectionality could maybe been made. The individual characteristics of people could have an influence on their neighbourhood attachment as well, as in the literature was suggested (Tonkens and Verhoeven, 2007). Through the small sample, it was not clear in what ways those aspects did have an influence.

The choice to look at people's freedom to choose to participate, made it even more difficult to generalize. Some respondents with a psychiatric background did not feel the need to participate more in the neighbourhood. It is important, in my opinion essential, for future research to include this domain of freedom as well.

This sample focused only on one neighbourhood. When there is more research done in several neighbourhoods, a comparison could be made. This will give information on how the specific culture in the neighbourhood has a big influence, or that the conclusions are applicable to other neighbourhoods.

This research has shown several social division in the neighbourhood, so further research should focus on bridging social capital. In that way, more information is obtained how these social divisions are encountered and experienced.

Reflections

For the data collection I approached the residents of the Willemskwartier. I went out on the street and spoke to people. I handed out my printed invitation of the research, therefore they could contact me when they made up their mind. In that way, I left some space for them to think if they would like to participate. It is possible that I got more or faster respondents, when I did not waited for them to contact me and wrote down their contact information. The handing out of my invitation did not afford much respondents, therefore I think this would now not have done much wrong.

The respondents who participated on this research where asked if they knew other people who were willingly to participate also. In this way, maybe some social networks are over represented. This method has been useful, as the collection of respondents with a psychiatric background was really difficult.

Most respondents were asked in a public space if they would like to participate on this research. Those respondents were already in a public place, therefore the real isolated people are probably not reached. The help of social workers was an opportunity to speak to people who were otherwise not reachable.

People with a psychiatric background are having diverse mental health problems. I experienced that someone had social fears, and therefore was afraid to participate in the

research. There was also a man who had difficulties as he became quickly suspicious. First he agreed to participate, but a few days later he did not wanted to participate anymore. This are two examples how their psychiatric background would not provide the occasion to participate in the research. Therefore, it not only possible that certain problems are under represented, but also that the participation with this research has to do with if the person with a psychiatric background is feeling good enough.

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7. **ATTACHMENTS**

Street invitation research

Subject: Research on neighbourhood experiences
Who: Residents of the Willemskwartier

Dear resident of the Willemskwartier,

A neighbourhood is not only a place with houses, but also where people come together. Unfortunately, it is not always easy for everyone to participate and belong to a neighbourhood. Some people do not know how to participate, how to feel home and miss the connection to the other residents. What is needed to participate and feel home in a neighbourhood? What has to change and who is needed for this change?

I will talk to different residents from the Willemskwartier. That could be people who receive assistance from Pluryn, Driestroom, MEE, RIBW, or an other organization. I will map the social network: that are the persons who are important such as family, friends or acquaintances. I will also ask some questions about the places in the neighbourhood. In the neighbourhood there are also residents who do not receive assistance from an organization. I will also talk to some of them to look how the neighbourhood is experienced.

My name is Sander Landman and for my master thesis I will do research on how people are attached to their fellow neighbourhood residents and to the neighbourhood itself. I would like to invite you to participate with my research. It would probably take around 60 minutes and your answers will be made anonymous.

If you got questions or you want to make an appointment, please send my an email or give me a phone call. Thank for your effort.

Kind regards,

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