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**EVERYDAY SPACES OF MENTAL DISTRESS:
THE SPATIAL HABITUATION OF HOME**

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ABSTRACT

Theorising psychological activity as a spatial product appears a logical extension of moves in social theory to emphasise the role of space and place in the consideration of experience. Catalysed by turns in social and human geographies to highlight the role of space and location in constituting psychological activity, various forms of the ‘spatialisation of experience’ have emerged (e.g. Middleton & Brown, 2005; Thrift, 2008). In this paper I will follow this theoretical direction in relation to the underlying destabilisation of everyday life that emerges as a product of theoretical formations that emphasise the fluidity of space. More specifically, I will take the example of the home as a central space in the ongoing activity of people with enduring mental distress. Forging a theoretical line that takes in geographies of mental health, the home, and finally the work of Gilles Deleuze around ‘repetition’ and ‘habit’, I will analyse the role of home spaces in everyday life. Key here is a concern regarding the impact of theoretical emphases on continuity, mobility and instability on understandings of the everyday lives of mental health service users. This includes addressing conceptualisations of the home space, alongside the activities of the people who occupy, and hence co-make, such spaces. The article concludes by framing ‘spatial habituation’ of the everyday as central to creating a perceivable stability, analysis of which can aid understanding of the challenges facing people suffering with mental distress.

MAIN TEXT

The relationships between location, place and experience have become of increasing interest across social theory, with social and cultural geography contributing significantly to this through conceptualising living experience constituted *as* space (e.g. Dewsbury, Harrison, Rose, & Wylie, 2002; Duncan & Ley, 1993; Haraway, 1989; 1991; Pile, 1993). Whilst in psychology space has been relatively absent as a theoretical or analytic focus, particularly in terms of the constitution of psychological experience and activity as spatial (Tucker, 2010). In this paper I will explore this relationship, with particular reference to the experiences of people living with long-term mental health difficulties. Additionally it is the home space, as a base from which and within the everyday is produced that will be considered. The desire is not to analyse how home spaces allow for certain experiences to be had within them, but to work towards a version of a ‘spatialisation of experience’ that considers experience as spatialised rather than exploring the links between psychological phenomena and space as if they exist in separate realms. Moreover, an understanding of ‘relational’ space as fluid and ever-changing raises questions as to the formation of perceived stability within everyday life. Notions of stability are core to concerns of community mental health service users, and as such I will conclude by addressing variation and repetition through the lens of *habit*.

Community mental health and home spaces

Community care is a long-established model of caring and treating people with enduring mental health problems (Pilgrim & Rogers, 1999). The change in location from institutional to community care raised interest in a whole range of factors related to the different kinds of landscape/s of mental health care. The move to ‘community’ meant the

spaces in which care was provided were more dispersed, as mental health service users (hereafter referred to as 'service users') now lived in urban and rural spaces, as opposed to the previously restricted boundaries of mental health institutions (Wolch & Philo, 2000). Exploring the changes in provision and the potential impacts on service users highlighted the role of space, given that it was changes in location that were at the forefront in changes in care. The relationship between space and human experience became a growing concern developed through both 'first' and 'second wave' human geography (Massey, 2004) demonstrating the intrinsic links between our spatial environments and psychological life.

Theoretical moves toward the inclusion of space as a key proponent in the production of psychological experience raise some interesting questions (e.g. the relationship between cognition and space, and/or biological activity and space). Analysing the spatial production of mental health service use involves a move away from seeing mental health in cognitive or biological terms, towards placing location at the forefront of analysis (which is often an afterthought in mental health care). For instance, it is usually the prime concern of psychiatric services to introduce some form of mental stability for service users (e.g. giving medication to try to reduce or cease auditory hallucinations), with psychological stability seen as achievable through biochemical or cognitive means. Beyond this the everyday life experiences of service users are secondary. Location is seen as secondary to bio-cognition. I would argue that location (i.e. the places and spaces in which we spend our time) is central to ongoing psychological activity, and consequently mental well-being. Moreover, with this comes a need to orient towards the constitution of

space, in terms of ideas regarding whether we should understand space as structural, with definitive properties that exist outside of the practices that occur within it, or towards more 'relational' accounts of space as fluid, with experience and actions understood as produced *spatially* rather than *within* space. This concern will be picked up later in the paper.

To date, a variety of geographies of mental health have emerged, providing a broad range of analyses of many landscapes of those living with mental health difficulties. For Wolch and Philo (2000) two 'waves' of interest in mental health formed through human geography. Firstly one focused on building quantitative models of the spatial distribution of mental distress, primarily in terms of the locating of systems of care, and secondly on the distribution of people within systems. This first wave was superseded by a second wave, with a more explicit social focus, influenced by poststructuralist ideas and qualitative methods. Questions of equality in terms of gender, race and class were prominent, with a broad emancipatory drive to highlight inequalities in the provision of care, particularly with regard to the shift from mass hospitalisation to community service provision (Wolch & Philo, 2000). Analysis of the social effects of the locating of new community services occurred, incorporating the views of the general public faced with the prospect of having 'mad' neighbours (Dear & Taylor, 1982; Smith & Hanham, 1981a, 1981b). A concern with analysing the perspectives of the mentally distressed themselves arose, with those actually using services rather than the services themselves becoming a research priority. This provided insight into the ways people interacted with community services, their views on them, and the challenges faced therein. Over time awareness

formed of those suffering with mental distress who were, for whatever reason, not in contact with mental health services. Here the sense of place (or non-place) was apparent in terms of homelessness. The problems in retaining and/or gaining employment due to mental health problems succeeded in providing financial difficulties for some, ultimately leading to a life on the streets. The impact of living (or surviving) in such places became an important factor (Dear & Wolch, 1987; O'Dwyer, 1997; Wolch & Dear, 1993).

More recently there has been increased interest in spaces of care across a number of community places, such as community day centres, and out-patient hospital settings (e.g. Conradson, 2003a; 2003b; Parr & Philo, 2003). These include a variety of rural landscapes, with the kinds of activities (e.g. garden projects) that make up rural communities explored in terms of their value to the lives of service users (Parr & Philo, 2003; Parr, 2008). Such approaches have utilised ethnographic methods for 'entering' such spaces and observing and reporting back as to the possible benefits for those who use them.

To date then, it has in the main been the kinds of care spaces and places that are provided by social and health services that have come under the analytic spotlight in relation to space. Driving these engagements are questions as to how such spaces work *for* users. Elsewhere geographical analyses have focused on particular forms of mental distress related to the use of space. For instance, when relations between space and mental distress are explicit, such as Felicity Callard's (2004, 2006) work on agoraphobia. What remain under-explored are the kinds of spaces that people occupy and exist in when not

attending any of the service provided spaces (e.g. day centres). What kinds of things do they do with their time? Where do they spend their time? During the process of two previous projects exploring current challenges facing community mental health service users it emerged that a space where service users tend to spend a considerable amount of time is at home (Tucker, 2006; 2010). With domestic home spaces relatively absent in geographies of mental health literature, the much needed analytic turn towards such spaces brings with it immediacy with the everyday. A consideration of space involves grounding psychological experience in the day-to-day settings in which it is produced. Namely, the places and locations we tend to spend our time. Rather than conceptualise psychological activity as ruled by inner cognitive machinery, or neurologically-based bio-chemical activity, a turn to location and setting places the interface of body and space, as grounded in everyday activity, as core to ongoing psychological experience.

Home spaces and life

The importance of home spaces to identity has been well documented, particularly across cultural geography (Blunt, 2005; Blunt & Varley, 2004; Morley, 2000). Homes are seen as spaces imbued with emotions, relations, histories, not just defined in a mundane sense according to a broad array of domestic activities. Identity is viewed as intrinsically linked to the manifestation of home spaces. The making of home space can be viewed as a process in which personal histories and ideas regarding potential futures drive the present. Cultural geography has focused on areas such as gender, class and race in domestic spaces (Blunt & Varley, 2004), conceptualising the home as a place in which inequalities prevalent in wider cultural and social settings are played out in personal

localised sites (Blunt & Dowling, 2006). The home is a site in which broader relational forces ‘from outside’ enfold into the micro spaces in which we spend so much of our time.

In community mental health the home space can garner even greater significance and symbolism. In the days of mass in-patient care ‘home space’ for service users was largely staff-controlled hospital wards. Community care changed this, with service users often being in control of their own domestic arrangements (depending on the level of their need). This is not a straightforward enterprise though. As has been well documented (Bowl, 1996; Bracken, 2003; Godfrey & Wistow, 1997), the move to community provision of care was not, and is not, something that works without challenges for those it is designed to help. Community spaces (e.g. city centres, shops, parks, public transport) can be significantly problematic for the mentally distressed (Tucker, 2010), with busy environments that require interaction with strangers, or open spaces without others, all potentially anxiety provoking. To counter this, service users can end up limiting their engagement with ‘mainstream’ public spaces, choosing instead to spend significant amounts of time at home (Tucker, 2010).

Analysis of home spaces and mental health has been limited. In general health research has occurred, particularly in areas such as disability (e.g. Gleeson, 2001; Power, 2008; Reid, Angus, McKeever, & Miller, 2003) and old age (e.g. McHugh & Mings, 1996; Moss, 1997; Wiles et al., 2009). For instance, in discussing the move of care from institutional and/or community settings into the home in relation to the elderly, Milligan

(2003) highlights the process of care entering home spaces, and the impacts of the mechanisms of care on that space (e.g. in partially transforming it from home space to work space). Such accounts tend to reify space, providing it with a facility to offer and afford particular experiences. Additionally it is the relation between the macro forces of systems of care provision and the localised settings they feed down into that is of interest. It is care *for* rather than *by* people that is conceptualised. What remain under explored in such an account are the modes of being and activity that *make* spaces by the main inhabitants of those spaces. For instance how service users organise and operate in home environments. Not so much how care is provided *for* them in a spatialised sense, but how *they* activate such settings. Buchanan (2005) makes this point when stating that subjects change spaces rather than spaces changing themselves.

Space and the fluidity of the everyday

The relationship between home spaces and mental distress is accordingly seen as a previously under researched area. The need to analyse everyday living as spatially bound has been emphasised by those developing post-structuralist approaches in social and cultural geography. For instance, in non-representational models of space (e.g. Thrift, 2008); humanist phenomenological work (e.g. Buttimer, 1976); feminist (e.g. Rose, 1993); and historical materialist approaches (e.g. Gregory, 1989). Although varied in their directions all have shared a desire to place space at the heart of what we consider human living to be all about. I would like to follow these approaches in arguing that space is not seen as an entity awaiting interpretation through empirical engagement, but rather as far more bound up in what we understand as experience. More specifically a

questioning of the idea that we apprehend our experiences as spatially located, and as such, space has an impact on our engagement and view of the world. For it is not how we live 'in' space but rather how we live 'as' space that is theoretically oriented towards. An empiricism of mental distress needs to address the spatialised production of service users' everyday lives. But crucially this is not a question of 'what kinds of experience do certain spaces afford?', but rather 'how is service user experience (re)made as a spatial product?'

Following recent moves to consider space 'relationally' (see Jones (2009) for a useful summary), the approach to space developed here is one attuned to notions of change and fluidity as opposed to structure and stability. The spaces of everyday life are consequently analysed in terms of how they are made, and indeed continuously remade, rather than seeing them as having their own distinct properties, which subsequently afford specific modes of being and activity within them. So, space is not viewed as life giving, but instead as the way in which experience is produced in an ongoing manner. The concepts of change and fluidity enable a sense of difference to be highlighted. Analyses can then point to ways in which current manifestations of space could potentially alter and mould in the future. This is particularly pertinent in the field of mental health and distress where the challenges of living as a mental health service user are well documented (Campbell, 2001; Coppock & Hopton, 2000; Hopton, 2006; Krumm & Becker, 2006; Link & Phelan, 1999; Newnes & Holmes, 1999; Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995; Patel & Fatimilehin, 1999), and hence potential 'change' is very welcome. The question raised by emphases on fluidity is how is space (re)made? Deleuze (1994) raises some important considerations in relation to

notions of fluidity and change in regard to space. On the one hand he enables a form of spatial analytic to develop that is grounded in the everyday as fluidity, whilst on the other is keenly aware of the perceived stability that can exist for people who do see themselves as having stable identities over time. Deleuze does not want to ignore this, or to lose the force of creativity of the new that comes through prioritising process over structure. It is around his writings of habit and difference that a consideration of this in relation to community mental health can be further interrogated.

In *Difference and Repetition* Deleuze offers a detailed analysis of the production of difference as life. One part of this is the notion of habit, which is traditionally conceptualised as a feature of everyday living that constitutes much of what we do, and like, in our lives. Such an understanding sees habits as reasonably straightforward, and crucially repetitive mechanisms. They are seen to produce *sameness*, that is they are perceived to be a central means through which we make our lives the same (e.g. shopping in the same shops, eating the same food for breakfast, driving a car). For Deleuze habits are not about producing sameness per se, indeed they cannot be, as life is produced as difference, there can be no 'same'. Indeed, habits are part of the production of continuous repetitions. But for Deleuze repetition is not about producing the same thing again, but actually about producing difference and variation. He states:

“[H]owever, given that repetition disappears even as it occurs, how can we say “the second”, “the third” and “it is the same”? It has no in-itself” (1994: 90).

This is an all-together altered version of the traditional notion of repetition. For in the first instance it appears to be anti-thetical to the notion of repetition itself. Namely, that repetition produces the same thing, time and again, it *repeats*. Yet, for Deleuze the idea that life is produced through constant variation does not render a sense of repetition entirely redundant. It just requires a different conceptualisation, one that focuses on variations rather than similarities. Moreover, for Deleuze (1994) habits are not modes of activity or thought *about* our engagements with everyday life, but are actually life making:

“[O]n the contrary, habit here manifests its full generality: it concerns not only the sensory-motor habits that we have (psychologically), but also, before these, the primary habits we *are*” (95: emphasis added).

Here Deleuze goes further than arguing that people *use* and/or form habits to stabilise the ongoing fluidity of their worlds, to argue they *are* habits, formed and produced as habitual practices, multiple across biological, psychological and social realms. For Deleuze the production of space will take place through habitual practices, those that organise and make space, capturing it in a particular mode of operation. This notion of space as habitual will be taken up in analysis of the production of community service users' home spaces.

To summarise, the conceptualisation of space developed and utilised in this paper is one in which space is not seen as a pre-existing entity that exists outside of the practices and

activities that form it. As such, the world, and our lives within it, is not seen as made up of lots of different parts (e.g. bodies, places, emotions) that all combine to produce ongoing being in the world. But rather experience is conceptualised as formed through multiple processes, that all come to *be* in a spatialised fashion. Consequently identity is seen as a product, an achievement, not something that exists within us, awaiting interpretation. This emphasis on fluidity opens up the present, the places and spaces in which our everyday lives are formed, to flux, which means nothing is foundational or pre-existing manifestation in the present. Such a philosophy opens up the present to change and difference. If nothing exists outside of the practices that form it in the present, the past cannot be seen to have a predeterminate effect on the present. This approach is a valuable means through which to consider the experiences of service users in current community settings. In doing this the aim is not solely to analyse how service users think or feel about their home spaces, but to consider their experiences as produced through a set of spatially distributed relations, which cannot be wholly captured according to a cognitive, biological, or any other model for that matter. To borrow from de Certeau (1988) it is the everyday life of being a service user that is of interest. It is from that level that other features emerge and impact upon experience in relational forms (e.g. the effects of psychiatric medication related to one's perceptions of current state). These features are inherently related, not having isolated effects, but become folded into the ongoing production of life.

The making of home spaces

This section presents extracts from two interviews with community mental health service users¹ about their everyday lives and home spaces. The extracts provide ‘snapshots’ of their experiences, instances of times at home, and the spatial manifestation of their experiences. In analysing them it is necessary to imbue the extracts with the theoretical approach detailed above, one focused on the instability and fluidity of space. This is necessary as it is not possible to *see* in the extracts notions of movement and flux, as the extracts are narratives of ‘captured moments’. A theoretical interpretation attuned to concepts of process and space is required. The first extract comes from an interview with a female service user, Susan, in her fifties:

Susan No, I hadn’t got, no, I didn’t, I was quite content, I still am, being in home, I am quite content just being in home. I could quite go easily back just stopping at home and not going out the door, you know, because of how I am physically my shopping and different things are done for me, I could quite easily just stop in home and go back to how I was, yes.

L-A What is it about it, is it something that is it like a comforting thing?

Susan Yes, I feel safer, just shut my door and that is it, you know, or if I am feeling down I always go to bed you know, whether I go to sleep or not, I will just go in the bedroom and I feel, I don’t know I am in my own little zone, you know, and I feel safe there, you know, I don’t know, but I have always done that, always, yes, you know, lock the door, ignore the phone and everything and at the same time you could be crying out to speak to someone and yet if it rings, wouldn’t answer, you know, it doesn’t add up but that’s it, you know, desperate to speak to someone, make a call or somebody to ring and yet won’t, can’t really, yes.....lines 100-114

In this extract Susan discusses the role of her home as part of everyday living. Her home space is seen as a central part of day-to-day life. She talks about being content at home, with that space proving to be a space of comfort. We can see how Susan’s day-to-day life

¹ Pseudonyms have been used.

is intrinsically linked to her home space. The ability to be able to have boundaries (“I just shut my door”) helps her to feel safe (“I feel safer”). Such activities stabilise the space, organise it in such a way that produces life as comfortable for Susan. The organising of home constitutes her psychological experience, producing her feelings of safety and security.

Space though can also be produced negatively for Susan, pointing to its flux-like nature. On the one hand it is comforting, providing a stable and boundaried space. On the other hand, it is also ever primed for change, to be produced in a different way. As Deleuze points out, repetition is variation, not sameness. This means it needs to be constantly (re)made. Susan talks about how confining her home can be. Whilst she finds the closed off secure nature of it comforting, it can also be overly controlled. She wants to lock herself away from the world (i.e. lock the door, ignore the phone), and yet it is always possible for the space to be intruded upon by others (i.e. the phone may ring). Her home is constantly under threat from others, potential interventions, which Susan finds anxiety provoking. This fear of variation, of different (and unpredictable) changes to home life is a continual threat. Even though she can lock the door, and ignore the phone, her awareness that from one moment to the next something can change is a challenge to her well being. Consequently her psychological experience is not just influenced by her home space, it *is* her home space.

Susan’s extract above highlights how everyday life is produced as a spatial product, and specifically how Susan makes the space, providing a haven that is both positive and

negative, a balancing act of attempting to produce a psychological state that is both improved, and yet at the same time tries to guard against anxiety. In the next extract, these issues are seen to manifest themselves in relation to the formation of 'routine'. Ruth, talks about how a history of forced domestic activity has led to a prolonged practice of excessive cleaning. Such practices constitute her psychological state and ongoing anxiety and depression:

L-A: Well just what makes you feel so down?

Ruth: I don't know, I just, I am sort of like, when I was young mum used to make me do all the housework, she used to make me Hoover and dust every day and it, I was never allowed to have any social life, never allowed to go out and it just got me down, repeat housework every day and I got depressed and then when I left home I was sort of obsessed with housework, I felt I had to clean all the time and I don't, I have got no confidence, I think I am not doing my job properly, I am not doing my housework properly, I will keep dusting the same ornament over and over again until I feel that I have done it properly and it used to take me all day to clean one small bedroom....lines 170-179

In this extract with Ruth her psychological state is indelibly formed through home space, not only currently but also home spaces of the past. As a child she was forced to do the housework by her mother, which meant that she was not able to develop or maintain any social or personal relationships outside of the home. Identity for Ruth is produced through past and present activity of making home space. The forced domestic work she did as a child led to an obsession with housework in adulthood. Her psychological well being is produced through spatialised engagement of making home space ("I felt I had to clean all the time and I don't, I have got no confidence"). Experience is spatialised, it is not just how cleaning and managing the cleaning of the home makes Ruth *feel*, as if

feelings exist distinct from the spaces through which they are produced, but feelings *as* spatialised. Her psychological state is made through the cleaning process.

The dusting of the ornament is noteworthy, featuring what Deleuze and Guattari (1987) would call a 'reorganisation of function', that is rather than be just an ornament for aesthetic value as part of the home (initial function), it becomes a central figure in the production of Ruth making the home space tidy (changed function of being the means through which the space is made clean). She keeps dusting it far beyond what is necessary to actually remove the dust on it. Its role is significant as in focusing excessively on this one ornament, it embodies her wider psychological state. The history of forced domestic labour, leading to depression and psychological anguish, is bound up in the repeated dusting of the ornament. To keep dusting and dusting it is almost to wish to remove its existence all together, to rub it away, as if in doing so, Ruth can erase the past. The movement of cleaning is linked to the past, Ruth's childhood experience of being forced to clean her mother's house. Her home space is imbued with histories, it is the place where her history emerges in the present.

The incessant cleaning acts as an anchor point, with the negative associations of the past repeatedly brought into the present. Ruth cannot help but continue to dust the ornament. And yet, in doing so, she is actually working to keep the association between past and present. The act of cleaning acts to blinker her to the variation of everyday life. It is ordered in this way. And yet, the production of the present space is also about the present attempting to make the future different. Working towards a level of cleaning that will

enable Ruth to feel her home is clean enough, this would be the point at which she can move on to other things, wrestle her life back from the shackles of domestic activity. In this sense the potential for difference, to regain her life, is constantly present. It may well be that this is unattainable, that Ruth can never psychologically let go of the cleaning, but the goal of reaching that point is constantly present, and acts as a key force in the production of the 'space as present'.

Habitually making home space

In the first two extracts we have seen examples of the production of service users' everyday life as spatialised, with the home space constituting ongoing psychological activity. The organisation of the homes of Susan and Ruth formed through practices that organise and produce space, attempting to guard against difference, but the 'presence' of change being a key driver of their everyday lives. In the next extract the formation of 'habit' is more explicitly introduced, in relation to the constant (re)making of fluid space. In such an account every (re)making of spatialised experience will be different from the past. It cannot be just repeated sameness, for if so, the past would be determining of the present, which would negate change. Deleuze's argument for continuous variation is important in relation to pointing towards potential change. For Deleuze the experience of life, our subjective engagements with the world are produced as variations, rather than repeated patterns within stable cognitive mechanisms. Repetition is produced through the experience of difference. Things are never *experienced* in the same way, even if the thing itself remains the same. It is through habit and memory that we come to *perceive* patterns

of stability and sameness in our lives. In the following extract with Bob we see the use of habit as a means to do this:

Bob: I think while you are cooking something and you are hungry, you are waiting for the food to be ready, when it is ready you go and put it out and eat it and then you are sitting down, you have eaten your meal and then you are sitting down so you feel comfy and rested and you think 'oh, I will leave the washing up' and I suppose you get into a bad routine, you know, put that plate in a cupboard, put the next plate in, put the next plate in in case anybody comes round and then when you run out of plates then you have got to wash up. It is not ideal, I do wash up eventually so I don't use dirty plates and things like that so I am not putting my health at risk, it is motivation I think, you just feel comfy in your armchair and you don't want to get up and do washing up. Although strangely when I had my brother to stay a few years back when he had a slight stroke, over the weekends I was washing up after every meal, but that was having somebody else there and of course you are using more stuff so it makes me question a lot of things, motivation, trying to do something, you know, or feeling physically or mentally unable to what to do the washing up, you know if you are feeling bushed, if you have not been sleeping, if you are feeling depressed, it might look like an easy job but you know, you make a mountain out of molehill with it sometimes. I went round to a service users about four years ago, when my washing up was terrible and they had a pile of washing up in the sink and I went round a week later for something else, I think they were staying in for a delivery or something, I noticed the same pile of washing up in the service users sink so I said "well, while we are waiting, would you like me to wash up for you?" So he said "yes" so I did the washing up and when I got home, I have still got my week's washing up in the sink which I haven't done for myself.....lines 246-270

In this extract Bob is talking about washing up his cooking utensils and crockery. He discusses a typical meal time, involving cooking and then eating his meal. What follows is a period of satiation, where having eaten Bob feels very comfortable and at ease with himself. This is an important time, providing periods of comfort and rest that are cherished. The pay off for being able to have these times though is not doing the washing up. Bob develops a routine that involves *not* doing a domestic chore (unlike the excessive *doing* of dusting by Ruth). In this case leaving the washing up, sometimes for a period of

days. This practice is not only about inaction though, as Bob will move the unwashed plates into a cupboard, in a sense hiding the evidence of the lack of washing up.

Bob's extract highlights the complexity and apparent contradictory operation of everyday spaces and habits that can exist for service users. The anxiety and depression he can feel is a constant threat to his ongoing psychological state, and consequently his daily activity. A hybrid form of activity is formed as Bob's everyday home space. For Susan an inaction of locking herself away, ignoring attempts at communication was core; for Ruth an action of repeatedly and excessive cleaning and dusting was present. For Bob it is an inter-relational formation of habit that initially is inactive (not doing the washing up) but also active (moving the dirty plates into the cupboard). A form of 'active inactive' habitual practice produces Bob's home space, the result of which is the creation of moments in which he feels comfortable. This is not to say that the benefits of such a habit exist without any downsides. Bob states that this is a 'bad routine', something he considers should not occur. The antecedent factors leading to such habit formation are not entirely clear, but suggested as possibly due to lack of motivation, physical and/or mental inability, tiredness, or a combination of these. A complex process of negative and positive factors interweave, anchored by the practice of not washing up and moving of unwashed plates. The fact that Bob will do other people's washing up demonstrates that the significance of the habit is not about the act itself, the washing up, but rather the non-doing and hiding of unwashed plates exists as the anchor around which a number of forces (Bob's anxiety, feelings of comfort, satiation) combine to organise the space at those moments.

Bob's life is habitual, his home space organised around habits, and in the case above the habit of non-washing up. More so, following Deleuze, life is not viewed as produced through habits, but *as* habits. Habitual processes are the modes through which our lives are lived, as habits, although this does not negate repetition as the primary life making force. Bob's life is constant variation (e.g. waking at different times, taking an alternative route to the shop, receiving a telephone call from an old friend). Such variation can be subtle, but is ever present. Consequently habits are conceptualised as accretive elements, in each incarnation carrying something else, a point of difference as for Deleuze no two moments are the same. But where does this difference reside? It is not in things themselves, for Deleuze acknowledges that objects can remain the same (e.g. the unwashed plate). Difference exists *as* the person, not *in* the person, but constitutes their 'becoming' at that moment. As such, habits as the formation of repetition (difference) are what produce experience as life. As Williams states:

“For Deleuze the condition for what we commonly understand as repetition in habit and memory is, in fact, the continuity afforded by the variation of an intensity in an idea or sensation. The marking of the same territory takes place against the background of a variation in intensities between one parade and another (becoming hot, becoming thirsty, becoming fear, becoming impotent). It is these variations that give life” (2003: 12)

In the marking of his home territory, Bob is, on the one hand, stabilising his everyday space through the habit of not washing up his plates, and subsequently hiding them. In this account habits are seen as stabilising, as ordering practices. On the other hand, according to Deleuze, habits are processes of difference, about making difference. For Bob then, the habit of hiding unwashed plates is about enacting variation, it cannot fail to be in we adopt an understanding of 'life as difference'. And yet, within this variation certain acts operate as 'anchor points' between past and present. They are not the 'same' in a straightforward sense, but work as 'hubs' for the interlocking strands linking past and present. This process I will call 'habitual grounding'. The formation of Bob's home space is made as a fluid product. That is, it does not exist outside of the practices that form it. Space does not pre-exist Bob's activities within it. As such, Bob is faced with the task of constantly re-making his space, of anchoring it, to enable him to perceive some form of stability. As we see in the extract one way of doing this is the 'bad routine' of hiding unwashed plates. This becomes a habitual practice, making the domestic space, enabling him to have post-meal periods of satiation. For Bob, habits are two formed, firstly they are the means through which everyday space is constantly (re)made. In this sense, habits are everything, they are life making. Moreover, habits are not solely about seemingly mundane actions (e.g. brushing one's teeth, buying a paper, taking the same route to work), for Deleuze habits are spatially located formations of bodies, cognition, emotions etc, and as such cannot be defined according to the traditional view of habitual actions. Habits then become multi-faceted, both life producing of difference, whilst also retaining the potential to be formed as stabilising practices, anchoring points to the ongoing process of experience.

Stabilising home spaces

The idea of homes seen as *made* through practices rather than a particular type of space marks an interesting return to earlier social anthropological theories of home. For instance, Mary Douglas's (1991) notion of routinisation making homes, whereby the home is made by the controlling of space initiated by routine and habitual practices. The point to note in Douglas's account is the emphasis placed upon the fluid nature of spaces in terms of home making, with homes not seen as stable bounded spaces, but as multiplied across different locations, with people moving between different spaces and the home space being made through integration and amalgamation of practices that traverse traditional boundaries. Such theories were a move against structuralist ideas of identity as inherently bound up with quite straightforward practices that formed the physical space of home (e.g. functional, economic, moral practices (Douglas, 1991)). In anthropology such a structured notion of space belied the migratory nature of domestic spaces formed as part of ever changing economic and cultural territories. The move to fluidity highlighted how immigration for one, created new senses of home spaces. Fluidity was introduced to point to the moving *between* spaces rather than an insertion of the fluidity *of* spaces. This is where the distinction exists with *spatial habituation*. Movement in earlier anthropologies of home focused on the fluidity different kinds of home spaces, which were seen as multiple and diverse, not bounded and singular. The orientation towards habit in this paper has worked according to a different conceptual level of fluidity, one that talks about space itself, not the relationship between different spaces. Interestingly, when talking about mental health service use, habitual practices can

be usefully recruited as a lens to address the everyday concerns of service users to perceive stability in their lives. And additionally for stability to be seen as a form of 'achieved process' rather than denying notions of movement and fluidity (Stenner, 2008).

In conclusion I would like to point to the offering made in this paper about considering experience as spatially distributed and contingent relational product formed as part of ongoing processes of continuity. This ontological move is made with reference to community mental health service users' experiences., with psychological experience (and well-being in the case of service users) seen as indelibly bound up in the home spaces in which service users spend their time. A spatial ontology is offered that prioritises notions of movement and difference. The suggestion is that value should be placed on considering service users experience in light of home spaces, and also for their psychological states to be seen as essentially spatial, not bounded or reducible solely to cognitive and/or biochemical activity.

Key to this formation of everyday life is the notion of 'spatial habituation'. With Susan, Ruth and Bob we saw a variety of spatially distributed modes of making the everyday. The challenges facing their ongoing psychological well being were manifest in the practices and habits produced. Following Deleuze the argument made in this paper is that experience be seen as a spatialised product formed in an ongoing fluid manner through habitual practices. Habits not conceptualised as solely bodily engagements with everyday life that come to exist subconsciously (e.g. such as the skill of riding our bike, where once learnt our bodies just *know* how to do it), but as the very means of making the

everyday. For the service users focused on in this paper (Susan, Ruth, Bob) understanding their mental distress in terms of spatialised habituation allows focus to shift away from the more traditional psychiatric concern with biochemistry (i.e. giving and monitoring medication as the means to lessen distress). Such a model is symptom driven, whereby symptoms are psychiatrically defined. For instance, whether people who experience auditory hallucinations have a lessening or cessation of voice hearing once medicated. Such a model does not focus on everyday life, and as such misses the very 'reality' of their being in the world. A turn to space could instead bring habitual actions, understood spatially (hence, not biologically or cognitively) to the forefront of care. With this could come a greater realisation of the incessant pressure that the everyday brings. If understood as a continual fluid product, life becomes potentially more challenging. A conceptualisation in which life is seen as the production of sameness allows for the idea that patterns of living can be achieved that can then just be repeated. So once initially achieved, ongoing repetition is less onerous. This perception, if directed towards those suffering with mental distress, could see everyday living as repetition. Such an account though does not recognise the necessity of *making* repetition. It is not just the past repeating itself, without change. The present has to be continually (re)made, and as such the everyday spatial habituation of home spaces by service users should be a priority for analysis. Such a turn to process brings with it much-needed notions of change and difference. The linking of home spaces to notions of change is valuable as it potentially warrants a change in tack of service provisions. One attuned to the need to specify the nature of service users' home spaces, and the organisation and production of them, rather than see space as secondary to bio-cognition. And, to see habitual practices as far more

than mundane repetitions, but actually key acts of attempting to achieve stability within the ongoing variation that is life. However, notions of variation and flux come with a health warning. Too much emphasis on change could create forms of thought that enact modes of instability and uncertainty to everyday life. Guarding against that involves calibrating analysis to highlight practices of perceived stability.

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